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

Cabinet

The meeting will be held at **7.00 pm** on **12 October 2016**

Committee Rooms 2 & 3, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Robert Gledhill (Chair), Shane Hebb (Deputy Chair), Mark Coxshall, James Halden, Brian Little, Susan Little, Sue MacPherson, Deborah Stewart and Pauline Tolson

Agenda

Open to Public and Press

		Page
1	**Apologies for Absence**	
2	**Minutes**	**5 - 12**
	To approve as a correct record the minutes of Cabinet held on 7 September 2016	
3	**Items of Urgent Business**	
	To receive additional items that the Chair 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.	
4	**Declaration of Interests**	
5	**Statements by the Leader**	
6	**Briefings on Policy, Budget and Other Issues**	
6.1	**Quarter 1 Corporate Performance Report 2016/2017**	**13 - 28**
7	**Petitions submitted by Members of the Public**	
8	**Questions from Non-Executive Members**	

Queries regarding this Agenda or notification of apologies:

Please contact Kenna-Victoria Martin, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **4 October 2016**

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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?**

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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

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

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

Minutes of the Meeting of the Cabinet held on 7 September 2016 at 7.00 pm

The deadline for call-ins is Tuesday 20 September 2016 at 5.00 pm

Present:	Councillors Robert Gledhill (Chair), James Halden, Shane Hebb, Brian Little, Susan Little, Deborah Stewart and Pauline Tolson
Apologies:	Councillors Garry Hague (Deputy Chair) and Mark Coxshall
In attendance:	Lyn Carpenter, Chief Executive Steve Cox, Corporate Director of Environment and Place Sean Clark, Director of Finance & IT Roger Harris, Corporate Director of Adults, Housing and Health Ann Osola, Head of Highways & Transportation David Lawson, Deputy Head of Legal & Monitoring Officer Kenna-Victoria Martin, Senior Democratic Services Officer

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.

25. Minutes

The Minutes of Cabinet, held on 13 July 2016, were approved as a correct record.

26. Items of Urgent Business

There were no items of urgent business.

27. Declaration of Interests

There were no declarations of interest

28. Statements by the Leader

The Leader of the Council advised that last week saw the 100 days of the new administration. He further advised that feedback on the Clean It, Cut It, Fill It policy was currently in progress, although feedback on the 'Clean It' part of the policy was still awaited. Members were informed that 1500 acres of grassland had been cut to which the Leader compared this to the size of 3 Hyde Parks.

Councillor Gledhill continued to inform the Cabinet that 5000 road defects had been repaired, making a big difference to the Borough. He added that the Council had been working with Essex Police in relation to unlawful encampments, in some cases travellers were being moved on within hours

rather than days. The Leader stated that further provisions in wider Essex were to be put in place and he would update Cabinet accordingly.

He further mentioned that the Council were keeping the pressure on Anglian Water following the closure of Grays Beach. Cabinet were also informed of the Soup Event being held at the Beehive Centre on Friday (9 September).

Finally, the Leader advised that along with the current administration meeting its first 100 days, this week also saw the Chief Executive's first year at Thurrock Council. He thanked the Chief Executive for all of her work on behalf of the Borough and wished her many more years at Thurrock.

29. Petitions submitted by Members of the Public

There were no petitions submitted.

30. Questions from Non-Executive Members

The Leader of the Council advised that no questions had been submitted from Non-Executive Members.

31. Matters Referred to the Cabinet for Consideration by an Overview and Scrutiny Committee

The Leader of the Council informed Members that no matters had been referred to the Cabinet by an Overview and Scrutiny Committee.

32. Highways Maintenance Efficiency Programme – Asset Management and Recommendations for Improvement (Decision 01104379)

Councillor B. Little, Cabinet Member for Transport and Highways, presented the report informing Members of the findings and recommendations following a review of the Thurrock Highway Asset Management Strategy in accordance with the Government's Highways Maintenance Efficiency Programme (HMEP). Therefore the report was seeking cabinet's approval to adopt refreshed versions of Highways Maintenance Policies and Strategies for Thurrock.

He continued to explain that Thurrock Council, in its role as a Highway Authority, had a duty under the 1980 Highways Act to maintain its highway network to a reasonable standard in the interest of public safety. The Cabinet Member for Highways and Transportation highlighted that the refreshed versions of the Policy also took into account the Councils 'Clean It, Cut It, Fill It' campaign, which would allow improved journeys for all residents.

The Leader of the Council, queried the 17 recommendations mentioned within the report under Pothole Management Review, to establish if all recommendations had been implemented.

The Director for Environment and Place confirmed that all recommendations had been implemented to his knowledge, however he would clarify and confirm in writing to Cabinet Members.

Resolved that Cabinet:

1. **Approved the HMEP efficiency principles approach towards the highway infrastructure asset management; and**

2. **Endorsed the attached revised Highways Asset Management documents.**

Reason for Decision - as stated in the report
This decision is subject to call-in

33. Quarter 1 Revenue Budget Monitoring and Council Spending Review Update (Decision 01104380)

The Cabinet Member for Finance and Central Services provided an update for Cabinet Members explaining the forecast for 2016/2017 outturn position as of the end of June 2016 and summarised the main changes to the Medium Term Financial Strategy (MTFS) for the period 2017/2018 through to 2019/2020.

Members were advised following Full Council in February 2016, where Members agreed the General Fund budget for 2016/2017 as part of the MTFS and although no additional budget savings to front line services were proposed, the budget did include previously agreed savings of £3.3 million.

Councillor Hebb continued to advise his fellow Cabinet Members that within the report it highlighted pressures of £8.6 million which had been identified; this required mitigating actions to be identified for the balance of £4.1million after taking into consideration the £4.5m budgeted contingency.

He continued to talk Members through the report highlighting the following points:

- Legal Services had been set an additional saving of £200 thousand, to be able to achieve this officers were to offer greater commercial services;
- The MTFS presented to Council in February 2016 showed the budget gap over 3 years to 2020 as £18.4million;
- There was an assumed £2.5million savings as agreed for the next financial year it was also assumed a Council Tax increase of 3.99% in each year could also occur: and
- Officers were continuing to work with the Cabinet to find the balance of £158 thousand to support the Clean It, Cut It, Fill It campaign as this was still in the pilot stage.

The Cabinet Member for Finance and Central Services mentioned Officers were continuing to undertake a review of the Councils finances, with the

intention to carry out a review of services every 3 years to enable a zero based budget.

Councillor S. Little thanked Councillor Hebb for the comprehensive report and stated that her main concern as the Cabinet Member for Children's and Adults' Social Care was that every child in the Borough was safe.

The Leader of the Council commented that the table within the report highlighted pressures of £8.6million, he sought clarification from the Cabinet Member for Finance and Central Services as to whether this was as a result of the previous administration not having a zero based budget at the end of 2015/2016.

Councillor Hebb explained that the £8.6million overspend was from 2015/2016, which was inherited from the previous administration with £5.6million overspend being from Children's Services, however he commented that the current Portfolio Holder had offered the reassurance that she was working very closely with officers.

During discussions regarding to Children's Services it was agreed that Councillor S .Little would provide a weekly update to the Leader of the Council in relation to how funds within the Service were being spent.

Councillor Halden left the meeting at 7.30pm

The Cabinet Member for Children's and Adults Social Care further stated that one third of Thurrock's Children were being fostered outside of the Borough.

Councillor Halden returned to the meeting at 7.35pm

Resolved:

1. **That Cabinet noted the forecast outturn position for 2016/17 and agreed that £1.125 million of the growth allocation be vired to Adults, Housing and Health in line with the Adult Social Care Precept;**
2. **That Cabinet agreed the funding of £0.260 million for the Clean it, Cut it, Fill it pilot;**
3. **That Cabinet noted the revised MTFS position, including any adjustments for an increase to the General Fund Balance;**
4. **That officers bring forward savings in excess of the MTFS forecast deficit to give Members choice around further investment initiatives, such as the Clean It, Cut It, Fill It initiative of Summer 2016; and**
5. **That Cabinet agreed the Council Spending Review approach and timetable.**

Reason for Decision - as stated in the report
This decision is subject to call-in

34. 2016/2017 Capital Monitoring Report – Quarter 1 (Decision 01104381)

Councillor Hebb introduced his report and in doing do notified Members that the Capital Programme 2016/2017 was agreed at February Full Council. Since April 2016, additional funding had been added to the programme, including funding from prudential borrowing and other grants. In addition, budgets carried forward from 2015/2016 had also been included to the programme.

It was explained there were two specific categories within Capital schemes and resources these were:

- Mainstream schemes - capital expenditure which was funded by prudential (unsupported) borrowing; and
- Specific schemes – capital expenditure which was funded by external funding sources, such as government grants

The Cabinet Member for Finance and Central Services stated that the Performance Indicator Target was 10%, at present the total amount spent on the Capital Programme was £6.56 million worked out to 8.6% of the budgeted spend against the performance indicator of 10%. He further stated that, when considering payments due but not yet paid, he was confident the Council had met the 10% target.

Councillor Hebb mentioned the report reflected changes and set out the latest forecasted outturn position and a detailed summary of the current position on the School Capital Programme.

Councillor Halden thanked the Cabinet Member for his report; he stated that along with the Director for Children's Services he had met with the Department for Education and the Education Funding Agency.

He continued to mention that the demand for pupil places had increased significantly, with a large increase in 'in year' admissions from families moving into the Borough.

Resolved that Cabinet:

1. Noted the General Fund capital programme was projected to have available resources of £6.094 million as at 31 March 2017 with this funding carried forward to 2017/18 to fund schemes currently in progress or under development;

2 Noted the Housing Revenue Account capital programme was projected to have no unused resources in 2016/17; and

3 Was fully appraised on the current School Capital Programme Schemes for 2016/17.

Reason for Decision - as stated in the report
This decision is subject to call-in

35. Treasury Management Outturn 2015/2016 (Decision 01104382)

The Cabinet Member for Finance and Central Services presented the report which outlined the revised CIPFA Prudential Code which required that a Treasury Management Outturn report was produced after the financial year end.

Members were notified the Council had made net savings against the General Fund budget of £3.8 million and net savings against the HRA budget of £1.1million which had supported the delivery of a balanced budget in 2015/2016.

Councillor Hebb advised Cabinet that Council had an underlying need to borrow known as the Capital Financing Requirement (CFR). He further stated that generally the Council's long term borrowing should not exceed the CFR.

In addition the Cabinet Member highlighted the trend in interest rate movements showing the Council's average borrowing rate had fallen from 5.15% in 2008/2009 to 1.48% in 2015/2016.

Resolved:

In line with the Treasury Management Policy Statement approved by Council on 12 February 2015 and the CIPFA Code of Practice, the Cabinet were asked to comment on the borrowing and investment performance for 2015/2016.

Reason for Decision - as stated in the report
This decision is subject to call-in

36. The Award of Better Care Fund Contracts for Community Health Care Services (Decision 01104383)

Councillor S. Little, Cabinet Member for Children's and Adults Social Care, informed Members that at Cabinet on the 9 March 2016 it had approved the Better Care Fund Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group. The Agreement allowed the creation of a pooled fund, to be operated in line with the terms of the Agreement, to promote the integration of care and support services.

She continued by explaining the Council was to be the 'host' organisation for the pooled fund, which meant that it would need to enter into contracts with providers of Community Health Services. Due to the lateness of approval from NHS England, Cabinet were being asked to approve to waive the requirement for a competitive procurement and to award the contracts for these services in line with the Section 75 Agreement and the decision made on 9 March 2016.

Councillor Halden stated that he supported the waiver and felt it was a good proposal as the Council would have to work speedily with Health partners such as the CCG and other officials.

The Leader of the Council commented that he felt the reasons for the waive were valid and fully supported the Council being the host organisation.

Councillor S. Little thanked her fellow Members for their comments and further advised being the host organisation allowed the Council to carry out its own audit on the funds.

Resolved:

1. **That Cabinet approved the award of Better Care Fund contracts for Community Health Care Services; and**
2. **That the requirement in the Council's Constitution for competitive tendering be waived, to allow for a negotiated procurement procedure without prior publication.**

Reason for Decision - as stated in the report
This decision is subject to call-in

The meeting finished at 7.55 pm

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

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12 October 2016	ITEM: 6.1
Cabinet	
Quarter 1 Corporate Performance Report 2016/2017	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Councillor Deborah Stewart, Cabinet Member for Performance and Central Services	
Accountable Head of Service: Karen Wheeler, Head of Strategy, Communications & Customer Services	
Accountable Director: Jackie Hinchliffe, Director of HR, OD & Transformation	
This report is public	

Executive Summary

The Corporate Plan 2016/17 outlines the focus areas for service delivery during this year. This is currently based on the existing vision and corporate priorities which will be refreshed during the year. The plan is supported by the Corporate KPI (Key Performance Indicator) Framework which details the statistical evidence the council will use to monitor the progress and performance against those priority activities.

This report provides a progress update in relation to the performance of those KPIs.

This report also provides Cabinet with a briefing on how services use benchmarking information as requested at the meeting of the committee in June 2016.

This report was considered by Corporate Overview and Scrutiny on 20 September 2016.

1. Recommendation(s)

1.1 To note and comment upon the performance of the key corporate performance indicators in particular those areas which are IN FOCUS

1.2 To identify any areas which require additional consideration

2. Introduction and Background

2.1 The key corporate plan activities for the year ahead mapped against the priorities were agreed by Cabinet in July 2016. The performance of those priority activities will be monitored through the Corporate KPI (Key Performance Indicator) framework. This report provides a progress update in relation to the performance of those KPIs. The data is included in Appendix 1 and the areas for focusing upon this quarter are detailed in section 3.3.

2.2 There will be a full and thorough review of existing KPIs and other performance tools in 2016 keeping in line with recommendations made by Corporate Overview and Scrutiny in 2015/16.

2.3 This review will also take into account feedback and intelligence the council receives from residents. During the Autumn, a resident survey will take place to ensure our communities are given the opportunity to express their views about what is important to them and their feelings about services and the borough.

2.4 As part of the review the council will also be looking at the trends in other forms of feedback received including complaints and customer service requests.

2.5 There is a great deal of analysis done on the volume and issues relating to complaints received by the council. In 2015/16 the top five expressions of dissatisfaction related to housing repairs, missed bins, estate management, council tax and housing solutions. The Corporate Complaints team work with services to establish the root cause for concerns/ complaints received, reasons for complaint escalation and reasons why complaints are upheld and work hard to learn from those complaints.

2.6 Similar to complaints, the Customer Services team do extensive monitoring of the calls that come into the council to see which areas are receiving the highest volumes. Not only is monitoring done on a monthly basis, but daily reports are run and there is also real-time monitoring to ensure demand can be met and issues can be picked up at the earliest opportunity. The service also operates trackers, records comments and monitors customer satisfaction. As an example, in June 2016 alone the Contact Centre received over 36,000 calls. The top five areas (not including switchboard) were queries about council tax, benefits, rents, housing registrations and environment services.

3.1 Issues, Options and Analysis of Options

3.1.1 The Corporate KPI Framework for 2016/17 combines the corporate KPI scorecard with other key service demand indicators. This provides a mixture of strategic and operational indicators.

3.1.2 However, in 2016/17, with the demand for council services increasing and being ever more complicated, a more holistic approach to monitoring data and intelligence will be utilised. This will include scrutiny of the workflow and demand in front line services at the highest level. There will also be increased analysis of internal processes at service level by Directors.

3.1.3 Although overall the volume of draft KPIs has increased from previous years, not all of these indicators will be reported to members each time. The main focus of the monitoring reports will continue to be those indicators which directly monitor the delivery of the corporate priorities, with other indicators being escalated to members on an exception basis. This approach will ensure the mixture of data being monitored is most useful and provides proper intelligence for business decision making.

3.1.4 From 2016/17 the reports no longer categorise KPI performance as Red, Amber or Green (RAG status). Instead there is a simplified Achieved or Failed i.e. performance which is worse than target, regardless of the margin, will have “failed”.

3.2 Summary of Corporate KPI Performance

Performance against target		**Direction of Travel compared to 2015/16**	
Quarter 1		↑ BETTER	45.84%
Achieved	**52.08%**	➔ Static	8.33%
Failed	**25%**	↓ WORSE	29.17%
Not available for comparison	**22.92%**	Not available for comparison	16.68%

*22.92% (11) indicators were not able to be categorised as Achieved or Failed as either do not have targets set, usually because they are demand monitors rather than traditional performance indicators, or because the data for Quarter 1 was not available. 16.68% (8) indicators were not able to be given a direction of travel as either there they are new indicators and trend analysis is not available, or because the data for Quarter 1 was not available.

3.3 Focus Areas for Quarter 1

Each quarter, this report will focus on a few key performance highlights and challenges. This quarter there are three focus areas requiring improvement and one area – planning – where performance has excelled.

Focus 1					
KPI	a) % of Major planning applications processed within target b) % of Minor planning applications processed within target				
Portfolio	Regeneration				
Directorate	Environment & Place	Service	Planning & Growth		
Performance	**a) 100%** **b) 100%**	Quarter 1 Target:	**a) 75%** **b) 88%**	**ACHIEVED**	

The performance of this team is highlighted as it has achieved 100% performance for both of these indicators consistently throughout the year so far.

This performance is instrumental in driving growth and investment in Thurrock, with timely decision making being a key concern for developers and investors. In 2016, the council has seen a significant 25% increase in planning applications (much higher than in the rest of South Essex), which signals strong development interest in Thurrock and real confidence in the planning service. This also has a positive effect on income generation. In addition, the team's performance provides credibility and gives confidence to other authorities who are looking for assistance in delivering their own services and has led to profitable trading opportunities.

(Commentary agreed by Steve Cox)

Focus 2				
KPI	% of refuse bins emptied on correct day (No of missed bins per 100,000)			
Portfolio	Environment			
Directorate	Environment & Place	Service	Environment	
Performance	**97.2%** (Average 2,792 missed bins per 100,000 per month)	Quarter 1 Target:	**98.5%**	**FAILED**

These figures are high this quarter due to May collection rates only being at 95%. With both of the Bank Holidays in May many residents had not seen the notification that waste collection crews would be working on the Bank Holiday Mondays and so did not present their bins for collection. Consequently, the following week, crews were faced with side waste to clear, resulting in rounds taking longer than usual. In many instances crews were not able to clear waste from all roads in their rounds. This had a knock on effect and was compounded by increases in the volumes of garden waste. The team will continue to review how best to ensure that notifications are seen.

From September, the service is running an additional crew three times a week to ensure that all kitchen and garden waste collections are completed as scheduled.

Some issues causing the missed collections are due to unbalanced rounds. There is a

longer term project ongoing within the team to review and re-balance the rounds and ways of working. It is intended that new rounds will be issued early next year.

The round structure is linked to the re-procurement of the disposal contracts and the procurement of new waste vehicles. Issues have also arisen over the past few months due to vehicle unreliability – the collection vehicles are close to end of life and a procurement strategy is in place. There can be a significant lead time for the delivery of refuse trucks.

As part of wider council programmes, a full review of the service and service delivery is being undertaken and will be completed in the next six weeks. The output will be a time-scaled action plan.

(Commentary agreed by Steve Cox)

Focus 3				
KPI	% of older people still at home 91 days after discharge from hospital			
Portfolio	Adult Social Care			
Directorate	Adults, Housing and Health	Service	Adult Social Care	
Performance	**83.2%**	Quarter 1 Target**:**	**90.9%**	**FAILED**

In Quarter 1 there were a total of 131 older people (65+) discharged from hospital into reablement/ rehabilitation. Of these, 109 were still at home 91 days later which equates to 83.2%. This is below our target of 90.9% for 2016/17 and also falls short of our 2015/16 outturn of 90.85%.

Due to the local domiciliary care crisis additional pressure has been put upon the Joint Re-ablement Team (JRT) within the last year. This pressure has resulted in over 1,800 hours per week being brought back in house and an internal team, Thurrock Care at Home, being created. As JRT is the council's provider of last resort, the team respond to emergency referrals following hospital discharges and preventing premature admissions to hospital or residential care.

Staffing issues within the re-ablement team have affected care delivery and the ability to perform true re-ablement. The team has been unable to recruit care staff, therapists and medical professionals not only for substantive posts, but also through the council's matrix system. In addition the population is ageing and becoming more frail, the level of support that is being delivered within the community is becoming more complex. This increase in demand and complexity and decrease in staffing levels may have contributed to the underperformance of this indicator, while the team are prioritising high risk clients.

Furthermore, Care Quality Commission (CQC) inspected the JRT in May and has issued the service with a warning notice following a "requires improvement" rating. A current action plan is in place to address the issues highlighted to improve the quality of the service.

(Commentary agreed by Roger Harris)

Focus 4				
KPI	Number of new apprenticeships within the council			
Portfolio	Education			
Directorate	Children's Services	Service	Learning & Skills	
Performance	**4**	Quarter 1 Target**:**	**15**	**FAILED**

As of end June, there were 45 apprentices in post from a diverse range of teams, which included four new apprentices who have started since April 2016.

Although the number of new apprentices is not currently meeting the in-year target there are a number in the recruitment process, including a further 30 young people who are in initial discussions with various teams around the council. It is likely that the current activity will not increase numbers sufficiently to meet the mid-year target, however, the service do anticipate that the cohort will be on track by the end of Quarter 3 (December).

The Employability & Skills team provide support to the apprentice/manager to enable successful completion and, in some cases, progression to a Level 3 qualification.

Work has also begun on identifying the support required and impact of the Apprenticeship Levy, including officers from a number of services across the council. Officers are also looking at the possibility of establishing our own dedicated apprenticeship training centre which would enable the council to have more control over the way the Apprenticeship Levy is spent. This is all part of a wider review taking place on our support to apprentices.

(Commentary agreed by Rory Patterson)

3.4 The full summary of Corporate Scorecard KPI performance is set out below:

Corporate Priority	No. of KPIs	Performance against Target			Direction of Travel since 2015/16			
		No. of KPIs unavailable for comparison **(n/a)**	ACHIEVED	FAILED	*No. of KPIs unavailable for comparison* ***(n/a)***	Better ↑	In line →	Worse ↓
Create a great place for learning and opportunity	**11**	4	5	2	2	4	1	4
Encourage and promote job creation and economic prosperity	**5**	1	3	1	2	3	0	0
Build pride, responsibility and respect	**4**	1	1	2	3	0	0	1
Improve health and well-being	**11**	2	6	3	0	7	0	4
Promote and protect our clean and green environment	**7**	3	2	2	1	0	2	4
Well-run organisation	**10**	0	8	2	0	8	1	1
TOTAL	**48**	**11**	**25**	**12**	**8**	**22**	**4**	**14**
		% unavailable for comparison	% achieved target	% failed to meet target	% unavailable for DOT comparison	% better than 2015/16	% same as 2015/16	% worse than 2015/16
		22.92%	**52.08%**	**25%**	**16.68%**	**45.84%**	**8.33%**	**29.17%**

3.5 Benchmarking

At the meeting of the Corporate Overview & Scrutiny Committee on 21 June 2016, a number of members asked for clarification on how the organisation compares itself with others. This information has also been included below for Cabinet members.

3.5.1 Ever since the National Indicator Dataset was revoked in 2010 benchmarking has become more difficult. Whilst many authorities retained some useful KPIs, (eg sickness absence, invoice payment, planning turnaround), often the definitions were altered locally which prevents "like-for-like" comparison. Similarly, the localisation agenda means councils have different local priorities - performance in Authority A where that function is a top priority compared to Authority B where the service is not a priority and therefore budget efficiencies have impacted service delivery.

3.5.2 However, despite the above limitations, comparing performance with others is still a useful piece of intelligence when setting targets, alongside trend data from previous years Wherever appropriate, services aim to continually improve on the previous year's performance, however, this is also influenced by any changes to the financial situation and local priorities of the service.

3.5.3 There are some "free" benchmarking tools available, such as LG Inform, however the data in this is often several months or years out of date and is restricted by the number of indicators included. Some organisations and professional associations offer benchmarking groups by subscription, but budgets for these are often surrendered as efficiency savings. Therefore the field from which to benchmark changes and reduces each year.

3.5.4 In response to this, Performance Board agreed that services should use their own networks to benchmark in whatever way was most appropriate and effective for them. The current position is summarised below in 3.5.6.

3.5.5 The most common groupings of authorities which services use to compare and benchmark against are all England authorities, unitaries, the eastern region and CIPFA nearest neighbour. The CIPFA nearest neighbour model is a statistical model, which takes into account a number of characteristics of an authority area including social, economic, geographical size, population, type of authority etc. The latest model shows Thurrock to be nearest statistical neighbours with the following authorities:

Milton Keynes	Trafford	Bedford
Swindon	Telford & Wrekin	Derby
Peterborough	Medway	Coventry
Reading	Bolton	Rochdale
Warrington	Stockton-on-Tees	Calderdale

3.6 Service level benchmarking arrangements

3.6.1 **Planning**

The Planning team benchmark using the Planning Advisory Service (PAS) Planning Quality Framework. This allows a choice of which authorities to compare with but is dependent on who else is in that benchmarking club. Wherever possible, planning will benchmark against other unitary authorities, however the number of authorities subscribed to the benchmarking group is dwindling and there is the possibility that the group will cease in the future as PAS has seen its funding cut.

Planning are able to compare planning performance on some key indicators via the statistics published nationally by DCLG.

3.6.2 **Environment**

The Environment team use APSE Performance Networks who generate a "family group". A family group is similar to the CIPFA Nearest Statistical Neighbours classification whereby authorities with similar characteristics in relation to the specific service being benchmarked are grouped together. This means that the family group for waste will be different to that for fleet services for instance. Environment also use Keep Britain Tidy who provide a benchmark figure for the street cleanliness performance indicator, compared to a national score.

For waste indicators, the DEFRA Waste Data Flow database enables the team to compare against data from a range of groups (all England, Eastern Region, Unitaries etc.)

3.6.3 **Housing**

Housing no longer uses a benchmarking service having ceased membership in 2013 as a cost saving measure. Therefore comparing delivery and data is done as required as part of service reviews, via other networks, with varying response success.

3.6.4 **Adult Social Care**

Most of our comparative data for Adult Social Care is done via the Adult Social Care Outcomes Framework. ASCOF is a national data return and therefore the service are able to compare against a number of different groups including All England, regional or indeed any individual authority/group of authorities.

3.6.5 **Public Health**

The majority of comparative Public Health data can be benchmarked via the Public Health Outcomes Framework, which enables comparison against a number of different groups. Often the benchmarking is performed against the national average or the CIPFA nearest neighbours; however certain indicators have other preferred comparators – drug and alcohol treatment indicators are often benchmarked against their DAT Families group, whilst healthcare indicators available at CCG level often compare to their "Similar 10" group of most demographically similar CCGs.

3.6.6 **Children's Services**
Children's Social Care are a member of various Eastern Region performance and quality assurance benchmarking groups to monitor general social care performance in the region. They are also a member of the CIPFA Children Looked After Benchmarking Club used to compare the spend on looked after children.

Children's Education and Social Care use comparative data from statistical releases and performance tables provided by the Department for Education. Comparisons are at England authority, statistical neighbour and local neighbour levels.

3.6.7 **Central Services**
Several of the finance related services use the CIPFA Nearest Neighbour model to benchmark. HR OD use data from Xperthr and EELGA for general policy benchmarking and policy queries and the CIPD Simply Health annual report for sickness absence comparison.

3.6.8 **Highways and Transportation**
The service uses HMEP (Highways Maintenance Efficiency Programme) for benchmarking and performance comparisons.

4. Reasons for Recommendation

4.1 The Corporate Plan and associated performance framework are fundamental to articulating what the council is aiming to achieve and how. It is best practice to report on the performance of the council. It shows effective levels of governance and transparency and showcases strong performance as well as an acknowledgement of where we need to improve.

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

5.1 The original vision and corporate priorities were extensively consulted upon with residents, community and voluntary sectors and other partners.

5.2 Performance monitoring reports are considered on a quarterly basis by Corporate Overview and Scrutiny Committee and where there are specific issues relevant to other committees these are further circulated as appropriate. Corporate Overview & Scrutiny Committee considered this report at their meeting on 20 September 2016.

5.3 Corporate Overview and Scrutiny on 21 June were invited to comment on the draft Corporate Plan and KPIs for 2016/17 ahead of consideration by Cabinet and a full review in 2016. The committee felt that the Corporate

Plan was robust and welcomed the change to monitoring progress against KPI targets with the introduction of Achieved and Failed making it clearer.

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

6.1 The Corporate Plan and associated performance framework are fundamental to articulating what the council is aiming to achieve and how. The vision and priorities cascade into every bit of the council and further to our partners, through key strategies, service plans, team plans and individual objectives.

6.2 This report will help decision makers and other interested parties, form a view of the success of the council's actions in meeting its political and community priority ambitions.

7. Implications

7.1 Financial

Implications verified by: **Laura Last**
Senior Finance Officer, Management Accounts

The report provides an update on performance against corporate priorities. There are financial KPIs within the corporate scorecard, the performance of which are included in the appendix to the report.

The council continues to operate in a challenging financial environment, therefore, where there are issues of underperformance, any recovery planning commissioned by the council may entail future financial implications, and will need to be considered as appropriate.

7.2 Legal

Implications verified by: **David Lawson**

Monitoring Officer & Deputy Head of Law & Governance

There are no direct legal implications arising from this report. However, where there are issues of underperformance, any recovery planning commissioned by the council or associated individual priority projects may have legal implications, and as such will need to be addressed separately as decisions relating to those specific activities are considered.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**
Community Development Officer

The Corporate Plan and KPI Framework for 2016/17 contain measures that help determine the level of progress with meeting wider diversity and equality ambitions, including youth employment and attainment, independent living, vulnerable adults, volunteering etc. Individual commentary will be given throughout the year within the regular monitoring reports regarding progress and actions.

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

The Corporate Plan includes areas which affect a wide variety of issues, including those noted above. Where applicable these are covered in the appendix.

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): N/A

9. Appendices to the report

- Appendix 1 – Quarter 1 Corporate Performance Report 2016/2017

Report Author: Sarah Welton, Strategy & Performance Officer

KPIs	Directorate	2014/15 Outturn	2015/16 Outturn	Benchmark / Baseline	Apr-16	May-16	Jun-16	Qtr1 YTD	Qtr 1 Target	2016/17 Target	Qtr 1 DOT (since last year)	Qtr 1 Year end Projection (where available)	Qtr 1 Achieved or Failed
% of primary schools judged “good” or better	Children's	76.5	75.7	87				86.5	80	80	Better	n/a	Achieved
% of 16-19 yr old Not in Education, Employment or Training	Children's	5.5	5.2	5	5.4	5.5	5.6		5.9	5	Better	n/a	Achieved
Number of places accessed for two year olds for early years education in the borough	Children's	720	665	743				700	687	74% of DWP total* (changes each term)	Better	n/a	Achieved
Average time (in days) for a child to be adopted (3 year average)	Children's	625	601	n/a				536	575	500	Better	n/a	Achieved
% of Major planning applications processed in 13 weeks	E&P - Planning	84	84.58	n/a	100	100	100	100	75	75	Better	100	Achieved
% of Minor planning applications processed in 8 weeks	E&P - Planning	88.3	92.9	n/a	100	100	100	100	88	88	Better	100	Achieved
Permanent admissions to residential/nursing homes per 100K pop’n (18+)	AHH - Adults	133	134	163				35	40	163	Better	140	Achieved
% General Satisfaction of tenants with neighbourhoods/services provided by Housing	AHH - Housing	70	70%	n/a	74	73	76	73	72	72%	Better	73	Achieved
No of homes transformed (NB target is given as a % of total stock as the actual figure changes as stock levels change)	AHH - Housing	n/a	58% (5838)	60 per month	192	132	111	435 (6273)	180	65% of all stock by year end	Better	7200	Achieved
% of repairs completed within target	AHH - Housing	n/a	95 (March in month)	85	98	98	97	98	85	85	Better	98	Achieved
Average time taken to complete an emergency repair (in days)	AHH - Housing	n/a	0.29	n/a	0.19	0.19	0.14	0.17	0.2	0.2	Better	0.18	Achieved
% Rent collected	AHH - Housing	99.44	99.64%	99.64	77.9	90.39	93.3		89	99.00%	Better	99	Achieved
Overall spend to budget on HRA (£K variance)	Finance & IT	-2485	900	n/a	n/a	n/a	0	0	0	0	Better	0	Achieved
% Council Tax collected	Finance & IT	98.71	98.58	n/a	10.72	19.54	28.29		28.21	98.9	Better	on target	Achieved
% National Non-Domestic Rates (NNDR) collected	Finance & IT	99.68	99.8	n/a	11.73	20.85	29.93		29.76	99.3	Better	on target	Achieved
Average sickness absence days per FTE	HROD - sickness	9.87	9.69	8.99	0.74	0.8	0.68	2.22	2.25	9	Better	8.88	Achieved
No of people registered for My Account	HROD - transformation	n/a	31561	n/a				36035	35000	45000	Better	on target	Achieved
% timeliness of response to all complaints (all services except social care)	HROD - complaints	98.3	98.1	n/a	99	99	98	99	98	98	Better	n/a	Achieved
Street Cleanliness - a) Litter	E&P - ENV	1.83	3%	6.47%				3.48	4% (Smaller is better)	4% (Smaller is better)	Static	n/a	Achieved
Street Cleanliness - c) Graffiti	E&P - ENV	0.5	0%	1.52%				0.83	2% (Smaller is better)	2% (Smaller is better)	Static	n/a	Achieved
Overall spend to budget on General Fund (£K variance)	Finance & IT	0	0	n/a	0	0	0		0	0	Static	0	Achieved
No of business engaged through Council programmes (Quarterly)	E&P - Regen	n/a	n/a	n/a				133	125	500	n/a	n/a	Achieved
Number of people supported by a Local Area Coordinator (LAC)	AHH - PH	n/a	n/a	n/a				359	162.5	650 by year end	n/a	n/a	Achieved
% Early Offer of Help Episodes completed within 12 months	Children's	n/a	97.2	n/a				96	95	95	Worse	n/a	Achieved
No of carers who are in receipt of SDS as a % of all carers receiving a service from Adult Social Care Self-Directed Support - % of adult social care carers in receipt of SDS	AHH - Adults	8.9%	94.4%	77.40%	90.9%	92.3%	92.30%	92.30%	50%	50%	Worse	n/a	Achieved

Appendix 1: Corporate Performance KPIs Quarter 1 2016/17

KPIs	Directorate	2014/15 Outturn	2015/16 Outturn	Benchmark / Baseline	Apr-16	May-16	Jun-16	Qtr1 YTD	Qtr 1 Target	2016/17 Target	Qtr 1 DOT (since last year)	Qtr 1 Year end Projection (where available)	Qtr 1 Achieved or Failed
Unemployment rate (data from ONS/NOMIS) (in arrears)	E&P - Regen	7.3	5.60%	3.9% (regional average)				5.30%	3.9 (regional average)	regional average	Better	n/a	Failed
% of complaints upheld (all services except social care) (based on closed complaints)	HROD - complaints	n/a	50	n/a	66	42	36	46	40	40	Better	n/a	Failed
Number of “exchanges" carried out through time-banking (in hours)	AHH - Comm Dev	n/a	n/a	n/a				2,408	2,500	11,000	n/a	n/a	Failed
Number of volunteers active in roles within the council	AHH - Comm Dev	250	251	n/a				232	250	250	Worse	250	Failed
Self-Directed Support - % adult social care users in receipt of SDS	AHH - Adults	72%	75%	83.70%	74.49	74.47	74.63		80%	80%	Worse	n/a	Failed
% older people still at home 91 days after discharge	AHH - Adults	86.60%	90.85%	82.10%				83.2	90.9%	90.9%	Worse	n/a	Failed
Average time to turnaround/re-let voids (in days)	AHH - Housing	31.5	36	n/a	23	32	40		33	33	Worse	33	Failed
% Household waste reused/ recycled/ composted	E&P - ENV	40.38	39%	42% (Unitary Authorities)	39	46	50	45	47	41%	Worse	n/a	Failed
% of refuse bins emptied on correct day	E&P - ENV	99	98.50%	n/a	99.10%	95.30%	97.30%	97.2	98.5	98.50%	Worse	n/a	Failed
% overall spend on Capital Programme budget	Finance & IT	90	90	n/a				8	10	90	Worse	on target	Failed
Number of places available for two year olds to access early years education in the borough	Children's	1083	1307	929				1094	1200	1200	Worse	n/a	Failed
No of new apprenticeships within the council	Children's	65	55	65	2	0	2	4	15	60	Worse	n/a	Failed
Number of households at risk of homelessness approaching the Council for assistance	AHH - Housing	2724	2,944	average 245 per month	238	243	244	725	No target	No target	Better	2900	n/a
No of homeless cases accepted	AHH - Housing	n/a	222	average 19 per month	18	7	20	45	No target	No target	Better	180	n/a
Rate of Children subject to Child Protect Plan	Children's	52	71	36	73	77	75		no target	no target	Worse	n/a	n/a
Rate of Looked After Children	Children's	72	85	57	84	85	84		no target	no target	Static	n/a	n/a
% of 17-21 yr old Care Leavers in Education, Employment or Training	Children's	n/a	52.8	TBC	Data	cleansing	in progress		70	70	n/a	n/a	n/a
No of jobs created through Council programmes (quarterly)	E&P - Regen	n/a	n/a	n/a				0	Profile to be agreed	35	n/a	n/a	n/a
No of people killed or seriously injured in road traffic accidents (yearly average taken over a rolling 3 years)	E&P - H&T	awaiting data from Essex	awaiting data from Essex	awaiting data from Essex				awaiting data from Essex	no target	no target	TBC	n/a	n/a
No of incidents of Fly tipping reported	E&P - Residents	n/a	2504	2504	273	238	269	780	560 Baseline	2250 Baseline	Worse	n/a	n/a
No of incidents of Abandoned vehicles reported	E&P - Residents	n/a	1028	1028	115	105	158	378	230 Baseline	930 Baseline	Worse	n/a	n/a
% of young people who reoffend after a previously recorded offence	Children's	37	29	38 (National average)				Qtr in arrears	30	30	n/a	n/a	Qtr in arrears
% of potholes repaired within policy and agreed timeframe	E&P - H&T	n/a	n/a	n/a - new methodology	available from Qtr 2	available from Qtr 2	available from Qtr 2		n/a	100%	available from Qtr 2	n/a	available from Qtr 2

KPI name	Qtr 1 Status	Commentary
Unemployment rate (data from ONS/NOMIS) (in arrears)	Failed	This data is produced by the Office of National Statistics and does not come under the direct control of the council. However, as it is such an important determinant of the health and wealth of the borough, it is included in the corporate scorecard for monitoring. The baseline target set is to be in line with regional average, and although it is has not reached those levels, it is better than the previous quarter.
% of complaints upheld (all services except social care) (based on closed complaints)	Failed	A new process has been implemented to ensure learning actions plans are completed by Service Areas to drive down the % of upheld complaints
Number of "exchanges" carried out through time-banking (in hours)	Failed	Although this is below the profiled target currently, engagement traditionally increases significantly during the summer and autumn months. Therefore this will kept under review with our partners, Ngage, who administer the TimeBank database
Number of volunteers active in roles within the council	Failed	We usually experience a dip in volunteer figures in Q1 which then picks up throughout the rest of the year (hence why our target is usually lower to begin with and then gets up to 250 by the end of q4). During Q1 we contact all volunteers and volunteer managers ahead of National Volunteers' Week and the mid-year review survey, this identifies a number of volunteers that are no longer with us. In July and August the libraries have the Summer Reading Challenge which see's volunteer figures increasing during Q2. Although at the end of Q1 the number of active volunteers was 232 there were a total of 272 individuals that volunteered with us at some point during that period. We held a successful Volunteers' Week event in June in partnership with ngage which highlighted the fantastic support that the volunteers give to us. All Thurrock Council Volunteers were given a certificate of appreciation signed by the Mayor.
Self-Directed Support - % adult social care users in receipt of SDS	Failed	As at end of Quarter 1 we have 809 of 1084 service users receiving their support via self-directed support (300 via a Direct Payment, 1 via an individualised service fund and the remaining 508 via a personalised budget). This equates to 74.63%. Our target for 16/17 is 80%. We would need to provide an additional 59 of our current service users with a DP or PB in order to achieve this target. Whilst work is being progressed by the Commissioners to increase the use of direct payment, i.e. market review, living well at home pilot, it is likely any benefits will not be realised within this reporting year. We are therefore going to investigate further the option of offering transport services via a PB or DP. There are currently 88 individuals in receipt of transport who are not already counting positively in this indicator (due to receiving a PB or DP in addition to that transport service). This would equate to 82.74% if all of these were converted to a DP/PB.
% older people still at home 91 days after discharge	Failed	See covering report - IN FOCUS
Average time to turnaround/re-let voids (in days)	Failed	Average re-letting was on track as profiled in April and May. June's performance saw an unusual increase in re-letting time, this is primarily attributed to the unexpected large number of properties becoming void at once (47 new voids on 15/May/2016) as a result of letting over fifty new build properties (the Echoes) whereby a large number of lets were made to current tenants. The team expects to return to the normal profiled performance in the next two months.
% Household waste reused/ recycled/ composted	Failed	Although the in month recycling rate hit the target profile, there is still away to go to catch up on earlier months. Therefore the service are predicting at this early stage to be on or slightly below the 41% target by year end. Action Plan continues, alongside the wider review of the service.
% of refuse bins emptied on correct day	Failed	See covering report - IN FOCUS
% overall spend on Capital Programme budget	Failed	As reported to Cabinet in September, the value of capital work completed reached the target, but the council was awaiting invoices for the work completed to be received, and as such the figure actual spend did not reach the 10% target. This continues to be monitored closely.
Number of places available for two year olds to access early years education in the borough	Failed	Traditionally it is difficult for families to access childcare placements during summer term as there are fewer vacancies available than any other time of the year. At the end of the spring term, a total of 158 children moved on from two year funding, but instead of a dip in numbers as in the previous year, take up increased to 700. There were also 10 additional children accessing placements via the MAG panel under our local criteria. There has been an increase in the number of children who can potentially access the two year entitlement for a full three terms from 89 this time last year to 153 this term. One of the challenges we have faced is families opting not to take up funding because they feel their children are too young, very often only accessing a placement during the last term it is available. This increase is a positive development and can only support good outcomes for our two year olds.
No of new apprenticeships within the council	Failed	See covering report - IN FOCUS

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12 October 2016	ITEM: 10 Decision: 01104384
Cabinet	
Twenty-First Century Wellbeing Services for Children and Young People	
Wards and communities affected: All wards	**Key Decision:** Key
Report of: Councillor James Halden, Cabinet Member for Education and Health	
Accountable Head of Service: Tim Elwell-Sutton, Consultant in Public Health Roger Edwardson, Interim Strategic Lead For School Improvement Andrew Carter, Head of Children's Social Care	
Accountable Director: Ian Wake, Director of Public Health Rory Patterson, Corporate Director of Children's Services	
This report is Public	

Executive Summary

This report outlines a modern children's centre provision, which integrates specialist health, education and social care services so that holistic wrap around care can be provided for children and young people. The new model moves beyond the traditional approaches to service delivery, and provides a more focussed and targeted approached to improving child health and wellbeing. At present, a range of overlapping health and wellbeing services is provided for this age group including: Children's Centres, health visiting, school nursing, and the Early Offer of Help. Coordination between these services is not as effective as they could be and commissioning arrangements are complex, involving Children's Services, Public Health and the CCG.

By integrating commissioning and redesigning existing services to create a more accessible offer to families, we will strengthen our capacity to identify and meet the health needs of the most vulnerable children and young people in our communities. It is well evidenced that that unidentified health needs are a major indicator of childhood neglect. This service will be a key element in our approach to early identification and prevention of underlying health problems. Through this proposal, there is a significant opportunity to make services more effective and efficient, reduce duplication, provide a better offer to children and families, and make

efficiencies. By promoting early intervention, there is also scope to reduce further demand on children's social services and tackle some of the key determinants of inter-generational deprivation, such as educational under-attainment. Health and wellbeing issues for children and young people will be identified and treated sooner, so that some more chronic health conditions can be avoided and fewer referrals made to children's social care because of concerns about neglect.

The current cost to the Council of the range of services included in the Model is £6.8 million. The proposed integrated Model would cost £5.2 million (a 23.4% efficiency) by 2018/19. Efficiencies would be achieved through a combination of actions arising from integration (e.g. sharing of premises and staff) and changes to existing services.

Children's Centres would offer a broader range of services, in the proposed model, by co-locating health visitors within Children's Centre buildings and strengthening links with Early Offer of Help services. At the same time the number of Children's Centre buildings would be reduced (from nine to five) though services would be offered to meet the needs of all localities through using a greater range of outreach sites. This is a proportional approach as it is proposed to retain Children's Centre buildings in the areas with the highest deprivation levels and where it has been identified that there are the highest levels of children in need or subject to a child protection plan.

Buildings in areas such as Tilbury will be retained, while in other areas an outreach model will be deployed to deliver targeted support. Services within the Model will be co-located, and Council premises will be used wherever possible. An assets audit has been completed including current premises (Children's Centre services, libraries, public health services, and Community Hubs) and the planned Integrated Healthy Living Centres. In line with the Corporate Asset Strategy services will move towards co-location in a phased approach.

The model would be implemented through a mixture of in-house delivery (Children's Centres) and commissioning external provider organisations. Within the Council, budgeting, governance, and commissioning arrangements would be rationalised so that services within the model are funded from a pooled fund, as well as being procured and performance managed by a single team. If approved by cabinet, the proposals would go out to public consultation in October – December. Changes to Children's Centres would take effect from April 2017, while procured parts of the model (Healthy Families and Early Offer of Help services) would go live from September 2017.

The new approach will also promote further integration of commissioning functions between Public Health and Children's Services, capitalising on the different strengths of officers within these teams and delivering greater cost effectiveness.

1. Recommendations

1.1 Agree the Integrated 0-19 Wellbeing Model to support children and families, including the redesign of the Children's Centres service, as set out in this report.

1.2 Agree that Officers proceed with the proposed joint consultation by Public Health and Children's Services to secure stakeholder and public approval to the model.

1.3 Subject to the outcome of the consultation exercise and in consultation with the Portfolio Holders, agree to proceed to tender for the following services:

- **Healthy Families up to a total maximum value of £21M over 5 years**
- **Early Offer of Help up to a total maximum value of £2M over 5 years**

1.4 Agree Delegated Authority to award the Healthy Families Contract to the Director of Public Health in agreement with the Portfolio Holder for Education and Health.

1.5 Agree Delegated Authority to award the Early Offer of Help Contract to the Corporate Director of Children's Services in agreement with the Portfolio Holder for Children's and Adults' Social Care Services.

1.6 Agree to establish a Project Board with representatives from Early Years, Employment Skills and Public Health to oversee delivery of the 0 – 19 Wellbeing Model.

2. Introduction and Background

2.1 Thurrock Council has a vision for a 0-19 Wellbeing Model ("the Model") - to protect and promote the wellbeing of all children, young people and their families, to improve a range of population health and wellbeing outcomes and reduce inequalities (ref. Cabinet Member's Annual Report, summer 2016).

2.2 At present, a complex range of health and wellbeing services is provided for this age group including: Children's Centres, health visiting, school nursing, child weight measurement and management, breast feeding support services, smoking prevention and cessation, drug and alcohol treatment services, parenting support, speech and language therapy, as well as support for victims of domestic abuse, challenge for perpetrators of domestic abuse, and support for victims of sexual abuse and violence. These are currently commissioned separately by the Council's Public Health Team, Council's Children's Services Commissioners and NHS Thurrock CCG. By integrating commissioning and redesigning existing services to create a more integrated offer to families, there is a significant opportunity to make services easier to access, reduce duplication and provide a better offer to children and families,

and release efficiencies. By promoting early intervention, there is also scope to reduce demand on children's health and care services.

2.3 A recent All Party Parliamentary Review of Children's Centres focused its recommendations on the role of Children's Centres as family hubs and suggested that they should be at the heart of Health and Wellbeing Strategies locally. The changes suggested in this paper support this vision and provides a framework to further improve outcomes through a universal offer with clear pathways into the Early Offer of Help, Troubled Families and more specialist services including employment, training and adult education services.

2.4 This paper, therefore, sets out proposals for an integrated 0 – 19 Wellbeing Model, detailing the key features of the model, the expected outcomes, how the new model will differ from existing services, the implications for assets and finances, possible risks and proposed timescales.

3. Issues, Options And Analysis Of Options

3.1 At present, a complex and overlapping range of services is in place to meet the health and wellbeing needs of young people (see Table 2 below for details). Several commissioners and providers are involved, making coordination between services difficult and access for families, potentially confusing. There is clearly scope for a rationalisation of provision, contracting and commissioning.

Overview of Proposed 0 – 19 Wellbeing Model

3.2 The model will integrate existing services and all elements of the model will work to **a shared outcomes framework**. Key outcomes will include but not be limited to:

- Increasing the proportion of children who achieve a 'Good Level of Development'[1] (GLD is at 76% in 2016) and reducing the gap between the most and least deprived groups by supporting child development and school readiness;
- Reversing the trend of rising obesity;
- Increasing rates of breastfeeding;
- Improving emotional health and wellbeing (including reducing and supporting postnatal depression);
- Effective safeguarding;
- Increase positive parenting, parent aspirations and parenting skills;

[1] A 'Good Level of Development'- Children are defined as having reached a good level of development at the end of the Early Years Foundation Stage if they have achieved at least the expected level in:

- the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and;
- the early learning goals in the specific areas of mathematics and literacy.

- Address generational issues by improving rates of parental employment
- Reducing smoking in pregnancy and the number of young people who start to smoke;
- Reduced teenage pregnancy;
- Narrowing the gap and reducing inequality between the most and least deprived groups across all indicators and contributing to narrowing the gap in adult life expectancy;
- Promoting good physical and mental health for both children and their families.

3.3 These outcomes clearly support the Health and Wellbeing Strategy across a broad range of objectives. Table 1 below shows the Strategy's goals and objectives. Those objectives directly targeted by the 0 – 19 Wellbeing Model are highlighted in Green whilst those which may be more indirectly influenced by the work of the model are shown in yellow. For example, the work of Children's Centres directly contributes to objective A1: "*All Children making good educational progress"*. However, this work will also contribute indirectly, in the long term, to A2: "*More Thurrock residents in employment, education or training*" since giving children in Thurrock the best possible start to their education will improve their long term employment and educational prospects. Indeed, investing in early years educational and health support are some of the most effective ways of breaking generational cycles of disadvantage, and giving every child in Thurrock the best possible opportunities in life.

Table 1. Health and wellbeing strategy goals with objectives relevant to the 0 – 19 Wellbeing Model highlighted

Goals	**A. Opportunity For All**	**B. Healthier Environments**	**C. Better Emotional Health And Wellbeing**	**D. Quality Care Centred Around The Person**	**E. Healthier For Longer**
Objectives	A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
	A2. More Thurrock residents in employment, education or training.	B2. Develop homes that keep people well and independent	C2. Improve children's emotional health and wellbeing	D2. When services are required, they are organised around the individual	E2. Reduce the proportion of people who smoke.
	A3. Fewer teenage pregnancies in Thurrock.	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Significantly improve the identification and management of long term conditions

Goals	A. Opportunity For All	B. Healthier Environments	C. Better Emotional Health And Wellbeing	D. Quality Care Centred Around The Person	E. Healthier For Longer
	A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification and treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

Green = outcomes directly affected by 0 – 19 wellbeing service. Yellow = outcomes indirectly affected.

3.4 The Model will deliver an improved, integrated offer by providing joined-up services centred on the family. Table 2 shows current services and their commissioning arrangements. At present, each of these services is accessed in a different way and referral between them is not as strong as it should be. In future, different elements of the service will be connected in such a way that they will appear to be a single service from the user's point of view. This will be achieved through:

- A single service user registration process (single point of access);
- Shared premises and co-location wherever possible to allow families to move between different services with minimal inconvenience;
- Shared branding: while individual elements will retain their existing identities (e.g. Children's Centres), an overarching brand will be developed to connect the services;
- An integrated data solution will move the model beyond co-location allowing truly integrated working through sharing of data between professionals within the Model to improve coordination, referral and joint working;
- A lead professional for each family will coordinate support across the model, providing greater continuity through having an overview of all the different services used.

3.5 As well as providing a more co-ordinated, holistic service, which is easier for families to access and navigate, the Model should increase efficiency, reducing duplication and improving value for money. An impact assessment will be carried out to assess the effect these proposals are likely to have on the population.

3.6 Details of the proposed model overleaf (sections 3.7 to 3.33) are organised according to the three main delivery points for services: Children's Centres; Schools; and Community. It is important to note, however, that these delivery points will not operate in silos. Each will offer a range of services and the key to making this model a success will be ensuring that families are able to access the full range of services needed to meet their needs, at a location which is convenient for them.

Table 2. Current services, costs and commissioners

Service/Programme	Cost in 2016-17	Commissioner	Provider	Main Location
Children's Centres • 4 Commissioned • 5 In-house	£1,208,000	Children's Services	• 4Health • Children's Services	Children's Centres
0-5 years Healthy Child Programme (Health visiting)	£3,663,572	Public Health	NELFT	Community
5-19 Health Child Programme (School Nursing)	£1,000,000	Public Health	NELFT	Schools
Children's weight management	£200,000	Public Health	NELFT	Community
Smoking prevention programme (ASSIST)	£46,000	Public Health	NELFT	Schools
Community Mums and Dads	£125,000[1]	Public Health	NELFT	Community
Family Nurse Partnership	£128,000[2]	Public Health	SEPT	Community
Children and Young People's Behavioural health Survey	£15,000	Public Health	TTF	Schools
Early Offer of Help consisting of: *Domestic Abuse Perpetrators Programme* *Support for victims of domestic abuse* *Support for victims of sexual abuse and violence* *Parenting support*	£406,818 *22,873* *67,716* *45,747* *270,482*	Children's Services	*DVIP* *Changing Pathways* *SERICC[1]* *Coram*	Community
Specialist School Nursing	-	CCG	NELFT	Schools
Specialist Health visiting	-	CCG	NEFLT	Community
Speech and language therapy	-	CCG	NEFLT	Children's Centres
Total **(Excluding CCG-commissioned services)**	£6,792,390			

Proposed Children's Centres Offer

3.7 **Children's Centres** would continue to deliver a key service for children and families. The core purpose of Children's Centres, as set out in Statutory Guidance, is to improve outcomes for young children and their families and reduce inequalities. The proposed model would build on this by offering an enhanced offer to Families. The purpose, around which Children's Centres frame their activities, is to identify, reach and help the families in greatest need to support the following:

- **Child development and school readiness**: supporting personal, social and emotional development, physical development and communication and language from pre-birth to age 5, so children develop as confident and curious learners and are able to take full advantage of the learning opportunities presented to them in school.
- **Parenting aspirations and parenting skills:** building on strengths and supporting aspirations, so that parents and carers are able to give their child the best start in life.
- **Child and family health and life chances**: promoting good physical and mental health for children and their families; safeguarding; and supporting parents to improve the skills that enable them to access education, training and employment.

3.8 It is intended that in the new Model, Children's Centres will offer a broader range of services, particularly by co-locating and integrating health visitors within Children's Centre buildings/teams and strengthening links with Early Offer of Help services. This will allow families visiting the centre to access health-related services more easily. It will also encourage better joint working and cross-referral between Children's Services, Health visitors and the targeted Early Offer of Help services.

3.9 At the same time, there will be a rationalisation of delivery points to make the best possible use of the resources available. The proposal, subject to Cabinet approval and public consultation, is to move to locality working, offering a range of services (universal and targeted Children's Centres Services, Early Offer of Help, Troubled Families, and Public Health services) tailored to the specific needs of each locality. A detailed needs assessment has been carried out, including a full service and premises audit, and this has identified: services with greatest impact, areas of greatest need, and proposed possible efficiencies.

3.10 The overall budget for Children's Centres in 2016-17 is £1,208,500. The redesigned service will realise efficiencies of £400,000. While the number of Children's Centre buildings would be reduced in the proposed model (from nine to five) services would be offered to meet the needs of all localities through using a greater range of outreach sites.

3.11 The location and characteristics of existing Children's Centres are shown in Table 3 (page 10), along with proposals for how they should be used in the new model in Table 4 (page 11). In areas where Children's Centres are not

retained, outreach services will be offered to meet the needs of the local population, with a particular focus on providing targeted services to those families with the greatest needs. These will be provided through links with partners such as schools and health clinics according to the needs in each area. Proposed changes to the Children's Centres and outreach sites are also detailed in Table 4 below, subject to consultation.

3.12 The new model would reduce the budget for running Children's Centres by £400,000 from £1,208,500 to £808,500 with most of the efficiencies coming from reduced staff numbers; staff would be reduced from 39 to 21 Full Time Equivalents (FTE).

3.13 These proposals are based on an analysis the population need and demand for Children's Centre services. It is proposed that Children's Centre buildings should be retained within each locality in areas where they can reach a substantial proportion of the under-5 population. These will be based in the areas with the highest deprivation levels and where it has been identified that there are the highest levels of children in need or subject to a child protection plan. From these centres an outreach offer will ensure that families in need of additional support but living elsewhere in the Borough will still be supported. Children's Centres have access to local authority data which they use to target their work towards those families which are most in need (i.e. hard to reach and vulnerable families). Table 3 provides information on the deprivation levels for each ward.

3.14 A network of centres will be available across the Borough in the East, West and Central localities. In the Central locality, therefore, it is proposed to retain a Centre in Grays, since this reaches the largest population of under-5s with the highest levels of deprivation. In the East locality it is proposed to retain the Chadwell St Mary and Tilbury Centres as these reach the three wards with the highest levels of child-related deprivation in the Borough. In the West locality it is proposed to retain the Ockendon and Purfleet Centres which serve wards with high levels of deprivation and reach large populations.

Table 3. Locations and characteristics of existing Children's Centres

Centre	Locality	Wards **served**	Unemployment	Children in poverty	Low birth weight	Excess weight at Reception	Index of deprivation affecting children (rank in Thurrock)[1]	Index of Multiple Deprivation (rank in Thurrock)[1]	Ofsted (LA) rating[2]	Reach (families)[3]	Reach (Under- fives)[3]	Registr-ation	Engage-ment
Thameside-Grays	**Central**	**Grays Thurrock**	**8.80%**	**19.70%**	**8.1%**	**25.50%**	**10**	**8**	**3 (2)**	**1984**	**2525**	**91%**	**71%**
		Grays Riverside	**9.40%**	**23.10%**	**8.6%**	**24.60%**	**6**	**9**					
		Little Thurrock Blackshots	**6.60%**	**12.00%**	**8.4%**	**21.70%**	**14**	**13**					
		Little Thurrock Rectory	**5.90%**	**10.00%**	**6.7%**	**22.10%**	**16**	**16**					
Beacon-Chafford Hundred	Central	Chafford & North Stifford	5.80%	8.70%	6.3%	21.90%	18	11	3 (3)	1592	1805	100%	65%
		Stifford Clays	7.60%	15.10%	8.3%	20.60%	13	19					
		South Chafford	5.10%	7.80%	7.3%	18.00%	20	20					
Chadwell St Mary	**East**	**Chadwell St Mary**	**11.10%**	**30.50%**	**9.1%**	**26.30%**	**3**	**5**	**(2)**	**522**	**559**	**100%**	**>65%**
East Tilbury	East	East Tilbury	6.50%	18.90%	8.5%	21.00%	11	12	3 (3)	345	485	-	80%
Tilbury	**East**	**Tilbury Riverside & Thurrock Park**	**15.10%**	**33.60%**	**8.4%**	**26.00%**	**1**	**1**	**2 (2)**	**916**	**1210**	**100%**	**94%**
		Tilbury St Chads,	**13.00%**	**33.90%**	**8.4%**	**25.60%**	**2**	**2**					
Stanford Le Hope	East	The Homesteads	5.50%	9.60%	5.5%	20.50%	17	10	3 (3)	1525	1887	87%	72%
		Stanford East & Corringham Town	9.00%	21.00%	6.1%	17.20%	9	14					
		Corringham & Fobbing	5.60%	10.50%	5%	15.40%	15	15					
		Stanford Le Hope West	6.20%	21.00%	5.6%	18.10%	8	17					
		Orsett	4.40%	6.50%	4.6%	21.40%	19	18					
Ockendon	**West**	**Belhus**	**11.40%**	**23.20%**	**7.4%**	**24.50%**	**5**	**3**	**3 (2)**	**1169**	**1494**	**100%**	**90%**
		Ockendon	**10.40%**	**22.10%**	**6.7%**	**23.90%**	**7**	**6**					
Purfleet	**West**	**West Thurrock/ South Stifford**	**10.40%**	**25.70%**	**6.4%**	**24.30%**	**4**	**4**	**(3)**	**880**	**1250**	**-**	**69%**
Aveley	West	Aveley & Uplands,	8.50%	21.60%	9.6%	20.80%	12	7	(2)	468	640	100%	93%

[1]Index of Multiple Deprivation (IMD) ranks: 1 = most deprived, 20 = least deprived

[2] Representing the last Ofsted inspection grading with those numbers in brackets representing the Council's assessment of the current grading in the event of an Ofsted inspection. Grading scales: 1 = Outstanding, 2 = Good, 3 = Requires Improvement, 4 = Inadequate

[3] Based on 2011 census.

Bold typeface indicates Centres which it is proposed to retain.

Table 4. Proposals for Children's Centres and Outreach Sites in the new Model

Children's Centre	Locality	Proposed Change
Thameside	Central	Retain
Beacon (Chafford Hundred)	Central	Close the base and move to outreach
Chadwell	East	Retain
East Tilbury	East	Close the base and move to outreach
Tilbury	East	Retain
Stanford le Hope	East	Close the base and move to outreach - Retain as early education venue but lease in line with Corporate Assets Strategy
Ockendon	West	Retain
Purfleet	West	Retain
Aveley	West	Close the base and move to outreach- Retain as early education venue but lease in line with Corporate Assets Strategy
Outreach Sites		
Abbots Hall school, Stanford-Le-Hope	East	Retain
Brisbane House	East	Close the Children's Centre service in this building[2] and offer outreach from Tilbury Children's Centre
Belmont Children's Centre	Central	Retain
Horndon Village Playgroup Hall	East	Retain as early education venue but review lease in line with Corporate Assets Strategy

3.15 Solutions for outreach will include delivering services in schools, community hubs, libraries and other community buildings. A restructure and re-organisation of human resources will enable greater efficiencies in delivery and output which will result in an increased capacity to deliver targeted and universal services across the borough.

3.16 Children's Centres will work closely with Early Offer of Help and Troubled Families Services to increase the numbers of families they support. Children's Centres will in the new model, provide services for referred families with children beyond five years of age. This will enhance the current offer which

[2] N.B. This refers only to the Children's Centre service. Other services currently located in this building would not be affected by this decision.

terminates once the children are five. Initially they will focus on 0-11 but will work towards 0-19 services.

3.17 Currently Children's Centres are not fully utilised and there is scope to ensure that full advantage is taken of the buildings by ensuring services are delivered throughout the day with some services for families of children with school age offered after 3:30pm. Delivery of other early childhood services such as early years and childcare through partnership arrangements will be considered as a part of the Corporate Asset Strategy.

3.18 Subject to approval and consultation, Children's Centres will continue to meet their core purpose albeit from different and improved points of delivery. For example, currently, Thurrock Adult College works with Children's Centres to deliver adult learning in Children's Centres; it is expected that this type of provision may also be offered from school sites as well as the College in future.

Proposed Offer through Schools

3.19 Schools will continue to be an important delivery point for 5 – 19 services. The existing provision of school nursing will be enhanced by offering a number of additional services through schools including: a smoking prevention intervention (ASSIST), the Risk Avert programme to tackle risky behaviours, opportunities for adult learning (previously delivered through Children's Centres), and targeted Early Offer of Help services.

3.20 The **school nursing** service includes elements of health promotion, advice, active treatment/procedures, education support and protection, safeguarding, and service coordination. Specific services provided by school nurses are:

- Health development reviews (Year 6/7 reviews, mid-teen reviews)
- Provision of vision and hearing screening
- Promotion of immunisations
- Oral health promotion
- Support to reduce teenage pregnancy including targeted support for teenage mothers to settle into education, as well as provision of appropriate sexual health advice and referral;
- The National Childhood Measurement Programme (NCMP) with referral into targeted weight management services where appropriate.

3.21 **ASSIST** is a smoking prevention intervention targeted at Year 8 (age 12 – 13). It is a peer-led programme where influential students are trained to have conversations with their peers about smoking. It is the only smoking prevention intervention which has a robust evidence base showing that it is effective in preventing the initiation of smoking. This will be piloted in four secondary schools in the year 2016/17 and rolled out to other schools as part of the 0 – 19 Wellbeing Model in 2017/18. It will be supported by a robust evaluation programme undertaken by Public Health in conjunction The University of East Anglia through our existing academic relationship. We will seek to publish the results in an academic journal.

3.22 **Risk Avert** is an evidence-based whole-school programme, aimed at tackling risky behaviours in young people in secondary schools. Risk Avert takes a preventive approach to reducing risky behaviours related to drugs, alcohol and sexual behaviour. It works by increasing resilience and creating a cultural shift. The goal is to change social norms rather than the traditional health promotion methods of providing information about the dangers of risky behaviours. This programme was developed by Essex County Council and is provided at no cost to Thurrock.

3.23 As outlined above (Section 3.18) some adult education services, currently provided in Children's Centres, may also be delivered in schools and the College in future.

3.24 The needs of parents who would benefit from Early Offer of Help (EOH) commissioned services are often identified in schools. The most prominent referrer to EOH is schools, who work closely with Lead Professionals to ensure there is liaison between the school, the Council and providers. The re-commissioning of EOH services will continue to retain this close partnership with schools. It will seek to further strengthen the accountability of commissioned providers to ensure they take a holistic approach to the family, working with the parental needs, whilst still focussing on close work with schools to enable them to meet the needs of children and young people.

Proposed Community-Based Offer

3.25 A number of 0 – 19 services will continue to be delivered in the community. This could be in people's own homes or at other community venues, which are not dedicated to 0 – 19 work. This includes health visiting, Early Offer of Help services, as well as breastfeeding and weight management services.

3.26 **Health visitors** lead the delivery of the Healthy Child Programme which supports children and parents from pregnancy to five years of age. This is a universal service, though more intensive support is provided to those identified as having particular needs. In general, it provides evidence-based support around attachment, early learning, healthy development, and good maternal emotional and mental health. In the new model, support will increasingly be provided through Children's Centres, though home visits will continue to be an important part of their way of working.

3.27 At present, there are five nationally mandated contacts between health visitors and parents:

- Antenatal contact
- New baby review
- 6 – 8 week Assessment
- 1 year assessment
- 2 - 2½ year review: Children's services, health visitors and early years providers have piloted working together to provide a single Health and Early Education Review for children aged between two and three. The new

combined review aims to build a more complete picture of the child's development. This will be fully rolled out with the 0 – 19 Wellbeing Model.

3.25 As part of each contact, maternal emotional and mental health will be assessed in both universal and targeted provision. Cognitive Behaviour Therapy based self-help materials will be provided with support for women identified to be suffering from depression and anxiety before or following childbirth.

3.26 A national review of mandating in this area is currently under way with results expected in October 2016. This may result in the number of mandatory contact points being reduced. This would allow for a more flexible mixture of universal contacts at some points with contact at other points being more targeted at those in greatest need.

3.27 Health visitors also have a safeguarding role and will work with Early Offer of Help services on identification and referral of domestic abuse and sexual violence cases with all staff trained to identify and encourage referral following disclosure. The 0 – 19 Wellbeing Model will make provision for self-administered screening through the parenting online/app resource.

3.28 The **Early Offer of Help** provides targeted support to families and individuals at an early stage to reduce the risk of needs escalating. It provides parenting support, as well as support for victims of domestic abuse and sexual violence/ abuse in Thurrock. The need for early intervention in these areas has been repeatedly highlighted by reports including Ofsted inspections, the Children and Young People's Joint Strategic Needs Assessment (2015) and the Opportunity for Every Child Strategy (2015).

3.29 The Ofsted Single Inspection of Children's Social Care in Feb/March 2016, made the following recommendation to: 'strengthen oversight, coordination and quality assurance of early help services, to ensure that children and families are receiving the right support at the right time'. Following this, a review of Children's Social Care demand management procedures has been completed and it recommended that early intervention and prevention should be included within demand management procedures to maximise the effectiveness of the Early Offer of Help services. The 0 – 19 Wellbeing Model provides a great opportunity for all stakeholders to work to a shared vision of early prevention and intervention.

3.30 The Early Offer of Help is governed by an overarching Strategy and supported by a range of commissioned services. Services are provided through locality teams coordinating with a range of partners including schools, Children's Centres, Education Welfare and Troubled Families amongst others.

3.31 The 0 – 19 Wellbeing Model will further enhance these links by ensuring better joint working and information sharing across all the teams working in each locality.

3.32 **Breastfeeding support** and **weight management programmes** will also be delivered in the community at a variety of sites. Breastfeeding will be promoted as part of the Model by facilitating peer-support groups, which evidence suggests are an effective way of promoting initiation and continuation of breastfeeding. Weight management programmes provide targeted support for children and their parents. Children are generally referred into these after being identified as overweight through the NCMP.

Integrated Data Systems

3.33 High quality joint working across different professions and services is at the heart of the 0 – 19 model. This will be enabled by integration of data systems allowing a single registration process and sharing of relevant details between professionals within the model. This will be used to improve joint working, referral and coordination. All services within the model will be required to use systems which are inter-operable and all will be required to sign up to a data sharing protocol. An appropriate software solution will be procured to allow sharing of data between different services within the model.

4. Assets

4.1 As detailed 3.11 above (Table 4), there are currently nine Children's Centres in Thurrock and it is proposed that this number is reduced to five Centres, supported by a greater use of outreach sites and services. An analysis of need has been undertaken to identify the areas of greatest need where an integrated early offer is likely to have the most impact, this has informed the proposals for the location of services in the revised offer.

4.2 In the new model of working, existing Council Assets will be considered alongside the assets of the Healthy Families Service provider (when this contract is awarded) as well as assets in the wider health system with a view to transitioning to a more rational use of buildings, co-locating services where appropriate. An audit of existing assets has been completed that includes the current premises used for delivery of Children's Centre services, libraries, public health services, Community Hubs and the planned Integrated Healthy Living Centres.

4.3 In line with the Corporate Asset Strategy the move towards co-location will be phased as follows:

- Phase One (by April 2017): the move to a reduction in Children's Centres and an outreach delivery model in partnership with Public Health services;

- Phase Two (by October 2017): an assessment of partnership opportunities for premises sharing in line with the Corporate Assets Strategy and the development of a long-term assets strategy;

- Phase three (commencing January 2018 with delivery as new development come online over the coming years): delivery of the long

terms assets strategy in line with the development of Community Hubs and Integrated Health Living Centres.

4.4 This phased approach will support the immediate changes needed to move towards an all-age offer and ensure that there is a reduction in buildings costs so that resources can be focused on service delivery. The phased approach will allow us to work with families by maintaining an on-going conversation about how buildings are used and where services are located. Where an outreach offer is being proposed, the aim is to use existing buildings at low or no cost such as health clinics or schools. Whilst there is a financial risk associated with this, as these buildings may not be available at present, early indications are that this risk can be mitigated through requirements included in the contract specifications to support joint working.

4.5 The changes proposed in Section 3.11 will provide a sustainable model of service delivery in the areas identified as having the greatest need. Whilst these areas are likely to remain unchanged, the phased approach to asset review will enable opportunities for co-location to be developed as new programmes such as Integrated Healthy Living Centres are developed.

4.6 There is a potential financial risk associated with the proposal to close some Children's Centre buildings related **capital clawback**. As the Children's Centres were built using Department of Education capital grants, there are requirements on any change of use or disposal of the assets. The following guidance is provided in the Surestart, Early Years and Childcare Grant:

> *'Disposal means a sale, transfer of a capital asset, or a change of a use of a capital asset from its original intention. Disposal also includes the transfer of ownership of a lease, or freehold assets. Where an asset has previously been created for Sure Start local programmes, or other DCSF programmes, the appropriate accountable body is liable and must notify and consult with the Department about any proposal to dispose of it.*
>
> *Local authorities must notify and consult with the Department, about any plan to transfer, dispose of, or change the use of buildings or any other tangible fixed assets which has a current market value of more than £2,500. This is applicable to all assets acquired in full or partly by any of the Department's capital grants. The Department should be notified at least three months prior to the date the proposed disposal is intended to take place.*
>
> *Subject to prior approval with the DCSF, there will be no clawback of the grant where an asset is sold and the proceeds are reinvested in another asset for a similar purpose consistent with Sure Start, Early Years and Childcare aims'.*

4.7 The total capital liability for the centres where closure is proposed is a maximum of £1,194,313. This amount may be reduced following negotiation with the Department of Education. The guidance allows the Council to request that claw back is waived or deferred. This is generally where the asset is used for a similar purpose such as early education or childcare and is subject to

agreement by the Department of Education. When changes were made in 2012 including closures of similar centres Thurrock Council were granted full approval to defer claw back and it is intended that this be applied for again should the closures be approved.

5. Service Commissioning/Delivery Model

5.1 The 0-19 Wellbeing Model will be delivered by a mix of in-house and commissioned (external) services. Within the Council, budgeting, governance, and commissioning arrangements would be rationalised so that services within the model are funded from a pooled fund, as well as being procured and performance managed by a single team. This will require closer joint working between Children's Directorate and Public Health, reduce duplication of effort between Public Health and Children's Services and allow officers within the two respective teams to deploy their skills most effectively for the benefit for the organisation. For example, if procurement and contract management for the new model were led by Children's Services, capacity will be released within the public health team to concentrate on the 'front end' elements of the commissioning cycle; continual assessment of need and evidence base, evaluation of effectiveness and modelling of client flows across both current Public Health and Children's Services Teams.

5.2 **Children's Centre** services will primarily be delivered in-house, but with an expanded offer including the Healthy Families' and Early Offer of Help. The ability for the Healthy Families' and Early Offer of Help providers to deliver elements of their services from these shared premises will facilitate better cross referral, raise awareness of the offer, and deliver efficiencies.

5.3 The current services within the **Healthy Families** offer are delivered through several existing contracts:

Contract	**Provider**	**2016 - 17 Budget**
Children 5-19 Years (School Nursing and Children and Young People's Weight Management)	NELFT	£1,200,000
0-5 (Health Visiting) Services	NELFT	£3,663,572
Family Nurse Partnership (FNP)[3]	SEPT	£128,000
Community Mums and Dads	NELFT	£125,000
ASSIST	NEFLT	£46,000
Children and Young People's Behavioural health Survey	TTF	£15,000
Total Spend		**£5,177,572**

5.4 In the new model, all health visiting, school nursing, and weight management will be procured as part of a single contract. FNP will no longer be

[3] Family Nurse Partnership Contract ends 3rd February 2017

commissioned and ASSIST (for smoking prevention) being added in as a new element at an approximate annual cost £12,000 plus a one-off licence cost of £34,000 for a three-year licence. Risk Avert will be delivered by the social enterprise The Training Effect. This is licenced by Essex County Council and provided at no cost to Thurrock.

5.5 Consideration was given to bringing the Healthy Families service in-house; however it was agreed that the size and flexibility required meant that an external provider would probably deliver better value. There is an existing market in place; however it is limited to NHS providers and a few private sector offers.

5.6 The specification will be primarily output and outcome based around the mandated requirements and also the aspirations of the 0-19 Offer. The requirement for (multi-skilled) staff to deliver across several areas in order to achieve best value will be made clear. Key Performance Indicators and their targets will be stretching, but realistic.

5.7 These services will be refined within the 0-19 Model Framework. As with Healthy Families, Providers will be required to deliver services from Children's Centres as well as more widely within the community and family homes.

5.8 **Early Offer of Help** services are currently delivered as follows:

Contract	**Provider**	**2016 – 17 Budget**
Domestic Abuse Perpetrators Programme	DVIP	£22,873
Support for victims of domestic abuse	Changing Pathways (formerly Basildon Women's Aid)	£67,716
Support for victims of sexual violence	South Essex Rape and Incest Crisis Centre (SERICC)	£45,747
Parenting support	Coram	£270,482
Total Spend		**£406,818**

5.9 NHS Thurrock CCG have expressed an interest to participate in future joint commissioning arrangements and a new Integrated 0-19 Model. However at present, constraints on their officer time, non-alignment of contract end dates, and current co-commissioning arrangements with NHS Basildon and Brentwood CCG make it difficult for them to integrate their commissioned services within the timescale proposed in this paper. Opportunities will therefore be sought to further integrate CCG commissioned services within the proposed model at a later date.

6. Financial Considerations

6.1 There are considerable opportunities to maximise resources through integrating the current, separate elements of the proposed 0-19 Wellbeing Model both through improved commissioning and through the reduction in the number of premises used across Thurrock. The table below provides an overview of the current budgets and expected efficienciesefficiencies:

Service	**Current spend (£) 2016/17**	**Planned spend (£) 2017/18**	**Planned spend (£) 2018/19**	**Overview of efficiencies**
0-19 Healthy Families Programme	5,177,572	4,715,000	4,000,000	-No longer commissioning Community Mums and Dads, Family Nurse Partnership and MESCH -Sharing premises and front of house functions with Children's Centres -Changes of skill mix allowed by more integrated service provision -Possible reduction in universal health visitor contact points with a move to more targeted contact subject to national guidance on mandation. ASSIST paid in 2016 for 3 years.
Children's Centres	1,208,000	808,500	808,500	-Reduction in number of Children's Centres -Move to a targeted integrated outreach model -Reduction and reorganisation of management -Reduced administration support to reflect reduction in buildings -Integration of service offer through the development of the 0-19 Wellbeing Model
Early Offer of Help	406,818	392,500	392,500	
Total	**6,792,390**	**5,916,000**	**5,201,000**	

Percentage efficienciesfrom 2016/17 baseline		12.9%	23.4%	

6.2 The proposal, therefore, is to reduce the Council's total annual budget for the model by £1,591,390 or 23.4% between 2016/17 and 2018/19 whilst at the same time improving the accessibility and effectiveness of services.

7. Consultation (Including Overview And Scrutiny, If Applicable)

7.1 Consultation with Children's Overview and Scrutiny Committees took place in July.

7.2 Consultation will focus on the development and integration of wrap around services, and is planned with stakeholders and the public for a six week period during October and November/December 2016 to provide sufficient influence and input in the development of the model. The consultation process will include a variety of methods to achieve good representation across the borough. These include:

- Six public facing events (morning and evening in all three localities) publicised in different ways, 'flyers' being distributed in public places: Children's Centres, GP surgeries, Libraries, Health Clinics, Schools/Colleges, Early Years providers, Thurrock social media applications and websites, Healthwatch Thurrock, Ngage. Processes will be put in place to ensure key groups are accessed: young parents, parents on low incomes, parents with disabilities and parents of disabled children, the travelling community and residents with English as an additional language.
- Professionals' event to include a wide range of partners;
- Online consultation publicised in the same way as the public facing event with specific questions for adults and for children and young people;
- Engagement with children and young people through: the Youth Cabinet, Children in Care Council, School Councils, and through Healthwatch contacts with children and young people;
- The Thurrock Council for Voluntary Services (CVS), Thurrock Healthwatch, and the Youth Cabinet have been engaged to help us ensure the consultation is appropriate and reaches a wide audience.

7.3 Outline plans detailing the number of buildings and the services they will offer (Children's Centres, Early Offer of Help and Health provision) along with Children's Centres buildings that may be closed will be set out in the consultation.

8. Timescales And Next Steps

8.1 The timescales for implementing the model proposed in this paper are detailed below:

Element of transformation	Planned Timescale
0-19 Wellbeing Model Paper to Directors Board	September 2016
Seek Cabinet approval to proceed to public consultation and procurement.	October 2016
Consultation and engagement with stakeholders	October – December 2016
Procurement processes: • Healthy Families Model • Early Offer of Help	 January – April – 2017 January – April – 2017
Consultation with Children's Centre staff	January – March 2017
Contract Award • Early Offer of Help and Healthy Families Programme	April – May 2017
Lead in period and TUPE	May - Aug 2017
0 – 19 Model Commencement • Children's Centres • Healthy Families • Early Offer of Help	 April 2017 September - October 2017 September – October 2017

9. Risks

9.1 This is a complex and high profile service model. A number of risks associated with the proposal should, therefore, be taken into account including: financial risks, reputational risks, and risks related to governance.

Reputational risks

9.2 Proposals to reduce the number of Children's Centre buildings in favour of an expanded outreach programme are likely to attract significant public interest. Current plans are to include a high level of detail in the public consultation including proposals for which Centres are likely to close. This may lead to public pressure from parents in some parts of the Borough to retain some Centres although it should be noted that proposals are based on a robust needs analysis. There are, therefore, reputational risks associated with the proposals.

9.3 Some of this risk may be mitigated by carrying out a robust consultation process, ensuring it covers a broad demographic, including families who would not usually participate in public consultation.

Financial risks

9.3 Delivering the efficiency targets set out in this report is not without degree of risk. With regard to the Healthy Families programme, whilst some services will be decommissioned to allow efficiencies, certain outputs for example targeted support for young parents and breastfeeding will still need to be incorporated into the main service.

9.4 Restructuring of the service to allow efficiencies through a wider skills mix will reduce costs, but the market for these services is limited to a few providers (NHS and Private Sector). Therefore, it is important to ensure that the model on offer is still attractive. Thurrock's incumbent provider has in recent times not bid for services in Essex County Council where they have felt the model was unaffordable.

9.5 A significant element of costs within the model is staff. TUPE and the likely subsequent restructure and redundancies required to deliver a multi-skilled service also comes with risk. For commissioned services, whilst the incumbent may cover these costs, if they are unsuccessful, they are likely to transfer to the new Provider, together with the risks and associated costs. This will have an impact on the overall budget, at least for year one.

9.6 Approximately £400K per annum efficiencies are projected from the Children's Centres budget based on the projected closure of four out of nine centres and one outreach facility. As outlined above, this proposal is likely to attract significant public interest. Should this result in the number of closures being reduced, it will be much more difficult to deliver these efficiencies.

Governance Risks

9.7 Recent changes to the approvals (governance) path for significant procurement exercises alongside those required for policy changes impact on delivery timescales which means proposals take longer to implement and the 2017/18 in-year efficiencies are consequently reduced.

9.8 Following the consultation period (October to December 2016) and subject to Cabinet approval, the procurements for both Healthy Families and Early Offer of Help can progress. However, should the results of the consultation lead to a rework of the model, this would potentially need to be brought back to both Overview and Scrutiny and Cabinet before tenders can be issued. This will result in a further two to three month delay, impacting on the timescale and the delivery of efficiencies for 2017/18.

9.9 It is further understood that it is the preference of Cabinet that the results of all procurement exercises return for the award decision. If the request to agree

delegated authority is not agreed, this will impact on the timescale and potential efficiencies, as above.

10. Reasons For Recommendation

10.1 The development of an integrated 0-19 Wellbeing Model, as set out in this paper, provides a significant opportunity to improve support for families and reduce duplication across agencies.

10.2 The proposed service will work to the principles of a shared premises, shared front of house and an overarching branding for all the elements within it, whilst still maintaining the distinct branding of existing services to ensure they are easily identifiable to families. This model will improve access for families, reduce duplication, and ensure services work together to deliver preventative interventions in a seamless manner.

10.3 National research and guidance suggests that integration leads to better outcomes; the most recent example of this is the All Parliamentary Party Review of Children's Centres. It is also clear that this is the direction of travel for many other local authorities at present. Furthermore, families tell us that support is easier to access when agencies work together and this is backed up by research on the success in the Troubled Families Programme

10.4 By developing the integrated offer and single point of entry there is an opportunity to deliver significant efficiencies through Children's Centres and Public Health.

11. Impact On Corporate Policies, Priorities, Performance And Community Impact

11.1 The Corporate priorities supported by this Model are:

- Create a great place for learning and opportunity
- Improve health and well-being

11.2 The 0-19 Wellbeing Model will make a significant contribution to the Health and Wellbeing Strategy 2016-21 and the corporate priorities, which incorporates goals, objectives and measurable outcomes for adults and children and young people, in particular:

- **Opportunity for all** – children will make good educational progress, there will be fewer teenage pregnancies, fewer children and adults will be living in poverty, more residents will be in employment, education and training
- **Better emotional health and wellbeing** – parents will receive the support they need, children will have good emotional health and wellbeing

- **Healthier for longer**- More of our population will be a healthy weight, fewer people will smoke

The draft outcomes being developed are aligned with the Health and Wellbeing outcomes framework.

11.3 The governance for the process and model development will be through the Thurrock Integrated Children's Commissioning Group, reporting to the Children and Young People's Partnership Board.

12. Implications

12.1 Financial

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

The proposed commissioning model will contribute to making efficiencies towards both the Public Health budget, and support planned efficiencies in Children's Services. The transfer of commissioning responsibility for 0-5 'Healthy Child Programme' (HCP) to the local authority resulted in an increase to the Public Health Grant, however reductions by the Department of Health have resulted in significant reductions in Thurrock's Public Health grant overall putting significant pressure on the transferred contract. Elements of the HCP including developmental reviews and the National Childhood Measurement Programme are mandatory. The integration of the HCP alongside other Council Services will support a streamlined service offering both value for money and efficiencies to both Public Health and Children's Services.

12.2 Legal

Implications verified by: **Lindsey Marks**
Principal Solicitor, Children's Safeguarding

The 'Healthy Child Programme' (HCP) is the main universal health service for improving the health and wellbeing of children, through:

- Health and development reviews
- Health promotion
- Parenting support
- Screening and immunisation programmes

Since the 1 October 2015, Local Authorities have been responsible for planning and funding public health services for babies and children up to 5 years old following the transfer of the responsibilities from NHS England.

The Children Act 2004 and 1989 place a statutory responsibility on Local Authorities to work with its partners to effectively safeguard children and promotes early intervention. Through this model of joint working intervention at an early point will become more achievable and secure improved outcomes.

Contract documentation will be prepared for each awarded contract, following consultation with Legal. This will be agreed subject to the correct procurement documentation being completed and in line with the Council's constitution, with Cabinet delegated authority to award contracts delegated to the Director of Public Health and the Director of Children's Services in conjunction with the relevant Portfolio Holders.

12.3 **Diversity and Equality**

Implications verified by: **Becky Price**
Community Development and Equalities Team

The 0 – 19 Wellbeing Model is a key workstream of the Health and Wellbeing Strategy with relevant objectives and targets that relate to the education, employment and welfare of young people and their families in Thurrock.

The proposed approach for Children's Centres has been designed to improve outcomes for young children and their families and bring together a range of providers to deliver services in accessible community-based locations across Thurrock. Benefits from this new way of working may include increased collaboration and cross referral between Children's Services, Health visitors and the targeted Early Offer. The proposed Offer through Schools will deliver services for young people aged 5-19 with a focus on safeguarding, reducing teenage pregnancy, tackling negative behaviours and improving opportunities for adult learning.

Before taking forward the proposals outlined in this report, an equality impact assessment will be completed to ensure there is support for those areas with families most in need whilst still ensuring coverage across the entire borough. In the future, it is anticipated that the integrated data systems will help to provide relevant information to understand the impact of the service overall and by protected characteristics where possible.

12.4 **Other implications**

Procurement

Implications verified by: **Stefanie Seff**
Corporate Procurement Strategy & Delivery Manager

For the 0-19 Wellbeing Model services (Healthy Families) that will be procured by Public Health there will be an EU Procurement 'light-touch' tender process. This will require advertisement in the Official Journal of the European Union and award be published there. The Council's website and 'Contracts Finder' will also host the advertisement to ensure full compliance. Due to an expected low number of tender applications an 'open' process will be used requiring no pre-qualification questionnaire (PQQ).

With regard to the Early Offer of Help commissioned services, a 'restricted' (two stage) procedure will be used with a prequalification stage (PQQ) utilised due to an expected higher number of applicants.

13. Background Papers Used in Preparing the Report

- Report to Children's Overview and Scrutiny on the 0-19 Wellbeing Model (public) – 6 July 2016
- Report to Children's Overview and Scrutiny on the Review of Children Centres – 6 July 2016

14. Appendices

- Appendix 1 – Healthy Families Service, Procurement Stage 1 – Approval To Proceed To Tender
- Appendix 2 – Early Offer of Help (EOH) Services, Procurement Stage 1 – Approval To Proceed To Tender

Report Authors:

Mark Livermore, Commissioning Officer, Children's Commissioning and Service Transformation Team
Sue Green, Strategic Lead, Children's Commissioning and Service Transformation Team
Andrea Winstone, School Improvement Officer
Roger Edwardson, Interim Strategic Leader, School Improvement, Learning & Skills
Elozona Umeh, Senior Public Health Manager, Public Health Team
Tim Elwell-Sutton, Consultant in Public Health, Public Health Team
Ian Wake, Director of Public Health

PROCUREMENT STAGE 1 – APPROVAL TO PROCEED TO TENDER

This form must be completed for all procurements above the tender threshold (£75,000 - Services and Supplies and £500,000 – Works)

If contract value is over Cabinet approval threshold (£750,000) this form shall be attached with the request to tender report to Cabinet. This form will be "Open" for Publication.

Section A: ABOUT THIS PROCUREMENT	
Title	Healthy Families Service
Directorate	Adults, Health and Housing
Procurement Reference Number	PS/2016/327
Contract Cost (Maximum Spend)	£20M over 5 years
Budget code(s)	PHC69
Introduction and Background	This procurement is the combination of a number of public health services delivered to children, young people and their families – including health visiting, school nursing, breast feeding support, weight management and preventative services such as sexual health and ASSIST (smoking prevention). The Council is looking for a single provider to deliver these services across the borough.
Proposed Contract Term	Three years plus two years extension
Political Sensitivity	N/A

Section B: COMMISSIONING REPORT	
Business Case	The Healthy Families Service is part of the 0-19 Wellbeing Model which will be delivered through Public Health and Children's Services. Children's Services' proposals including a retendered Early Offer of Help Contract and revision to Children's Centres arrangements. This arrangement will support co-location of service delivery (sharing buildings) and better data and information sharing between parties to ensure a seamless service for children and their families. In addition, likely future reductions in the Public Health grant mean that it is essential to deliver best value in all commissioned services. A competitive exercise, combination of the various elements and revision of the specification will support the necessary cost savings.
Key Deliverables (Draft Specification)	The Service will deliver health visiting services – including some targeted support to vulnerable parents and breastfeeding support, school nursing services including the National Childhood Measurement Programme, some weight management support, Risk Avert (sexual health) and ASSIST (smoking prevention for young people).
Quality v Price evaluation	The evaluation will be carried out on a 60:40 quality:price basis
Social Value	Bidders will be asked to present proposals around Social Value including the potential for apprenticeships, work placements and training.
Current / Previous Contract details	N/A

FINANCIAL IMPLICATIONS						
Current / Previous Contract Cost	Current spend c £5.3M per annum					
Cost Breakdown	**Breakdown of Estimated Cost**	**16/17 £000's**	**17/18 £000's**	**18/19 £000's**	**Later £000's**	**Total £000's**
	Total Spend	**£**	**£2000**	**£2000**	**£14000**	**£20000**
Confirm Funding Breakdown Identified	Revenue Budget	£	£2000	£4000	£14000	£20000
	Capital Budget	£	£	£	£	£
	Other (Please State)	£	£	£	£	£
	Other (Please State)	£	£	£	£	£
	Total Funding	**£**	**£2000**	**£4000**	**£14000**	**£20000**
Budget Code(s)	PHC69					
Unsupported borrowing?	N/A					
Other Financial Implications	Spend on these services is from the Public Health grant and the projected savings will therefore support the likely reduction in grant amount in future years.					

PROCUREMENT ROUTE ABOVE TENDER THRESHOLD (Choose 1(of A, B, C or D) only)		
A. COMPETITIVE PROCUREMENT (complete B if a Framework)		
Procurement Route	Light Touch EU (Social Care/Health)	
Procurement Justification	Public Health Service above £625K	
B. FRAMEWORK (Waiver in accordance with Rule 13.1 (c)		
Framework?	Is this a procurement from a Framework?	No
Title & Reference of Framework	N/A	
Framework Rationale	N/A	
C. REQUEST FOR QUOTE FROM RESTRICTED MARKET (Waiver in accordance with Rule 13.1 (d)		
Restricted Market?	Is this a request for quotes from a restricted market?	No
Rationale (only permitted below the EU threshold)	N/A	
D. SINGLE SOURCE REASON (Waiver in accordance with Rule 13.1 (a, b or d)		
Single Source	Is this Procurement a Single Source – One Quote/Tender *(Exceptional circumstances only and select reason below)*	No
Single Source justification below EU Threshold	*Select reason and explain your rationale* N/A	
Single Source justification above EU Threshold	If you are seeking a single tender above the EU threshold – using the "Negotiated Procedure without Prior Publication" route, this is only available in very exceptional circumstances. You must select the reason below and explain your rationale. N/A	
Single Source Rationale	N/A	

PROCUREMENT TIMETABLE, RISK, CONSULTATION AND MANAGEMENT

Milestones and target dates *(Draft)*	Key Event	Date
	Publication of Contract Notice or Advert	16 January 2017
	Return of PQQs (omit if not applicable)	N/A
	Issue of Invitation to Tender	16 January 2017
	Return of Tenders	24 February 2017
	Notification of Results	20 March 2017
	Standstill Period (omit if not applicable)	To 3rd April 2017
	Leaseholder Consultation (omit if not applicable)	N/A
	Expected date of Award	04 April 2017
	Contract Commencement	01 October 2016

Risk Management – Set out Main Risks and Mitigating Actions

Risk	Likelihood (A – E)[1]	Impact (I – IV)[2]	Level of Risk (High to Lower[3]	Potential Negative Impact	Management / Mitigation of Risk
Tender Process Risks					
Significant TUPE risk due to potentially large number of staff who may transfer providers	B	II	High	Possibly delays in contract start during negotiation or bidders pricce unnecessary risk	Secure accurate TUPE list prior to procurement process starting and ensure dialogue is facilitated during process
Service is unaffordable	D	II	Lower	Further reduction in specification or reduction in other services to meet cost	Specification will be structured on a scalable format to allow reductions in additional services if necessary. The budget limit will be made clear
Bidders are unable to find sufficient suitable premises to deliver services	D	I	Lower	Families have to travel further to receive services	Work with Assets is underway to identify suitable buildings for the delivery.
Contract Performance Management Risks					
Poor Provider Performance	D	I	Lower	Reputational risk, poor service to children and families	Strong specification and robust procurement process. Cntract will be managed by Public Health supported by Children's Services Commissioning
Enter Risk	C	I	Level	Impact	Mitigation
Enter Risk	L	I	Level	Impact	Mitigation

[1] **Risk Likelihood:** A = Very High, B = High, C = Significant, D = Low, E = Very Low
[2] **Risk Impact:** I = Critical, II = Significant, III = Marginal, IV = Negligible
[3] **Risk Level:** High = AI, BI, AII, BII, CI,CII, all others lower

Contingency Arrangements	Should there be a delay in the procurement process, the existing service arrangement can be extended with NELFT (current provider). During the contract, the Provider will be closely monitored and supported where necessary to avoid service failure. If unavoidable the service will be re-tendered (and brought in-house during the period if required)..
Consultation	The proposals have been agreed by Health Overview and Scrutiny Committee and Children's Scrutiny Committee. A further public consultation process will be undertaken from late October until early December regarding specific arrangements.
Project and Contract Management Proposals	The procurement is managed by Public Health and supported by the Procurement Team During the term, contract management will be undertaken by Public Health supported by Children's Commissioning.
Procurement Comments	The intention to procure a Healthy Families Service meets the requirements of Schedule 3 of the Public Contracts Regulations 2015. The estimated contract spend over the initial three year contract period is above the minimum EU threshold of £625.00 so a full OJEU process will be required. Public Contracts Regulations 2015, 74 – 77 will apply.

Section C: LEGAL, FINANCE AND PROCUREMENT APPROVAL		
Procurement Services	**Name**	Stefanie Seff
	Signed *(Or obtain email of confirmation)*	
	Date	L
Legal Services **(Insofar as it relates to Legal implications)**	**Name**	Lindsey Marke
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.
Finance **(Insofar as it relates to Finance implications)**	**Name**	Kay Goodachre
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.

Section D: APPROVAL TO PROCEED VALUE	
The Responsible Officer must sign the form, together with the Head of Service as a minimum. Delegated Authority Limits below.	
Approval Level	Over £750,000 - Cabinet

Section E: SIGN OFF APPROVAL TO PROCEED			
Confirmation by the Responsible Officer of Compliance with Contract Procedure Rules	The Responsible Officer **Elozona Umeh** confirms that the procurement of **Healthy Families Service** and **PS/2016/327** has been carried out in accordance with Rule 5 of the Council's Contract Procedure Rules (Chapter 9, Part 2 of the Constitution) and in particular the following duties have been met by the Responsible Officer: • Compliance will occur with all regulatory or statutory provisions and the Council's decision making requirements • The Contract will be included on the Council's Contract Register • Value for Money will be achieved • Advice has or will be sought from the Director of Finance and Corporate governance as to an appropriate security bond or guarantee • Document Retention Policy has and will be complied with • Financial Evaluation will be made of all the proposed tenders including the recommended bidder • Advice has been and will be sought and followed from Procurement, Legal and Finance as necessary		
	Signed		
	Date		Click here to enter a date.
Approval to Proceed	In accordance with the Contract Procedure Rules, I/we confirm the accuracy of the information contained within this form and authorise this request to **Proceed to Tender** including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13		
Head of Service	**Name**		Tim Elwell-Sutton
	Signed *(Or obtain email of confirmation)*		
	Date		Click here to enter a date.
Corporate Director *I confirm that the Portfolio Holder has been consulted as required*	**Name**		Ian Wake
	Signed *(Or obtain email of confirmation)*		
	Date		Click here to enter a date.
Director of Finance and IT *If waiver required*	**Name**		Name
	Signed *(Or obtain email of confirmation)*		
	Date		Click here to enter a date.
Cabinet	**Approval Minute Number**		Enter minute reference
	Date		Click here to enter a date.
Now send complete form to Procurement Services signed and scanned (with emails if used)			

PROCUREMENT STAGE 1 – APPROVAL TO PROCEED TO TENDER

This form must be completed for all procurements above the tender threshold (£75,000 - Services and Supplies and £500,000 – Works)

If contract value is over Cabinet approval threshold (£750,000) this form shall be attached with the request to tender report to Cabinet. This form will be "Open" for Publication.

Section A: ABOUT THIS PROCUREMENT	
Title	Early Offer of Help (EOH) Services
Directorate	Children's Services
Procurement Reference Number	PS/2016/312
Contract Cost (Maximum Spend)	£2,000,000 (see 'Other Financial Implications' section below)
Budget code(s)	CA034
Introduction and Background	Children's Services strategy of early help (EOH) has been a focus since its inception in 2013. The service is seeking to continue and develop its responses for families in part by the re-commissioning of services to address identified needs within the borough, and by much closer integration with Children's Centres and Public Health services, through the 0-19 wellbeing model for children and young people.
Proposed Contract Term	3 years plus option to extend 2 further years (1 + 1 year) – total maximum 5 years
Political Sensitivity	N/A

Section B: COMMISSIONING REPORT	
Business Case	The Early Offer of Help (EOH) model has been in place since 2013. It has evidenced successful interventions in the overwhelming majority of cases that is has worked with. Progress of cases has been tracked following completion of the commissioned service element of the Early Offer of Help response and has recorded approximately 90% of cases referred demonstrating a successful case closure and not being subsequently re-referred back into EOH or statutory services after one year following case closure. EOH provision aims to reduce high cost interventions at child in need, chilld protection and looked after children stages, improving outcomes for families earlier and reducing costs within Children's Social Care. We are seeking to re-commission EOH services in line with a refreshed needs analysis that took place in April 2016. This identified key need areas: parenting support, domestic abuse & violence and sexual abuse & violence. Through the development of the 0-19 wellbeing model (twenty-first century wellbeing services for children and young people) that supports this procurement form, we have identified the need to ensure much closer integration of the Early Offer of Help with Children's Centres and Public Health provision (0-5 and 5-19 Healthy Child Programme). The aim of the overarching model is to deliver a 'one-stop shop' approach where parents register once to access all services, and can be provided with support from a number of shared, integrated buildings rather than having to contact each service individually. Partner integration is a key component to successfully reaching families and improving outcomes. Children's Services are currently also working with an external organisation, impower, to identify the points at which intervention takes place with families and the types of intervention and their level that are put in place. This work is still developening and by December 2016 we will have a clear view of whether this will change the current approach to delivering early intervention services and if an additional budget will be available to strengthen our strategy. This work will be built into the final service design prior to procurement. Should additional budget be made available this will be reported back via the Director for Children's Services to the Portfolio holder.
Key Deliverables (Draft Specification)	Providers will be monitored against a number of measures and performance indicators. Key outcomes will be to improve parenting capacity and keep children and young people safe in the family home with parents who are able to parent effectively. Targets will be in place to monitor service users who avoid having children escalated through to child in need, child protection and looked after children. Where children are referred who are already at child in need /child protection level providers will be measured against their success in contributing to de-escalataion of cases.
Quality v Price evaluation	70% Quality / 30% price
Social Value	All providers will be expected to engage volunteers in addition to their fixed workforce. Providers will work with local volunteering agencies to engage residents who are seeking a route back into employment/training and will provide opportunities to this effect

Current / Previous Contract details	Previous Early Offer of Help Services were in operation from May 2013 and currently expire in March 2017, with the option to extend to March 2018. PS Ref – PS/2012/315

FINANCIAL IMPLICATIONS						
Current / Previous Contract Cost	EOH contracts total value: 2013/14- £951,000 / 2014/15 - £983,000 / 2015/16 - £983,000 / 2016/17 - £438,000 / 2017/18 (planned) - £228,666 (7 months within existing contract prior to new contracts being delivered from November 2017 as per table below)					
Cost Breakdown	**Breakdown of Estimated Cost**	**16/17 £000's**	**17/18 £000's**	**18/19 £000's**	**Later £000's**	**Total £000's**
	Total Spend	**£**	**£**	**£**	**£**	**£**
Confirm Funding Breakdown Identified	Revenue Budget	£	£166,666	£400,000	£1,433,334	£2,000,000
	Capital Budget	£	£	£	£	£
	Other (Please State)	£	£	£	£	£
	Other (Please State)	£	£	£	£	£
	Total Funding	**£**	**£166,666**	**£400,000**	**£1,433,334**	**£2,000,000**
Budget Code(s)	CA034					
Unsupported borrowing?	N/A					
Other Financial Implications	Early Offer of Help services are designed to intervene earlier with families, reducing the need for children becoming subject to child in need and child protection plans or becoming looked after and thus reducing high cost interventions and improving parenting practice before issues escalate. The figures stated above are based on the existing budget; work is currently being undertaken between Children's Services and 'impower' to review the point at which EOH services intervene. This may result in an increased budget being available for these services. Whilst work on this project is still being undertaken any additional funding value is undetermined. The position in this respect will be clearer by December 2016.					

PROCUREMENT ROUTE ABOVE TENDER THRESHOLD (Choose 1(of A, B, C or D) only)	
A. COMPETITIVE PROCUREMENT (complete B if a Framework)	
Procurement Route	Light Touch EU (Social Care/Health)
Procurement Justification	A restricted procedure will be used on the basis that there is likely to be considerable interest from both local and national providers to deliver these services. The Pre-Qualification Stage will restrict the number of applicants that go through to submission of a full tender
B. FRAMEWORK (Waiver in accordance with Rule 13.1 (c)	
Framework?	Is this a procurement from a Framework? No
Title & Reference of Framework	N/A
Framework Rationale	N/A
C. REQUEST FOR QUOTE FROM RESTRICTED MARKET (Waiver in accordance with Rule 13.1 (d)	
Restricted Market?	Is this a request for quotes from a restricted market? No
Rationale (only permitted below the EU threshold)	N/A
D. SINGLE SOURCE REASON (Waiver in accordance with Rule 13.1 (a, b or d)	
Single Source	Is this Procurement a Single Source – One Quote/Tender *(Exceptional circumstances only and select reason below)* No
Single Source justification below EU Threshold	*Select reason and explain your rationale* N/A
Single Source justification above EU Threshold	If you are seeking a single tender above the EU threshold – using the "Negotiated Procedure without Prior Publication" route, this is only available in very exceptional circumstances. You must select the reason below and explain your rationale. N/A
Single Source Rationale	N/A

PROCUREMENT TIMETABLE, RISK, CONSULTATION AND MANAGEMENT

Milestones and target dates *(Draft)*	Key Event	Date
	Publication of Contract Notice or Advert	16 January 2017
	Return of PQQs (omit if not applicable)	28 February 2017
	Issue of Invitation to Tender	20 March 2017
	Return of Tenders	08 May 2017
	Notification of Results	05 June 2017
	Standstill Period (omit if not applicable)	20 June 2017
	Leaseholder Consultation (omit if not applicable)	N/A
	Expected date of Award	21 June 2017
	Contract Commencement	20 November 2017

Risk Management – Set out Main Risks and Mitigating Actions

Risk	Likelihood (A – E)[1]	Impact (I – IV)[2]	Level of Risk (High to Lower[3]	Potential Negative Impact	Management / Mitigation of Risk	
Tender Process Risks						
Insufficient interest in tenders	D	II	Lower	Procurement process has to be re-run	Consultation process will raise awareness of the procurement commencing in Jan 2017. Tender opportunity to be advertised through a wide variety of channels	
Cabinet do not sign off delegated authority to award contracts	B	II	High	Procurement process delayed	There is sufficient time within the existing EOH contracts to extend these	
Challenge of procurement process	D	II	Lower	Procurement process delayed	Guidance from Procurement services has been sought and we will work with them throughout the process to ensure that a a a robust tender exercise is undertaken	
Contract Performance Management Risks						
Poor performance of provider	D	II	Lower	Poor quality services delivered	Well established process of monitoring in place	
Provider failure	D	II	Lower	Gap in service delivery	Established process in place to manage this eventuality. Good knowledge of local and national market to approach to deliver services on a temporary basis in these circumstances	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	

[1] **Risk Likelihood:** A = Very High, B = High, C = Significant, D = Low, E = Very Low

Contingency Arrangements	There is scope within the existing EOH contracts to extend through to March 2018, providing 5 months for any delays in the process. The existing services will be in a position to continue if such a delay occurs. The Children's Commissioning Team will work closely with Procurement Services to ensure that a robust process is in place throughout the procurement exercise. Once contracts have been awarded a clear process is already well established to monitor the ongoing EOH contracts. Through regular monitoring we are able to identify any issues early, however there will always be occasions where providers will encounter unplanned events that could not have been forseen. Underperformance can be identified early through the monitoring process, with clear contractual expectations set out at the point of tender. The Commissioning Team have good relationships with its providers which enable an effective partnership approach whilst maintaining a contractual position. There is a process in place to manage provider failure and the team having good knowledge of the local and national market, who may have to be called upon to temporarily deliver services.
Consultation	A six week consultation will take place between 24/10/2016 to 02/12/2016 subject to Cabinet approval. This will involve public and professionals face-to-face events as well as online consultation. Thurrock CVS and Healthwatch will also be integral to the consultation process, as well as the involvement of children and young people within the consultation. CVS and Healthwatch will be given advance notification of the proposed consultation once the October Cabinet paper is published online (4 October).
Project and Contract Management Proposals	There is a project group that oversees the 0-19 wellbeing model (including EOH). Procurement and stakeholder consultation form part of the remit of this group. Post award the contract will be managed by the Children's Commissioning Team, with quarterly and annual reviews of services. As part of this process service users are a key component to the evaluation, through completion of progress surveys and interviews with them as part of the review process.
Procurement Comments	At £2,000,000 this contract exceeds the EU threshold for services under the Light Touch Regime. A formal tender process will be carried out, and advertised in the OJEU. The Restricted procedure will be used due to the expected high level of interest in the contract. In choosing this route the Council is adhering to the Contract Procedure Rules and Public Contract Regulations 2015.

[2] **Risk Impact:** I = Critical, II = Significant, III = Marginal, IV = Negligible
[3] **Risk Level:** High = AI, BI, AII, BII, CI,CII, all others lower

Section C: LEGAL, FINANCE AND PROCUREMENT APPROVAL		
Procurement Services	**Name**	Name
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.
Legal Services **(Insofar as it relates to Legal implications)**	**Name**	Name
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.
Finance **(Insofar as it relates to Finance implications)**	**Name**	Name
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.

Section D: APPROVAL TO PROCEED VALUE	
The Responsible Officer must sign the form, together with the Head of Service as a minimum. Delegated Authority Limits below.	
Approval Level	Over £750,000 - Cabinet

Section E: SIGN OFF APPROVAL TO PROCEED		
Confirmation by the Responsible Officer of Compliance with Contract Procedure Rules	The Responsible Officer **Mark Livermore** confirms that the procurement of **Early Offer of Help Services** and **PS/2016/312** has been carried out in accordance with Rule 5 of the Council's Contract Procedure Rules (Chapter 9, Part 2 of the Constitution) and in particular the following duties have been met by the Responsible Officer: • Compliance will occur with all regulatory or statutory provisions and the Council's decision making requirements • The Contract will be included on the Council's Contract Register • Value for Money will be achieved • Advice has or will be sought from the Director of Finance and Corporate governance as to an appropriate security bond or guarantee • Document Retention Policy has and will be complied with • Financial Evaluation will be made of all the proposed tenders including the recommended bidder • Advice has been and will be sought and followed from Procurement, Legal and Finance as necessary	
	Signed	
	Date	29 September 2016
Approval to Proceed	In accordance with the Contract Procedure Rules, I/we confirm the accuracy of the information contained within this form and authorise this request to **Proceed to Tender** including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13	
Head of Service	**Name**	Name
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.
Corporate Director *I confirm that the Portfolio Holder has been consulted as required*	**Name**	Name
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.
Director of Finance and IT *If waiver required*	**Name**	Name
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.
Cabinet	**Approval Minute Number**	Enter minute reference
	Date	Click here to enter a date.
Now send complete form to Procurement Services signed and scanned (with emails if used)		

12 October 2016	ITEM: 11 Decision: 01104385
Cabinet	
Re-Procurement of the Integrated Adults Substance Misuse Treatment Service	
Wards and communities affected: All	**Key Decision:** Key Decision – spending above £500K
Report of: Councillor James Halden, Cabinet Member Education and Health	
Accountable Head of Service: Tim Elwell-Sutton, Consultant in Public Health	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	
Purpose of Report: To seek Cabinet approval for the Director of Public Health to commence the re-procurement of the Integrated Adults Substance Misuse Treatment Service.	

Executive Summary

This report sets out the proposals for the re-procurement of the Integrated Adults Substance Misuse Treatment Service contract ("the Service") which provides a recovery-focussed adult drug and alcohol treatment system within Thurrock. The current contract expires on 31 March 2017 and a new contract will be put in place for 1 April 2017.

The current contract has been in place since 1 April 2014 and was awarded to Kent Council for Addiction (KCA). As part of a corporate merger, Addaction acquired KCA in the summer of 2014 and took over the responsibility of the contract. There have been some issues with the quality and safety of the service which are currently being addressed. Because of these and given that Addaction did not win the contract in their own right, officers have decided not to exercise the optional two year extension and instead will take the contract to the market. This will also provide the opportunity to further integrate the service, with the inclusion of additional responsibilities, and look to generate additional savings.

The residential detox budget is currently held by Public Health – but clients are referred directly by the Service Provider – and therefore we have little control over spend. In the new arrangement, the budget will be transferred to the Provider to ensure there is sufficient leverage on cost control. It is envisaged that the funding for this will reduce as more clients are supported in the community.

It is envisaged that a competitive procurement exercise will secure an overall saving of £90 - £100K

Council and external stakeholders including the CCG and Primary Care have been consulted to finalise the requirements.

1. Recommendation(s)

1.1 Approve the re-procurement of the Integrated Adults Substance Misuse Treatment Service.

1.2 Agree delegated authority for award of contract to the Director of Public Health in consultation with the Portfolio Member for Education and Health.

2. Introduction and Background

2.1 The current contract was awarded to KCA on 1st April 2014 for a period of three years with a two year extension option.

2.2 There have been some issues with the quality and safety of the service which are currently being addressed. It is now felt that in order to further improve delivery and ensure a fully integrated approach, whilst at the same time delivering cost savings, it should go through a full market tender.

2.3 The opportunity provided here for a re-procurement allows for improvements in specification scope, style, content (integrated services) and performance management to support and incentivise good service delivery.

2.4 The cost of the current Adult Treatment and Prescribing contract is £1,006,000 for 2016/17, and there are five additional, related services provided outside of this contract but within the Drugs and Alcohol budget.

Service	**Cost**
Residential Detox and Rehabilitation	£100,000
Supervised Consumption	£25,000
Drug Testing Kits	£10,000
Advocacy Service	£33,000
Dual Diagnosis Worker	£60,000
Total additional services	£228,000
Addaction Contract	£1,006,000
Adult DAAT Budget Total	**£1,234,000**

2.5 The re-tender of the Service through a competitive process should allow some economies of scale and allow the entire scope of additional services, with the exception of the Advocacy provision, to be delivered at a cost lower than the current budget figure for 2017/18 although savings are unlikely to be

considerable. Moving forwards, as targets and priorities change, the contract will be scaled according to need.

2.6 The current Advocacy Service will not be re-procured after it ends on 31 March 2017 as Service Users are able to access these services through Adult Social Care (Advocacy and Carers Support). The new service specification for the Integrated Service will require the Provider to deliver Service User Involvement (feedback and peer mentoring) plus general signposting to other services.

3. Issues, Options and Analysis of Options

Timescale and Procurement Route

3.1 The tender now falls under the Public Contracts Regulations' "Light Touch Regime" as the whole life value is above £625,000. This requires advertisement in OJEU and compliance with certain EU Procurement Directive standards.

3.2 Additionally, within this procurement, it is important to include sufficient time for implementation because, if there is a change in contractor, it is likely there will also be significant TUPE transfer of staff at contract change-over. Transfer of client records and set up of the new service to ensure it is safe and ready for operation on 1st April is a complex and time-consuming process for any new Provider, as well as for the Council.

3.4 Following approval by Health Overview and Scrutiny Committee, this report is submitted to Cabinet in October for confirmation and the tender will be issued mid to late October with a contract start date of 1 April 2016.

Contract Specification

3.5 The Contract will be established and priced flexibly, to ensure that it can be scaled to meet changing service user needs alongside funding priorities during the (maximum) five year term.

3.6 Key requirements of the Service are to deliver a safe and effective integrated service to Thurrock residents aged 18 years and over, their families and friends who are experiencing issues with drug and/or alcohol use.

3.7 The integrated service will incorporate the core adult treatment functions plus the prescribing function, supervised consumption, needle exchange service, community and residential detox and rehab, the dual diagnosis service, drug testing kits and all associated cost related to such an integrated service.

3.8 The service will operate an outreach and prevention function on a needs-basis. It will also develop and maintain a thriving recovery community to ensure residents can exit treatment and live free from dependency or risk of relapse.

4. Reasons for Recommendation

4.1 This report is submitted to Cabinet to seek formal approval for the Director of Public Health to proceed with the re-tender for a contract with a whole life cost valued above £750K. The total estimated value for this contract over the maximum 5 year period of delivery is c. £6 million.

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

5.1 This proposal has been discussed and agreed with internal and external stakeholders including the Community Safety Partnership, CCG and Primary Care.

5.2 This report is presented to Health Overview and Scrutiny Committee on 15 September 2016 for comment, and supported.

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

6.1 The contract aims to meet corporate priorities through the delivery of high quality services both at the early intervention and treatment recovery stages.

The following two examples show how priorities will be delivered through the contract:

Priority	**Delivered By**
Improve Health and Wellbeing	Clearly this is the fundamental scope of the Service. Included is preventative work as well as treatment and recovery
Encourage and promote job creation and economic prosperity (and Social Value Act)	Clear targets to be set around volunteering, training and employment opportunities for local people – including service users in their recovery phase

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Management Accountant

The procurement aims to secure a contract with additional integrated services within or below the current annual price. The contract will be scalable to enable it to adjust to priorities and changes in funding availability during the maximum 5 year term as the ring-fence on the Public Health Grant is removed in 2018/19.

7.2 Legal

Implications verified by: **Kevin Molloy**
Contracts Solicitor

This report is seeking approval from Cabinet to tender the contract noted in the report. The proposed procurement is estimated well above the EU threshold for "Health" services (£625K) within the new Light Touch Regime of the Public Contracts Regulations 2015. This means that there is a legal requirement to competitively tender the contract via the Official Journal of the European Union (OJEU).

Taking the above into account, on the basis of the information in this report, the proposed procurement strategy should comply with the Regulations and the Council's Contract Rules.

The report author and responsible directorate are advised to keep Legal Services fully informed at every stage of the proposed tender exercise. Legal Services are on hand and available to assist and answer any questions that may arise.

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**
Community Development Officer

The Service will be available across the whole community, responsive to gender and or culturally specific need as well as needs relating to the particular substance misuse, and the Provider must demonstrate they are an equal opportunities employer. This will be tested as part of the tender process.

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

The Service will link with the Community Safety Partnership via Public Health to ensure it is responsive to identified need within the borough.

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)

- None

9. Appendices to the report

- Integrated Adults Substance Misuse Treatment Service, Procurement Stage 1 – Approval To Proceed To Tender

Report Authors:

Kevin Malone, Public Health Manager

Stefanie Seff, Corporate Procurement Strategy & Delivery Manager

PROCUREMENT STAGE 1 – APPROVAL TO PROCEED TO TENDER

This form must be completed for all procurements above the tender threshold (£75,000 - Services and Supplies and £500,000 – Works)

If contract value is over Cabinet approval threshold (£750,000) this form shall be attached with the request to tender report to Cabinet. This form will be "Open" for Publication.

Section A: ABOUT THIS PROCUREMENT	
Title	Integrated Adults Substance Misuse Treatment Service
Directorate	Adults, Health and Commissioning
Procurement Reference Number	PS/2016/285
Contract Cost (Maximum Spend)	£6 Million
Budget code(s)	PHC58
Introduction and Background	The current contract with Addaction comes to the end of its initial term on 31 March 2017. Addaction became responsible for the contract in January 2015 following their acquisition of KCA (the then incumbent) as part of a corporate merger. Although service performance has been on the whole satisfactory, officers have decided to take the contract to the market with a view to securing further integration and potential cost savings.
Proposed Contract Term	3 years initial term plus the option of two further years in any combination.
Political Sensitivity	N/A

Section B: COMMISSIONING REPORT	
Business Case	As stated, Addaction did not win this contract in their own right. The initial term comes to an end in March 2017 and whilst performance has been generally satisfactory, officers feel that there could be improvements generated in terms of integration and cost savings by testing the market. The current spend for this contract is c.£1.06M per annum. It is proposed that additional elements of the Adults drugs and alchohol service are included within this contract with a view to delivering service improvements at the equivalent or lower total budget cost of £1.15M.
Key Deliverables (Draft Specification)	Achievement of a range of quality outcomes including Public Health England targets on prevention and recovery of substance misuse.
Quality v Price evaluation	60:40 Quality:Price
Social Value	Bidders will be asked to propose Social Value opportunities for their term – this may include volunteering opportunities for local people, and for those in the recovery phase of their treatment.
Current / Previous Contract details	PS/2013/541

FINANCIAL IMPLICATIONS						
Current / Previous Contract Cost	The current spend on substance misuse services that will be included within this contract amounts to £1,234M per annum.					
Cost Breakdown	**Breakdown of Estimated Cost**	**16/17 £000's**	**17/18 £000's**	**18/19 £000's**	**Later £000's**	**Total £000's**
	Total Spend	**£**	**£1200**	**£1200**	**£3600**	**£6000**
Confirm Funding Breakdown Identified	Revenue Budget	£	£1200	£1200	£3600	£6000
	Capital Budget	£	£	£	£	£
	Other (Please State)	£	£	£	£	£
	Other (Please State)	£	£	£	£	£
	Total Funding	**£**	**£1200**	**£1200**	**£3600**	**£6000**
Budget Code(s)	PHC58					
Unsupported borrowing?	N/A					
Other Financial Implications	The procurement will seek to achieve savings through further integration and support continued delivery post removal of the Public Health ringfencce					

PROCUREMENT ROUTE ABOVE TENDER THRESHOLD (Choose 1(of A, B, C or D) only)		
A. COMPETITIVE PROCUREMENT (complete B if a Framework)		
Procurement Route	Light Touch EU (Social Care/Health)	
Procurement Justification	Health Service above EU Light touch threshold	
B. FRAMEWORK (Waiver in accordance with Rule 13.1 (c)		
Framework?	Is this a procurement from a Framework?	No
Title & Reference of Framework	N/A	
Framework Rationale	N/A	
C. REQUEST FOR QUOTE FROM RESTRICTED MARKET (Waiver in accordance with Rule 13.1 (d)		
Restricted Market?	Is this a request for quotes from a restricted market?	No
Rationale (only permitted below the EU threshold)	N/A	
D. SINGLE SOURCE REASON (Waiver in accordance with Rule 13.1 (a, b or d)		
Single Source	Is this Procurement a Single Source – One Quote/Tender *(Exceptional circumstances only and select reason below)*	No
Single Source justification below EU Threshold	*Select reason and explain your rationale* N/A	
Single Source justification above EU Threshold	If you are seeking a single tender above the EU threshold – using the "Negotiated Procedure without Call for Competition" route, this is only available in very exceptional circumstances. You must select the reason below and explain your rationale. N/A	
Single Source Rationale	N/A	

PROCUREMENT TIMETABLE, RISK, CONSULTATION AND MANAGEMENT

Milestones and target dates *(Draft)*	**Key Event**	**Date**
	Publication of Contract Notice or Advert	21 October 2016
	Return of PQQs (omit if not applicable)	N/A
	Issue of Invitation to Tender	21 October 2016
	Return of Tenders	28 November 2016
	Notification of Results	09 January 2017
	Standstill Period (omit if not applicable)	19 January 2017
	Leaseholder Consultation (omit if not applicable)	N/A
	Expected date of Award	20 January 2017
	Contract Commencement	01 April 2017

Risk Management – Set out Main Risks and Mitigating Actions

Risk	**Likelihood (A – E)[1]**	**Impact (I – IV)[2]**	**Level of Risk (High to Lower[3]**	**Potential Negative Impact**	**Management / Mitigation of Risk**
Tender Process Risks					
Insufficient interest in the tender	D	II	Lower	Unable to award contract	There is a developed third sector market in Substance Abuse Treatment Services
Overrun Procurment	C	II	Lower	Service gap or requirement to extend	As much preparation will be done as possible, slippage will be minimised
Enter Risk	L	I	Level	Impact	Mitigation
Contract Performance Management Risks					
Service Performance failure	C	I	High	Service Users at risk, community safety impact	Strong contract management to be put in place. Regular monitoring and involvement of CCG for clinical governance issues.
Enter Risk	L	I	Level	Impact	Mitigation
Enter Risk	L	I	Level	Impact	Mitigation

Contingency Arrangements	The potential for extension will be agreed with the current incumbent prior to tender. Public Health will continue to work closely with the CCG and Primary Care providers should any failure take place during the contract term.
Consultation	Internal consultation will take place with the Community Safety Partnership, and with the CCG and Primary Care Providers. A focus group exercise is planned to involve service users.
Project and Contract Management Proposals	The Contract will be managed directly by the Responsible Officer (Public Health Manager).

[1] **Risk Likelihood:** A = Very High, B = High, C = Significant, D = Low, E = Very Low
[2] **Risk Impact:** I = Critical, II = Significant, III = Marginal, IV = Negligible
[3] **Risk Level:** High = AI, BI, AII, BII, CI,CII, all others lower

Procurement Comments	The intention to procure an Integrated Adults Substance Misuse Treatment Service meets the requirements of Schedule 3 of the Public Contracts Regulations 2015. The estimated contract spend over the initial three year contract period is above the minimum EU threshold of £625.00 so a full OJEU process will be required. Public Contracts Regulations 2015, 74 – 77 will apply.

Section C: LEGAL, FINANCE AND PROCUREMENT APPROVAL		
Procurement Services	**Name**	John Harmer
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.
Legal Services **(Insofar as it relates to Legal implications)**	**Name**	Kevin Molloy
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.
Finance **(Insofar as it relates to Finance implications)**	**Name**	Jo Freeman
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.

Section D: APPROVAL TO PROCEED VALUE	
The Responsible Officer must sign the form, together with the Head of Service as a minimum. Delegated Authority Limits below.	
Approval Level	Over £750,000 - Cabinet

Section E: SIGN OFF APPROVAL TO PROCEED			
Confirmation by the Responsible Officer of Compliance with Contract Procedure Rules	The Responsible Officer **Kevin Malone** confirms that the procurement of **Integrated Adults Substance Misuse Treatment Service** and **PS/2016/285** has been carried out in accordance with Rule 5 of the Council's Contract Procedure Rules (Chapter 9, Part 2 of the Constitution) and in particular the following duties have been met by the Responsible Officer: • Compliance will occur with all regulatory or statutory provisions and the Council's decision making requirements • The Contract will be included on the Council's Contract Register • Value for Money will be achieved • Advice has or will be sought from the Director of Finance and Corporate governance as to an appropriate security bond or guarantee • Document Retention Policy has and will be complied with • Financial Evaluation will be made of all the proposed tenders including the recommended bidder • Advice has been and will be sought and followed from Procurement, Legal and Finance as necessary		
	Signed		
	Date		Click here to enter a date.
Approval to Proceed	In accordance with the Contract Procedure Rules, I/we confirm the accuracy of the information contained within this form and authorise this request to **Proceed to Tender** including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13		
Head of Service	**Name**		Tim Elwell-Sutton
	Signed *(Or obtain email of confirmation)*		
	Date		Click here to enter a date.
Corporate Director *I confirm that the Portfolio Holder has been consulted as required*	**Name**		Ian Wake
	Signed *(Or obtain email of confirmation)*		
	Date		Click here to enter a date.
Head of Corporate Finance *If waiver required*	**Name**		Name
	Signed *(Or obtain email of confirmation)*		
	Date		Click here to enter a date.
Cabinet	**Approval Minute Number**		Enter minute reference
	Date		Click here to enter a date.
Now send complete form to Procurement Services signed and scanned (with emails if used)			

12 October 2016	ITEM: 12 Decision: 01104386
Cabinet	
Procurement of the Healthy Lifestyles Service	
Wards and communities affected: All	**Key Decision:** Key Decision, spending above £500K
Report of: Councillor James Halden, Cabinet Member for Education and Health	
Accountable Head of Service: Tim Elwell-Sutton, Consultant in Public Health	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	
Purpose of Report: To seek Cabinet approval to the procurement of the Healthy Lifestyles Service.	

Executive Summary

This report is in line with the approach I announced in my annual cabinet report to full council in July.

Firstly we will give a new focus to early years by diverting resources to help prevent the rise of poor lifestyles in school children which are both a great financial burden to the health system, and greatly limit healthy lives. This will assist in the council aim of tackling generational issues.

We will no longer be using resources trying to re-educate consenting adults about their lifestyles although recognise that when adults are motivated to make positive lifestyle changes such as attempting to quit smoking, that they should be given the best chance of success by being able to continue to access evidenced based clinical services. Helping to change poor lifestyles had massive benefit, but this paper recognises how challenging this can be and how resources are best focused in early years.

A single lead provider means it will be far easier for a more streamlined and simple system to sit in line with the health and wellbeing strategy and also links with the children centre redesign to ensure full wrap around care to improve outcomes regardless of how services users initially interact with the health or education system.

This approach will give us a smarter and more targeted service, alongside a great financial saving.

1. Recommendation(s)

1.1 Approve the process to commence procurement of the Healthy Lifestyles Service.

1.2 Agree delegated authority for award of contract to the Director of Public Health in consultation with the Portfolio Member for Education and Health.

1.3 Cabinet agrees to a general obligation for the provider to evidence that they are fully engaged with schools, and with the local authority as we continue to develop healthy living plans via a sport and fitness agenda for young people and via our work in the Thurrock Health and Wellbeing Strategy 2016-2021.

2. Introduction and Background

2.1 Thurrock Public Health currently commissions a number of individual healthy lifestyle services through a single provider (NELFT) including: weight management, smoking cessation, MECC (Making Every Contact Count), NHS health checks, and community weight management programmes. Exercise on Referral is provided by Impulse Leisure and has been a one-year pilot programme.

2.2 The current budget is split as follows:

Contract	**Provider/s**	**2016-17 Budget**
Tier 1 and 2 Weight Management Services	NELFT and some community providers through grant agreements	£122,375
NHS Health Checks/CVD Risk Management Public Health Services Contract	NELFT	£253,500
New Tobacco Control and Smoking prevention	NELFT	£361,000[1]
Total Spend[2]		**£736,875.00**

2.3 This fragmented arrangement with limited interaction between Providers means that it can be both difficult to access (multiple entry points) and Service Users could receive a weight management service from more than one Provider, taking a place away from another potential recipient.

[1]Plus £34,000 for the ASSIST licence and an additional performance bonus potential of up to c. £10K for NELFT on quitters.

[2] The Exercise on Referral budget (PH) is currently c. £55,000 per annum. The CCG contribute to this service additionally. This service is under consideration for inclusion within the Lead Provider Model (see Section 4.6) but further savings would not be anticipated.

2.4 The cost of the current services is expensive, in terms of the outcomes achieved. Public Health is not able to track individuals on their longer term success and return to the programme (relapse) and therefore the strategic benefits are as yet unproven. Future budget cuts and the removal of the ring-fence on the Public Health Grant in 2018/19 put the sustainability of the services, in their current form, at risk.

2.5 In terms of performance, targets have not been met for Smoking Cessation and the Health Check programme – although Health Checks was still one of the best performing in the region and above national averages. Weight Management targets were achieved in part and there were significant differences across the different providers.

2.6 As current contracts end in March 2017, it is appropriate to reconsider the model in terms of delivery, management, monitoring and cost. This paper sets out the options and new model for procurement.

2.7 The Healthy Lifestyles Contract should be seen within a much wider framework of strategic work to improve health and wellbeing within Thurrock. For example, Public Health and working closely with the Council's Planning, Regeneration and Transport functions to capitalise on opportunities create healthier environments that encourage physical activity such as walking and cycling.

3. Issues, Options and Analysis of Options

Timescale and Procurement Route

3.1 The tender now falls under the Public Contracts Regulations' "Light Touch Regime" as the whole life value is above £625,000. This requires advertisement in OJEU and compliance with certain EU Procurement Directive standards.

3.2 Additionally, within this procurement it is important to include a minimum of two months for implementation because if there is a change in contractor, it is likely there will TUPE transfer of staff at contract change-over as well as the contractual and administrative set-up necessary to deliver the service.

3.4 This report, presented to Cabinet in October 2016 requests permission to go out to tender with a view to a new contract start date of 1 April 2017.

New Service Outcomes and Deliverables

3.5 The proposed new service would include the following elements:

- Smoking Cessation / Harm Reduction including e-cigarettes (Tier 2)
- Health Checks
- Weight Management (Tier 2)
- Making Every Contact Count (MECC)

- Onward referrals within and outside of the service (e.g. to Tier 3 Weight Management, and mental health services such as IAPT)
- Signposting to universal services

3.6 The benefits of including the Exercise on Referral scheme within the Lead Provider Model is currently under consideration. It is a direct referral by GPs or Healthcare professionals and the benefits of including this are more limited. A cost benefit analysis will be undertaken before the decision is made.

3.7 In terms of Health and Wellbeing Strategy outcomes, the Service will clearly contribute towards E1-E3 (Healthier for Longer) (green), but also can make a significant contribution to D1-3, E4 and C4 (yellow).

Goals	**A. Opportunity For All**	**B. Healthier Environments**	**C. Better Emotional Health And Wellbeing**	**D. Quality Care Centred Around The Person**	**E. Healthier For Longer**
Objectives	A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
	A2. More Thurrock residents in employment, education or training.	B2. Develop homes that keep people well and independent	C2. Improve children's emotional health and wellbeing	D2. When services are required, they are organised around the individual	E2. Reduce the proportion of people who smoke.
	A3. Fewer teenage pregnancies in Thurrock.	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Significantly improve the identification and management of long term conditions
	A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification and treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

3.8 A suite of Key Performance Indicators and data requirements will be developed to accurately measure both the performance of the Contractor(s) and the overall success of the programme against the Health and Wellbeing Strategy Outcomes. Measures will need to be flexible as priorities change over the 3-5 year term of the contract.

Service Model and Procurement Options

3.9 A range of different options were considered for both the model and procurement route, including maintain separate services, single provider (all elements) and either tender or bring the service in-house. The service model options considered are set out in Appendix 1 to this report.

Recommended Service Model Option - Lead Provider

3.10 A Lead Provider will deliver a Healthy Lifestyle programme through a Single Point of Access/Referral (and shared data) with services delivered through primary care, outreach and direct commissioning of community programmes to meet specified outcomes.

This has the following advantages:

- Greater potential for lower cost contract as each section supports the other (resource sharing) and absorbs potential losses
- Only one organisation to manage
- Allows for local community services to be incorporated on a framework
- Data returns from one source
- One procurement process
- Single Point of Access/Referral, supporting appropriate service allocation, data sharing and monitoring.
- Ability to provide a more holistic service to users who have multiple needs.
- Relatively scalable to meet future budget changes

3.11 With regard to the procurement options, the value determines the need to go out to a full open procurement exercise, using the “Light Touch” rules.

3.12 Officers did consider whether any element of the service could be brought in-house; however alongside the extensive timescale to undertake the insourcing exercise, additional procurement activity would be required for some directly commissioned community services, together with an IT system to manage client assessment and referral. Delivery of savings are less achievable through this route.

3.13 It is therefore recommended to put the service through an open market tender to ensure the opportunity for savings and innovation. A large NHS or Private Sector provider would also be more likely to be able to meet the Council’s requirement to flex resources over the term of the contract as priorities and funding changes.

3.14 A “Lead Provider” does not mean a single provider, or “one size fits all” provision. It is envisaged that where appropriate, the Lead Provider will sub contract with smaller providers including those in the community and voluntary sector to retain the plurality of provision in healthy lifestyle programmes.

4. Reasons for Recommendation

4.1 This report is submitted to Cabinet for approval tender for a contract with a whole life cost valued above £750K. The total estimated value for this contract over the maximum 5 year period of delivery is c. £2.9 million.

4.2 Delegated authority to award is requested to en`sure there is sufficient time for lead-in in order that the new Service may start in April 2017.

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

5.1 This proposal has been discussed and agreed with internal and external stakeholders including CCG, Primary Care and current providers.

5.2 This report was discussed at Health Overview and Scrutiny Committee on 15 September 2016 and was supported.

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

6.1 The contract aims to meet corporate priorities through the delivery of high quality services in all elements.

The following two examples show how priorities will be delivered through the contract:

Priority	**Delivered By**
Improve Health and Wellbeing	Clearly this is the fundamental scope of the Service. The service aims to reduce the prevalence of obesity, smoking and increase healthy lifestyles. Service Users will be tracked throughout and after the programme/s to determine the long term benefits. Inclusion of the NHS Health Checks Programme should help in the identification of yet undiagnosed conditions that can be treated early to reduce long term health care costs.
Encourage and promote job creation and economic prosperity (and Social Value Act)	Clear targets to be set around volunteering, training and employment opportunities for local people

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Management Accountant

The procurement aims to implement one contractual arrangement from a number of service budgets within or below the current annual price. The contract will be scalable to enable it to adjust to priorities and changes in funding availability during the maximum 5 year term as the ringfence on the Public Health Grant is removed in 2018/19.

7.2 Legal

Implications verified by: **Kevin Molloy**
Contracts Solicitor

This report is seeking approval from Health Overview and Scrutiny Committee for in principal agreement to tender the contract noted in the report. The proposed procurement is estimated well above the EU threshold for "Health" services (£625K) within the new Light Touch Regime of the Public Contracts Regulations 2015. This means that there is a legal requirement to competitively tender the contract via the Official Journal of the European Union (OJEU).

Taking the above into account, on the basis of the information in this report, the proposed procurement strategy should comply with the Regulations and the Council's Contract Rules.

The report author and responsible directorate are advised to keep Legal Services fully informed at every stage of the proposed tender exercise. Legal Services are on hand and available to assist and answer any questions that may arise.

7.3 Diversity and Equality

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

The Service will be available across the whole community, responsive to gender and or culturally specific need. A Community And Equality Impact Assessment will be carried out to identify specific actions to include in the specification so to ensure the needs of target areas and groups of people with protected characteristics are met, as well as ensuring ease of access to

services. Bidders' achievement of similar outcomes for a range of target groups and areas will be tested as part of the tender process.

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):

- None

9. Appendices to the report

- Appendix 1: Options for Service Model and Procurement Route
- Appendix 2: Healthy Lifestyles Services, Procurement Stage 1 – Approval To Proceed To Tender

Report Authors:

Sue Bradish, Public Health Manager

Stefanie Seff, Corporate Procurement Strategy & Delivery Manager

Appendix 1: Service Model Options

Model	Description	Advantages	Disadvantages
As is (No Change)	Healthy Lifestyle programmes continued to be commissioned with the current Provider (NELFT) alongside additional community programmes	• Good relationship with Providers (NELFT and Community Providers) • NELFT have established relationships with local primary care and pharmacy services	• Limited opportunity for innovation • May be difficult to achieve savings • Previous reductions have led to fewer front line staff • Difficult to justify in procurement terms
Individual Services	Healthy Lifestyle programmes are procured on an individual basis (eg. smoking, weight management) with the expectation of a variety of providers being awarded contracts	• Healthy competition to ensure the best provider chosen • Competitive pricing and specialisms • Standalone providers allows for easy decommissioning of specific services • Community services could be targeted more effectively • Autonomy of services	• Increased data collection resource • Potential loss of provider relationships with primary services, pharmacies • Duplication of usage (by Service Users) and management/administration costs • Several procurement processes and contract awards, and more contract management.
Lead Provider Service	Lead Provider delivers a Healthy Lifestyle programme through a Single Point of Access/Referral (and shared data) with services delivered through primary care, outreach and direct commissioning of community programmes to meet specified outcomes	• Potentially lower cost contract as each section supports the other (resource sharing) and absorbs potential losses • Only one organisation to manage • Can specify local services and supports community providers • Data returns from one source • One procurement process • Single Point of Access/Referral, supporting appropriate service	• Potential for higher company overheads and reduction on staffing levels – though this can be managed through commissioning and management process • Dependent on the provider, may lose relationship with primary care, pharmacies.

Model	Description	Advantages	Disadvantages
		allocation, data sharing and monitoring. • Ability to provide a more holistic service to users who have multiple needs. • Fairly scalable in terms of moving budget figures	
All Inclusive Service	One provider responsible for direct delivery of all services (possibly with some commissioning through LESs (Locally Enhanced Services) with primary care. Using an internal health trainer type model to provide outreach.	• One service so management is simple • Costs easy to trace and manage service users • There may be savings in overheads • Control is potentially better	• Service difficult to disaggregate if failing in part • May miss some potential opportunities in commissioning of specialist providers • Impact on local organisations may be negative.

Overall, the Lead Provider model is most likely to deliver the mix of services the Council requires, at a cost effective price.

PROCUREMENT STAGE 1 – APPROVAL TO PROCEED TO TENDER

This form must be completed for all procurements above the tender threshold (£75,000 - Services and Supplies and £500,000 – Works)

If contract value is over Cabinet approval threshold (£750,000) this form shall be attached with the request to tender report to Cabinet. This form will be "Open" for Publication.

Section A: ABOUT THIS PROCUREMENT	
Title	Healthy Lifestyles Service
Directorate	Adults, Health and Commissioning
Procurement Reference Number	PS/2016/289
Contract Cost (Maximum Spend)	£2.9M over 5 years
Budget code(s)	PH001, PHCO2, PHC09
Introduction and Background	Public Health currently commission a range of services in Thurrock aimed at helping people live healthily. These include smoking prevention and help to quit, weight management and delivery of the NHS Health Checks programme. This proposed procurement brings all of these services together into a Lead Provider Model to deliver a more customer focussed service along with contract savings
Proposed Contract Term	3 years plus an additional 2 years in any combination
Political Sensitivity	N/A

Section B: COMMISSIONING REPORT	
Business Case	The current service delivery arrangements are fragmented and complex to manage. Service Users can access the individual services now, but there is little cross referral and potential duplication as there are more than one of each type of service. Services are provided both under commissioned arrangements with NELFT, and with grant funding agreements for some community based services. The proposed model will allow a single point of access and referral for service users and for GPs/Health professionals to use. A central database will ensure that we can track service users across whatever programme they need and ensure approriate follow up and feedback. It is envisaged that this model will deliver cost efficiencies with no reduction in activity level.
Key Deliverables (Draft Specification)	The specification will set out the Lead Provider responsibility and the elements of the service that may be delivered by partner organisations in a subcontracting arrangments. Challenging targets will be set to meet the required deliverables of the Public Health Outcomes Framework.
Quality v Price evaluation	60:40 Quality:Price
Social Value	There is opportunity within this service to include community support and training of organisations around healthy lifestyles services, MECC (Making Every Contact Count) etc and this will be a clear requirement for the Lead Provider. Additionally, proposals will be requested around local employment and volunteering opportunities.
Current / Previous Contract details	New combined service previously awarded as a range of contracts

FINANCIAL IMPLICATIONS						
Current / Previous Contract Cost	The current spend against the services to be included amounts to ~£736,000 per annum.					
Cost Breakdown	**Breakdown of Estimated Cost**	**16/17 £000's**	**17/18 £000's**	**18/19 £000's**	**Later £000's**	**Total £000's**
	Total Spend	**£**	**£580**	**£580**	**£1740**	**£2900**
Confirm Funding Breakdown Identified	Revenue Budget	£	£580	£580	£1740	£2900
	Capital Budget	£	£	£	£	£
	Other (Please State)	£	£	£	£	£
	Other (Please State)	£	£	£	£	£
	Total Funding	**£**	**£580**	**£580**	**£1740**	**£2900**
Budget Code(s)	PH001, PHCO2, PHC09 (Smoking tbc)					
Unsupported borrowing?	N/A					
Other Financial Implications	This procurement will look to save a minimum of 15% against current costs over the contract period.					

PROCUREMENT ROUTE ABOVE TENDER THRESHOLD (Choose 1(of A, B, C or D) only)		
A. COMPETITIVE PROCUREMENT (complete B if a Framework)		
Procurement Route	Light Touch EU (Social Care/Health)	
Procurement Justification	Health Service above £625K	
B. FRAMEWORK (Waiver in accordance with Rule 13.1 (c)		
Framework?	Is this a procurement from a Framework?	No
Title & Reference of Framework	N/A	
Framework Rationale	N/A	
C. REQUEST FOR QUOTE FROM RESTRICTED MARKET (Waiver in accordance with Rule 13.1 (d)		
Restricted Market?	Is this a request for quotes from a restricted market?	No
Rationale (only permitted below the EU threshold)	N/A	
D. SINGLE SOURCE REASON (Waiver in accordance with Rule 13.1 (a, b or d)		
Single Source	Is this Procurement a Single Source – One Quote/Tender *(Exceptional circumstances only and select reason below)*	No
Single Source justification below EU Threshold	*Select reason and explain your rationale* N/A	
Single Source justification above EU Threshold	If you are seeking a single tender above the EU threshold – using the "Negotiated Procedure without Call for Competition" route, this is only available in very exceptional circumstances. You must select the reason below and explain your rationale. N/A	
Single Source Rationale	N/A	

PROCUREMENT TIMETABLE, RISK, CONSULTATION AND MANAGEMENT

Milestones and target dates *(Draft)*	**Key Event**	**Date**
	Publication of Contract Notice or Advert	31 October 2016
	Return of PQQs (omit if not applicable)	N/A
	Issue of Invitation to Tender	31 October 2016
	Return of Tenders	12 December 2016
	Notification of Results	23 January 2017
	Standstill Period (omit if not applicable)	Until 3 February 2017
	Leaseholder Consultation (omit if not applicable)	N/A
	Expected date of Award	06 February 2017
	Contract Commencement	01 April 2017

Risk Management – Set out Main Risks and Mitigating Actions

Risk	**Likelihood (A – E)[1]**	**Impact (I – IV)[2]**	**Level of Risk (High to Lower[3]**	**Potential Negative Impact**	**Management / Mitigation of Risk**
Tender Process Risks					
Procurement timescale overrun	C	ii	High	Contract gap until new service can start	Timescale will be tightly managed to faciitate compliance. This is not a mandated service
Lack of market interest	D	ii	Lower	Restricted market	A provider engagement session will be held at the start of the tender period to assist with queries and issues
Enter Risk	L	I	Level	Impact	Mitigation
Contract Performance Management Risks					
Enter Risk	L	I	Level	Impact	Mitigation
Enter Risk	L	I	Level	Impact	Mitigation
Enter Risk	L	I	Level	Impact	Mitigation

Contingency Arrangements	This is not a mandated service and therefore a short gap in provision is manageable.
Consultation	Internal consultation is underway. Existing providers will be consulted and invited to the provider engagement session
Project and Contract Management Proposals	The contract will be managed within the Public Health Team
Procurement Comments	The intention to procure a Healthy Lifestyles Service meets the requirements of Schedule 3 of the Public Contracts Regulations 2015. The estimated contract spend over the initial three year contract period is above the minimum EU threshold of £625.00 so a full OJEU process will be required. Public Contracts Regulations 2015, 74 – 77 will apply.

[1] **Risk Likelihood:** A = Very High, B = High, C = Significant, D = Low, E = Very Low
[2] **Risk Impact:** I = Critical, II = Significant, III = Marginal, IV = Negligible
[3] **Risk Level:** High = AI, BI, AII, BII, CI,CII, all others lower

Section C: LEGAL, FINANCE AND PROCUREMENT APPROVAL		
Procurement Services	**Name**	John Harmer
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.
Legal Services **(Insofar as it relates to Legal implications)**	**Name**	Kevin Molloy
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.
Finance **(Insofar as it relates to Finance implications)**	**Name**	Jo Freeman
	Signed *(Or obtain email of confirmation)*	
	Date	Click here to enter a date.

Section D: APPROVAL TO PROCEED VALUE	
The Responsible Officer must sign the form, together with the Head of Service as a minimum. Delegated Authority Limits below.	
Approval Level	Over £750,000 - Cabinet

Section E: SIGN OFF APPROVAL TO PROCEED			
Confirmation by the Responsible Officer of Compliance with Contract Procedure Rules	The Responsible Officer **Sue Bradish** confirms that the procurement of **Healthy Lifestyles Service** and **PS/2016/289** has been carried out in accordance with Rule 5 of the Council's Contract Procedure Rules (Chapter 9, Part 2 of the Constitution) and in particular the following duties have been met by the Responsible Officer: • Compliance will occur with all regulatory or statutory provisions and the Council's decision making requirements • The Contract will be included on the Council's Contract Register • Value for Money will be achieved • Advice has or will be sought from the Director of Finance and Corporate governance as to an appropriate security bond or guarantee • Document Retention Policy has and will be complied with • Financial Evaluation will be made of all the proposed tenders including the recommended bidder • Advice has been and will be sought and followed from Procurement, Legal and Finance as necessary		
	Signed		
	Date		Click here to enter a date.
Approval to Proceed	In accordance with the Contract Procedure Rules, I/we confirm the accuracy of the information contained within this form and authorise this request to **Proceed to Tender** including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13		
Head of Service	**Name**		Tim Elwell-Sutton
	Signed *(Or obtain email of confirmation)*		
	Date		Click here to enter a date.
Corporate Director *I confirm that the Portfolio Holder has been consulted as required*	**Name**		Ian Wake
	Signed *(Or obtain email of confirmation)*		
	Date		Click here to enter a date.
Head of Corporate Finance *If waiver required*	**Name**		Name
	Signed *(Or obtain email of confirmation)*		
	Date		Click here to enter a date.
Cabinet	**Approval Minute Number**		Enter minute reference
	Date		Click here to enter a date.
Now send complete form to Procurement Services signed and scanned (with emails if used)			

12 October 2016	ITEM: 13 Decision: 01104387
Cabinet	
Improving Standards in Primary Care	
Wards and communities affected: All	**Key Decision:** Key
Report of: Councillor James Halden, Cabinet Member for Education and Health	
Accountable Head of Service: Emma Sanford, Strategic Lead – Healthcare and Social Care Public Health	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

This report outlines one of the key policies of this Conservative Administration to show true council leadership to hold the primary care network to account and improve the system.

We will produce a scorecard based on local metrics to enable all partners to hold poor performance in primary care to account and act as a critical friend to drive improvements; simply we will have a data driven conversation about how well health services are treating patients and have expert input into how this must improve. This is where using the Health and Wellbeing board as a delivery arm of this aim is vital to build this critical friend relationship.

The council will also show leadership and work with Healthwatch Thurrock to grow patient participation groups, the GP equivalent of schools governors, who will help us hold poor providers to account and to critically raise the expectations of what the public should expect from primary care.

We often state that we want to see all schools rated as good or outstanding, but we rarely state the same ambitions for GP's. This is wrong and it now changes. We will never shrink from holding poor performance to account, publicly.

This is an exciting new phase of ambition for primary care in Thurrock as we show system leadership and work to all providers being "good".

1. Recommendation

1.1 That Cabinet approves the two initiatives proposed within the report.

2. Introduction and Background

2.1 This report sets out a range of innovate approaches to improve clinical standards in Primary Care.

2.2 Thurrock is served by 33 GP practices, commissioned by NHS England. NHS Thurrock Clinical Commissioning Group (CCG) also has a small Primary Care Development Team that work with GP practices as a 'critical friend' to improve clinical quality and strategically manage the Primary Care future provider landscape. This involves very close working with Thurrock Council, other NHS providers and the third sector to deliver programmes such as the new Integrated Healthy Living Centres.

2.3 Thurrock CCG inherited a local GP provider landscape from NHS South Essex PCT that is facing significant challenge. Thurrock has the fourth most 'under-doctored' CCG population in the country. In 2014/15 the average number of patients per FTE GP in England was 1321, whilst in Thurrock it was 2072. Levels of under-doctoring in Thurrock are not evenly distributed between different GP practice populations. All but four GP practices have levels of under-doctoring that are worse than the England average. The most under-doctored practice has a ratio of patients:FTE GP that is over five times the England average. Furthermore, analyses by Public Health identified a strong positive correlation between levels of under-doctoring at GP practice population level, and levels of deprivation. As such, practice populations with the highest levels of morbidity and mortality are likely to be the worst served in terms adequate numbers of GPs.

2.4 The Care Quality Commission CQC is an independent regulator of health and social care providers in England. Its responsibilities include regularly inspecting and rating services provided by GP practices. A new system of inspection and regulation was introduced in 2015 which provided an overall rating of *"Excellent"*, *"Good"*, *"Requires Improvement"* or *"Inadequate"* based on five domains relating to whether the practice is safe, effective, caring, responsive and well-led. To date 20 GP practices have been inspected by the CQC in Thurrock. Of these 10 received an overall CQC rating of *"Good"*, five of *"Requires Improvement"* and five of *"Inadequate"*. A full list of Thurrock GP Practices and their latest CQC rating is shown in Appendix A.

2.4.1 The CQC's inspection regime of GP practices is based on nationally agreed metrics. However, given the variation in clinical quality between different GP practices at a local level, there is also merit in developing locally agreed metrics that are relevant to addressing the health issues faced by local communities.

2.5 Variation in Primary Care is a major public health and system's sustainability issue in Thurrock. Inadequate GP practices will both have a significant impact negative impact on the health of the population they serve, and are likely to drive costs elsewhere in the health and social are system. As such, the council's Public Health Team have been working very closely to support NHS

Thurrock CCG to help improve the situation. This paper describes two new proposed initiatives within a wider programme of work; strengthening Patient Participation Groups and a GP Long-Term Conditions Balanced Score Card.

2.6 Ensuring high quality GP services in Thurrock is absolutely essential in achieving high quality outcomes for patients locally, and ensuring our local health and social care system's financial sustainability. Over 70% of all NHS consultations between clinicians and patients occur in GP practices, and over 90% of the population will consult their GP at least once a year. GPs act a "gate keeper" to access of more expensive elements of treatment provided by hospitals and also play an enormous role in managing patients with Long Term Conditions, the spend on which now accounts for over three quarters on the entire NHS budget in England. There is clear evidence that delivery of high quality long term condition management within Primary Care results in fewer emergency hospital admissions and better health outcomes for patients. Approximately a third of clients entering the ASC system in Thurrock do so following an emergency hospital admission. As such, improving the clinical quality of long term condition management by GPs locally is also likely to reduce demand for Adult Social Care services.

3. Strengthening Patient Participation Groups

3.1 From April 2016 it has been a contractual requirement for all GP practices in England to form a Patient Participation Group (PPG) during the year and make reasonable efforts to it to be representative of the practice population. PPGs can play a key role in assisting GP practices to improve patient care including:

- Advising the practice on the patient perspective
- Providing a mechanism for patients to make positive suggestions about the practice and how it can improve
- Encouraging and organising health promotion activities within the practice and amongst the wider population it serves
- Communicating with the wider patient body
- Running volunteer services and support groups to support patients and the services of the practice
- Influencing the work of the practice or the wider NHS to improve commissioning
- Fundraising to improve services provided by the practice

3.2 PPGs in Thurrock are currently undeveloped, with some GP practices yet to set up an effective PPG, and others having a poor level of engagement from their practice populations.

3.3 Public Health proposes to work with NHS Thurrock CCG and Thurrock Healthwatch to deliver a new programme Patient Participation at GP practice level. Healthwatch will help support practices to set up a PPG where one currently doesn't exist, including engaging and recruiting patients, and will deliver a training programme including a free resource pack to those PPGs

that are already operating. The training programme will increase the understanding and confidence of PPG members on issues such as PPG roles and responsibilities. Members of the Thurrock Public Health Team will support the delivery of the training programme by providing GP Practice population specific profiles that identify the main health needs of the practice population. The accompanying resource pack has been developed by Thurrock Healthwatch based on a model of best practice from the National Patients' Association and includes:

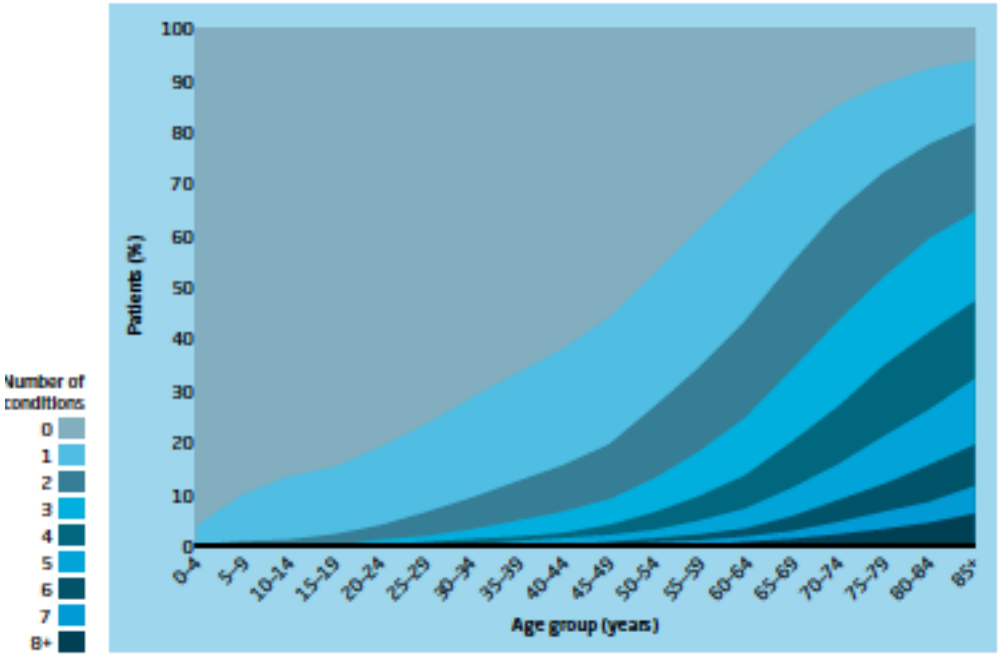
- Starting a patient group - guidance sheet
- Terms of reference template
- Patient group member role and responsibilities guidance
- Confidentiality policy and agreement for volunteers
- Meeting agenda template
- Patient group information leaflet
- Patient group template poster
- Development checklist

Whilst the setting is different, the skill set required to be an effective local school governor or a member of a successful PPG is very similar. As such we will also explore how officers of the council responsible for health and education can further work together to offer leadership and capacity in the training of both school governors and members of Patient Participation Groups.

4. GP Long-Term Conditions Balanced Scorecard

4.1 When the NHS was founded in 1948, 48% of the population died before the age of 65. By 2011, that figure had fallen to 14%[1] and continues to fall. In England, average life expectancy at aged 65 is now 21 years for women and 19 years for men. However as people age they are progressively more likely to live with complex co-morbidities, disability and frailty. 70% of health and social care spend is on people with long term conditions[2] and most people over 75 live with two or more long term conditions. (Figure 1).

Figure 1



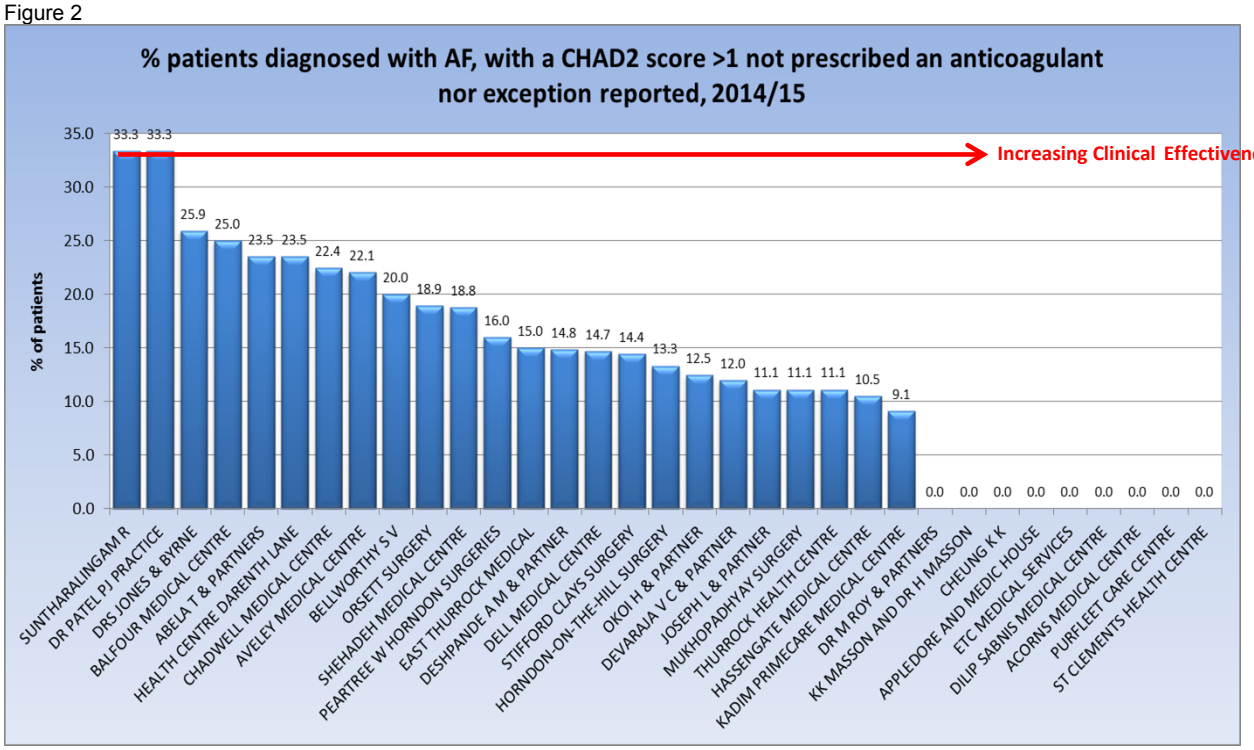
Source: Barnett *et al* 2012

Reprinted from *The Lancet*, vol 380, pp 37–43, © 2012, with permission from Elsevier.

4.2 A population living longer but not necessarily healthier lives creates some fundamental issues for the current system. Health and social care systems have failed to keep up with this dramatic shift. As such embedding effective tertiary prevention (clinical activity that aims to keep patients with long-term-conditions as well as possible) within Primary Care 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 remains financially and operationally sustainable.

4.3 There is currently an unacceptable variation in the quality and effectiveness of long term condition clinical management programmes delivered at GP practice level in Thurrock which is leading to unnecessary emergency hospital admissions and serious and preventable health events such as strokes and heart attacks in some of our patients. An example of this is set out in figure 2. National Institute of Clinical Excellence (NICE) guidance states that all patients diagnosed with Atrial Fibrillation (AF) with a CHAD2 score >1 (a standardised clinical assessment tool that identifies stroke risk) must be prescribed anticoagulant medication in order to reduce their stroke risk, unless a patient falls into a cohort where they have another clinical contraindication that makes this dangerous, and/or they actively refuse to engage/comply with the clinical intervention (known as exception reporting). Figure 2 shows the percentage of patients diagnosed with AF at GP practice level who have **not** been prescribed an anti-coagulant medication and are **not** exception reported. These patients are being unnecessarily put at a high risk of stroke through failure of the practice to identify and prescribe a simple and low cost pharmacological intervention.

Figure 2



4.4 Caution should be advised before drawing firm conclusions on the reasons that lie behind the variation demonstrated in figure 2, which is also found across a wide range of other tertiary prevention clinical indicators. Underlying factors could include variation between practices in terms of patient need/demand levels; clinical practice; practice staff skill-mix; levels of under-doctoring; and practice management/administrative skill/capacity. GP practices operate as independent private contractors and as such neither NHS England nor NHS Thurrock CCG or Thurrock Council has direct management control on GPs. However, highlighting variation in performance between practices directly to local clinicians, and assisting them to identify patients who need clinical interventions that reduce their risk of serious health events are two mechanisms that the Thurrock Director of Public Health has employed successfully at Basildon and Brentwood CCG in the past, to improve patient care. Over-stretched clinicians, juggling competing clinical demands from patients, who are often served by inadequate levels of systematic/proactive administrative support, are sometimes unaware of the identities of all patients that require clinical interventions to keep them well.

4.5 It is proposed that the Thurrock Healthcare Public Health Team will work with NHS Thurrock CCG's Primary Care Development Team and the CCG's Clinical Executive Group to create and agree a Long Term Conditions Management Balanced Score Card and individual tailored GP practice reports. Public Health informatics staff are currently analysing the latest Hospital Episode Statistics (HES) and Primary Care Quality Outcomes Framework (QOF) data sets to identify the clinical interventions undertaken within GP practices that have the biggest impact on unplanned hospital

admissions, and where there is the greatest variation between practices. The top eight interventions will be placed within the score card, showing each practice's performance, and shared with all practices on a quarterly basis. Public Health and the CCG's Primary Care Development Team will also construct "SystmOne" (the GP clinical database system used to hold patient records in all but two practices in Thurrock) queries, that can be run at GP practice level that will allow practice managers and clinicians to identify patients on Long Term Conditions registers that require clinical interventions to help keep them well. The scorecard will also include metrics that relate to the success of the development and operation of each GP practice's PPG.

4.6 When implemented in Basildon and Brentwood CCG, this approach facilitated sharing of best clinical practice between high and low performing practices, and an immediate and continued improvement in long term conditions management of patients across the entire CCG population. Examples of the scorecard and individual GP practice report successfully implemented are shown in Appendix B.

4.7 The Thurrock Joint Health and Wellbeing Board (H&WBB) will receive data presented in the LTC Management Score card on a quarterly basis in order to track progress on LTC management improvement amongst member practices. The H&WBB will act as the "delivery arm" of this programme, using this data to nurture peer support amongst GP practices whilst ensuring an effective partner challenge relationship amongst Board members.

4.8 It is expected that the Public Health analyses required to identify the indicators will be completed by the end of September 2016, and that engagement with clinicians and agreement of the final process will be complete by December 2016, with a go live date in January 2017.

4.9 The two initiatives set out in this paper are examples of how the Thurrock Public Health Team will dedicate practical resources to assist and support GP practices to better engage with and care for their patients. In addition to the Council's plans to deliver four Integrated Healthy Living Centres in partnership with NHS and third sector stakeholders, we will seek to use capital and planning functions more effectively to allow high performing GP practices to expand. Equally, in conjunction with NHS Thurrock CCG and Healthwatch Thurrock we will increase patients' knowledge and understanding of the results of CQC inspections in order to help patient practice populations interpret the content of CQC GP Practice reports and what this may mean for them. We will also continue work with NHS England, as the commissioners of GP practices to ensure that they swiftly address issues of unacceptable quality in Primary Care highlighted by the CQC.

5. Reasons for Recommendation

5.1 By approving these two new initiatives, Cabinet recognises and supports the approach of the Cabinet Portfolio Holder for Education and Health to drive up standards in Primary Care locally.

6. Consultation (including Overview and Scrutiny, if applicable)

6.1 Both programmes set out in this paper have been discussed and are supported by NHS Thurrock CCG and Healthwatch Thurrock. The LTC Management Scorecard is already a key objective under Goal E –*Healthier for Longer* in the Thurrock Joint Health and Wellbeing Strategy 2016-2021, which has already been widely consulted on and approved by both Thurrock Council and NHS Thurrock CCG's Board.

6.2 The projects contained within this report were also discussed at HOSC on 15 September 2016 and the approach widely supported. HOSC noted the caveats on use of data discussed in paragraph 4.4 in respect of use of the LTC Management Scorecard.

7. Impact on corporate policies, priorities, performance and community impact

7.1 These two initiatives support a wider programme of work to improve Primary Care in Thurrock as set out in the new Thurrock Joint Health and Wellbeing Strategy 2016-2021 and Public Health Service Transformation Plan 2016-17. They also support the work of the Council's Customer Service and Demand Management Board, and Transformation Plans and will contribute to financial sustainability of both Thurrock Council and the wider local Health and Social Care Economy.

7.2 The two initiatives will impact positively on local patients by ensuring their voice is strengthened at GP practice level, and that their care is improved.

8. Implications

8.1 Financial

Implications verified by: **Kay Goodacre**

Finance Manager, Corporate Finance

There are no direct additional financial costs arising from this report. All costs of the programme will be met from use of existing Public Health staffing resources. It is expected that the approach will deliver financial savings in terms of reduced health and social care demand. These are in the process of being modelled and will be set out in the Annual Report of the Director of Public Health 2016, that will be published in November 2016.

8.2 **Legal**

Implications verified by: **Chris Pickering**

Principal Solicitor, Employment & litigation

This report outlines increased data gathering and monitoring for reporting back to the Health and Wellbeing Board. The report does not set out any changes to service delivery and as such the report does not highlight any legal implications.

8.3 **Diversity and Equality**

Implications verified by: **Becky Price**

Community Development Officer, Community Development and Equalities Team

The initiatives outlined in this report will tackle the challenges of 'under-doctoring' and the under-development of Patient Participation Groups in Thurrock. They have been developed in conjunction with the NHS Thurrock CCG and Healthwatch Thurrock and form part of the Thurrock Joint Health and Wellbeing Strategy 2016-2021.

Through implementation, the proposals are expected to impact positively on local patients by ensuring their voice is strengthened at GP practice level, and that local Primary Care is improved overall.

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

- None

9. 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):

- None

10. Appendices to the report

Appendix 1 – CQC Ratings for Thurrock GP Practices
Appendix 2 – Example of LTC Management Balanced Scorecard and Individual Practice Report implemented at BBCCG.

Report Author:

Ian Wake
Director of Public Health
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E. iwake@thurrock.gov.uk

REFERENCES

[1] Office for National Statistics 2011.

[2] Department of Health, *Improving quality of life for people with long-term conditions*. London: DH. 2013.

Appendix 1 – CQC Ratings for Thurrock GP Practices

GP PRACTICE	OVERALL CQC RATING
Dr Leighton, Aveley Medical Centre	Good
Dr Jones, Rigg-Milner Medical Centre	Good
Dr Mohile , Chadwell Medical Centre	Inadequate
Dr Roy, Southend Road, Stanford-le-Hope	Good
Dr Suntharalingam, Health Centre, Tilbury	Inadequate
Dr Abela, Chafford Hundred Medical Centre	Requires Improvement
Drs Davies & Jayakumar, Peartree Surgery South Ockendon	Report Awaited
Dr D'Mello, The Surgery, Rowley Road, Orsett	Good
Dr Tressider, Hassengate Medical Centre, Stanford-le-Hope	Good
Dr Bansal, Balfour Medical Centre, Chadwell St Mary	Report Awaited
Dr Deshpande, Neera Medical Centre, Stanford-le-Hope	Inadequate
Dr Headon, the Health Centre, Stifford Clays	Requires Improvement
Dr Bellworthy, Sancta Maria Centre, South Ockendon	Requires Improvement
Dr Pattara & Dr Raja, The Horndon Surgery,	Good
The Shehadeh Medical Centre, Tilbury	Inadequate
Dr Yadava, East Thurrock Road Medical Centre, Grays	Not Yet Inspected
Dr Joseph, The Surgery, Grays	Not Yet Inspected
Dr Abeyewardene, Dell Medical Centre, Grays	Good
Dr Kadim, Primecare Medical Centre, Grays	Not Yet Inspected
Dr Yasin, The Health Centre, South Ockendon	Good
Drs Masson, The Surgery, Grays	Good
Dr Cheung, Ash Tree Surgery, Corringham	Good
Dr Ramachandran, Medica House, Tilbury	Requires Improvement
Dr Okoi, Derry Court, South Ockendon	Report Awaited
Dr Gorai, East Tilbury Medical Centre,	Not Yet Inspected
Dr Devaraja, the Sorrells, Corringahm	Requires Improvement
Dr Otim, Dilip Sabnis Medical Centre, Chadwell St Mary	Not Yet Inspected
Dr Ajetunmobi, Acorns, Queensgate Centre, Grays	Not Yet Inspected
Dr Nimal Raj, Purfleet Care Centre	Not Yet Inspected
Dr Hannan, St Clements Health Centre, West Thurrock	Not Yet Inspected
Dr Jathesenaikabahu, Thurrock Health Centre	Good
Dr Patel, Sai Medical Centre	Inadequate

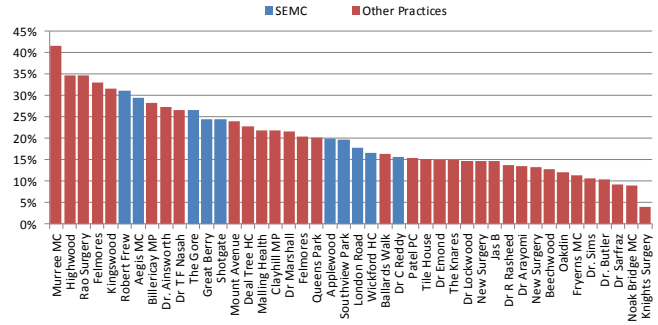
Appendix 2 – Example of LTC Management Balanced Scorecard and Individual Practice Report implemented at BBCCG.

Public Health Locality Prevention Report

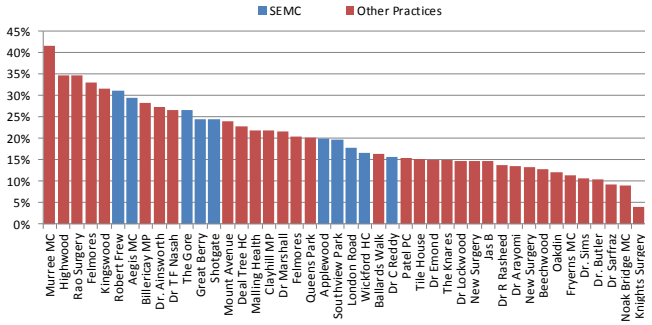
Please select locality to update graphs: SEMC

Hypertension

Hypertension Register with no BP recorded in last 9 months

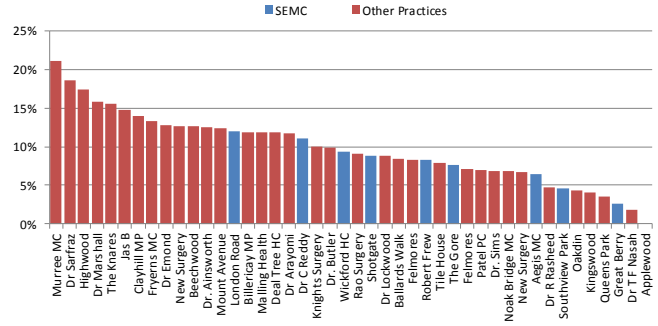


Hypertension Register without a controlled blood pressure of 150/90 or less in the last 12 months

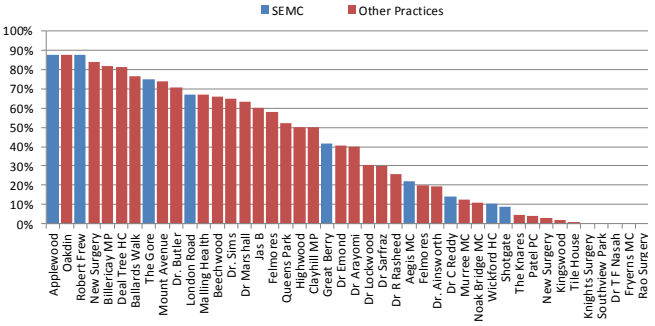


Atrial Fibrilation

All patients on practice AF registers that have not had an CHAD2 score recorded

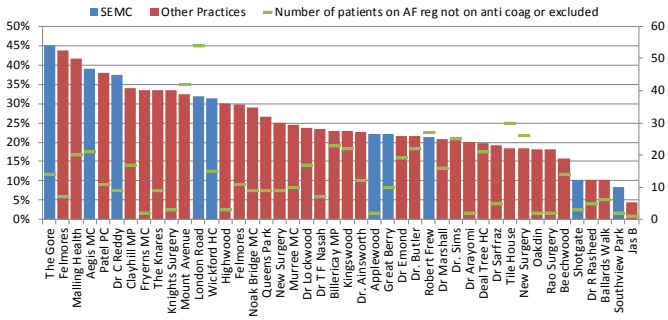


All patients on practice AF registers with a CHADS score less than 2 that is older than 12 months

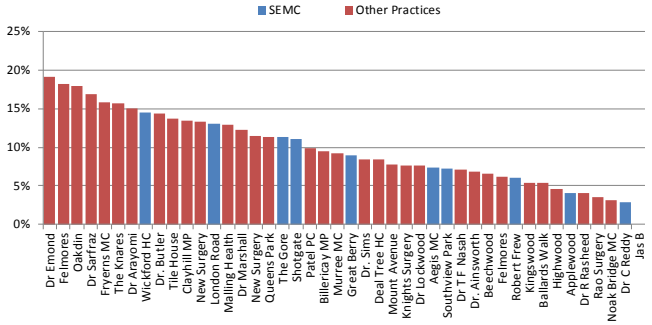


Coronary Heart Disease (CHD)

Patients on AF register (CHADS score 2 or more) not on anticoagulant or excluded



CHD Register without a controlled blood pressure of 150/90 or less in the last 12 months



GP Practice Based Prevention Report

Data Extracted 26 January 2015

F81666 Noak Bridge Medical Centre **Partnership and BIC**

The following metrics have all been demonstrated to relate to a GP practice population's risk of an unplanned care admission for circulatory disease

Disease Prevention Area	Metric	Current %	Absolute number of patients requiring review	CCG Rank (1 = best, 44 = worst)	Dec %	Direction
Hypertension	Patients on Hypertension Register without a BP recorded in the last nine months	9.07%	46	2	11.40%	⇧
	Patients on Hypertension Register without a BP >150/90 or less recorded in the last 12 months	9.47%	48	5	13.30%	⇧
Atrial Fibrillation	% of patients on the AF register without a record of a CHAD2 score	6.82%	3	11	8.25%	⇧
	% of patients on the AF register with a CHAD2 score >=2 not anticoagulated or excepted.	29.03%	9	29	37.10%	⇧
	% of patients on the AF register with a CHAD2 score <2 that is older than 12 months	11.11%	1	13	11.11%	⇔
Coronary Heart Disease	% of patients on the CHD register without a BP recorded that is <=150/90	3.19%	3	3	23.50%	⇧
Stroke/TIA	% Stroke/TIA register that do not have a recorded BP of 150/90 or less in the last 12 months	3.92%	2	4	4.70%	⇧
	% Stroke/TIA Register that do not have a recording of being on antiplatelet, anticoagulant or excluded	31.37%	16	9	3.73%	⇧
Health Checks	Health checks completed as a % of practice target. *number HCs still required to hit target.	55%	43*	16	45%	⇧

In order to identify your patients that require review please run the Public Health SystmOne reports that we have produced and published for you.

All PH Locality Reports are to be found under 'Clinical Reporting'.

- Open up the **'Essex'** folder in the clinical reporting tree
- Open up the **'Essex CC Vikki Ray'** folder within 'Essex'
- Select the suite of reports under **'PH Locality Reports'**

Each report that is numbered corresponds to the graphs presented in the PH Locality Report dashboard.

Any further questions please contact vikki.ray@essex.gov.uk

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12 October 2016	ITEM: 14 Decision 01104388
Cabinet	
Parking Strategy and Policies Update 2016	
Wards and communities affected: All	**Key Decision:** Key
Report of: Councillor Brian Little, Cabinet Member for Transport & Highways	
Accountable Head of Service: Ann Osola, Head of Transportation & Highways	
Accountable Director: Steve Cox, Corporate Director of Environment and Place	
This report is Public	

Executive Summary

This report seeks Cabinet endorsement of a refreshed version of the Council's Parking Strategy and Policies to support the Council's more robust approach to tackling HGV parking enforcement and to dealing with the pressures associated with higher volumes of commuter parking, particularly around rail stations. A more comprehensive review of Parking Strategy and Policies will be undertaken as part of a multi-modal review of Transport Strategy in conjunction with the development of Thurrock's new Local Plan.

1. Recommendation(s)

1.1 That Cabinet endorses the Parking Strategy & Policies 2016 document at Appendix 1 as a replacement to Parking Strategy 2007.

2. Introduction and Background

2.1. On 1st April 2005 Thurrock Council took over the responsibility for enforcing parking, loading and waiting restrictions in the borough from Essex Police.

2.2. Parking offences then become 'contraventions' and are no longer classified as criminal offences. Consequently there is no recourse to the Magistrate Court System, but to Independent Adjudicators. Any unpaid debts can be pursued through a streamlined County Court system culminating in bailiff action.

2.3. Decriminalised Parking Enforcement (DPE), by enabling the Council to control and manage parking, benefits town centre needs by supporting improvements to the general environment. It enables measures to encourage

commuters and other drivers to use long stay car parks thus freeing up short stay spaces. It also allows buses and service vehicles to operate more effectively. The DPE compliments and supports Thurrock Council's vision for a safe and integrated transport system that is accessible to all.

The council can, using the DPE powers, set up controlled parking zones which allow the space to be managed to benefit residents.

2.4. The adoption of DPE was followed by the implementation of Parking Strategy 2007 which enabled the Council to:

- Implement residential parking schemes in Stanford-le-Hope, South Ockendon, Badgers Dene Grays and Seabrooke Rise;
- Introduce Controlled Parking Zones (CPZ) in Stanford, South Ockendon and extend the CPZ within Grays (including Commuter Zones); and
- Introduce collaborative working with strategic partners to deliver the service.

3. Issues, Options and Analysis of Options

3.1. Since 2007, parking pressures in Thurrock have increased. Car ownership has increased, and economic growth has resulted in an increased number of HGVs. There has also been a significant rise in the number of rail commuters, resulting in increased pressure for parking spaces at rail stations. In response, the Council has introduced a dedicated HGV enforcement team and increased the number of off-street parking spaces for commuters. It has also improved its systems for following up on Penalty Charge Notices issued to foreign vehicles.

3.2. A robust enforcement system requires a clear audit trail in terms of Strategy and Policies. The current refresh updates the Council's Strategy and Policies to reflect current priorities and pressures.

3.3. In 2015/16, the Council's parking account generated a surplus of £264,439 which has been reinvested in the Parking Service in line with the requirements of the 2004 Traffic Management Act. Section 4 of the refreshed document sets out the Council's policies and prioritisation criteria for the provision of parking and for prioritising requests.

3.4. In recent years, the technologies used for parking enforcement have changed. Examples of these changes include the equipment carried by enforcement officers, a new direct interface with the Driver Vehicle Licencing Authority (DVLA) and the introduction of solar-powered ticket machines. Currently, eight of the twenty seven ticket machines in Thurrock operate on solar power, with the remainder due to be replaced by solar-powered machines over the next three years.

3.5. Thurrock's Parking Strategy and Policies support the delivery of the 2013 – 2026 Transport Strategy. This Strategy is scheduled for refresh to support

Thurrock's emergent Local Plan. It is intended that the Council's Parking Strategy and Policies are reviewed as part of this plan-making process. The Parking Strategy and Policies support accessibility and contribute to the Council objectives of delivering a safer environment for residents in the borough by influencing mode choice for journeys and addressing obstruction to flow of traffic, cyclists and pedestrians.

4. Reasons for Recommendation

4.1. Adoption of the refreshed Parking Strategy & Policies will update the previous document and provide a robust foundation for parking enforcement in Thurrock.

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

5.1. A draft of the refreshed Parking Strategy and Policies 2016 was discussed by Planning, Transportation and Regeneration Overview and Scrutiny Committee at their meeting of 13 September 2016 and Member comments informed the adoption draft provided in Appendix 1.

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

6.1. This report is consistent with all corporate priorities:

- **Create** a great place for learning and opportunity
- **Encourage** and promote job creation and economic prosperity
- **Build** pride, responsibility and respect
- **Improve** health and well-being
- **Promote** and protect our clean and green environment

7. Implications

7.1. Financial

Implications verified by: **Laura Last**

Senior Finance Officer, Management Accounts

Thurrock's Parking Service is self-financing with any surpluses generated being reinvested in parking and transport provision within the borough.

7.2. Legal

Implications verified by: **Vivien Williams**

Planning & Regeneration Solicitor

The 2016 refresh of Thurrock's Parking Strategy and Policies support the Council's compliance with the 2004 Traffic Management Act.

7.3. **Diversity and Equality**

Implications verified by: **Natalie Warren**

Community Development and Equalities Manager

The refreshed Strategy and Policies document has been subject to a Community Equality Impact Assessment and no adverse equality implications have been identified.

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):

- Parking Strategy 2007
- Annual Parking Report 2016
- Traffic Management Act 2004

9. Appendices to the report

- Appendix 1: Parking Strategy and Policies 2016

Report Author:

Tracey Ashwell

Highways and Transportation Services Manager

Transportation & Highways

Appendix 1 -
Parking Strategy and Policies

2016 - 2021

Document Control

Author/ title	Tracey Ashwell – Highways and Transportation Services Manager
Authorised/title by	Ann Osola – Head of Transportation & Highways
Date Authorised	29th September 2016
Signature	

Version	Status (Draft/Approved)	Date	Author/Editor	Details of changes
1.1	Draft	22/08/16	Gavin Bennett	Formatting
1.2	Draft	25/08/16	Ayesha Basit	Colouring and Footer changed
1.3	Draft	30/8/16	Les Burns	Text changes
1.4	Draft	16/09/16	Ayesha Basit	Content layout changes
1.5	Cabinet Draft	27/09/16		Text changes

Contents

FOREWORD

by Cllr Brian Little
Cabinet Member for Transport & Highways

I am pleased to introduce this new Parking Strategy for Thurrock. It represents a significant step in delivering the Council's commitment of value for money services and the creation of a safe and inclusive environment for Thurrock residents and businesses.

The refreshed strategy and policies will provide a solid foundation for Council's initiatives to increase enforcement of HGV parking restrictions in the borough and manage increased demand for commuter parking, particularly around rail stations.

1. Introduction

The Thurrock Parking Strategy sets out the Council's policies and strategies for parking within the borough over the next five years.

This **Introduction** focuses on the achievements since the previous Parking Strategy was published in 2007. This document also relates to the wider corporate objectives of the Council and its Aims, Visions and Priorities.

The main section of the document is the **Parking Policies**, with accompanying explanatory text.

A representation of public **Parking Capacity** in Thurrock and the Council's **Parking Service Operation** is set out.

The policies are thereafter distilled into an **Action Plan**, which the Council and its partners will implement over the next five years, subject to regular review.

2. Aims, Vision & Priorities

Our vision

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

Our aim

Our aim is to become a confident, well managed and influential council regarded by residents, peers and partners as ambitious for the people of Thurrock and totally focused on meeting their current and future aspirations.

Our priorities

Five strategic priorities to achieve our vision:

- **Create** a great place for learning and opportunity;
- **Encourage** and promote job creation and economic prosperity;
- **Build** pride, responsibility and respect;
- **Improve** health and well-being;
- **Promote** and protect our clean and green environment.

There is a further overriding priority of

- Delivering excellence and achieving **value for money**.

The Parking Strategy is a sub-strategy to the Thurrock Local Transport Plan, and contributes to the Council objectives of delivering a Safer Environment for residents in the Borough through its impact upon mode choice for journeys and obstruction to flow of traffic, cyclists and pedestrians.

3. Overarching Policies and Legislation

3.1. Thurrock Local Transport Plan 2013-2026

The Thurrock Transport Strategy describes Thurrock Council's transport strategy for the period 2013 to 2026. Based on a robust evidence base and feedback from residents and key stakeholders, it sets out the aims, objectives and a series of policies for delivering transport improvements in Thurrock. As such, this document comprises the required strategy element of the third Local Transport Plan (LTP3) for Thurrock. In addition to a transport strategy, local highway authorities are also required to develop and submit any implementation plans alongside their strategy, and these implementation plans support the delivery of this strategy.

Thurrock Transport Strategy 2013-2026 can be found at:
https://www.thurrock.gov.uk/travel-strategies/travel-and-transport-strategies

3.2. Freight Strategy and Freight Quality Partnership

3.2.1. Freight Strategy

Thurrock Council is developing a new Freight and Logistics Strategy, due for publication in 2017. The strategy will discuss in further details issues regarding all aspects of freight within Thurrock, including issues and opportunities, as well as publication of an updated freight route map.

The Freight Strategy and Transport Plan will be inter-linked to improve and maintain the free-flow of traffic in the borough.

3.2.2. Freight Quality Partnership

Due to the significant importance of the logistics industry to the borough, the Council has sought to actively engage with the industry. Following an award of funding from central government, Thurrock Council has established the Thurrock Freight Quality Partnership. A Freight Quality Partnership (FQP) is a roundtable forum which enables meaningful two-way engagement between stakeholders in the freight industry, business and the local authority. Having been established in 2010, the FQP hosts at least one engagement meeting per year. Actions and issues discussed at previous FQPs include:

- Impact on air quality by freight vehicles;
- Publicising routes suitable for freight vehicles around Thurrock;
- Current availability and future plans for freight vehicle parking;
- Informing partners of future changes/improvements to the road network;
- Feedback and engagement with the freight industry;
- Promoting driver training and best industry practice.

3.3. Traffic Management Act 2004

Part 6 of the Traffic Management Act enables the consolidation, by making regulations, of civil traffic enforcement legislation covering parking, bus stands and school keep clears.

The Act extends the scope for local authorities to take over enforcement of traffic contraventions from the police, and be granted civil enforcement powers to cover a number of parking offences.

The Act will enable extension to authorities outside London of the ability to issue parking penalty charge notices by post, use of cameras to detect parking contraventions, and issue penalty charges for parking within the area of a pedestrian crossing. The Act also creates specific offences to deal with double parking and parking at dropped footways within a local authority civil enforcement area.

Regulations to be made under the Act will enable authorities to challenge the validity of statutory declarations so they cannot be used as a way of avoiding payment of parking penalty charges.

Section 87 of the Act enables the Secretary of State and the National Assembly for Wales to publish statutory guidance to local authorities about any matter relating to their civil traffic enforcement functions, which may be conferred on them under Part 6 of the Act. In exercising those functions authorities must have

regard to any such guidance. This is particularly important to ensure that enforcement is carried out in a fair and reasonable manner.

To reduce abuse of the Blue Badge scheme, which gives parking concessions to disabled people, Section 94 of the Act gives local authority Civil Enforcement Officers the power to inspect Blue Badges. The inspection powers were introduced in September 2006 and updated in 2014 whereby the badges can be confiscated if deemed to be used fraudulently.

Section 95 of the Act gives local authorities the additional freedom to spend surpluses from the on street parking account on local environmental improvements as well as parking facilities, road improvements and provision of public passenger transport services. This came into effect in October 2004.

4. Parking Policies

4.1. Review of Parking Provision

The Council's standards for parking provision are regularly reviewed and will be undertaken during the life of this strategy. The Council will seek to ensure adequate parking provision for future developments.

4.2. Parking at Railway Stations

Parking at railways stations is a contentious issue. Use of rail for journeys that might otherwise be undertaken by car must be encouraged, however increasing parking capacity at stations discourages use of sustainable modes to access interchanges. Consequently, decisions on station parking issues will be taken on their respective merits.

4.3. Cycle and Motorcycle Parking

The Council will review the overall parking provision within the borough at appropriate intervals and will include the provision for cycles and motorcycles.

The Council will consider parking provision at stations on a case-by-case basis, taking into account local circumstances and the promotion of travel using public transport, walking and cycling.

4.4. Restrictions

The Council regularly receives requests from residents, Members and local organisations for restrictions, amendments and removal of signage. These must be considered in a fair and transparent way to enable decisions to be taken. The Council is unable to fund all requests received at any one time, therefore requests that are upheld must be prioritised for implementation.

The Council's Traffic Section will maintain a list of parking-related requests and prioritise these in order of importance in accordance with the policy set out in Table 1 below.

Table 1. Parking Requests Priorities Rating

PRIORITY	In the interest of, or to address:
A	**Child safety or proven accident problem**
B	**Disabled bay requests**
C	**Addressing the needs of local businesses**
D	**Improving traffic flows and visibility**
E	**Changes to highway network**
F	**Perceived danger to road users and requests**

4.4.1. Parking Restriction Provision Criteria

i) Junction Protection (A, D & F)

Double yellow lines will be provided around junctions with visibility problems as defined by Traffic Regulations.

Junction protection will be provided in situations where there is either a proven accident problem or where vehicles are parking and causing a problem at junctions joining a main route.

ii) Resident Permit Bays or Controlled Parking Zones (F)

Permit schemes or parking zones will be considered where parking from commuters and town centres cause persistent problems for resident parking. The permit schemes should cover a sufficiently large area to warrant the implementation of the scheme.

iii) School Keep Clears (A)

'Keep Clear' markings will be provided outside all school entrances/exits.

iv) Limited Waiting/Pay & Display (C)

Restrictions will be implemented where parking is taking place throughout the day that prevents a regular turnover of vehicles.

v) Disabled Bay Requests (B)

Residential areas - bays will be implemented subject to approval by the Social Service Occupational Therapy Department, and where the applicant does not have rear vehicular access or sufficient depth to the front of the property to allow parking off the highway (subject to the necessary consents).

Town centre/car parks - appropriate provision will be made in all town centres and car parks.

vi) Double Yellow Line Requests (A, D, E & F)

Double lines will be implemented where there is a legitimate safety issue or where there is a need to improve flow of traffic and visibility.

Careful consideration will be given to whether the location of the restriction is likely to receive an adequate level of enforcement that would ensure a reasonable level of compliance.

vii) Single Yellow Line Requests (A, C, D, E & F)

A single line will be implemented where there is a legitimate safety issue or where there is a need to improve flow of traffic and visibility, where it is required at certain times.

Careful consideration will be given to whether the location of the restriction is likely to receive an adequate level of enforcement that would ensure a reasonable level of compliance.

viii) Loading/Unloading Requests (C)

This type of restriction will be implemented where there is legitimate need to provide a loading and unloading facility and where the existing provision of yellow lines is not sufficient.

Additionally, the loading and unloading facility must not unreasonably prejudice the provision of other higher priority restrictions or compromise road safety.

ix) Loading/Unloading Bans (A, D & E)

Bans will be implemented on the main road network where no parking at any time is required and where flows of traffic must be maintained.

4.5. Funerals

There is an informal policy that the enforcement team use their discretion in enforcing vehicles belonging to mourners at funerals. With advance notice, Civil Enforcement Officers can facilitate reasonable requests for short-term parking management. No charge is made for this service.

5. Parking Operations & Capacity

5.1. Background to Operations

From the 1 April 2005 Thurrock Council took over the responsibility for enforcing parking, loading and waiting restrictions in the Borough from Essex Police. Since this date, these parking offences are treated as ‘contraventions' and are no longer classified as criminal offences. This is known as decriminalised parking enforcement (DPE) which allows the Civil Enforcement Officers employed by Thurrock Council to issue Penalty Charge Notices (PCNs). The statutory process for issuing and resolution of PCNs is presented in Figure 1 below. Consequently, there is no recourse to the Magistrate Court System, but to Independent Adjudicators. Any unpaid debts can be pursued through a streamlined County Court system culminating in bailiff action.

The operations under DPE powers support a shift towards sustainable transport modes especially around town centres by encouraging commuters and other drivers to use long stay car parks freeing up short stay spaces. They also allow buses and service vehicles to operate more effectively, improve the general environment and enable the Council to control and manage parking as part of its integrated transport strategy which compliments Thurrock Council’s ‘safety’ and ‘accessibility for all’ outcomes.

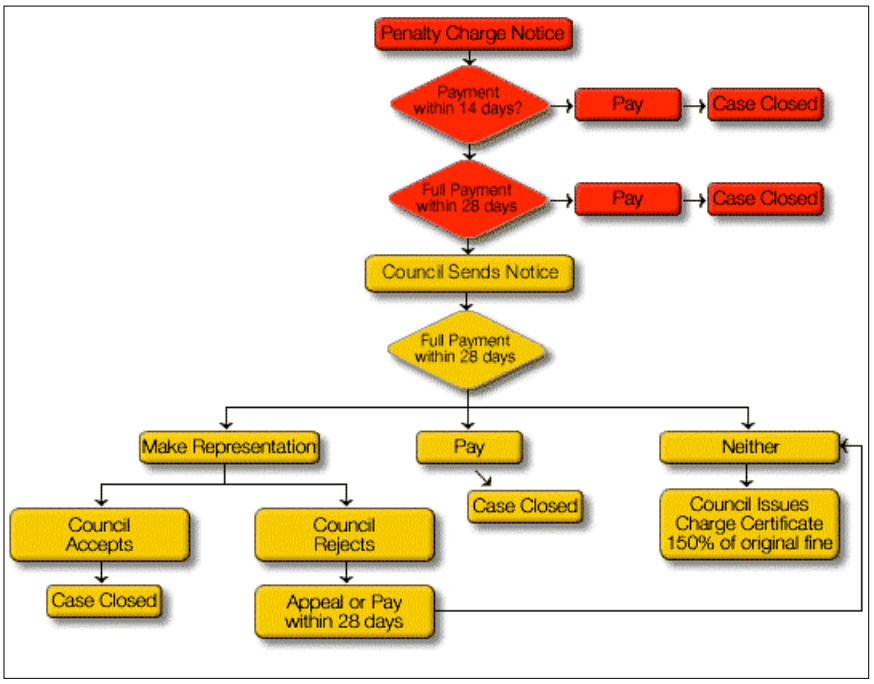

Figure1. Statutory Process for Issuing & Resolution of PCNs

5.2. Parking Service Operations

There are currently ten Civil Enforcement Officers enforcing within the borough. This provision is reviewed annually.

Grays is enforced on daily basis (excluding Sundays) with other town centres and commuter areas being enforced on a 2 – 3 times on a weekly basis. Other areas are visited on a rota basis or following feedback from the public. The Council aims to enforce a different school every day in term time.

Two vehicles are used to visit areas outside of Grays and for visiting schools. This enables quick responses to feedback.

The Council has no jurisdiction to enforce the following:

- Roads not covered by a restriction;
- Private land;
- Obstructions (enforced by the Police);
- Moving traffic offences (enforced by the Police).

5.3. Enforcement

5.3.1. Hours and Days of Operation

Seven of the Council's Civil Enforcement Officers currently operate a two week rota system of working Monday to Thursday 8.00am to 16.30pm and 8.00am to 16.00pm on a Friday and the following week Tuesday to Friday 9.30am to 18.00pm and 8.00am to 16.00pm on a Saturday.

Three of the Council's Civil Enforcement Officers are dedicated to an evening shift which is primarily aimed at the HGV issues work Mondays to Thursdays 13.30pm to 22.00pm and 13.30pm to 21.30 on a Friday.

Out of hours enforcement is carried out to target issues in specific areas as required.

The current hours of operation in general reflect the key times that enforcement is needed within the borough. A review will be undertaken to ascertain any benefit from more regular enforcement on Sundays and or Bank Holidays.

5.3.2. Observation Times

Although not required by law the Council Civil Enforcement Officers have to date been instructed to give each vehicle a five minute observation period.

The Council issues instant Penalty Charge Notices if a vehicle is parked where loading/unloading is restricted, pay and display ticket (ten minute observations under guidance from government) has expired and also in some special circumstances such as areas with acknowledged safety problems.

The five-minute observation period will no longer apply to vehicles parked on double yellow lines. It is clear in the Highway Code that vehicles throughout Great Britain are not allowed to park on double yellow lines. Penalty Charge Notices are therefore issued instantly.

The five-minute observation time for other contraventions will continue to be observed. The observation period will be reviewed on a regular basis, as it is occasionally open to abuse.

Meter feeding, when a motorist prolongs the initial stay by inserting further monies/or makes a further payment, is an offence and can result in a PCN being issued.

5.3.3. Bus Lanes / Taxi Ranks

Currently the borough does not have a full Traffic Regulation Order (TRO) in place for enforcing restrictions in bus lanes. TROs are in place for taxi ranks.

5.3.4. School Parking

Currently enforcement is instant for any vehicle parked on a keep clear crossing and has a 5 minute observation on single yellow lines.

5.3.5. Pavements

The Police presently enforce footway parking as obstruction, unless there are restrictions in the road which can be dealt with by the Civil Enforcement Officers.

5.4. Parking Capacity

The Council enforces both on and off street parking places throughout the borough. Table 2 below details the Council's off-street car parks within the borough. Table 3 details the locations of the on-street pay and display areas within Grays town centre.

Table 2. Off-street Car Parks

Name and Location	No. Of Spaces	Type	Category
Crown Road	96	Pay and Display	Long Stay
Cromwell Road	60		Long Stay
Argent Street	42		Long Stay
Darnley Road	50		Short Stay
Cornwall House	100		Long Stay
Thames Road Grays Beach	183		Long Stay
Canterbury Parade	111		Long Stay
Lodge Lane	56	Free	-
Gordon Road (Police St)	53		-
Gordon Road (Petrol St)	112		-
Giffords Cross	78		-

Table 3. On-street Car Pay and Display Areas

Name and Location	Category
Brooke Road (West) Clarence Road (North West) Cromwell Road (East) Dell Road High Street	Quick Stop (Maximum stay 1 hr)
Bedford Road Bradbourne Road Brooke Road Clarence Road Cromwell Road Derby Road Grange Road London Road Milton Road Orsett Road Quarry Hill	Short stay (Maximum stay 4 hrs)
Thames Road	Long Stay (Maximum stay 9 hrs)

The details above all include a number of disabled bays and the Council also offers residential, visitor and business permits. All of these details can be found in the Annual Parking Report at: https://www.thurrock.gov.uk/parking-enforcement/parking-documents-reports-and-auditing

5.5. Parking Charges

Public parking charges are available at: https://www.thurrock.gov.uk/council-finances-and-accounts/fees-and-charges. The charges are reviewed annually. Any changes to permit charges will be subject to consultation with residents affected.

6. Permits

6.1. Residents Permits

Residents are able to apply for a permit for each vehicle they own, upon proof that their main residence is within the parking scheme boundary. The permit does not guarantee space availability at the time required, nor does it guarantee a space outside their residence.

The current cost of resident's permits are reviewed annually and published in the Councils fees and charges document as per the link mentioned previously.

Resident permits will be limited to 3 per residence.

6.2. Visitors

Visitor's permits are currently available to those living in residential permit areas. Residents are currently permitted to purchase the permits (five strips of 20 visits in any one month. The current costs are listed in the fees and charges document.

6.3. Business Permits

Business users are presently allowed to purchase business permits within resident bays in CPZs at a cost which is reviewed annually. Purchase of business permits to be limited to 5 per business.

6.4. Operational

Operational permits allow Council employees to carry out essential duties where it is imperative to park close to a particular site. Internal charges are reviewed annually as part of the fees and charges.

6.5. Health

Health permits enable essential health workers to park in resident bays. They have an annual expiry date. The health workers are only eligible to stay up to a maximum of three hours. The costs of these permits are reviewed annually and are in the fees and charges booklet.

6.6. Loading Bays

All existing loading bays within the borough are signed and Traffic Regulation Orders (TROs) are in place.

Evidence suggests that disabled drivers are increasingly using loading bays. Disabled drivers are afforded alternative parking provision provided they have a blue badge. This does not include parking within loading bays at any time.

The Council receives ad-hoc requests for additional loading bays to be considered. Each case is considered on its merit.

The Council will use their discretion for commercial vehicles seen to be loading or unloading. If the vehicle is vacant with no activity then a penalty charge notice will be issued.

Disabled drivers parked in loading bays will be issued with a Penalty Charge Notice (PCN). An initial PCN may be waived under the consideration guidelines as a 1st offence, with the offender being reminded of the rules of the Blue Badge Scheme, as set out in the booklet that they receive when initially issued with the badge.

6.7. HGV Parking

An overnight HGV ban has already been introduced in some areas of Thurrock.

HGV parking is currently causing considerable community and traffic safety problems in the borough and this is increasing as the overall number of HGVs increases. HGVs make up a higher proportion of overall traffic in Thurrock than in many other Local Authority areas. This is due to the importance of the transport and logistics sector in the borough, and its location in relation to the strategic road network (M25 and A13).

The Council will work in close partnership with the ports, freight operators and Essex Police to ensure that freight movements can be accommodated with minimum disruption to residents. Civil Enforcement Officers on evening shifts will enforce HGV 'hotspots'.

HGV and general enforcement for parking is linked to the Thurrock Transport Strategy 2013-2026 (available at: https://www.thurrock.gov.uk/travel-strategies/travel-and-transport-strategies) and will also be included as part of the Council's Freight Quality Partnership (FQP) and the future Freight and Logistics Strategy to be implemented in 2017.

6.8. Motorcycles

The Council has received little or no representation on the number of motorcycle parking bays that are currently supplied. It is therefore considered that existing provision is adequate.

The Council will review requests for additional motorcycle bays on a bespoke assessment of need.

6.9. Disabled Parking Provision

The Council currently provides a number of on-street disabled bays within the borough. The policy for the provision of bays remains unchanged as follows:

A number of criteria have to be met before a disabled person's parking bay is implemented. These are:

- An application in writing has to be made to the Social Services Department for their approval and support.
- If the bay falls on the Public Highway then an application is made to the Traffic Team via the Occupational Therapy Team for consideration.
- Should funds be available, a bay will be provided only if;
    a) The client is in possession of a valid disabled person Blue Badge.
    b) The client resides in a dwelling that cannot facilitate off-street parking.
    c) The on-street parking pressures have been observed to be severe on a regular basis.

Should the above criteria be met, the request is then assessed with regards to road safety.

At present a vehicle displaying a valid European Blue Disabled Person Badge is allowed to park on single or double yellow lines for up to 3 hours provided no loading restrictions are in place. This is in line with the Blue Badge Guidance booklet.

The Council considers provision of disabled bays within car parks as well as on street.

6.10. Verges

Where there are pressures on parking, and grass verges could be strengthened to provide additional parking provision without compromising safety, visibility and/or access, consideration will be given to doing so, subject to available budgets and community support. The views of affected residents will be obtained on any proposal to convert grassed areas to parking places. If verges are strengthened then these will be available for general parking as they cannot be reserved for a particular person.

Grass verges will not be stregthened where this will encourage people to park in contravention of a Traffic Regulation Order or where it will encourage people to park in such a manner as to obstruct either vehicles or pedestrians.

Requests will be evaluated against the following criteria:

- Opinions of Frontagers & Ward Members;
- Implications on highways safety, visibility and access;
- Environmental impact of the scheme;
- Cost effectiveness of the scheme (cost per parking place).

This will be developed into a priority list to be agreed by the Cabinet Member for Transport and Highways each year.

6.11. Footway Parking

Footway parking will only be permitted where no other means of off-street parking exists or can reasonably be provided. This is to ensure that other residents of Thurrock are not asked to pay for a provision where the householder could provide facilities for themselves.

In considering whether to allow footway parking the following factors will be taken into account:

- The need to keep junctions, bends, fire hydrants and accesses clear of parked vehicles.
- The aim to keep clear pedestrian width of 1.8 metres wherever possible.
- The need to keep a clear running width of at least 4 metres with passing gaps at spacing of less than 60 metres.
- The need to ensure adequate access for emergency services.

The provision of footway parking exemptions will have to compete against other traffic measurement measures for both staff and financial resources.

7. Future Improvements

7.1. Car Parking Machines

A programme is underway to replace Thurrock's Pay and Display machines with solar powered machines. The first group of solar-powered machines are already in operation, with the remaining machines due to be replaced over the next two years.

7.2. Cashless Payments

The potential for cashless payment of parking charges will be investigated as a possibility which could assist the Council by having less cash left in the machines and for users not to rely on having coinage. To assist those who wish to continue to pay by cash, the possibility of tickets being available for purchase from local shops will also be investigated.

7.3. New Permits

The possibility of introducing season tickets for users, including commuters has often been requested, along with staff permits. This will be investigated for potential implementation in 2017.

7.4. Equipment

Civil Enforcement Officers currently use hand held computers (HHC) to issue Penalty Charge Notices but technology has improved and new devices such as a mobile phone app can simplify the procedure of issuing a notice and allows the officer to vacate the area more quickly thus reducing the possibility of potential confrontation. It will also be real time as the download of the information is automatic and on the system. This will result in residents becoming less frustrated in talking to someone that can identify the reason for the PCN immediately. Currently the equipment has to be downloaded at the end of the shift in order for the information to be read.

7.5. Resurfacing of Car Parks

The Council has an annual maintenance programme for its off street car parks, including resurfacing as necessary.

8. Action Plan

The action plan below details those projects that are required to be implemented or considered as detailed within this document. It also details key activities that will be undertaken over the next 2 years. This is all subject to funding provision.

Project	How	Who	Timing
Cashless Pay	Investigation into the possibility of implementing new car parking machines which accept both cash and pay by phone/credit card payments	Highways & Transportation Services/Parking Co-ordinator	2017/2018

Project	How	Who	Timing
Review capacity of enforcement team to ensure adequacy	Investigation of operations against service aims and objectives	Highways & Transportation Services/Parking Co-ordinator	Annually in time for budgeting
Review the need for Sunday enforcement	Monitor the number of requests for out of hours enforcement. Conduct a survey of key areas to see if viable.	Highways & Transportation Services/Parking Co-ordinator	Annually subject to requests
Review provision of new Car Parking Zones, Parking Permit areas, signs and lines	Investigate each request on merit and implement subject to funding	Traffic Section/Parking Services	Subject to requests
Review the provision of on and off street disabled bays	Conduct a survey when requests are received to see if viable.	Traffic Section / Parking Services	Annually subject to requests
Review car park upgrades and replacement of equipment such as car park machines, lighting etc.	Conduct investigations on a regular basis	Traffic Section/Parking Services	Ongoing
Have an input in the new Freight & Logistics Strategy	Strategy discussions ongoing	All of Highways & Transportation Teams	Ongoing and to be finalised 2017/2018
Review parking charges annually and permits	Review charges in line with inflation and costs Investigate possibility of introducing season tickets for residents and staff	Finance / Parking Services	Annually
Training for Civil Enforcement Officers	Implementation of training subject to new legislation and guidelines in line with government regulations	Parking Services	As and when required
Review new equipment to improve service	Review current services via procurement process to see if issuing of penalty charge notices can be carried out via phone application	Highways & Transportation Services/Parking Co-ordinator	2017/2018
Implement changes to permits	Make required changes to documentation including in fees & charges	Highways & Transportation Services/Parking Co-ordinator	Reviewed Annually
Introduce charges to Health Permits	Investigate possibility of charging for health permits	Highways & Transportation Services/Parking Co-ordinator	2017/18
To improve collection rates by continuing use of Bailiff companies	Work with Debt Recovery Team and continue using foreign recovery debts	Parking Services Team/Debt Recovery Team	Annually

Project	How	Who	Timing
Review private arrangements (such as Morrison's supermarket) with a view to enforce private areas	Work with private companies to see if Service Level Agreements can be achieved	Highways & Transportation Services/Parking Co-ordinator	As and when requested

9. Glossary

CPZ	Controlled Parking Zone
DPE	Decriminalised Parking Enforcement
ECN	Excess Charge Notice
HGV	Heavy Goods Vehicle
IT	Information Technology
LTP	Local Transport Plan
PCN	Penalty Charge Notice
SPA	Special Parking Area
TMA	Traffic Management Act (2004)
TPS	Thurrock Parking Strategy
TRO	Traffic Regulation Order