

Thurrock: A place of opportunity, enterprise and excellence, where  
individuals, communities and businesses flourish

## Council

To the Members of Thurrock Council

The next meeting of the Council will be held at **7.00 pm** on **25 January 2017**

**Council Chamber, Civic Offices, New Road, Grays, Essex, RM17 6SL**


### Membership of the Council:

Cathy Kent (Mayor)  
Tunde Ojetola (Deputy Mayor)

Tim Aker  
John Allen  
Chris Baker  
James Baker  
Jan Baker  
Clare Baldwin  
Russell Cherry  
Colin Churchman  
Gary Collins  
Mark Coxshall  
Jack Duffin  
Tony Fish  
Leslie Gamester  
Oliver Gerrish  
Robert Gledhill  
Garry Hague

James Halden  
Graham Hamilton  
Shane Hebb  
Clifford Holloway  
Victoria Holloway  
Deborah Huelin  
Roy Jones  
Tom Kelly  
John Kent  
Martin Kerin  
Steve Liddiard  
Brian Little  
Susan Little  
Sue MacPherson  
Ben Maney  
Bukky Okunade

Terry Piccolo  
Jane Potheary  
David Potter  
Joycelyn Redsell  
Barbara Rice  
Gerard Rice  
Sue Sammons  
Angela Sheridan  
Peter Smith  
Graham Snell  
Luke Spillman  
Michael Stone  
Pauline Tolson  
Aaron Watkins  
Kevin Wheeler



**Lyn Carpenter**  
**Chief Executive**



## **Agenda**

Open to Public and Press

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<b>1</b>	<b>Apologies for absence</b>	
<b>2</b>	<b>Minutes</b>	<b>9 - 44</b>
	To approve as a correct record the Minutes of the meeting of the Council, held on 30 November 2016.	
<b>3</b>	<b>Items of Urgent Business</b>	
	To receive additional items that the Mayor is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
<b>4</b>	<b>Declaration of Interests</b>	
	To receive any declaration of interests from Members.	
<b>5</b>	<b>Announcements on behalf of the Mayor or the Leader of the Council</b>	
<b>6</b>	<b>Questions from Members of the Public</b>	<b>45 - 46</b>
	In accordance with Chapter 2, Part 2 (Rule 14) of the Council's Constitution.	
<b>7</b>	<b>Petitions from Members of the Public and Councillors</b>	
	In accordance with Chapter 2, Part 2(Rule 14) of the Council's Constitution.	
<b>8</b>	<b>Petitions Update Report</b>	<b>47 - 50</b>
<b>9</b>	<b>Appointments to Committees and Outside Bodies, Statutory and Other Panels</b>	
	The Council are asked to agree any changes to the appointments made to committees and outside bodies, statutory and other panels, as requested by Group Leaders.	

<b>10</b>	<b>Annual Report of The Director of Public Health 2016</b>	<b>51 - 84</b>
<b>11</b>	<b>Local Council Tax Scheme</b>	<b>85 - 100</b>
<b>12</b>	<b>Report of the Cabinet Member for Environment</b>	<b>101 - 112</b>
<b>13</b>	<b>Report of the Cabinet Member for Neighbourhoods</b>	<b>113 - 128</b>
<b>14</b>	<b>Questions from Members</b>	<b>129 - 130</b>

In accordance with Chapter 2, Part 2 (Rule 14) of the Council's Constitution.

<b>15</b>	<b>Reports from Members representing the Council on Outside Bodies</b>	
<b>16</b>	<b>Minutes of Committees</b>	

Name of Committee	Date
Cleaner, Greener & Safer Overview and Scrutiny Committee	11 October 2016
Standing Advisory Council for Religious Education Committee	18 April 2016
General Services Committee	17 May 2016
General Services Committee	27 June 2016
Housing Overview and Scrutiny Committee	6 October 2016
Planning Committee	24 November 2016
Children's Services Overview and Scrutiny Committee	13 October 2016
Planning, Transport & Regeneration Overview and Scrutiny Committee	8 November 2016
Corporate Parenting Committee	4 October 2016

<b>17</b>	<b>Update on motions resolved at Council during the previous year</b>	<b>131 - 136</b>
<b>18</b>	<b>Motion submitted by Councillor Watkins</b>	<b>137 - 138</b>

**Queries regarding this Agenda or notification of apologies:**

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)

**Future Dates of Council:**

22 February 2017, 29 March 2017, 24 May 2017 (Annual Council)

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## **Information for members of the public and councillors**

### **Access to Information and Meetings**

Members of the public can attend all meetings of the council and its committees and have the right to see the agenda, which will be published no later than 5 working days before the meeting, and minutes once they are published.

### **Recording of meetings**

This meeting may be recorded for transmission and publication on the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is to be recorded.

Members of the public not wishing any speech or address to be recorded for publication to the Internet should contact Democratic Services to discuss any concerns.

If you have any queries regarding this, please contact Democratic Services at [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)

### **Guidelines on filming, photography, recording and use of social media at council and committee meetings**

The council welcomes the filming, photography, recording and use of social media at council and committee meetings as a means of reporting on its proceedings because it helps to make the council more transparent and accountable to its local communities.

If you wish to film or photograph the proceedings of a meeting and have any special requirements or are intending to bring in large equipment please contact the Communications Team at [CommunicationsTeam@thurrock.gov.uk](mailto:CommunicationsTeam@thurrock.gov.uk) before the meeting. The Chair of the meeting will then be consulted and their agreement sought to any specific request made.

Where members of the public use a laptop, tablet device, smart phone or similar devices to use social media, make recordings or take photographs these devices must be set to 'silent' mode to avoid interrupting proceedings of the council or committee.

The use of flash photography or additional lighting may be allowed provided it has been discussed prior to the meeting and agreement reached to ensure that it will not disrupt proceedings.

The Chair of the meeting may terminate or suspend filming, photography, recording and use of social media if any of these activities, in their opinion, are disrupting proceedings at the meeting.

## Thurrock Council Wi-Fi

Wi-Fi is available throughout the Civic Offices. You can access Wi-Fi on your device by simply turning on the Wi-Fi on your laptop, Smartphone or tablet.

- You should connect to TBC-CIVIC
- Enter the password **Thurrock** to connect to/join the Wi-Fi network.
- A Terms & Conditions page should appear and you have to accept these before you can begin using Wi-Fi. Some devices require you to access your browser to bring up the Terms & Conditions page, which you must accept.

The ICT department can offer support for council owned devices only.

## Evacuation Procedures

In the case of an emergency, you should evacuate the building using the nearest available exit and congregate at the assembly point at Kings Walk.

## How to view this agenda on a tablet device



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Members of the Council should ensure that their device is sufficiently charged, although a limited number of charging points will be available in Members Services.

To view any “exempt” information that may be included on the agenda for this meeting, Councillors should:

- Access the modern.gov app
- Enter your username and password



# DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

## Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

## When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

**What is a Non-Pecuniary interest?** – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

### Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- Not participate or participate further in any discussion of the matter at a meeting;
- Not participate in any vote or further vote taken at the meeting; and
- leave the room while the item is being considered/voted upon

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

### Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature

You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

## PROCEDURE FOR MOTIONS

No speech may exceed 3 minutes without the consent of the Mayor [Rule 19.8], except for the proposer of any motion who shall have 5 minutes to move that motion (except on a motion to amend where the 3 minute time shall apply) [Rule 19.8(a)]

**All Motions will follow Section A and then either Section B or C**

- |           |    |                                            |                            |
|-----------|----|--------------------------------------------|----------------------------|
| <b>A.</b> | A1 | Motion is moved                            | [Rule 19.2]                |
|           | A2 | Mover speaks                               | [Rule 19.8(a) (5 minutes)] |
|           | A3 | Seconded                                   | [Rule 19.2]                |
|           | A4 | Secunder speaks or reserves right to speak | [Rule 19.3] (3 minutes)    |

Then the procedure will move to either B or C below:

<b>B.</b>		<b>C.</b>	
<b>IF there is an AMENDMENT (please see Rule 19.23)</b>		<b>If NOT amended i.e. original motion</b>	
B1	The mover of the amendment shall speak (3 mins).	C1	Debate
B2	The seconder of the amendment shall speak unless he or she has reserved their speech (3 mins).	C2	If the seconder of the motion has reserved their speeches, they shall then speak
B3	<b>THEN</b> debate on <b>the subject</b> .	C3	The mover of the substantive motion shall have the final right of reply
B4	If the seconder of the substantive motion and the amendment reserved their speeches, they shall then speak	C4	Vote on motion
B5	The mover of the amendment shall have a right of reply		
B6	The mover of the substantive motion shall have the final right of reply		
B7	Vote on amendment		
B8	A vote shall be taken on the substantive motion, as amended if appropriate, without further debate		

**Vision: Thurrock:** A place of **opportunity**, **enterprise** and **excellence**, where **individuals**, **communities** and **businesses** flourish.

To achieve our vision, we have identified five strategic priorities:

**1. Create** a great place for learning and opportunity

- Ensure that every place of learning is rated “Good” or better
- Raise levels of aspiration and attainment so that residents can take advantage of local job opportunities
- Support families to give children the best possible start in life

**2. Encourage** and promote job creation and economic prosperity

- Promote Thurrock and encourage inward investment to enable and sustain growth
- Support business and develop the local skilled workforce they require
- Work with partners to secure improved infrastructure and built environment

**3. Build** pride, responsibility and respect

- Create welcoming, safe, and resilient communities which value fairness
- Work in partnership with communities to help them take responsibility for shaping their quality of life
- Empower residents through choice and independence to improve their health and well-being

**4. Improve** health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

**5. Promote** and protect our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Inspire high quality design and standards in our buildings and public space

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# 100 Years in Memoriam

## Remembering Thurrock's Fallen of World War One

Each month during the centenary period of the First World War, Thurrock Council will pay tribute to the 834 local residents known to have lost their lives due to causes associated with the war and their service. At each meeting of Council until November 2018, the 100<sup>th</sup> anniversary of signing of the Armistice with Germany, a Roll of Honour will be published with the agenda detailing the casualties from that month 100 years ago to commemorate the sacrifice made by Thurrock residents.

### January 1917

DATE	SURNAME	FIRST NAME	AGE	WARD	RANK	SERVICE	DIED
12-Jan	RAY	ARUTHUR GEORGE	22	G	PTE	ESSEX – 1	HOME

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## Minutes of the Meeting of the Council held on 30 November 2016 at 7.00 pm

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**Present:** Councillors Cathy Kent (Mayor), Tunde Ojetola (Deputy Mayor), Tim Aker, John Allen, Chris Baker, Jan Baker, Clare Baldwin, Russell Cherry, Colin Churchman, Gary Collins, Mark Coxshall, Jack Duffin, Tony Fish, Oliver Gerrish, Robert Gledhill, Garry Hague, James Halden, Graham Hamilton, Shane Hebb, Clifford Holloway, Victoria Holloway, Tom Kelly, John Kent, Martin Kerin, Steve Liddiard, Brian Little, Susan Little, Sue MacPherson, Ben Maney, Bukky Okunade, Terry Piccolo, Jane Pothecary, David Potter, Joycelyn Redsell, Barbara Rice, Sue Sammons, Angela Sheridan, Peter Smith, Graham Snell, Luke Spillman, Deborah Stewart, Michael Stone, Pauline Tolson, Aaron Watkins and Kevin Wheeler

**Apologies:** Councillors James Baker, Leslie Gamester, Roy Jones and Gerald Rice

**In attendance:** Lyn Carpenter, Chief Executive  
Sean Clark, Director of Finance & IT  
Steve Cox, Corporate Director of Environment and Place  
Roger Harris, Corporate Director of Adults, Housing and Health  
Jackie Hinchliffe, Director of HR, OD & Transformation  
Rory Patterson, Corporate Director of Children's Services  
Karen Wheeler, Director of Strategy, Communications and Customer Service  
David Lawson, Deputy Head of Legal & Monitoring Officer  
Jenny Shade, Senior Democratic Services Officer

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Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

### **76. Minutes**

The Minutes of the meeting of Council held on the 26 October 2016 were approved as a correct record.

### **77. Items of Urgent Business**

The Mayor informed the Council that she had not agreed to the consideration of any items of urgent business.

### **78. Declaration of Interests**

Councillor Okunade declared a non-pecuniary interest in respect of Item 17: Motion submitted by Councillor Gerrish as she was a member on the Advisory Board for Thameside Children's Centre.

Councillor Piccolo declared a non-pecuniary interest in respect of Item 17: Motion submitted by Councillor Gerrish as he was the Chair of the Stanford Children's Centre Advisory Board.

#### **79. Announcements on behalf of the Mayor or the Leader of the Council**

Firstly, the Mayor invited all those present to reflect on and remember Thurrock's fallen of World War One.

The Mayor recommended that Jonathan Catton's tremendous contribution to Thurrock be marked by having a memorial plaque dedicated to him placed at Thurrock Museum.

The Mayor then reminded Members that a 'Give a Gift' tree had been placed by the Council at Intu Lakeside with the help and support of Marc Myers and his colleagues. The tree was decorated with hundreds of gift labels which allowed people to buy much needed gifts for children cared for by our Fostering Service and encouraged all to participate in this wonderful initiative.

The Leader of the Council, Councillor Gledhill, made no announcements.

#### **80. Questions from Members of the Public**

A copy of the transcript of questions and answers can be viewed under the relevant meeting date at <http://democracy.thurrock.gov.uk/thurrock> and are attached at Appendix A to these minutes.

*At 7.33pm the Mayor requested that standing orders be suspended to provide time to receive the remaining questions from members of the public. Members voted in favour of this.*

#### **81. Petitions from Members of the Public and Councillors**

The Mayor informed Members that, in accordance with the Council's Petition Scheme no notices of petitions had been received.

#### **82. Petitions Update Report**

Members received a report on the status of those petitions handed in at Council Meetings and Council Officers over the past six months.

#### **83. Appointments to Committees and Outside Bodies, Statutory and Other Panels**



The Mayor enquired whether Group Leaders wished to change any appointments previously made to Committees and outside bodies, statutory and other panels.

The Leader of the Council, Councillor Gledhill, informed the Council Chamber he had no further changes to make.

Councillor Snell, Leader of the UKIP Group, informed the Council Chamber he had no further changes to make.

Councillor J Kent, Leader of the Labour Group, informed the Council Chamber he had no further changes to make.

#### **84. Report of the Cabinet Member for Children's & Adult Social Care**

Councillor S Little presented the report and stated that she had great pleasure in doing so and that she would be reporting separately on Adult Social Care first and then Children's Social Care.

Councillor S Little summarised the extremely complex challenges being faced by Adult Social Care:

- An aging population with people living for more years.
- A greater number of years in poorer health.
- An increase in complexity of cases.
- An insufficient capacity within the NHS.
- A health and care system had been established to react rather than prevent.
- The difficulty in recruitment and the retention of staff.

A Transformation Programme called "Living Well in Thurrock" had been established to use the resources available to the best effect and the programme would consist of the following three elements:

- Stronger Communities
- Built Environment
- Adult Social Care and Health Infrastructure

Councillor S Little referred to the two domiciliary care services that had been brought back in-house that had created a number of problems and had led to an extremely stretched in-house service.

Councillor S Little stated her passion for Children's Services having been a member on Corporate Parenting Committee and a member on the Fostering Panel.

Councillor S Little summarised the key areas of concern:

- The instability of social care workforce with a proportion of agency staff.
- The inconsistent service for looked after children.
- The need to do more to increase the number of local in-house foster carers.
- The Management oversight to be improved.
- The organisation's use of management information and quality assurance had been poor and required improvement.

Councillor S Little then summarised the key areas of strength:

- That Child Sexual Exploitation had been well understood and addressed across the service.
- The effective cross party political scrutiny.
- The reduction in the number of days taken for children to be placed for adoption.
- The support and intervention for teenagers.
- The work on the multi-agency safeguarding hub.
- The number of unaccompanied asylum children had been reduced.

Councillor Snell thanked Councillor S Little for the report and thanked Officers for the fantastic work that had been undertaken to keep these services going.

Councillor Snell stated that the report appeared to have skipped over the pressures and difficulties that Adult Social Care was currently facing and felt that this crisis was due to the Conservative Party's actions and asked that Councillor S Little writes to her MPs. He also suggested that 5 per cent of the foreign aid budget be given back to help the residents of this borough.

Councillor S Little stated that there had been concerns over critical care when she had taken over as Portfolio Holder but confirmed that this had been overcome and that the budget had been managed far better and that the service was where they wanted it. Councillor S Little would be happy to write to her MPs but stated that the 2 per cent precept had already been agreed and that maybe the Government was a victim of their own success because since 2010, when the Conservatives had taken power, people were living longer.

Councillor V Holloway stated that she would have liked to have seen an update on Public Health in the report and asked Councillor S Little what she thought the key items of Public Health were. Councillor S Little stated that if Councillor V Holloway had attended the last Full Council she would have heard Councillor Halden's Portfolio Holder report which covered this item.

Councillor Duffin asked if the Government would match the social care funding with the wage increase announced last week. Councillor S Little replied that was really a question for Government and that the 2 per cent precept had already been agreed.

Councillor Okunade asked the Portfolio Holder would the Government proposal for social care reform lead to more children being at risk, to which Councillor S Little stated no.

Councillor B Rice stated the service was in crisis and asked the Portfolio Holder to explain to members and residents how she intended to resolve this crisis. Councillor S Little stated that she was satisfied with timings of patients coming out of hospital and that the domiciliary care was in place.

Councillor S Little stated that the next tendering process for new domiciliary care would ensure that the right services were offered.

*At 7.59pm the Mayor requested that standing orders be suspended to provide time to hear and debate the remaining questions from members. Members voted in favour of this.*

Councillor Potheary thanked Councillor S Little for the report and stated that the text of the report was different to what was being discussed tonight and that the report was very gloomy and down beat. Councillor Potheary asked the Portfolio Holder whether cuts would be made to residents on mental health care packages and social care charges going up for older people. Councillor Little stated that mental health care checks would be undertaken when children came into care. Councillor S Little stated that discussions had taken place with officers, the budget had been looked at and that they would not put residents' lives at risk.

Councillor Spillman stated that the report was grim and was this not the time for the Council to publicly announce that it could not do what was needed to be done with the amount of money available. Councillor S Little stated that the Council was managing and was coping with the budget.

Councillor Gerrish stated that if the Portfolio Holder was coping with the budget how much would she likely to be overspent on the budget this year and would this be based on not having sufficient funding or should it be perceived that the service was being poorly run. Councillor S Little stated the service was not being poorly run and had been impressed with the work that officers do. Councillor S Little stated that the budget was £100,000 overspent which was due to two very complex cases that required significant funding.

Councillor J Kent paid tribute to all the members of staff who work in Adult and Children's Social Care who worked in some very difficult situations to look after the elderly, vulnerable and looked after children. Councillor J Kent asked the Portfolio Holder when she would be stepping up to the plate and start to put in place some solutions to make sure that the crisis did not turn into an absolute disaster. Councillor S Little stated as a responsible person for this portfolio she would ensure that nobody would be put at risk and emphasised that the report was transparent to what was actually happening.

## **85. Report of the Cabinet Member for Regeneration**

Councillor Coxshall stated he was happy to be presenting his first Portfolio Holder report for regeneration, planning and assets and how proud he was of the direction of the department had changed and outlined the key areas to his report:

- Grays South Master Plan, to link the River front and the Grays station crossing redevelopment, would be joining together to create a wider plan and news on the funding for this should be known before Christmas.
- To deliver a local plan with real engagement – a plan to engage with all residents to ensure it had the full backing of all.
- Implement an Asset Review for all Council assets to make sure they are categorised into one of the following: retain them, re-use them or release them, to maximise the money for the services of this Council.
- For Tilbury the masterplan for the Civic Square and the wider area had been developed, consulted on and now agreed for implementation. A further wider masterplan would be drawn up with the aim of ensuring that the Port of Tilbury expansion brought wider benefits to the local community.
- Have a good principle of “More for Less” which will be delivered with an aim of delivering an underspend for this financial year; there is already an underspend of £20,000.
- A tremendous increase of jobs with companies such as Amazon and UPS moving into the area which could create 2000 jobs that would result in those that want a job to have a job.

Councillor J Kent thanked the Portfolio Holder for the report and enjoyed the delivery of his statement with particular reference to the “good rate of investment gained over the last five years”. Councillor J Kent asked the Portfolio Holder if the administration would be looking to use compulsory purchase order powers to land bank parcels of land brought for future sale or development. Councillor Coxshall agreed that this was a serious issue and hoped that CPO did not have to be used.

Councillor Smith agreed that it was good news regarding the future projects and job vacancies and thanked officers for all the hard work. Councillor Smith asked the Portfolio Holder for his reassurances that infrastructure, schools and GP hubs would be high priorities and also when the maps for brown and green fill sites would be available.

Councillor Coxshall stated that £60 million had already been invested on road improvement with £150 million spent on Junction 30; with four schools being opened in the borough and three new schools proposed for 2017; four new Living Together hubs had already been proposed.

Councillor Piccolo asked what plans were in place to relocate industrial developments located in residential areas where HGVs were causing havoc on local roads with noise and pollution and what incentives would be available to relocate to a more suitable location. Councillor Coxshall stated this was happening over and over again in the borough and that a Policy was in place for when growth happens and houses expanded onto brown fill sites. Councillor Coxshall stated that good news may come out of Option 2 of the Local Plan which is announced next year.

Councillor Duffin asked the Portfolio Holder for a date when the green and brown fill sites maps would be available for sharing with the residents of Thurrock. Councillor Coxshall stated that full maps and a consultation will be undertaken next year to ensure that the planning enquiry was watertight and that the statutory process was followed.

Councillor Ojetola enquired if the Portfolio Holder could work with the Government, Highways England and the Portfolio Holder for Highways on the east face slip road off the A13 to reduce the impact of traffic. Councillor Coxshall stated no growth bid for this had been in Options 1, 2 or 3 and how the east face slips would make a major difference to access to and from the Lakeside basin.

Councillor Allen asked the Portfolio Holder what plans were in place for improving the A1089 following the expansion of the logistic park in Tilbury. Councillor Coxshall stated that a larger master plan was required to engage with residents on what was required and to get involved when the master plan comes out in Option 2.

#### **86. Questions from Members**

The Mayor informed the Chamber that 5 questions to the Leader of the Council had been received and 9 questions to Cabinet Members.

A copy of the transcript of questions and answers can be found at Appendix A of these minutes.

*At 8.57pm the Mayor announced that time according to the constitution had run out and that the questions not dealt with would receive a written response.*

#### **87. Reports from Members representing the Council on Outside Bodies**

The Mayor informed the Chambers that no reports had been received.

#### **88. Minutes of Committees**

The Minutes of Committees as set out in the Agenda were received.

#### **89. Update on motions resolved at Council during the previous year**

Members received an information report updating the progress in respect of Motions resolved at Council over the last year.

**90. Motion submitted by Councillor Duffin**

The Motion, as printed in the Agenda was proposed by Councillor Duffin and seconded by Councillor Aker. The Motion read as follows:

*This Council supports the need to reduce and eliminate fuel poverty for Thurrock residents who struggle to heat their homes. Council requests that Cabinet investigate what options, including creating a fuel poverty grant that may exist for the Council to support the community by working with residents and providers.*

Councillor Duffin introduced the Motion and in doing so requested for Cabinet to move forward with this with the three main factors affecting fuel poverty being:

- Low Incomes
- Poor Energy Efficiency
- High Fuel Prices

Decisions being taken by Government have had a massive increase on fuel bills and on average future bills were being predicted to increase a further £51 based only on the green tariff. The green tariff comes from investments such as the investments the Council make in the solar farm in Swindon and questioned what the Council should be spending this money on.

Councillor Duffin stated that:

- 7.4 per cent of households in Thurrock were affected by fuel poverty.
- 82 per cent of households in Thurrock were concerned about paying fuel bills over the winter.

With this being such a serious issue, Councillor Duffin called on Cabinet to act on this if the Motion was agreed and would take any profits made and put this to deal with the fuel poverty in Thurrock.

Councillor B Rice stated that she would be supporting this very important motion especially in the case of the residents of Thurrock. Councillor B Rice stated that there were schemes available to residents which they should be made aware of. In addition to the Motion, Councillor B Rice would like Cabinet to take on board and get this information out to residents.

Councillor Gledhill stated he would be supporting this motion and agreed that the schemes were very confusing and that the focus would be getting this information out to residents. Residents on benefits would also be advised of what schemes they can apply for. Councillor Gledhill stated that he did not agree on moving money from the solar farm investment into a fund helping people in fuel poverty although a fund for people in fuel poverty would not be

ruled out. Investments need to be made to prevent services from being delivered or increases to Council Taxes.

Councillor B Little stated he would be supporting this motion and that prepayment cards to manage fuel poverty had in the past been introduced to prevent fuel debt. Unfortunately over time the costs to top up these cards had increased and those residents were the most vulnerable and now paying the highest tariffs. This Council needed to continue to support the most vulnerable.

Councillor Hebb stated that the new launched Thurrock News email updates could concentrate on the communicating of these sign postings and services to residents and will arrange for Officers to do this for the December edition.

Councillor Aker asked that when Cabinet discuss this item could they look at approving a grant for residents who are given temporary heaters that they are also given a temporary grant to pay for heaters as well.

Councillor Duffin summed up by thanking Members for their support.

The Mayor called a vote on the Motion.

Following a clear majority in favour, the Mayor declared the Motion carried.

#### **91. Motion submitted by Councillor Gerrish**

The Motion, as printed in the Agenda was proposed by Councillor Gerrish and seconded by Councillor Fish. The Motion read as follows:

*Members of Council tonight oppose the proposed closure of Children's Centres currently under consultation. They provide a vital service to all our communities. The proposed closures of Beacon (Chafford Hundred), East Tilbury, Stanford le Hope and Aveley Children's Centres will leave some communities entirely without a centre. This will have a severe and detrimental impact on local families. The Members' of Council tonight call on Cabinet to acknowledge the importance of these vital community services and to not proceed with the proposed closures.*

Councillor Gerrish introduced the report and in doing so explained that the Conservative administration were due to close four Thurrock Children Centres in April 2017. The centres under threat were Aveley, Chafford Hundred, East Tilbury and Stanford le Hope alongside additional outreach cuts. The centres undertook a huge amount of work with parents. With the final decision being made by Cabinet in January 2017, the Motion had been brought to this Council for Members to express their views and comments. It was the role of a strong opposition to point out to the administration that they were due to make a huge mistake and to help them correct it by sending a message from the community to halt the plans to close these Children Centres.

Following debate and discussion between Members it was the consensus amongst the Labour Party Members that the decision to close the four children centres would:

- Take away vital services.
- Would impact on the Looked after Children that used these Centres.
- All communities should be able to access these services.
- Further debate and a genuine consultation needed to take place.
- Consultation was misleading.
- Overview and Scrutiny Committee had been misinformed.
- Not a good move for the Council.
- Staff at the Children's Centres deserved more backing not sacking.
- Perplexed by some of the comments of the Conservative members.

The following Labour Members spoke during the debate: Councillors Kerin, Potheary, Okunade, J Kent, Fish and Gerrish.

Consensus comments received by Members from the UKIP Party included:

- Why was the decision limited only to Cabinet.
- Decision should be made between all Members.
- Further debates needed to take place.
- Vital consultations needed to be undertaken.
- That both children and parents will suffer.
- If paying high rents for these centres, what other high rents are the Council being ripped off on.
- Plans need to be in place for the transition period.
- Main concern should be that of the children.
- Communication not clearly working.
- Item should have come as an agenda item to Full Council.

The following UKIP Members spoke during the debate: Councillors Spillman, Duffin, Wheeler, Smith and Snell.

The common responses from the Administration in defence to the decision to close the four children service centres included:

- Impressed by the Portfolio Holder's savings.
- Proposals would improve the services which would therefore improve the outcome.
- Savings would be made from not paying extortionate rents.
- More thought should be about the services available not the buildings and assets.
- Services would be more joined up.
- Labour members should be ashamed to the alarm they have caused residents with raising this Motion.
- No opposition member asked questions neither at Overview and Scrutiny nor at Cabinet.
- Upgrading the system will extend the age range which had been set by Ofsted.



- Questioned what Labour and UKIP would have done under the same financial constraints.
- Deliver “More for Less” and improve the service.
- Services will be better for the 21<sup>st</sup> century.

The following Conservative Members spoke during the debate: Councillors Halden, Kelly, Hague, Watkins, B Little, Collins, Coxshall, Hebb, Gledhill, MacPherson and Maney.

*At 9.20pm the Mayor requested that standing orders be suspended to provide time to hear and debate the remaining questions from members. Members voted in favour of this.*

Councillor Fish, as seconder to the Motion, stated he had some sympathy with the administration with having to force through cuts that had been imposed on Councils from Central Government and how the administration were trying to put the best possible gloss on the proposal. Councillor Fish summarised the proposed cuts to admin and management staff and how these would affect the front line services and how the administration had not been convincing enough that the proposed proposals would work.

Councillor Gerrish summed up by thanking Members for their discussions and debate on this Motion and would now leave it for Members to decide on whether this was a deliberate act of malice against the community or a dangerously naive act on part of the Portfolio Holder. Councillor Gerrish stated that the Children’s Centres delivered vital services to children and their parents. The process had not been open and conclusive enough and that it was an absolute disgrace that we were now at this point and that members should take note of the fact that they have been put on notice that these cuts would be coming to their communities.

Councillor Gerrish’s message to Cabinet was that members did not support the cuts with the Cabinet having got the proposals wrong on this occasion and to go away and think again.

Councillor Gerrish requested that a requisition vote be undertaken.

The Mayor called a requisition vote on Councillor Gerrish’s Motion.

Upon being put to the vote the following members voted in favour: Councillors Aker, Baldwin, Duffin, Fish, Gerrish, C Holloway, V Holloway, C Kent, J Kent, Kerin, Liddiard, Okunade, Potheary, B Rice, Sammons, Sheridan, Spillman, Stone and Wheeler **(19)**.

The following members voted against: Councillors Cherry, Churchman, Collins, Coxshall, Gledhill, Hague, Halden, Hamilton, Hebb, Kelly, S Little, B Little, MacPherson, Maney, Ojetola, Piccolo, Potter, Redsell, Stewart, Tolson and Watkins **(21)**.

The following members voted to abstain: Councillors Allen, C Baker, J Baker, Smith and Snell **(5)**.

The Mayor declared the Motion Lost.

The Mayor wished Members a Happy Christmas and Happy New Year.

**The meeting finished at 10.01pm.**

Approved as a true and correct record

**CHAIR**

**DATE**

**Any queries regarding these Minutes, please contact  
Democratic Services at [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)**

## **Appendix A to the Council Minutes – 30 November 2016**

### **Item 6 – Questions from Members of the Public.**

Eight questions were submitted from members of the public.

**1. From Mr Perrin to Councillor Gledhill**

As Leader of the Council have you any plans to make this a special Christmas for the unaccompanied child refugees currently residing in the Borough?

**Councillor Gledhill**

Thank you, Madam Mayor and thank you, Mr Perrin, for your question. Thurrock Council continues to work with our Foster Carers and placement providers to ensure the needs of all unaccompanied asylum seekers are being met throughout the year and that includes their religious and cultural needs and support, especially during the special Christmas period. Thurrock Foster Carers and Children's social care have arranged a series of Christmas events and parties for all of our looked after children, including those unaccompanied asylum seekers. Small hampers are being provided for some care leavers and I'd just like to echo what the Mayor has just said, with the help of Intu Lakeside and Officers time from here we have a 'give a gift tree' where people can donate gifts at Lakeside to unaccompanied asylum seekers, to children in care and indeed those that are in extra need at this time of Christmas. So, through all of those I think that we're covering not only the unaccompanied asylum seekers but all of our looked after children.

**Mayor**

Mr Perrin, do you wish to pose a supplementary question?

**Mr Perrin**

Thank you, Madam Mayor and thank you, Leader. I take note that the Council is involved in a number of events for Thurrock's children, the gift tree at Lakeside and the visit to the pantomime for looked after children, organised by the Council's Fostering Support Team, to name but two. However, I ask if you and your 48 fellow Councillors would organise a special day specifically for those unaccompanied child refugees who are now the responsibility of Thurrock Borough Council. With this in mind I donate £100 to kick start a collection from Members to fund such an event. Christmas is traditionally a special time for families, with emphasis on young children. Some of these child refugees may well have experienced horrors we can only imagine and hope that our own children will never have to endure; you start your meeting with prayers and I end my plea to you all with the words of Jesus Christ to his disciples, "suffer the little children to come unto me". Finally, Madam Mayor, may I wish you and all Members a very happy Christmas and a happy, healthy, prosperous and safe 2017. Thank you for your indulgence.

**Mayor**

Thank you. Councillor Gledhill, do you wish to respond?

**Councillor Gledhill**

Thank you Madam Mayor, and Mr Perrin, thank you very much for your kind offer. I did forget the panto as well, so apologies for those at the panto and those Officers providing support for that. Obviously, taking money from a member of the public does cause problems, so could I ask you to remain after the meeting, if you can wait that long, so we can work it out with the Monitoring Officer and the Chief Executive to make sure it's all properly recorded. I personally will be giving some time to the 'give a gift tree' and making a donation myself there. Obviously it's now very nearly December I'm not entirely sure if we can organise something with all Members this year for the unaccompanied asylum seekers, but certainly we'll ensure that your money is put towards them specifically, and if we can organise something we will obviously make sure that you, and members of Thurrock are aware. And again, thank you very much for your kind donation.

**2. From Paul Vaughan to Councillor Tolson**

What action is the Council undertaking in conjunction with the Developers (Barrett David Wilson) and Essex Police to prevent the access onto the Golf Course and the Stanford Park Housing Development in Stanford le Hope from being used for illegal quad and motor cross biking activities every weekend which is causing extreme distress to residents of that development?

**Mayor**

Thank you. Councillor Tolson, would you please answer the question?

**Councillor Tolson**

Good evening Mr Vaughan, and thank you very much for your question. I do actually have quite a lot to say and I'll try to deliver it in a clear manner. So, the question you've asked actually goes across three directorates: environment, public protection and planning. So recently a Councillor Officer met, on 15 November, on site with Barrett David Wilson and Essex Police to discuss the issues that we're experiencing there. Stanford Park Housing did not attend. The Council Rights of Way Officer has been extremely busy, actually. At the footpath 41 there's been four large boulders placed, colleagues have already said that they're there so we know that's certain. She's met with the landowners that are also abutting that site, one is Ingrebourne Valley and the other is Mr Lyons, because they too want to be helpful. The stiles have been delivered to Ingrebourne and they hope to have them in place by the end of this week or next week, but she did actually give me some useful information and I don't know whether you know this, but on the weekend of 19/20 November, this gives you an idea of what we're up against, a Land Rover chained four fence posts along the boundary of the Ingrebourne side with Buckingham Hill Road and pulled the four posts out and left them on the carriageway. One of the vehicles, and I presume it was a car or something like that, ended up catching fire with the fire brigade unable to gain access, they had to wait for the fire to burn out before they could see if anybody was trapped inside. Ingrebourne Valley have just informed me that a website has been advertising Orsett Quarry for off-roading and "come on down to this site and have a great time". Ingrebourne Valley are at present

trying to locate this website and trying to officially shut it down, I've also sent that information to the Police. They confirm they contact the Police on every incident of trespass, they're hopeful the Police may soon introduce Officers on motor cross bikes, so that was a juncture to bring that in. Council have also liaised with the Police to patrol this area, Councillor Piccolo witnessed the Police there last weekend speaking to scramble riders. The Police have said that if they receive information they will try and get there and act on it. Council are also looking to install a gate at the end of footpath 41, to give access to walkers but not scramble bikes. Local Councillors have also asked for junction protection on the Butt's Lane, Mucking Wharf Road and Walton Hall Road; Highways department are wondering if a clearway would be better placed there. We haven't made a decision yet, but we want something there that's enforceable. The Police, if it was a clearway the Police will be able to enforce that. Also currently, from the Planning team, Officers are investigating whether there's a breach of planning at this site. Councillor Terry Piccolo is also raising the item on the Cleaner, Greener, Safer meeting next week because there's an item on there called "Active Thurrock" and he would like to identify somewhere in the borough that we could give planning permission to where this could legally go on. I think something goes on at Arena Essex, but whether or not it's only short-term for an hour or something and they don't want to pay that much money for one hour when they can come all day. Barrett David Wilson has put in extensive trenching and that's been seen by one of the Council Officers to deter scramble bikes and quad bikes, they've also put in place hoarding. Another site, Ingrebourne I mentioned earlier, has already previously trenched and I think Barrett David Wilson are actually thinking, or spoke of, private enforcement. Whether or not they've made a decision on that they haven't said but it was mentioned at the meeting.

**Mayor**

Thank you, Councillor. Mr Vaughan, do you wish to pose a supplementary question?

**Mr Vaughan**

She actually answered my supplementary question in the long answer, but thank you very much.

**Mayor**

Okay, thank you Mr Vaughan.

**Mr Vaughan**

Thank you very much though, excellent.

**3. From Francis Wilson to Councillor B Little (Originally Councillor Gledhill)**

From the Highways England proposed motorway junction A13/C3, how far on most days, in meters, will the constantly emitted plume of harmful diesel air pollution spread in the prevailing south westerly winds under a sinking inversion?

**Mayor**

Councillor Little, would you like to respond to the question please?

**Councillor B Little**

Thank you, Madam Mayor. Thank you, Mr Wilson for your question. Since we have no further traffic flow and composition data yet, for the proposed route or possible routes, it's not possible to give a definitive answer. Even if the flows and composition were known, modelling ambient concentrations in low wind, low dispersion, high stable air conditions would likely result in very high uncertainties in any output. A little bit more information in terms of when we would be able to supply more of an answer to you, we're currently awaiting an announcement as to whether the Government intends to progress plans to develop a Lower Thames Crossing and if the decision is to proceed we would anticipate that a choice of route alignment would be followed by at least 12 months of detailed design and modelling work, followed by a public consultation. At this stage, we will be better informed to quantify the likely environmental impact. Highways England would then be required to undertake further environmental impact analysis to inform the examination in public, prior to any Development Consent Order being made.

**Mayor**

Thank you, Councillor. Mr Wilson, do you wish to pose a supplementary question?

**Mr Wilson**

Will Thurrock Council challenge Highways England's assertion that the spread of the contamination from such a junction is 200m, mainly because the Orsett Hospital is not far away and the only reason they say 200m is because that's what they find from a normal motorway, but the difference when you have a junction is quite considerable and it's worth challenging them on it now before they announce which crossing or which route they want to take. So, will Thurrock Council challenge Highways England?

**Mayor**

Councillor Little?

**Councillor B Little**

There aren't plans yet to challenge Highways England on that, but we are awaiting a decision as you're probably well aware and the rest of the Chamber is aware. That decision is in the late stages of being implemented and once we've got some information on whether there's going to be a crossing, and where that crossing is, then we are enabled, it will enable us to spend more time talking to Highways England about possible areas of concern.

**Mayor**

Thank you. Thank you Mr Wilson

**4. From Lee Watson to Councillor Halden**

Thank you for receiving my question tonight, I'd just like to say that I'm quite appalled and astonished that the Council are proposing to shut four Children's Centres in such a vital service to our community, so on that basis can I please ask the Portfolio Holder to confirm whether the staff at the Children's Centres, which are proposed to close subject to consultation, be re-deployed or are they actually going to be the efficiency saving.

**Mayor**

Thank you, Councillor Halden would you like to respond to the question please?

**Councillor Halden**

Thank you, Madam Mayor and thank you very much for your question. I welcome all the public questions tonight, this evening members of the public are going to succeed in one night asking me more questions than 14 Labour Councillors combined have managed to table me in 7 months, so well done. And considering lots of them are Labour activists, you may want to wonder maybe that lot should be sat there and that lot should be sat there. The front line is going to be really very safe, there will be a small amount of redundancies, hopefully under 10, hopefully very much under 10 and where possible staff will be re-deployed within the Council but let me say this, there will be very few impacts on the front line. The bulk of the £1.4million saving, in bulk is coming from getting rid of duplicated contracts, because there were lots of fragmented services, a huge amount is coming from getting rid of extremely expensive building rental for example... You're tutting? You're happy that we spent almost, I think it's over £22,000 to rent a space in a private nursery in East Tilbury, a tiny space not much bigger than that actually. That's where a huge amount of the saving will come from and in terms of the staff, the majority of roles that are going to be reduced are things like administration, reception positions, management positions and as we formulate the single point of access offer, with education and health services merged, there will be a wider range of services offered to people. So, out of the £1.4million worth of savings, actual redundancies, you know the bulk of the savings is coming from astronomical rents. So we should be looking at the quality of the service, not just the cash spent on it.

**Mayor**

Mrs Watson, do you wish to ask a supplementary question?

**Mrs Watson**

Will the staff be put at risk of redundancy then?

**Councillor Halden**

Obviously, in line with Council procedures they will go onto a list to look at re dispersal at the end of the consultation, after analysing the results, because we're talking about a reasonably small amount of posts it wouldn't be appropriate for me to speculate who's going to go where and who's going to go when, but there is very clearly defined process in law. But again, the majority of these costs are coming from getting rid of duplication in the

system, getting rid of extremely expensive building rental, not from frontline staff.

**Mayor**

Thank you, Mrs Watson.

**5. From George Abbott to Councillor B Little (Originally Councillor MacPherson)**

On 17 March 2016 the council provided a list of 17 reasons why the council were opposed to any new crossings in Thurrock, since that release what further studies have been done specifically relating to point J copied below. As the borough is already suffering some of the worst air pollution in the UK, what work has been taken by the councils own environmental team to investigate the impacts further crossings would have on the health and wellbeing of current and future Thurrock residents ready to present to Highways England and government officials.

*(J) The environmental harm caused by the scheme has not been fully assessed or quantified, including the impacts on health and local amenity and this may not be out-weighed by any economic or transport benefits - clearly further work is required on air quality and public health before the Government makes a decision. It must be given weight alongside economic and transport benefits.*

**Mayor**

Councillor Little, could you please answer the question?

**Councillor B Little**

Thank you, Madam Mayor and thank you, Mr Abbott for your question. The Council recognises the challenges of improving air quality in Thurrock and will be asking Cabinet at its December meeting to approve a new Air Quality and Health Strategy, setting out measures which the Council will pursue to address this issue in the immediate future the strategy will be reviewed regularly to reflect any changes in circumstances in the borough. With regards to a Lower Thames Crossing, should Government choose to progress plans for a Lower Thames Crossing at least 12 months of detailed design work will be required in order to develop a detailed picture of traffic movements on the road and proximity to local communities. Until this information is available we are not in a position to analyse the impact on public health. The Development Consent Order process that any crossing proposals are required to follow requires a detailed assessment of environmental impacts to be published in advance of the examination in public. The Council is geared up to analyse and respond to this information once it becomes available. The chosen Lower Thames Crossing scheme, if there is one, could only be assessed and the impact determined once the Government has announced their decision, only then will they release an environmental impact assessment for their chosen route. This document will then be audited by relevant Council departments and other organisations such as the Environment Agency, Natural England including those matters



relating to air quality, noise and contaminated land that fall within the remit of the Council.

**Mayor**

Thank you, Councillor Little. Mr Abbott, do you wish to pose a supplementary question?

**Mr Abbott**

Yes, please. I acknowledge that a number of Councillors have individually helped with the Lower Thames Crossing campaign, so this question is aimed at the Council as a collective group, but since March, 17 March when these points were released there have been 76 statements, press releases and other official commentary from a variety of MPs, other Councils, official bodies and large corporations and not one of these has been from Thurrock Council. So whilst everybody else has their sights firmly locked on Thurrock as a borough why does this Council not see it fit to ferociously defend the borough, and actively defend the borough, and do you think it's acceptable that a group of volunteers, which do so in their own time, have and still do more to protect this borough from another further crossing than this Council?

**Mayor**

Councillor Little?

**Councillor Little**

Are you going to say whether I'm allowed to answer this?

**Mayor**

You are allowed to answer this, go on.

**Councillor Little**

Thank you. Thank you for your supplementary question, Mr Abbott. I'm not quite sure since March this year what you think we haven't been doing, but we have actively pursued an approach that was agreed amongst us all some, I don't know it's nearly a year ago now I expect, a long while ago in regard to we will make sure that we oppose any crossing within Thurrock. That is the view of the Council; that view has not changed. There have been numerous letters and information sent out to Ministers, many of us have been engaged with Government regarding congestion, the issues around Thurrock in general, and the fact that we are not in favour of a crossing. I'm sorry to hear that you feel that we haven't done anything but I assure you that isn't the case.

**6. From Qaisar Abbas to Councillor Halden**

With a high number of young families, why does the Portfolio Holder believe that there is no need for a Children's Centre on Chafford Hundred, considering the current proposals being consulted on?

**Mayor**

Councillor Halden, would you like to answer the question please?

**Councillor Halden**

Thank you, Madam Mayor. It's quite amusing that, even though Mr Abbas was not elected as the Labour Councillor for South Chafford in May, he's succeeded in asking me a question on children's centres faster than any of that lot have done in half a year; well done. Despite the party political rant, I did not say that there was no need for a service, so let's get things into perspective. Currently we pay, I think it's just over £37,000 for the Chafford facility. It is not a children's centre, it is a small space above the Beacon Centre, the church, it is not a purpose built facility. What is proposed is all the children's centre services are going to be offered out of Warren Primary and the Belmont Children's Centre, so they will still be offered but we are going to get rid of the astronomical rent for a building that isn't particularly fit for purpose. So, at no stage was it said that children's centre services aren't valuable; I think it's been suggested on that side because it kind of fitted a rhetoric of closures. And what I'd also say is that, thanks to the single point of access merging health and education services together, people are going to be able to get access to services they didn't even know existed, and that's the beauty of outreach. You can reach beyond the people who just come to a children's centre and you can reach out to the type of people who would benefit from the services and I've been quite clear that children's centres in Thurrock currently serve about 75% of eligible parents. We are not aiming to continue to serve those 75% with the new service; we are aiming to serve up to 97%. That is because that is what would be graded as "outstanding". This should not be about bricks and mortar; this should be about outcome for children.

**Mayor**

Mr Abbas, would you like to pose a supplementary question?

**Mr Abbas**

Thank you, Councillor Halden. What is the current footprint of Chafford Hundred Centre in terms of how many children are helped by the children's centre and what will this number be after the closure?

**Councillor Halden**

Thank you, Madam Mayor. Madam Mayor, in light of the time, if you were to use your indulgence I am still happy to answer the other public questions. I don't know the, you're asking about the specific numbers in Chafford, we can quite happily supply the figures to you, but as I've said at the moment the children's centre service in Thurrock serves about 75% of eligible parents, no-one will be turned away, there will not be a drop in service, there will be an increase in service. We are aiming not just to serve the 75% of eligible parents who currently come to centres, we are aiming to use our outreach services to go beyond and go up to, hopefully, 97% to build an outstanding service. More people will be served. Sorry Oliver, did that not match the supplementary you wrote? Such a shame.

**Mayor**

Thank you, Mr Abbas

**Mr Abbas**

Thank you, Madam Mayor

**Mayor**

Members, we've got a few more questions still from members of the public which I'd like to get through this evening, so can I ask that we move a motion to suspend Council procedure rule 14.11 to allow public questions to be answered? Yes? Thank you.

**7. From Neetu Jurek to Councillor Halden**

I'm a bit scared to ask the question to Mr Halden. My question is: It is proposed subject to consultation that the Aveley Children Centre will be closed. If so, which of the activities currently available will still be available to local parents and which will not?

**Mayor**

Councillor Halden, can you answer the question please?

**Councillor Halden**

Thank you very much for your question. It is proposed that all timetabled services that are currently offered will still be offered. All of them, Olly. I can explain how this will be done, I know it sounds counterintuitive, but what you can currently get from the expensive building with fragmented services you'll still be able to get from one joined up provider reaching out from other locations. What will change will be that the current drop in service, where people can just drop in and access services, these will just now need to be booked, and that makes sense. If you want to measure the service's impact to see how it's actually helping children, obviously you want booked services, you want a firm framework so you can actually see how they help children; but every timetabled service currently on offer will still be on offer. And again, that's because with a joined up service, education and health together, you won't have one team rushing around trying to help a child and another team not even aware of that child because the two teams can't talk to each other, but in answer to your question, I think it's unfortunate that instead of asking me questions in the chamber, instead of writing to me, emailing me, face booking me, tweeting me, or in any way communicating with me, no-one on the Labour bench has spoken to me about this, because if they had spoken to me about it I would have pointed out that there's a difference between getting rid of duplicated services, getting rid of expensive building rentals but keeping the basic service that actually serves the public, it's not about the amount of money we're spending, the amount of staff we have, the amount of buildings we have, it's about outcomes for children. The services we're offering for children to improve lives are going to remain in place.

**Mayor**

Councillors, please calm down in the corner, Councillor Coxshall. Yes, calm down please. Miss Jurek would you like to pose a supplementary question? Thank you for your question.

**8. From David Hann to Councillor Halden**

What is the Portfolio Holder's message to families with young children in Stanford le Hope who will no longer have access to a local Children's Centre if the proposed changes, subject to consultation, are adopted?

**Mayor**

Councillor Halden, could you please answer the question?

**Councillor Halden**

Thank you, Madam Mayor. My message is don't listen to Labour Councillors who don't turn up to Cabinet meetings, don't ask questions and they try and tell people they're losing vital services when they're not, and certainly don't listen to that one.

**Mayor**

Councillor, Councillor please, I find that pointing quite offensive, can you withdraw that?

**Councillor Halden**

I apologise. I withdraw, sorry Oliver.

**Mayor**

Thank you

**Councillor Halden**

All timetabled services that are currently offered will continue to be offered in the case of the Stanford children's centre, I can't remember the figure but, then tens of thousands of pounds we currently spend on the Stanford Children's Centre instead there'll be outreach work from Abbott's Hall. Again, not just accepting we want to deal with the 75% of people who currently engage with centres and reaching past them and trying to get upwards to 97%. So, the only things that are going to be lost will be having a full time receptionist at the centre and some management bits and pieces. The fact of the matter is it will be a better service, and beforehand children's centres, so what's currently offered at Stanford, is a service to 0-5 year olds. The new service is going to go up to 11 and then eventually 19. It's going to be a 0-19 service, a true wrap-around service for children, merging health, merging education, going further than ever before. We can go further than ever before because we are actually reforming a service; we are not just leaving it there to rot. Labour say closures, closures imply that services are ending; this is not closure this is reform.

**Mayor**

Mr Hann, do you wish to ask a supplementary question?

**Mr Hann**

It's all very well and good to talk about all these efficiency savings, like you can have health services without nurses and police forces without police officers and fire services without fire fighters, but if all these centres are

closing, physically where exactly are these people going to go to get their services?

**Councillor Halden**

Well again, it will be outreach. Where do the people of the Homesteads currently go? There's no children's centre there. Where do the people of Blackshots currently go? There's not a children's centre there, but they still access services. Where do the people of Orsett go, not a children's centre there, there's still access to services. The point is what services do the Council offer and what do we want to do to help children? One of the key metrics is going to be "good early years development for children", making sure that we can actually demonstrate the services that we offer have an impact on that child in the classroom. We don't need to measure how many buildings we've got to do that. We don't need to measure how many fragmented services we've got to do that. We need to look at a child and say "this child came into the system when he was four and he was performing at x level, this child is leaving the system at 19 and he attained that level". I want to see better outcomes for children and I will simply not accept the status quo, I'm sorry if that offends you.

**Mayor**

Thank you, Mr Hann.

## Appendix A to the Council Minutes – 30 November 2016

### **Item 12 – Questions from Members to the Leader, Cabinet Members, Chairs of Committees or Members appointed to represent the Council on a Joint Committee in accordance with Chapter 2, Part 2 (Rule 14) of the Council’s Constitution.**

#### **1. From Councillor Jones to Councillor Gledhill**

Would the leader agree with me how disappointing it was that when attending Grays Town Centre memorial for Friday the 11th of November remembrance service that traffic was not even halted for the minutes silence.

*To receive a written response*

#### **2. From Councillor Spillman to Councillor Gledhill**

Does the portfolio holder agree that the 1% social rent decrease has ended any hope of the council building enough homes to meet the demand of the increasing population in Thurrock?

#### **Mayor**

Councillor Gledhill?

#### **Councillor Gledhill**

Thank you, Madam Mayor, and thank you, Councillor Spillman, for your question. Short answer is no, but I will have to elaborate slightly more than that. The rent decrease, as suggested, initially impacts on the Council’s ability to build housing in the short and medium term. There have been recent suggestions that the amount that we can borrow is going to be, the headroom is going to be lifted, which may allow us to borrow more to obviously build more social housing, but it’s not just down to the Local Authority to build social housing. There are many other models that should be provided by local developers and we are looking at innovative ways of tapping into that to be able to build not only as a Council but also to ensure other, flexibility within the system, to allow social housing to be build and not just promised and then not delivered.

#### **Mayor**

Councillor Spillman, would you wish to pose a supplementary question?

#### **Councillor Spillman**

Yes I do. If you look at the mid-term O&S estimates for population increase, and you look at, we basically need, just to stay the same as we are now, we need to build a minimum of 700 homes every year across the borough. I mean that’s private, social and housing association. Is the Portfolio Holder confident that over the next few years we will have 700 new dwellings, the bare minimum, being built in Thurrock?

**Mayor**

Councillor Gledhill?

**Councillor Gledhill**

Thank you, Madam Mayor and thank you, Councillor Spillman for your very insightful question. I checked with Officers just to see how many properties were built in the past number of years across Thurrock, and these are new units which have been provided and I'm shocked to see its only 471 social housing, obviously a lot more numbers for regular housing. I'm really concerned that we will not reach that 700 across all of the tenures of house building both social, the Council and indeed private.

**Mayor**

Councillor Spillman, do you have a second supplementary?

**Councillor Spillman**

Yeah, I do. This housing crisis is horrific and I'm already seeing we're getting genuine social cleansing in this borough due to a 50% increase in rents in about a 2 year period in certain areas in Thurrock. I really welcome the housing review and I would ask that we're all given the opportunity to work together to try and find a solution to this because it really is, with social care, it's the worst problem that is facing this borough. So, I would ask whether or not we can, if the Portfolio Holder will guarantee that we get some cross-Chamber work in on this.

**Councillor Gledhill**

Thank you, Madam Mayor and thank you Councillor Spillman. As a private renter, yes I feel the pain of suddenly increasing private rents and you're quite right, some people are being driven out or indeed are now house sharing just to be able to meet the rent. Yes, you get my guarantee, on record, that you will be involved in any of the decisions moving forward. There are many innovative ideas of changing the way we provide housing, things like off-site building, pre-fabricated housing whatever you want to call it. This provides more bang for the buck and it's something that I tasked Officers with pretty much from day one of taking the Portfolio. We need to be able to get these houses quick, we need to make sure they're going to last and we need to make sure they're affordable and that's the important part. More affordable housing will then obviously drive the market to provide more housing. So, yes, you will be involved.

**3. From Councillor Gerrish to Councillor Gledhill**

Considering the current consultation underway, does the Leader support the closure of Children's Centres in Thurrock?

**Councillor Gledhill**

I will keep this one short, yes but I do not see them as closures as Councillor Halden has made clear. It is more of a reform of children centres rather than closures

**Mayor**

Councillor Gerrish, would you wish to pose a supplementary question?

**Councillor Gerrish**

Thank you Madam Mayor. My first supplementary question relates to the consultation process underway and considering the administration are claiming is to be a complete open consultation it is interesting, I think, that the savings have already been built into the budget for 2017/18. Madam Mayor I contend that either that is a dodgy consultation or dodgy budget planning. Which one does he think it is?

**Councillor Gledhill**

Thank you Madam Mayor and thank you Councillor Gerrish. I won't take any lectures on dodgy consultation, you are probably aware that the reason I become involved in local politics is because your party decided to close a local school in Tilbury without consultation but just said the consultation was "where are you going to go?, this is where you are going to going to be shut. This consultation is clear we are changing and reforming and making sure we are not missing out any current providers and as it has now reappeared Councillor Halden made very very clear we are expanding the offer so doing what we are doing is providing a saving, its providing an expansion and providing a services people need and what people want.

**Mayor**

Councillor Gerrish, would you wish to pose a second supplementary question?

**Councillor Gerrish**

Yes please Madam Mayor. In the previous answer the portfolio holder did tell the public there would be a reduction in staff of 10 and the bulk of the savings would be buildings and not people. Madam Mayor if I can quote quickly from the cabinet agenda from the 12 October, the new model would reduce the budget for running the children's centres by £400,000 with most of the efficiencies coming from the reduced staff members. Staff would be reduced from 39 to 41 full time. Could the leader tell us why the portfolio holder can't get his facts straight?

**Councillor Gledhill**

When it comes to getting facts straight one very few people I would say who you cannot fault on that is Councillor Halden.

**4. From Councillor Gerrish to Councillor Gledhill**

Could the Leader please update the chamber on progress on the 2017/18 budget. In particular, have all savings or income generating measures for 2017/18 now been identified or are we still short of target?

**Councillor Gledhill**



Thank you Madam Mayor. Sorry but whilst this is a closed question that something Councillor Gerrish does seem to like asking I cannot just give you a yes or no there is quite a complex response to this. Also Councillor Gerrish getting the answer you don't want is not the same as not getting an answer. I would have thought the number of years you have sat in this chamber you would have understood that. When we took control of the council shocked to find we had a budget gap of four million pounds to tackle as well as planning forward for the future. If we had assumed that we had stuck with your quite horrendous budget, quite drastic cuts to the environment and highway services um yes everything that has gone to overview and scrutiny so far would have matched the budget gap for next year. However, I and my cabinet and indeed the rest of the conservative group were not happy with that and therefore introduced the Clean It Cut It Fill It. That in itself obviously put pressure on the budget for this year and obviously for future years. We couldn't carry on having a borough in the state that you left it. That is appalling. On top of that we also did a review of the reserves, and remember you were in power for 6 years, so look we have the built up reserves actually built up reserves to level that are 5 years old. Now we are looking at building up those reserves for the future. So adding all those together comes to 1.2 million shortfall at the moment. I have spoken to the head of service and indeed the cabinet colleague who has responsibility for finance who I am surprised did not ask this question to and have been assured by both of them that the savings coming forward to meet that budget gap will be in the next week or so.

**Mayor**

Councillor Gerrish, would you wish to pose a supplementary question?

**Council Gerrish**

Thank you Madam Mayor. While we are all hopefully that further proposals will come forward does he expect to find enough options to give members the genuine choices on what we might take forward.

**Councillor Gledhill**

Well, ya, obviously we have started, and have been going for a couple of months now, the council spending review where we have put forward a number of ideas and asked for ideas from opposition members. UKIP have taken part in this 100 per cent and would like to thank them for that and not just the portfolio holder, sorry the leader and deputy leader but on one occasion one of the portfolio holders we would obviously like to see this mirrored by your group, it would be nice to see them turn up and yes I would like to see a bit of a selection going forward. I don't like saying we need to save x amount of money and only just come up to that x amount I like to say we have a bit of head room here let's have a bit of choice.

**Mayor**

Councillor Gerrish, would you wish to pose a second supplementary question?

**Councillor Gerrish**

Thank you Madam Mayor. I will just finish by asking the Leader how hard does he think his administration tried to find savings or revenue alternatives to close four of Thurrock children's centres.

**Councillor Gledhill**

Again, this is really shocking as a Conservative we are always blamed you are always about the money, you are always about the money; you are always about the money. Oliver you seem to be all about the money on this it's not all about the money it's about the outcome for children. It's the making sure those families in need get the support they need and want. And surprise surprise, the plan that Councillor Halden has come up with officers are going to do that and expand on it. I know it is hard to understand the word expand for less but trust me we do it on a Conservative run council. It might be something you might want to learn. Thank you.

**5. From Councillor Collins to Councillor Gledhill**

Since the ban on Trap Driving on the Manorway came into force in July this year, how many Trap Drivers have been stopped and fined please?

**Mayor**

Councillor Gledhill

**Councillor Gledhill**

Thank you Madam Mayor and thank you Councillor Collins for your question. The main purpose of the order was to deter trap driving and believe it has been very effective in this regard. However, it would be very foolish for anyone to guarantee that one method on its own would completely stop it. However since its introduction two fines have been issued by Essex Police in relation to this offence and understand they have information for a third but too late to attend to issue with a ticket.

**Mayor**

Thank you. Councillor Collins do you wish to pose a supplementary question?

**Councillor Collins**

Yes please Madam Mayor. It just seems to highlight what we were discussing before that we should apply the existing laws more effectively rather than trying to find new ones. But my supplementary question to the Leader was how much has this scheme actually cost to implement versus other suggestions proposed at the time such as cattle grids. Thank you.

**Councillor Gledhill**

Thank you Madam Mayor. Yes you are quite right using existing powers and use them to the best effect is much better than trying to recreate a new system certainly on something that is so quick to change. The cost of the implementation of the traffic regulations associated signs showing the horse and carriageway on the highway was approximately £4,500 this included the sign posts that have been reordered and moving existing clearway signs to make sure that street clutter that becomes confusing.

**Mayor**

Thank you. Councillor Collins do you wish to pose a second supplementary question?

**Councillor Collins**

Yes please Madam Mayor. Just a question. How much savings is that? 200 per cent or something? Thank you.

**Councillor Gledhill**

My apologies Madam Mayor I did not answer Councillor Collins second part there. Cattle grids would have cost something in the region of £90,000 just for the construction of the grid so that's £2000, sorry 2000 per cent saving by going this route rather than going for a cattle grid. So yes this would have been born by the tax payer so doing it cheaply we got the results.

**QUESTIONS FROM MEMBERS TO CABINET MEMBERS, COMMITTEE CHAIRS AND MEMBERS APPOINTED TO REPRESENT THE COUNCIL ON A JOINT COMMITTEE**

**1. From Councillor Duffin to Councillor Hebb**

Can you advise if conversations between Thurrock Council and the Government have taken place regarding the pledge by the government that 100% of Business Rates will be kept by local authorities?

**Mayor**

Councillor Hebb

**Councillor Hebb**

Thank you Madam Mayor and thank you Councillor Duffin. The short answer is absolutely without a doubt. There are two components to my answer and I will try to be brief madam mayor. Firstly, only as recently as 17 November my section 151 officer marched from Grays into White Hall to have another discussion which happens on a monthly basis with the DCLG and the treasury which is a code chaired meeting around the future of what 100% business rate retention means. The second thing, this council has also consulted and constructed, which is a better word sorry, conversation responses to the fair funded settlement paper and the N&R reformed piece of work which had been submitted came to the council spending review not sure if you were at that one it might have been one of your colleagues they both came to the council spending reviews as part of our openness around what we are going for and they were submitted just before 11pm by Sean if I remember rightly. So yes, very much on the ball on that one Councillor Duffin.

**Mayor**

Councillor Duffin do you wish to pose a supplementary question?

**Councillor Duffin**

Thank you. In the 2015/16 financial year Thurrock Council had a 106 million in business rates, 50% to the government but they also took another 22% which is 23

million as a tariff because Thurrock has too much money. Do you agree with your government that Thurrock does not need that 23 million.

**Councillor Hebb**

I agree with the former Chancellor of the Exchequer that business rates should be made by the people that make it in localities and it should be able to be spent on localities. That's the point. With our consultation and our contributions to the consultations which are on-going. The fact that our finance team are marching into White Hall and will fight Thurrock's case it's much better to be at the table demanding on what we need now rather than not engage with the process, let the process ride on and then ultimately get a world put in your lap that you don't like and start moaning about it. So George Osborne was absolutely right to introduce the 100% business rates that's why we are at the front of the table, we are right at the front of the queue for the Thurrock people.

**Councillor Duffin**

So, with the 100% business rate likely to come with a massive increase in that tariff will you continue to fight the Government until they give Thurrock the full 100% they are promised with no tariff.

**Councillor Hebb**

I think you are being slightly mischievous there Councillor Duffin. Primary legislation hasn't even been or enabling legislation, sorry, isn't even stated to happen until January/February. I can't say it any other way to make you understand it. The section 151 officer has contributed to the ongoing discussions on a periodic basis, we are fighting Thurrock's needs, we have done the two consultation responses which have been presented at the CSR. The enabling legislation hasn't happened, hold your horses, we are at the table now. We are fighting Thurrock's corner and getting us to the front of the queue.

**2. From Councillor G Rice to Councillor MacPherson**

When will the Pyramid Centre at Orsett Heath be refurbished using the £160,000 Section 106 monies from the Thurrock Technical College Development so the 4 new football pitches can become operational for the Community?

*To receive a written response*

**3. From Councillor G Rice to Councillor Tolson**

When will the asbestos at the garages in Oxford Avenue Chadwell be removed as children are playing near this hazardous material?

*To receive a written response*

**4. From Councillor J Kent to Councillor Hebb**

Will the Portfolio Holder explain the rationale behind the creation of the post of Director of Strategy, Communications and Customer Services?

**Councillor Hebb**

Thank you Madam Mayor and thank you Councillor Kent. As Councillor Kent is aware obviously the head of paid service, our chief executive, presented a paper towards the later end of last year under your administration which effectively from the 1 January this year sought to recalibrate the way the senior management team worked or was structured. In keeping with that recommendation the role that has been recalibrated now has gone from head of service to director. If you look at our constitution it is defined in the Local Government Housing Act 1989, Localism Act 2011. Senior officers reporting to the chief executive by default in our constitution and in law are at director level so you know that was last year and clearly being abled now. Taking all the boring corporate-ness away from it and speak operationally it makes perfect sense for a department that isn't anything to do with human resources or an organisation development to report directly into the chief executive who is responsible for pushing this boroughs needs. I think it makes perfect sense with a go with one directorate with another does not really work and so that makes sense. I think the other additional prospective Councillor Kent is around the financial savings we were at 21 posts I think at 18 months ago we are now down to about 16.4 posts which is about £500k saved from the senior salary line over time. So that is the rationale.

**Mayor**

Councillor Kent do you wish to pose a supplementary question?

**Councillor J Kent**

Yes he hear a lot about openness and transparency could the portfolio holder explain why he didn't on the 26 October when he delivered his portfolio holder report that covered this area mention that this post was being created.

**Mayor**

Councillor Hebb

**Councillor Hebb**

It seems to be the night for saying what you want to hear rather than what you have been told. I don't get what is difficult to understand. Last year a paper was published with your name on it last November about recalibration and re-organisation of senior salary structures. Why on earth would I go back and report back on what you have done when it is already part of the work programme that we are already doing. So. Slightly mischievous John, let's play by the right rules here.

**Mayor**

Councillor Kent do you wish to pose a second supplementary question?

**Councillor J Kent**

Yes the fact is we have created a director post without having any consultation or talk, mention of it to members. Does the portfolio holder really think that is appropriate?

**Mayor**

Councillor Hebb

**Councillor Hebb**

Do I think it's appropriate that a paper was passed under his previous administration has been unacted. Do I think it's appropriate that a pay policy which was approved last January under a labour administration is the existing pay policy to this time next year when the conservatives get their first chance to have a go at it. I mean let's look at the theme of this council. Every time that man gets up and has a discussion with me it is always, you know, the first time he got up started talking about our financial plan well with respect we unravel the fact that he couldn't even be bothered to turn up at any council spending review and hadn't touched the reserves in terms of review for 6 years. Last time there was the wonderful ....

**Mayor**

Councillor, Councillor, Councillor, Please. Thank You. Please can you stop waffling and waffle a bit less and answer the question a little bit more so that all questions can be done.

**Councillor Hebb**

I will stand down for Councillor Kent, Madam Mayor.

**Mayor**

Thank You.

**5. From Councillor B Rice to Councillor Tolson**

Can the Portfolio Holder explain why are Blue, Black and Green wheelie bins being collected by the same waste truck and therefore being mixed together?

**Councillor Tolson**

Thank you very much. If there is an incidence where this is happening the correct way to deal with it is to report it. As an elected member you should know that. If residents are saying that to you and you have an incidence then you can then forward it to me and I will deal with it. But you haven't reported anything.

**Mayor**

Councillor Rice do you wish to pose a supplementary question?

**Councillor Rice**

Thank you very much Madam Mayor. My question again is is it the correct method to mix these two together. Can you just answer the question for me Councillor Tolson. Is it correct or isn't it.

**Councillor Tolson**

It is not correct to mix them together but it may be something to do with freight breakdown or something behind it. If you provided an incidence and reported it we could have looked at that. It may be down to that dreadful pepper pot system you put in place which doesn't work well in our borough.

**Mayor**

Councillor Rice do you wish to pose a second supplementary question?

**Councillor Rice**

I don't really get many good answers so no thank you Madam Mayor I shall not ask another question. Thank you.

**6. From Councillor B Rice to Councillor Halden**

Can the Portfolio holder tell us what progress has been made in the recruitment of much needed GPs.

**Councillor Halden**

Thank you. The answer is iron in the fire. Councillor Rice is right to raise the GP issue Thurrock has got a tremendously under-doctored population. I think it's a slight not unhealthy question I think it is slightly in the wrong direction as we don't just have under-doctored population we know some of our primary care is inadequate even if it is there and it needs fixing frankly. Now obviously the role to supply medical services, GPs etc, is with NHS England but made it quite clear the council leadership and will actually drive forward the issue because the issue has never been tackled. So a couple of things. Obviously in the short term we spoke about the health hubs for frankly too long. We spent talking about them. My corporate director has assured me that we will receive fresh information early in the New Year putting forward more comprehensive plans detailing how we are going to deliver them and precisely when we are to deliver them because it is quite essential we actually get things built. The slightly longer term plan, obviously we have spoken about the STPs in the past, the government's plan to reorganise health care to ensure it is more sustainable. Not only have myself and my director met with my counterparts in Essex County Council and Southend this morning and then also travelled to Basildon in the afternoon that makes up the 15<sup>th</sup> or 16<sup>th</sup> meeting like that I have had to make sure the STP does not just reflect the hospital reorganisation, reflects GP reorganisation more GPs for the borough we don't deal with the under supply of GPs and we don't fix the inadequate areas of primary care and quite frankly hospital reorganisation could frankly end up being a waste of time because the existing burden that is on A&E department because there aren't enough GPs aren't enough good GPs will still be present. We are doing a huge amount of engagement work to ensure that happens. Someone Councillor Holloway maybe asked question about the annual public health report earlier....

**Mayor**

Councillor can you just answer the question that was asked and not go on about other questions that have been asked before...

**Councillor Halden**

I am attempting to answer the question. The Public Health Report as we mentioned earlier as part of the STP will now distil the Thurrock Ask and what we want NHS England to do for us so we can drive forward the STP and that will include primary care improvements, GP access so not just buildings

physical people and finally to address not just the under provision but to address the weaknesses in the primary care system as at the two cabinet before last we have introduced the first ever scheme to attempt to improve the quality of primary care, GP scorecard that will be going live next year. So that we get that peer to peer scrutiny between health professionals, like we do with schools scrutinising each other to try and drive those improvements in the GP market.

**Mayor**

Councillor Rice do you wish to pose a supplementary question?

**Councillor B Rice**

Yes just to ask the portfolio holder if he will agree with me that once again this is a dire circumstance we find ourselves in and indeed we have one more or one less, I should say, GP than what we did in the summer months yet we have another one of our GPs leaving us in Thurrock, one of our younger GPs leaving and it is in a very poor state. So I urge the portfolio holder really to make headway and start to address this as early as he possible can because it really is a situation that is going from bad to worse. Thank you.

**Councillor Halden**

Thank you Madam Mayor. I take her point on board. Myself and my team are intervening on a daily basis attempting to get the very best deal for Thurrock. One of my first engagements with one of the younger GPs in Horndon on the Hill was discussed with that what would attract more of his colleagues fresh out of medical school to come to Thurrock. High quality housing; the leisure offer and grammar schools. Have we attracted new GPs to the borough and more to the point Councillor Rice we have got certain providers like College Health much like a multi academy trust. College Health, Dr Malic, operating out of the Shehadeh practice in Grays they have already taken on recently another local practice that hasn't had perhaps the most robust record in the past. I have made representations to NHS England. I have made representations to wider colleagues about what College Health are doing and how these are the sorts of organisations that we should support so that I can tell you categorically that the stronger GP providers who are attempting to help their own colleagues they are physically, their good efforts, are physically being met with the might, with the effort and with the force that my entire team can muster.

**Mayor**

Councillor Rice do you wish to pose a second supplementary question?

**Councillor Rice**

No thank you Madam Mayor.

**7. From Councillor Spillman to Councillor MacPherson**

The future of the Housing Advice and Support Service (HASS) looks very uncertain at the current time. Can the portfolio holder explain what impact the closure of this service would have on Thurrock?



HASS Open Door provides general and specialist housing advice and information. They are based at the Beehive in Grays but also run outreach surgeries across the borough. HASS works very closely with the Council's Housing Solutions service assisting non-priority cases to find accommodation with private landlords – in most cases, within shared accommodation (Houses of Multiple Occupation). The Council provides HASS with deposits and rent in advance for cases who would otherwise be street homeless. The value of the service has been recognised through a recent grant of transitional funding whilst HASS seeks secure longer term finance. Should the service close, then options available to non-priority cases would be impacted. The Housing solutions service would need to increase direct engagement with private landlords in order to mitigate the impact.

**Mayor**

Councillor Spillman do you wish to pose a supplementary question?

**Councillor Spillman**

Yes I do, thank you for your recognition of the impact on the services is going to have. The service in Thurrock is suffering from a terminal illness it's in real trouble. What reassurances can the portfolio holder give me and, more importantly, the thousands of people that use these services this administration is taking seriously the vast challenges that these organisations face.

**Mayor**

Councillor MacPherson

**Councillor MacPherson**

Thank you very much. Of course if you are in trouble you do need advice and you need to know where you can get this advice from. With regards to housing advice if this service did close then what we would need to do is our housing department would need be liaising directing with private landlords and the owners of HMOs to make sure that the advice that is being given to these people with the correct advise.

**Mayor**

Councillor Spillman do you wish to pose a second supplementary question?

**Councillor Spillman**

Yes as far as I am aware and not sure if the portfolio holder is aware if HASS does close then the only specialist housing advice that people will be able to receive based in Thurrock will be from me. Does the portfolio holder think that it is acceptable that the only specialist housing adviser that is more than likely only going to be available to the residents of Thurrock will be coming from a political party.

**Councillor MacPherson**

That's scary. I don't think you're the only person that can give that advice we have got a lot of private letting agents and people who are experts in their field.

**8. From Councillor Pothecary to Councillor Halden**

It has been reported that Thurrock schools are facing potentially devastating cuts with Thameside Primary School set to lose funding equivalent to ten teachers. What actions will the portfolio holder be taking to fight these cuts from central Government?

*To receive a written response*

**9. From Councillor J Kent to Councillor Halden**

How many delayed hospital discharges have there been into Thurrock since 1st June 2016?

*To receive a written response*

## **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There is 1 question from the members of the public.

### **1. From Mr Rob Groves to Councillor Coxshall**

In light of the recent introduction of parking charges for the Sandpits Car Park in Stanford-le-Hope, which contravenes the clear intent of the sale conditions, will the Council consider launching an review into the appropriateness and robustness of the Portfolio Holder' report and decision by the Council' Cabinet in April 2013, to sell the freehold of Sandpits Car Park land. This decision was against the known opinions of local Councillors and the introduction of charges is a huge detriment to the local community and the trade of local businesses. Would Council also consider investigating a full range of possible legal and practical actions to urgently address this detriment to the local and business communities?

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## Item 8 : Petitions Update Report – 25 January 2017

Petition No.	Description	Presented by (and date)	Portfolio Holder	Status Full copies of the responses may be obtained from Democratic Services
478	Petition on behalf of residents of Lansbury Gardens, Tilbury on the increased concerned for the safety of the complex	29/06/2016	Cllr Gledhill	<p>Officers are currently assessing the request for installing gates as well as other means to improve the security and safety of residents at this complex. Other sheltered blocks have made similar request and so all of these will need to be looked at in terms of priority and available resources.</p> <p>Update: The four pedestrian gates now have key pads so that only residents, family and carers can access. The two main vehicle gates are due to be fitted with a lock and gates will be locked at night by tenant as agreed. Every flat will be provided with a key and the emergency services can all access the lock with a drop key. It is hoped that these will be fitted this week. We will pilot this for 6 months.</p> <p>Update 14/11/2016: All locks have been fitted and tenants issued with keys. This will be piloted for 6 months at which time we will consult back with tenants.</p>
479	Resolve the problems it has with the owners of “Nisa” and “Ockendon Pound Store” and allow them to continue trading thereby providing a much needed and highly value facility for the	29/06/2016	Cllr Tolson	There has been communication between a number of people (within and external to the Council) regarding matters relating to the occupation of 11, 13 and 15 Derwent Parade for a number of years. Matthew Essex, Legal

\* indicates petitions handed in at the Civic Offices or e-petitions - not presented at Council

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	<p>residents of South Ockendon</p>		<p>and Corporate Property have provided a number of replies to enquiries regarding the action being taken under the leases.</p> <p>The Council is very much aware of the value placed on the service provided through the NISA store by local people within the South Ockendon area and remains in direct discussion with the tenant and their nominated representatives with a view to reaching an amicable agreement.</p> <p>The Council and other agencies have registered a range of concerns with the tenant in respect of changes that they have made to the property and these lie at the heart of the action being taken. The Council is coordinating its action with those other agencies and is working with the tenant to support their efforts to remedy the issues identified and has recently granted an extension of time to allow the tenant further opportunities to do so.</p> <p>We are hopeful that the tenant will ultimately be able to address these issues. However, in the event that they cannot and the Council is forced to seek the return of the property it will clearly be a priority to secure an alternative operator who can continue to provide this much needed service to local people.</p>
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\* indicates petitions handed in at the Civic Offices or e-petitions - not presented at Council

## Item 8 : Petitions Update Report – 25 January 2017

480	There is insufficient parking for local residents living in Limeslade Close. We request the Council build more parking so that residents are able to park their cars in the road that they live. The two ideas we would like to see is the grass at the end of the Cul de sac on the right turned into parking	27/07/2016	Cllr B Little	Officers in Housing are currently investigating the feasibility of the proposal, obtain quotes for the work, carry out a full consultation with the residents and then if necessary add the request to the list.
481	There is insufficient parking for local residents living in Plashet Close and along Southend Road between numbers 94-116. There is parking outside their properties but this is regularly used by people that are not local to the area meaning that residents cannot park their cars. We request the Council install a parking permit scheme for the parking spaces outside of these properties which would mean that local residents could guarantee that there is space for them to park their vehicles.	27/07/2016	Cllr B Little	<p>This request will be included in the Stanford Le Hope Controlled Parking Zone (CPZ) review for inclusion into next year's Highways Capital Programme.</p> <p>There is also merit in undertaking further grassed verge reinforcement to provide additional spaces and this will be added to the request list for review under next year's programme.</p>
482	We ask our Councillors, to consider what the least worst option would be in their view given the possibility of Option A, Route 14 and request officers of the Council to look at this as an option and report on its viability. An announcement from the Government will be due to follow soon, we request the Council, to be prepared and well researched into the best possible solution should be we faced with no other alternatives outside of Thurrock.	30/08/2016	Cllr B Little	<p>A response is currently being prepared by Officers. An update will be presented at the November full council.</p> <p>Update – November 2016 - The Council's position is to oppose any new crossing through Thurrock. Highways England's consultation earlier this year proposed a number of alternative routes for a crossing. We are currently awaiting a Ministerial Announcement on the next steps. If the scheme is to be taken forward, the most likely scenario is that the Minister will indicate a preferred route for detailed design. There has</p>

## Item 8 : Petitions Update Report – 25 January 2017

				been nothing to suggest that there is a possibility that the Minister will instruct Highways England to revisit the Route Options Evaluation stage of the project (where Option A, Route 14 was ruled out).
483	This is a petition from the residents of Southend Road and Golding Crescent to Thurrock Council for Speed Cameras to be installed in Southend Road before the Golding Crescent turning following yet another serious accident on 28 July 2016. A mini roundabout or speed humps would only make the situation worse. Speed cameras would be a massive deterrent.	17/08/2016	Cllr B Little	We will be undertaking speed surveys on the length of Southend Road to obtain evidence of speeding on this route, to compare with the Personal injury Statistics. If a trend is identified, a scheme will be investigated for inclusion in next year's Capital programme.  Update – January 2017  Provision has been made within the 2017/18 Highways & Transportation Capital Programme to install average speed cameras at this location.
484	There is insufficient parking for local residents living in Plaistow Close. The road is particularly small and with cars parked across the pavements there is still not enough space for everyone to park.  We request the Council install free parking permits down the road which would mean that local residents could guarantee that there is space for them to park their vehicles.  We request the Council also look to add additional parking on the grass verge at the end of the road.	8/12/2016	Cllr Duffin	Following investigation by the Council's Traffic Team, it has been identified that the provision of additional parking would require the use of land currently designated as 'open space'. Council officers are investigating the feasibility of this land being made available for parking.

\* indicates petitions handed in at the Civic Offices or e-petitions - not presented at Council



<b>25 January 2017</b>		<b>ITEM: 10</b>
<b>Full Council</b>		
<b>Annual Report of The Director of Public Health 2016</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Councillor James Halden, Cabinet Member for Education and Health		
<b>Accountable Head of Service:</b> Emma Sanford, Strategic Lead – Health and Social Care Public Health		
<b>Accountable Director:</b> Ian Wake, Director of Public Health		
<b>This report is Public</b>		

## Executive Summary

The National Health Service Act (2006) places a statutory duty on the Director of Public Health to prepare an independent report on the health of the people in the area of their local authority each year. This year the focus of the Thurrock Annual Public Health Report is on the sustainability of Thurrock's Health, Wellbeing and Social Care system with particular focus on Long Term Condition Management.

The report makes a series of recommendations in terms of improving the quality of Primary Care in Thurrock, improving the quality of long term condition management, and strengthening the local health and social care workforce.

### 1. Recommendations

**1.1 That Members note and support the contents and recommendations made in the report and support its publication.**

**1.2 That Members note the political leadership being undertaken by the Cabinet Portfolio Holder for Education and Health across the local Health and Social Care system and through our local Sustainability and Transformation Plan (STP) to deliver the report's recommendations.**

**These include:**

- **Delivery of a new model of Primary Care to address under-doctoring and capacity issues**
- **Mechanisms to case find and diagnose patients with long term conditions**
- **Significant improvement of the management of long term conditions in Primary Care including the implementation a GP Long Term Conditions Management Scorecard**

- **Recommendations to reduce inappropriate A&E attendances and avoidable A&E admissions**
  - **Recommendations to reduce delayed transferred of care from the NHS to Adult Social Care**
- 1.3 That members note that the recommendations from the Annual Public Health Report be are being incorporated within a “Principles Document’ to form a “Thurrock Ask” from NHS England**
- 1.4 That members note the re-procurement of a new Integrated Healthy Lifestyles Service with a stronger focus on young people’s health in order to break generational health inequalities.**
- 1.5 That members note that the Health and Wellbeing Board is now acting as the Primary Delivery Arm for implementing the recommendations within this report, and the objectives within the Health and Wellbeing Strategy.**

## **2. Introduction and Background**

- 2.1 Annual Public Health Reports have played an important part in public health practice ever since the early days of Medical Officers of Health. They remain an important vehicle for informing local people about the health of their community as well as providing the necessary information for decision makers in local authorities and local health services on key priorities that need to be addressed to improve the health and wellbeing of the population.**
- 2.2 70% of health and social care spend is on people with long term conditions<sup>1</sup>. This, along with a population living longer but not necessarily healthier lives creates some fundamental issues for the current system. As such, understanding the factors that impact on the development of long term conditions and the most effective mechanisms for embedding effective prevention activity is absolutely essential in maintaining public health, reducing the growth in demand through emergency hospital admissions and Adult Social Care packages and ensuring that our local Health and Social Care system remains financially and operationally sustainable.**
- 2.3 The report is set out in seven sections which demonstrate the following eight key issues**
- Increasing and unsustainable levels of demand on the local health and care system
  - Practice-level variation in outcomes, and an indication of patterns
  - How a revised Primary Care staffing model could address demand
  - Key influences on non-elective admissions and inappropriate A&E attendances
  - Estimates of future activity if no changes are made to provision
  - How activity in different parts of the system links to cost.
  - What is cost-effective in terms of prevention / shifting demand.

- The need for a 'System Wide' response across organisational budgets to solve financial and operational sustainability

### **3. Summary of report contents, recommendations and opportunities**

- 3.1 These are outlined in the report itself and its Executive Summary. The main report can be accessed via a Hyperlink in the Introduction (section 1) of the Executive Summary.

#### **Financial Opportunities**

- 3.2 A number of financial opportunities have been identified to generate savings by reducing demand to the two most expensive areas of the Local Health and Social Care System; namely Adult Social Care and the hospital budgets by implementing on the recommendations detailed in the full report which deal in the main with improving capacity, access and quality of Primary and Community such that long term condition clinical management improves which will prevent more serious (and costs) adverse health events within our population.

### **4. Reasons for Recommendation**

- 4.1 The National Health Service Act (2006) requires Directors of Public Health to prepare an annual report on the health of the local population, and for the local authority to publish it.
- 4.2 It is envisaged that the recommendations set out in this report will drive the necessary changes to improve the quality of Primary Care and long term condition management, and embed preventative activity to reduce future system demand. The report provides clear evidence supporting the current strong political leadership taken to improve the health of the population by the current Administration.

### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 The contents of this report have been developed with input from a number of different stakeholders (listed in the document). The report was presented at Health and Wellbeing Overview and Scrutiny Committee on 10<sup>th</sup> November, the Council's Directors Board on 15<sup>th</sup> November, The Thurrock Health and Wellbeing Board on 17<sup>th</sup> November and Cabinet on 15 December and was supported by all four Boards/Committees. It was also presented at the Board of NHS Thurrock Clinical Commissioning Group on 21 December 2016 received full support.

### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The report highlights the key actions that should be taken in terms of shifting demand within the health and social care system, and encouraging

prevention. This is in line with the work of the Customer and Demand Management Board, and the Health and Wellbeing Strategy 2016-21 which aims to “add years to life and life to years”. It will also support corporate priority four: “improve health and wellbeing”.

- 6.2 If the report conclusions and recommendations are acted upon, it will impact positively on local patients as their care will be improved.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager, Corporate Finance**

The report details a series of financial opportunities for the local health and social care system arising from improving and embedding the prevention agenda in primary, community and social care and as a result reducing demand on secondary health care and adult social care services. Decisions arising from recommendations by the Director of Public Health that may have a future financial impact for the council would be subject to the full consideration of the cabinet before implementation, and in the case of the NHS, by the relevant Boards of NHS Thurrock CCG and provider foundation trusts.

### **7.2 Legal**

Implications verified by: **Chris Pickering**  
**Principal solicitor. Employment & litigation**

There are no legal implications as the report is being compiled in accordance with our statutory duties under the Health and Social Care Act 2012 and National Health Service Act 2006.

### **7.3 Diversity and Equality**

Implications verified by: **Becky Price**  
**Community Development and Equalities Team,  
Adults, Housing and Health Directorate**

The initiatives outlined in this report will tackle the challenges of unequal access to good quality care and variation in activity by highlighting what is likely to work in preventing future health and social care demand.

- 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

Background papers are referenced in the annual public health report.

9. **Appendices to the report**

Annual Report of the Director of Public Health 2016 - Executive Summary

**Report Author:**

Ian Wake  
Director of Public Health

Maria Payne  
Senior Programme Manager – Health Intelligence

**REFERENCES**

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<sup>1</sup> Department of Health, *Improving quality of life for people with long-term conditions*. London: DH. 2013.

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# Annual Report of The Director of Public Health 2016

## Executive Summary

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### Authors:

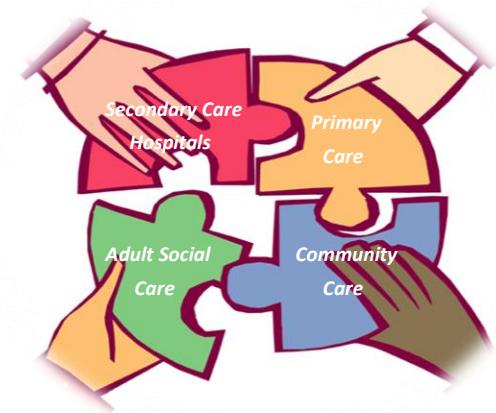
Ian Wake,  
Director of Public Health

Emma Sanford,  
Strategic Lead – Health and Social Care Public Health

Maria Payne,  
Senior Public Health Programme Manager – Health Informatics

Kelly Clarke,  
Public Health Information Analyst

## A Sustainable Adult Health and Social Care System for Thurrock



# 1. Introduction

As a population, we are living longer but not necessarily healthier lives. The rate of growth in the population aged 65+ locally is increasing at a rate that far exceeds that of the general population (Figure 1). In addition, older patients are more likely to develop multiple long term conditions (Figure 2), resulting in increased demand for health and social care services with fewer working age people that can be taxed to pay for this increased demand.

Currently approximately 70% of all health and social care funding is now spent on treating and caring for people with long term conditions. Effective demand management to create an operationally and sustainable Adult Health and Social Care System requires a system response.

Our local adult Health and Care economy is in financial and operational crises. There is currently a £101M financial deficit across the three hospitals within south and Mid Essex. Thurrock Council is predicting an £18-22M financial deficit over the next three years without strategic transformational action.

The situation can be summed up by figure three; rising and unsustainable demand for emergency care within the most expensive part of our Health and Care system; hospitals. However, this is largely a symptom of failures elsewhere within the system rather than a cause of the crisis itself. Actions taken by one organisation alone in isolation of others cannot achieve system sustainability as the management of patients in Primary and Community Care directly influence demand on secondary care, and all three influence demand on Adult Social Care.

By setting out the current state of demand on the health and social care system, along with the key influences on activity, this report aims to increase understanding of these drivers and provides a list of evidence-based recommendations for effective mechanisms to reduce the growth in demand and ensure the ongoing sustainability of our local health and social care economy.

It has been written both to inform local Health and Social Care strategy through the Thurrock Health and Wellbeing Board, and more widely to inform the prevention section of the South and Mid Essex Sustainability and Transformation Plan.

A copy of the full report is available on the Thurrock Council Website at the following address:

<https://www.thurrock.gov.uk/healthy-living/health-statistics-and-information>

Figure 1

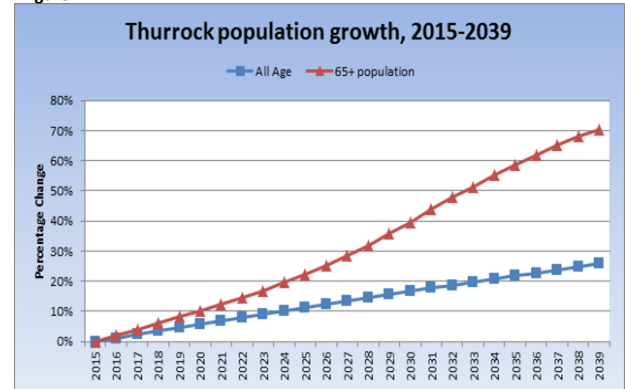


Figure 2

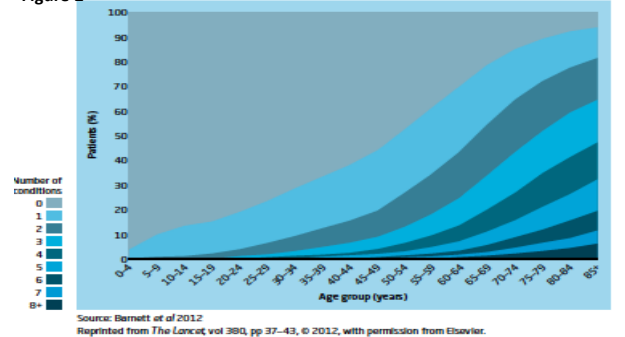
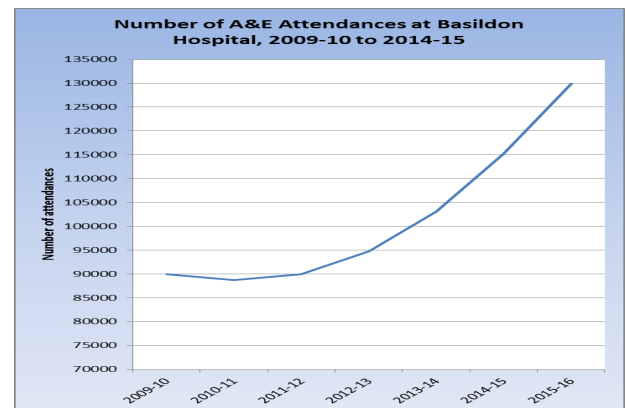


Figure 3





# 1. Introduction (cont).

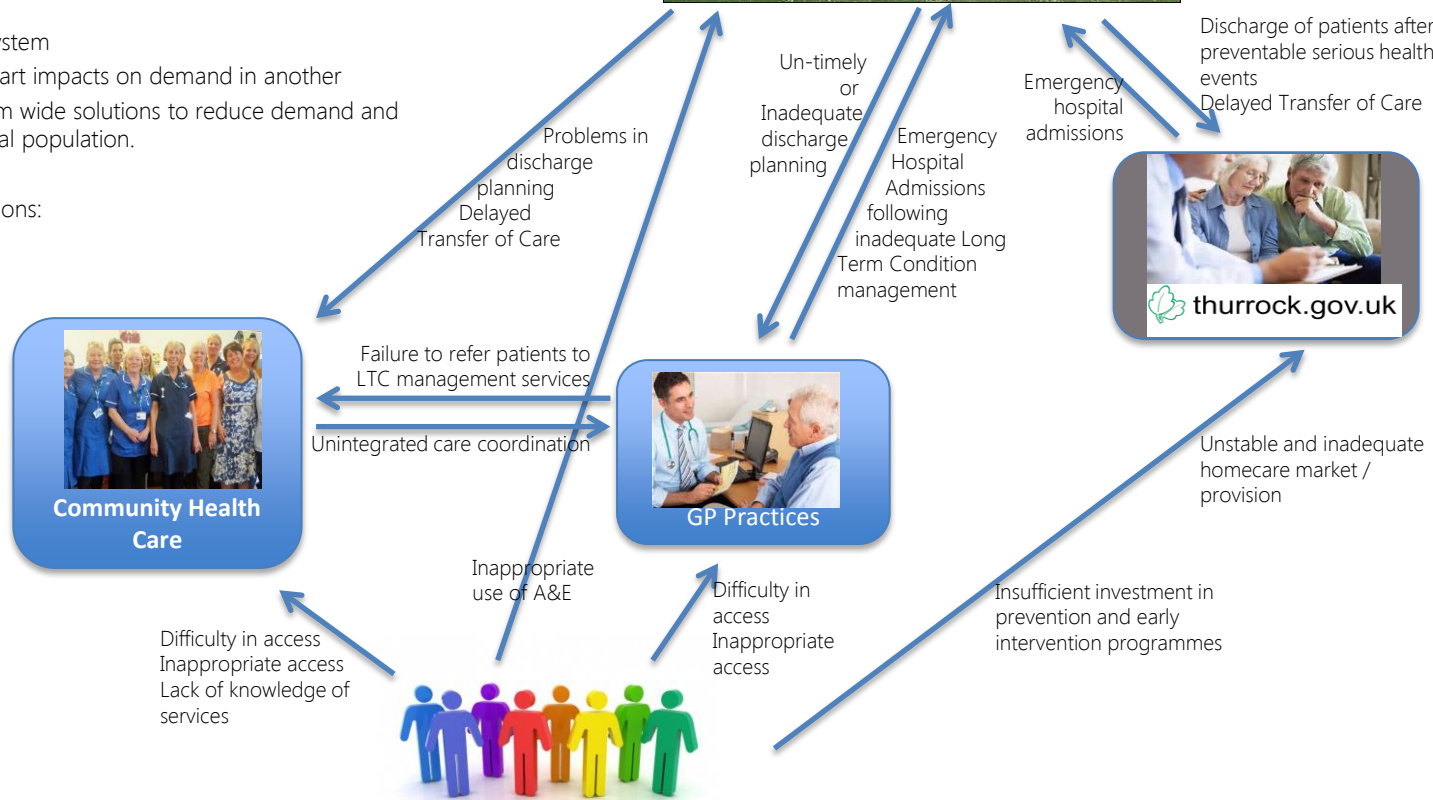
Some of the fundamental reasons driving demand and hence spend in the two most expensive parts of our system; secondary and social care services are demonstrated in the simplified diagram of it below. Without understanding how and why our residents flow through the entire system, we have little chance of making it sustainable. As such, by setting out the current state of demand on the health and social care system, along with the key influences on activity, this report aims to quantify and link activity and spend in terms of:

- Demand on all parts of the system
- How clinical practice in one part impacts on demand in another
- The most cost-effective system wide solutions to reduce demand and improve the health of our local population.

This report is divided into seven sections:

- 1) Primary and Community Care
- 2) A&E Attendances
- 3) Emergency Hospital Admissions
- 4) Delayed Transfers for Care
- 5) Referral to Treatment Pathways
- 6) Adult Social Care
- 7) Self-care and Prevention

The issue of Mental Health, whilst extremely important has been excluded because it is currently subject to a detailed and on-going separate Joint Strategic Needs Assessment Product. We will provide a detailed analyses of our findings in the near future.



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# 2. Improve Primary Care Capacity

Thurrock is chronically under-doctored; in fact the fourth most un-doctored area of England. Figure 4 shows the ratio of Patients per FTE GP, for each GP practice population. The mean ratio of patients per FTE in England is 1,321. In Thurrock it is 2072. However many GP practice populations face ratios significantly greater than this. All but four of our 33 GP practice populations have a greater patient:FTE GPE than England's. In the worst case, this ratio is over five fold the 1:1321 of England's although recent commissioning of a new Provider is addressing this issue.

Furthermore, within the Borough there is strong association between levels of under-doctoring and levels of practice population deprivation. This means that the practice populations likely to be suffering from the greatest levels of ill-health are worst served in terms of numbers of GPs available to care for them. Figure 5 suggests that almost 30% of the variation between levels of under-doctoring between different GP practice populations in Thurrock can be explained by differences in levels of deprivation within those populations.

This is one of the most significant challenges facing our local Health and Social Care system and the population it serves. Approximately 70% of all patient interactions with doctors happen in GP surgeries. GPs also act as 'gatekeepers' to elective care and also are responsible providing clinical management of patients with long term conditions through the QOF (Quality Outcomes Framework). If patients are receiving inadequate care because of levels of under-doctoring, it is highly likely that they will end up in more expensive parts of the H&SC system, particularly as A&E attendances or emergency hospital admissions. Failure to address this issue is both bad for the health of our population, and is wasting money.

Through building multiple regression predictive models that identify and quantify the impact of the factors most likely to lead to an emergency hospital admission we predict that:

- For every one percentage point increase in the availability of GP appointments (as measured by the question "last time you wanted to see/speak to a GP were you able to?" in the GP patient survey) we estimate a reduction in
  - 6543 emergency hospital admissions for COPD
  - 109 emergency hospital admissions for Heart Failure
  - Save the NHS in Thurrock £2.9M

Figure 4

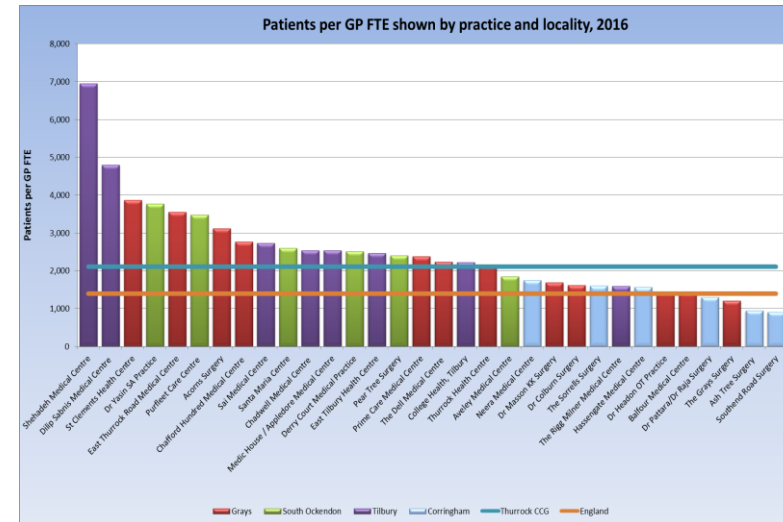
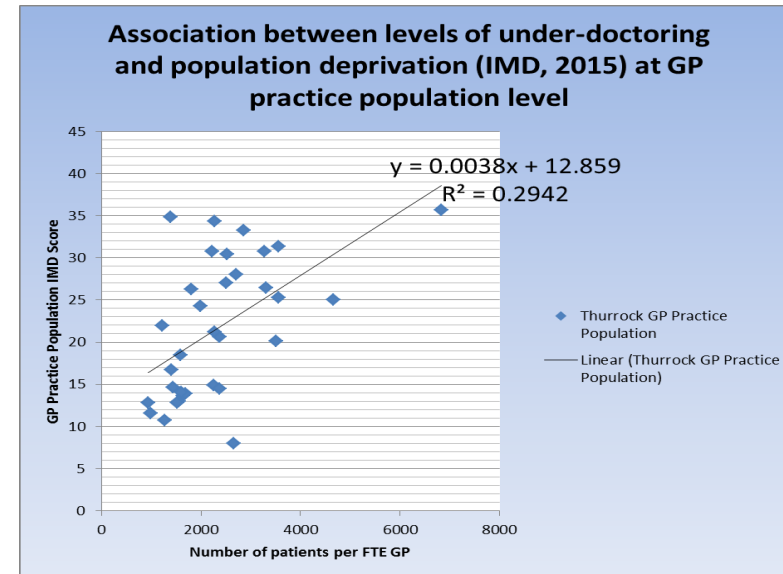


Figure 5



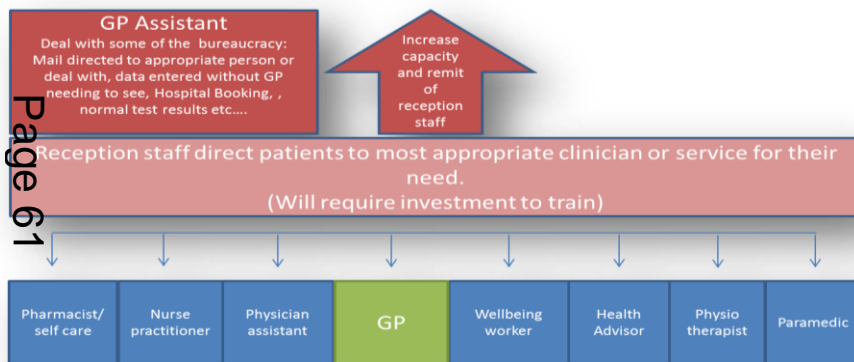
# 2. Improve Primary Care Capacity

We calculate that in order to bring FTE GP: patient ratios in line with the England average, we require a further 45 GPs in Thurrock. However, given the national shortage of GPs and current difficulties in recruitment, we are operating in a competitive market and it is not feasible to recruit this number to Thurrock quickly. Building the four new proposed Integrated Healthy Living Centres should make Thurrock an attractive place for GPs to work in, however this is a medium term solution.

*Making Time in General Practice*<sup>1</sup> is a published report that demonstrated that diversifying the workforce skill mix in Primary Care would release significant amounts of GP time and therefore capacity, allowing them to concentrate more time on patients with long term conditions and less time on tasks that could be better undertaken by other types of clinical staff (for example using an in-surgery Pharmacist to undertake medicines reviews, and a Physiotherapist to deal with the one in six appointments where the underlying problem is musculoskeletal).

Figure 6 shows the workforce model proposed in *Making Time in General Practice* and figure 7 shows the our calculations on the impact of this model, should it be introduced in Thurrock on the need for additional GPs to address the situation locally.

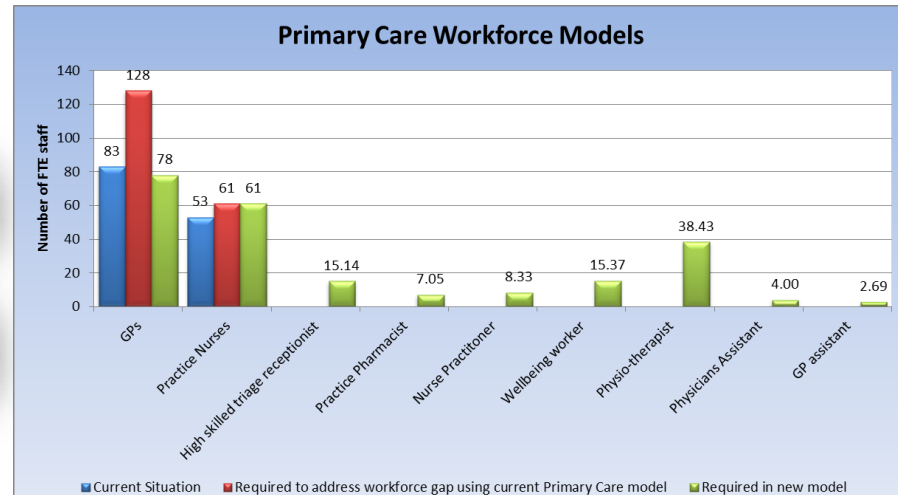
Figure 6



We calculate that to address the issue of under-doctoring in Thurrock we require an additional 2,184 appointments per day. Figure Y demonstrates that by diversifying the skill mix within our GP practice workforce we could release this number of additional appointments without the need to recruit more GPs locally.

Implementing a more diverse workforce skills mix within Primary Care in Thurrock will release an addition 2,184 appointments per day and address the issue of under-doctoring locally.

Figure 7



## Recommendations to improve Primary Care Capacity

- Expedite the building of four Integrated Healthy Living Centres that bring Primary, Community and Mental Health Care together with Diagnostics, Hospital Outpatients and Community Hubs, in order to attract the best GPs to Thurrock
- Implement a more diverse skills mix within existing Primary Care provision to free up GP time

<sup>1</sup> Primary Care Foundation and NHS Alliance, Making Time in General Practice, October 2015

# 3. Prevalence of Long Term Conditions

GP practices are responsible for managing tens of thousands of people with Long Term Conditions in Thurrock. In 2014/15 there were 54,678 cases of long term conditions recorded by GPs, of which there were 23,727 hypertension cases, 9,441 asthma cases and 8,185 Diabetes cases. (Figure 8). The vast majority of long term conditions are highly preventable through lifestyle changes.

There is significant variation between GP practice populations in terms of the prevalence of diagnosed different long term conditions between different populations. This is particularly true of diagnosed rates of Hypertension, CHD and Heart Failure. This could be due to genuine differences in underlying prevalence of these conditions between different practice populations, and/or differences between GP practices' ability to identify and diagnose these conditions in their patients. Detailed analyses of these variations can be found in section 1.2 of the full report.

Figure 9 shows the percentages of patients aged 18+, diagnosed with Asthma, COPD, Diabetes, Coronary Heart Disease, Heart Failure, Hypertension (high blood pressure) and Stroke/TIA at GP practice population level in 2014/15. Prevalences shown in red denote that they are ranked in the top third; in yellow, the middle third; and in green the bottom third of the range within Thurrock for that condition.

Figure 8

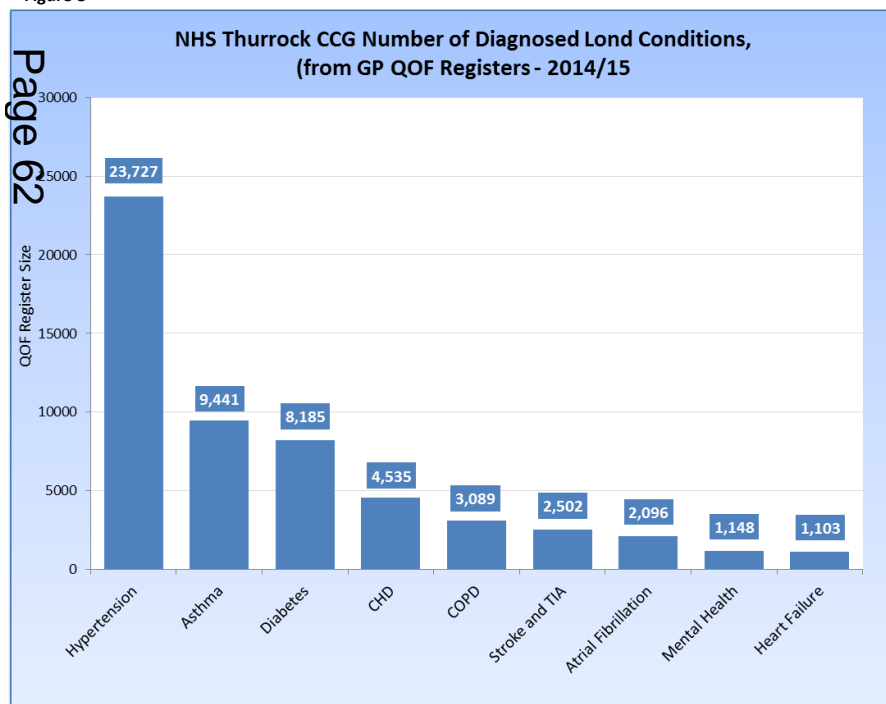


Figure 9

Surgery Name	Asthma	COPD	Diabetes	CHD	Heart Failure	Hypertension	Stroke / TIA
SUNTHARALINGAM R	7.39%	3.20%	9.69%	5.25%	1.32%	18.79%	1.84%
DRS JONES & BYRNE	6.62%	2.18%	7.81%	3.99%	0.70%	16.89%	2.42%
CHADWELL MEDICAL CENTRE	5.76%	2.16%	8.78%	4.76%	1.03%	15.64%	2.44%
STIFFORD CLAYS SURGERY	6.39%	2.81%	6.00%	3.70%	0.82%	14.81%	1.99%
DEVARAJA V C & PARTNER	5.78%	2.07%	6.79%	3.43%	0.71%	21.92%	1.95%
MUKHOPADHYAY SURGERY	5.64%	2.41%	7.40%	2.66%	0.64%	18.85%	1.88%
PEARTREE W HORNDON SURGERIES	5.62%	3.27%	6.78%	3.12%	0.87%	17.45%	1.61%
DESHPANDE A M & PARTNER	4.97%	1.69%	7.52%	2.85%	0.79%	21.19%	1.98%
SHEHADEH MEDICAL CENTRE	6.04%	2.55%	6.91%	2.81%	1.09%	15.44%	1.60%
KK MASSON AND DR H MASSON	5.02%	1.76%	7.08%	4.33%	0.84%	17.40%	1.58%
DR M ROY & PARTNERS	6.16%	1.56%	7.25%	4.11%	0.74%	25.51%	1.31%
DELL MEDICAL CENTRE	6.09%	1.76%	5.95%	3.69%	0.67%	13.29%	2.40%
CHEUNG K K	5.78%	1.89%	5.54%	3.73%	0.61%	19.17%	2.25%
BALFOUR MEDICAL CENTRE	4.45%	1.90%	7.29%	2.99%	0.66%	19.92%	2.08%
AVELEY MEDICAL CENTRE	5.53%	2.45%	6.88%	3.28%	0.70%	14.12%	1.80%
APPLEDORE AND MEDIC HOUSE	5.59%	1.87%	7.02%	3.00%	0.75%	14.14%	1.39%
HORNDON-ON-THE-HILL SURGERY	5.58%	1.86%	5.29%	3.06%	1.74%	16.65%	1.94%
HASSENGATE MEDICAL CENTRE	7.40%	1.68%	6.26%	2.87%	0.59%	13.89%	1.82%
HEALTH CENTRE DARENTH LANE	5.80%	3.31%	6.56%	2.68%	0.47%	13.83%	1.30%
ORSETT SURGERY	5.83%	1.32%	5.43%	2.70%	0.67%	13.80%	1.56%
ETC MEDICAL SERVICES	6.15%	1.11%	6.25%	2.15%	0.58%	14.93%	1.52%
OKOIH & PARTNER	6.69%	2.33%	5.07%	2.02%	0.82%	10.62%	1.27%
DILIP SARNIS MEDICAL CENTRE	5.10%	2.06%	6.15%	2.88%	0.50%	14.98%	1.62%
KADIM PRIMECARE MEDICAL CENTRE	5.67%	1.32%	6.73%	2.81%	0.26%	18.67%	1.19%
BELLWORTHY S V	4.19%	1.84%	6.98%	1.72%	0.35%	16.77%	0.67%
JOSEPH L & PARTNER	4.14%	1.48%	6.04%	2.48%	0.57%	13.19%	1.38%
EAST THURROCK MEDICAL	4.90%	1.66%	6.04%	2.51%	0.58%	12.94%	1.15%
ABELA T & PARTNERS	5.60%	0.72%	4.58%	1.33%	0.41%	9.89%	0.69%
DR PATEL P J PRACTICE	2.37%	1.10%	5.47%	1.55%	0.17%	7.74%	0.72%
THURROCK HEALTH CENTRE	4.45%	0.78%	4.08%	0.84%	0.24%	6.37%	0.68%
PURFLEET CARE CENTRE	4.09%	1.07%	4.87%	1.16%	0.25%	9.68%	0.49%
ST CLEMENTS HEALTH CENTRE	4.56%	0.89%	5.03%	1.24%	0.30%	8.99%	0.49%
ACORNIS MEDICAL CENTRE	3.54%	0.70%	3.23%	0.61%	0.06%	5.63%	0.42%

# 4. Find the missing thousands

Thousands of people in Thurrock are living with long term health conditions in that are yet to be diagnosed. Identifying patients with long term health conditions who are unaware that they have them is an absolutely key Public Health priority, if we are going to intervene early and treat people to prevent their conditions progressing and their health deteriorating.

Public Health England commissioned Imperial College to develop estimates of the true prevalence of disease at practice level. Statistical models have been developed to determine estimates of the prevalence expected diseases for a number of long term conditions based on specific population demographic and other characteristics of different GP practice populations, based on the best academic published evidence.

These 'expected prevalence' figures include patients that are both diagnosed and known to the practice and undiagnosed and not known nor receiving treatment for their long term condition. Estimates have been produced for 2016 for Stroke, CHD, Peripheral Artery Disease (PAD), Depression, Chronic Obstructive Pulmonary Disease (COPD) and Hypertension (high blood pressure). Estimates for Diabetes were released at CCG level by the National Cardiovascular Intelligence Network.

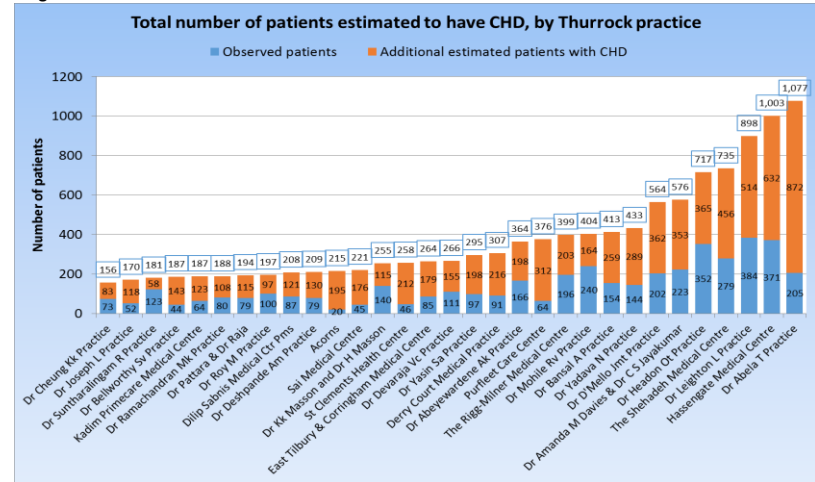
Figure 10 below shows the recorded (known as the observed prevalence) and expected prevalence for each condition except for PAD, and an estimate of the additional number of patients that are likely to have a condition that is undiagnosed by applying the estimated figure to the Thurrock population. The table does not display the difference for Depression, as this will be presented in a separate Mental Health JSNA document.

**Figure 10**

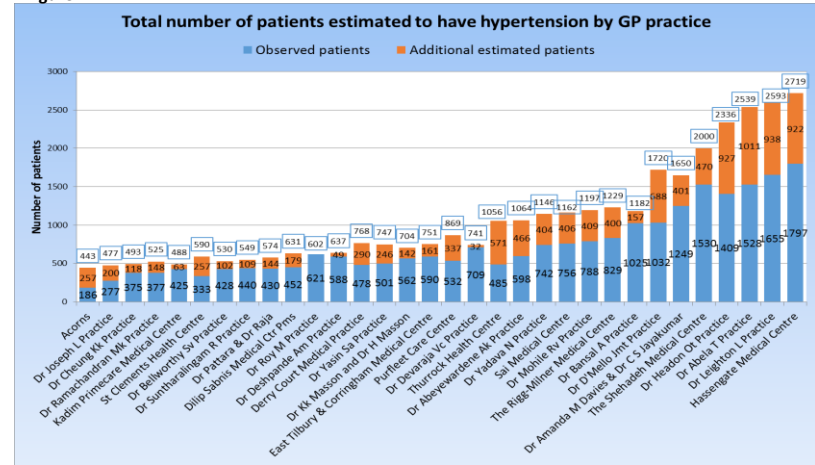
Long Term Condition	Recorded Prevalence (i.e. people already diagnosed)	Estimated Prevalence	Additional Number of Undiagnosed Patients based on the estimated prevalence
Stroke (2016)	1.51%	3.70%	3,540
Hypertension (2016)	14.08%	20.95%	10,983
CHD (2016)	2.78%	7.58%	7,521
COPD (2016)	1.8%	2.22%	642
Diabetes (2016)	6.3% (17+)	7.9% (16+)	2,109

There is significant variation between different GP practice populations across Thurrock in terms of the ratio of diagnosed and un-diagnosed patients with different Long Term Conditions. Figures 11 and 12 show the numbers of patients diagnosed (observed patients – blue part of the bar) and estimated not to have been diagnosed (orange part of the bar) with Coronary Heart Disease and Hypertension respectively, for each GP practice population in Thurrock. Detailed analyses of this issue can be found in section 1.2.3 of the main report.

**Figure 11**



**Figure 12**



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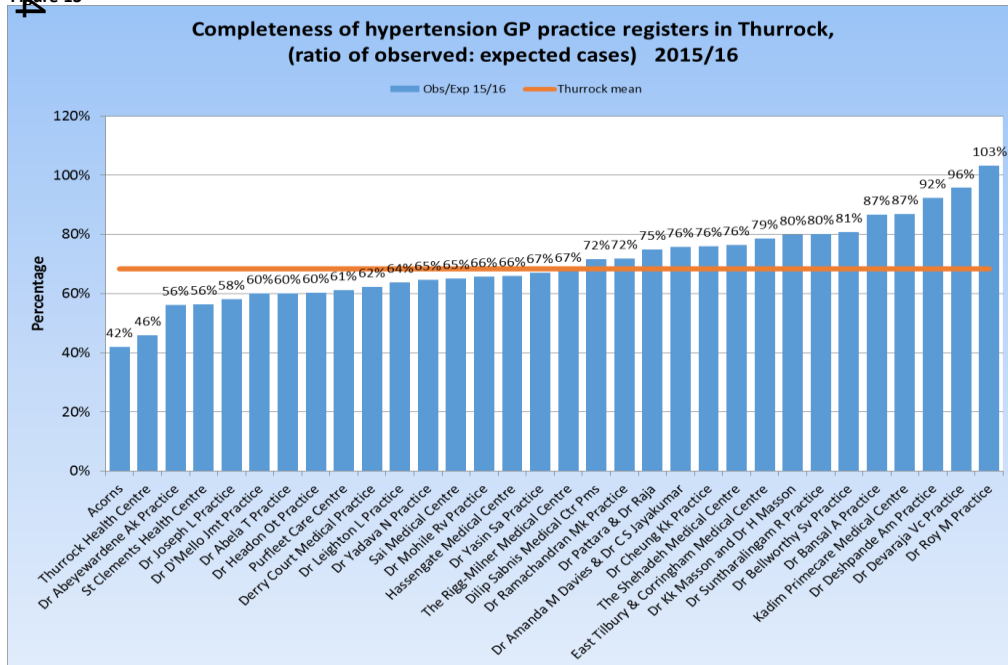
# 4. Find the missing thousands (cont.)

If we divide the number of patients diagnosed with a specific long term condition, by the total number of patients estimated to have that condition (diagnosed and undiagnosed) at GP practice population level, we can estimate how 'complete' a GP practice long term condition register is. If for example, the *observed* or diagnosed number of patients with high blood pressure divided by the estimated (*expected*) total number of patients in a practice population with high blood pressure = 0.87, then we can say that the practice's high blood pressure (or hypertension register) is 87% complete, and that there are still 13% of patients with high blood pressure within the practice. population that remain undiagnosed and hence untreated.

Figure 13 shows the completeness of GP practice hypertension registers within Thurrock. On average, hypertension registers in Thurrock are 68% complete, suggesting that 32% of people with hypertension remain undiagnosed. There is significant variation between levels of effective case finding between different GP practice populations for high blood pressure. The ratios diagnosed and undiagnosed stroke/TIA and CHD patients are even more significant. We estimate that 59.7% of patients with stroke/TIA, and 63.1% of patients CHD respectively have not been diagnosed and so will not be receiving treatment.

Improving the case finding of high blood pressure and treating it effectively is a potential simple and effective 'quick win'.

Figure 13



Failing to diagnose and treat people with high blood pressure and other cardio vascular disease puts them at significant additional risk of very serious cardio-vascular events including heart attacks and strokes which are also expensive to treat.

There are similar estimates of the completeness of Coronary Heart Disease, Atrial Fibrillation and COPD registers in the main report. Our analyses and modelling suggests the following:

For every 1% more complete we make our hypertension registers, we prevent 65 strokes over 3 years

Increasing completeness of hypertension registers by just 10% would save the NHS £2.38M in stroke treatment costs

...and reduce demand on Adult Social Care residential budgets by £3.65M. As such *case-finding* is potentially very cost effective.

One in every 20 people with untreated high blood pressure will have a stroke in the next three years

One in every two people with untreated Atrial Fibrillation will have a stroke in the next three years

- Things that would improve *case finding* of Long Term Conditions:**
- Spread best clinical practice of high performing GP surgeries to all.
  - "Systematise" case finding activity such as blood pressure monitoring into the work of all front line clinicians/clinical services and within community and other non-clinical front line staff
  - Increase the uptake of NHS Health Checks and improve their targeting at those most at risk
  - Commission a "Senior Health Checks" programme in Thurrock
  - Roll out the diabetes secondary prevention programme to identify those most at risk of developing diabetes
  - Undertake social marketing research and implement a communications campaign based on its findings to increase knowledge and demand within our residents

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# 5. Treat the missing hundreds

Once diagnosed with a Long-Term-Condition, effective clinical management of patients is absolutely vital in order to reduce the risk of their, wellbeing and independence deteriorating and to prevent them being admitted to hospital or requiring social care packages.

The management of Long Term Conditions must be seen as the responsibility of three parties; Primary Care Services, Community Care Services and crucially by patients themselves. The quality of clinical management of patients' conditions will be reflected in the Quality Outcomes Framework (QOF) – especially amongst those indicators relating to clinical markers.

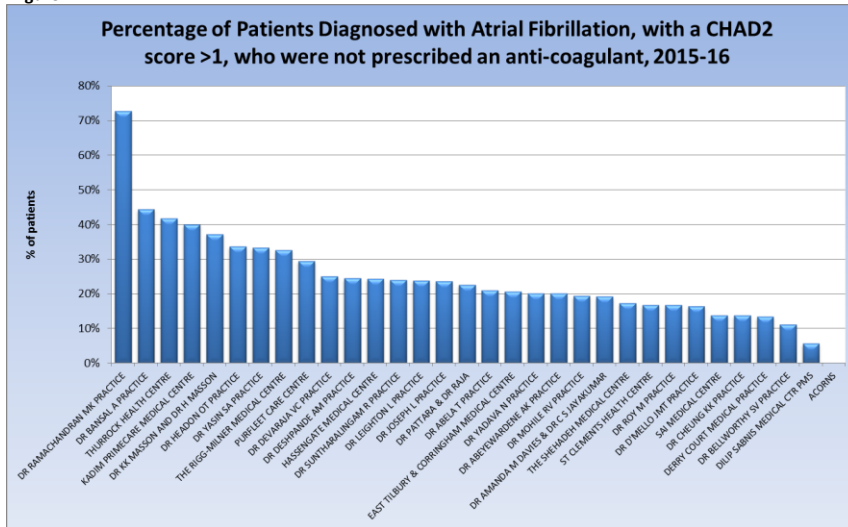
QOF records contain quality of care information on how patients who are diagnosed with diseases are treated in primary care. It was set up as an incentive system and GP practices get paid for the percentage of their "diseased population" that they offer certain tests, medication reviews and treatments for. The indicators are based on evidence of good quality care for the conditions and there is clear evidence that GP practices that score highly on QOF indicators relating to certain long term conditions have a lower emergency hospital admissions rate amongst patients with those long term conditions.

Analyses of QOF indicators in Thurrock suggests that there is considerable variation between GP practices. The reasons behind this may not always be clear and could include variation in levels of under-doctoring; differences in clinical practice within GP surgeries; referral or access to NHS community services and differences in how different GP practice populations self-care.

What is clear, is that there is an urgent need to further understand and address variation in management of long term health conditions within the community and to drive up performance. This will both improve public health and save money.

Sections 1.4 of the main Annual Health Report provides detailed analyses of the variation in management of hypertension, stroke/TIA, COPD, Atrial Fibrillation, Heart Failure and Diabetes. The Thurrock Public Health Team have produced a series of 'multiple regression analyses models that identify and quantify the impact of the interventions in Primary and Community Care most likely to prevent emergency hospital admissions, and as such keep patients well and deliver Health and Social Care system savings. These are discussed in detail in section 3.2 of the main report, which also provides a detailed list of recommendations and the financial and clinical opportunities that can be realised from their implementation. A few examples are provided in this Executive Summary.

Figure 14



QOF recommends that every patient diagnosed with Atrial Fibrillation should have a regular vascular risk assessment, known as a CHAD<sub>2</sub> which assesses their risk of having a stroke. The National Institute of Clinical Excellence (NICE) recommends that those with a CHAD<sub>2</sub> score of 1 or greater should be prescribed an anti-coagulant which will significantly reduce their stroke risk. Figure 14 shows the percentage of patients diagnosed with AF and with a CHAD<sub>2</sub> score >1 who were not prescribed an anti-coagulant in 2014-15. In total there were 421 patients.

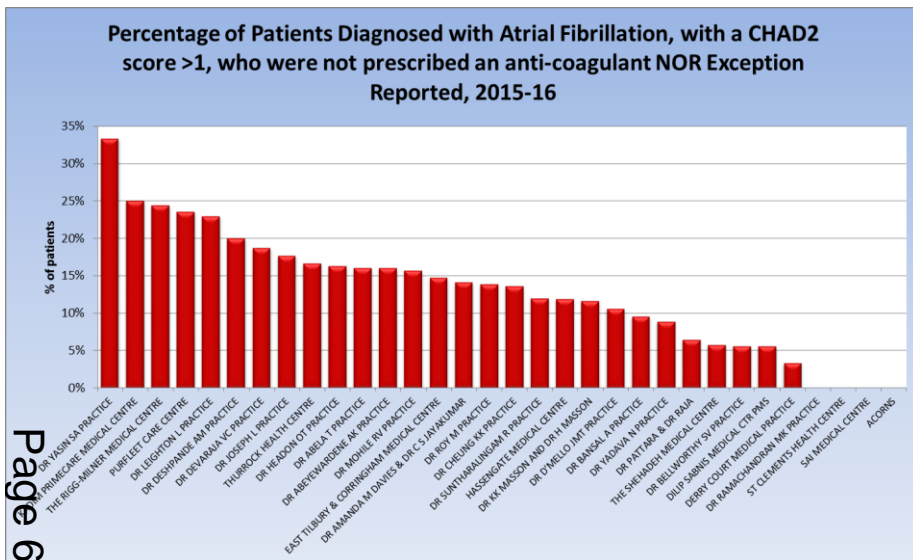
In 2015/16 there were 421 patients in Thurrock with a diagnosis of AF who were assessed at being at high risk of a stroke but were not prescribed an anti-coagulant to reduce their risk. We predict that half of these – 211 people will have a stroke within the next three years.

QOF allows GP practices to 'exception report' patients, removing them from the cohort of patients against which a practice's performance is then assessed. For example, a patient may be exception reported if they fail to attend three invitations to attend the surgery for an appointment for a review of their long term condition, if they actively refuse the intervention (in this example, prescription of an anti-coagulant), or if they have another condition or on other medication that may make delivering the intervention dangerous to their health. As such, it is reasonable to consider excluding patients that have exception reported before considering a GP practice's success in delivering a clinical intervention recommended by QOF.

Figure 15 (overleaf) shows the percentage of patients diagnosed with Atrial Fibrillation, with a CHAD<sub>2</sub> score >1, who were not prescribed an anti-coagulant **nor exception reported**. In 2014/15. In total there were 247 patients in this category in Thurrock, 50% of whom we predict will have a stroke within the next three years.

# 5. Treat the missing hundreds<sup>(2/3)</sup>

Figure 15



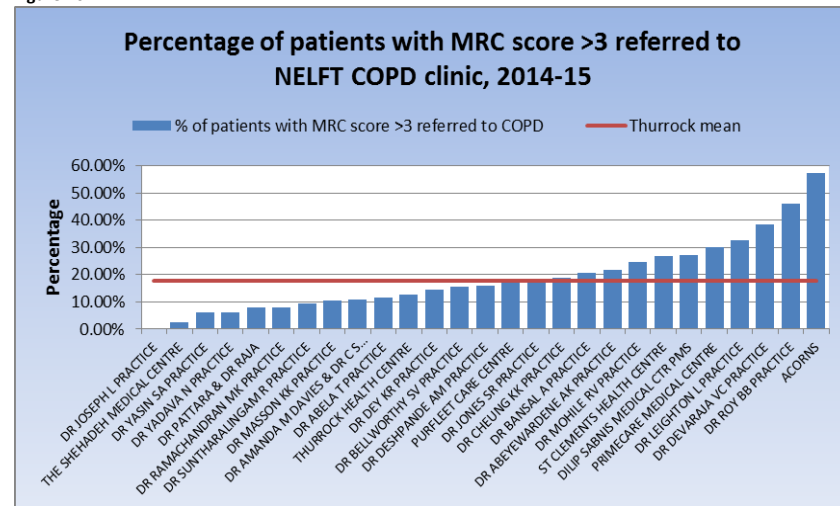
Although 247 patients with Atrial Fibrillation and at high risk of a stroke were neither prescribed an anti-coagulant, nor exception reported, all but Dr. Yasin's practice received the maximum financial reward of 12 QOF points on this indicator. This is because the 2015-16 QOF provides maximum reward if 70% of patients in this cohort receive the intervention. As such, there is no financial incentive for GP practices to ensure the remaining 30% of patients are prescribed an anti-coagulant.

This is clearly a failure of the current contractual system with GP practices. Introducing a 'stretched QOF' that incentivised GP practices to achieve up to 100% would address this failure, and potentially prevent strokes, save lives and save money.

In 2015/16 there were 247 patients in Thurrock with a diagnosis of AF who were assessed at being at high risk of a stroke but were not prescribed an anti-coagulant to reduce their risk nor exception reported.

Under the current QOF rules, GP practices are not financially incentivised to treat 245 of these high risk stroke patients

Figure 16



The Community Respiratory Team is provided by The North East London Foundation Trust (NELFT) to assist in the clinical management of patients with COPD that as progressed to a clinically serious level (denoted by an MRC score >3). The team is commissioned to provide Pulmonary Rehabilitation that has been shown to reduce likelihood of emergency hospital admissions for COPD, and to facilitate rapid discharge back into the community following a hospital admission. Previous analyses has suggested that 28% of the variation in COPD emergency hospital admissions between different GP practice populations can be explained by differences in referral rates of their COPD patients with an MRC score >3 into the NELFT Community Respiratory Team.

Figure 16 shows the percentage of this cohort of patients referred to the NELFT community respiratory team in 2014-15. Overall the referral rate in Thurrock was 17.51%. There is however significant variation between different GP practices. Dr. Shehadeh who has a relatively large practice list size and number of eligible COPD patients only referred four patients (2.26%). Improving referral rates of patients into the NELFT community respiratory team is likely to prevent COPD hospital admissions and keep patients healthier and more independent for longer.

In 2014-15, 1,075 patients with COPD were eligible for Pulmonary Rehabilitation but were not referred by their GP practice.



## 5. Treat the missing hundreds<sup>(3/3)</sup>

Whilst the main report identifies many examples of GP practices providing excellent long term condition management care to patients, there are clearly some practices that are in need of support. Figure 17 below shows the GP practices whose performance on the 34 QOF Long Term Condition Management Indicators we examined, most commonly fell into the bottom quartile of performance

Figure 17

GP Practice	Number of times this practice appeared in bottom quartile of performance (out of 34)
Dr Mukhopadhyay PK PRACT	28
Dr Suntharalingam R PRACT	24
Chadwell MC	20
Sai MC	18
Four MC	16
Peley MC	15
Opera MC	15
Maple Tree SURG	14
Medic House	13
Dr Masson KK SURG	12
St Clements HC	12
Purfleet Care Centre	10

Two new Public Health Programme Manager posts have been recruited to work as part of NHS Thurrock CCG's Primary Care Development team, as a practical resource to support Primary Care clinicians better manage patients with long term conditions and embed best clinical practice into all GP surgeries across Thurrock.

Using analyses within the main report, we will work in collaboration with GP practices to implement a Long Term Conditions Management Scorecard with the QOF metrics that impact most on emergency hospital admissions in order to facilitate sharing of best clinical practice amongst surgeries

### Recommendations to improve the management of long term conditions in Primary Care

- Implement the new workforce model discussed in section 2 in order to increase capacity within GP practices to manage patients with Long Term Health Conditions
- Implement a 'Stretched QOF' programme to financially incentivise and compensate GP practices to provide clinical interventions to 100% of patients that require and desire them
- Assist GP practices to identify patients with Long Term Conditions in need of review by producing SystemOne reports that can be run by the Practice Manager
- Provide additional resource to GP practices through the two new Public Health in Primary Care Programme Managers
- Implement the proposed Long Term Condition Management GP score card with a view to facilitating sharing of best practice between GP surgeries
- Embed 'self care' and patient education programmes into long term condition management clinical pathways with greater use of third sector support groups such as Thurrock 'Breathe Easy'
- Increase referral rates of patients with long term conditions such as COPD and Diabetes into NHS Community Services Teams commissioned to assist GP surgeries manage their care

# 6. Reduce preventable emergency hospital admissions (1/2)

'Ambulatory Care Sensitive' (ACS) health conditions, are chronic conditions for which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples would include COPD, Diabetes and Heart Failure. Their clinical management was discussed in the previous section.

In 2015/16 there were 3,869 admissions deemed as ACS. This was a reduction from the numbers seen in the previous two years (4549 and 3949 in 2013/14 and 2014/15 respectively). When viewing these admissions by GP practice, there is considerable variation. (Figure 18).

Analyses of the most common conditions deemed to be ACS (figure 19), show that the top two were due to Respiratory and Diabetes complications, underlining the importance of improving capacity and capability of Primary and Community Care to manage these effectively

Figure 18

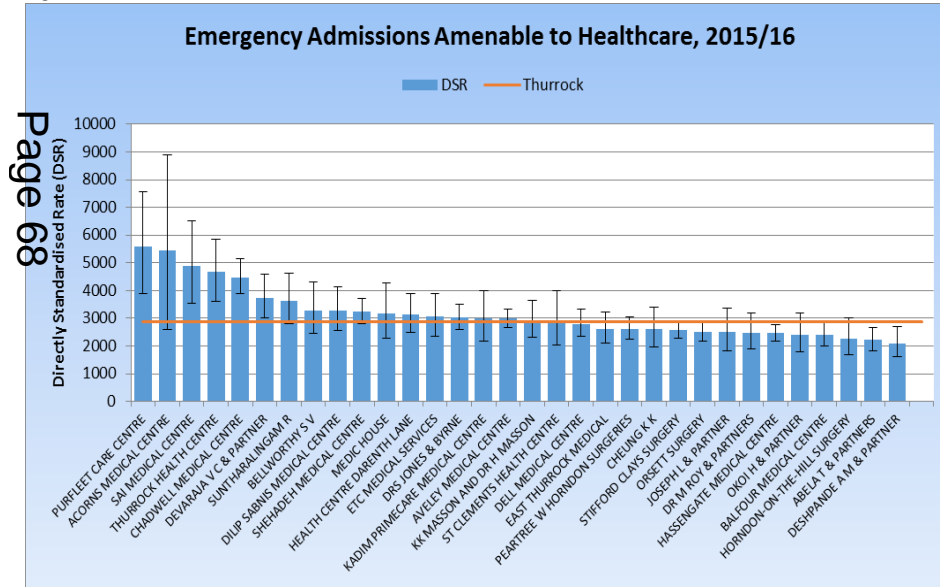
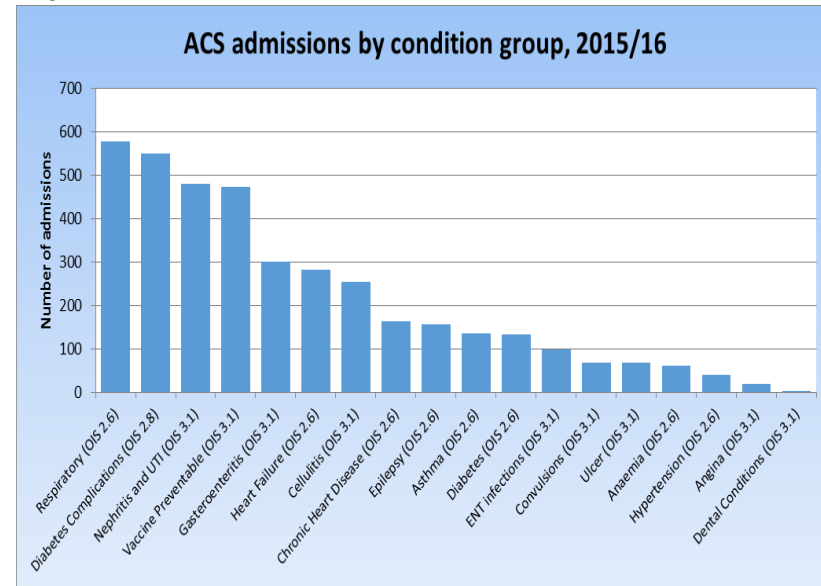


Figure 19



In 2015/16 there were 3,869 hospital admissions deemed as ACS.

These potentially avoidable admissions cost the NHS £11.6M

# 6. Reduce preventable emergency hospital admissions (2/2)

Preventable emergency hospital admissions are a symptom of inadequate capacity and missed opportunity to intervene in the management of long term conditions within Primary and Community Care, together with at times inadequate self-care by patients themselves. Implementing the recommendations in sections 2 to 5 of the report will address this. From the modelling work we have undertaken to identify the main drivers of preventable emergency hospital admissions across the Mid and South Essex STP area, we have concluded:

Reducing smoking prevalence by 1% in patients with LTCs prevents 107 respiratory admissions per year

For every 20 patients with untreated high blood pressure we estimate one will have a stroke in the next three years

For every five patients with high blood pressure that we treat successfully such that their blood pressure reduces to  $\leq 150/90$ mmHg, we will prevent one having a stroke in the next three years

For every 10 patients diagnosed with Heart Failure that we treat with classes of drug known as ACEs and ARBs that help lower their blood pressure we will prevent one emergency hospital admission in the next three years

There were 772 emergency admissions for falls in 2015/16 costing the CCG £2.6M and ASC £363K

## Recommendations to reduce preventable emergency hospital admissions

Develop a 'systems wide response' and associated business case to reinvest excess secondary care costs relating to avoidable hospital admissions in tertiary primary and community prevention programmes. This will require an element of 'pump priming funding'

For ambulatory care sensitive conditions generally, we recommend:

- Further investigation at the GP practices with the highest admission rates
- Further analyses by the Public Health team and inclusion of outputs within the future Primary Care Long Term Condition Scorecard
- Facilitate sharing of best practice with regard to clinical management of ambulatory care sensitive conditions

To reduce Stroke admissions:

- Redesign and procurement of a healthy lifestyle service with a focus on those patients with Long Term Conditions
- Support for a whole system approach to reduce obesity prevalence
- Implement a Hypertension case-finding and Clinical Management Improvement Programme

To reduce COPD admissions

- Reduce smoking prevalence via the production of a new Tobacco Control Strategy
- Reduce the number of people exposed to poor air quality via the production of a new Air Quality and Health Strategy
- Refocus and target smoking cessation support towards those newly-diagnosed with long term conditions.

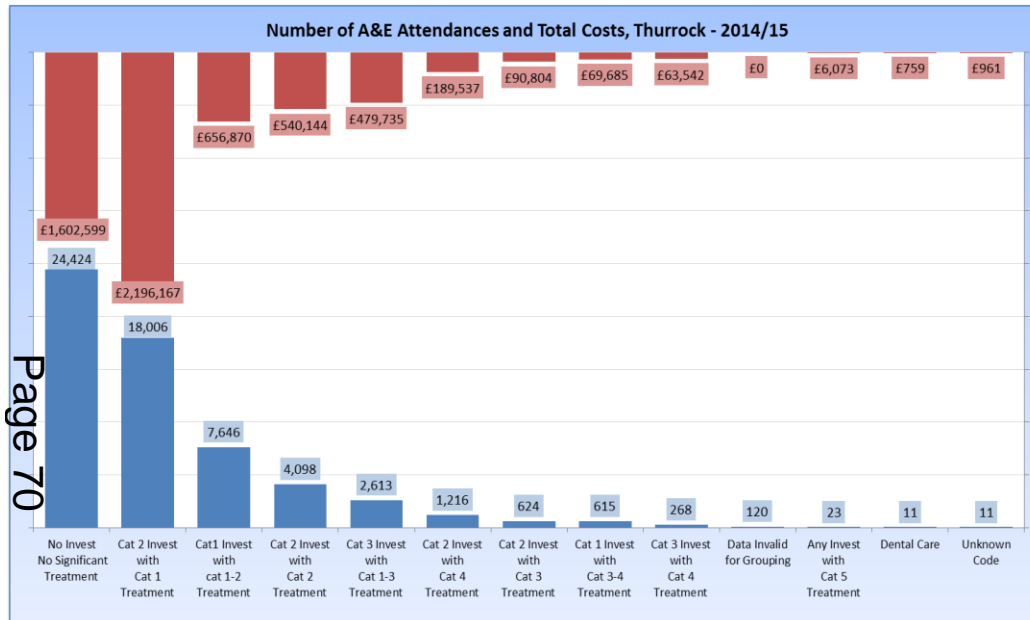
To reduce Coronary Heart Disease/Heart Failure admissions:

- Redesign and procurement of a healthy lifestyle service focus on those patients with Long Term Conditions
- Support for a whole system approach to reduce obesity prevalence
- Treat more Heart Failure patients with effective medication, with support from the Public Health team via further analyses and the creation of bespoke System One reports
- Support more patients with effective blood pressure control (e.g. via further analyses and the creation of bespoke SystemOne reports by the Public Health team, or the sharing of best practice between clinicians)

Implement a falls prevention service within referral clinical care pathways from the Ambulance Service and Tele-care provider

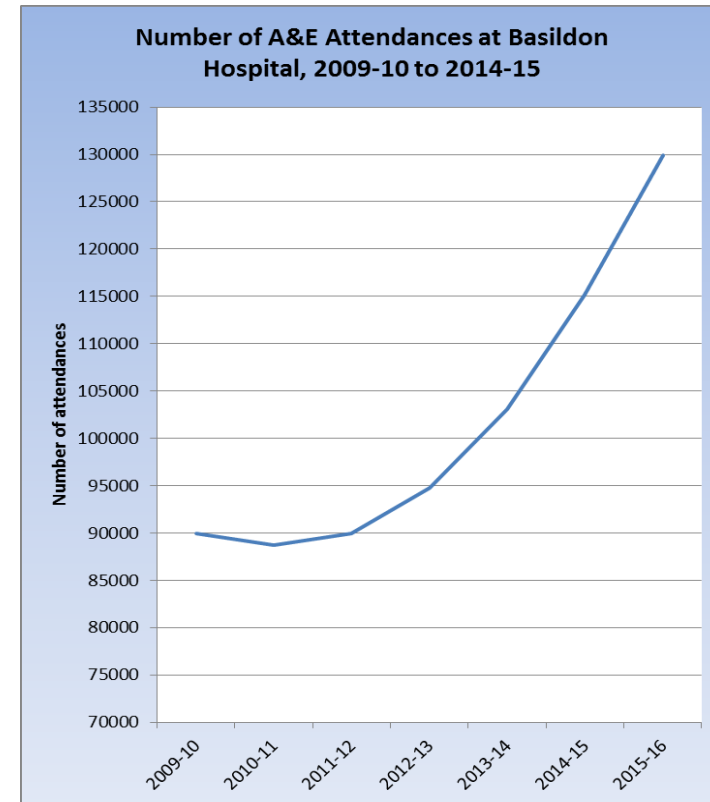
# 7. Reduce avoidable A&E attendances

Figure 20



Page 70

Figure 21



A&E attendances both locally and nationally are increasing at an unsustainable rate, both financially (as it costs more to treat patients with less serious clinical conditions in A&E) than in other community settings, and operationally, as treating with minor illnesses in A&E divert staff resource away from those who are genuine emergencies. Figure 21 shows the exponential growth in numbers of patients attending A&E at Basildon Hospital over the last seven years .

Whilst there are undoubtedly occasions where A&E is the most appropriate place for a patient to access care, we conclude that the vast majority A&E attendances are inappropriate and that A&E is often accessed by patients who have suffered neither an accident, nor have a medical emergency.

We have classified two levels of inappropriate attendances. The first are those who received no significant investigation or treatment. We feel that the vast majority of these attendances did not require medical attention at all. The second is those who received low level interventions and/or treatments. (as defined as a 'category 1 investigation with cat 1-2 treatment' or a 'category 2 investigation with category 1 treatment' within Hospital Episode Statistics (HES) data). Examples of a Category 1 investigation include blood tests or urinalysis, and a category 1-2 treatment, e.g. a wound dressing change). Previous analyses has lead us to the conclusion that a significant amount of this activity could be seen and dealt with in a primary care setting if facilities and capacity were available. (Figure 20)

# 7. Reduce avoidable A&E attendances (2/3)

Of the 59,675 attendances in 2014/15 24,424 (41%) fell into the first of these categories; that is that they did not require medical attention at all. These A&E attendances cost a total of £1.6M (an average of £65.62 per attendance). (figure 20 on previous page). Almost 2.5% of these (608) used an ambulance to get to A&E.

Of the 59,675 attendances in 2014/15 25,652 (42%) fell into the second of these categories. That is that they could have been seen and treated elsewhere had facilities been available, these cost a total of £2.8M (an average of £111.22 per attendance). (figure 18 on previous page) Incredibly, 27% of these (6,991) used an ambulance to get to A&E.

83% of all A&E attendances needed no medical investigation or treatment, or the most minor category of medical investigation and treatment.

7% of these attendances were conveyed to A&E by ambulance

Treating these patients in Primary / Community Care would deliver £1.57M NET savings in Thurrock alone.

Figure 22, shows ambulance conveyances to A&E by treatment and investigation category and age. Inappropriate ambulance conveyances (defined by patients requiring no treatment or investigation or the most minor treatment/ investigation) fall sharply as patient age increases. Most inappropriate conveyances were used to convey patients aged 0 to 5 category, followed by those aged 5 to 19.

Figure 23 shows variation in the rate of inappropriate A&E attendances by GP practice population in Thurrock. In order to explore this further, we built a multiple regression analysis model to investigate the impact of various potential variables that may influence variation of inappropriate A&E attendances across the South and Mid Essex STP area. This analysis identified two key variables; distance of the GP practice population from A&E, and CCG from which services were commissioned. Mid Essex had significantly lower levels of inappropriate A&E attendances compared to other CCG areas suggesting that triage and deflection of inappropriate A&E attendances at Broomfield Hospital was more robust than elsewhere.

Figure 22

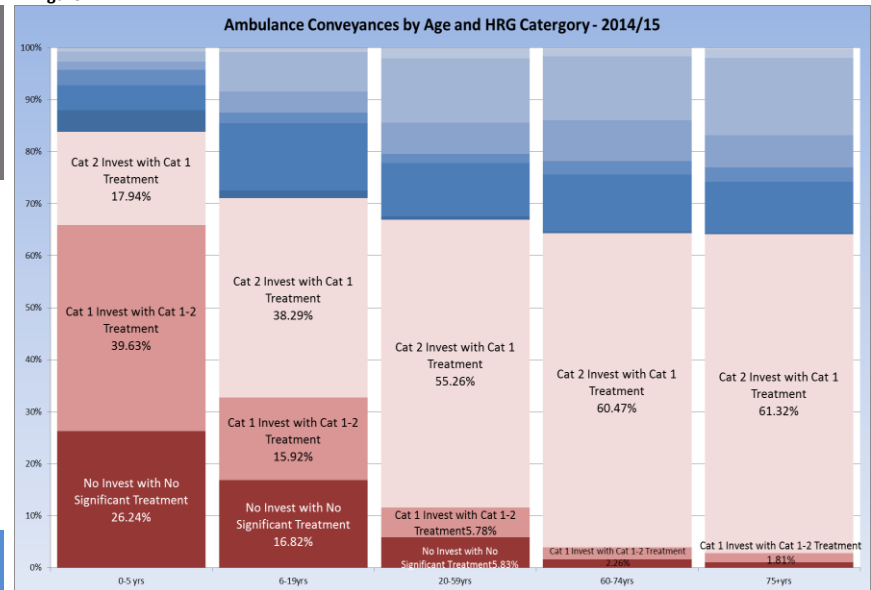
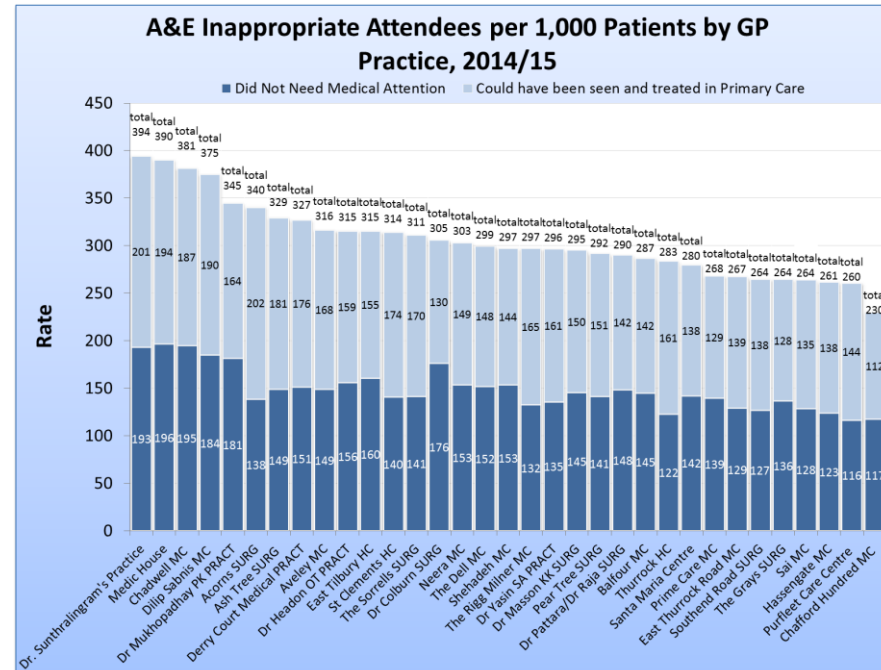


Figure 23



# 7. Reduce avoidable A&E attendances (3/3)

From our modelling we concluded that

Over a three year period, reducing the rate of inappropriate A&E attendances from Thurrock patients in-line with those from Mid Essex CCG, would lead to a reduction of 24,074 attendances.

These 'excess' A&E attendances cost NHS Thurrock CCG an additional £2.7M

Treating these 'excess' A&E attendances in Primary / Community Care settings would save the NHS system in Thurrock approximately £2M over three years.

That for every one mile further a way a GP surgery is from A&E, a reduction of six inappropriate A&E attendances per 1000 patients would be expected from that practice population.

Social Marketing Research on inappropriate A&E attendances at Basildon Hospital, commissioned by Public Health in 2014 concluded that the primary reasons for inappropriate attendances were:

- Belief or desire of the patient that they needed to be seen immediately
- Dissatisfaction with their GP surgery in terms of waiting time or relationship with its clinicians
- Belief that they would likely be referred to hospital by their GP and so wished to "cut out the middle man".

It also concluded that there was little that could be done in terms of patient education that would reduce demand on inappropriate A&E attendance and that improving the capacity and capability of Primary and Community Care facilities in conjunction with a robust "triage and deflect" system at the front door of A&E where patients with minor clinical conditions were refused entry and sign posted to treatment more appropriate clinical settings was the only intervention likely to prevent A&E misuse.

It would be interesting to compare triage policies at Broomfield Hospital with those at the two other A&Es in the STP area to ascertain if there are differences that would explain the significantly lower rate of inappropriate A&E attendances from patients living in the Mid Essex locality.

Our findings suggest that a significant amount of money is being spent unnecessarily treating a large cohort of patients with minor ailments in Accident and Emergency. Improving the capacity and capability of Primary Care Services locally whilst developing more robust triage at the door of A&E to deflect this cohort of patients back to Primary Care will improve both the financial and operational sustainability of our local health economy. However, a level of 'pump priming' resource is required to achieve this.

## Recommendations to Reduce Avoidable A&E Attendances

- Develop a 'systems wide response' and associated business case to re-invest excess secondary care costs associated with treating patients with minor clinical conditions into community and Primary Care capacity and capability
- Significantly increase Primary / Community Care Capacity in Thurrock including better skills mix of staff with GP surgeries, improved diagnostics as set out in section 2 of this report
- Expedite building of the four Integrated Healthy Living Centres for Purfleet, Tilbury, Grays and Corringham
- Investigate commissioning/provider strategy at Mid Essex CCG to ascertain why rates of A&E usage from this population is so significantly lower than other areas in the STP foot print and implement findings locally if applicable.
- Improve front door triage at A&E at Basildon Hospital to assess and deflect patients with minor conditions from being able to accessing A&E services
- Undertake further analyses of the interface between A&E and the Essex Ambulance Service with a view to understanding and recommending appropriate actions to prevent inappropriate A&E conveyances by ambulance

# 8. Improve Referral to Treatment Pathways

Referral to treatment pathways are the system by which a GP refers a patient for planned care delivered within a hospital setting (sometimes referred to as 'elective care'. The standard set by the NHS constitution outlines that NHS Consultant led treatment should commence within a maximum of 18 weeks from GP referral for non-urgent conditions.

The percentage of pathways completed within the 18 week target varies in Thurrock by pathway type for both admitted (figure 24) and non-admitted patients (figure 25). In particular patients on trauma and orthopaedics, gynaecology (admitted patients), gastroenterology (non-admitted patients) neurology and ENT pathways have lower proportions of pathways completed within 18 weeks.

Patients awaiting a diagnostic test are meant to receive this within six weeks. If not met, this could contribute to a delayed referral to treatment pathway. The national standard is for less than 1% of patients to wait more than 6 weeks for a test, and it can be seen from figure 26 that a large proportion of patients are waiting more than 6 weeks both locally and nationally particularly for peripheral neurophysiological tests (e.g. a nerve conduction test), urodynamics, colonoscopies and gastroscopies.

## Recommendations to Improve Referral to Treatment Pathways

- Public Health in conjunction with Thurrock CCG, Basildon Hospital and the two other District General Hospitals in our STP foot print should undertake further research to better understand the efficiency and cost effectiveness of elective care and its relationship to access to diagnostics. This research should include analyses of workforce data and outpatient clinic data
- Work should continue at STP foot print level to rationalise and simplify clinical care pathways such that patients are not required to access diagnostics and treatment at multiple hospital sites.

Figure 24

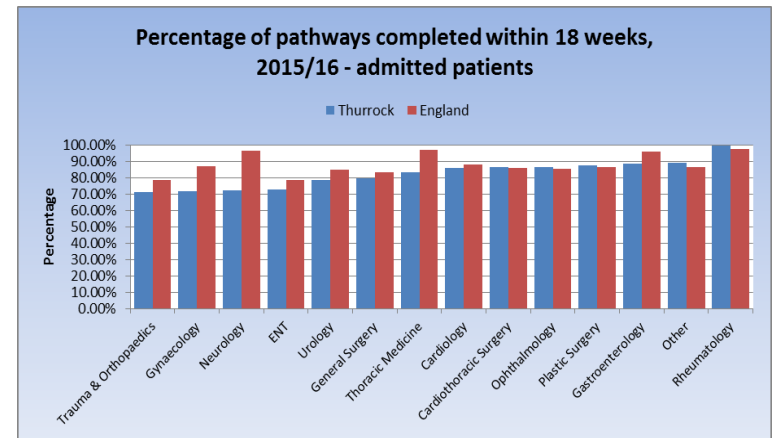


Figure 25

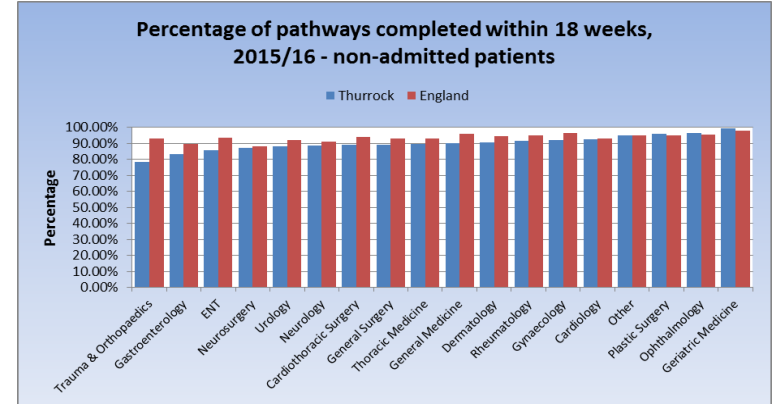
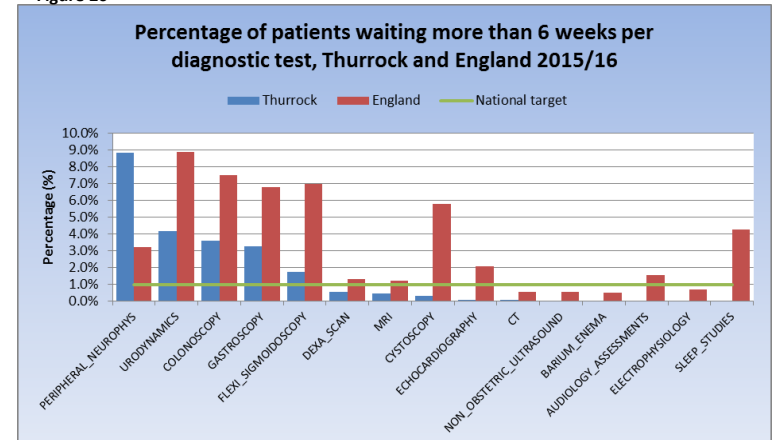


Figure 26



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# 9. Reduce Delayed Transfers of Care

*Delayed Transfers of Care* (DTocS) occur when an adult inpatient in hospital is ready to go home or move to a less acute stage of care but is prevented from doing so because the required health or social care services are unavailable.

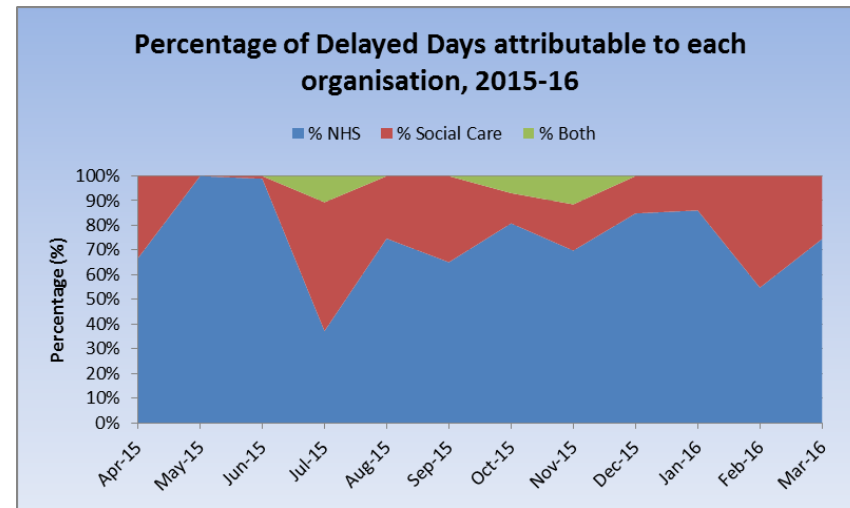
DTocS are problematic because they reduce the number of hospital beds available to other patients who need them, as well as causing unnecessarily long stays in hospital for patients. Of the 1,844 Delayed Days in Thurrock in 2015/16, 1,373 (74.46%) of these were coded as the responsibility of the NHS and 419 (22.72%) were the responsibility of Social Care. Figure 27 shows the reasons for DTocS in Thurrock, coded by the number of delayed days, and it can be seen that awaiting further NHS non-acute care accounts for a third of all delayed days although this could include delays in Continuing Health Care (CHC) provision as opposed to NHS Intermediate or 'step down' care.

Whilst at the start of the year, almost all Delayed Days were due to the NHS, this proportion reduced throughout the year (figure 28). This suggests that lack of capacity within Adult Social Care provision is driving unnecessary cost within the Health and Social Care System locally

Figure 27

Reason for delay	Number of Delayed Days	Proportion of all Delayed Days
Waiting further NHS non-acute care	614	33.30%
Completion of assessment	410	22.23%
Patient or family choice	213	11.55%
Awaiting nursing home placement or availability	172	9.33%
Awaiting residential home placement or availability	134	7.27%
Public funding	119	6.45%
Awaiting community equipment and adaptations	78	4.23%
Disputes	69	3.74%
Awaiting care package in own home	35	1.90%
<b>All Reasons</b>	<b>1,844</b>	<b>100.00%</b>

Figure 28



Working on an average figure of £400 per day per patient to remain in a hospital bed, Delayed Transfers of Care of Thurrock patients cost the NHS £737,600 in 2015-16

## Recommendations to Reduce Delayed Transfers of Care

- Public Health to undertake further research to ascertain the factors behind the large number of delayed days due to improving access to non-acute NHS care and late completeness of assessments
- Investigate and pilot a rapid discharge service to place social care resource in the hospital, and the development of a comprehensive step down facility to provide capacity to assess and provide intermediate rehabilitation. Both of these projects would improve local capacity of residential and nursing home placements.
- Developing a 'systems wide response' and associated business case to reinvest excess secondary care costs in preventative activity that keeps older people healthy and well and thereby reducing future demand on social care services, and in better Adult Social Homecare Provision



# 10. Adult Social Care

As discussed in the Introduction (section 1), rising spend in Adult Social Care is largely a product of failures to intervene earlier in a client's life, together with the fact as a society, we are living longer but not necessarily healthier lives.

Figure 30 shows the mean Adult Social Care Spend on Community Social Care Packages by different GP practice populations aged 75+. There is over a seven fold difference between the practice population with the highest and lowest spend, although the reasons for this are unclear. However, the main report demonstrates some clear associations between differences in community factors and primary care capacity, and rising cost in delivering Adult Social Care.

Figure 31 plots the mean spend on Adult Social Care Community based packages for older people per head of population aged 75+ in each ward in Thurrock against the level of income deprivation faced by older people within each ward (a good proxy indicator for levels of morbidity). It shows a positive association. Roughly 12.5% of the variation in Adult Social Care Community Spend per head of population aged 75+ at ward level can be explained by differences in income inequality. As such, it could be claimed that there are Social Care inequalities as well as health inequalities between different ward populations of older people in Thurrock, as those who are poorest are most likely to require more complex adult social care community packages.

Figure 32 demonstrates that approximately 16.6% of the variation in spend per head of population aged 75+ can also be explained by levels of under-doctoring at GP practice level. However some care should be taken in interpreting these results as association doesn't necessarily imply causality.

Figure 29

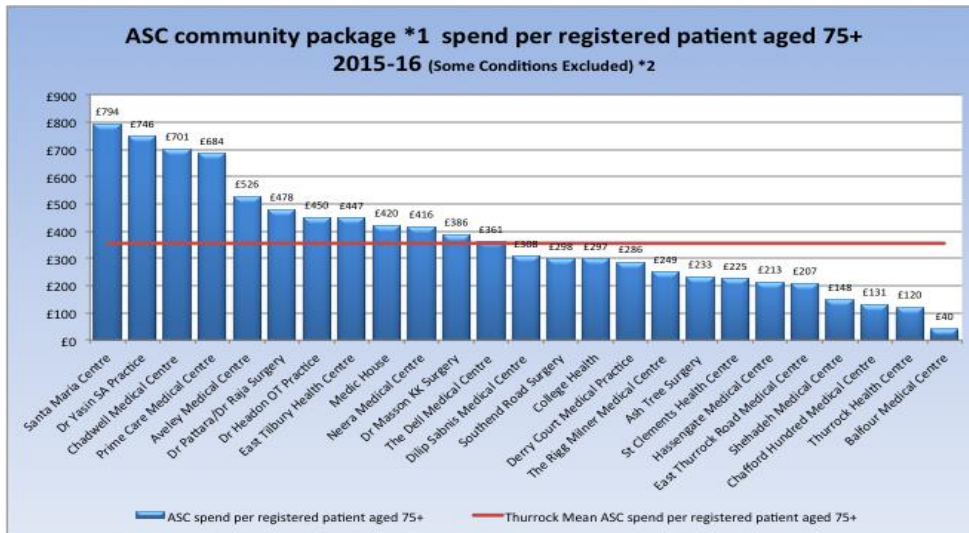


Figure 30

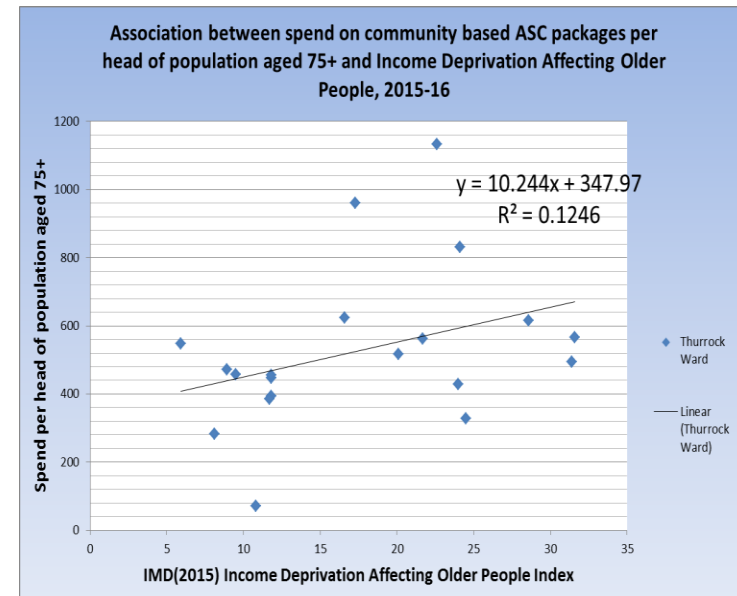
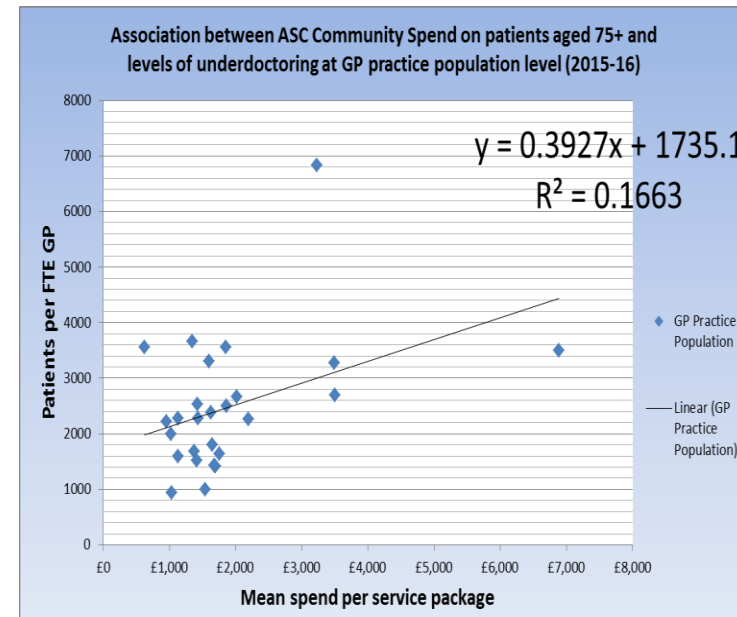


Figure 31

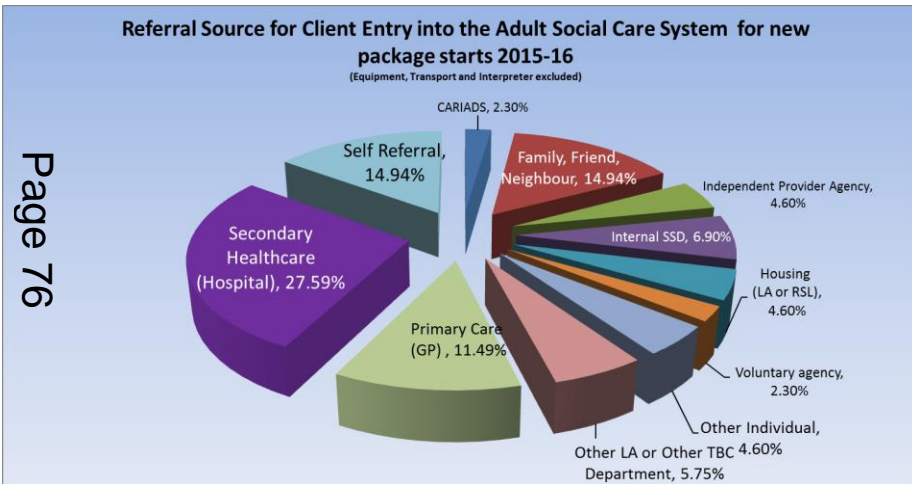


# 10. Adult Social Care (2/3)

Figure 30 demonstrates the link between secondary care hospital admissions and demand on Adult Social Care. In 2015-16, the most common reason for entry into the Thurrock Council Adult Social Care System was after a hospital admission. Referral from Primary Care was the second most common reason.

We calculate that for every 1% we reduce hospital admission within the Thurrock population we prevent 119 new Adult Social Care Package Starts per annum.

Figure 30



As part of the analyses of Adult Social Care data in preparation for the Annual Public Health Report, we built a Care Package activity-cost modeller which examines the numbers of new, existing and ending types of care package between 2014 and 2016 and their mean cost for all types of care package and different ages of clients. Output from the modeller looking at clients aged 75+ is shown in figures 31,32 which show a pattern common across many types of service package.

Whilst the number of new service packages is reducing from 2014-15 to 2015-16, the mean cost per service package is increasing. This suggests that Prevention and Early Intervention programmes such as Local Area Coordination, Stronger Together and Living Well in Thurrock are having a positive impact in reducing demand for new statutory care packages, but that the acuity of the packages that are provided is increasing. Regrettably the product of these two facts over all packages is an increase in spend.

Figure 31

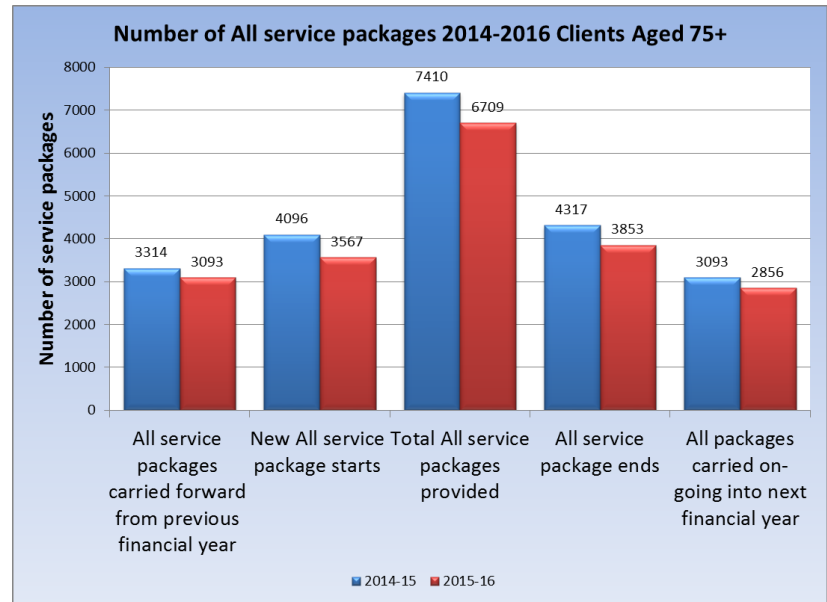
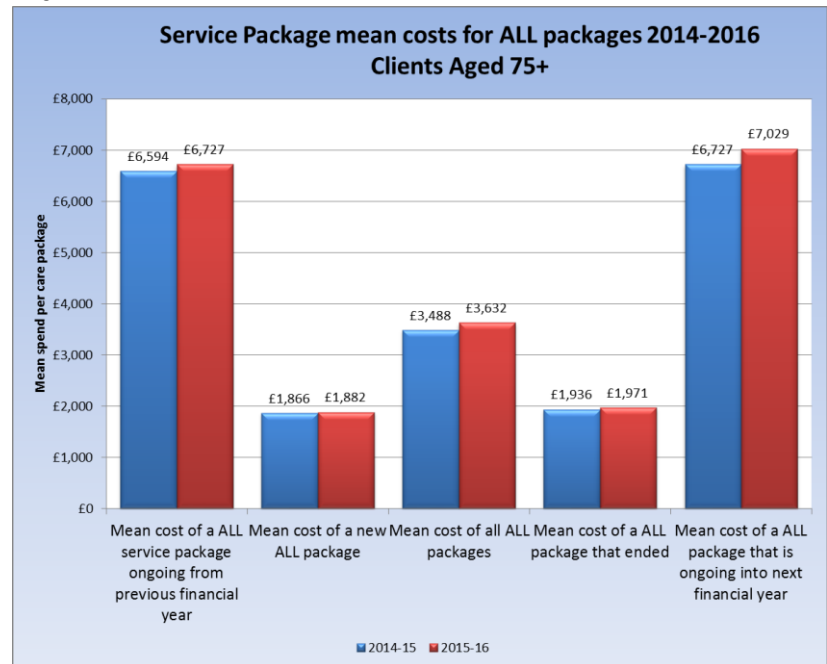


Figure 32



# 10. Adult Social Care (3/3)

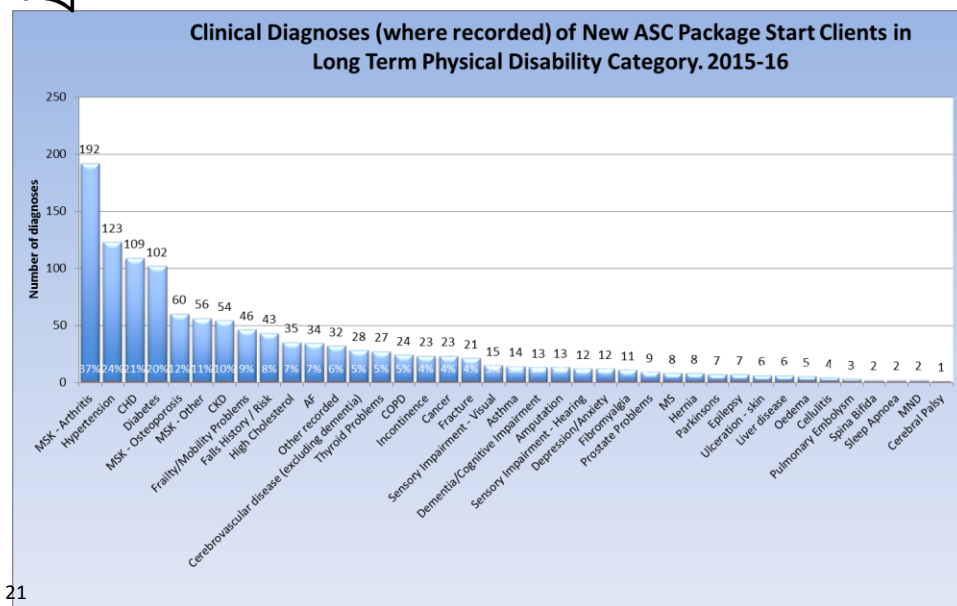
In order to try and further understand the health conditions that precede entry into the local ASC system, further analyses were done on the Other Long Term Physical and Other Long Term Neurological categories (the two most commonly recorded category reasons for a new package start. Recording of clinical conditions was generally poor so the data presented below must be treated with some caution. However, many social care staff 'free text' a description of the health of the client in these two categories. Category analysis was undertaken on the free text 'health details' field and a description of any health condition coded. The results of this analysis are shown in figure X for the Long Term Physical Disability Category.

It is also worth noting that we cannot be sure what impact each clinical diagnosis had on the decision to provide an ASC package to the client. For example a client may have Hypertension, Diabetes and Incontinence, but if the hypertension and diabetes are well controlled, the demand for care may have been a result purely of the incontinence. The issue of data recording will be solved by our newly procured Integrated Data System which will allow us to link pseudo-anonymised hospital and adult social care patient/client records via their NHS number. This will greatly facilitate future understanding of the key clinical conditions that contribute to ASC demand and develop further targeted prevention and early intervention programmes to address this.

Remembering the above caveats, Muscular Skeletal Problems – Arthritis, Osteoporosis and MSK (other) if combined are by far the most common clinical diagnosis recorded in the Long Term Physical 'Other' category. It is highly likely that these conditions are playing at least some part in entry into the ASC system for a significant number of clients. This warrants further investigation particularly in terms of the quality of NHS services commissioned to treat MSK, and in terms of primary, secondary and tertiary MSK prevention initiatives.

It is also worth noting a significant proportion of the diagnoses are for conditions that are largely preventable, and controllable with good clinical management. These include Hypertension, CHD, Diabetes, Chronic Kidney Disease, Falls, High Cholesterol, Atrial Fibrillation and COPD. Improving the case finding and clinical management of these conditions and (in the medium term) investing in Primary Prevention initiatives such as assist people to improve lifestyle behaviour is likely to have a positive impact on reducing demand of ASC conditions.

Figure 33



## Recommendations in relation to Adult Social Care

Target provision of direct prevention and early intervention programmes at those aged 60+, and particularly those in the wards of Grays Thurrock, Stifford Clays, Stanford East and Corringham Town, and Chadwell St. Mary where the need is greatest.

Public Health in conjunction with Adult Social Care should undertake further research to ascertain the apparent variation in need for adult social care identified at both ward and GP practice level

Review the effectiveness of commissioned musculoskeletal services

Continue implementation of preventative services such as *Living Well in Thurrock* outlined in main the report aimed at keeping older people healthy and independent

Implement the proposed programmes to support clients with LD within the community including Shared Lives; Medina Road Supported Living and Sheltered Housing Support

Implement depression screening in adult social care clients

# 11. Summary of Financial Opportunities

The theme that runs through this report is that in order to make our Health and Social Care System Sustainable, we need to find system solutions to invest further upstream in Primary, Secondary and Tertiary Prevention. This requires us overcoming issues of organisational sovereignty that have led in the past to 'financial gaming' and pool resources for the benefit of both the population and the system as a whole. It will also require an element of "double running" or 'pump priming' investment, as it is impossible to cut services in the most expensive part of the system, i.e. hospitals and adult social care until we have invested sufficiently in primary and community care.

A number of financial opportunities have been calculated from embedding the recommendations listed in the main report into practice, or continuing with those already in place such as the Diabetes Prevention Programme. Whilst some cost savings (particularly to Social Care) could not be quantified due to data quality issues, it can be seen from the below that there are a large amount of savings to both Adult Social Care and the NHS to be made over a three year period by investment into preventative activity.

These are gross and not net savings, and will require (in some instances) further investment to realise. However, delivering just 10% of the financial opportunity in Thurrock listed below would go a long way to make our System Sustainable.

	3 year Savings to Adult Social Care	3 year savings to the NHS
<b>Primary Prevention</b> [refers to interventions aimed at the entire population, concerned with preventing disease onset], e.g. smoking cessation programmes. Usual time scale to impact on the system – medium to long: 5 to 20 years	£3,331,232	£19,162,764
<b>Secondary Prevention</b> [refers to interventions aimed at specific cohorts of the population, concerned with early detection of disease or risk factors that may lead to disease, and providing interventions to reduce the risks of further disease progression], e.g. bowel cancer screening. Usual time scale to impact on the system- Short to medium: 3 to 10 years.	£395,000	£3,312,000
<b>Tertiary Prevention</b> [refers to interventions concerned with reducing the consequences of a disease once it has developed], e.g. good clinical management of patients with long term conditions such as diabetes. Usual timescale to impact on the system – short: 0 to 3 years.	£81,070,000	£5,653,992
<b>Total</b>	<b>£84,796,232</b>	<b>£28,128,756</b>

# APPENDIX A: Financial Opportunities by Project (1/5)

KEY:

Primary Prevention

Secondary Prevention

Tertiary Prevention,  
(Long Term Condition Management)

Desired Outcome	Interventions	Investor of costs	Recipient of savings	Financial Opportunity
<p>Improve Detection of Hypertension. Detect 5,000 patients over 3 years.</p> <p>Prevent 33 strokes per year.</p>	<p>Hypertension detection programme funded under BCF</p> <p>Long Term Condition Management Scorecard</p>	Better Care Funding	NHS Social Care	<p>Savings of: £361K over 3 years to the NHS (A&amp;E, Admission, and Ambulance only)</p> <p>£395K over 3 years (Social Care – over 3 years) [section 3.3]</p>
<p>Prevent patients from becoming Hypertensive. Mitigate against the additional 3,694 additional hypertensive patients we are expected to have by 2021 due to rising levels of Obesity.</p> <p>Prevent 61 strokes per year.</p>	Halt rise of obesity	CCG / Public Health (prevention) /Council	NHS Social Care	<p>Savings of: £667K over 3 years to the NHS (A&amp;E, Admission, and Ambulance only)</p> <p>£730K over 3 years (Social Care – over 3 years) [section 3.3]</p>
<p>Improve assessment and treatment with appropriate drug therapies AF patients with a CHADS2 score of 1:</p> <p>7 patients not exception reported. Prevent 0.86 strokes per year</p> <p>19 patients who are exception reported. Prevent 2.3 strokes per year.</p>	<p>Long Term Conditions Scorecard</p> <p>Health care Public Health Improvement manager posts</p>	No costs	NHS Social Care	<p>Savings of: £31K over 3 years to the NHS (A&amp;E, Admission, and Ambulance only)</p> <p>£34K over 3 years (Social Care – over 3 years) [section 3.3]</p>
<p>Improve availability of GP appointments so that 0.01% more people rate it as positive in all practices:</p> <p>Prevent 158 admissions for CHD and HF per year</p> <p>Prevent 58 admissions for respiratory conditions per year</p>	<p>New mixed staffing model</p> <p>Digital services</p> <p>Increase means of self-care (community Hubs, pharmacies)</p>	CCG / Public Health (prevention)	NHS Social Care	<p>CHD HF Savings of: £2.2M over 3 years (to NHS - £4,614 per admission)</p> <p>Respiratory Savings of: £389K (to NHS - £2,233 per admission)</p>

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# APPENDIX A: Financial Opportunities by Project (2/5)

KEY:

Primary Prevention

Secondary Prevention

Tertiary Prevention,  
(Long Term Condition Management)

Desired Outcome	Interventions	Investor of costs	Recipient of savings	Financial Opportunity
Treat more patients who have HF with LVD with ACE or ARB  9 patients not exception reported. Prevent 0.63 admissions for CHD and HF per year	Long Term Conditions Scorecard  Health care Public Health Improvement manager posts	No Costs	NHS  Social Care	Savings of: £8.7 - £31K over 3 years (to NHS - £4,614 per admission)  Unable to quantify savings for Social Care.
Prevention of COPD cases. Prevent 100 cases of COPD and prevent 0.3 hospital admissions per year.	Smoking Prevention Smoking Cessation Obesity Prevention	Public Health (prevention)		Respiratory Savings of: £1,764K over 3 years (to NHS - £1,960 per admission)
To avoid 33 emergency admission for respiratory conditions per year  Reduce the prevalence of smoking in patients with Long Term Condition patients by 9 percentage points	Smoking Cessation targeted at those with early on-set smoking related disease	Public Health (prevention)	NHS Social Care	Savings of: £194K over 3 years (NHS)
Commission an Integrated Falls Prevention Programme for Older People	Falls prevention	Better Care Funding	NHS Social Care	ASC savings: at least £2.6M Acute Hospital Savings: at least £10M  Over 3 years
Reduce the number of A&E attendances requiring no investigation or treatment.	Mitigate the impact of closeness and convenience by introducing local services  Educate parents through health visitors when to use A&E  Consider training parents in first aid/self-care  Consider an Ambulance Triage	NHS	NHS	Reduce A&E attendances by 294 per year saving the NHS £19K per year  £57K over 3 years

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# APPENDIX A: Financial Opportunities by Project (3/5)

KEY:

Primary Prevention

Secondary Prevention

Tertiary Prevention,  
(Long Term Condition Management)

Desired Outcome	Interventions	Investor of costs	Recipient of savings	Financial Opportunity
Reduce inappropriate attendances to be in line with Mid Essex	Review Mid Essex triage system and consider implementation in Thurrock  Educate parents through health visitors when to use A&E  Consider an Ambulance Triage	NHS	NHS	Reduce A&E attendances by 8,000 per year saving the NHS £900K per year  £2.7M over 3 years
Increase patients with Long Term Conditions' knowledge on how best to self-care	Self-care	PH Existing Community Capacity	NHS Social Care	For a cost of £400 per patient, average net saving of £1,800 per patient per year
Social Prescribing	Community management of care	PH CVS? CCG?	NHS Social Care	After five years, a return on investment of £3.38 per £1 spent.
Well Homes	Keeping people well at home	Public Health Private Housing Service	NHS Wider society Social Care	Completing 400 assessments a year is calculated to result in £1,676,815 savings to society [£694,297.10 to NHS]  Over 3 years: Wider Society: £2.9M NHS: 2.1M
Increase early diagnosis of breast cancer in line with the East of England average.	Cancer screening	NHS England / Public Health	NHS Social Care	Improving early diagnosis by 6% could save £58,243 in cancer treatment costs, or a three year total of £189K
Increase early diagnosis of cervical cancer in line with the East of England average.	Cancer screening	NHS England / Public Health	NHS Social Care	Improving early diagnosis by 6% could save £3,775.20 in cancer treatment costs, or a three year total of £12K
Increase early diagnosis of bowel cancer in line with the East of England average.	Cancer screening	NHS England / Public Health	NHS Social Care	Improving early diagnosis by 6% is calculated to save £26,374 in cancer treatment costs, or a three year total of £81K

# APPENDIX A: Financial Opportunities by Project (4/5)

KEY:

Primary Prevention

Secondary Prevention

Tertiary Prevention,  
(Long Term Condition Management)

Desired Outcome	Interventions	Investor of costs	Recipient of savings	Financial Opportunity
Reduce the future number of long term conditions patients who are also obese.	Obesity Prevention – targeted weight management initiatives, tier II/III	Public Health CCG	NHS Social Care	The additional projected costs of LTC + obese calculated to be:  Stroke £5M CHD coronary artery bypass grafts £3M. Diabetes inpatient £2.3M -£3.2M Hypertension management £267K  Over 3 years.  These are all on top of their existing LTC management costs.
Increase uptake of the programme from 56% to 66%.	NHS Health Checks	Public Health	NHS Social Care	The increase in uptake by 10 percentage points would result in 57 additional Quality Adjusted Life Years over the course of a lifetime.
Achieve the target of 500 patients referred onto the service.	National Diabetes Prevention Program	CCG	NHS Social Care	NHS Savings: £27K ASC Savings: £1,232  Over 3 years NET
Enabling a patient to self-refer to a physiotherapist.	Physiotherapy in Primary Care	CCG	NHS Social Care	Estimated savings of up to £44,959.20 in hip and £76,705.20 in knee osteoarthritis patients.

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# APPENDIX A: Financial Opportunities by Project (5/5)

KEY:

Primary Prevention

Secondary Prevention

Tertiary Prevention,  
(Long Term Condition Management)

Desired Outcome	Interventions	Investor of costs	Recipient of savings	Financial Opportunity
Maintaining effective cholesterol control in patients with Diabetes and CHD.	Management of hypertensive patients	CCG	NHS Social Care	Three year savings from:  Strokes and heart attacks avoided: £256K (NHS)  strokes avoided: £36K (Social Care)  The above come from treating an additional 493 Diabetes and 241 CHD patients.
Continued investment into the RRAS	Rapid Response Assessment Service	NHS Social Care	NHS Social Care	ASC Packages avoided: £524,081 per week (Social Care)  Over three years - £81M Opportunities not calculated for NHS

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<b>25 January 2017</b>	<b>ITEM: 11</b>
<b>Council</b>	
<b>Local Council Tax Scheme</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key
<b>Report of:</b> Councillor Shane Hebb, Cabinet Member for Finance	
<b>Accountable Head of Service:</b> Sean Clark, Director of Finance and IT	
<b>Accountable Director:</b> Lyn Carpenter, Chief Executive	
<b>This report is Public</b>	

## **Executive Summary**

Since 1 April 2013, the Council has maintained a local Council Tax Reduction scheme. This replaced the national Council Tax Benefit scheme, which ended on 31 March 2013. Council Tax Reduction helps provide support to council taxpayers who have a low income. It supports the taxpayers by providing a reduction in the actual amount in Council Tax payable.

The current Local Council Tax Support (LCTS) scheme was implemented on 1 April 2016. Thurrock Council agreed its current scheme through a public consultation exercise informed by cross party Members working groups. The resulting scheme was agreed by both Cabinet and the Council.

The proposed design of the scheme for 2017/18 builds on the existing scheme and the proposed changes align with central government changes to the Housing Benefit and Universal Credit regulations. These changes are reflective of incentivisation to seek employment which meets personal spending requirements while also simplifying the administration of the scheme. We have considered the proposed changes in consultation with other Essex authorities. We have also considered that the proposals balance cost savings with maintaining a scheme that is reasonable and fit for purpose.

There are six proposed changes to the existing scheme which are outlined in section 3.6. The proposed changes numbered 1, 2, 3 and 5 are likely to reduce the amount of support available to individual claimants under the scheme. The proposed changes numbered 4 and 6 are not expected to impact on the support available to claimants.

A consultation on the proposed scheme has been completed. This was open to all residents and was promoted via Council channels including social media. It is noted

the response rate has been low but the findings are included with each of the proposed changes.

The proposed scheme was considered by the Corporate Overview and Scrutiny Committee on 22 November 2016. The Committee agreed to support options 2, 4 and 6 but not options 1, 3 and 5 due to the financial impact on claimants.

The Committee also expressed concerns over the response rate to the consultation and requested a further report to consider the overall effectiveness of Council consultations.

The proposed scheme was then considered by Cabinet on 11 January 2017 and considered the comments of the Corporate Overview and Scrutiny. Cabinet are recommending all six changes to Council and added an additional recommendation that, should these be approved, £50k of the additional funding raised be earmarked for the Citizens Advice Bureau on receipt of a suitable business case.

It is also noted that the proposed changes 4 and 6 if approved will align to the equivalent Housing Benefit regulations at the point they are approved by Central Government. Members are advised that in the unlikely event that these changes are not effected by Central Government by 1 April 2017, that the Council's Council Tax Reduction scheme will not be amended for 2017 but will be amended from 2018.

## **1. Recommendations for the proposed scheme for 2017/18:**

**1.1 Council are asked to support proposed change 1;**

**1.2 Council are asked to support proposed change 2;**

**1.3 Council are asked to support proposed change 3;**

**1.4 Council are asked to support proposed change 4;**

**1.5 Council are asked to support proposed change 5;**

**1.6 Council are asked to support proposed change 6; and**

**1.7 That dependant on approval of a business case provided, that £50k raised from the above changes to the LCTS as outlined be used to fund the Citizens Advice Bureau.**

## **2. Introduction and Background**

2.1 The design of each LCTS scheme must be finalised by 31 January ahead of the relevant year to which it relates. Failure to provide a scheme by this date will trigger the implementation of a default Government scheme. The default scheme would require the Council to revert back to the level of support that would have been provided under the national Council Tax Benefit arrangements.

- 2.2 Local authorities will take on the risk that liabilities under LCTS exceed the amount projected for at the start of the relevant financial year. This risk is shared between billing and major precepting authorities with circa 15% of the council tax collected by the Council being paid over to the Essex County Fire and Rescue Service and Essex Police.
- 2.3 The existing Scheme now contains the following elements:
- The first £25 per week of earned income will be disregarded when calculating levels of council tax support;
  - The maximum capital limit is to be set at £6,000. This means anyone who has savings over £6,000 may not receive support with their council tax;
  - For working age claimants, the maximum support that will be allowed will be 75% of their full council tax bill;
  - Child benefit and child maintenance received will not be included as income in the calculation of council tax support;
  - The maximum period a claim can be backdated under the scheme is 1 calendar month. A good reason for not claiming earlier has to be provided; and
  - There is a full disregard of military compensation payments, including War Disablement Pensions, War Widow's Pension and Armed Forces Compensation Scheme payments.
- 2.4 Council now has to consider the LCTS scheme for 2017/18. It is recommended to continue with the existing 2016/17 scheme amended for some changes which will align the scheme with the requirements of Housing Benefit and the Universal Credit system. Council will need to decide if each proposed change should be adopted.

### **3. Issues, Options and Analysis of Options**

- 3.1 From 2014/15, any specific funding for the LCTS scheme is rolled up into the main Revenue Support Grant (RSG) as provided to local authorities by the Government. It will be entirely for local authorities to decide how much they are prepared to spend on their LCTS scheme. Officers have considered the findings from the consultation undertaken recently which supported the proposed scheme for 2017/18. Officers have also reviewed the structure of the scheme and noted the cost of the scheme has reduced from £8.5m to approximately £8.0m since 1 April 2013. This has increased the Council Tax Base and reduced the cost of the scheme since inception. Given these findings officers recommend continuing the scheme based on the same principles with adjustments as recommended below.

- 3.2 Officers have had to consider changes to Housing Benefit Regulations and the ease of administration by having corresponding regulations for both schemes as far as possible. As the roll out of Universal Credit has slowed nationally, with the completion date of the project now extended to 2022. New Housing Benefit legislation is now forming part of the Welfare Reform agenda, as this benefit will now continue until at least 2022. When Local Council Tax Support began in 2013 it was expected the Universal Credit would be rolled out by 2017 replacing Housing Benefit for Working Age customers.
- 3.3 Officers have maintained a close working relationship with other Essex authorities and have continued to work on the same principles that were originally agreed at the start of the LCTS schemes.
- 3.4 Some components of the LCTS scheme have been directed by Government such as:
- All low income pensioners will be protected under the national framework as defined by DCLG;
  - Consideration for protection for vulnerable working age groups will be allowed for; and
  - Each authority's scheme will maintain work incentives wherever possible. The Government continues to stress the importance of this principle given the current economic climate and their welfare reform agenda.
- 3.5 Officers have undertaken a public consultation on possible changes to the scheme for 2017/18, which began on 15 August 2016 and closed on 26 September 2016. The survey attracted 254 "hits" but just 37 responses were received. These results largely support how the scheme has been structured and delivered to date. But officers are aware that the number of respondents is low.
- 3.6 Officers have considered that some of the options driven by changes to Housing Benefit legislation will reduce entitlement to support for some recipients. Members will need to decide if these changes are to be adopted. These are the proposed changes that were consulted on.

**Proposed Change 1-** Should the scheme be amended to align with Housing Benefit, namely that the Family Premium will not be granted for all new claims and for any 'new' families?

Under this change existing recipients will continue to receive this premium as long as they continue to be entitled to LCTS. The removal of the family premium applies to new claims only by working age claimants. The family premium for new pension age claims was removed in May 2016 as part of the national scheme for pensioners administered by DCLG. If this change is implemented then new working age claimants will receive a maximum reduction in entitlement of £3.49 weekly.

Consultation response in favour of change		Option 1
Yes	11	37%
No	9	30%
Don't know	10	33%
Total responses	30	

**Proposed Change 2-** Should the scheme change the temporary absence rules in line with Housing Benefit, to limit the timescale for Local Council Tax Reduction to be applied where an applicant leaves Great Britain for a period of greater than 4 weeks? Certain exceptions would be applied for armed forces personnel, mariners, continental shelf workers and for certain cases where an applicant is receiving care.

This change would mean that, if the Council is informed that a claimant is traveling out of Great Britain for more than 4 weeks, entitlement to LCTS would end. When they return to the country the claimant could submit a new claim. This aligns with Housing Benefit legislation and is supported by the consultation response.

Consultation response in favour of change		Option 2
Yes	21	75%
No	3	11%
Don't know	4	14%
Total responses	28	

**Proposed Change 3-** Should the scheme set a minimum level of income for all Self Employed claimants (after a start-up period for newly self-employed of one year)? This could be equivalent to National Minimum (Living) Wage multiplied by 35 hours per week. This is line with the assessment of Self Employed income in the calculation of Universal Credit.

This change would apply an income equal to 35 hours work at minimum wage for all self-employed customers. This would currently mean using an income before tax of £252.00 weekly for all self-employed customers. This will be used if the income declared is less than this amount. This option is proposed to address the difficulty in verifying the declared self-employed income of claimants. It would also align our scheme with the assessment of self-employed customers receiving Universal Credit. It is possible that by using this level of income that support under the scheme would significantly reduce or end for a high number of self-employed customers.

Consultation response in favour of change		Option 3
Yes	10	38%
No	10	38%
Don't know	6	24%
Total responses	26	

**Proposed Change 4-** Should the scheme be amended in line with the regulations for claiming Housing Benefit and Employment and Support Allowance whereby the Work Related Activity Component will not be granted when calculating Local Council Tax Reduction for all new claims to Employment and Support Allowance on or after 1 April 2017? This amendment will not alter the amount of support awarded and is a change in line with Housing Benefit regulation amendments from April 2017.

Comment: This change will not affect the amount of the award. Customers who claim Employment and Support Allowance will lose their entitlement to the Work Related Activity Component. We will also take this component from the assessment of their needs when assessing their claim for LCTS. As both income and needs reduce by the same amount the resulting calculation will not change the amount of the award under the LCTS.

Consultation response in favour of change		Option 4
Yes	17	71%
No	1	4%
Don't know	6	25%
Total responses	24	

**Proposed Change 5-** Should the scheme be amended in line with Housing Benefit to restrict the number of dependants assessed in the calculation of claimants needs to a maximum of two? This change will have specific exceptions and will only affect new claims and those applicants who have a third or subsequent child on or after 1 April 2017. This change is in line with Housing Benefit regulation changes from April 2017.

This change restricts the number of child dependants to a maximum of 2 (with the exception of claimants who have multiple births such as twins or triplets that then mean they exceed 2 dependants) when assessing the needs of the claimant. Currently the needs assessment for claimants is increased by £66.90 per child, with no limit to the number of children. A customer's income is calculated and offset against the family's assessed needs. Hence the claimant will not receive increased support under the scheme if they have more than 2 children. This doesn't affect current claimants with more than 2 children and would only apply to new claims from 1 April 2017.



Consultation response in favour of change		Option 5
Yes	16	66%
No	4	17%
Don't know	4	17%
Total responses	24	

**Proposed Change 6-** Remove the entitlement to the Severe Disability premium where another person is paid Universal Credit carers' element to look after them. This would treat the Universal Credit carers' element the same way as if there was an award of Carers Allowance. This amendment will not alter the amount of support awarded it is a change in line with Housing Benefit regulation amendments from April 2017.

Comment: Currently the Council award a Severe Disability Premium to customers who are currently living alone and have entitlement established by the DWP to a benefit to pay for medium to high rate care. This premium increases the needs used to assess an award of LCTS. We cannot award this premium if someone is claiming Carers Allowance to provide care for them. This change means if the claimant's carer has transferred to receiving the Carers Element of Universal Credit rather than Carers Allowance this will also mean that the Severe Disability Premium cannot be awarded. This change will mean that those customers who have previously qualified for the Severe Disability premium will continue to do so and is just aligning the system with the Universal Credit system.

Consultation response in favour of change		Option 6
Yes	17	71%
No	1	4%
Don't know	6	25%
Total responses	24	

#### 4. Reasons for Recommendation

- 4.1 The changes proposed ensure the scheme remains affordable and easy to administer. They are not considered to impact significantly on collection rates. The collection rate for 2016/17 for council tax from those in the scheme was 96.26 percent. The design of the scheme, which builds in various protections and incentives, supports a high collection rate. In order to maintain collection rates many key elements of the scheme are unchanged in 2017/18.
- 4.2 The LCTS expenditure for 2015/16 was £7.9m. The expenditure for 2016/17 is estimated to be circa £7.9m of which circa £3.75m relates to claimants of pensionable age. The expected cost of the scheme for 2017/18 is proposed at £8.5m to allow for any potential additional cost to the scheme.
- 4.3 The council has benefited in past years from an improving economy, with the movement of customers into work. The economic growth forecast has

improved for the coming year but the impact of Brexit will need to be closely monitored.

- 4.4 The introduction of Universal Credit in the Authority for single unemployed people has not made any significant change to the amount of LCTS awarded to claimants.

## **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 The LCTS is subject to an annual public consultation to seek views on the design and operation of the proposed scheme.

- 5.2 Appendix 1 contains highlights the 7 questions asked as part of the LCTS consultation and the answers received.

- 5.3 Appendix 2 contains comments received as part of the consultation.

## **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The Council is required to have a LCTS scheme and hence the proposed scheme meets this requirement. The scheme supports claimants in the community and ensures the revenue raised is collectible supporting the medium-term financial strategy.

- 6.2 The Council also has a fair debt policy and this is reflected in the collection of council tax from claimants in the scheme.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Jonathan Wilson**  
**Chief Accountant**

The financial implications are set out in the body of the report. Any increases to the amounts billed to residents need to be balanced against likely collection rates. The overall amount to be provided by Government towards 2017/18 is now absorbed into the RSG. Consequently the scheme is funded within the overall grant funding but also needs to consider the fairness of individual measures and the financial needs of the Council. The MTFs is based on the current scheme. Should the proposed changes be adopted, there is an estimated increase in income due of £190k that, when discounted for uncollected amounts and contributions to both the Police and Fire & Rescue authorities, could contribute a further £100k to the Council's resources with a recommendation that £50k be set earmarked for the Thurrock CAB.

## 7.2 Legal

Implications verified by: **David Lawson**  
**Deputy Head of Law and Governance**

The Council Tax Benefit system was abolished by Section 33 of the Welfare Reform Act 2012. The Local Government finance bill prescribed certain steps in the design of a local scheme, such as consultation and publication, and enables the Secretary of State to introduce both regulations and guidance relating to local schemes. The Government has included regulations to ensure that pensioners will not lose or gain relative to the previous system.

The LCTS scheme must be ratified by full Council by the 31 January 2016 at the latest to enable the authority to implement the scheme from 1 April 2016.

## 7.3 Diversity and Equality

Implications verified by: **Natalie Warren**  
**Community Development and Equalities Officer**

The Council has a duty as set out in the Equality Act 2010 to consider the equality impact of its policies and decisions. The LCTS can be claimed by anyone in the Borough meeting the eligibility criteria.

It is also noted a consultation on the proposed scheme has been available for all residents to respond to and these comments have been considered within the body of this report.

## 7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

## 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Working Papers held by Corporate Finance

## 9. Appendices to the report

- Appendix 1 LCTS Survey Results October 2016

**Report Author:**

Sean Clark

Director of Finance and IT

Corporate Finance

Thurrock LCTS consultation 2017/18

Respondents: 254 displayed, 254 total

Status: Open

Launched Date: N/A

Closed Date: 26/09/2016

1. The Council is very keen that you have all the information you need to provide informed answers to this consultation. Details of the current scheme, how it is funded, and the proposed changes which are subject to this consultation can be reviewed here. Please confirm whether you have reviewed this information before completing this form: I have reviewed the background information about the Local Council Tax Support scheme

	Response Total	Response Percent	Points	Avg
Yes	33	89%	n/a	n/a
No	4	11%	n/a	n/a
Total Respondents		37		
(skipped this question)		217		

2. Should the Council keep the current Local Council Tax Support scheme? (Should it continue to administer the scheme and have the same level of support as it does at the moment?)

	Response Total	Response Percent	Points	Avg
Yes	14	38%	n/a	n/a
No	8	22%	n/a	n/a
Don't know	15	41%	n/a	n/a
Total Respondents		37	100%	
(skipped this question)		217		

3. Please use the space below to make any comments you have on protecting the Local Council Tax Support scheme from these changes:

1. could this form part of universal credit?

2. Consultation time too short

The changes need to be explained so we can meaningful express our views

3. It's important that the council tax remains affordable but it shouldn't be at the cost of reducing the reserves to fund it. The council should have a policy where it increase the tax year on year by the permissible 1.99%.

4. I am not working at the moment lost my job on 5th of august

Total Respondents	4
(skipped this question)	250

4. Do you agree with the option 1? Removing the Family Premium for all new working age applicants

	Response Total	Response Percent	Points	Avg
Yes	11	37%	n/a	n/a
No	9	30%	n/a	n/a
Don't know	10	33%	n/a	n/a
Total Respondents		30	100%	
(skipped this question)		224		

5. If you disagree what alternative would you propose?

1. A scheme which recognises the cost of raising children

2. Working families on low incomes should not pay more council tax whilst those on benefits pay less. Work should pay and that philosophy should be supported

Total Respondents	2
(skipped this question)	252

6. Do you agree with the option 2? Reducing the period for which a person can be absent from Great Britain and still receive Council Tax Reduction to 4 weeks

	Response Total	Response Percent	Points	Avg
Yes	21	75%	n/a	n/a
No	3	11%	n/a	n/a
Don't know	4	14%	n/a	n/a
Total Respondents	28	100%		
(skipped this question)		226		

7. If you disagree what alternative would you propose?

No responses were entered for this question.	
Total Respondents	0
(skipped this question)	254

8. Do you agree with the option 3 Using a set income for self-employed earners after 1 year's self-employment .

	Response Total	Response Percent	Points	Avg
Yes	10	38%	n/a	n/a
No	10	38%	n/a	n/a
Don't know	6	23%	n/a	n/a
Total Respondents	26	100%		
(skipped this question)		228		

9. If you disagree what alternative would you propose?

1. Income based on audited accounts as some self-employed people earn less than the living wage

2. This seems unfair and not encouraging of enterprise

Total Respondents	2
(skipped this question)	252

10. Do you agree with the option 4? To remove the element of a Work Related Activity Component in the calculation of the current scheme for new Employment and Support Allowance applicants.

	Response Total	Response Percent	Points	Avg
Yes	17	71%	n/a	n/a
No	1	4%	n/a	n/a
Don't know	6	25%	n/a	n/a

		Total Respondents	24	100%		
		(skipped this question)	230			

11. If you disagree what alternative would you propose?

No responses were entered for this question.						
		Total Respondents	0			
		(skipped this question)	254			

12. Do you agree with the option 5? To limit the number of dependent children within the calculation for Council Tax Reduction to a maximum of two.

		Response Total	Response Percent	Points	Avg	
Yes		16	67%	n/a	n/a	
No		4	17%	n/a	n/a	
Don't know		4	17%	n/a	n/a	
		Total Respondents	24	100%		
		(skipped this question)	230			

13. If you disagree what alternative would you propose?

1. I think 4 children would be a more reasonable number.

		Total Respondents	1			
		(skipped this question)	253			

14. Do you agree with the option 6? To remove entitlement to the Severe Disability Premium where another person is paid Universal Credit (Carers Element) to look after them

		Response Total	Response Percent	Points	Avg	
Yes		17	71%	n/a	n/a	
No		1	4%	n/a	n/a	
Don't know		6	25%	n/a	n/a	
		Total Respondents	24	100%		
		(skipped this question)	230			

15. If you disagree what alternative would you propose?

No responses were entered for this question.						
		Total Respondents	0			
		(skipped this question)	254			

16. Do you think we should choose any of the following alternative options rather than the proposed changes to the Local Council Tax Support scheme? Please select one answer for each source of funding

	Yes	No	Don't know	Response Total	Points	Avg
Increase the level of Council Tax	23.81% (5)	66.67% (14)	9.52% (2)	21	n/a	n/a
Find savings from cutting other Council Services	28.57% (6)	57.14% (12)	14.29% (3)	21	n/a	n/a
				Total Respondents	21	
				(skipped this question)	233	

17. If the Council were to choose these other options to make savings, what would be your order of preference? Please rank in order of preference by selecting a number from 1 to 3 in the boxes below, where 1 is the option that you would most prefer and 3 is the least.

	1	2	3	Response Total	Points	Avg
Increase the level of Council Tax	23.81% (5)	14.29% (3)	61.9% (13)	21	n/a	n/a

Reduce funding available for other Council Services	23.81% (5)	52.38% (11)	23.81% (5)	21	n/a	n/a
				Total Respondents	21	
				(skipped this question)	233	

18. Please use the space below to make any other comments on the scheme:

No responses were entered for this question.	
Total Respondents	0
(skipped this question)	254

19. Please use the space below if you would like the Council to consider any other options (please state)

### 1. Scrap council tax support

Total Respondents	1
(skipped this question)	253

20. If you have any further comments or questions to make regarding the Local Council Tax Support scheme that you haven't had opportunity to raise elsewhere, please use the space below.

1. This survey is somewhat convoluted, and poorly phrased at best. The council currently provides poor local services in Chafford Hundred. The removal of our local library and the complete absence of local services, as well as infrequent maintenance and scruffy parks and paths makes the idea of increased taxes highly unappealing.

### 2. How many voters/local residents know of this consultation

Total Respondents	2
(skipped this question)	252

21. Are you, or someone in your household, getting Local Council Tax Support at this time?

	Response Total	Response Percent	Points	Avg
Yes	1	5%	n/a	n/a
No	18	90%	n/a	n/a
Don't know	1	5%	n/a	n/a
Total Respondents	20	100%		
(skipped this question)	234			

22. Are you...?

	Response Total	Response Percent	Points	Avg
Male	11	55%	n/a	n/a
Female	8	40%	n/a	n/a
Prefer not to say	1	5%	n/a	n/a
Total Respondents	20	100%		
(skipped this question)	234			

23. Age

	Response Total	Response Percent	Points	Avg
18 - 24	1	5%	n/a	n/a
25 - 34	2	10%	n/a	n/a
35 - 44	6	30%	n/a	n/a
45 - 54	3	15%	n/a	n/a
55 - 64	5	25%	n/a	n/a



65 - 74		2	10%	n/a	n/a
75 - 84		1	5%	n/a	n/a
85+		0	0%	n/a	n/a
Prefer not to say		0	0%	n/a	n/a
Total Respondents		20	100%		
(skipped this question)			234		

24. Disability: Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

	Response Total	Response Percent	Points	Avg
Yes	0	0%	n/a	n/a
No	18	90%	n/a	n/a
Don't know	0	0%	n/a	n/a
Prefer not to say	2	10%	n/a	n/a
Total Respondents		20	100%	
(skipped this question)			234	

25. Ethnic Origin: What is your ethnic group?

	Response Total	Response Percent	Points	Avg
White British	15	75%	n/a	n/a
Other White	3	15%	n/a	n/a
White Irish	1	5%	n/a	n/a
White & Black Caribbean	0	0%	n/a	n/a
White & Black African	1	5%	n/a	n/a
White & Asian	0	0%	n/a	n/a
Any Other Mixed background	0	0%	n/a	n/a
Indian	0	0%	n/a	n/a
Pakistani	0	0%	n/a	n/a
Bangladeshi	0	0%	n/a	n/a
Any Other Asian background	0	0%	n/a	n/a
Caribbean	0	0%	n/a	n/a
African	0	0%	n/a	n/a
Any Other Black background	0	0%	n/a	n/a
Chinese	0	0%	n/a	n/a
Arab	0	0%	n/a	n/a
Prefer not to say	0	0%	n/a	n/a
Other, please specify	0	0%	n/a	n/a
Total Respondents		20	100%	
(skipped this question)			234	

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<b>25 January 2017</b>	<b>ITEM: 12</b>
<b>Council</b>	
<b>Report of the Cabinet Member for Environment</b>	
<b>Report of:</b> Councillor Pauline Tolson, Portfolio Holder for Environment	
<b>This report is Public</b>	

## **Introduction**

The Environment Portfolio is unique in the Council, in that it provides some of the only Council services that all residents in the Borough receive every week. Waste collections are made from every household weekly and the levels of street cleanliness and the appearance of our parks, open spaces and verges have impact on all residents and visitors to the Borough as they go about their daily business.

The core services covered by the portfolio and delivered by the Environment Directorate, are:

- Waste collection and disposal
- Environmental Enforcement
- Street Cleansing
- Parks and Open Spaces (including Country Parks)
- Operational aspects of Highway Repair and Maintenance
- Fleet Management and Maintenance

This report has been prepared to provide an overview of those services. Details of each service are provided below with an overview of current performance against key performance indicators and benchmark comparators, where possible. Some of the challenges and opportunities for the service are explored.

## Key Service Outputs

Service Area	Function	Annual Output	Weekly cost per Household.
<b>Waste Management</b>	No. of domestic bin collections per year.	10,345,779	<b>Collection £1.51</b> <b>Disposal £1.83</b>
	Annual domestic tonnage collected and disposed of.	70 000 tonnes of waste collected and disposed	
	% of domestic bins collected on time.	98.5% for 2015-16 99.8% in Nov 2016 YTD is 97.7%	
<b>Street Cleansing</b>	Annual cleansing miles of highways.	622 miles of road	<b>£0.50</b>
	Number of Litter Bins emptied	500 litter bins across the Borough	
	Tonnage of Street Cleansing waste collected.	In 2015/16 there was a total of 2249 tonnes of street waste disposed of (82 tonnes of compost, 3266 tonnes of residual waste)	
<b>Greening</b> (incl Parks & Open Spaces, Country Parks, Burial Grounds, Outdoor Sports etc.)	No. of Playgrounds maintained.	71	<b>£0.68</b>
	Overall grassed areas maintained.	518 hectares	
	No. of Urban Parks maintained.	91	
<b>Winter Maintenance</b>	Tonnage of salt used.	30 tonnes per gritting run	<b>£0.04</b>

## **Service Overview:**

### **1. Waste Collection and Disposal**

The current Waste Collection service has been provided by an in-house team since 2010 and provides a weekly collection of residual waste, dry recycling and kitchen and garden waste. Waste Disposal is managed via external providers, through a number of waste disposal contracts.

Over the course of the year the Council empties 10 million wheeled bins, disposing of 70,000 tonnes of household waste. A key measure of success for the service is the proportion of collections made on time. In 2014/15, the service achieved an on time collection of 97% and 98.5% for 2015/16. While performance continues to improve the ambition is to aim for as close to a 100% collection rate as possible, meaning that as few bins as possible are missed.

Waste collections are currently made via a 'pepper pot' system whereby waste is collected by crews allocated to specific areas in the borough. In this method of working, a single vehicle/crew stays within the same area of the borough for the whole week completing a fifth of the area each day. The collection fleet is effectively deployed across the whole borough each day of the week.

The impact on the service is that where missed bins occur, crews return the following day. This has a knock on effect to scheduled work resulting in operational down time and increased vehicle and fuel costs. This can also require an additional mop up crew travelling to a number of locations across the borough to collect missed bins.

As part of the planned improvements to the waste collection service we will be changing to an East - West sweep of the Borough. This 'sweeping' method means deploying the main refuse collection fleet within a single area of the borough on Monday and then moving onto an adjoining area the following day and so on through the week. The entire borough is effectively split into 5 areas each representing one collection day of the week. This is a more efficient method of working for the following reasons:

- With the main fleet operating in a single area collection, resources can more effectively support each other in the case of vehicle breakdown, sickness, accident, return to blocked access, etc.
- Crews can be more easily interchanged to improve area knowledge increasing flexibility in resourcing.
- No vehicles/crews finish until the whole area has been collected
- Inequality in round sizes within the area can easily be addressed as collections can be moved between crews with no impact on householders as collection days remain the same.
- Growth in the number of households can more easily be shared across crews making the collection structure more resilient to housing developments.

## 2. Environmental Enforcement

The Environmental Enforcement Team transferred to the Environment Service in September 2016, closely aligning with Domestic and Commercial Waste and Street Cleansing Service. Closer working relationships with these teams will provide Enforcement Officers with the intelligence required to better address Environmental Concerns within the borough.

The current in-House Enforcement Team consists of two officers, with an increased level of fly-tipping and other Environmental Crime within the borough; the team is very small and under resourced when benchmarked with comparative boroughs. In order to best deploy the existing in-house resource the working practices of the team are being reviewed. A revised Environmental Enforcement Strategy has been scheduled to be presented to cabinet in April/May 2017.

Workload has been prioritised to focus on fly-tipping, engaging with key partners including the Police, The Environment Agency (responsible for investigating fly-tips over a tipper load), Farmers Group and adjoining Local Authorities to ensure that the approach to combating the boroughs issues are joined up. An after-hours joint operation with the Police took place on the 18<sup>th</sup> of December, with future joint operations with the police and partner agencies being considered going forward.

A capital budget is in place for the target hardening of fly-tipping problem areas. Essex Police has made an expert resource available for assessing the current measures at hot spot sites. The programme of evaluating the measures at regularly targeted sites is ongoing however the following work is in process: -

- Fencing of Billet Field - new fencing has been installed to ensure that access to the field is restricted.
- Gating of Rainbow Lane - despite local objections, the required consultations for the gating of Rainbow Lane has been completed and the project is scheduled to be completed by the end of Q1 2017.
- Greenacres Farm - discussions are ongoing with the adjacent land owning farmers. The consensus is for the existing gates to be re-sited in order to discourage fly-tippers from using the site. The re-sited gate will be supported by bunds to either side of the gate and for vegetation to be trimmed back to aid visibility. Works are scheduled to be completed by the end of Q1 2017.
- CCTV - the Councils CCTV Officer has been tasked with undertaking a CCTV evaluation of the 9 identified priority hot spots in the borough. 2 of the 9 sites have been identified as immediately available for the installation of CCTV. The remaining 7 sites do not have an available power supply. Work is ongoing to determine what measures can be taken to provide a suitable power supply to the remaining sites.

The Council engaged Kingdom Security for a 12 month pilot focussed on ensuring compliance with the law relating to littering and dog fouling. The business model for the pilot is structured on a payment by results model with Kingdom only being paid when they issue Fixed Penalty Notices (FPN's).

Kingdom provide a Supervisor, Administrator and two teams of two Enforcement Officers, one located in and around the Grays area and the other targeting hot spots areas across the borough. All public facing officers are uniformed and provided with identification, making it clear to residents that the officers are working on behalf of Thurrock Council.

The pilot went live on 5<sup>th</sup> of December 2016, with tickets being issued from the 7<sup>th</sup> of December 2016. As of the 7<sup>th</sup> of January 2017 431 Fixed Penalty Notices have been issued. We expect an initial peak of tickets being issued followed by a levelling out as the public become aware of the enforcement activity. During January Enforcement Officers will be working on Saturdays. The breakdown of ticket issues by week is as follows:

Week Commencing	Number of Tickets Issued	Notes
05/12/2016	183	
12/12/2016	118	
19/12/2016	48	Restricted Christmas service
26/12/2016	12	Restricted Christmas service
02/01/2016	70	
	<b>431 total</b>	

Throughout the pilot the number of FPN's issued will be monitored, as will complaints and representations. Where appropriate, officers will look for opportunities to further test the payment by result model against other high priority environmental concerns. A formal review of the pilot will be undertaken in July 2017.

### 3. Complaints

There has been a significant reduction in waste complaints and Member enquiries. 72 were reported in July and 34 in December, a reduction of 52.7%. This is following the recruitment of a new Service Manager dedicated to overseeing Waste Collection operations.

The Waste Supervisor team have received in-house training and additional support to improve the quality of complaint investigations and written responses, this includes direct contact with all complainants and site visits, active discussions with the crews to find out what went wrong and actions put in place to ensure problems are not repeated. Discussions with crews are recorded on standard complaint investigation forms and monitored, crews are also issued with reminder memos prior to collections to raise awareness of potential and current problems, this is particularly important for covering crews. We have also introduced a Hotspot monitoring list whereby complaints at stage 2 and above are monitored weekly via site visits to ensure high quality services are provided, we also conduct unannounced observations of collections by the supervisors, telephone, text or face to face contact with the complainant for a period of four weeks. Additional support from Environment

Services Business Support team means that all complaint responses are tailored to each complaint and generalised responses are no longer used.

<b>Missed Bin Performance Indicators</b>										
Target for % of collections made is 98.5%										
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Cumulative
2016 - 2017	Bins to be collected	832,419	872,058	872,058	832,419	911,697	872,058	832,419	872,058	6,897,186
	Monthly missed bins	7,353	40,634	23,953	19,893	49,791	5,861	10,965	1,557	160,007
	Missed bins per 100 000	883	4,660	2,747	2,390	5,461	672	1,317	179	2,320
	% of Collections Made	99.1%	95.3%	97.3%	97.6%	94.5%	99.3%	98.7%	99.8%	97.7%
2015 - 2016	Bins to be collected	824,657	824,657	863,927	903,196	824,657	824,657	863,927	824,657	6,754,337
	Monthly missed bins	10,304	18,493	20,905	8,889	8,508	8,405	13,601	10,024	99,129
	Missed Bins per 100 000	1,249	2,243	2,420	984	1,032	1,019	1,574	1,216	1,523
	% of Collections Made	98.8%	97.8%	97.6%	99.0%	99.0%	99.0%	98.4%	98.8%	98.5%

Please note the variance in bin numbers collected, is due to a varying number of collection days in a month.

#### 4. Waste Disposal Contract Update

Five of the Council's 6 waste disposal contracts are due to expire in the next 12 months. The Landfill Residual Waste Disposal Contract, Green Waste Composting Contract, Co-Mingled Kitchen and Garden Waste, In Vessel Composting Contract and the Mixed Dry Recycling Contract expire 31 December 2017. A competitive procurement process has commenced.

The contract for the operation of the Civic Amenity Site expires in June 2016 and the current contractor has advised they will not extend existing arrangements, beyond that date.

There is a need for a full review of the site, looking at the needs of the boroughs growing population in future years and its ability to cope with existing usage. The review will also consider a redevelopment of the site including opportunities for income generating services.

The cost and time involved in procuring a short term operational contract, while a full review takes place and recognising that letting the site, as is, would likely result in a limited pool of bidders requires the service to be in-house managed. Bringing the site in-house will allow for required modernisation to take place, it will also allow for trade income avenues and innovative recycling and re-use initiatives to be trialled.

A report of the review findings will be presented to cabinet, anticipated June/July,

#### 5. Recycling Education

The boroughs recycling rate has remained static at just below 40% for a number of years. Central Government's aim is for recycling rates to increase to 50% by 2020. Data illustrates that for each 1% increase in recycling rates, the disposal costs reduce by over £30,000 per annum.

In July 2016 a detailed waste analysis was undertaken to identify what is being put in each type of bin. The analysis was undertaken across housing stock and also flats. The data illustrates that common waste items are being placed in the incorrect bins.



Whilst wide broad brush 'recycle more campaigns' have been used in the past, it is intended to use this information to inform targeted recycling initiatives, with focus on defined waste items to reduce diversion and increase recycling rates. A good example of this is tetra paks, the Authority now has the facility to recycle tetra paks, and a focused campaign on this waste stream should deliver a stronger message than broad general messages.

The analysis also identified significant opportunities to increase recycling rates in flats. The data identified that 27% of the waste in flats residual waste bins could either be recycled or composted. Additionally the current flats recycling bins contain 52% contaminated material; this means that we cannot recycle the contents of these bins. Clearly a flats specific campaign is required to reduce recycling contamination and to divert recyclable waste from the residual waste bins.

## **6. Street Cleansing**

The 'Clean It, Cut It, Fill It' programme was introduced last summer and has led to additional resource allocated to street cleansing. The approach in delivery of this service has changed from having area based teams to teams dedicated to specific service areas, including a team dedicated to street cleansing. Additional resource has been allocated to 'hot spot' areas and eleven additional barrow beat teams have been introduced bringing the total to twenty overall. This additional resource has included an additional round in Grays town centre allowing the town centre to be covered between 6am to 6pm.

The Council is responsible for cleaning the verges, centre reservations and emptying the litter bins along the section of the A13 from the Five Bells up to Dock Approach. This takes place 4 times per year generally during February, May, August and November, the service take the opportunity to carry out any other works necessary during lane closures. Whilst carrying out the August clean up any vegetation which requires cutting back is completed during this visit.

Thurrock have registered to take part in the 'Great British Spring Clean' event which is taking place during the 3<sup>rd</sup> – 5<sup>th</sup> March this year. This event has been set up by Keep Britain Tidy which is similar to the 'Clean for the Queen' event that took place last year. The focus will be on Community and volunteer groups carrying out the cleaning up of local areas. The Council will contribute to these events by providing equipment and removing any rubbish that is generated. Colleagues from Strategy, Communications and Customer Services Department are currently exploring ways to engage with the various groups.

## **7. Parks and Open Spaces**

Parks amenities across the borough have continued to be maintained. £1.2 million was secured from Heritage Lottery and the Veolia North Thames Trust to further restore the Coalhouse Fort site, with the installation of new toilets and a café. A proportion of the income from the café has been ring-fenced to fund future restoration work on site. An Education Officer and Community Development Officer

Post have been grant funded for a three year period to support the work of the existing ranger team.

The service is also responsible for the maintenance of green spaces on Housing land. The Service Level Agreement that has now been in place for 5 years and has delivered improved maintenance in housing areas.

There are 12 burial sites, including 7 cemeteries and 5 closed Church yards. In 2015/16 we carried out 253 burials (165 burials, 88 cremated remains).

Weekly inspections of the 71 play areas are carried out, equating to Circa 333 repairs to play equipment annually.

Once the changes have been fully applied to adopt the 'Clean It, Cut It, Fill It' programme long term, a training programme will be introduced to train staff in Horticultural skills. Many of these skills have been lost through voluntary redundancy, staff leaving and retirement. Although staff are trained in carrying out Grounds Maintenance tasks others require more in depth horticultural knowledge.

#### Allotments

There are:

- 20 Self-Managed Allotment sites across the borough
- 2 Sites remain Council Managed

The majority of the self-managed sites are represented by the Thurrock Allotment Steering Group (TASG), which is made of an elected committee of Allotment volunteers that regularly meet throughout the year to discuss allotment issues across Thurrock.

### **8. Operational Highways Maintenance and Repair**

Although not responsible for the strategic aspects of the Highways Network, the Environment portfolio includes the service that carries out the on-street work such as maintaining footpaths, verges and sightlines, repairing potholes and winter gritting, as well as a number of minor capital projects across the borough. The team has also been delivering the infrastructure work for the Coastal Pathway project. The past 2015/16 winter was notable in that it was reasonably mild again and our gritting operations were only mobilised on 35 occasions. However, the team is still prepared to deal with the harshest winter conditions that may occur. With the construction of the new salt barn at Oliver Close Depot, the team have had approximately 2600 tonne of salt available to use since the start of the winter gritting season.

## **9. Fleet Management**

During the year Fleet have completed 457 MOT tests, including external customer vehicles, fully absorbed the council's Taxi and Hackney carriage licensing compliance checks, conducting over 450 tests, generating circa £30k in external income.

Fleet procurement had been held pending the outcome of service reviews, including the recent Clean It, Cut It, Fill It project. A like for like replacement for waste service vehicles (approx. £6m) and replacement of 40-60 street cleansing and grounds maintenance vehicles (£2.6m) will commence in March 2017, This will replace of the majority of vehicles under 5 Tonne gross vehicle weight.

## **10. Commercial Waste**

Thurrock Council offers a commercial waste collection service to business customers. The Thurrock Trade Waste Sales Strategy created in May 2016 incorporates the strategic direction to ensure the external income target of £389,000 is achieved for 17/18.

The launch of the Commercial Waste Sales Team has proved successful in the five months it has been operational, £100k of new business being secured and £92k of existing customer business being retained. It is anticipated that 16/17 will outturn an external income of £309,000, a 60% increase from 15/16.

Ambitious waste targets have been set as part of the medium term financial strategy for the next 3 years, which will require the service to work and perform competitive and commercial manner, ensuring that both price and service delivery are competitive.

Processes relating to customer service requests have been reviewed. Requests raised through MyAccount are allocated to teams within 24 hours of being logged (excluding weekends). The benefit of logging service requests through MyAccount, is the ability to receive feedback on the status of the request. MyAccount can be accessed through <https://www.thurrock.gov.uk/account>.

Use of this mechanism by Councillors and residents for reporting service requests will help to ensure provision of the best possible response and service

### **Key Challenges for 2017/18:**

As a service we strive for continuous improvement, good progress has been made to improve waste collection services and the introduction of the "sweep system", anticipated May 2017, will impact on every household in the borough. The service will need to project manage this change effectively, ensuring high level communications across a broad range of media channels.

The Civic Amenity Site modernisation programme will require focussed resource in order to turn around proposals, planning consent and member approval to progress the site as quickly and efficiently as possible.

With an increased focus on enforcement activity and limited resource levels, the service will need to continue to be creative and innovative, with similar approaches to the pilot in place for littering and dog fouling. A more targeted approach needs to be considered going forward.

“Clean it, Cut it, Fill it” has been a very successful programme, in order to ensure the good work is progressed and we continue to improve the presentation of the borough, meeting the increased expectations of our residents, the service will need to ensure scheduled work is adhered to and equipment fully operational at all times.

As with many of the services delivered by the Council, challenges faced by the Environmental Portfolio is the depth of the savings required to enable the Council to operate within budget constraints.

Waste disposal contract procurement savings targets may prove challenging and this has been heavily considered within procurement activity. Active encouragement and the education plan to increase recycling rates could assist in driving disposal costs down.

While the service continues to seek new avenues for generating income, Trade waste and Grounds Maintenance income targets are ambitious and best endeavours will be given to achieve them, as previously stated the service needs to be creative and innovative to manage such pressures.

## **Summary**

The Environment Portfolio is operating both effectively and efficiently with no major areas of significant weakness. The strategic and operational management within the Department continues to be strong, demonstrating robust financial management and continuous improving performance with the delivery of high quality services across the Borough.

## Finance Summary

### Revenue Budget Financial Forecast 2016/17

	2015/16 Outturn	2016/17 Revised Budget	2016/17 Forecast (excl CICI)	Variance	2016/17 Forecast (Including Clean it, Cut it)	Variance (Including Clean it, Cut it)
Employees	7,022,901	7,140,337	7,140,337	0	7,460,837	320,500
Premises	493,643	378,321	378,321	0	378,321	0
Supplies and Services	855,523	690,982	690,982	0	695,409	4,427
Third Party Payments	6,484,310	6,760,218	6,787,383	27,165	6,787,383	27,165
Transport	1,824,516	1,589,448	1,589,448	0	1,626,448	37,000
<b>Direct Costs</b>	<b>16,680,893</b>	<b>16,559,305</b>	<b>16,586,470</b>	<b>27,165</b>	<b>16,948,398</b>	<b>389,092</b>
<b>Income</b>	<b>-704,955</b>	<b>-828,454</b>	<b>-828,454</b>	<b>0</b>	<b>-828,454</b>	<b>0</b>
Recharges In	6,941,564	5,519,931	5,519,931	0	5,519,931	0
Recharges Out	-9,518,387	-8,644,181	-8,644,181	0	-8,644,181	0
<b>Net Recharges Out</b>	<b>-2,576,823</b>	<b>-3,124,250</b>	<b>-3,124,250</b>	<b>0</b>	<b>-3,124,250</b>	<b>0</b>
<b>Total Net Direct Costs</b>	<b>13,399,115</b>	<b>12,606,601</b>	<b>12,633,766</b>	<b>27,165</b>	<b>12,995,694</b>	<b>389,092</b>

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<b>25 January 2017</b>	<b>ITEM: 13</b>
<b>Council</b>	
<b>Report of the Cabinet Member for Neighbourhoods</b>	
<b>Report of:</b> Councillor Sue MacPherson	
<b>This report is Public</b>	

## **Introduction**

The Neighbourhoods Portfolio was created in recognition of the impact of the services covered in supporting how we reshape community living in Thurrock. I am passionate about building strong communities where people choose to live connected, healthy lives with access to a range of cultural and leisure activities for all ages.

The core services covered by the Portfolio and delivered across Adults, Housing and Health Directorate and the Environment and Place Directorate include:

- Community Development and Equalities
- Community Environment Development Fund
- Sports and Leisure
- Community Hubs
- Libraries
- Volunteering
- World War One Commemorative
- Culture, Arts and Heritage
- Equalities
- Public Protection
- Community Safety Partnership

This report provides an overview of those services. Details of each service are provided below with an overview of current performance where possible.

## **COMMUNITY DEVELOPMENT & EQUALITIES**

The role of local Councils is changing. This is inevitable given the impact of technology and of people living longer, often with long term and complex health concerns. To meet this challenge the Council needs to mobilise the incredible and diverse skills, experience and talent that are present within our communities, to work more effectively with the many third sector organisations in the borough and to change the nature of our relationship with our citizens to promote their involvement and independence; I am pleased to report that Thurrock is leading the way in making this change.

I have visited many local organisations active across the voluntary sector as part of my Portfolio and am increasingly impressed by the range and quality of support available to residents inspired by communities themselves.

Local charities, community groups and the actions of residents are collectively referred to as the 'voluntary or third' sector as they choose to make a difference in an area, rather than having to as is the case with statutory services. Many are volunteers, but the sector also creates jobs, social capital and brings income to Thurrock.

The impact on these organisations on the quality of life in our borough however cannot be overstated. I am keen to generate a wider understanding of the role and impact of the sector, as well as ensuring that our investment in a thriving third sector is understood as part of a strong business case for Thurrock. I am fully supportive of the newly established Thurrock Giving initiative to encourage investment in community led activity that meets local priorities. Thurrock's voluntary sector development fund continues to provide support to key organisations working across Thurrock, and I am pleased to report that positive discussions are continuing with Thurrock Citizens Advice Bureau to ensure core funding to enable this valued service to continue and grow in future years. Many organisations do enter contracts to delivery services across the statutory sector, including Thurrock Council, and we strive to reduce bureaucracy and increase opportunity where we can.

We have a good policy framework for working with the sector as a valued partner, but need to go further to truly un-tap the potential within Thurrock.

#### ▶ **COMMUNITY ENVIRONMENTAL DEVELOPMENT FUND**

This year the Council has trailed this fund to provide some opportunity to those communities who want to see local improvements in their area. Six organisations were awarded £185,865 for a range of projects that will improve safety and access.

All projects had to raise 10% match funds. The process has, so far, been considered very successful and we expect the funds awarded to make a huge difference to people's lives.

By working together, communities are making practical improvements to their environment, as well as building resilience and bringing people together. This is most notable in the Frost Estate which has fully involved local residents in forming a group and identifying priority road improvements.

#### ▶ **SPORTS AND LEISURE**

Sport and leisure facilities have always been important to the residents of Thurrock and are not only vital in making Thurrock a great place to live and work but also have many economic, health and social benefits. The well documented benefits of physical activity to improve health and well-being are just one example.



I have spent time visiting the local Leisure Centres both formally as the Portfolio Holder responsible for this area but also as member of the public using the facilities.

The three leisure centres at Belhus, Blackshots and Corringham are leased to and run by Impulse Leisure.

I am pleased to be able to say that during the year, all three sites have re-attained their QUEST accreditation – the leisure industry quality standard.

Improvements throughout the year are most evident at Belhus Park where the new health and fitness facilities have been opened recently and work is just coming to an end on the redesign and modernisation of the entrance area and reception. Other significant improvements are being planned.

Other noticeable improvements at the facilities include the refurbished group cycling studio at Blackshots which opened in September 2016.

In addition there have been many promotional campaigns to encourage residents to get fit and healthy including the launch of a new Mobile App.

However, despite having some fantastic facilities, we are well aware that the current centres are getting older and the council needs to start planning for the longer term. Moving towards this, the December 2016 meeting of the Cleaner and Greener Overview and Scrutiny Committee received a report on progress to date on this work and although much work is still to be done, this provides a very exciting opportunity to develop ambitious plans for new future sports and leisure facilities in the Borough. This is being done in conjunction with the preparation of the Local Plan and in conjunction with key partners such as Sport England.

It was also my pleasure to provide the welcome address to Thurrock Sports Council's Club Forum in December 2016. This was a well-attended event with over 30 local sports clubs represented, learning about the role of the Thurrock Sports Council and some of the funding streams available to clubs. This event also highlighted the commitment of those volunteering in sport and the passion of the local sports community.

### ► **COMMUNITY HUBS**

Thurrock's Community Hub programme continues to support local communities with access to a range of information and support, including on-line access. As I learn more about hubs it is clear they have a great potential to build resilience and pride within an area.

Hubs are championing local priorities and working with services to help deliver things differently. Tilbury Hub has benefited from a refurbishment this year, opening three distinct areas into a shared hub and library, with a staff touch down area. Purfleet Hub opened in October along with a self-serve library.

Hubs can play an important role in regenerating communities, bringing people together to explore local solutions to often historic challenges. The Transformation

Challenge Award made by government continues to provide the main revenue investment supporting hubs. We are gaining a better understanding of the potential of hubs to help save costs within services, often as a catalyst for a wider community approach beyond a physical building as with the Living Well in Thurrock programme.

The council is exploring opportunities to develop the Hub programme, and will continue to co-produce this approach working with CVS, local communities and ward councillors.

## ► LIBRARIES

As Portfolio Holder for Library Services I am well aware of the wider role that libraries can play in helping people realise their potential. People's expectation of library services is changing, and as the world becomes more digital, the Council needs to work with residents and communities to review the way we are currently providing library services to make sure they best meet local people's needs and that people are aware of what's on offer.

The Council's library service provides far more than simply access to books and reading materials. In addition to issuing over 400,000 items and welcoming over 800,000 visitors into our library buildings, our library service has run over 30 cultural events over the past year, including the Thurrock Writer's Festival, Local History Book Fayre and theatre performances of Hamlet, Christmas Carol and Hip Hop Shakespeare.

Volunteers continue to support the library service in its work including 74 young volunteers aged between 13 and 17 who supported the Summer Reading Challenges, talking about books and awarding the medals to the 3,358 children who took part in this year's summer reading challenges. The home visit service remains very popular and is provided by 21 volunteers who deliver books, DVDs and novels on CD to over 115 local residents who are unable to visit their local library due to disability or age related health issues.

The work with all of Thurrock's primary schools and many of the secondary schools continues, with 162 class visits to libraries during the 2015/16 academic year. All the libraries provide PCs that are free to use and offer free Wi-Fi. On a day to day basis, our frontline library staff helped over 20,000 residents with IT issues from completing council forms online to applying for jobs and setting up email addresses. In addition our e-learning officer, with a team of volunteers, has provided I-Pad and beginner computer sessions to over 300 residents during the year.

An important review of the library service is currently underway. It will set out a fresh vision for a comprehensive library service in Thurrock which takes account of the changing needs of users, that looks across all Council and other potential services to ensure effective integration and which takes account of the growth and development opportunities across the Borough.

The recent launch of the Leadership for Libraries Taskforce document, Ambition for Public Libraries in England 2016-2021 and the 7 outcomes it supports will influence the methodology for the review and future consultation. They are:

- Cultural and creative enrichment
- Increased reading and literacy
- Improved digital access and literacy
- Helping everyone achieve their full potential
- Healthier and happier lives
- Greater prosperity
- Stronger, more resilient communities

It is anticipated that a paper outlining the findings of the review and proposals for consultation will be considered by Overview and Scrutiny and then Cabinet in the Spring, prior to a period of public consultation.

The vision for Thurrock's comprehensive library service will consider the outcome of the review, the consultation feedback and the underlying importance of integration with other services including digital inclusion, customer service and community hubs before being presented to Cabinet in November 2017.

#### ► VOLUNTEERING

Thurrock Council has a successful volunteer programme with 244 active volunteers including Library volunteers at the end of Quarter 2. We are on target to reach the annual target of 250 active council volunteers. There are currently 24 different volunteer roles, with more being created across most directorates. All volunteer roles are advertised via the council's website and with ngage and Volunteering Essex's website. They are also promoted through Volunteer Recruitment Fayres held throughout the year.

Each June the council celebrates National Volunteers' Week, this year Thurrock's volunteers were invited to a Royal-Tea thank you event hosted by ngage. Volunteers from various groups and organisations were invited to come together for a cup of tea, some cake and to share some of their experiences of volunteering in the borough. All Thurrock Council volunteers were given a certificate of appreciation signed by the Mayor to say thank you for the time and support that they give.

Throughout the summer all council volunteers were asked for their views about the volunteer programme as part of the annual mid-year review. The results from this review look mostly positive. This is a great mechanism to identify any issues which will be picked up and actioned accordingly. The review analyses the demography of our volunteers, the results of this largely reflect the local demography. You can view a copy of the mid-year review via:

[https://consult.thurrock.gov.uk/public/tc/ahc/cdande/volprog/volunteer\\_evaluation/vol\\_eval16](https://consult.thurrock.gov.uk/public/tc/ahc/cdande/volprog/volunteer_evaluation/vol_eval16)

Thurrock has a successful Time Bank hosted by ngage. Time Banking is an online platform that volunteers use to gain one time-credit for each hour of volunteering. Volunteers can then use this time credit to gain help for themselves or donate to someone else. Volunteers are encouraged to post their own 'offers' and 'requests' and help each other with tasks such as gardening, offering lifts, befriending and

giving advice amongst other things. Thurrock's Time Bank has been successful and continues to grow each month. At the end of November there were 301 members (these include organisations and individuals) and 26,359 hours have been exchanged between members since the Timebank opened in 2014. At the end of quarter 2 this year 7,219 hours have been exchanged, this puts us well within reach of the yearly target of 11,000 hours.

A small group of council employees have joined Thurrock's Time Bank and formed a gardening group that has started to maintain the flower beds outside the Civic Offices. So far this group has accrued over 20 hours in just a few weeks. The group has decided to pool the time-credits together and will donate the hours back to either a Thurrock's community pot for people that are not able to generate their own hours. This will enable them to be able to use the donated hours to get help or support.

### ▶ **WORLD WAR ONE COMMEMORATIVE GROUP**

As Portfolio Holder for Communities I have chaired my first meeting of the World War One Commemorative Group. The group benefits from a huge commitment from both heritage organisations and service groups who attend and help contribute to the work of the Group.

Our last meeting discussed the launch of a memory project to remember and recognise local veterans from The Great War. I would encourage all members of this chamber to think about residents in your ward whose families were affected by the First World War so they can share their memories, photos and experiences to help younger generations understand the impact of the Great War. In addition, we are planning a civic event to mark the end of the Great War. Such events provide a unique opportunity to remember the sacrifices made in previous conflicts so that we might enjoy the freedom and choice we enjoy today.

### ▶ **CULTURE, ARTS AND HERITAGE**

Cultural activities are important in themselves but also because of the effect they can have on health and well-being and quality of life. I am proud that Thurrock has a vibrant arts and heritage scene, from large organisations with international reputations such as the Royal Opera House to the many small but important groups, clubs and societies across the borough dedicated to history, music, dance, theatre, musical theatre and the visual arts.

The Thameside Theatre is a well-loved part of Thurrock's cultural landscape. This year has seen a real improvement to the programme and growth in audience numbers, with hire of the theatre and ticket sales so far higher than last year. The pantomime, always a highlight in the theatre calendar, has performed particularly well this year with good reviews from audiences and strong sales.

The theatre continues to work with local groups and societies to provide access to the theatre for all. Events such as the Beautiful Minds Cinema Club which provides dementia-friendly film screenings and relaxed performances for people on the autism spectrum and their families are helping to give all residents access to performances.

The 2017 programme is already available and packed with a year full of entertainment, from acoustic vibes, fifties rock and roll, musical theatre to tributes, the ballet and an anniversary tour there really is something for everyone.

The long term future of the theatre and the Thameside complex remains an important issue to be explored. This will be done so in the context of the on-going cultural strategy work outlined below, the libraries review above and the wider plans for the regeneration of Grays town centre.

All of us with an interest in the history of Thurrock were saddened by the loss of Jonathan Catton this year. Our Local Heritage and Museums Officer for 28 years, Jonathan continued to share his unparalleled knowledge and ability to tell the story of Thurrock through his voluntary work in retirement; bringing history alive for people across Thurrock.

Thurrock Museum continues to tell the story of the borough from the earliest times through to the modern age. The museum and collection hold thousands of items that cover the past 250,000 years of local history. The museum is lucky enough to benefit from the help and support of volunteers and I'm very pleased to say that one group have just won funding from the Heritage Lottery Fund to deliver a project that recognises the role of the Kynoch explosive factory in Thurrock. The project will focus on the factory operation and contribution of the mainly female workforce during World War 1 and a number of events and activities will take place throughout the year.

Many of the Borough's cultural and heritage groups recognise the value of working together towards shared objectives and I'm pleased to say that work is underway to develop a borough culture, arts and heritage strategy and plan which will help us to understand the many cultural strengths of the borough and to engage strategic partners such as the Heritage Lottery Fund and Arts Council England to further develop the cultural scene of the borough.

## ► EQUALITIES

In previous years, council has received an Annual Equality Report to enable the statutory publication of workforce equality data. Whilst the Workforce Equality Data will continue to be published annually, staff resource will focus on a new Single Equality Scheme.

The change in emphasis will enable the council to be more forward looking in its approach to identifying and challenging inequalities in Thurrock. The Single Equality Scheme will reflect four priorities. Three priorities will reflect the key areas identified through the engagement feedback gained as part of Thurrock's Fairness Commission. These are:

- 1) Improving access to services
- 2) Reducing poverty and austerity, including child poverty
- 3) Building cohesion and creating welcoming communities
- 4) Develop a workforce that is equipped with the skills to support and enable our changing organisation and communities

Whilst support and advice for equalities sits within the Communities team, responsibility for our statutory public equality duties extends to all services across the council. The Single Equality Scheme will demonstrate the extent of our collective work to tackle inequality. In support of this approach, all decisions, policies and strategies are subject to a Community Equality Impact Assessment – a tool which helps to identify the positive and negative impacts of any decision on equalities.

The fourth priority of the Single Equality Scheme will respond to the workforce equality data published and seek to create a strong, supported workforce which reflects the communities we serve.

The council has a number of staff forums with a focus on BME, Disability, LGBT, Men, Mental Health and Women. Each helps to shape and influence council practice and policies. They support staff to achieve equality and tackle discrimination at work.

Over recent months, staff forums have been involved with the council's IIP reaccreditation, LGA peer review and Stonewall Workforce Equality self-assessment as well as delivering a number of successful events to recognise International Women's Day, Black History Month, LGBT History Month, Personal Safety Awareness Week and Mental Health Week. This is in addition to running a series of campaigns to highlight specific topics including invisible disability and mental health.

Staff forums have helped to initiate several new policies including a Transitioning at Work Policy and a Milk Expressing Policy for returning mothers. Many additional policies have been reviewed including Sexual Orientation in the Workplace, Support for Disabled Employees and Managing Sickness Absence. Outcomes from these reviews have included changes to the council's sickness monitoring system to improve the accuracy of absence reporting.

## ► PUBLIC PROTECTION

### **Environmental Protection Work**

The Environmental Protection Team has had a busy year operating the Out of Hours noise service which deals with noise complaints from residents that occur outside of office hours. One prosecution had to be taken against a church organisation that persistently refused to moderate the noise arising from late night services. This was giving rise to disturbance to significant numbers of residents. As a last result following numerous attempts at a negotiated solution, the team had to resort to prosecution. This was successful and has provided much needed relief for residents from this persistent nuisance.

In general the team managed to negotiate noise reductions in numerous cases and it was only necessary to take formal action in twelve other cases.

Due to changing patterns of air pollution in the borough it is necessary to re assess the levels of common pollutants across the borough periodically. In past years this work has been done externally but this year the work was completed in house. This meant that the air pollution model for Thurrock could be produced more rapidly and therefore better and more up to date information is available to inform the Council's planning and regeneration priorities.

### **Licensing Activity**

The Council's Licensing Team has dealt with a number of applications this year, including one for the 'Sound On Festival' which was due to be held in Aveley first in May, then August 2016. Due to safety concerns, the licence application was refused by the Licensing Sub-committee and the applicant attempted to use the Judicial Review process in the High Court to overturn the decision but was unsuccessful and the event did not go ahead. Following joint work by Essex Police and Licensing, the licence for 'The Lounge Bar', Chafford Hundred was revoked following a licence review. The team have also carried out numerous joint operations with Essex Police, Trading Standards and the Gambling Commission looking at a range of licensing issues.

Licensing tested the accuracy of every Thurrock licensed Hackney Carriage vehicle meter. Eight taxi licensing applications were referred to the Licensing Sub-Committee. Two renewal applications were subsequently refused; one who had received a conviction for a violent offence and one who had received two major motoring convictions and failed to declare them to the Licensing Department. Licensing have taken on marriage licensing and completed our first few inspections of licensed premises. During the summer months, mid-term animal establishment inspections were also introduced, giving the department an opportunity to see the boarding kennels and pet shops at full capacity and dealing with any issues that arose.

### **Ensuring Food Safety**

Food Safety Team issued the highest ever number of export certificates for the export of food from Thurrock to outside the EU. This has already raised over £7500 in 2016 (April - Sept 2016)

The team has undertaken nearly 1000 inspections, revisit and rescore visits across a wide range of premises while focusing efforts to improve the safety of food served to residents and visitors to the borough.

The team, working with colleagues from the Communications Team, have launched monthly tweeting of premises achieving the highest 5 rating on the Food Hygiene Rating Scheme (FHRS) to assist in the promotion of good food standards in Thurrock.

### **Protecting Consumers in Thurrock**

The Trading Standards team has over the year protected consumers from a number of threats to their welfare and financial wellbeing. At the tail end of last year the team worked with others across the country to restrict the distribution of unsafe hover boards. These were catching fire or exploding due to design issues with their batteries.

The team has also been active this year in the London Gateway Port. This externally funded work has resulted in us being able to prevent a number of unsafe products, notably cosmetic products reaching consumers and potentially causing serious harm.

Later in the year the team worked on a joint project with HMRC to find and remove from sale illicit and counterfeit tobacco. This work both protects consumers from potentially substandard and dangerous tobacco products and also prevents tax evasion.

### **Health and Safety Activity**

The Health and Safety team has been dealing with an increasing number of complex cases this year where people have been injured at work. Regrettably two of these cases resulted in death. These complex cases have required the team to support coroner's investigations and pursue legal action for health and safety breaches where these have been found. A number of active investigations and legal cases are ongoing.

In addition to this work the team has continued to provide health and safety advice to the Council to minimise risk to our staff and have developed a health and safety advisory offer for marketing as part of the traded services initiative.

### **Emergency Planning and Industrial site exercises**

Emergency Planning have been very busy at Thurrock conducting emergency exercises over the year and participating in training initiatives with colleagues across Essex. Due to its industrial areas Thurrock requires a very active Emergency Planning Team having more high hazard industrial sites than the rest of Essex put together. The latest exercise tested the capacity and preparedness of the Council and the emergency services to deal with a fire at the NuStar Petroleum Tank Farm at West Thurrock. These exercises help to identify gaps in response capability and allow the emergency services and the Council to fill these gaps and refine response procedures to deal with incidents at the sites that could go beyond site boundaries and affect residents.



As well as running emergency exercises the team have devised and revised council response procedures over the year providing the required information for use by officers on the Council's emergency response rota.

### ▶ **COMMUNITY SAFETY PARTNERSHIP**

Community Safety Partnerships were set up under the Crime and Disorder Act, 1998, to ensure joint working between partners, including councils, to reduce crime and promote public safety in a locality.

The Council is a statutory member of the Thurrock Community Safety Partnership, as are Essex Police, the Community Rehabilitation Company, the National Probation Service, the Clinical Commissioning Group and the Essex Fire and Rescue Service. These responsible authorities who form the Community Safety Partnership (CSP) have a legal duty to work together to tackle local crime and disorder in the area and to have in place a partnership plan for that area, setting out the CSP's priorities.

The partnership must have due regard for the police and crime objectives set out in the Police and Crime Commissioners (PCC) police and crime plan

The overall picture in relation to crime in Thurrock for the period 1<sup>st</sup> April 2016 to 30<sup>th</sup> November 2016 is an increase of 3.4% to 8,393 offences (+278). This compares favourably to Essex which has increased by 8.1%.

- Domestic burglaries increased by 18% to 499.
- Vehicle crime has reduced by 5% to 1,086 crimes.
- Violence against the person increased by 12% to 2,170 crimes. Where these offences are domestic related this is a positive response to campaigns encouraging the reporting by victims.
- Racial and religiously aggravated offences have increased by 57% to 151 offences. This is on a downward trajectory, but again this crime is traditionally under reported and we have been delivering awareness raising campaigns to encourage reporting.
- Anti-social behaviour has remained static at 3,904 reports to Essex Police.

In order to address local crime issues and assist in addressing emerging issues around the radicalisation of groups, following consultation, the partnership priorities for the year 2016/2017 are:

1. **Reduce Youth offending and re-offending of adults & young people**  
This will focus on volume crimes of: Domestic burglary and violence.
2. **To reduce harm to and safeguard vulnerable victims** from: Domestic abuse, sexual offences including rape, child sexual exploitation, gang related violence, hate crime, anti-social behaviour, cyber bullying, honour based abuse (including female genital mutilation) and serious organised crime encompassing modern day slavery and fraud where victims are vulnerable.
3. **Violent extremism:** Delivering the Governments counter terrorism strategy – referred to as the Prevent agenda.

In order to deliver these priorities the partnership will:

- take a multi-agency approach to tackle operational issues around crime, offenders and anti-social behaviour;
- continue to deliver improvements in community safety for our residents;
- continue to work closely with colleagues in adult social care and the voluntary sector to raise awareness of violence against women and girls (offences against men are also included);
- raise awareness and encourage the reporting of hate crime through our hate crime ambassadors and;
- work with the PCC for Essex to help reduce crime, and disorder and improve support for victims within our communities;
- host multi-agency locality action groups to provide response to individuals impacted by either ASB or hate crime in their community, as well as attending fortnightly police tasking meetings.

The Home Office Anti-Social Behaviour Bill came into force on October 20<sup>th</sup> 2014, with part of the Bill being implemented in January 2015. This has led to a Public Spaces Protection Order being introduced to tackle cruisers in West Thurrock, which for the first year of implementation was very successful. We are now looking at using the same order to tackle street drinking in Grays High Street.

The Counter-Terrorism and Security Act 2015 came into force on 1<sup>st</sup> July 2015 and places a duty on local areas to, as a minimum, understand the local threat and judge whether activities underway are sufficient to meet it. It also places a duty on educational establishments “to have due regard to the need to prevent people from being drawn into terrorism”. All schools now have accredited trainers, and along with all our front line officers, have been offered awareness raising on addressing concerns over ideology.

I am hosting a briefing session for all members on these priorities and how we, as community leaders, can raise awareness on 30<sup>th</sup> January.

► **FINANCIAL INFORMATION**

Financial information as at 30<sup>th</sup> September 2016

Community Development and Equalities

<b>Sub Service</b>	<b>Cost Centre</b>	<b>Revised Budget</b>	<b>Forecast</b>	<b>Variance</b>	
Community Development Projects	DA501 - Community Development Projects	259,516	259,516	0	
	DA502 - Voluntary Grants	357,600	357,600	0	
	DA520 - Community Hubs	449,283	375,283	(74,000)	To be put into earmarked reserves and carried forward to 17/18
		<b>1,066,399</b>	<b>992,399</b>	<b>(74,000)</b>	

Public Protection and Licensing

<b>Sub Service</b>	<b>Cost Centre</b>	<b>Revised Budget</b>	<b>Forecast</b>	<b>Variance</b>	
Public Protection	EH001 - Environmental Health Food Safety	243,099	243,099	0	
	EH002 - Environmental Protection	353,261	353,261	0	
	EH006 - Trading Standards	320,890	320,890	0	
	EH008 - Community Protection	187,895	187,895	0	
	EH009 - Health &	253,152	253,152	0	

	Safety				
	EH010 - Public Protection Service Management	39,881	39,881	0	
	EH021 - Civil Protection	149,979	149,979	0	
Licensing	EH005 - Licensing	(-63,881)	(-63,881)	0	
		<b>1,484,276</b>	<b>1,484,276</b>	0	

#### Libraries

Sub Service	Cost Centre	Revised Budget	Forecast	Variance	
Libraries	MB cost centres	1,055,031	1,155,031	100,000	Overspend due to previous unmet savings
		<b>1,055,031</b>	<b>1,155,031</b>	<b>100,000</b>	

#### Sports and Leisure

Sub Service	Cost Centre	Revised Budget	Forecast	Variance	
Leisure	DA510	49,318	49,318	0	
Sports	DA511	58,665	58,665	0	
		<b>107,983</b>	<b>107,983</b>	<b>0</b>	

#### Arts and Culture

Sub Service	Cost Centre	Revised Budget	Forecast	Variance	
Theatre	MA030	166,457	166,457	0	
	MA031	102,139	102,139	0	Risk exists due to increased theatre income target
Arts Development	MA010	14,100	14,100	0	
Museum	MA040	60,090	60,090	0	
	MA041	33,680	33,680	0	
		<b>376,466</b>	<b>376,466</b>	<b>0</b>	



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## QUESTION TIME

**Questions from Members to the Leader, Cabinet Members, Chairs of Committees or Members appointed to represent the Council on a Joint Committee in accordance with Chapter 2, Part 2 (Rule 14) of the Council's Constitution.**

There is 1 question to the Leader and 7 questions to Cabinet Members, Committee Chairs and Member appointed to represent the Council on a Joint Committee.

**1. From Councillor Gerrish to Councillor Gledhill**

The NHS currently faces a severe crisis. Given the associated issues span a number of portfolios, including Health and Adult Social Care, will the Leader update the Council on what action has been taken so far to play our part in alleviating the impact of the crisis for Thurrock residents?

## **QUESTIONS FROM MEMBERS TO CABINET MEMBERS, COMMITTEE CHAIRS AND MEMBERS APPOINTED TO REPRESENT THE COUNCIL ON A JOINT COMMITTEE**

**1. From Councillor Smith to Councillor B Little**

Given recent studies such as The National Institute for Health and Care Excellence report that, "smooth driving would cut air pollution and the development of more modern and intelligent methods for traffic calming" would the Portfolio Holder for Highways and Transport agree with me that no more speed bumps will be built without full investigation into alternative methods.

**2. From Councillor Aker to Councillor Tolson**

Can the Portfolio Holder for Environment confirm that residents who lose a wheelie bin due to theft or vandalism will get a replacement free of charge?

**3. From Councillor Watkins to Councillor Halden**

Can the Portfolio Holder for Education and Health please inform the chamber the possible impact of the National Funding Formula?

**4. From Councillor Spillman to Councillor Tolson**

Under the current approach the council are refusing to clear fly tips in unadopted roads and alleyways. This includes fly tips containing hazards which present a genuine risk to health and safety. The risks are particularly high to children who often treat them as a playground. It is possible that an injury may occur in the future as the result of a hazardous fly tip which the council are aware of, but choose not to

clear. In such circumstances does the Portfolio Holder agree with me that it would be reasonable for residents to regard the council as partly responsible?

**5. From Councillor Collins to Councillor Halden**

Infrastructure is of great concern to residents, given new house building. What is the cabinet member doing about new school places to cater for demand please?

**6. From Councillor Collins to Councillor MacPherson**

What steps which are being taken to either reinstate or rebuild the very important library in East Tilbury and social resource for the local community?

**7. From Councillor Gerrish to Councillor Halden**

Could the Portfolio Holder outline the reasons why the decision on Children's Centres has been delayed?



## Item 17 - Update on Motions agreed by the Council – 25 January 2017

Date	From	Motion	Status	Accountable Director
27/1/16	Cllr Hebb	That Thurrock Council looks to encourage the extension of the current Oyster Card Railcard / Contactless Payment Scheme and/or its replacement from Grays C2C station to all zones across the borough as they would both be helpful and a support to residents and growth. Council resolves to work with external agencies to realise this request.	Discussions are ongoing between Council Officers and c2c to progress this request.  Update : c2c have committed to the roll-out of contactless payment across Thurrock as part of their new franchise agreement. This will be undertaken within the next two years and will require the collaboration of Transport for London (TfL). The Cabinet Member for Transport and Highways has written to TfL, urging them to progress the matter as quickly as possible. C2c are committed to expediting implementation as far as they are able. They are scheduled to attend PTR O & S on the 7 March 2017 to report progress on this and other service-related matters.	Ann Osola
27/1/16	Cllr Halden	The chamber resolves to write to the Secretary of State for Health with regards to poor communication/ engagement from representatives of NHS England and NHS commissioning, particularly with reference to the consultation on the PET CT Scanner (cancer services) which we view as an unsound consultation.	On the 5 February 2016 a letter was sent to The Rt. Honourable Jeremy Hunt M.P, Secretary of State for Health, House of Commons.  HOSC at its meeting in October formally opposed the decision to move the service to Southend and has written to the Secretary of State.	Ian Wake
27/1/16	Cllr Stone	Further to the proposed cuts to the fire service across the borough of between one third and one half. This council resolves to express its concerns by:  a) Objecting to these proposals through the Essex Fire and Rescue Service (EFRS) public consultation - and urges residents to do the same.  b) Raising these concerns with the two members of parliament to enlist their support	The Fire Authority will be attending Cleaner, Greener, Safer Overview and Scrutiny on March 17th as part of their consultation exercise. This will give members the opportunity to raise their concerns.  Both MPs have been written to.  A link to the EFRS public consultation has been included on the Council's website under Have my say (consultation portal).	Steve Cox / Karen Wheeler

## Item 17 - Update on Motions agreed by the Council – 25 January 2017

		c) Urging the EFRS to consider expanding the level of fire cover in Thurrock due to the rapid increase in jobs, industry and homes.		
24/2/16	Cllr Aker	A letter has been sent from the Leader of the Council to the Chief Executive of c2c setting out this request. No response has been received to date.	<p>A letter has been sent from the Leader of the Council to the Chief Executive of c2c setting out this request. No response has been received to date.</p> <p>C2C have endeavoured to find additional carriages to relieve the overcrowding in peak periods on services through Thurrock. However they have not been successful to date.</p> <p>Council officers pressed C2C to attend PTR Scrutiny on 1st March 2016 but they were unable to attend. It has now been agreed that the Cabinet Member for Highways and Transport and the PTR Scrutiny Chair will meet with C2C to discuss progress on the issues. A letter explaining the reasons for the Council motions has been sent to C2C.</p> <p>Update – November 2016</p> <p>C2c has taken receipt of the first of 24 new carriages which will add an additional 1400 extra seats on the Thameside Route. In Thurrock, the intention is to lengthen three trains in the morning peak and four trains in the evening peak. Passenger representatives have worked with c2c to develop a new timetable which will come in to operation in January 2017.</p> <p>Update – January 2017</p> <p>C2c will attend Planning, Transportation, Regeneration Overview and Scrutiny Committee on 7<sup>th</sup> March 2017 to update Members on the roll-out of their revised timetable.</p>	Ann Osola
24/2/16	Cllr Jones	In light of recent events where the Borough of Thurrock was brought to a virtual standstill on the	Essex Police and Essex Fire and Rescue Service have	Steve Cox

## Item 17 - Update on Motions agreed by the Council – 25 January 2017

		28th January and 9th February because of events relating to the Dartford crossing, we request that Thurrock Council send a letter to both Essex Police and Essex Fire and Rescue Services to rethink their proposals to drastically cut essential services to the borough of Thurrock and work with Highways England on an action plan to combat the chronic congestion that affects the whole Borough during such incidents.	been written to.	
23/3/16	Cllr Halden	Thurrock Council calls on the Home Office to expedite work to release money from police management costs in order to provide more funding to the front line, such as the ongoing work to bring the blue light services together.	Letter sent by Steve Cox to the Home Secretary.	Steve Cox
23/3/16	Cllr Snell	This Chamber agrees that excessive bureaucracy and costs emanating from the EU have a detrimental effect on the efficiency and cost of Thurrock Council meaning that Thurrock Council would be better off if Britain was to vote to leave the European Union.	This motion does not require officer action.	
27/7/2016	Cllr Hebb	Thurrock Council calls upon the government to introduce legislation to provide for a right of "Recall" of local government councillors, alongside Thurrock Council also exploring the possibilities to introduce its own local recall scheme.	The methodology and detail of the public consultation to be discussed at Governance Group and reviewed and agreed by General Services Committee on behalf of Full Council.	David Lawson
28/09/2016	Cllr Aker	Thurrock Council calls on the government to make unauthorised traveller pitches and unauthorised events a criminal offence	Officers are consulting with Legal on the wording of a letter to government calling for a specific offence of pulling caravans on to land without the owner's prior permission.	Steve Cox
28/09/2016	Cllr Jones	We call on Thurrock Council to write to the Secretary of State to express many residents' views that in its present state the police service contact	A letter has been sent to the Secretary of State advising of the motion of Thurrock Council and inviting a response. No response has been received yet.	Gavin Dennett

## Item 17 - Update on Motions agreed by the Council – 25 January 2017

		number 101 is not fit for purpose.		
28/09/2016	Cllr Duffin	That Thurrock Council support the inclusion in the annual Council Tax mail out of details of changes to Council funding by government in the last 5 years and an indication of planned changes in the next 3 years, including in graph format. This would be an effective way to let residents of Thurrock understand the financial pressures the Council has faced over this period and those due to be addressed.	This information will be collated in the new year once the latest grant announcements have been published to inform the future years aspect.	Sean Clark
28/09/2016	Cllr J Kent	Thurrock Council is extremely concerned that much of Grays Beach Park was not open for residents to enjoy for so much of the summer. Council requests that the Cleaner, Greener, Safer Overview and Scrutiny Committee (or / and the relevant director) investigate these issues including inviting evidence from Anglian Water, relevant council officers and members before reporting back to the Full Council as soon as reasonably practical about the reasons and responsibilities for so much of Grays Beach Park not being open to residents over the summer period.	Cleaner, Greener, Safer, Overview and Scrutiny Committee considered this at its meeting of 11 October 2016 and set out the terms for an investigation. The outcome of the investigation was considered by Cleaner, Greener, Safer, Overview and Scrutiny Committee on 6 December 2016.	Steve Cox
26/10/2016	Cllr Collins	This Council condemns in the strongest possible terms, the horrific practice of Female Genital Mutilation and will support all health, welfare, civil and criminal enforcements to eradicate it from our Thurrock and the rest of the World.	Thurrock Council and its partners continue to robustly tackle Female Genital Mutilation (FGM) and provide support for its victims. There are clear pathways in place across health agencies, Children's Services and the Community Safety Partnership to identify and support those suspected to be at risk. The Council are working in partnership with the Barnardo's, National FGM Centre for Excellence to provide training, support and interventions to assist communities in eradicating FGM. Staff from the National FGM Centre is part of the Thurrock Multi-Agency Safeguarding Hub (MASH). In partnership with the Police, Thurrock Council will continue to pursue prosecutions for perpetrators of this	Rory Patterson/ Andrew Carter

## Item 17 - Update on Motions agreed by the Council – 25 January 2017

			abuse; supporting national and international efforts to eliminate FGM.	
30/11/2016	Cllr Duffin	This Council supports the need to reduce and eliminate fuel poverty for Thurrock residents who struggle to heat their homes. Council requests that Cabinet investigate what options, including creating a fuel poverty grant that may exist for the Council to support the community by working with residents and providers.	Officers are considering the various opportunities and approaches and will bring a report to the Corporate Overview and Scrutiny Committee in the first instance.	Sean Clarke

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## **Motions Submitted to Council**

**In accordance with Chapter 2, Part 2 (Rule 15) of the Council's Constitution**

### **Motion 1**

#### **Submitted by Councillor Watkins**

That Thurrock Council supports the government's position on introducing an oath to British Values, and will look into the options for creating a local one for Thurrock.

#### **Monitoring Officer Comments:**

The notice of Motion relates to a matter which affects the Authority' or the Authority' area and relates to a matter in respect of which the Authority has a relevant function.

#### **Section 151 Officer Comments:**

There are no direct financial implications for Thurrock Council arising from this motion.

#### **Is the above motion within the remit of Council to approve?**

Yes

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## **Motions Submitted to Council**

**In accordance with Chapter 2, Part 2 (Rule 15) of the Council's Constitution**

### **Motion 2**

#### **Submitted by Councillor Gerrish**

Thurrock Council deplores the crisis in the NHS and the impact this is having on Thurrock residents. Council calls on Cabinet to use all powers and influence to apply pressure on Government and partners to ensure a resolution.

#### **Monitoring Officer Comments:**

The notice of Motion relates to a matter which affects the Authority' or the Authority' area and relates to a matter in respect of which the Authority has a relevant function.

#### **Section 151 Officer Comments:**

There are no direct financial implications for Thurrock Council arising from this motion.

#### **Is the above motion within the remit of Council to approve?**

Yes

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