

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 **14 December 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

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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: **6 December 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?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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



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

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 9 November 2016 at 7.00 pm

The deadline for call-ins is Monday 21 November 2016

Present: Councillors Robert Gledhill (Chair), Shane Hebb (Vice-Chair), Mark Coxshall, James Halden, Brian Little, Susan Little and Sue MacPherson

Apologies: Councillors Deborah Stewart and Pauline Tolson

In attendance: Lyn Carpenter, Chief Executive
Steve Cox, Corporate Director of Environment and Place
Roger Harris, Corporate Director of Adults, Housing and Health
Karen Wheeler, Director of Strategy, Communications and Customer Service
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.

50. Minutes

The Minutes of Cabinet, held on 12 October 2016, were approved as a correct record.

51. Items of Urgent Business

There were no items of urgent business.

52. Declaration of Interests

There were no declarations of interest.

53. Statements by the Leader

The Leader firstly apologised for his absence due to illness at the previous meeting and thanked Councillor Hebb for chairing the meeting.

He continued by offering his condolences to the families involved in the tram accident in Croydon earlier in the day. He advised Members that 7 people had lost their lives and 50 more had been taken to hospital, the Leader then asked those who were able to stand to do so as he held a minute's silence.

The Leader offered his congratulations to Donald Trump following the US Election and wished him well for his term in office as the new American President.

Councillor Gledhill addressed the lightness of the agenda for the meeting and stated the day the administration had taken control it had been made clear that Overview and Scrutiny Committees would be used to their maximum effect and this would, at times, mean a fluctuation in reports being presented to the Cabinet. The Leader continued to mention that on the Forward Plan for the December meeting there were currently 9 items, which included reports on Corporate Performance, Strategy, Treasury Management and Public Health among others.

The Leader moved on to the Clean it, Cut it and Fill it agenda and in doing so highlighted the following to Members:

- 2000 additional bags of rubbish had been collected, this was the equivalence of 2 double decker buses;
- 93 times the area of lakeside including its car parks of grass had been cut and;
- Over 8000 potholes had been filled this was the same as 2 Canary Wharf Towers standing on top of each other.

He further notified that the pilot for Clean it, Cut and Fill it had completed at the end of October and at the end of November he would update all Members on the possibility of continuing with the scheme.

Councillor Gledhill advised Cabinet in the absence of Councillor Tolson that from 1 December Environment Enforcement Officers would come into force and Officers would be able to issue Fixed Penalty Notices. He further advised that the consultation on the Mannorway for the Traffic Restriction Order had completed with no objections received, the Leader explained this meant that horse drawn vehicles were not permitted on the Mannorway. He thanked Officers for all their hard work and their speedy response to the matter.

The Leader notified Cabinet that he visited Bracelett Close, which was the Council's new social housing project. He continued that the project provided modern buildings that were built for home use and home working, with fantastic views of Langdon Hills and One Tree Hill. He informed Members that the layout of the building was spacious with lots of room inside and plenty of storage space including extractor fans.

The Leader hoped that keys would be handed to residents within the next couple of weeks.

54. Briefings on Policy, Budget and Other Issues

Councillor Halden, Cabinet Member for Education and Health addressed the Cabinet to update them on the Sustainable Transformation Programme (STP), during which he mentioned:

- The government announced the Success Regime in an effort to address the NHS operating deficit across the Hospital Community Sector in 3 locations in England and Wales selected, 1 of which were Mid and South Essex;
- On top of this announcement the Government also introduced the STP to try and improve the health system and make it more sustainable for the future;
- Fortunately for Thurrock both the Success Regime and the STP were both located at Mid and South Essex;
- Although the Government had increased funding into the NHS, the total spends continued to outweigh actual budgets.

The Cabinet Member further notified Members that current discussions were underway to bring different partnerships together from Mid and South Essex to work in collaboration, to ensure the STP successes. For example driving improvement in primary care for residents to have better access to medical support. He continued that locally this would mean taking some pressure off of A&E Departments.

He continued to advise Cabinet Members that any local collaboration between Thurrock and any other Authority must not undermine the Thurrock Health and Wellbeing Board, Thurrock CCG or the Cabinet. Councillor Halden stated that his position was clear and Thurrock would not be allowed to be drawn into a merged Essex CCG, as this would be an old fashioned Primary Care Trust.

Councillor Halden commented that he had meet with Essex and Southend Health and Wellbeing Boards, Basildon Hospital and other clinical community groups, to discuss a joint approach to the STP. He continued that he was delighted to announce that after months of meetings and conferences, all three authorities had agreed a set of principles in regard to the work of the STP, which he had signed and would present to the Health and Wellbeing Board at their meeting next week.

Finally the Cabinet Member for Health and Education assured Members that the output of the STP would be to improve primary care and offer the best access for the best service for all Thurrock patients.

55. Petitions submitted by Members of the Public

There were no petitions submitted.

56. Questions from Non-Executive Members

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

57. 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.

58. Fixed Term Secure Tenancies (Decision 01104389)

The Leader and Cabinet Member for Housing introduced the report to Members informing them that on 12 May 2016 the Housing and Planning Act 2016 received Royal Assent.

He continued to advise Cabinet that the Council were awaiting clarification from the Government in relation to aspects of the new Act. Without this he stated it would be wrong to make a decision.

Councillor Gledhill explained to Members that current tenants would remain as council tenants, however new tenants would receive a fixed tenancy which would enable the Council to review the tenancy 6 months before the end of the tenancy. This would assist with meeting the needs of Thurrock residents. Once the review had taken place the Council would be able to renew the tenancy for a further period, if it was required.

Councillor Halden sought assurance from the Leader that as in 3.1.7 of the report the Council would look into a key worker scheme for certain roles within the Council.

The Leader agreed that there would be a tracker on key workers, within the authority to ensure their needs were met.

Councillor Gledhill notified Cabinet that the report had been through the Housing Overview and Scrutiny Committee and the Tenant Excellence Panel.

He continued to suggest that given the Government hadn't issued the relevant guidance on 3 separate occasions that he would adjourned the meeting, so that as soon as the guidance was released, a meeting could be called and a decision made as soon as possible.

RESOLVED

That the meeting be adjourned, until such time as the Government release guidance on Fixed Term Secure Tenancies.

The meeting was adjourned at 7.25 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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14 December 2016	ITEM: 6.1
Cabinet	
Mid year Corporate Plan Progress and Performance Report 2016/17	
Wards and communities affected: All	Key Decision: Non-key
Report of: Councillor Deborah Stewart, Portfolio Holder for Performance and Central Services	
Accountable Head of Service: Karen Wheeler, Director of Strategy, Communications and Customer Services	
Accountable Director: Karen Wheeler, Director of Strategy, Communications and Customer Services	
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 (Appendix 1) and also reports on progress against the related actions/projects as outlined in the Corporate Priority Activity Plan for 2016/17 (Appendix 2).

- 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 note and comment upon the progress in relation to the key corporate priority activities for 2016/17**
 - 1.3 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. This report provides an update in relation to the progress of those activities detailed in Appendix 2 as well as the performance of the Key Performance Indicators (KPIs) used to monitor performance throughout the year. The data is included in Appendix 1 and the areas for focusing upon at this mid year point are detailed in section 3.3.
- 2.2 As previously reported, there is currently a full and thorough review of existing KPIs and other performance tools keeping in line with recommendations made by Corporate Overview and Scrutiny in 2015/16 and in line with the review of the vision and corporate priorities.
- 2.3 The purpose of this review is to make the performance framework as clear and simple to understand as possible, whilst balancing the need to ensure the council is monitoring those things which are of most importance, both operationally and strategically.

3.1 Issues, Options and Analysis of Options

- 3.1.1 This report is a monitoring report, therefore there is no options analysis.

3.2 Summary of Corporate KPI Performance

Quarter 2 Performance against target		
Achieved	41.46%	
Failed	43.91%	
Not available for comparison <i>(consists of five KPIs which are not due this month and one for which data is currently unavailable)</i>	14.63%	
Direction of Travel		
	Compared to 2015/16	Compared to Quarter 1 2016/17
↑ BETTER	44.19%	51.52%
→ Static	4.66%	18.18%
↓ WORSE	37.2%	30.30%
Not available for comparison <i>(consists of five KPIs which are not due this month and one for which data is currently unavailable)</i>	13.95%	-

3.3 Focus Areas for Quarter 2 (Mid Year)

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

3.3.1 Focus 1			
KPI	% of good or better primary schools (according to Ofsted)		
Portfolio	Education & Health	Directorate	Children's Services
Performance	88.9%	Performance	ACHIEVED
Quarter 2 Target:	80%	Direction of Travel since last year	BETTER ↑
<p>This figure has increased substantially over the last 12 months from 75% in 2014/15 to well over target at present. Indications show that in the coming months it will increase further which will put Thurrock higher than the national average.</p> <p>All primary schools and academies inspected in the last 12 months have been judged at least good with Quarry Hill being judged outstanding. Two primary schools have not yet been inspected as they have a new Unique Reference Number (URN) - Mayflower and Gateway free school. This leaves only three primaries in the borough judged to require improvement - they are Corringham, Stanford le Hope and Bonnygate primaries.</p> <p>(Commentary agreed by Rory Patterson)</p>			

3.3.2 Focus 2			
KPI	Percentage of Thurrock adults who smoke		
Portfolio	Education & Health	Directorate	Adults, Housing & Health – Public Health
Performance	21.3%	Performance	FAILED
Quarter 2 Target:	19.9%	Direction of Travel since last year	WORSE ↓
<p>This indicator is updated annually and the most recent figures relate to 2015. There is a significant lag on the data meaning that 2016 figures will be available in mid-2017. The most recent data also uses a new methodology for calculating smoking prevalence meaning that it is not directly comparable to previous figures.</p> <p>The target is to achieve 1% reduction per year. The local trend in recent years appears to be flat (i.e. no statistically significant change in prevalence) while nationally and regionally prevalence has decreased significantly. Thurrock is now 4.4% above the national average and also has the highest rate in the East of England region.</p>			

Historically the tobacco control strategy has focussed on achieving 4-week quitters. However analysis has been done which shows that this has had a minimal impact on prevalence of smoking due to the large proportion of quitters who relapse.

The new strategy (part of the Health and Wellbeing Strategy) focuses on:

- An open access quitting service which targets people with long term conditions where the greatest health benefit will be seen;
- A prevention strategy using a programme called ASSIST to prevent uptake on smoking in young people. There has been a good response from schools and it is expected that this will be implemented in four secondary schools this school year with the intention of rolling it out to others if it proves to be successful locally;
- Promoting an innovative use of e-cigarettes in our Stop Smoking service as these are thought to be one factor behind the decline in prevalence nationally.

Due to the long term nature of this lifestyle issue and data lags, it will be some time before the effective of this approach is known. The team is also currently undertaking a deep dive to investigate further the reasons why Thurrock appears to be an outlier on this indicator regionally and nationally.

(Commentary agreed by Roger Harris)

3.3.3 Focus 3

KPI	% of refuse bins which are emptied on correct day		
Portfolio	Environment	Directorate	Environment & Place
Performance	97.2%	Performance	FAILED
Quarter 2 Target:	98.5%	Direction of Travel since last year	WORSE ↓

Equates to an average of 2,800 bins per 100,000 missed each month so far this year. To put the figure in context, it is interesting to note that this also equates to an average of 865,452 bins being collected each month. Since the beginning of September the number of bins missed per week has dropped significantly compared to August with weekly performance as per the figures below:

Week ending	04-Sep-16	11-Sep-16	18-Sep-16	25-Sep-16
Bins to be collected	198,195	198,195	198,195	198,195
Missed Bins	503	421	790	1,609
Missed Bins per 100,000	254	213	399	812
% of Collections Made	99.7%	99.8%	99.6%	99.2%

Some of the reasons for missed bins have been explored in detail in previous reports and include factors such as:

- Vehicle breakdowns

- Traffic conditions
- Operational difficulties

The fleet of refuse collection vehicles is ageing and breakdowns are becoming more frequent. Whilst a major review of waste collection and disposal is underway, the Department has put in the interim measure of replacing the four oldest and unreliable vehicles with six new leased vehicles. This has increased reliability of the fleet and provided additional spare vehicles that can be deployed when refuse trucks are called into the workshop for servicing and routine maintenance.

The traffic chaos that was created by the closing of the Dartford Tunnel and QE2 Bridge in August had a marked impact on the waste collection service and the number of bins missed in that period (circa 12,000 missed in the week).

Whilst the department cannot always control traffic conditions processes have been put in place to ensure that there is a quick and effective method of alerting residents to disruptions to service. This helps in reducing resident frustration over not knowing when bins will be collected or why they have been missed. It is worth noting that dips in performance of this sort have marked impact on figures and it can take some time for the improved performance of the service to be reflected in the statistics.

Operational difficulties covers a range of scenarios and some of the actions that the department are putting in place to reduce these include implementing a service plan with detailed actions relating to staff engagement and training, waste round adjustments and clarification over processes and policies relating to missed bins. As a short-term measure an additional waste collection crew has been introduced three days a week to ensure that there is capacity within the service to complete all rounds.

(Commentary agreed by Steve Cox)

3.3.4 Focus 4			
KPI	% of complaints responded to within target		
Portfolio	Performance & Central Services	Directorate	HROD & Transformation
Performance	97%	Performance	FAILED
Quarter 2 Target:	98%	Direction of Travel since last year	WORSE ↓
<p>Although this is technically a failing indicator, the target is very high and in reality the council is still performing well in this area. By way of context a typical month will see between 200-250 complaints received. Therefore a decrease of 1% is</p>			

approximately equivalent to two complaints.

The council has reviewed its complaints process and as a result a number of changes took effect from 1 August 2016, including shortening the target timeframe within which complaints should be dealt, which has created an increased challenge to improve performance.

(Commentary agreed by Jackie Hinchliffe)

3.3.5 Focus 5

KPI	% of complaints which are upheld		
Portfolio	Performance & Central Services	Directorate	HROD & Transformation
Performance	42%	Performance	FAILED
Quarter 2 Target:	40%	Direction of Travel since last year	BETTER ↑

In July/August, the council implemented a Learning Action Plan (LAP) approach in order to reduce upheld complaints. Progress of this is reported via the Customer & Demand Management Board each month:

- A report is now produced by the Complaints Team detailing those service areas who have in excess of 35% of complaints upheld
- Upheld complaints will then be sent to service areas to ensure root cause analysis of the complaints is undertaken with a view to then producing a LAP

The LAP must:

- Confirm what went wrong in the service and identify the cause of the problem
- Explain what action, targeted to address the cause of the problem, will be taken to stop it happening again and who will be responsible for ensuring this happens
- Provide a timescale for when that action took place or will take place
- Provide objective evidence of those actions.
- Explain how the service will check that these actions have been taken, and are working – and when this will be done, and by whom.

(Commentary agreed by Jackie Hinchliffe)

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.
- 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 – Mid Year Corporate Performance Report 2016/17
- Appendix 2 – Mid Year Corporate Priority Activities Progress 2016/17

Report Author: Sarah Welton, Strategy & Performance Officer

KPI Title	Portfolio Holder	Directorate	2014/15 Outturn	2015/16 Outturn	Benchmark / Baseline	Apr-16	May-16	Jun-16	Qtr1 YTD	Jul-16	Aug-16	Sep-16	Qtr 2 YTD	Qtr 1 Target	Qtr 2 Target	2016/17 Target	Qtr 1 DOT (since last year)	Qtr 2 DOT (since last year)	Qtr 1 Achieved or Failed	Qtr 2 Achieved or Failed
% of primary schools judged "good" or better	Cllr J Halden	Children's	76.5	75.7	87				86.5				88.9	80	80	80	↑	↑	Achieved	Achieved
% of Major planning applications processed in 13 weeks	Cllr M Coxshall	E&P - Planning	84	84.58	n/a	100	100	100	100	100	100	100	100	75	75	75	↑	↑	Achieved	Achieved
% of Minor planning applications processed in 8 weeks	Cllr M Coxshall	E&P - Planning	88.3	92.9	n/a	100	100	100	100	100	100	100	100	88	88	88	↑	↑	Achieved	Achieved
Permanent admissions to residential/ nursing homes per 100K pop'n (18+)	Cllr S Little	AHH - Adults	133	134	163				37				28	40	41	163	↑	↑	Achieved	Achieved
No of homes transformed (NB target is given as a % of total stock as the actual figure changes as stock levels change)	Cllr R Gledhill	AHH - Housing		58% (5838)	60 per month	192	132	111	435 (6273)	114	106	108	763	180	360	65% of all stock by year end	↑	↑	Achieved	Achieved
% of repairs completed within target	Cllr R Gledhill	AHH - Housing		95 (March in month)	85	98	98	97	98	98	98	98	98	85	85	85	↑	↑	Achieved	Achieved
Average time to turnaround/re-let voids (in days)	Cllr R Gledhill	AHH - Housing	31.5	36	n/a	23	32	40		40	34	31		36	35	33	↓	↑	Failed	Achieved
Average time taken to complete an emergency repair (in days)	Cllr R Gledhill	AHH - Housing		0.29	n/a	0.19	0.19	0.14	0.17	0.15	0.14	0.08	0.14	0.2	1	0.2	↑	↑	Achieved	Achieved
Average sickness absence days per FTE	Cllr D Stewart	HROD - sickness	9.87	9.69	8.99	0.74	0.8	0.68	2.22	0.66	0.76	0.77	4.41	2.25	4.5	9	↑	↑	Achieved	Achieved
No of people registered for My Account	Cllr D Stewart	HROD - transformation	n/a	31561	n/a				36,035				41,179	35,000	40,000	45,000	↑	↑	Achieved	Achieved
% General Satisfaction of tenants with neighbourhoods/services provided by Housing	Cllr R Gledhill	AHH - Housing	70	70%	n/a	74	73	76	73	70	71	66	72	72	72	72%	↑	↑	Achieved	Achieved
Overall spend to budget on General Fund (£K variance)	Cllr S Hebb	Finance & IT	0	0	n/a				0				0	0	0	0	→	→	Achieved	Achieved
% of adult social care carers in receipt of SDS	Cllr S Little	AHH - Adults	8.9%	94.4%	77.40%	90.9%	92.3%	92.30%		92.9	86.7	86.7		50%	50%	50%	↓	↓	Achieved	Achieved
% Rent collected	Cllr R Gledhill	AHH - Housing	99.44	99.64%	99.64	77.9	90.39	93.3		93.6	95.3	95		90	95	99.00%	↑	↓	Achieved	Achieved
Number of "exchanges" carried out through time-banking (in hours)	Cllr S Macpherson	AHH - Comm Dev			n/a				2,408				7219	2,500	5,500	11,000			Failed	Achieved
Number of people supported by a Local Area Coordinator (LAC)	Cllr S Little	AHH - PH			n/a				359				476	162.5	325	650 by year end			Achieved	Achieved
No of business engaged through Council programmes (Quarterly)	Cllr M Coxshall	E&P - Regen			n/a				133				545	125	250	500			Achieved	Achieved
Unemployment rate (data from ONS/NOMIS) (in arrears)	Cllr M Coxshall	E&P - Regen	7.3	5.60%	3.9% (regional average)				5.30%				4.9	3.9 (regional average)	3.7 (regional average)	regional average	↑	↑	Failed	Failed
% Household waste reused/ recycled/ composted	Cllr P Tolson	E&P - ENV	40.38	39%	42% (Unitary Authorities)	39	46	50	45	44.3	40.3	38.32	43	47	46	41%	↓	↑	Failed	Failed
Overall spend to budget on HRA (£K variance)	Cllr S Hebb	Finance & IT	-2485	900	n/a	n/a	n/a	0		0	641	491		0	0	0	↑	↑	Achieved	Failed
% of complaints upheld (all services except social care) (based on closed complaints)	Cllr D Stewart	HROD - complaints	n/a	50	n/a	66	42	36	46	46	43	38	42	40	40	40	↑	↑	Failed	Failed
% of 17-21 yr old Care Leavers in Education, Employment or Training	Cllr J Halden	Children's	n/a	54.6	52.3	85.7	70.4	64.1		60	58.3	55.1		70	70	70	↑	↑	Failed	Failed
Average time (in days) for a child to be adopted (3 year average)	Cllr S Little	Children's	625	601	n/a				536				560	575	550	500	↑	↑	Achieved	Failed
Number of volunteers active in roles within the council	Cllr S Macpherson	AHH - Comm Dev	250	251	n/a				232				244	250	250	250	↓	↓	Failed	Failed
Self-Directed Support - % adult social care users in receipt of SDS	Cllr S Little	AHH - Adults	72%	75%	83.70%	74.49	74.47	74.63		74.16	73.93	74.19		80%	80%	80%	↓	↓	Failed	Failed
% older people still at home 91 days after discharge	Cllr S Little	AHH - Adults	86.60%	90.85%	82.10%				83.2				89.4	90.9%	90.9%	90.9%	↓	↓	Failed	Failed
% of refuse bins emptied on correct day	Cllr P Tolson	E&P - ENV	99	98.50%	n/a	99.10%	95.30%	97.30%	97.20%	97.60%	94.50%	99.30%	97.20%	98.5	98.5	98.50%	↓	↓	Failed	Failed
% overall spend on Capital Programme budget	Cllr S Hebb	Finance & IT	90	90	n/a				8				27.91	10	30	90	↓	↓	Failed	Failed
% Council Tax collected	Cllr S Hebb	Finance & IT	98.71	98.58	n/a	10.72	19.54	28.29		36.85	45.45	54.09		28.21	54.22	98.9	↑	↓	Achieved	Failed
% National Non-Domestic Rates (NNDR) collected	Cllr S Hebb	Finance & IT	99.68	99.8	n/a	11.73	20.85	29.93		38.83	47.34	56.53		29.76	57.96	99.3	↑	↓	Achieved	Failed
% timeliness of response to all complaints (all services except social care)	Cllr D Stewart	HROD - complaints	98.3	98.1	n/a	99	99	98	99	100	96	95%	97	98	98	98	↑	↓	Achieved	Failed
% adults who smoke (Annual)	Cllr J Halden	AHH - PH	20.9	21.3 (2015)	20.7% (2014) 17.9% (2014 Regional) 18.0% (2014 England)								21.3 (year end)		19.7	19.7		↓		Failed
No of new apprenticeships within the council	Cllr J Halden	Children's	65	55	65	2	0	2	4	0	5	3	12	15	34	60	↓	↓	Failed	Failed
% Early Offer of Help Episodes completed within 12 months	Cllr J Halden	Children's	n/a	97.2	n/a				96				94	95	95	95	↓	↓	Achieved	Failed
% of potholes repaired within policy and agreed timeframe	Cllr B Little	E&P - H&T			n/a - new methodology						93.72	94.02			100%	100%				Failed

Appendix 1: Corporate Performance KPIs Quarter 2 2016/17

KPI Title	Portfolio Holder	Directorate	2014/15 Outturn	2015/16 Outturn	Benchmark / Baseline	Apr-16	May-16	Jun-16	Qtr1 YTD	Jul-16	Aug-16	Sep-16	Qtr 2 YTD	Qtr 1 Target	Qtr 2 Target	2016/17 Target	Qtr 1 DOT (since last year)	Qtr 2 DOT (since last year)	Qtr 1 Achieved or Failed	Qtr 2 Achieved or Failed
Street Cleanliness - a) Litter	Cllr P Tolson	E&P - ENV	1.83	3%	6.47%				3.48					4% (Smaller is better)	4% (Smaller is better)	4% (Smaller is better)	→	not due	Achieved	not due
Street Cleanliness - c) Graffiti	Cllr P Tolson	E&P - ENV	0.5	0%	1.52%				0.83					2% (Smaller is better)	2% (Smaller is better)	2% (Smaller is better)	→	not due	Achieved	not due
% of young people who reoffend after a previously recorded offence	Cllr J Halden	Children's	37	29	38 (National average)				6				not due (Qtr in arrears)	30	25	30	↑	not due (Qtr in arrears)	Achieved	not due (Qtr in arrears)
Number of places available for two year olds to access early years education in the borough	Cllr J Halden	Children's	1083	1307	929				1094				not due (Termly)	1200	1200	1200	↓	not due (Termly)	Failed	not due (Termly)
Number of places accessed for two year olds for early years education in the borough	Cllr J Halden	Children's	720	665	743				700				not due (Termly)	687	74% of DWP total* (changes each term)	74% of DWP total* (changes each term)	↑	not due (Termly)	Achieved	not due (Termly)
% of 16-19 yr old Not in Education, Employment or Training	Cllr J Halden	Children's	5.5	5.2	5	5.4	5.5	5.6		5.7	unavailable	unavailable		5.9	5.3	5	↑	unavailable	Achieved	unavailable
Demand monitors	Portfolio Holder	Directorate	2014/15 Outturn	2015/16 Outturn	Benchmark / Baseline	Apr-16	May-16	Jun-16	Qtr1 YTD	Jul-16	Aug-16	Sep-16	Qtr 2 YTD	Qtr 1 Target	Qtr 2 Target	2016/17 Target	Qtr 1 DOT (since last year)	Qtr 2 DOT (since last year)		
Number of households at risk of homelessness approaching the Council for assistance	Cllr R Gledhill	AHH - Housing	2724	2,944	average 245 per month	238	243	244	725	186	217	236	1364				↑	↑		
Rate of Looked After Children	Cllr S Little	Children's	72	85	57	83	83	82		84	84	87					→	→		
Rate of Children subject to Child Protect Plan	Cllr S Little	Children's	52	71	36	72	76	73		71	72	67					↓	↑		
No of homeless cases accepted	Cllr R Gledhill	AHH - Housing		222	average 19 per month	18	7	20	45	23	15	29	112				↑	↓		
No of incidents of Fly tipping reported	Cllr P Tolson	E&P - Public Protection		2504	2504	273	238	269	780	203	203	313	1499	560 Baseline	1125 Baseline	2250 Baseline	↓	↓		
No of incidents of Abandoned vehicles reported	Cllr P Tolson	E&P - Public Protection		1028	1028	115	105	158	378	140	161	126	805	230 Baseline	460 Baseline	930 Baseline	↓	↓		
No of people killed or seriously injured in road traffic accidents (yearly average taken over a rolling 3 years)	Cllr B Little	E&P - H&T	58	73	no comparison with previous years as definition changed								39 (YTD)							

KPI Title	Portfolio Holder	Qtr 2 Achieved or Failed	Commentary
Unemployment rate (data from ONS/NOMIS) (in arrears)	Cllr M Coxshall	Failed	This is not a performance indicator, but data that we monitor each quarter as a wider determinant of the health and wealth of the borough. Whilst not reaching the challenging target of the regional average, the direction of travel is positive.
% Household waste reused/ recycled/ composted	Cllr P Tolson	Failed	We are once again below target having had a run of good performance, and there is still away to go to catch up on earlier months. However. the service are still 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.
Overall spend to budget on HRA (EK variance)	Cllr S Hebb	Failed	This in year overspend is largely as a result of additional repairs and maintenance spend.
% of complaints upheld (all services except social care) (based on closed complaints)	Cllr D Stewart	Failed	see covering report for IN FOCUS item
% of 17-21 yr old Care Leavers in Education, Employment or Training	Cllr J Halden	Failed	The department continue to maintain an aspirational target of 70% of care leavers being EET. Our current performance remains above national rates but has not yet returned to above 60%. The teams are analysing the current reduction in performance.
Average time (in days) for a child to be adopted (3 year average)	Cllr S Little	Failed	Our adoption performance remains strong and we continue to reduce the number of days taken for children to be placed for adoption. As of yet we have not reached our target but performance continues to improve on 2014/15 and 2015/16. To date we have achieved adoption orders for 5 children and predict a total of 10 adoptions by the end of the financial year.
No of new apprentices within the council	Cllr J Halden	Failed	There were 3 starts in September (1xHousing, 1xprimary school, 1xInformation Management) and teams being supported to recruit to 31 further posts, this includes 5 appointments subject to checks for report in October. Work is underway to identify apprentice starts by housing contractors funded by Thurrock Council. Two primary schools have withdrawn their apprentice vacancies in favour of recruitment when the Apprentice Levy is introduced next year (now May).
Number of volunteers active in roles within the council	Cllr S Macpherson	Failed	We usually experience a dip in volunteer figures at the beginning of the year which then picks up throughout the rest of the year. 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. The data gives an a snapshot of the number of volunteers active at the end of the quarter which may be less than at other times in the quarter eg end of Q1 data showed 232 but 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	Cllr S Little	Failed	As at end of September 16 we have 799 of 1077 service users receiving their support via self-directed support. This equates to 74.19%. Our target for 16/17 is 80%. The definition of this indicator has been changed and is now reported as an 'as at month end' position rather than 'in-year' which means that there is a lot more scope for changes month to month than previously. The Commissioning Team are undertaking a piece of work to transfer service users currently under a block contract with Thurrock Lifestyle Solutions to Individual Service Funds (ISF's) and Direct Payments (DP's). The block contract comes to an end on the 31/03/17, however there is some potential for some service users to transfer over in year which would improve this indicator.
% older people still at home 91 days after discharge	Cllr S Little	Failed	Q2 16/17 had a total of 151 older people (65+) discharged from hospital into reablement/rehabilitation. Of these, 135 were still at home 91 days later which equates to 89.4%. This is below our target of 90.9% for 16/17 and also falls short of our 2015/16 outturn of 90.8%. We are reviewing data quality on this indicator in terms of our routine recording of reablement potential. Currently we feel some individuals who do not have reablement potential are being included in the indicator, something we are working to improve. In addition, the current home care crisis has meant that the reablement team have been required to take on more basic home care packages which has impacted on their ability to provide reablement.
% of refuse bins emptied on correct day	Cllr P Tolson	Failed	see covering report for IN FOCUS item
% overall spend on Capital Programme budget	Cllr S Hebb	Failed	This is based on actual payments to date so when including outstanding work not yet billed the progress will be largely on target.
% Council Tax collected	Cllr S Hebb	Failed	The monthly profile is put in place at the beginning of each year based on previous experience, whilst this is useful for broad comparison and monitoring purposes, actual collection experience is subject to a number of variables that can impact performance. Significant variances therefore require investigation before considering performance. Debt collection performance within Thurrock compares extremely favourably compared to other councils, whilst performance is currently showing below the monthly profile by 0.22%, it is normal to see minimal monthly variances of this type, and collections are still expected to achieve the year end target.
% National Non-Domestic Rates (NNDR) collected	Cllr S Hebb	Failed	The monthly profile is put in place at the beginning of each year based on previous experience, whilst this is useful for broad comparison and monitoring purposes, actual collection experience is subject to a number of variables that can impact performance. Significant variances therefore require investigation before considering performance. Analysis has shown that monthly performance has been impacted by the number of businesses opting to spread instalments over 12 rather 10 months. Whilst this will reduce collections for April to January it is expected this will be recovered within February and March. Debt collection performance within Thurrock compares extremely favourably compared to other councils, whilst performance is currently showing below the monthly profile by 0.91%, collections are still expected to achieve the year end target.
% timeliness of response to all complaints (all services except social care)	Cllr D Stewart	Failed	see covering report for IN FOCUS item
% adults who smoke (Annual)	Cllr J Halden	Failed	21.3% is the 2015 outturn which is the year-end outturn for last year. Target of 19.9% has not been met and the smoking prevalence in Thurrock has increased by 0.4% compared to the previous year. Overall, the national average for amoking prevalence has dropped by 0.9% to 16.9%; we are currently 4.4% above the national average. Regionally, the average has dropped by 1.1% and we are 4.7% above the regional average. Thurrock is the worst performing local authority in the region. The majority of other local authorities in the east region have seen a drop in smoking prevalence this year compared to the previous year; only 3 authorities besides Thurrock have seen an increase.
% Early Offer of Help Episodes completed within 12 months	Cllr J Halden	Failed	The service is currently under a restructure with the support of iMPower and the expectations are that the majority of cases will be open to the service for less than a year. Current resources will be used more effectively and prioritised to meet emerging needs within families swiftly and decrease the current delays for service provision which has impacted on the length of time cases remain open.
% of potholes repaired within policy and agreed timeframe	Cllr B Little	Failed	There have been some operational and data quality issues embedding the new Symology reporting system, which have led to 16 reports not being actioned on time. However actions have been identified and performance should improve in the coming months.

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Appendix 2
CORPORATE PLAN PRIORITY PROJECTS 2016/17

MID YEAR PROGRESS

Create a great place for learning and opportunity

Work with partners to provide training, apprenticeship and employment opportunities linked to key local industries

The Employability and Skills team continues to build/maintain employer contacts in Thurrock and beyond, in order to extend provision that directly links to key priority sectors and enables local employers to recruit to vacancies. Earlier this month Opportunity Thurrock, the borough wide annual careers fair, hosted more than 130 exhibitors ranging from local/national employers, further education (FE) and higher education (HE) to speak to more than 2,500 students about their aspirations/pathways for the future. Close liaison with the regeneration team has enabled the development of a job vacancies website as another route for local employers to promote opportunities. This has been branded as **Opportunities Thurrock** so it is immediately recognisable and linked to the careers fair and key priority sectors. Regular liaison with the regeneration team enables the inclusion of apprenticeship and employment with training, training for existing staff and the recruitment of local people as part of their statutory obligations via Section 106 Town and Country Planning Act.

Other programmes, such as:

- OnTrack Thurrock provides bespoke services for NEET (Not in Education, Employment of Training) young people to develop skills to enable employment
- Thurrock's Next Top Boss provide students with high profile business mentors to resolve real time business challenges
- the Careers and Enterprise Company programme that is recruiting business leaders as volunteers to provide strategic direction to Head Teachers/Principals to create whole school/college Enterprise Strategy as well as simplify the range of offers and services available to schools and our traded work experience service are all designed to provide students with high quality 'employer encounters'
- In addition, joint work is underway, with an external partner and HR & OD, for the council to consider the creation of fixed term contract employment opportunities for vulnerable young people

Work with schools and other partners to increase percentage of good/outstanding schools, academies and early education facilities in the borough in line with new legislation

The School Improvement Team works closely with the three teaching schools to identify the continued professional development (CPD) and school improvement needs of the schools and academies in the borough using the latest end of key stage data. School to school support bids have been made for two schools in the borough to the National College for Teaching and Leadership (NCTL). A comprehensive CPD brochure has been developed which includes masters degrees, short courses and bespoke packages.

Of the 39 primary schools, 36 schools have a current inspection grade - two schools are

awaiting their first inspection. Of the 36 schools, 33 schools are rated by Ofsted as good or better (92%). There are currently three schools that are rated by Ofsted as requiring improvement and the council would expect all three to be judged as good on their next inspection. Both special schools are rated as outstanding and eight out of the nine secondary schools with inspections are rated as good or better with one school awaiting inspection after re-opening as a new academy in September. Overall the percentage of good or better schools in Thurrock is 91%.

The early years team within the school improvement team work closely with all settings to ensure they provide high quality early education and childcare. The team ensures settings are meeting the statutory welfare and education requirements of the early years and foundation stage (EYFS), thereby ensuring the number of good or better settings has continued to rise. (89% good or better).

Review school improvement and other children and young people services and develop proposals for future delivery to make best use of available resources

The Children's Centre review as part of the 0-19 Wellbeing Model is currently out for consultation. It is intended to improve the service by reducing duplication and delivering a more integrated approach to users of Children's Centres, Early Offer of Help, Troubled Families and Health.

The review of the Virtual School is also underway. The commissioning team are working with the virtual school to find efficiencies in the commissioning of services.

Due to departmental restructure the review of school improvement is not yet complete.

Using outcomes of the iMPower review and Ofsted Inspection, develop and deliver strategic plan for demand management of children's social care services

A clear Ofsted improvement plan has been developed and is being monitored and progressed by the Director of Children's Services. The overall direction of travel (progress) within the plan is positive.

iMPower are completing their final piece of work with Children's Social Care to restructure the current services to offer more effective early help and prevention.

The current service delivery of early offer services is considered to be too fragmented to be effective at early enough a stage to prevent escalation into statutory services and deterioration for the families.

The new model being scoped with iMPower will bring together the current offers (teams) into a unified and/ or co-ordinated whole.

Encourage and promote job creation and economic prosperity

Promote Thurrock and what it has to offer to residents, visitors and inward investors

The council has been focusing on a number of different ways to raise the profile of Thurrock and of the council.

A new monthly e-newsletter was launched in October - an additional, customer-centric communication channel to complement the more strategic use of other channels i.e. social media, website, local media, outdoor advertising. It will be coordinated by the Communications team and be campaign-led enabling the communication of key priority messages. It will also feature event dates for the diary. This will be a regular communique which residents can sign-up for, and will be encouraged to do so.

Directors Board have agreed to a focussed programme of awards and nominations to increase the profile of the borough nationally, and have recently contributed to the leading growth industry guide, MIPIM, for developers highlighting the investment opportunities that Thurrock has to offer.

Develop and progress the refreshed Local Plan and associated documents

Thurrock Council is preparing a new Local Plan. This plan will be used to guide decisions on planning applications for development as well as set out the strategic direction of the area on social, economic and environmental matters. All Local Planning Authorities must prepare a Local Plan setting out planning policies for their area.

In February-April 2016 the council undertook its first formal consultation on the emerging Local Plan, an Issues and Options (Stage 1) consultation. The purpose of the consultation was to obtain the views of stakeholders, local businesses and the community on the key issues that the Local Plan will need to address. In total of 70 bodies/persons provided formal responses to the consultation document. They raised 548 separate comments.

In order for the Local Plan to be prepared in an open and inclusive way the council recognises that there needs to be elements of ongoing stakeholder engagement throughout the plan making process. Since the end of the Issues and Options (Stage 1) consultation the council has continued to engage key stakeholders through the creation of four discussion forums and through the use of summer roadshows. It is anticipated that the next formal round of public consultation will take place in April 2017 although this date is dependent upon an announcement on the preferred Lower Thames Crossing Route and how this affects emerging Local Plan evidence (Green Belt Assessment; Economic Development Needs, Strategic Transportation Needs Assessment).

Implement the Economic Growth Strategy and progress the six Growth Hubs including Purfleet Centre Scheme

The growth programme in Thurrock continues to be one of the largest and most exciting opportunities in the country. Thurrock's reputation as a place full of opportunity has helped attract a number of large scale regeneration projects including DP World London Gateway, Port of Tilbury expansion and Purfleet Regeneration. These projects in turn have created significant numbers of jobs and the opening of Amazon and UPS facilities in 2017 presents further opportunities. In addition to these large scale projects we have also focussed on smaller but nevertheless significant projects for local people such as expanding our small business accommodation offer in the borough, helping local people to find work and improving our town centres. Good progress has been made in a number of areas as the programme continues to move from plans to deliverables. Highlights include: -

- Agreement of the masterplan for Grays and development appraisals for a number of sites which would generate a positive return to contribute towards delivery of the underpass and new theatre.
- Agreement of the masterplan for the Civic Square in Tilbury and progress defining and designing the flagship Integrated Healthy Living Centre proposed as the centre-piece of the new scheme

A full and detailed update on the progress of the six growth hubs will be presented to Council as part of the Portfolio Holder report for Regeneration in November 2016.

Work with partners to identify and provide for infrastructure needs including tackling issues of congestion and proposals for a new Lower Thames Crossing

Waiting for the announcement on the preferred Lower Thames Crossing Route affects Local Plan and other infrastructure strategies moving forward, however in the meantime infrastructure and highways improvements are progressing, including the A13 with local communication and awareness raising having started. The improvements will widen the A13 Stanford-le-Hope Bypass from two to three lanes in both directions, from the junction with the A128 (Orsett Cock roundabout) in the west and the A1014 (The Manorway) to the east.

This widened section of road would tie-in with the existing three lane section of the A13 to the west of the junction with A128. DP World London Gateway will provide £10 million funding towards these improvements. Works will begin once a further £80 million of government funding is confirmed.

Build new homes that are affordable and a mixture of tenures (private and social)

During the first half of the financial year housing development activity has continued to progress at pace. A project of twelve houses for affordable rent to Council tenants has completed at Bracelet Close in Corringham. The remaining three Housing Revenue Account funded schemes in Grays, Chadwell St Mary and Tilbury are well advanced in planning and feasibility terms with all schemes benefitting from external design review to ensure they will be of high quality.

These projects are part of the Housing Zone will deliver a mix of 118 houses, flats and bungalows for rent which meets evidenced housing need and supports other programmes such as the review of sheltered housing and the need to help manage the demand for Social Care by reducing or delaying the need for care services.

The national rent reduction policy will make further HRA schemes very unlikely at present. Two completed HRA schemes also won national design awards and are considered exemplar.

Gloriana's first phase of new homes will be ready for occupation in January 2017 with the balance of the 128 unit scheme at St Chads completing later in the 2017. The next Gloriana scheme has been submitted for planning and will deliver, subject to planning, 80 homes for sale and rent at Belmont Road in Grays. A pipeline of development sites for Gloriana is being evaluated, with feasibility studies ongoing on sites in Grays and South Ockendon.

The development of a business case to achieve the regeneration of estates with high repair costs and poor environmental conditions has progressed substantially in the last six months.

The main drivers in this work are to radically improve the lives of residents whilst managing the repairing liability to the council. Key risks to this project in the long term are ensuring effective and timely resident engagement, changes to build cost and sales values of enabling residential development.

Build pride, responsibility and respect

Develop a communication and engagement strategy informed by the Residents Survey

The resident survey has been commissioned and this will be undertaken during the autumn with final analysis expected in January. This will feed into the wider communication and engagement approach as well as other pieces of work such as the review of the vision and priorities and associated corporate performance framework.

The council has increased its use of social media and this is now a daily, two-way, instant channel of communication with residents and other stakeholders. The council now has around 9,500 followers on Twitter and nearly 2,000 Facebook “likes”. Social media accounts are now being manned at evenings and weekends. This is part of an increasingly customer-centric approach to residents. The council now “tweets” press releases and posts them on Facebook to get maximum coverage as well as utilising LinkedIn.

Work with partners to empower communities

The council has progressed a number of programmes to help empower communities. Most significantly in the year to date is the adoption of the Community Assets Transfer (CAT) Policy. Often, communities aspire to provide local resources but lack the facilities to do so. This policy provides a consistent opportunity for community organisations to seek the use of land or property owned by the council at a subsidised rate when the public value of the activity is considered within an agreed framework.

Friends of Hardie Park (based in Stanford Le Hope) were instrumental to the development of the CAT policy and provide a current example of the policy in practice. With a pool of dedicated volunteers, the group are campaigning for park improvements and championing local management and maintenance of the park. They have made improvements to prevent vandalism of equipment and anti-social behaviour and secured funding to install a brand new skate park. A prefabricated building has also been erected and will contain a café and space to deliver training sessions.

A new Community Hub has opened in Purfleet taking the number across the borough to six. Hubs empower communities by bringing people together around common issues and exploring community based solutions to improvement. Often, the simple act of providing a space and support to talk something through can change someone’s perception from being dependent and stuck, to having choice and options about the future. People appreciate being supported by trained volunteers, and hubs are increasingly seen as the first point of call of information and support. Hubs are co-produced with the voluntary sector and local communities, and are underpinned by a commitment to equality.

As well as increasing confidence, improving skills and knowledge is an important aspect of empowerment. Subsidised training is available to Thurrock residents active in their communities with Voluntary Sector Training Essex with courses now delivered in Thurrock too. Courses to date have included Finding Funding Faster and Roles and Responsibilities of Trustees.

The key partnership approach helping to empower communities is through the Stronger Together Partnership. A dedicated website has been created to promote the many different programmes in Thurrock supporting people to support themselves and others including Timebanking, the work of Local Area Co-ordinators and support for micro enterprise to

name a few. The site is particularly good for promoting good news about Thurrock and examples of community spirit in action – you can view the site at <http://www.strongertogether.org.uk>

Develop new models for adult social care and support provider development through implementation of the Market Position Statement

Excellent progress is being made with the implementation of the key objectives of the Market Position Statement. The micro enterprise project has developed well with a project lead that has supported a number of micro enterprises to be established in Thurrock. The shared lives tender has now been successfully awarded (we are still however in the alcatel period prior to announcement of the result).

Domiciliary support has provided significant challenges – the council has developed a comprehensive project plan which is being implemented, the pilot of a new model is just about to start, a new specification is being developed which will offer a new way of working to support people to be connected to their communities and to receive the level of care and support they need. The approach to domiciliary support is key to the next part of the Building Positive Futures agenda, Living Well in Thurrock. Specialist autism services are being developed for the first time in Thurrock in partnership with Family Mosaic who will be building accommodation with specialist support at Medina Road.

Develop a new and transformational Customer Services Strategy including delivery through digital channels where appropriate

A new Customer Strategy has been drafted and will be presented to Corporate Overview & Scrutiny Committee in November, which ties in all forms of direct contact with our residents, and supports channel shift, but goes further to embed the “getting it right first time” principle. This is a wide ranging piece of work, as there are so many aspects to it, from analysis of customer requests and queries through the contact centre, monitoring of trends in complaints, usage of website to a whole scale look at the quality of the correspondence we send out. This strategy will also recognise the valuable role Community Hubs play in supporting residents who need to help to access online services.

Improve health and wellbeing

Implement the Health and Wellbeing Strategy and deliver the action plans

All action plans are in place – one per Health and Wellbeing Strategy objective (25 action plans). Action Plans have been signed off and with their progress monitored via the Health and Wellbeing Board's Executive Committee and the Board itself. The Board focuses on one of the Health and Wellbeing Board's goals at each of its meetings, with action plan owners presenting action plans and progress.

Action plans will be refreshed on an annual basis and an end of year report will be produced to capture the year's progress. The development of the strategy is being co-produced through regular sessions with both Thurrock Disability Partnership Board and the Older People's Parliament.

Transform and integrate health and social care with a focus on prevention and early intervention, including the delivery of four integrated healthy living centres

The Adult Social Care Transformation Programme 'Living Well in Thurrock' (LWiT) is designed to reduce, delay and prevent the need for care (and health) services. The programme focuses on three elements – stronger communities, built environment, adult social care (and health) offer.

The programme includes the further development of existing initiatives and the introduction of a number of new projects and initiatives. This includes a bid for additional supported housing in Aveley, and the consideration of options for the expansion of Collins House.

The programme is reviewed on a monthly basis via highlight and exception reporting to the Integrated Commissioning Executive. The majority of the projects contained within the LWiT programme are also linked to the delivery of objectives contained within the Health and Wellbeing Strategy.

Some examples of the work accomplished to date include:

- The council has engaged with an external provider to complete a feasibility study concerning the spinning out of provider and fieldwork services in Adult social care
- A Social Prescribing Project has been started seeking alternative solutions being identified by GPs for people who require community solutions rather than medical interventions
- Work is nearing completion to introduce a single point of access called 'Thurrock First', to enable people to access all community based health, mental health and Adult Social Care services through one point of contact, thereby reducing duplication and the need for people to provide information many times to access the variety of services available

Deliver Transforming Homes programme for 2016/17

The Transforming Homes programme is now in its fourth year. The first half of the year has seen 763 properties benefitting from internal improvement works these have been located predominantly in Grays Riverside and West Thurrock and South Stifford areas.

The next phase of year four will continue with the completion of properties in West Thurrock

and South Stifford and will move to start works in properties in both Chadwell St Mary and Aveley.

However the programme remains on target to achieve improvements to 65% of the council's housing stock by year end. This will mean that month on month completion numbers will gradually reduce in the second half of the year in line with the council's spend profile. This will ensure that the programme continues to be affordable and achievable.

A key focus across the programme is to drive improvement by continuing to monitor the resident satisfaction and ensure robust challenge of contractor performance. Average resident satisfaction with the programme across the year to date is 81.76%.

Resident feedback allows for the identification of areas of poor performance and ensures that the services that are delivered reflect our residents' needs.

It is a priority for all partners to ensure emerging issues are addressed as quickly as possible to minimise disruption to residents. Recent improvements have been made through enhanced inspections of works in progress addressing any concerns as they arise and close monitoring of the percentage of properties handed over by the contractors snag free.

Improve efficiency and effectiveness of homelessness prevention

The main cause of homelessness has changed over the past two years from being parental eviction to being the ending of an assured short hold (private) tenancy.

This has proved very challenging since it removes options for prevention through offers of private rented properties. Thurrock is becoming less affordable with an increasing gap between the Local Housing allowance and market rents. The service was only able to prevent 71 households from homelessness.

One of the ways in which the service has been able to prevent homelessness is through the offer of early financial advice and support through the financial inclusion service. Economically vulnerable households are identified early, and supported adequately through better budgeting, sign posting to other services, and ensuring they can sustain their current tenancies. So far this service has provided support to about 300 social tenants and many other residents in the borough.

A new housing management system was designed and built and will be replacing the current outdated one in November 2016; the introduction of the new system will improve record keeping, performance monitoring and drive effective data analysis through business intelligence. This will aid the service in understanding better its effectiveness in delivering services and ensure consistency and accountability.

The introduction of a new homeless prevention scheme called Housing First which is directed to support the most vulnerable service users in the borough went live in November 2016 where the service will be offered to the first two service users.

The Homeless Reduction Bill which is currently being debated in Parliament is likely to present further challenges but should ultimately ensure that homeless households are assisted at a much earlier stage.

The overall review of housing services will include the housing solutions and homeless prevention work streams.

Promote and protect our clean and green environment

Review waste services including collection options, re-tendering of contracts and opportunities for income generation

The project to review waste services is well established with a considerable amount of research having been carried out to identify possible changes to the service, with the intention of ensuring that an efficient and effective waste collection service is provided to all residents. The review includes options relating to collection methods, the separation of materials and the disposal routes for waste collected in Thurrock.

As part of the review options relating to the structure, management and location of the Civic Amenity Site are being considered. As is the possibility of implementing a subscription garden waste collection service for residents.

With regard to income generation there has been renewed vigour in the pursuit of trade waste business by the Department which has resulted in a significant increase in the number of customers contracted to receive the service.

Improve consistency and sustainability of street cleanliness services through stronger enforcement action on fly-tipping and littering and exploring possibilities for trading greening services

The council is engaging a private enforcement company for a 12 month pilot from December with a primary focus on enforcement action relation to littering and dog fouling, both of which have been ongoing issues for the borough. The approach was agreed by Cleaner, Greener and Safer Overview & Scrutiny Committee. This is supported by the "Love Thurrock" campaign.

Over the past three months the department has been running a pilot of returning street services staff to service-based rather than areas team. This, with the additional resources that have been made available, has had a marked impact on the standard of the parks and open spaces, verges and street cleanliness across Thurrock.

Enhance the built environment, public spaces and access to the river through development of a Design Guide and progressing the town centre Growth Hub programmes

The importance of achieving good design, and the benefits this can bring in delivering sustainable development and communities, is clearly articulated through nation planning policy and guidance. Achieving good design outcomes must therefore be an important component of delivering development proposals across Thurrock.

The Design Strategy Supplementary Planning Document (SPD) sets out the council's core design principles ensuring that future development in the borough is of the highest design standards. Once finalised, the Design Strategy SPD will be used as a tool to inform and assess proposals within existing locations, at all scales, from small infill sites through to larger regeneration and redevelopment schemes. The Design Strategy was subject to public consultation in February 2016 and scheduled for adoption in January 2017.

The Design Strategy will be supported by five more detailed design guides looking at Residential Areas (New Build and Extensions/Alterations); Industrial Areas; Town Centres and Transport Hubs; Rural Locations. Consultation on some of these guides is anticipated to commence in April 2017.

It is also worth noting that the council has produced development frameworks for both Lakeside and Grays. These will form the basis of area based policies/inset plans in the emerging Local Plan.

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14 December 2016	ITEM: 10 (Decision 01104390)
Cabinet	
Air Quality and Health Strategy	
Wards and communities affected: All	Key Decision: Key
Report of: Councillor Brian Little, Portfolio Holder for Transport and Highways Councillor James Halden, Portfolio Holder for Education and Health	
Accountable Head of Service: Ann Osola, Head of Transportation and Highways	
Accountable Director: Steve Cox, Corporate Director Environment and Place Ian Wake, Director of Public Health	
This report is Public.	

Executive Summary

In 2015, a decision was taken by Thurrock Council to develop an integrated Health and Air Quality Strategy through which to tackle the health problems associated with and exacerbated by air pollution within the borough.

Thurrock's Air Quality & Health Strategy has framed the authority's approach to improving air quality and to reduce air pollution exposure to safe levels for human health across the borough. The Strategy provides the context for the council to manage air quality through a suite of borough-wide policies to prevent new Air Quality Management Areas (AQMA) from arising as well as outlining a number of actions and measures to improve air quality in each AQMA with a view to moving towards advisory limits and future revocation.

The overall strategic aim of this Thurrock Air Quality & Health Strategy is to improve air quality in the borough to reduce the health impacts of air pollution.

The Strategy will be delivered through three main approaches:

- a) By implementing measures for managing air quality throughout the borough to prevent new AQMAs from arising; and

- b) By implementing measures contained within the action plans for existing AQMAs; and
- c) By working with external bodies to reduce background pollution from inside and outside the borough.

Alongside the production of the Strategy the opportunity was taken to refresh the Air Quality Action Plans for the existing AQMAs as well as produce action plans for the recently declared AQMAs for Tilbury, Aveley and Purfleet Bypass.

1. Recommendation(s)

1.1 That Cabinet approves the Air Quality & Health Strategy and the associated delivery approaches (Appendix 1)

2. Introduction and Background

- 2.1 In 2013 the council declared an Air Quality Management Area (AQMA 24) for NO₂ in Tilbury, along part of Dock Road, Calcutta Road and St Chad's Road, followed earlier this year with further declarations for Aveley (High Street and Ship Lane (AQMA 25) and Purfleet Bypass (AQMA 26) bringing the total number of AQMAs in Thurrock to 18.
- 2.2 In early 2015 a report was presented to the Health and Wellbeing Overview and Scrutiny committee underlining areas of poor air quality in Thurrock and the associated acute and chronic health effects from exposure. The committee supported the establishment of a cross-directorate Air Quality Officer Task Group to develop an integrated Health and Air Quality Strategy (hereafter referred to as 'the Strategy', see Appendix 1) to identify ways to reduce air pollution and public health exposure.
- 2.3 The impacts and management of poor air quality is an issue many UK local authorities are committing resources to improve and although there is not a universal solution, developing a cross-directorate strategy which seeks to improve air quality and health is seen as good practice.
- 2.4 Several AQMAs have extremely high regional and/or local background concentrations of NO₂. This means that in some AQMAs, the majority of NO₂ concentrations are not arising from local sources and that local actions carried out on the ground by the local authority may be unlikely to significantly affect the regional background concentrations. This means that in certain circumstances, there may be little, if anything, within the council's remit that would effectively reduce NO₂ concentrations to below the limit value.
- 2.5 Nonetheless source apportionment work has also identified road traffic as a major contributory factor to poor air quality and therefore mitigating its negative effects was identified as a focus of the Strategy.

3. Issues, Options and Analysis of Options

3.1 The Thurrock Air Quality and Health Evidence Base was considered to identify the issues that the Strategy will need to resolve. The overall strategic aim of the Thurrock Air Quality & Health Strategy is:

- To improve air quality in the borough to reduce the health impacts of air pollution.

3.2 This aim can be given further dimension by considering the core goals of the Thurrock Health and Wellbeing Strategy, that:

- Every child has the best possible start in life;
- People stay healthy longer, adding years to life and life to years;
- Inequalities in health and well-being are reduced; and
- Communities are empowered to take responsibility for their own health and well-being.

3.3 In accordance with the above, this Strategy has therefore considered ways to:

- a) Implement measures for managing air quality throughout the borough to prevent new AQMAs from arising;
- b) Implement measures contained within the action plans for existing AQMAs; and
- c) Work with external bodies to reduce background pollution from inside and outside of the borough.

3.4 In order to meet the above aims and objectives, a suite of policies for effectively managing air quality throughout the borough have been developed which will facilitate decision making on air quality issues and work to prevent new AQMAs from arising wherever possible. Figure 1 summarises these policies.

	Policy	Summary
AQS 1	Tackling Transport Emissions	<p>The Council will deliver transport interventions aimed at:</p> <ol style="list-style-type: none"> I. Reducing vehicle trips and promoting a modal shift where possible to active modes of travel to future proof Thurrock's transport network for sustainable growth. II. The business community and transport service providers to discourage the use of polluting vehicles travelling within Thurrock. III. Rerouting vehicles, particularly HGVs, to avoid residential dwellings IV. Reducing its own emissions and to influence emission reductions through its own procurement and operations.

	Policy	Summary
AQS 2	Tackling health inequalities	<p>I. The areas of highest need, highest deprivation and poorest health outcomes in relation to air quality will be prioritised for action on initiatives to mitigate the impact of poor quality on health.</p> <p>II. Work with health partners to improve long-term condition management in primary care through the implementation of the GP balance scorecard and the development of integrated healthy living centres in areas of highest need (Tilbury and Purfleet).</p>
AQS 3	Thurrock Clean Air Zones/ Low Emissions Zones	<p>The Council will undertake a detailed review of the merits of the wider use Clean Air Zones or Low Emission Zones within Thurrock. A range of options for implementing a Clean Air Zone or Low Emission Zone in Thurrock to tackle poor air quality will be appraised. A firm proposal for a Clean Air Zone or Low Emission Zone will be developed provided that detailed consideration suggests that it is:</p> <ul style="list-style-type: none"> • Feasible and practicable; • Represents value for money; and • Likely to have local support and improves public health.
AQS 4	Future Developments and Planning	<p>Air quality policies will be incorporated into the preparation of the new Local Plan. This is to provide the planning framework to safeguard existing areas and to ensure that the type or location of proposed development will not adversely impact air quality and where possible bring about improvements, through either relocation of polluting activities or negotiation of appropriate mitigation</p>

Figure 1. Air Quality and Health Strategy policy summaries

- 3.5 A prioritisation exercise was undertaken to enable the Council to focus its resources on those areas where the issues are most pronounced. Borough wide interventions have been identified to contribute to improving air quality across the borough including within the 18 existing AQMAs. Figure 2 outlines the AQMAs prioritised for interim transport actions, the dominant pollution sources and the magnitude level of action required.

AQMA	Notes	Level of Action Required
10	Highest NO2 concentration, predominantly from HGVs	High
3 (Elizabeth Road only)	Focussed on HGVs and cars	High
5 (B186 to Clockhouse Lane only)	Focussed on HGVs	High
24	Focussed on cars	Medium
25	Focussed on HGVs and cars	Medium
2	Assuming that most of AQMA 1 will be revoked, all that remains is the London Road element of this AQMA.	Low
23		Low
1 (London Road only)		Low

Figure 2 AQMAs prioritised for Action Planning

- 3.6 Investing in improving air quality in the borough is going to have multiple benefits to the health and well-being strategy, contributing to a number of objectives in addition serving to also tackle congestion and help manage

traffic better. The Health & Wellbeing board will be mechanism to determine how other partners can improve air quality beyond the identified actions.

- 3.7 Officers will continue to monitor and assess progress on air quality throughout the borough, including the implementation, delivery and success of the AQAPs for improving air quality within AQMAs.
- 3.8 If air quality across the borough improves, particularly within AQMAs, the Strategy will be regarded as being effective. By implementing the measures contained in the Strategy, we also anticipate noticing improvements in the fraction of mortality attributable to particulate air pollution in Thurrock. Additionally, as air quality across the borough improves through implementation of the Strategy, it is intended that a number of AQMAs will be revoked, pending DEFRA approval.
- 3.9 The Strategy will be kept as a live document as it's success will be dependent upon the on-going assessment and reporting of progress in the implementation of measures and the evidence acquired from on-going evaluation of the impacts of measures that are reported through the ASR to Defra.

4. Reasons for Recommendation

- 4.1 Historic poor air quality in Thurrock is well known, but increasingly its negative impacts on the health of residents are being recognised. The Strategy has prioritised interventions within the council's sphere of influence to focus resource and attention in tackling both emissions of and exposure to pollutants, to improve Thurrock's environment and health. The Strategy demonstrates the council's commitment to tackling the borough's air quality problems.

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

- 5.1 Inception of the Health and Air Quality Officers' Task Group was a direct result of consultation with both the health and wellbeing overview and scrutiny committee and a presentation to the Health and Wellbeing Board. Further updates on progress with development of the Strategy have been given at their meetings and consultation has taken place with the older people's Parliament and Health Watch Advisory Group. The Cleaner, Greener Overview and Scrutiny committee have also been consulted on the declaration of new AQMAs for Thurrock.
- 5.2 Sections 83 and 84 of the Environment Act 1995 require consultation with the Secretary of State, the Environment Agency, the Mayor of London, surrounding local authorities and those residents situated within these AQMAs notifying of the air quality review and recommendation for declaration.
- 5.3 Public consultation on the Draft Strategy and new Air Quality Action Plans was undertaken in May and June 2016 with information available through the

Council's 'Have My Say' page. The consultation was publicised through social media and in the local press as a result of a press release.

- 5.4 Whilst the level of public participation was low with only 8 respondents, the level of understanding and competency shown by the comments (30) highlighted the importance of this subject locally.
- 5.5 This Strategy was discussed at the Planning, Transport and Regeneration Overview & Scrutiny committee on 8 November 2016. The committee agreed the strategy could be taken forward to Cabinet for approval with minor amendments (inclusion of enforcement of weight restrictions and routing on Thurrock's road network and prioritisation to undertake a detailed review of Clean Air Zones or Low Emissions Zones).

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

- 6.1 Better management of Air Quality in Thurrock plays a very important part in meeting the Council's priorities; particularly to improve health and well-being and protect and promote our clean and green environment.

7. Implications

7.1 Financial

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

Costs associated with the Strategy and Action Plans are identified for funding through either existing revenue budgets for Transportation and Public Health or to be negotiated through s106 funding from relevant related developments (as identified on the Infrastructure Requirements List).

7.2 Legal

Implications verified by: **Vivienne Williams**
Planning and Regeneration Solicitor

The declaration of AQMAs, the formulation of action plans and assessment of air quality are statutory duties of the council under the provisions of Part IV of the Environment Act 1995.

The council is obliged to undertake regular monitoring of air quality and to make an Air Quality Management Area Order (AQMAO) when thresholds are breached and are unlikely to be met within a reasonable timescale.

Following the implementation of an AQMA the Council has a duty to implement an Air Quality Action Plan which makes recommendations for improving air quality within the AQMA.

By pursuing this course of action the council will seek to update and amend the current AQMAO 2005 and subsequent amendment in 2013 to reflect the proposed revisions within the Detailed Assessment Report 2014.

7.3 **Diversity and Equality**

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

Adoption and subsequent implementation of the measures identified in the Strategy and Action Plans will support the wellbeing of some vulnerable members of the local community including those suffering from health conditions affecting the upper-respiratory system. Associated AQAPs will tackle existing air quality problems and help to bring down levels of nitrogen dioxide which may reduce the number of health impacts for people living and working in and around these AQMAs.

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

Under the Health and Social Care Act 2012, local authorities have a statutory duty to improve and protect the health of their population.

It is recognised that exposure to consistently high levels of air pollution can have an adverse impact on health, particularly in those with heart or lung problems, especially if they are elderly.

In adopting this Strategy and Action Plans the appropriate officers in Thurrock Council will be better informed to provide advice for preventing or mitigating against any new developments that could worsen air quality, or introduce additional exposure in this area.

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**

- Thurrock Air Quality and Health Strategy

Report Authors:

Adrian Barritt – Transport Development Manager

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Thurrock Air Quality & Health Strategy

December 2016

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1 Introduction

Recent evidence has shown that some pollutants are more dangerous than previously thought and we need to act faster and take further measures to reduce levels of harmful emissions and the related impact on our health. Although our air is becoming cleaner, poor air quality still causes serious adverse effects and there are significant benefits to be gained from improving air quality further.

In Thurrock, air quality issues have been highlighted in relation to two regulated air pollutants – Nitrogen Dioxide (NO₂) and Particulate Matter (PM₁₀). The 2014 Detailed Assessment highlighted their prevalence in the borough, particularly concentrated in the west along primary transport corridors supporting the designation of 18 Air Quality Management Areas (AQMA) in Thurrock.

Alongside the irrefutable evidence of poor air quality, the understanding of the effect that poor air quality has on human health has increased considerably in the last 20 years including the impact on premature mortality, respiratory and cardio-vascular admissions and exacerbation of asthma.

In 2015, a decision was taken by Thurrock Council to develop an integrated Air Quality & Health Strategy through which to tackle the health problems associated with and exacerbated by air pollution within the borough. As part of this strategy, the opportunity was also taken to review the existing Air Quality Action Plans (AQAPs) associated with Thurrock's 18 AQMAs.

The impacts and management of air quality is an issue many UK local authorities are committing resources to improve and although there is not a universal solution, developing a cross-directorate strategy which seeks to improve air quality and health is seen as good practice.

1.1 National Agenda

Air Quality Strategy for England, Scotland, Wales and Northern Ireland

The UK *Air Quality Strategy* (2007) sets out a way forward for work and planning on air quality issues. It also reiterates the air quality standards and objectives to be achieved and introduces a new policy framework for tackling fine particles. Furthermore, the strategy identifies potential new national policy measures which modeling indicates could give further health benefits and move closer towards meeting the strategy's objectives.

The aim of the strategy is to achieve a steady decrease in ambient levels of pollutants towards the objectives over the period of implementation. It is recognised some areas in the UK will find it easier than others to achieve the objectives and conversely, some areas will face different challenges.

Air Quality Management Regime

Action to manage and improve air quality is largely driven by EU legislation. The most recent EU Ambient Air Quality Directive (2008/50/EC) sets out long-term air quality objectives and introduces new air quality standards. The 2008 directive was made law in England through the Air Quality Standards Regulations 2010, which establishes

Thurrock Air Quality & Health Strategy

mandatory standards for air quality and sets limits and guide values for sulphur and nitrogen dioxide, suspended particulates and lead in air.

Through this legislation, local authorities are required to review and assess local air quality in a staged process, whereby AQMAs are designated should the assessment indicate that air quality standards will not be met within the required timescales, and AQAPs produced to set out how it intends to improve air quality in these AQMAs.

This strategy reflects the new technical and policy guidance that was issued in November 2015 where it is recommended that local authorities consider linking air quality strategies with public health as is done in this Thurrock Air Quality & Health Strategy.

1.2 Local and regional background pollution

Air pollution standards are a combination of pollutants from local sources (e.g. pollutants that have been emitted from vehicles travelling on roads or industry in the local authority) and regional background sources (e.g. pollutants that have been emitted from vehicles or industry outside the local authority and travelled into the local area by wind). Regional background sources are difficult for local authorities to influence and manage and typically make up 40% of pollutants at monitored sites as shown in Figure 1.

Regional background pollution has been reducing at monitoring sites in Thurrock in recent years and modelling forecasts anticipated the trend to continue as industry become cleaner and new vehicle technology continues to improve emissions.

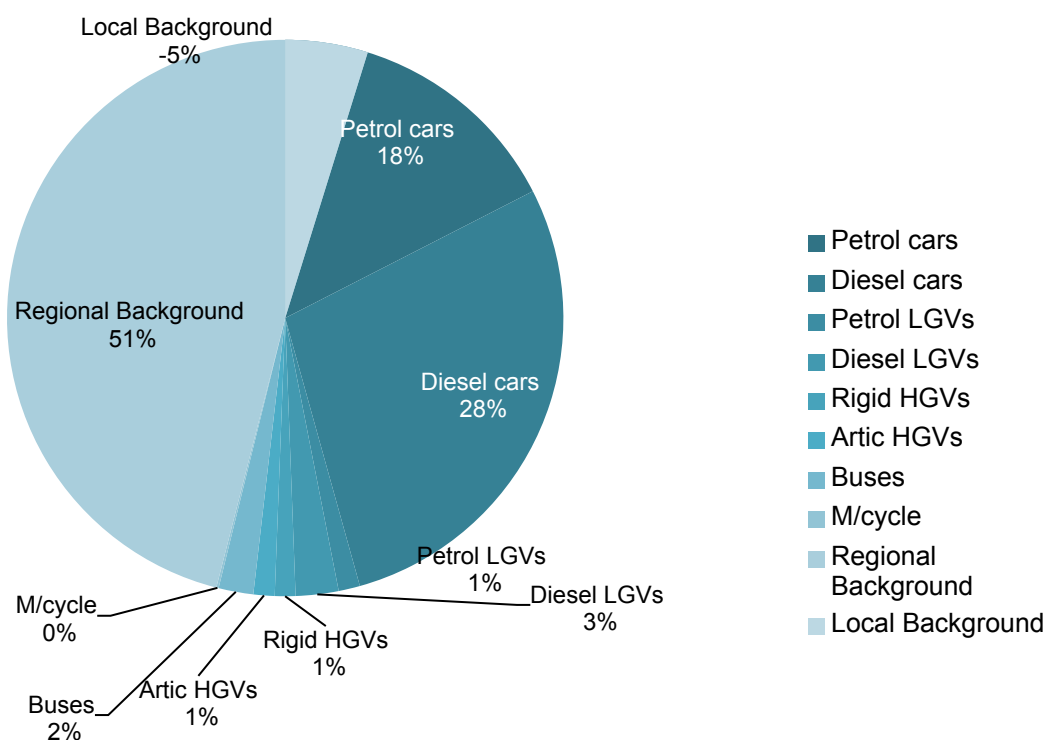


Figure 1 – This shows NO₂ source contribution in Dock Road (Tilbury). This graphic illustrates the typical distinction between local and background sources at monitoring sites as it is not possible to calculate the accumulative source contribution of all monitoring sites in Thurrock.

Thurrock Air Quality & Health Strategy

1.3 Governance

Air quality in the United Kingdom is managed by the Department for Environment, Food and Rural Affairs (DEFRA) who set targets and thresholds for local air pollution standards. The responsibility for ensuring air quality is within these thresholds is passed onto local authorities who are obliged to declare AQMAs when local air quality thresholds are exceeded.

As part of that responsibility, Thurrock is responsible for 18 AQMAs. To meet the targets set by DEFRA, Thurrock Council convened an Air Quality Officers Task Group comprised of representatives from transportation, planning, public health, environment and public protection.

The group was tasked with developing an integrated Air Quality & Health Strategy. Led by Transportation & Highways, the task group will continue to meet to discuss progress against the strategy and action plans.

2 Issues

The Thurrock Air Quality Evidence Base highlights a number of issues pertaining to health and air quality in Thurrock and these are summarised below.

2.1 Air Quality in Thurrock

In Thurrock, air quality issues have been highlighted in relation to two regulated air pollutants – Nitrogen Dioxide (NO₂) and Particulate Matter (PM₁₀).

Particulate Matter is generally categorised on the basis of the size of the particles and is made up of a wide range of materials and arises from a variety of sources. Concentrations of PM comprise primary particles emitted directly into the atmosphere from combustion sources and secondary particles formed by chemical reactions in the air.

PM derives from both human-made and natural sources, but in the UK the biggest human-made sources are stationary fuel combustion and transport. Road transport gives rise to primary particles from engine emissions, tyre and brake wear and other non-exhaust emissions. Other primary sources include quarrying, construction and non-road mobile sources.

All combustion processes in air produce oxides of nitrogen (NO_x). Nitrogen Dioxide (NO₂) and Nitric Oxide (NO) are both oxides of nitrogen and together are referred to as NO_x. Road transport is typically the main source, followed by the electricity supply industry and other industrial and commercial sectors.

Road transport is a key source of many air pollutants, particularly in urban areas. There are two main trends in the transport sector working in opposite directions: new vehicles are becoming individually cleaner in response to European emission standards legislation, but total vehicle kilometres are increasing. Overall emissions of key air pollutants from road transport have fallen by about 50% over the last decade, despite increases in traffic, and are expected to reduce by a further 25% or so over the next decade. This is mainly a result of progressively tighter vehicle emission and fuel standards agreed at European level and set in UK regulations.

The vast majority of AQMAs in the UK are designated as a result of road traffic, a situation replicated in Thurrock. Traffic trends throughout Thurrock in general and within the AQMAs in particular, show that in 2014 there were 10% more motor vehicles travelling in Thurrock than in the year 2000, although this equates to only a 1% annual average rate of change. Growth in HGV traffic – an important factor in Thurrock due to its extensive logistics industry – has been more stable, with only 4% more HGV traffic on Thurrock roads in 2014 than in 2000.

2.2 Air Quality and Health Evidence

The understanding of the effect that air pollution has on human health has increased considerably in the last 20 years, largely through the findings of many health and disease studies undertaken for populations in various parts of the world. It had previously been recognised that air pollution episodes with very high levels of ambient air pollution are associated with clear and measurable increases in adverse health effects. Recent studies also reveal smaller increases in adverse health effects at the current levels of ambient air pollution typically present in urban areas. The health effects associated with short-term (acute) exposure include premature mortality (deaths brought forward), respiratory and

Thurrock Air Quality & Health Strategy

cardio-vascular hospital admissions, and exacerbation of asthma and other respiratory symptoms. It is now reasonably common in the UK for warnings to be issued recommending people avoid exercise or to stay indoors at times of poor air quality.

According to the Government¹ the evidence associating NO₂ with health effects has strengthened substantially in recent years, as noted by the Committee on the Medical Effects of Air Pollutants (COMEAP). It is estimated that the effects of NO₂ on mortality are equivalent to 23,500 deaths annually in the UK. Many of the sources of NO_x (NO₂ and NO) are also sources of particulate matter (PM). The impact of exposure to particulate matter pollution (PM_{2.5}) is estimated to have an effect on mortality equivalent to nearly 29,000 deaths in the UK. The combined impact of these two pollutants represents a significant public health challenge.

In summary, short term consequences of air pollution include:

- Worsening of frequency and severity of symptoms for those with respiratory disease (including asthma); and
- Increased hospital admissions for cardiopulmonary related conditions.

Long term consequences of air pollution include:

- Premature death from cardiovascular and respiratory diseases, including lung cancer; and
- Permanent impairment of lung function.

Some sections of the population are more vulnerable or susceptible to the adverse effects of air pollution. Factors can be related to:

- Population aspects , in that older people and young children are especially vulnerable;
- Chronic health issues, such as asthma, Chronic Obstructive Pulmonary Disease, and other cardio-vascular/ respiratory related ill-health;

2.3 Air Quality and Health Correlation

In terms of the relationship between air quality and health, as highlighted in the Thurrock Air Quality & Health Strategy Evidence Base report (October 2015), it is possible to observe a correlation between the recorded health issues within the borough and presence of AQMAs. For example, declared AQMAs in areas such as Tilbury Riverside and Thurrock Park Way alongside West Thurrock and South Stifford have above average incidences of lung cancer within their populations. Similarly, West Thurrock, South Stifford, Purfleet, Aveley and Tilbury – all of which include one or more AQMAs - had extremely high emergency admissions for Chronic Obstructive Pulmonary Disorder (COPD).

AQMAs within Purfleet, West Thurrock, and Aveley also fall within the 20% most deprived areas in the country for living environment, one of the indicators for which includes air pollution. These examples start to build a picture of the negative relationship between occurrences of AQMAs and above average incidences of poor health and hospital admissions.

¹ Draft plans to improve air quality in the UK. Tackling nitrogen dioxide in our towns and cities. UK overview Document (Defra, September 2015)

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A common link with nearly all of these areas is the prevalence of HGVs. The disproportionate level of emissions from HGVs compared to regular motor vehicles means areas with a heavy presence are likely to see exacerbated problems.

Care must be taken when considering transport measures that would encourage a shift to active modes of transport within AQMAs, particularly for those with existing health problems. Whilst active transport can help to overcome health issues and reduce traffic levels and thus air pollution emissions, encouraging activity in areas with poor air quality could exacerbate or lead to new pulmonary/respiratory health issues.

3 Strategy

3.1 Aims & Objectives

The overall strategic aim of the Thurrock Air Quality & Health Strategy is:

To improve air quality in the borough to reduce the health impacts of air pollution.

In accordance with the above, the Strategy will be delivered through three main approaches:

- a) By implementing measures for managing air quality throughout the borough to prevent new AQMAs from arising;
- b) By implementing measures contained within the action plans for existing AQMAs; and
- c) By working with external bodies to reduce background pollution from inside and outside the borough.

3.2 Policies

In order to meet the above aim the following policies have been developed for effectively managing air quality throughout the borough.

Reducing Transport Emissions

The council will deliver transport interventions aimed at reducing emissions from transport generally across the borough, but in particular within AQMAs as part of AQAPs. This will be achieved through:

- Implementing infrastructure to make walking, cycling and public transport more accessible to reduce the number of vehicle trips;
- Making it easier and more attractive for people to choose low emission cars through increasing the availability of electric vehicle charging points and implementing preferential parking schemes for low emission vehicles;
- Enabling people to reduce car use and vehicle trips, such as by car sharing and encouraging walking and cycling;
- Using travel planning and other means to promote low emission cars, car sharing, and modal shift to walking, cycling and public transport;
- Working with freight associations, ports and operators to reduce emissions from light & heavy goods vehicles and enabling the efficient movement of goods and services;
- Working with taxi companies to enable the use of low emission vehicles, including through the taxi licencing regime;
- Working with bus and coach operators to encourage the use of low emission buses and coaches; and
- Supporting eco-driver training initiatives, including engine switch off practices, for fleet drivers, taxi drivers, bus drivers and HGV drivers.

The Council will also ensure that transport interventions, such as those designed to improve road safety or reduce congestion, do not exacerbate air pollution in existing AQMAs or risk creating new AQMAs by worsening air pollution. An air quality assessment of the impact of road safety and congestion relief schemes will be undertaken to ensure such schemes do not increase air pollution levels from road transport.

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Policy AQS 1: Tackling Transport Emissions:

The Council will deliver transport interventions aimed at:

- I. Reducing vehicle trips and promoting a modal shift where possible to active modes of travel to future proof Thurrock's transport network for sustainable growth.
- II. The business community and transport service providers to discourage the use of polluting vehicles travelling within Thurrock.
- III. Rerouting vehicles, particularly HGVs, to avoid residential dwellings
- IV. Reducing its own emissions and to influence emission reductions through its own procurement and operations.

Tackling health inequalities

In a Borough which suffers from a number of public health issues, it is imperative that air quality and health issues are linked and that appropriate interventions to tackle issues are implemented.

Policy AQS 2: Tackle health inequalities and improve outcomes for those most affected by poor air quality

- I. The areas of highest need, highest deprivation and poorest health outcomes in relation to air quality will be prioritised for action on initiatives to mitigate the impact of poor quality on health.
- II. Working with health partners to improve long-term condition management in primary care through the implementation of the GP balance scorecard and the development of integrated healthy living centres in areas of highest need (Tilbury and Purfleet).

Figure 2 below shows the Health and Well-Being Strategy's goals and objectives. Those objectives directly targeted by the Air Quality Strategy are highlighted in dark blue whilst those which may be more indirectly influenced by the work of the strategy are shown in light blue. Investing in improving air quality in the borough is going to have multiple benefits to the health and well-being strategy, contributing to a number of objectives highlighted, in addition serving to also tackle congestion and help manage traffic better.

Thurrock Air Quality & Health Strategy

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

Figure 2 - Health and wellbeing strategy goals with objectives relevant to Air Quality Strategy highlighted (dark blue indicates outcomes directly affected by air quality strategy, light blue indicates outcomes indirectly affected)

Thurrock Clean Air Zones & Low Emissions Zones

A Clean Air Zone or Low Emission Zone is a vehicle restricted area where vehicles not meeting a specific emission standard, or other criteria, are not allowed to enter the specified area without incurring a penalty. Local conditions will determine the scope of the emission based access controls, underpinned by national and local monitoring and modelling. Restrictions can be linked to specific vehicle types and related to Euro emission standards, vehicle age or technology. They can also be in the form of an outright ban or through variable charging. Emission based access controls can be aimed at various vehicle types from heavy duty vehicles, such as buses, taxis, lorries, vans and cars. They can also be used as a tool to incentivise the cleanest vehicles.

The concept of a Clean Air Zone has been considered by Thurrock to primarily deal with the significant number of HGV movements in the borough. Policy AQS 3 below outlines how the Council will investigate Clean Air Zones further.

Policy AQS 3: Clean Air Zone

The Council will undertake a detailed review of the merits of the wider use Clean Air Zones or Low Emission Zones within Thurrock. A range of options for implementing a Clean Air Zone or Low Emission Zone in Thurrock to tackle poor air quality will be appraised. A firm proposal for a Clean Air Zone or Low Emission Zone will be developed provided that detailed consideration suggests that it is:

Thurrock Air Quality & Health Strategy

- Feasible and practicable;
- Represents value for money; and
- Likely to have local support and improves public health.

Future Developments and Regeneration

Planning practice guidance makes clear that local plans can affect air quality in a number of ways, including through what type of development is proposed and where, and the encouragement given to sustainable transport. Therefore in plan making, it is important to take into account AQMAs and areas nearing air quality limit values.

Whether or not air quality is relevant to a planning decision will depend on the proposed development and its location. Concerns could arise if the development is likely to generate air quality impacts in an area where air quality is known to be poor. They could also arise where the development is likely to adversely impact upon the implementation of air quality strategies and action plans and/or, in particular, lead to a breach of EU legislation (including that applicable to wildlife).

The council is currently in the process of reviewing the Local Plan and consideration will be given during this process to incorporating a standalone air quality policy as well the potential development of an air quality Supplementary Planning Document (SPD). However, until such time as air quality is fully integrated into the Local Plan, the Council will undertake planning decisions in accordance with the criteria set forth below. These policies are a direct, but local, reflection of planning practice guidance on air quality and therefore should be treated as a material consideration in planning decision making.

When deciding whether air quality is relevant to a planning application, considerations will include whether the development would:

- Significantly affect traffic in the immediate vicinity of the proposed development site or further afield. This could be by generating or increasing traffic congestion; significantly changing traffic volumes, vehicle speed or both; or significantly altering the traffic composition on local roads. Other matters which will be considered include whether the proposal involves the development of a bus station, coach or lorry park; adds to turnover in a large car park; or results in construction sites that would generate large HGV flows over a period of a year or more.
- Introduce new point sources of air pollution, such as furnaces, extraction systems (including chimneys), biomass boilers or biomass-fuelled CHP plant; centralised boilers or CHP plant burning other fuels within or close to an air quality management area or introduce relevant combustion within a Smoke Control Area;
- Expose people, particularly vulnerable people such as the elderly, children or those with respiratory conditions, to existing sources of air pollutants. This could be by building new homes, workplaces or other development in places with poor air quality.
- Give rise to potentially unacceptable impacts (such as dust) during construction for nearby sensitive locations.
- Affect biodiversity. In particular, is it likely to result in deposition or concentration of pollutants that significantly affect a European-designated wildlife site, and is not directly connected with or necessary to the management of the site, or does it otherwise affect biodiversity, particularly designated wildlife sites?
- Lead to the declaration of a new Air Quality Management Area.

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When there are concerns about air quality, the council may request that the following air quality information is submitted with planning applications:

- the baseline local air quality situation in and around the development proposal;
- whether the proposed development could significantly change air quality during the construction and operational phases;
- whether there is likely to be a significant increase in the number of people exposed to a problem with air quality, such as when new residential properties are proposed in an area known to experience poor air quality;
- for major development, 24-hour traffic counts in and around the proposed development; and any mitigation measures proposed.

Air quality mitigation measures will be location specific and will depend on the proposed development and should therefore be proportionate to the likely impact. The council will therefore work with applicants to consider appropriate mitigation so as to ensure the new development is appropriate for its location and unacceptable risks are prevented.

Any air quality mitigation plans should show that consideration has been given to the following measures and that these are incorporated where possible into a development proposal:

- the design and layout of development to increase separation distances from sources of air pollution;
- using green infrastructure, in particular trees, to absorb dust and other pollutants;
- means and positioning of ventilation;
- promoting infrastructure to promote modes of transport with low impact on air quality;
- controlling dust and emissions from construction, operation and demolition; and
- contributing funding to measures, including those identified in air quality action plans and low emission strategies, designed to offset the impact on air quality arising from new development.

[Planning conditions](#) and [obligations](#) will be used to secure mitigation measures where necessary to make a development acceptable in planning terms.

Policy AQS 4: Future Developments and Planning

Air quality policies will be incorporated into the preparation of the new Local Plan. This is to provide the planning framework to safeguard existing areas and to ensure that the type or location of proposed development will not adversely impact air quality and where possible bring about improvements, through either relocation of polluting activities or negotiation of appropriate mitigation.

In addition, existing Planning Practice Guidance on air quality (ID 32-001-20140306) will continue to be adhered to ensure new developments contribute positive to air quality improvements. The new Local Plan will be fully aligned with national guidance on air quality to ensure measures to improve air quality can be applied as Thurrock continues to grow.

4 Action Plans

In accordance with the Environment Act (1995) Thurrock Council has a duty to produce an Air Quality Action Plan (AQAP) for all areas declared as AQMAs. AQAPs set out the measures to be implemented to work towards meeting the air quality objectives in the designated areas.

In developing this Strategy, the council also took the opportunity to review and revise the existing air quality action plans for each AQMA, as well as develop AQAPs for the new AQMAs in Tilbury (AQMA 24), Aveley (AQMA 25) and Purfleet Bypass (AQMA 26). These action plans focus primarily on the period from 2016 to 2020, although in some cases include some longer term actions as well.

In developing the new AQAPs and reviewing those existing, a long list of options were generated and assessed for feasibility and impact in terms of improving air quality and health within the AQMAs as well as throughout the borough. These options are detailed in the Thurrock Air Quality and Health Strategy: Issues and Options Report.

4.1 Prioritisation

A prioritisation exercise was undertaken to enable the Council to focus its resources on those areas where the issues are most pronounced. Borough wide interventions have been identified to contribute to improving air quality across the borough including within the 18 existing AQMAs.

Eight AQMAs have not been assigned specific measures as air quality modelling indicates that air quality has improved in these areas and by continuing to implement the borough wide measures combined with technological advancements the AQMA will fall below the threshold limits. It is intended that the borough wide interventions will enable the council to revoke a number of AQMAs in 2017 subject to DEFRA approval, including:

- AQMA 8 (Premier Inn West Thurrock)
- AQMA 9 (Thurrock FC)
- AQMA 12 (Watts Wood)
- AQMA 13 (Aveley)
- AQMA 15 (South Ockendon)
- AQMA 16 (Kemps Cottages)
- AQMA 21 (Stonehouse Lane Inn)
- AQMA 26 (Purfleet By-Pass)

The remaining AQMAs were prioritised in order of importance based on:

- Where pollutant concentrations are highest
- Those AQMAs within the most 20% health deprived LSOA in England (note that no AQMA met this criteria)
- AQMAs where the forecast pollutant concentrations three years in the future is less than 20% below the limit value.

Figure 3 **Error! Reference source not found.** outlines the remaining AQMAs prioritised for interim transport actions, the dominant pollution sources and the magnitude level of action required.

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AQMA	Notes	Level of Action Required
Purfleet AQMA 10	Highest NO ₂ concentration, predominantly from HGVs	High
A1012 AQMA 3 (Elizabeth Road Only)	Focussed on HGVs and cars.	High
North Stifford AQMA 5 (B186 to Clockhouse Lane only)	Focussed on HGVs and cars.	High
Tilbury AQMA 24	Focused on cars.	Medium
Aveley high Street AQMA25	Focused on HGVs.	Medium
South Stifford AQMA 2	Focused on HGVs and cars.	Low
West Thurrock AQMA 23		Low
Grays Town Centre AQMA 1 (London Road Only)		Low

Figure 3 - AQMAs Prioritised for Actions

4.2 Action Plan

Borough wide interventions

The borough wide interventions are detailed in the table below. These interventions will contribute to improving air quality across the borough including within the 18 existing AQMAs.

Action reference	Action description	Outcome	Action Lead	Delivery Date	Comments and Status
1	Land Use Planning	No increase	Strategic Planning (SN)	Adoption of Local Plan – 2019	
2	Weight Restrictions	2.0 µg/m ³ per site	Transport Development – lead: Senior Engineer	March 2018	Feasibility work to be completed early 2017
3	Freight Partnership Quality	N/A	Transport Development – lead: Principal Transport Planner	March 2018	First meeting to be set up in early 2017
4	Eco-Driver Training	0.5 µg/m ³	Transport Development – lead: Principal Transport Planner	March 2020	
5	School/ Workplace Travel Plans	0.5 µg/m ³	Transport Services – lead: Road Safety/Active Travel Co-ordinator	March 2020	
6	Improved Walking and Cycling Infrastructure	3.0 µg/m ³ across Borough	Transport Development – lead: Principal Engineer Traffic and Development Management	March 2020	Tranche 1 schemes to be constructed from January 2017
7	AQ Mitigation in new developments	No increase in at risk population	Air Quality Monitoring Officer	March 2020	
8	Revoke AQMAs where exceedances fall below pollutant thresholds	Nine AQMAs revoked	Air Quality Monitoring Officer	December 2017	Likely to result in revocation of nine AQMAs

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9	Improve efficiency of Council Fleet	N/A	Fleet Manager and Transport Development	December 2017	Preliminary discussions need to influence procurement process
10	Encourage urban greening and influence landscaping and tree planting programmes in AQMAs	N/A	Environment and Transport Development	December 2017	Agree standards for vegetation on highway which reduce pollutants
11	Variable Message Signing (VMS)	1.0 µg/m ³	Transport Development – lead: Principal Engineer for Traffic and Development Management	April 2017	Refurbished portable VMS signs are being donated by Highways England
12	HGV Traffic Management Scheme	8.0 µg/m ³	Transport Development - – lead: Principal Transport Planner	To be confirmed	Dependent on funding
13	Taxi licensing requirements	Unknown	Licensing and Transport Development	March 2017	Requirement for Euro 6 compliant taxis
14	Utility work permit scheme	5% reduction in utility works	Network Manager	April 2017	All utility works to require a permit so works can be planned and managed and disruption on network reduced.
15	Weight Restriction & Routing Enforcement	N/A	Transport Development – lead: Principal Transport Planner & Police	March 2018	Need to initiate discussions with Police
16	Engine Switch-Off Zone	0.5 – 1.0 µg/m ³ per site (Measures 1 and 2 combined)	Transport Development – lead: Principal Transport Planner	To be confirmed	Dependent on funding
17	Roadside Emissions Testing		Transport Development – lead: Principal Transport Planner	To be confirmed	Dependent on funding
18	Pollution Equipment Retrofit	15.0+µg/m ³	Transport Development – lead: Principal Transport Planner	To be confirmed	Subject to Defra funding bid submission
19	Clean Air Zone	15.0+µg/m ³	Transport Development – lead: Principal Transport Planner	To be confirmed	Subject to result of feasibility study

	In progress
	Risk to progress
	Significant barrier to progress

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AQMA specific interventions

The interventions to be implemented in specific AQMAs are detailed in the table below.

AQMA	Action description	Outcome	Action Lead	Delivery Date	Comments
AQMA 10 – London Road, Purfleet	HGV Distributor Road/ Dualling and associated weight restrictions	15.0+ µg/m ³ (Actions 3 and 4 combined)	Principal Transport Development Engineer	March 2021	Subject to developer negotiations
AQMA 3 – Hogg Lane/Elizabeth Road	Mature Landscaping Barrier	5.0+ µg/m ³ *	Landscape officer	November 2017	Dependent on landownership and location of utilities' apparatus
	30 mph limit	5.0+ µg/m ³ *	Principal Transport Development Engineer	September 2017	Subject to capital funding allocation
AQMA 5 – A1306 (Pilgrims roundabout)	Mature Landscaping Barrier	5.0+ µg/m ³ *	Landscape Officer	November 2017	Dependent on landownership and location of utilities' apparatus
	Variable Message Signing for Lakeside	1.0 µg/m ³	Network manager	March 2021	Further feasibility information required
	Pilgrims Roundabout Signalisation	5.0+ µg/m ³ *	Principal Transport Development Engineer	Feasibility study due March 2017	Further transport modelling required to determine optimum solution
AQMA 24 – Tilbury (Calcutta Road)	Improved Walking and Cycling Infrastructure and marketing and promotion campaign	3.0 µg/m ³ overall	Transport development manager	March 2018	Schemes to be constructed in 2017/18 to tie in with s278 works
AQMA 25 - Aveyley	HGV Traffic Management Scheme: Stifford Road	8.0 µg/m ³	Principal Transport Development Engineer	April 2017	Awaiting results of feasibility study
	HGV Traffic Management Scheme: Ship Lane	8.0 µg/m ³	Principal Transport Development Engineer	April 2017	Awaiting results of feasibility study
AQMA 26 – Purfleet Bypass	Mature Landscaping Barrier	2.0+ µg/m ³ *	Landscape officer	November 2017	Dependent on landownership and location of utilities' apparatus
AQMA 1, 2, 23 Grays (London Road)	Enforcement of Weight Restriction	3.0 µg/m ³	Principal Transport Development Engineer	September 2017	Awaiting results of feasibility study
	Land Use Planning (Gumley Road and Askey Farm Lane)	No increase	Principal Planning Officer	March 2019	To be identified in emerging Local Plan

5 Monitoring and Evaluation

The Council will continue to monitor and assess progress on air quality throughout the borough and the implementation, delivery and success of the AQAPs in improving air quality within AQMAs.

To this end, in addition to the LAQM regime of Annual Status Reports (ASRs), the AQAPs will be kept as live documents. Their success will be dependent upon the on-going assessment and reporting of progress in the implementation of measures and the evidence acquired from on-going evaluation of the impacts of measures that are reported through the ASRs.

The use of monitoring to show the decline in pollutant concentrations attributed to the implementation of measures is an obvious basis on which the council will provide evidence to show progress in helping to achieve the limit values within the prioritised AQMAs. However, for some measures alternative indicators have been included within the AQAPs and will also be used to report progress.

The Air Quality Steering Group will continue to meet on an annual basis after the adoption and implementation of measures contained within the AQAPs in order that a review of each AQAP and its progress is undertaken. Where, in undertaking the review, evidence shows that unforeseen barriers to progress have arisen, or measures are no longer suitable, the AQAPs will be updated to reflect the revised position. In doing so, the AQAPs will be maintained as “live” documents. Where necessary, updates to source apportionment will also be undertaken, along with a review of recent modelling and monitoring data, to ensure that the measures remain targeted, appropriate and focused within each AQAP.

14 December 2016		Item 11 (Decision 01104391)
Cabinet		
School Capital Programme 2017/18 and Lobby Team Update		
Wards and communities affected: All	Key Decision: Key	
Report of: Councillor James Halden, Portfolio Holder for Education and Health		
Accountable Head of Service: Rory Patterson, Corporate Director of Children's Services		
Accountable Director: Rory Patterson, Corporate Director of Children's Services		
This report is Public		

Executive Summary

Our priority is not building “just enough places” to get by, but rather to provide enough provision so parents have a genuine choice, and this choice will in turn drive up standards via increased competition for pupil numbers. This means growing our local family of multi-academy trusts by providing the capital for our best schools to expand current provision, and working to deliver new provision within our MAT's via the free schools programme.

This report seeks approval for up to £7 Million funding to implement the next schools capital programme. This will include secondary school expansions and possible expansion of a further two primary schools. The School Capital Expansion Programme has a current estimated provisional value of £7 Million, to be funded from the DfE capital basic needs Grant, underspends from the current capital programme, and S.106 education funding and would therefore requires Council approval; this has the cumulative effect to deliver an ambitious package of expansions. There will be no requirement for prudential borrowing.

The report also gives an update as to the work of the lobby team supporting the ambitions of local schools to expand, in line with administration policy.

1. Recommendations:

- 1.1 That a provisional School Capital Programme budget of £7 million as set out in this report be approved.**
- 1.2 That authority subject to the Council's procurement rules delegate to the Director of Children's Services, in consultation with the relevant Portfolio Holder and Head of Legal, to commence, negotiate and award any contracts/agreements or documents incidental to the School Capital Programme within the budget as set out in this report.**
- 1.3 Cabinet to note the work of the lobby unit and endorse the direction of travel.**

2. Introduction and Background:

- 2.1 The local authority has a statutory responsibility to ensure that suitable and sufficient school places are available in Thurrock for every child of school age whose parents wish them to have one
- 2.2 The current school capital programme consists of three projects in Thurrock schools. All projects in this extensive programme are due to be completed imminently or are in phase 2 with a completion date of February 2017. All projects are predicted to be completed on time and within budget.
- 2.3 Through detailed pupil place forecasting and analysis of current Year 6 numbers, there is a predicted need to provide additional secondary places from September 2017. We currently have 2,062 children in year 6 with in our primary schools and there are 1,947 secondary places available as per PAN. (This includes Hassenbrook having an intake of 150 in year 7). We also need to take into consideration the number of in-year admissions, which continues to increase year on year therefore, we also need to build in some additional capacity to meet this demand.
- 2.4 A stringent process has been followed in order to decide on which secondary schools should be expanded. This commenced with a discussion held with each secondary head to establish the schools view on expanding by 1 form of entry (180 pupils). The schools that were in favour of expansion were noted and proceeded to the next stage.

The second stage was for officers from Admissions, Highways, Finance, School Improvement, Transport & Awards & Benefits to meet together which happened on 6th September where discussions took place and each member asked to provide narrative for their service area and provide a score from 1-5 (5 being the highest support) with regards support for or against expansion and from this the strongest schools would be identified.

The third stage is for recommendation to be presented to the Corporate Director and Portfolio holder for Education and to consider feedback from

officers and agree those schools to be expanded . Officers would then notify the successful schools.

When identifying the number of places required this took into consideration Hassenbrook returning to its previous intake of 150 pupils whilst also building in capacity to cater for in-year admissions which continues to increase.

- 2.5 In order to provide these extra places, an expansion programme led by the council's school capital team is required to start imminently and is likely to focus on the expansion and adaptation to two or three secondary schools and two primary schools. Feasibility studies will be carried out where necessary.
- 2.6 As part of our ongoing strategic analysis of future demand It is envisaged that a further three new secondary schools (at least) are anticipated to be required in Thurrock within the next five years. It is likely that this need will be met through the Free School bidding process. Whilst Thurrock is supporting the Free School programme these expansions would in no way put any school at risk. These places are required to meet the short to medium term demand as it will take time for any new schools to be built.
- 2.7 The secondary schools that we are proposing to expand at this time are The Ockendon Academy and St. Clere's School. It is proposed that both will take in an additional form of entry. Ockendon and St. Cleres are both strong schools and supporting other schools in their MAT's; their expansion is in line with administration policy.
- 2.8 The names of the primary schools to be expanded will be notified to Cabinet at their next meeting where a capital update report is due. Feasibility studies will be carried out imminently on some of the schools within the planning areas where additional places are required and those that have been identified as the best options who will also offer good educational outcomes and value for money will be expanded.

The lobby unit

- 2.9 A Lobby Unit has been established to work with schools to lobby the DFE, EFA and so on to help deliver new free schools. The authority is ambitious to build big.
- 2.10 The council wants to build more capacity to move ourselves into a position where we do not always have to react in an ad hoc manner to cater for demand via expansions, and to avoid a repeat where parents in West Thurrock had to take their child across to East Thurrock for school.
- 2.11 In addition, it is not just about space. We want to help our existing family of multi academy trusts expand to increase resilience in the system. As existing MATs, we want to invest in what we have and we have started with the help of Government. We believe this will be of great benefit as through close working and economies of scale they will continue to drive efficiencies at the same time as delivering to a high standard.

- 2.12 Expanding the existing capacity of MATs will allow them greater scope to share best practice in their network, but will also mean that we give children a far more comprehensive offer from nursery age to sixth form. We have gone from 33% of schools being good or outstanding to 90% in just 5 years; this is all down to the conversion to academy status, and the council moving towards supporting school on school improvement and focusing on a strong leadership and critical friend relationship that we are now building on.
- 2.13 Finally, competition between schools exists where offers need to compete. Competition cannot exist if there is no parental choice, which is why the policy to expand our strong schools in strong MAT's is vital for the future.
- 2.14 Members of the Lobby Unit have visited many schools and conducted an audit of the various free school bids. Knowing our local education market and acting in a leadership role to make sure we have a robust critical friend system as we hope to expand MAT's is vital to shape the future.
- 2.15 Points 2.15 to 2.20 outline the pressures we are under and the current position in regards to outcomes from the lobby team to deliver more free schools.
- 2.16 Our year 6 pupil place planning forecasts shows a need for additional schools places and that is based on planning applications to date. We have seen a significant growth in our primary sector with almost 17,000 primary places developed and we have struggled to meet demand to date with the expansion of some existing schools with bulge classes in existing stock and through new build. We face a challenge over the next five years and will face significant challenges as pupils move up to secondary where we have less than 10,000 places currently.
- 2.17 In the last two years alone there have been around 1200 in-year admissions to add to the situation. This underscores the demographic change and the London drift into Thurrock that will only increase as our housing and job regeneration programmes increase. A few years ago we had a places crisis. With the massive development in the West of the borough around Chafford Hundred, changing demographics and London drift, we did not have enough school places and families had to either move east or make arrangements for their children to travel some distance to school. This put a tremendous burden on working families.
- 2.18 We currently have 2,062 children in year 6 that will move to secondary schools in September 2017. We have just 1,947 places; this problem will get far worse. We are about to embark on some expansions to meet this demand. But this growth will continue over the coming years and our estimate is for at least 3 new secondary schools over the next 5/6 years to meet current demand alone.
- 2.19 Thurrock, being the key part of the London Thames Gateway is an ideal place to attract industry and continue to be a place of choice to work and live. Being

some 20 miles east of central London we are experiencing a relentless demographic shift from London and also have many families moving into Thurrock from other countries. Thurrock's population is 163,270 having grown by 11% over the last 10 years. Over the next several years we are expecting 20,000 new homes and for 15,000 jobs to be created. The council's ambition is for these jobs to go to Thurrock families and ensure that children leave school with the right level of qualifications to place them at the top of the list for jobs. If successful and we believe it will be, this creates a demographic shift with even more families moving into Thurrock.

- 2.20 The Thurrock Pupil Place Plan outlines the local need, as well as the ways in which we feel each bids compliments, and does not compete with each other. The document sets out the vision we have for regeneration and education in the borough from our boundary on the East in Fobbing to the boundary in the West in Aveley ensuring that there is a strategic fit, and description of creating how each bid contributes to the whole. The plan shows how this will impact on the demand for school places over the next five years and vitally how we need this one vision of how all of these free school bids will complement the wider need, and not just an ad hoc support of individual bids to alleviate a crisis in under provision.
- 2.21 We have had meetings with the Regional Schools Commissioner, as well as wider partners who have been very receptive to our efforts, and the current outlook is positive.

The demand for a Thurrock Grammar school

- 2.22 Thurrock has already had national press coverage for our policy position of being pro-grammar school, we now want to make sure we are well ahead of the line when it comes to advancing a formal bid. Thurrock will show leadership and lead the way.
- 2.23 Thurrock already has a great deal of children going out of Thurrock to access a grammar school – this year it was 100 alone. This means a great burden is placed on working families to arrange the logistics of lengthy commutes for children.
- 2.24 Thurrock has an inbuilt disadvantage compared to children in areas with grammar schools in the fact that they has such large amount of prospective candidates taken locally whereas Thurrock children need to compete with many other children in neighbouring boroughs, and very many from more prosperous backgrounds. Other children will always have a better prospect than Thurrock children in terms of locality.
- 2.25 We are working hard with partners to deliver our vision of a grammar school, with many meetings with providers haven taken place and feasibility discussions having been had over the past few months. Positive conversations with grammar school providers have been had with senior officers and these following points will soon form basis of a submission proposal to the Regional Schools Commissioner and the DFE.

- 2.26 The new school must be co-ed i.e. taking in both girls and boys to ensure we can cater for all those from the most in need who can be stretched to achieve excellence.
- 2.27 The new school must cater to the disadvantaged and the admissions criteria will reflect the need to take in a significant proportion of students from disadvantaged backgrounds such as those on free school meals who could not afford to move / travel for alternative provision, or afford additional support.
- 2.28 Additional capacity must also help attract the best and brightest to Thurrock which will aid the economy of the entire region. For example, we would welcome applicants from areas like Basildon so we can genuinely build a resource for the most deserving children from the local area while ensuring that all of our local schools in Thurrock do not see too much change too quickly.
- 2.29 Finally, a wrap around offer for our primary school children. Thurrock already boasts strong relationships between primary and secondary schools to ensure that these critical friend relationships eases the transition through school phases. We would ensure that our family of primary schools have the appropriate support for preparing children for the 11 plus.

3. Issues, Options and Analysis of Options

- 3.1 If the local authority does not undertake the school expansions and builds, the local authority will not be able to fulfil its statutory responsibility to ensure that there are sufficient places available in Thurrock for every child of school age.
- 3.2 The contract, due to its potential value over the threshold, is subject to Thurrock Council & EU procurement legislation.

4. Reasons for Recommendation

- 4.1 Funding to the value of £7 Million is requested in order to take forward the expansion programme for those identified schools and deliver required pupil places from September 2017 and meet the council's statutory duty.

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

- 5.1. This report has been considered by the Overview and Scrutiny Committee.
- 5.2. The principle has been agreed with schools and any detailed build content will be agreed with the relevant schools. Consultation will continue with each school and key stakeholder, as each scheme and schedule of works evolves within the programme.

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

6.1 Approval of this funding will enable the Council to continue to meet its statutory duty under the Education Act 2006.

7. Implications:

7.1 Financial

Implications verified by: **Kay Goodacre**
Finance Manager Adults and Children's

Additional accommodation required to meet the statutory requirement to provide places for the increasing pupil numbers will be funded from a combination of the DfE capital basic needs grant, underspends from the current capital programme and Section 106 monies held for Education provision. Once in-depth feasibility studies have been undertaken, funding requirements will be quantified and confirmed. This will include any additional funds applied for and successfully obtained from the Education Funding Agency, under the Targeted Basic Need Programme, which supports specific place needs in Local Authorities with exceptional growth.

7.2 Legal

Implications verified by: **Assaf Chaudry**
Major Project Lawyer

The Council has a duty under the Education Act 1996 to ensure the provision of "sufficient schools" for the provision of primary and secondary education in their area.

The Council should also be cognisant of the obligations arising under section 6(2) of the Academies Act 2010 in that on conversion of a maintained school the Council has no obligation to maintain (financially or otherwise) the new Academy or MAT.

The report proposes to commence a procurement exercise for the schools capital programme, and contractors to take forward the proposed schemes within the current affordability envelope of £7 Million. Given its value it has to comply with the Council's procurement rules including the Public Contract Regulations 2015. Other than that there are no other legal implications arising from this report.

7.3 Diversity and Equality

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

There are currently no direct diversity and equality implications. However, the next Thurrock Schools' Capital Programme will continue to commit to improving learning environments for young people, supporting improvements in standards and raising aspirations to give all children the best possible life chances. The provision of these projects will help to tackle inequality and social exclusion.

Equality legislation places a duty on public bodies to prevent discrimination in all aspects of service provision, including procurement. It provides a clear and positive legal duty to eliminate discrimination and ensure equality of opportunity.

The Council should note that where an external supplier carries out a function, the Council remains responsible for meeting the statutory duty set out in these Acts. A community and equality impact assessment will be completed to inform the tender process.

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):

- Pupil Place Planning Documents 2016-2020

9. **Appendices to the report**

- None.

Report Author:

Rory Patterson

Corporate Director, Children's Services

14 December 2016	ITEM: 12 (Decision 01104392)
Cabinet	
2016/17 Capital Monitoring Report – Quarter 2	
Wards and communities affected: All	Key Decision: Non-key
Report of: Councillor Shane Hebb, Portfolio Holder for Finance and Legal Services	
Accountable Head of Service: Sean Clark, Director of Finance and IT	
Accountable Director: Sean Clark, Director of Finance and IT	
This report is Public	

Executive Summary

Cabinet last considered the 2016/17 Capital Programme at its meeting on 7 September 2016 (General Fund and Housing Revenue Account).

Since the last reported position, additional funding has been added to the programme and budgets have been profiled to realign them with expected spend.

This report reflects these changes and sets out the latest forecasted outturn position.

1. Recommendation(s)

That Cabinet:

- 1.1 Note the General Fund capital programme is projected to have available resources of £16.902m as at 31 March 2017, with this funding carried forward to 2017/18 to fund schemes currently in progress or under development;**
- 1.2 Note the Housing Revenue Account capital programme is currently forecasting an overspend of £0.502m, but work is being undertaken to eliminate this by the 31st March 2017.**

2. Introduction and Background

- 2.1 This report provides an update to Cabinet on the financial position of the capital programme and highlights significant variances. It is the second monitoring report for 2016/17 and is based on expenditure to the end of month 6 (the period 1st April 2016 to 30th September 2016) and projected expenditure for the remainder of the year.

2.2 Capital schemes and resources are identified in two specific categories:

- Mainstream schemes – capital expenditure funded through prudential (unsupported) borrowing, by the use of capital receipts, from the capital contribution from revenue budget or earmarked capital reserves.
- Specific schemes – capital expenditure funded through external funding sources, for example, government grants and Section 106 monies, ring fenced for specific projects.

3 General Fund Schemes

3.1 The current position for General Fund schemes in 2016/17 are summarised in Table 1 below.

Table 1: Capital Programme – Projected Outturn as at Month 6

	Latest Agreed Budget	Projected Outturn at 31/03/2017	Variance against budget
	£'000's	£'000's	£'000's
Expenditure:			
Children's Service ¹	17,646	10,039	(7,607)
Adult, Housing & Health	4,982	4,982	0
Environment and Place	40,211	33,528	(6,683)
Finance and IT	1,372	792	(580)
HR, OD & Transformation	5,238	3,206	(2,032)
Total Expenditure	69,449	52,547	(16,902)
Resources:			
Prudential Borrowing	(37,857)	(27,913)	9,944
Capital Receipts	(1,828)	(1,828)	0
Reserves	(178)	(236)	(58)
Government & Other Grants	(27,011)	(20,043)	6,968
Developers Contributions (S106)	(2,575)	(2,527)	48
Total Resources	(69,449)	(52,547)	16,902
Forecast Overspend in Resources	0	0	0

3.2 Table 1 illustrates a projected outturn at the end of the financial year of £52.547m, which is £16.902m less than the latest agreed budget for the year. This forecast variance is further analysed in Table 2 below.

¹ The schools capital budget is designed around academic years and officers are confident that this will be defrayed in full within the current academic year

Table 2: – Analysis of forecast variance

	Re-profiling of expenditure at Month 6	Capital schemes requiring additional funding	Completed Projects	Forecast variance against budget at Month 6
Expenditure:	£'000	£'000	£'000	£'000
Children's Service	(7,501)	0	(106)	(7,607)
Adult, Housing & Health	0	0	0	0
Environment and Place	(6,781)	366	(268)	(6,683)
Finance and IT	(580)	0	0	(580)
HR, OD & Transformation	(2,032)	0	0	(2,032)
Total	(16,894)	366	(374)	(16,902)

3.3 Table 2 shows that the forecast underspend is principally due to slippage/budget reprofiling on current schemes (£16.894m). A list of schemes where the variance is greater than £0.25m is shown in Appendix 2. The largest of these relates to demand for school places where consultation is currently taking place for the expansion of 2 primary and 2 secondary schools (£5.578m). Work is expected to start on the selected schools during 2017/18 and is expected to cost £7m. The remaining funding will be added to the project from the 2017/18 Basic Need Grant and S106 developer contributions (£1.422m). In addition planned regeneration works to Grays South have been delayed due to changes in the project management (£3.065m).

3.4 Table 2 also shows that additional funding (£0.366m) will be required in 2016/17, to finance additional expenditure relating to the Olive Academy project, where ground issues have been identified during the build (contamination, poor soil, obstructions). In addition the roof required a redesign which has incurred additional costs. In total, a further £0.536m will be required for the project, with the remainder of the funding required in 2017/18. The additional expenditure will be financed by an increase to the projects prudential borrowing allocation.

4. Housing Revenue Account Schemes

4.1 The current position for Housing Revenue Account schemes in 2016/17 are summarised in Table 3 below.

Table 3: HRA Capital Programme – Projected Outturn

	Latest Agreed Budget	Projected Outturn at 31/03/2017
	£'000's	£'000's
Expenditure:		
Transforming Homes	10,000	10,502
Housing Development	6,831	3,455
Total Expenditure	16,831	13,957
Resources:		
Prudential Borrowing	(4,265)	(2,198)
Capital Receipts	(637)	(676)
Reserves	(634)	(250)
Government & Other Grants	(1,295)	(331)
Major Repairs Reserve	(10,000)	(10,000)
Total Resources	(16,831)	(13,455)
Forecast Overspend in Resources	0	502

- 4.2 The budget for the Transforming Homes project was set at £10m in 2016/17. This scheme is forecast to deliver 971 internal property completions and 701 external property completions during the year.
- 4.3 The overall Transforming Homes spend is being managed within the annual budget of £10m, however there continues to be a high number of property voids being identified outside of the programme timeframes. In order to bring these properties back to a lettable standard, they require additional capital investment. There have also been a number of properties which require structural intervention over and above the Transforming Homes specification; these are referred to as exceptions. As a result of this, there is a forecast pressure of £0.465m in relation to voids, and £0.037m pertaining to structural works.
- 4.4 The overall forecast outturn on the transforming homes project is currently £10.502m, which will result in an overspend of £0.502m, against the budget. The actual spend at the end of September 2016 is £5.3m.
- 4.5 The revised budget in 2016/17 for Development Schemes is currently 6.831m. The actual spend to date is £2.230m, with the forecast outturn currently £3.376m under budget. This is due largely to delays in scheme commencement, which is offset by increased residual spend on Seabrooke Rise, Bracelet Close and Derry Avenue. The overall cost of these schemes is in line with available resources.

- 4.6 Table 3 shows that the overall position on the HRA capital programme is currently forecasting expenditure which exceeds the total budgeted available resources. Any overspend will need to be financed through additional revenue contributions or the utilisation of reserves. The Interim Head of Housing has been tasked by the Director of Adults, Housing and Health to develop proposals to mitigate and eliminate this forecast pressure by 31st March 2017.

Gloriana Thurrock Ltd.

- 4.3 The regeneration project at St Chads is the only active capital scheme currently being undertaken by the wholly owned company Gloriana Thurrock Ltd. This is a £35m scheme and is progressing well to date. The project incurred expenditure of £10.5m during 2015/16 and is anticipated to incur a further £19.5m during 2016/17. To date (up to 30 September 16), £10.5m of this has been spent. This is funded by the Council and recovered from the company over the life of the project.

5. Issues, Options and Analysis of Options

Performance Indicator Target for Month 6: 30%

- 5.1 The total expenditure to date on the Capital Programme is £18.481m, which equates to 27.91% of the budgeted spend against the performance indicator of 30%. This is based on the actual payments made to suppliers, so when considering the outstanding payments for works completed but not yet billed, the percentage spent will actually be closer to the target level.

6 Reasons for Recommendation

- 6.1 The recommendations are to ensure that Cabinet and Members are aware of the current status of the Capital Programme.

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

- 7.1 Officers and Directors' Board have been consulted on this report

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

- 8.1 The budget provides the finance required to support capital projects that meet the Council's corporate priorities. Changes to the budgets may impact, positively or negatively, on the delivery of these priorities and the Council's performance, which could have a corresponding impact on the community.

9. Implications

9.1 Financial

Implications verified by: **Sean Clark**
Director of Finance and IT

The General Fund Capital Programme is projected to have available resources of £16.902m at the end of the current financial year and these will be carried forward to fund schemes either in development or currently in progress.

Through the active management of the programme the Council continues to maximise the resources at its disposal.

9.2 Legal

Implications verified by: **David Lawson**
Deputy Head of Legal & Monitoring Officer

There are no direct legal implications arising from this report. This report provides an update and allows Members to review the adequacy of existing budgets.

9.3 Diversity and Equality

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

The report provides an update and allows Members to review the adequacy of existing budgets.

10. 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):

- There are various working papers within directorates and accountancy.

11. Appendices to the report

- Appendix 1 – General Fund and Housing Revenue Account Summary
- Appendix 2 – General Fund Reprofitting Variances over £0.25m

Report Author:

Mark Terry
Senior Financial Accountant

Table 5 – Summary of the 2016/17 General Fund Capital Programme	Approved Budget			Projected Outturn			CY Spend (Sep-16)	% Spend against CY Forecast
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19		
Childrens Service	£'000 17,646	£'000 213	£'000 0	£'000 10,039	£'000 7,653	£'000 72	£'000 3,833	38.18
Adults, Health and Housing								
Provider Services	167	0	0	167	0	0	1	0.60
Better Care	985	0	0	985	0	0	121	12.00
Community Development	3,435	0	0	3435	0	0	668	19.00
Travellers	13	0	0	13	0	0	13	100.00
Private Sector Housing	382	0	0	382	0	0	67	17.54
	4,982	0	0	4,982	0	0	870	17.46
Environment and Place								
Transportation and Highways	18,773	3629	0	18347	4024	0	3101	16.90
Stategic Planning	20	0	0	20	0	0	0	0.00
Resident Services	2,953	285	0	1373	1865	0	60	4.37
Environment	3,740	322	0	2140	1922	0	673	31.45
Regeneration and Assets	14,066	11993	5700	11177	12135	6,315	2204	19.72
Corporate Buildings	659	1085	424	471	1085	424	50	10.62
	40,211	17,314	6,124	33,528	21,031	6,739	6,088	18.16
Finance and I.T.	1,372	601	60	792	1,181	60	60	7.58
HR, OD and Transformation	5,238	3,890	0	3,206	5,922	0	100	3.12
Total Expenditure - General	69,449	22,018	6,184	52,547	35,787	6,871	10,951	20.84

Table 6 – Summary of the 2016/17 General Fund Capital Programme, by scheme status	Project Status	Approved Budget			Projected Outturn			CY Spend (Sep-16)	% Spend against CY Forecast
		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	<i>Not yet started</i>	20	0	0	20	0	0	0	
	<i>Work commenced</i>	8,730	213	0	7,830	504	72	3,544	
	<i>Scheme completed</i>	14	0	0	14	0	0	14	
	<i>Completed retention o/s</i>	84	0	0	70	0	0	12	
	<i>On hold</i>	970	0	0	0	970	0	0	
	<i>Demand led</i>	7,741	0	0	2,018	6,178	0	176	
	<i>Devolved to schools</i>	87	0	0	87	0	0	87	
Total Childrens Service		17,646	213	0	10,039	7,652	72	3,833	38.18
	<i>Not yet started</i>	123	0	0	123	0	0	0	
	<i>Out to tender</i>	102	0	0	102	0	0	1	
	<i>Work commenced</i>	84	0	0	84	0	0	0	
	<i>Scheme completed</i>	13	0	0	13	0	0	13	
	<i>Demand led</i>	4,659	0	0	4,660	0	0	856	
Total Adults, Health and Housing		4,981	0	0	4,982	0	0	870	17.46
	<i>Not yet started</i>	786	70	0	791	90	0	0	
	<i>Design stage</i>	9,398	10,216	5,884	6,334	9,966	6,499	322	
	<i>Planning decision</i>	1,700	574	0	900	1,374	0	84	
	<i>Quotations</i>	150	0	0	60	0	0	0	
	<i>Tender preparation</i>	967	2,105	0	967	2,105	0	95	
	<i>Tender evaluation</i>	190	0	0	390	0	0	8	
	<i>Contract formation</i>	5,350	215	0	5,350	215	0	865	
	<i>Work commenced</i>	15,123	2,850	0	15,096	3,423	0	3,465	
	<i>Scheme completed</i>	737	0	0	1,004	0	0	840	
	<i>Completed retention o/s</i>	313	0	0	335	0	0	77	
	<i>On hold</i>	1,112	1,284	240	110	2,117	240	0	
	<i>Demand led</i>	4,281	0	0	2,087	1,742	0	330	
	<i>Out for Consultation</i>	105	0	0	105	0	0	0	
Total Environment and Place		40,212	17,314	6,124	33,529	21,032	6,739	6,086	18.15
	<i>Not yet started</i>	200	0	0	200	0	0	0	
	<i>Work commenced</i>	592	601	60	592	601	60	60	
	<i>Demand led</i>	580	0	0	0	580	0	0	
Total Finance and I.T.		1,372	601	60	792	1,181	60	60	7.58
	<i>Not yet started</i>	2,090	3,890	0	758	5,222	0	0	
	<i>Work commenced</i>	2,284	0	0	1,769	500	0	93	
	<i>Scheme completed</i>	614	0	0	629	0	0	9	
	<i>On hold</i>	250	0	0	50	200	0	0	
Total HR, OD and Transformation		5,238	3,890	0	3,206	5,922	0	102	3.18
Total Expenditure - General Fund		69,449	22,018	6,184	52,548	35,787	6,871	10,951	20.84

Table 7 – Summary of the 2016/17 Housing Revenue Account Capital Programme	Approved Budget			Projected Outturn			CY Spend (Sep-16)	% Spend against CY Forecast
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Adults, Health and Housing								
Provider Services	6,831	13,500	6,500	3,455	17,630	6,500	2,230	
Better Care	10,000	0	0	10,502	0	0	5,300	
Total Expenditure - HRA	16,831	13,500	6,500	13,957	17,630	6,500	7,530	53.95

Table 8 – Summary of the 2016/17 Housing Revenue Account Capital Programme, by scheme status	Project Status	Approved Budget			Projected Outturn			CY Spend (Sep-16)	% Spend against CY Forecast
		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	<i>Design stage</i>	4,500	9,500	5,000	620	13,380	5,000	0	
	<i>Planning decision</i>	500	4,000	1,500	250	4,250	1,500	0	
	<i>Work commenced</i>	11,500	0	0	12,474	0	0	6,956	
	<i>Scheme completed</i>	331	0	0	613	0	0	574	
Total Adults, Health and Housing - HRA		16,831	13,500	6,500	13,957	17,630	6,500	7,530	53.95

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Table 9 - Scheme Reprofiling	Reprofiling £000's	Reason
Tilbury Pioneer Academy Amalgamation Works	(970)	This scheme will now be managed by The Gateway Academy. The sponsors are looking to join up to a much bigger project, therefore the expenditure is likely to be incurred during 2017/18
Capital Maintenance Schemes (to be identified)	(600)	Condition surveys are currently being undertaken, which are likely to highlight a number of works required. These are anticipated to commence during 2017/18
Secondary and Primary Schemes (to be identified)	(5,578)	Demand for places will see the need for 2 primary and 2 secondary schools to be expanded. The expansion plans are currently out for consultation. Works to expand the selected schools would expect to start during 2017/18.
Other Infrastructure (Drainage)	(323)	A number of schemes are being progressed and likely to start in next financial year under a new contract. Budget should be re-profiled into 2017/18
Refurbishment of Belhus Leisure Centre	(800)	Currently awaiting planning permission for the roof, then the contract will go out to tender. The works are likely to start March/April 17 therefore part of the budget is being re-profiled into 2017/18.
Improvements to Leisure Buildings (Budget Only!)	(780)	Funding will be needed for Landlord Responsibilities or works to the Blackshots Pavilion; both required in 2017/18.
Vehicle and Plant Replacement Programme	(1,600)	Programme of vehicle and plant replacement has been identified, which will be delivered during 2017/18.
Grays South and Rail Station Regeneration	(3,065)	Reprofiled due to anticipated changes in project management. Project is likely to commence 2017/18.
I.C.T. Undetermined Budget (schemes to be identified)	(580)	Contingency budget which is not likely to be needed in 2016/17 and therefore profiled into 2017/18
Information and Advice Portal	(464)	Proof of concept paper to be presented to Director's Board at end of November. If approved, likely start will be in 2017/18
Document and Information Management - Phase 2	(500)	At proof of concept stage. Will include digital mailroom, archiving etc. If approved, likely to start in 2017/18
Thurrock On-Line Project Phase 2	(868)	Funding earmarked for additional modules, which are likely to start in 2017/18

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16 December 2016	ITEM: 13 (Decision 01104393)
Cabinet	
A13 Widening – Award of Detail Design and Construction Contracts (two contracts)	
Wards and communities affected: All	Key Decision: Key decision.
Report of: Councillor Brian Little, Portfolio Holder for Highways and Transport	
Accountable Head of Service: Ann Osola, Head of Highways and Transport	
Accountable Director: Steve Cox, Corporate Director of Environment and Place	
This report is Public	

Executive Summary

The A13 Widening has progressed through the preliminary design, compilation of a business case and several engineering and environmental surveys to a position where tenders for the detail design and construction have been received and the full business case has been submitted to the Department for Transport. The next steps are to award contracts for the detail design and construction to deliver the scheme. This report sets out the progress made since the last Cabinet report and requests delegation of authority for decisions necessary to implement the scheme.

1. Recommendation(s)

That Cabinet delegates authority to the Corporate Director of Environment and Place in consultation with the Cabinet Member for Highways and Transport, subject to the Council’s procurement rules and terms and conditions being approved by the Section 151 Officer and the Monitoring Officer to:

- **Enter into an agreement with the Department for Transport (DfT) with respect to funding provided by the DfT for the A13 Widening scheme**
- **Award contracts for the detail design and the construction for the A13 Widening**
- **To award any further contract(s) for the provision of works and services to progress the A13 Widening scheme**
- **To acquire or accept dedication of any land required for the A13 Widening**

2. Introduction and Background

- 2.1 The A13 growth corridor is the largest single growth opportunity in the South East Local Enterprise Partnership (SELEP) area. The A13 links the key port infrastructure of Tilbury and London Gateway with the national road network including the M25 at junction 30.
- 2.2 The A13 widening is required as a part of managing and improving traffic flow on this route. The widening of the A13, from two lanes to three in each direction from the A128 junction (Orsett Cock) to the A1014 junction (Manorway) is necessary to improve current flow and assist with the future year growth from major planned and committed investments. A plan describing the scheme is attached as Appendix 1.
- 2.3 The need for the A13 widening was included and justified by the process (including examination in Public Inquiry) for the London Gateway Port Limited's Harbour Empowerment Order (HEO).
- 2.4 This HEO includes the planning approvals and the land acquisition powers for delivering the scheme. The Council has entered into agreements with London Gateway Port Limited (LGPL) with respect to developer contribution, use of the HEO powers for the scheme and for LGPL to use their compulsory purchase powers (included in the HEO) to acquire land for the Council necessary for the scheme.
- 2.5 As a part of the July 2014 Growth Deal for the SELEP area, the Government provided a £5m allocation for the development of the scheme as well as allocating a further £75m in their scheme programme for delivery subject to final business case approval. The scheme has been selected as a retained scheme whereby the Department for Transport manage governance using their processes.
- 2.6 After consideration of a report to the November 2014 Council, Cabinet resolved that the Council enter into agreements with LGPL, and that the scheme be developed including the preliminary design and to seek tenders for the detail design and construction.
- 2.7 The preliminary design work including surveys and contract preparation has been completed. Tenders have been sought and returned from designers and contractors.
- 2.8 The scheme cost estimate informed by the work during the development stage and the recently tendered values for detail design and construction are within the budget allocations and have been used in the completion of the business case.
- 2.9 To secure the £75m funding, the Council has to submit the business case to the DfT which includes the strategic case, economic case, financial case,

commercial case and management case. This business case has been submitted and the DfT decision is anticipated in January 2017. The business case can be viewed on the Council's website.

3. Issues, Options and Analysis of Options

- 3.1 The next steps to progress the scheme are (provided a positive decision from the DfT) are to accept the funding and to initiate the construction phase. This will include placing contracts with the detail designer and also the contractor. Council commitment for LGPL to implement the land purchase will also be required. These steps then commit the Council to the scheme.
- 3.2 The funding from the DfT and LGPL is for fixed values. The scheme costs have been built up from the tender values. The allocated total includes for the calculated value of a risk register which has been compiled during the preliminary design.
- 3.3 The Council has used an experienced consultant to manage and advise during the development stages. Also the preliminary designer and the tenderers for the detail design and construction have been sourced from the Highways England framework for this type of works.
- 3.4 Throughout the development and implementation the risk register is managed to mitigate the risk by reducing the likelihood or effect to each risk. This is a part of the overall cost control process to keep the scheme within budgets.
- 3.5 Local businesses have been consulted to try to ensure minimum disruption from the traffic management measures needed to complete the works. The Council has been liaising with Highways England to ensure that their road works at M25 junction 30 / A13 are complete before works start on the A13 widening scheme.
- 3.6 Ongoing risk management investigations will continue whilst the DfT are reviewing the Business Case and preparing their decision. Actions to reduce risk, such as the purchase of selected areas of land and investigatory work, will be progressed within the overall £5m development funding already secured.
- 3.7 Financial Control and Risk Management

Thurrock Council will be responsible to the funding stakeholders for the delivery and financial outcome for the scheme. Specific funding when approved will represent a fixed contribution from SELEP/DfT/LGPL to Thurrock for our scheme. This is the normal procedure for capital schemes but given the size of this scheme it is important to manage and reduce the risk of an overspend position.

A risk register has been compiled and maintained as potential project risks are identified. The principal risks relate to land, environment, utility plant and construction risk.

The overall scheme value includes the tendered costs for management, design and construction, utility costs, land costs and for a risk pot. This risk pot is built up from the assessed likelihood and costs of the scheme risk register and compiled using recognised risk.

Mitigation measures to reduce the probability and impact of each risk have and will be taken. These include:

- The Project Board to overview and manage the scheme.
- The use of the Highways England's form of contract to source designer and contractor and to link with their contract compliance processes.
- The use of large contractors and consultants with skills and experience in this type of work.
- Appointment of Mott MacDonald to supplement in-house team and to prepare the Business Case.
- Appointment of AECOM to the role of preliminary designer.
- The maintenance of a risk register to assess, co-ordinate and manage the mitigation of risks.

4. Reasons for Recommendation

- 4.1 The A13 Widening scheme is required to provide much needed capacity for this road.
- 4.2 The A13 Widening scheme will provide mitigation for some of the traffic impacts of the London Gateway Port development.
- 4.3 The final Business Case has been submitted for decision by the Department for Transport.
- 4.4 Given a positive decision the detail design and construction contracts are ready to be entered into and the land acquisition can be committed.

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

- 5.1 The scheme has been included in the planning and consultation for the London Gateway development including land acquisition.
- 5.2 Specific planning permission is not required for the highway widening but any planning and consultation required for any works or measures outside the HEO will be carried out.
- 5.2 A communication plan will be prepared for the scheme delivery which will include website

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

6.1 Thurrock Transport Strategy 2013 – 2026

Policy TTS18: Strategic Road Network Improvements

“Where modal shift and network management are insufficient to tackle congestion on the Strategic Road Network, the Council will look to encourage additional capacity to reduce congestion, improve journey times, facilitate growth and improve access to key strategic economic hubs.”

The strategy includes:

“Currently the need for major network improvements on strategic routes facilitate growth has been identified as:

A13 widening of the section between the A128 and the A1014, partly to help deliver the London Gateway development.”

6.2 The proposals set out in this report support the Council’s Corporate Plan Priority Projects 2016/17:

“Work with partners to identify and provide for infrastructure needs including tackling issues of congestion and proposals for a Lower Thames Crossing.”

The A13 widening is cited as the example of infrastructure and highways improvements progressing this priority.

7. Implications

7.1 Financial

Implications verified by: **Carl Tomlinson**
Finance Manager

The A13 Widening scheme development has been funded by a £5m grant from the South East Local Enterprise Partnership’s Local Growth Fund allocation.

The Government has classified this scheme as a retained scheme which will be subject to management process by the Department for Transport (DfT).

The A13 Widening has a further allocation of £75m in the Local Growth Fund Subject to a positive decision following the submission of a Business Case to the DfT. The funding is completed by a contribution from the London Gateway Port Limited.

It should be noted that the financial risk of this project rests with the Council. Additional spend over and above the agreed funding mentioned above will

have to be funded by the Council. Effective project and risk management are essential to mitigate this risk.

7.2 Legal

Implications verified by: **Assaf Choudry**
Major Projects Solicitor

The London Gateway Port Harbour Empowerment Order 2008 (HEO)

The HEO came into force on 16 May 2008. By part 2 of the HEO, the London Gateway Port Limited (LGPL) became the Harbour Authority in relation to the powers granted under the HEO.

The HEO gives powers to the Harbour Authority to carry out a range of works described in the Schedules to the Order under Works descriptions and at locations identified on the Plans and drawings deposited and approved with the Order. These define lateral limits within which road improvement works can take place and vertical limits within which these works should be carried out. The future detailed design will take these limits into account.

These powers may be devolved by the Harbour Authority to the Council, as Local Authority. The Council has entered into an agreement with TLGPL to carry out the works required for the A13 Widening, identified within the HEO on behalf of the Harbour Authority.

Further, Schedule 12 of the HEO identifies land that may be acquired Compulsorily. Thurrock Council cannot itself, use the compulsory acquisition powers granted by the HEO which reside in TLGPL. Under an agreement TLGPL will acquire the land required under the HEO.

The powers of compulsory acquisition must be exercised within 10 years of the HEO coming into force (i.e. before 16 May 2018). This factor introduces another basis of urgency for commencing the A13 Widening project.

If any other works are required, which are not authorised by the HEO, the Council may use powers granted to it as a Local Highway Authority.

Highways Act 1980

The act gives the Council a general power to carry out work to improve the highway for the use or protection of persons using the highway and the construction and reconstruction of bridges; the Council may, also, alter or remove any works executed by the council under this section.

Government Funding

The specific provisions (including any conditions and/or restrictions) which will apply to any Government Funding will be included in any funding Grant award following any decision regarding our Business Case submission.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
Development & Equalities Manager

There are no direct implications arising from the report, however any diversity issues that arise will be fully addressed in the detail scheme development. The widening of the A13, so that it can cater for proposed traffic will reduce the risk of traffic being diverted onto less appropriate local roads.

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

There are none at this stage.

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):

- November 2014 Cabinet
<https://thurrockintranet.moderngov.co.uk/documents/g194/Public%20reports%20pack%2005th-Nov-2014%2019.00%20Cabinet.pdf?T=10>
- Thurrock Transport Strategy 2013 – 2026
https://www.thurrock.gov.uk/sites/default/files/assets/documents/strategy_transport_2013.pdf
- A13 Widening Business Case submission to the Department for Transport
<https://www.thurrock.gov.uk>

9. **Appendices to the report**

- Appendix 1 - A13 Widening Scheme Plan

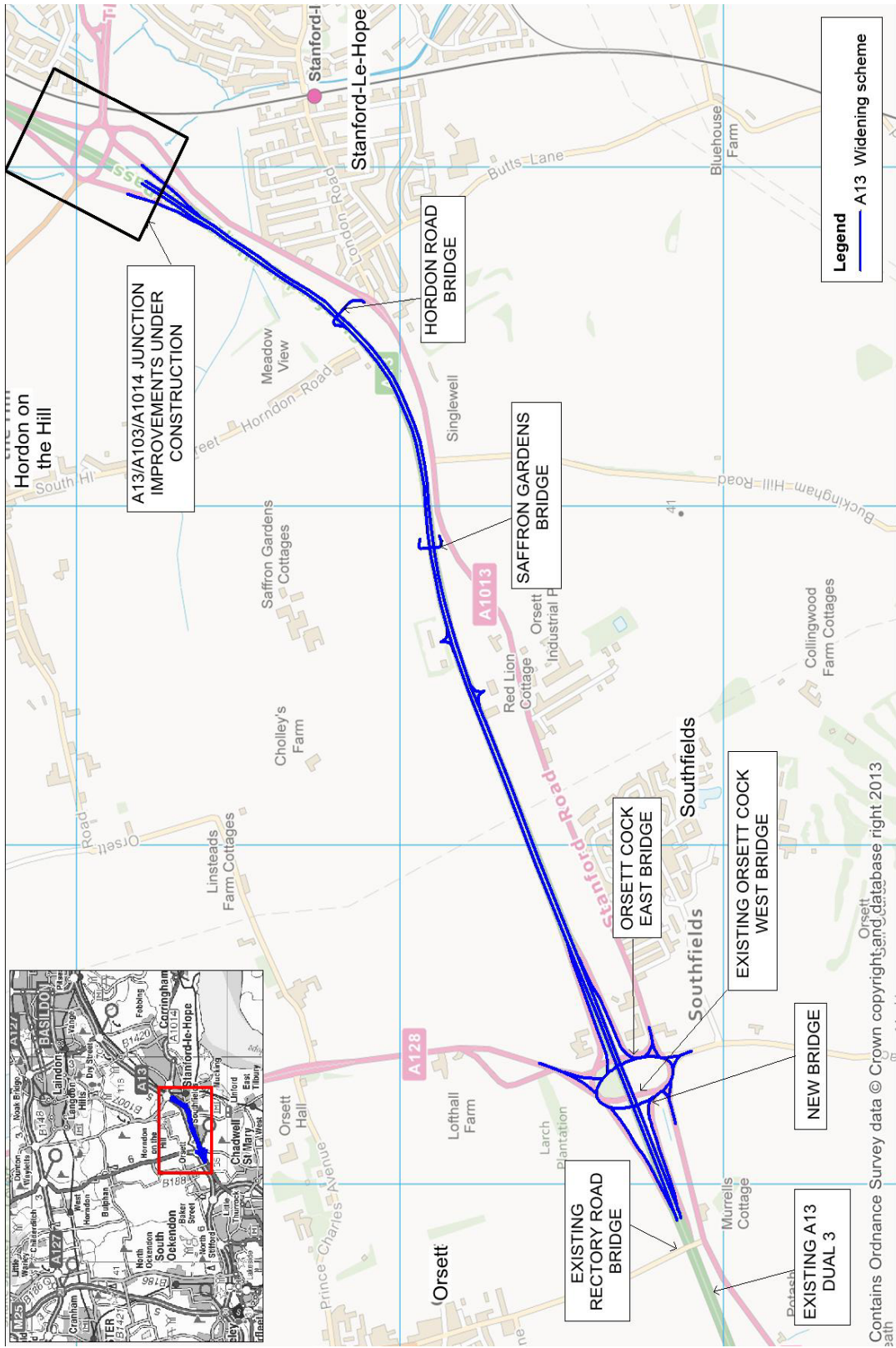
Report Author:

Les Burns

Chief Highway Engineer

Transportation & Highways

Appendix 1 - A13 Widening Scheme Plan



14 December 2016	ITEM: 14 (Decision 01104394)
Cabinet	
Medium Term Financial Plan - Quarter 2	
Wards and communities affected: All	Key Decision: Key
Report of: Councillor Shane Hebb, Portfolio Holder for Finance and Legal Services	
Accountable Head of Service: Sean Clark, Director of Finance and IT	
Accountable Director: Sean Clark, Director of Finance and IT	
This report is public	

Executive Summary

This report provides an update on the forecast 2016/17 outturn position as at the end of September 2016.

Previous reports have shown that the Council has had to meet considerable financial pressures, most significantly due to demand within Children’s Social Care, but that this has been largely mitigated.

Whilst this forecast still shows a projected deficit, officers are confident that continuing action will keep the budget within the agreed budget envelope.

1. Recommendation(s) That Cabinet:

1.1 Note the forecast outturn position for 2016/17 and the mitigation required in order to manage existing pressures; and

1.2 Agree the funding of £0.190m to extend the Clean it, Cut it, Fill it initiative to 31st March 2016

2. Introduction and Background

2.1 In February 2016, Council agreed the General Fund budget for 2016/17 as part of the MTFS. Whilst no additional budget savings to front line services were proposed, the 2016/17 budget does include previously agreed savings of £3.391m (see Appendix 1). In addition to this, income growth of £0.775m was agreed as part of the fees and charges report at February 2016 Cabinet. Current forecasts indicate that £2.611m of the £3.391m savings target will be delivered with the balance contributing to the in-year pressures.

- 2.2 Current projections indicate an over spend of £0.240m. Achieving this position is dependent on in-year mitigating action of £4.531m being delivered to manage existing financial pressures and further mitigation being identified to be within budget by the end of the year.
- 2.3 The most significant pressure is within Children’s Services and the current forecast shows a worsening position. In addition, Cabinet should note that there continues to be risks due to ongoing demand pressures within Adults’ Social Care and Environmental Services. Mitigation includes managing demand, further income generation, improving efficiency and reducing non-essential spend.
- 2.4 To fully understand the difficulty of achieving this, Members need to consider this in the context of the pressures that have already been managed, including:
- £93m in savings delivered since 2010;
 - Already having to deliver £3.4m in planned and agreed savings in 2016/17; and
 - Managing other pressures within the services in-year.
- 2.5 The position includes the previously agreed additional spend of £0.260m to enable the ‘Clean it, Cut it, Fill it’ initiative for a pilot period of 3 months and a further £0.190m to extend the initiative to the end of the financial year. Officers will continue to work with the Cabinet in closing this gap but have identified the use of capitalising part of the Minimum Revenue Provision (MRP) budget to meet the costs of the pilot should it be necessary. Future funding requirements are included within the MTFS.
- 2.6 The table below summarises the net position by service area:

Service Area	Spend YTD £000	Full Year Budget £000	Forecast £000	Variance From Budget £000	Mitigating Action £000	Revised Variance £000	Variance Month 3 £000	Movement £000
Adults, Housing & Health	18,316	33,862	34,231	369	(369)	0	1,125	(1,125)
Children’s Services	19,063	29,861	35,821	5,960	(1,290)	4,670	4,145	525
Environment & Place*	18,116	33,984	35,801	1,817	(1,386)	431	313	118
Finance & IT	5,721	10,273	10,273	0	(561)	(561)	(400)	(161)
HROD	3,268	7,892	7,892	0	(375)	(375)	0	(375)
Legal Services	1,285	2,192	2,192	0	0	0	0	0
Commercial	395	610	610	0	(25)	(25)	0	(25)

Service Area	Spend YTD £000	Full Year Budget £000	Forecast £000	Variance From Budget £000	Mitigating Action £000	Revised Variance £000	Variance Month 3 £000	Movement £000
Services								
Central Expenses	8,667	5,650	5,650	0	(525)	(525)	(525)	0
Growth Allocation	0	3,375	0	(3,375)	0	(3,375)	(4,500)	1,125
Total	74,831	127,700	132,470	4,771	(4,531)	240	158	82

* Figures within the Environment and Place line include an additional £0.450m for the Clean It, Cut It, Fill It pilot, including extending the initiative to end of the financial year. Officers will continue to work with the Cabinet in closing this gap but have identified the use of capitalising part of the Minimum Revenue Provision (MRP) budget to meet the costs of the pilot should it be necessary.

- 2.7 Whilst this shows an increase in net pressures of £0.158m over the last three months, this needs to be seen in the context of an additional £0.190m within Environmental Services and the increased pressures within Children's Services.

3. Issues, Options and Analysis of Options

3.1 Quarter 2 position

3.1.1 Adults, Housing and Health

Spend YTD £000	Full Year Budget £000	Forecast £000	Variance £000	Mitigating Action £000	Revised Variance £000
18,316	33,862	34,231	369	(369)	0

Adults, Housing and Health is forecasting a breakeven position after mitigating action. The position now reflects the allocation of £1.125m in respect of the ASC precept. Within the directorate, the budget for Adult Services is £33.201m and pressures of £0.369m have been identified. There is the usual demand led nature of the business to contend with, winter is approaching which could see a rise in hospital admissions and associated care packages following these periods of crisis. In addition, the service has had to allocate some additional resources to the Joint Reablement Team to meet increased referrals and some of the staffing concerns raised by the Care Quality Commission. The senior management team have examined the budget in detail and have introduced some corrective measures, such as a freeze on all non-essential posts, a deep dive into all mental health placements, reassessment of client contributions and negotiations with Health for continuing health care funding. However, given the ongoing pressures, particularly around the delivery of domiciliary home care, there is significant risk to the position.

The Housing service has an agreed General Fund budget of £0.661m and is forecasting to spend to budget. Homelessness presentations are being closely monitored and remain an area of potential risk. There are no major variances to report at present.

3.1.2 Children's Services

Spend YTD £000	Full Year Budget £000	Forecast £000	Variance £000	Mitigating Action £000	Revised Variance £000
19,063	29,861	35,821	5,960	(1,290)	4,670

The projected pressure in Children's services has increased to £4.670m net of identified mitigating action of £1.290m. This is an increased forecast overspend, after reviewing the potential impact of proposed mitigating actions, though both the continuing increased demand and increase in the timeline of delivering the savings. The service is still working to deliver all the mitigating action, however at this point it is necessary to identify the slippage. The main pressures on budgets are due to the following:

- The cost of placements – external placements for children continue to be a pressure, where the cost of Independent Foster Care Agencies (IFAs) is still the major concern in common with the national position. Mitigating action is being taken to reduce spot purchasing of IFA placements and identify which children can be moved into lower need / cost placements, this work has achieved an assumed saving of £0.410m in year across placements including residential placements although demand may put pressure on this . A review of in-house foster care, through iMPower is looking at ways to increase the supply of in house providers as this will significantly reduce costs. It is however recognised that this will not be in place for an in year saving.
- High cost residential placement costs continue to be reviewed on a monthly basis and where safe to do so are reduced as the service focuses on achieving better value and more appropriate placements for young people. There a currently a number of specialist reviews taking place looking at whether a more bespoke service can be provided to larger sibling groups in residential care , to support better value as well as better individual outcomes.
- Pressures in staffing continue with the need to replace higher cost temporary staff with good quality permanent recruits. The service is currently reviewing the applications from the recent recruitment campaign which has had a good response. The service is working towards ensuring all agency staff are on the agreed Eastern region rates to reduce the incentives to move assignments between Local Authorities, and an initial sample of staff on higher rates are being written to and offered the lower rate or advised that their contracts will

be terminated. Work to reduce other on social work agency staff in the directorate is already underway.

- There continues to be an increase in the number of unaccompanied asylum seekers supported in Thurrock with the numbers now exceeding 100. Whilst the Eastern regional protocol is in place this has to date seen no reduction in the number of young people supported by Thurrock. The forecast last month was looking at mitigation that would bring this down to the prescribed number of 28, however this is not likely to come to fruition in the next few months. Budgets were set with expected levels of UASC at 80 so the current levels represent a 25% increase in demand.
- Mitigation that has been delayed relates to staffing reorganisation, whilst the majority of planned reductions have been achieved some have either been deferred or true cost savings will not be met until next financial year due to redundancy costs. Also work to commission low cost supported accommodation for older UASC has been delayed as the proposed provider has pulled out of negotiations; work continues to find another interested party at the right price. This has meant delays in coming on stream until the New Year.

3.1.3 Environment & Place

Spend YTD £000	Full Year Budget £000	Forecast £000	Variance £000	Mitigating Action £000	Revised Variance £000
18,116	33,984	35,351	1,367	(1,386)	(19)
Clean it, Cut it, Fill it	0	450	450	0	450
	33,984	35,801	1,817	(1,386)	431

The 2016/17 budget for Environment and Place is £33.984m. The service is managing significant pressures, however, following in-year mitigating action, is projecting an over spend of £0.431m. The position includes additional spend of £0.450m to enable the 'Clean it, Cut it, Fill it' initiative for the 3 month pilot plus extending to the end of the financial year.

The Directorate has an agreed savings target of £1.520m of which £0.740m is forecast to be delivered. The variance of £0.780m relates to savings on the Thameside building and reducing grounds maintenance operations.

Environment:

There is significant pressure within Environment, however, the service is working towards mitigating the position in-year. Current forecasts indicate an overspend including the cost of the Clean it, Cut it. This is primarily due to concerns that

delivering the full grounds maintenance saving would require further post and service reductions which the service do not feel are sustainable, additional cost in respect of additional town centre clean up requirements, changes to recycling contracts, additional procurement consultant spend and managing redundancy costs.

Proposed mitigating action is primarily through reviewing staff costs such as holding posts vacant, reviewing agency spend, route mapping for more efficiencies and achieving additional income through traded services.

There is an on-going review of enforcement services across planning, public protection, and highways to test for efficiencies and to strengthen the corporate enforcement function. Other options include a growth bid for new posts or employing specialist enforcement agencies which could result in a budget pressure.

Highways and Transportation:

At the end of period 5, the service is currently forecast to breakeven, however, there are a number of challenges that will need to be managed in order to achieve this. The new administration has ambitious plans for carriageway maintenance; however, there is insufficient provision within existing budgets, with the estimated cost of the pilot 'Fill it' initiative being £0.110m.

The council is likely to be required to fund development costs for Stanford-Le-Hope Interchange up front in order to release funding from partners. This is in the region of £0.500m and is expected to be funded through the subsequent release of funds. However, if this joint funding arrangement is not successful, this will create a pressure.

Service provision for network management is being reviewed in light of increasing demands on the network and stakeholder frustration with existing arrangements. Requests have been received for business cases to be developed for further infrastructure bids, for which no budget is currently available. The newly established Congestion Task Force and Thurrock Road User Groups are both generating Action Plans which will need to be resourced.

Residents Services:

Current projections indicate an overspend primarily due to the Library service with £0.100m overspend forecast following on from the £0.569m budget saving applied in 2015/16. A full review of the library service is underway that will set out a long term vision for library facilities in the Borough, taking full account of plans for hubs. A review of the library estate is the first priority for the Corporate Landlord responsibility. In year savings options are very limited and would have to be made by further reducing opening hours of some libraries and reducing the budget for new book acquisitions. Consultation may be required.

Additional pressures are emerging within Public Protection primarily due to legal costs from a successful prosecution. In addition to this, as service demands are made for which there are no budgets, these are not possible to recover from other budgets, these pressures are expected to continue to increase as corporate and

political demands are made of the service. Shared service options are being explored that could result in some savings later in the year.

A review of income generation potential from the Registrars service is also planned which could increase income and lead to a small general fund saving, this is in addition to an increase in income expectations in 2016/17 of £0.070m which is already included in the budget.

Regeneration and Assets:

The service is forecasting to breakeven, however, this requires managing significant in year pressures. The main pressure within the service is in respect of the Thameside saving of £0.550m, of which £0.500m is at risk due to the continuing use of the building. Mitigation has been identified through a combination of rent and service charge income from the CCG for the space it occupies, additional income from former HRA shop rentals, scope to accelerate delivery of 2017/18 savings by bringing £0.100m forward, reviewing MFD spend and the introduction of the pay to park scheme for staff within the multi-storey car park. The previously planned income from VOSA (£0.043m from rent and service charges) will no longer be received; however alternative letting opportunities are being explored.

There is possibly further potential income through letting space in the Thameside on a commercial basis and letting additional space in CO1, however marketing is required and length of rental periods will be limited. Plans for CO1 need to be progressed and it will take time for schemes to be introduced.

Pressure exists in respect of the additional theatre income target of £0.075m. This represents a 15% increase on earned income. The Theatre has been working on a number of initiatives to increase income including improved marketing and promotion, reviewing pricing and promoting space for hire. While these initiatives are having some effect the theatre is forecasting risk of £0.060m at the end of the financial year.

Planning and Growth:

An underspend is currently forecast due to additional income through increases in personal searches and trading with other authorities. In order to avoid in year pressure, the amount of income generated will be reviewed throughout the year with activity varied to match it.

3.1.4 Finance & IT

Spend YTD £000	Full Year Budget £000	Forecast £000	Variance £000	Mitigating Action £000	Revised Variance £000
5,721	10,273	10,273	0	(561)	(561)

Finance and IT are forecasting to underspend by £0.561m which will support the mitigation of council wide pressures. This is primarily through restructure savings of £0.250m within ICT, additional income within Fraud of £0.180m, an underspend of

£0.031m in Revenues and Benefits and £0.100m from other Finance services. Delivery will result in post reductions and is put forward as the first year target towards the 15-20% efficiency challenge. These savings are in addition to a further £0.250m ICT reduction allocated to the £1.200m Organisation Challenge savings target and the £0.150m agreed for Revenues and Benefits. Together, these represent a reduction on accountable budget circa 9%.

3.1.5 Human Resources and Organisational Development

Spend YTD £000	Full Year Budget £000	Forecast £000	Variance £000	Mitigating Action £000	Revised Variance £000
3,268	7,892	7,892	0	(375)	(375)

HROD is forecasting to underspend by £0.375m in 2016/17. This relates to vacancies that existed earlier in the year and managing spend within training and corporate communications. The service is managing a pressure of £0.120m in respect of the Occupational Health service. The service was previously funded through the Public Health grant, however, reductions to the grant have resulted in a review of its use. The pressure is to be mitigated by increasing income and managing within wider HROD budgets.

Pressure is anticipated within the Communication budget due to funding an acting up allowance and backfilling through agency staff for sickness absence. It is anticipated that the pressure will be managed within wider service budgets and prioritising spend to remain within budget overall.

The service has an agreed savings target of £0.100m which is expected to be delivered through income generation activity including a roundabout sponsorship scheme and a more proactive approach to filming in the borough.

3.1.6 Legal Services

Spend YTD £000	Full Year Budget £000	Forecast £000	Variance £000	Mitigating Action £000	Revised Variance £000
1,285	2,192	2,192	0	0	0

Legal Services are forecasting to spend to budget by year end. The Legal income target that increased by £0.250m in 2016/17, is becoming increasingly difficult to achieve.

To deliver the income target the shared legal service will need to deliver greater efficiencies and ensure the commercial viability of the shared service is fully utilised in areas of income generating work such as delivering legal services to other Councils and public sector organisations. The shared legal service has a record of delivery on income targets. A commercial review is now required to assess the

viability of delivering this new target with consideration of any further efficiencies or enablers within the shared service model.

3.1.7 Commercial Services

Spend YTD £000	Full Year Budget £000	Forecast £000	Variance £000	Mitigating Action £000	Revised Variance £000
395	610	610	0	(25)	(25)

The Commercial Services Directorate is forecasting to underspend by £0.025m which will support the mitigation of council wide pressures. This is through reductions in operational spend and recharging to public health for work carried out on significant contract procurements.

3.1.8 Central Expenses

Spend YTD £000	Full Year Budget £000	Forecast £000	Variance £000	Mitigating Action £000	Revised Variance £000
8,667	5,650	5,650	0	(525)	(525)

This budget covers a number of corporate expenditure items including treasury management costs (interest paid on loans and received from investments), the annual contribution to the Essex Pension Fund to meet current actuarial deficiency and allocation for MRP.

Projections indicate an underspend of £0.525m. This is from an expected benefit of £0.200m from an improved treasury position and £0.400m return on a joint LA Bond issued to the private sector for a renewable energy project. Although, this is partially offset by a loss of £0.075m from the discontinuation of the Local Services Support Grant from April 2016. Given the uncertainty in the markets following the EU Referendum result, the treasury position will need to be monitored closely.

The Central Expenses budget includes an allocation of £0.050m in respect of the Lower Thames Crossing proposal and £0.365m invest to save funding available to support initiatives geared towards enabling financial self-sustainability. In addition to this, £3.375m has been allocated towards managing council growth pressures.

3.1.9 Housing Revenue Account

	Full Year Budget	Spend YTD	Forecast	Variance from Budget	
	£000	£000	£000	£000	%
Repairs and Maintenance	12,602	5,559	13,448	846	6.71%
Housing Operations	12,476	4,814	12,221	(255)	(2.00%)
Financing and Recharges	22,805	2,930	22,805	0	0.00%
Rent and Income	(48,426)	(21,472)	(48,226)	200	(0.40%)
Development	542	525	243	(299)	(55.20%)
Total	0	(7,644)	491	491	

The Housing Revenue Account budget, agreed by Cabinet in February 2016, is forecasting an over spend of £0.491m for 2016/17. If not fully managed in year this pressure will result in drawing down on HRA reserves which are already at the agreed minimum level. The senior management team are reviewing proposals to mitigate and manage the forecast pressure by the end of the year.

Repairs & Maintenance

The service is forecasting an over spend of £0.846m. Increased overhead costs of £0.135m relating to Mears Contracts have been included in the forecast for September along with £0.200m for boiler installations as a result of unforeseen boiler failures that were not budgeted for. These pressures will be managed by savings within Housing Operations.

The exclusions budget is forecasting an overspend of £0.450m due to increased call on the budget for external works as the Transforming Homes programme has been reprofiled. A full detailed review of the forecasts in this area was carried out for the September position resulting in a positive movement from previous estimates.

Housing Operations

The service is forecasting an under spend of £0.255m. Budget savings and efficiencies through holding vacancies and managing spend are expected to contribute to mitigating the pressure within Repairs and Maintenance. However, the mitigation is reduced due to delays in letting properties on Seabrooke Rise and Derry Avenue which has resulted in increased costs relating to Council Tax on void dwellings.

Rent & Income

There is a forecast overspend of £0.200m due to delays in letting properties on Seabrooke Rise and Derry Avenue hence the loss of rental income to the HRA. The current rent collection rate on income due as at the end of September is 93.6% against a target of 92%.

Development

The forecast underspend of £0.299m is as a result of New Build Schemes moving into more established phases requiring reduced call on the revenue budget to support them.

4. Reasons for Recommendation

- 4.1 The Council has a statutory requirement to set a balanced budget annually. This report sets out the budget pressures in 2016/17 along with actions to mitigate these pressures and deliver a breakeven position.

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

- 5.1 The budget planning governance structure includes involvement and consultation with Officers, Portfolio Holders and Members. Overview and Scrutiny committees considered proposals during October to December with public consultation undertaken where required.

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

- 6.1 The implementation of previous savings proposals has already reduced service delivery levels and our ability to meet statutory requirements, impacting on the community and staff. There is a risk that some agreed savings and mitigation may result in increased demand for more costly interventions if needs escalate particularly in social care. The potential impact on the Council's ability to safeguard children and adults will be kept carefully under review and mitigating actions taken where required.

7. Implications

7.1 Financial

Implications verified by: **Carl Tomlinson**
Finance Manager

The financial implications are set out in the body of this report.

Council officers have a legal responsibility to ensure that the Council can contain spend within its available resources. Regular budget monitoring reports continue to come to Cabinet and be considered by the Directors Board and management teams in order to maintain effective controls on expenditure during this period of enhanced risk. Austerity measures in place are continually reinforced across the Council in order to reduce ancillary spend and to ensure that everyone is aware of the importance and value of every pound of the taxpayers money that is spent by the Council.

7.2 Legal

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

There are no direct legal implications arising from this report.

There are statutory requirements of the Council's Section 151 Officer in relation to setting a balanced budget. The Local Government Finance Act 1988 (Section 114) prescribes that the responsible financial officer "must make a report if he considers that a decision has been made or is about to be made involving expenditure which is unlawful or which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency to the authority". This includes an unbalanced budget.

7.3 Diversity and Equality

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

There are no specific diversity and equalities implications as part of this report.

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

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 – 2016/17 Savings Tracker

Report Author:

Carl Tomlinson
Finance Manager
Finance and IT

Appendix 1 - Savings Tracker 2016/17

Adults, Housing and Health

Responsible Officer	Description	Current Position	Target	Forecast	Variance	RAG
Roger Harris	External Placements	Delivered elsewhere. External placements, continues to be a pressure, risk is due to demand led nature of the service	500	500	-	R
Roger Harris	Public health – review of contracts	Due to the reductions made to the Public Health Grant, this saving has been attributed to ASC and not Public Health and has been delivered by the cessation of two of the Supporting People contracts	250	250	-	G
Roger Harris	Reduction in Voluntary Sector Core Grants	Delivered as part of the review of Supporting People & Voluntary Sector contracts	75	75	-	G
Total			825	825	-	

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Children's Services

Responsible Officer	Description	Current Position	Target	Forecast	Variance	RAG
Rory Patterson	Reduced costs through MASH/Early Offer of Help.	Saving being reviewed as part of wider action plan to address budget pressures	350	350	-	R
Rory Patterson	EOH services reduced by 10% through earlier intervention	Expected to be delivered	166	166	-	A
Rory Patterson	Commission school effectiveness in partnership with schools	Delivered	150	150	-	G
Rory Patterson	Reduce and realign youth provision across Thurrock and related service through internal reorganisation and developing the services as a mutual/ outsourced service	Saving being reviewed as part of wider action plan to address budget pressures	230	230	-	A
Total			896	896	-	

Environment & Place

Responsible Officer	Description	Current Position	Target	Forecast	Variance	RAG
Steve Cox	Transportation restructure and highways efficiencies	Delivered	50	50	-	G
Steve Cox	Reduce public transport subsidies (bus)	Saving no longer required to be delivered - budget reinstated in MTFS	190	190	-	G
Steve Cox	Planning - increased income and/or efficiencies	Delivered	29	29	-	G
Steve Cox	CEDU Restructure - Regeneration	Delivered	100	100	-	G
Steve Cox	Reduced building maintenance and cleaning contracts	Saving relates to the closure of Thameside. Full delivery of the saving is at risk due to the continuing use of the building. A review of expenditure budgets and actual running costs indicates part delivery of the saving. Further work is ongoing to determine further mitigation through additional income or efficiencies within other corporate buildings.	550	50	500	R
Steve Cox	Restructure and review of all grounds maintenance operations	Delivery would require further post and service reductions.	331	51	280	R
Steve Cox	Reductions in waste disposal	Delivered	270	270	-	G
Total			1,520	740	780	

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Legal Services

Responsible Officer	Description	Current Position	Target	Forecast	Variance	RAG
Fiona Taylor	Legal traded service income	Expected to be delivered	50	50	-	A
Total			50	50	-	

HR, OD & Transformation

Responsible Officer	Description	Current Position	Target	Forecast	Variance	RAG
Jackie Hinchliffe	CEDU - Communications Income Generation	A roundabout sponsorship scheme is expected to start in Autumn 2016/17. This is anticipated to bring in a minimum of approximately £70-80k. A more proactive approach to filming in the borough is also being considered as well as other income generation opportunities.	100	100	-	G
Total			100	100	-	

Total			3,391	2,611	780	
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14 December 2016	ITEM: 15 (Decision 01104395)
Cabinet	
Treasury Management 2016/17 Mid Year Report	
Wards and communities affected: None	Key Decision: Yes
Report of: Councillor Shane Hebb, Portfolio Holder for Finance and Legal Services	
Accountable Head of Service: Sean Clark, Director of Finance and IT	
Accountable Director: Sean Clark, Director of Finance and IT	
This report is Public	

Executive Summary

In accordance with the Revised CIPFA Prudential Code, this report:

- (a) reviews borrowing and investment activity to 30 September 2016; and
- (b) reports on the forecast treasury outturn position for 2016/17.

The report confirms that the Council is within the prudential indicators as agreed by Council in February 2016 and continues to contribute, through both reduced costs and increased income, towards the council's objective of financial sustainability.

Previous actions have resulted in a £10m per annum benefit and actions in this financial year have generated a budget surplus of £894k that is contributing towards mitigating the pressures in children's and environmental services.

1. Recommendation

- 1.1 That Cabinet note the results of Treasury Management activities undertaken in the first half of 2016/17.**

2. Introduction and Background

- 2.1 This report is prepared in accordance with the requirements of the CIPFA Prudential Code.
- 2.2 The report presents details of treasury management activity for 6 months to 30 September 2016.

3. Issues, Options and Analysis of Options

3.1 Borrowing

The Council's borrowing activity for the period from 1 April 2016 to 30 September 2016 is summarised in the table below:-

Table 1

Source of Loan	Balance at 01/04/16	New loans raised	Loans repaid	Balance at 30/09/16
	£'000	£'000	£'000	£'000
Market Loans	30,203	0	0	30,203
PWLB	160,889	0	0	160,889
Temporary Market Loans	164,600	276,300	200,130	240,800
Total Debt	355,692	276,300	200,130	431,900

- 3.2 The Council continues to fund the £84.0m ex-PWLB debt on a temporary basis. Current interest rate projections from the Council's advisors, Arlingclose, show a central projected case of 0.25% through to September 2019 with no move upwards predicted until after that date. This forecast would suggest that further interest savings could still be accrued for at least two further financial years following 2016/17 against borrowing long term debt. However, these predictions for the bank base rate are open to change depending on Government responses to market events and developments continue to be closely monitored by both Officers and the Council's advisors with appropriate action taken as necessary.
- 3.3 As at 30 September 2016 total debt outstanding is £431.9m made up of £160.9m of HRA PWLB debt, £30.2m Long Term Market debt and £240.8m of temporary borrowing. The large turnover of loans in Table 1 is attributable to financing the £84.0m ex-PWLB debt and other financing requirements on a temporary basis (loans can often be for a period of 1 month only leading to a high turnover of loans to service the entire debt).
- 3.4 The Council's PWLB debt portfolio currently consists solely of loans taken out with regards to the HRA settlement undertaken on March 28 2012. These loans are now eligible for rescheduling. The loans were borrowed at one-off preferential rates made available specifically for the settlement. PWLB redemption rates have fallen and these loans would now incur a premium. The refinancing of these loans would now be at a lower level, the original loans were taken over an average of 47.5 years at an average rate of 3.49%, current rates in the 44.5 year period would equate to 3.31%, however, this is

not significant enough to outweigh the significant cost of the redemption premiums of approximately £48m.

- 3.5 Officers have also assessed the Council's LOBO loans for any early repayment opportunities. However, the premia involved of approximately £29m and the high refinancing costs again make it uneconomic to currently undertake any rescheduling. Officers continue to monitor the Council's debt portfolio for any rescheduling opportunities.
- 3.6 The Council has also borrowed funds of £22m to facilitate the building works carried out by Gloriana at the St Chads site in Tilbury to date, with a further £10m expected over the next year. Officers are continuing to investigate opportunities to raise long term funds to finance these works, but, as short term rates are currently at a historical low and predicted to remain there for the foreseeable future, the Council will continue to borrow on a short term basis until such time as the long term funds become attractive in comparison. All interest costs are met by Gloriana with the council benefiting from an interest rate premium.

Investments

- 3.7 The position of the Council's investments at 30 September 2016 is set out in Table 2 below:-

Table 2

Source of Investment	Balance at 01/4/16	New loans raised	Loans repaid	Balance at 30/9/16
	£'000	£'000	£'000	£'000
Overnight Investments	5,000	1,312,250	1,314,250	3,000
Other Investments (2 to 365 days)	9,800	158,500	124,800	43,500
Fund Managers	50,000	34,000	0	84,000
Total Investments	64,800	1,504,750	1,439,050	130,500

- 3.8 A significant proportion of the internally managed investments are held for very short time periods in order to meet day to day cash requirements, hence the very high turnover figures in Table 2 above. The figures for overnight investments have been separated from those for longer periods to demonstrate the difference in volumes.
- 3.9 The Council has £50m invested with the CCLA Property Fund which has earned a return of 4.6% for the first half of 2016/17, a total return of

approximately £1.15m. Returns for the second half of the financial year are expected to be similar.

- 3.10 The Council has invested in a further long term opportunity with a solar energy investment fund managed by Rockfire Ltd. The company has worked with a number of authorities previously to identify investment opportunities with returns significantly above current interest rate levels. Along with 3 other authorities, the Council has invested £15m and will receive a 5% return over each of the first four years and then 8% in year 5 along with repayment of the principal sum at the end of the term. This is a gross return of £4.2m before financing costs of less than £0.5m over the five years.
- 3.11 A number of investment opportunities have been entered into for one year or less utilising on the funding raised for the capital programme pre the expenditure being incurred.
- 3.12 Internally held balances currently stand at £46.5m with a view to falling to around £10m-£15m at the financial year end. These investments are mainly held with Banks and Building Societies on a fixed term basis ranging from overnight to 3 months in duration.
- 3.13 All investments made have been with organisations included on the "List of Acceptable Counterparties and Credit Limits" within the 2016/17 Annual Treasury Management Strategy and the total sums invested with individual institutions have been contained within the limits specified therein.

4. Reasons for Recommendation

- 4.1 There is a legal requirement for a Treasury Management Mid-Year Report to be submitted to Cabinet. This report has been written in line with best practice

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

- 5.1 The Council's Treasury Advisors, Arlingclose, have been consulted

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

- 6.1 The financial implications of the above treasury management activities on the Council's revenue budget are illustrated in table 3 below for 2016/17.

7. Implications

7.1 Financial

Implications verified by: **Chris Buckley**
Senior Financial Accountant

Table 3				
	2016/17 Revised Budget £'000's	2016/17 Forecast outturn £'000's	2016/17 Variance £'000's	
1	Interest payable on external debt Interest Payable	2,875.8	3,304.0	428.5
2	Investment Income Interest on Investments	(3,145.1)	(4,468.1)	(1,323.0)
3	Net Interest charged to GF	(269.6)	(1,164.1)	(894.5)
4	MRP Supported/Unsupported Borrowing	4,261.8	4,262.0	0.2
5	Overall Charge to GF	3,992.2	3,097.9	(894.3)

In 2016/17 the overall impact to the General Fund is £3.097m which is a favourable position of £0.894m

7.2 Legal

Implications verified by: **David Lawson**
Deputy Head of Legal and Monitoring Officer

In determining its affordable borrowing limits under section 3 of the Local Government Act 2003, the Council must have regard to the "Prudential Code for Capital Finance in Local Authorities" (revised Edition 2007) published by CIPFA. In carrying out its functions under Chapter 1, Part 1 of the Local Government Act 2003, the Council must have regard to the code of practice contained in the document "Treasury Management in the Public Sector : Code of Practice and Cross-Sectoral Guidance Notes" (Revised Edition 2009) published by CIPFA.

7.3 **Diversity and Equality**

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

There are no specific implications from this report

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):

- Revised CIPFA Prudential Code
- Revised draft ODPM's Guidance on Local Government Investments
- Revised CIPFA's Treasury Management in Public Services Code of Practice and Cross Sectoral Guidance Notes
- Treasury Management Policy Statement
- 2016/17 Annual Borrowing & Investment Strategy
 - Arlingclose's Investment Review.

9. **Appendices to the report**

- None

Report Author:

Chris Buckley
Senior Financial Accountant
Corporate Finance

14 December 2016	ITEM: 16 (Decision 01104396)
Cabinet	
Annual Report of The Director of Public Health 2016	
Wards and communities affected: All	Key Decision: Non-key
Report of: Councillor James Halden, Portfolio Holder for Education and Health	
Accountable Head of Service: Emma Sanford, Strategic Lead – Health and Social Care Public Health	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

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

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

1. Recommendations

- 1.1 That Members note and support the contents and recommendations made in the report and support its publication.**
- 1.2 That Members support political leadership across the local Health and Social Care system and through our local Sustainability and Transformation Plan (STP) to deliver the report’s recommendations. These include:**
 - **Delivery of a new model of Primary Care to address under-doctoring and capacity issues**
 - **Mechanisms to case find and diagnose patients with long term conditions**

- **Significant improvement of the management of long term conditions in Primary Care including the implementation a GP Long Term Conditions Management Scorecard**
 - **Recommendations to reduce inappropriate A&E attendances and avoidable A&E admissions**
 - **Recommendations to reduce delayed transferred of care from the NHS to Adult Social Care**
- 1.3 That members agree that the recommendations from the Annual Public Health Report be mixed within a “Principles Document’ to form a “Thurrock Ask” from NHS England**
- 1.4 That members support the proposed re-procurement of a new Integrated Healthy Lifestyles Service with a stronger focus on young people’s health in order to break generational health inequalities.**
- 1.5 That the Health and Wellbeing Board acts as the Primary Delivery Arm for implementing the recommendations within this report, and the objectives within the Health and Wellbeing Strategy.**

2. Introduction and Background

- 2.1** Annual Public Health Reports have played an important part in public health practice ever since the early days of Medical Officers of Health. They remain an important vehicle for informing local people about the health of their community as well as providing the necessary information for decision makers in local authorities and local health services on key priorities that need to be addressed to improve the health and wellbeing of the population.
- 2.2** 70% of health and social care spend is on people with long term conditions¹. This, along with a population living longer but not necessarily healthier lives creates some fundamental issues for the current system. As such, understanding the factors that impact on the development of long term conditions and the most effective mechanisms for embedding effective prevention activity is absolutely essential in maintaining public health, reducing the growth in demand through emergency hospital admissions and Adult Social Care packages and ensuring that our local Health and Social Care system remains financially and operationally sustainable.
- 2.3** The report is set out in seven sections which demonstrate the following eight key issues
- Increasing and unsustainable levels of demand on the local health and care system
 - Practice-level variation in outcomes, and an indication of patterns
 - How a revised Primary Care staffing model could address demand
 - Key influences on non-elective admissions and inappropriate A&E attendances
 - Estimates of future activity if no changes are made to provision

- How activity in different parts of the system links to cost.
- What is cost-effective in terms of prevention / shifting demand.
- The need for a 'System Wide' response across organisational budgets to solve financial and operational sustainability

3. Summary of report contents, recommendations and opportunities

3.1 These are outlined in the report itself and its Executive Summary.

Financial Opportunities

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

4. Reasons for Recommendation

4.1 The National Health Service Act (2006) requires Directors of Public Health to prepare an annual report on the health of the local population, and for the local authority to publish it.

4.2 It is envisaged that the recommendations set out in this report will drive the necessary changes to improve the quality of Primary Care and long term condition management, and embed preventative activity to reduce future system demand. The report provides clear evidence supporting the current strong political leadership taken to improve the health of the population by the current Administration.

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

5.1 The contents of this report have been developed with input from a number of different stakeholders (listed in the document). The report was presented at Health and Wellbeing Overview and Scrutiny Committee on 10th November, the Council's Directors Board on 15th November and Health and Wellbeing Board on 17th November.

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

6.1 The report highlights the key actions that should be taken in terms of shifting demand within the health and social care system, and encouraging prevention. This is in line with the work of the Customer and Demand Management Board, and the Health and Wellbeing Strategy 2016-21 which

aims to “add years to life and life to years”. It will also support corporate priority four: “improve health and wellbeing”.

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

7. Implications

7.1 Financial

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

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

7.2 Legal

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

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

7.3 Diversity and Equality

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

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

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

None

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

Background papers are referenced in the annual public health report.

9. **Appendices to the report**

Appendix 1 - Annual Report of The Director of Public Health 2016- Executive Summary (A copy of the full report is available on the Thurrock Council Website at the following address: <https://www.thurrock.gov.uk/healthy-living/health-statistics-and-information>)

Report Author:

Ian Wake
Director of Public Health

Maria Payne
Senior Programme Manager – Health Intelligence

REFERENCES

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

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Annual Report of The Director of Public Health 2016

Executive Summary

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Authors:

Ian Wake,
Director of Public Health

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

Maria Payne,
Senior Public Health Programme Manager – Health Informatics

Kelly Clarke,
Public Health Information Analyst

A Sustainable Adult Health and Social Care System for Thurrock



1. Introduction

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

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

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

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

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

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

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

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

Figure 1

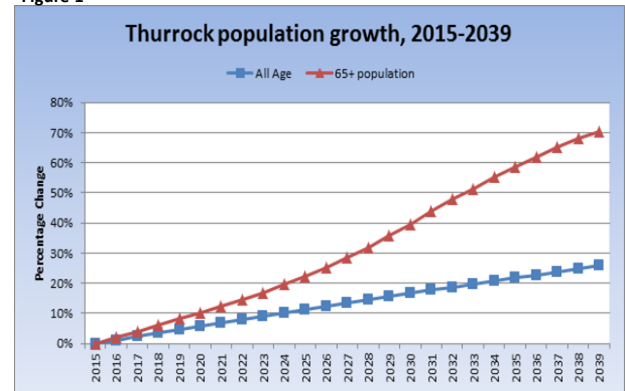


Figure 2

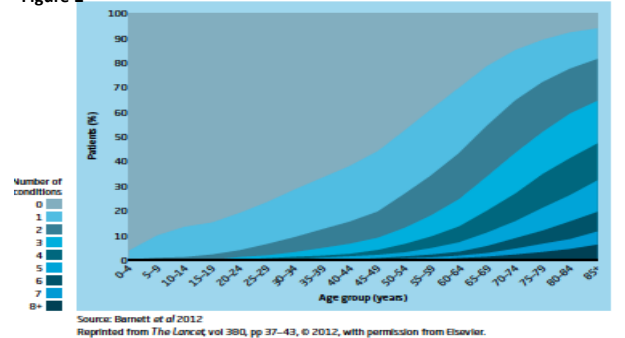
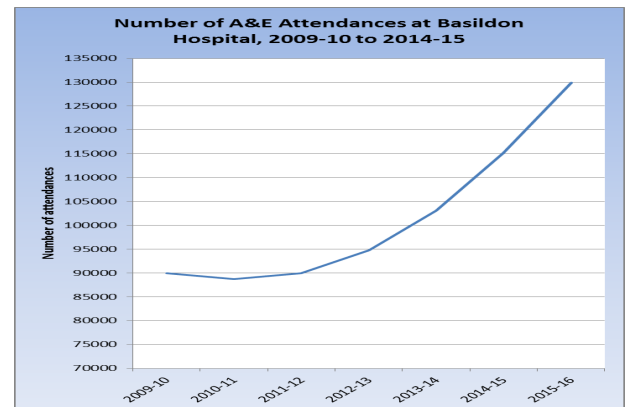


Figure 3



1. Introduction (cont).

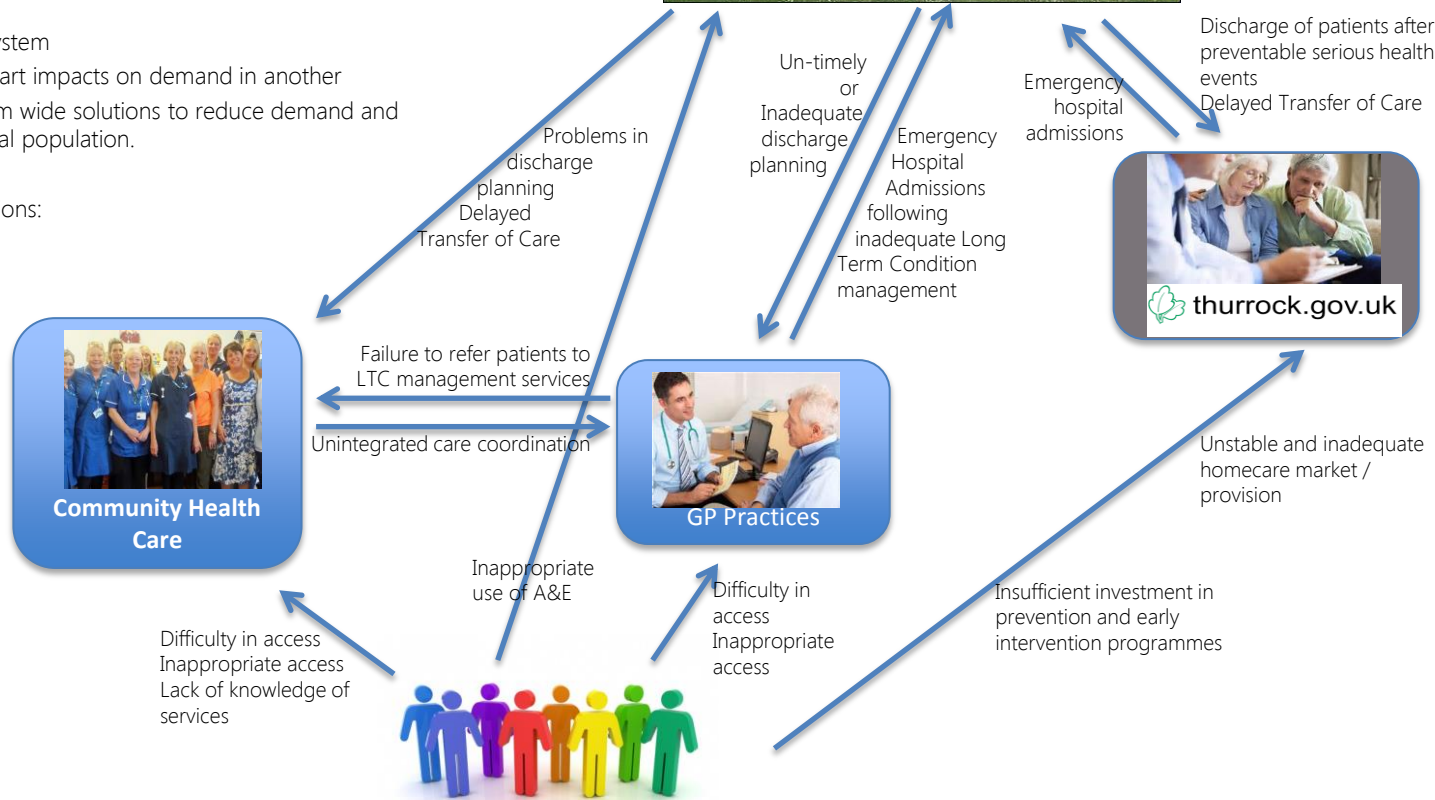
Some of the fundamental reasons driving demand and hence spend in the two most expensive parts of our system; secondary and social care services are demonstrated in the simplified diagram of it below. Without understanding how and why our residents flow through the entire system, we have little chance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

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

This report is divided into seven sections:

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

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



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2. Improve Primary Care Capacity

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

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

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

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

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

Figure 4

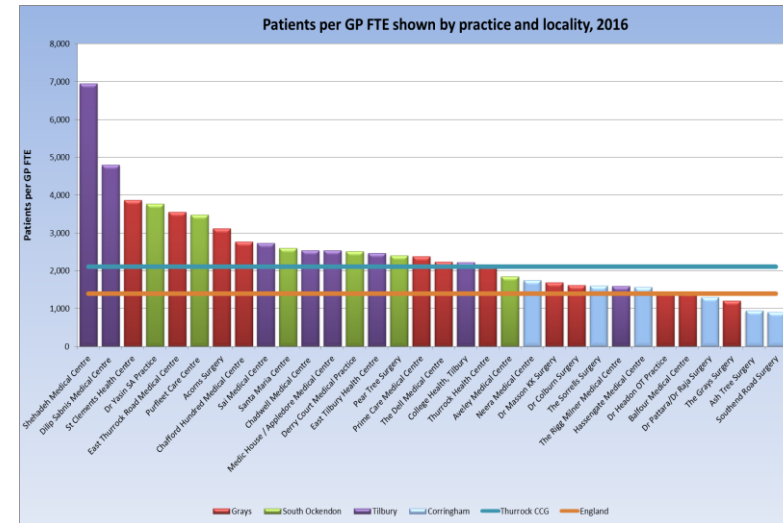
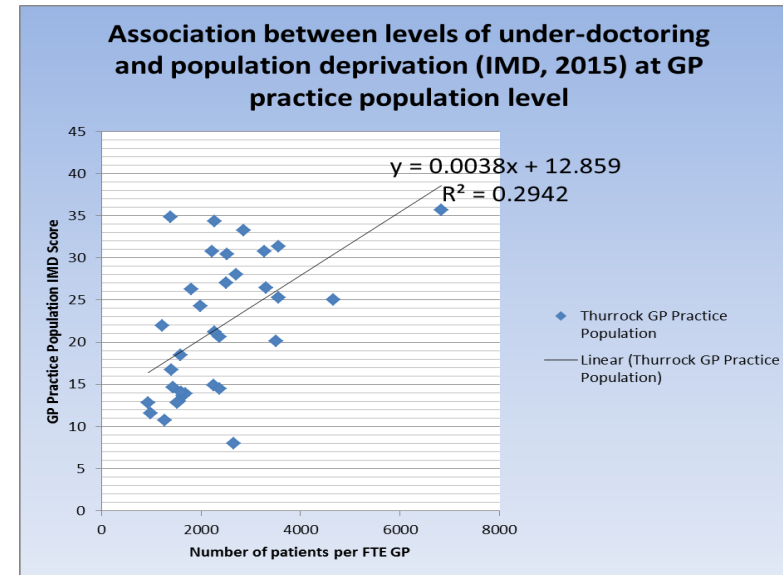


Figure 5



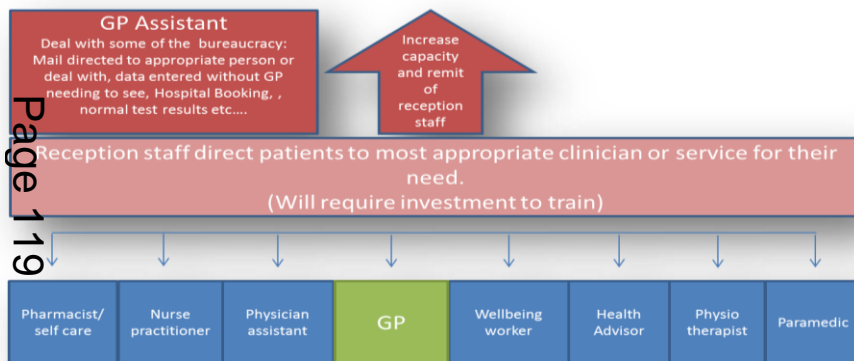
2. Improve Primary Care Capacity

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

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

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

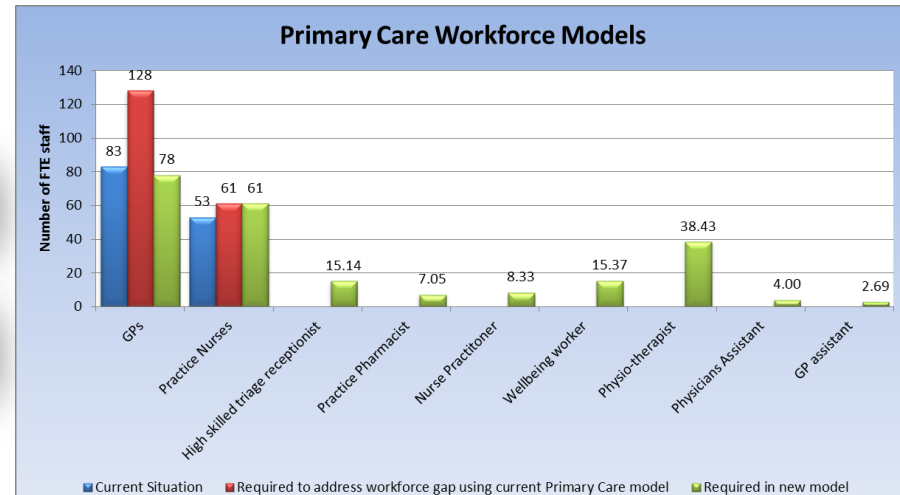
Figure 6



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

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

Figure 7



Recommendations to improve Primary Care Capacity

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

¹ Primary Care Foundation and NHS Alliance, Making Time in General Practice, October 2015

3. Prevalence of Long Term Conditions

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

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

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

Figure 8

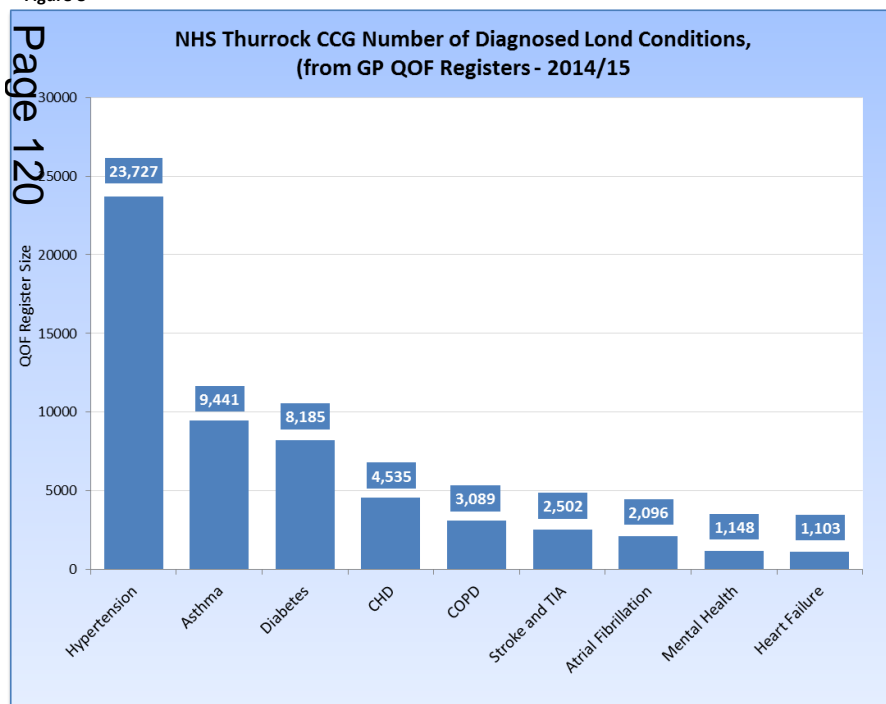


Figure 9

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

4. Find the missing thousands

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

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

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

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

Figure 10

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

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

Figure 11

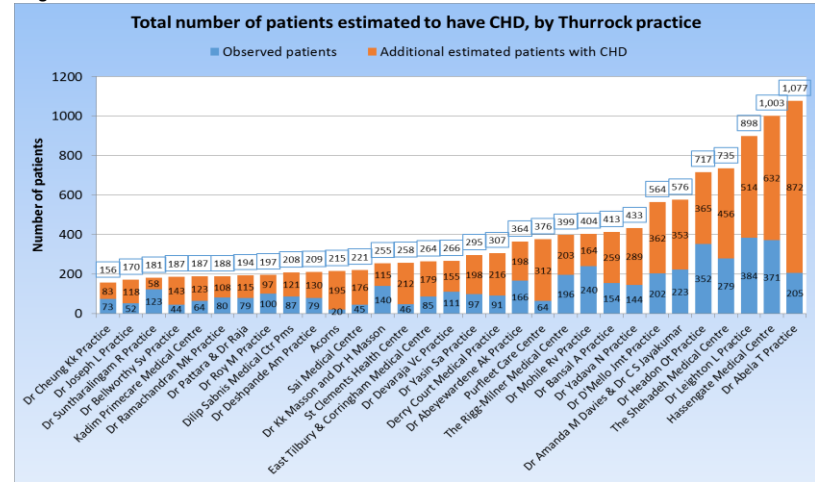
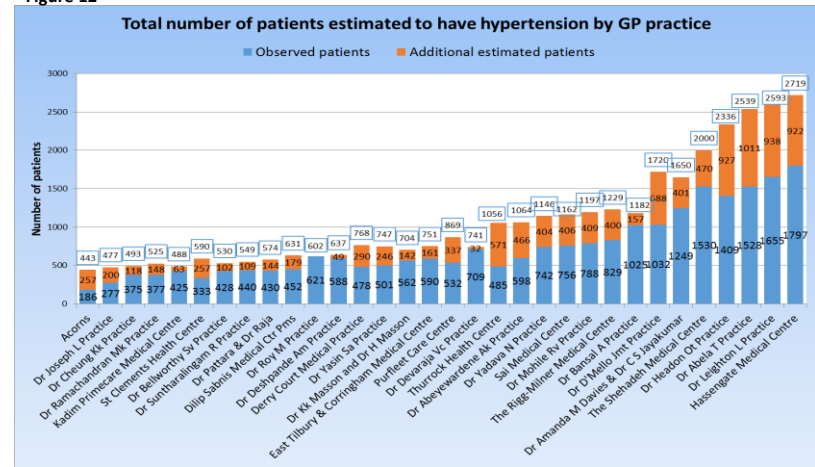


Figure 12



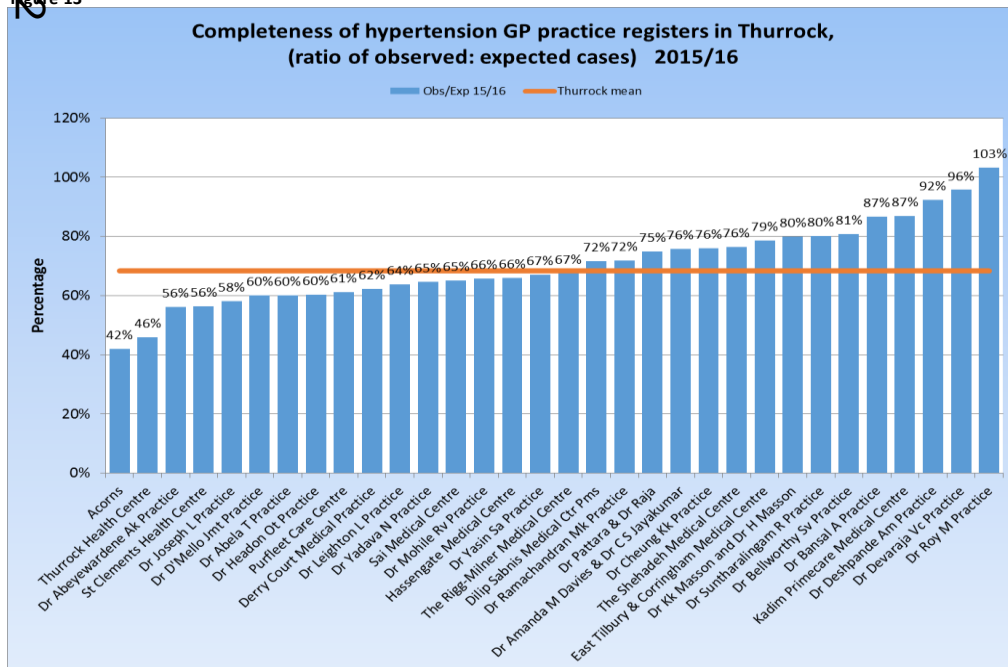
4. Find the missing thousands (cont.)

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

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

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

Figure 13



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

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

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

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

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

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

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

Things that would improve *case finding* of Long Term Conditions:

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

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5. Treat the missing hundreds

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

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

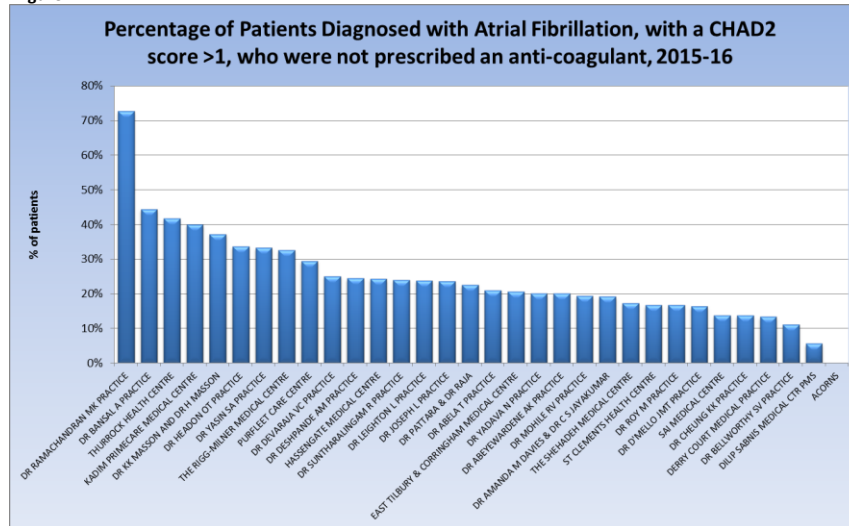
QOF records contain quality of care information on how patients who are diagnosed with diseases are treated in primary care. It was set up as an incentive system and GP practices get paid for the percentage of their "diseased population" that they offer certain tests, medication reviews and treatments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

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

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

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

Figure 14



QOF recommends that every patient diagnosed with Atrial Fibrillation should have a regular vascular risk assessment, known as a CHAD₂ which assesses their risk of having a stroke. The National Institute of Clinical Excellence (NICE) recommends that those with a CHAD₂ score of 1 or greater should be prescribed an anti-coagulant which will significantly reduce their stroke risk. Figure 14 shows the percentage of patients diagnosed with AF and with a CHAD₂ score >1 who were not prescribed an anti-coagulant in 2014-15. In total there were 421 patients.

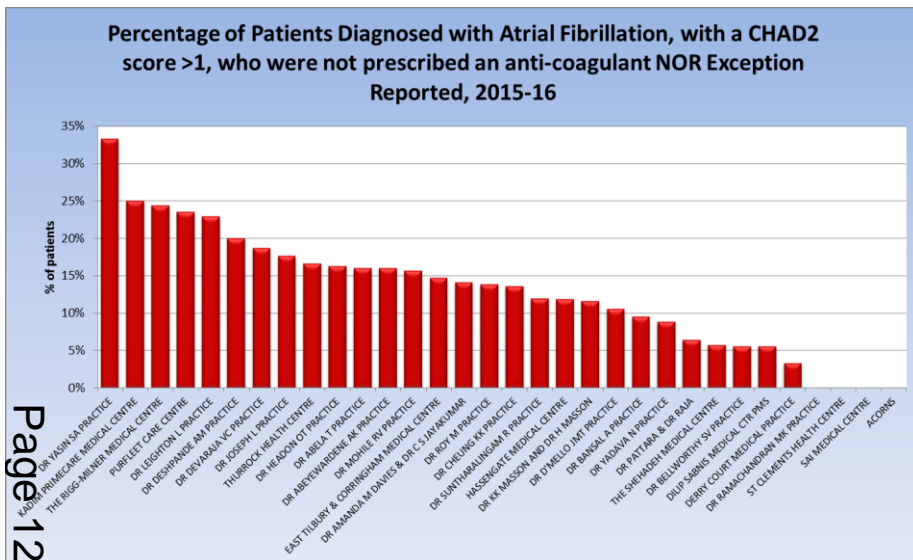
In 2015/16 there were 421 patients in Thurrock with a diagnosis of AF who were assessed at being at high risk of a stroke but were not prescribed an anti-coagulant to reduce their risk. We predict that half of these – 211 people will have a stroke within the next three years.

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

Figure 15 (overleaf) shows the percentage of patients diagnosed with Atrial Fibrillation, with a CHAD₂ score >1, who were not prescribed an anti-coagulant **nor exception reported**. In 2014/15. In total there were 247 patients in this category in Thurrock, 50% of whom we predict will have a stroke within the next three years.

5. Treat the missing hundreds^(2/3)

Figure 15



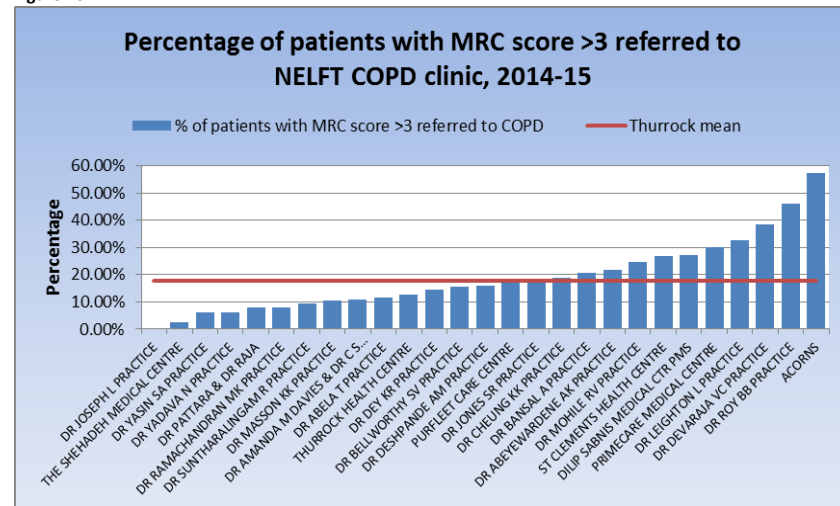
Although 247 patients with Atrial Fibrillation and at high risk of a stroke were neither prescribed an anti-coagulant, nor exception reported, all but Dr. Yasin's practice received the maximum financial reward of 12 QOF points on this indicator. This is because the 2015-16 QOF provides maximum reward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

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

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

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

Figure 16



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

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

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

5. Treat the missing hundreds^(3/3)

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

Figure 17

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

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

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

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

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

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

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

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

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

Figure 18

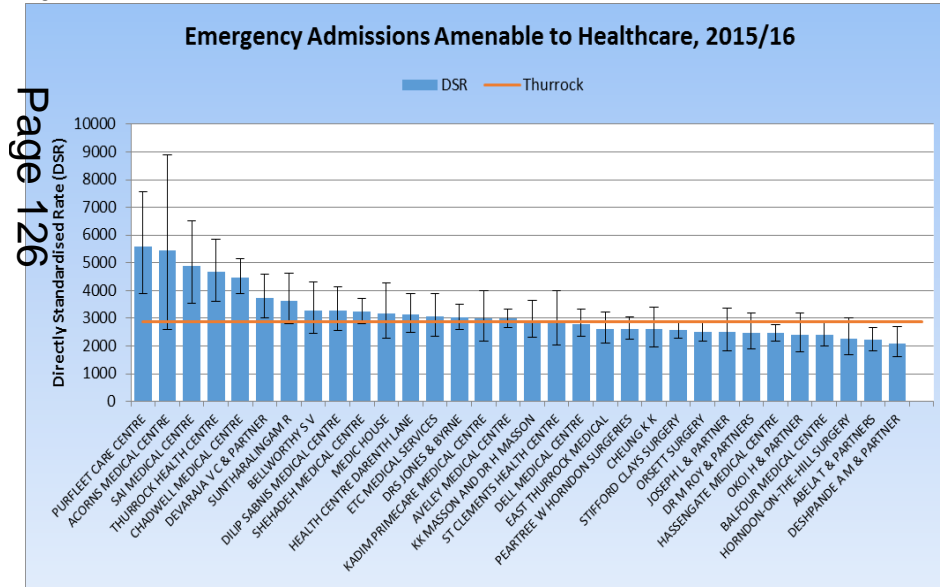
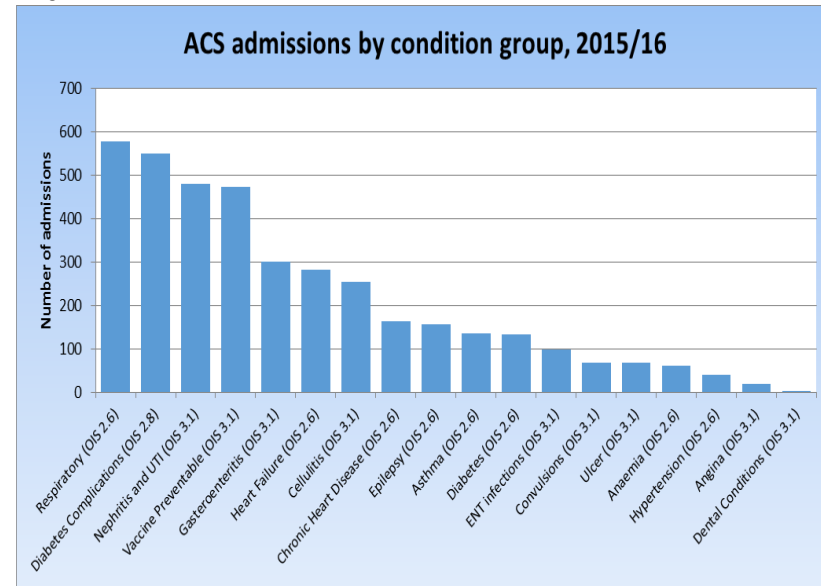


Figure 19



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

These potentially avoidable admissions cost the NHS £11.6M

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

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

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

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

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

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

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

Recommendations to reduce preventable emergency hospital admissions

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

For ambulatory care sensitive conditions generally, we recommend:

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

To reduce Stroke admissions:

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

To reduce COPD admissions

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

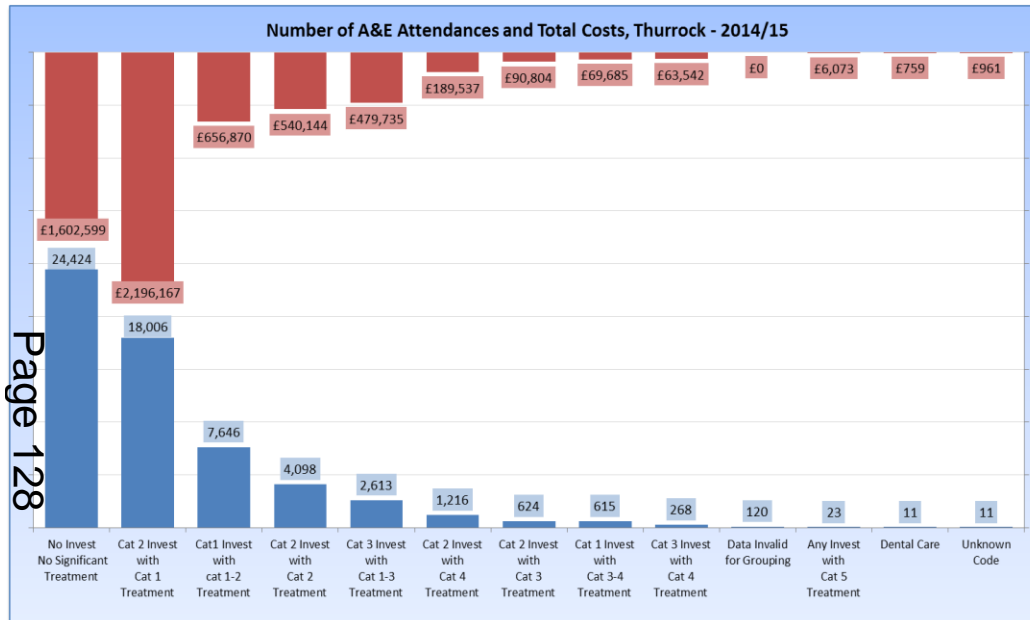
To reduce Coronary Heart Disease/Heart Failure admissions:

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

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

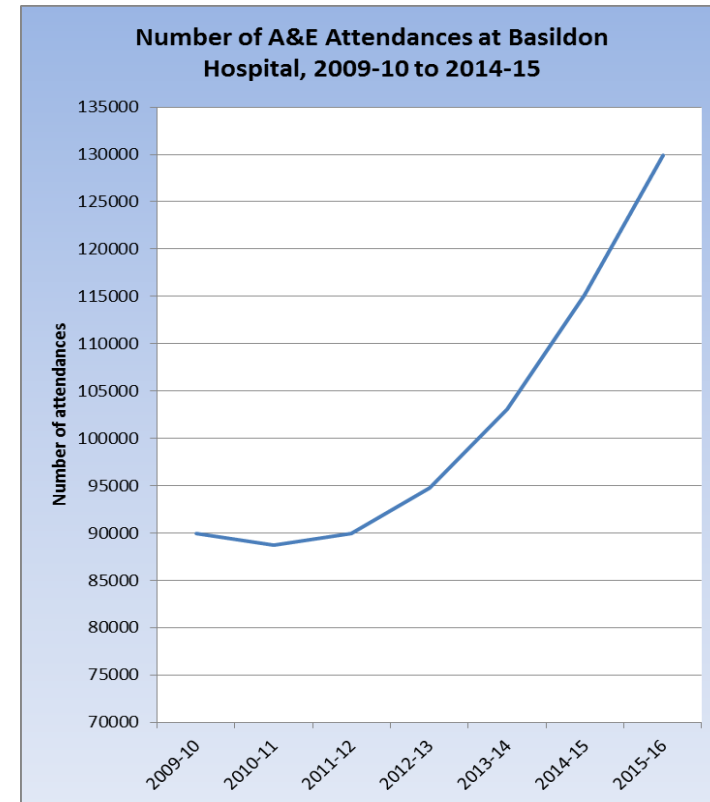
7. Reduce avoidable A&E attendances

Figure 20



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Figure 21



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

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

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

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

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

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

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

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

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

Figure 22

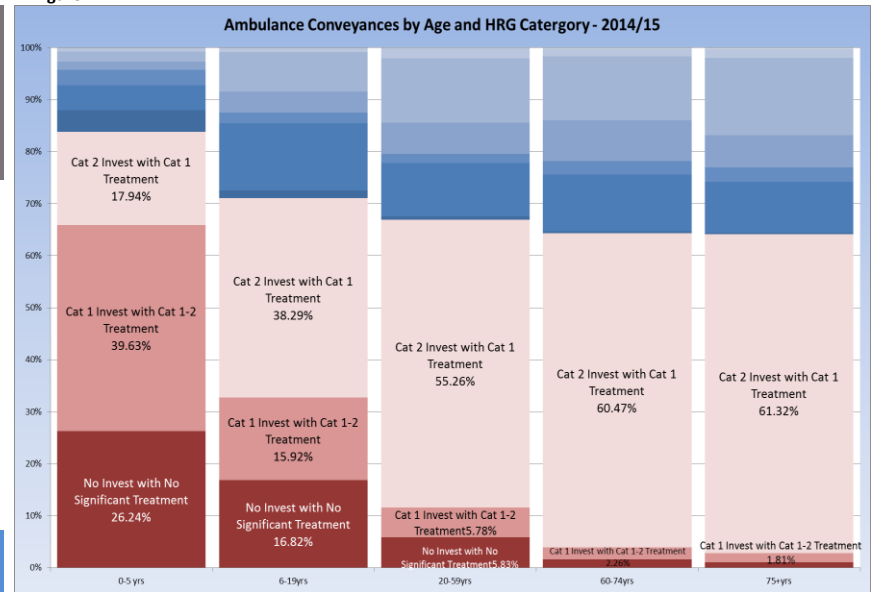


Figure 23

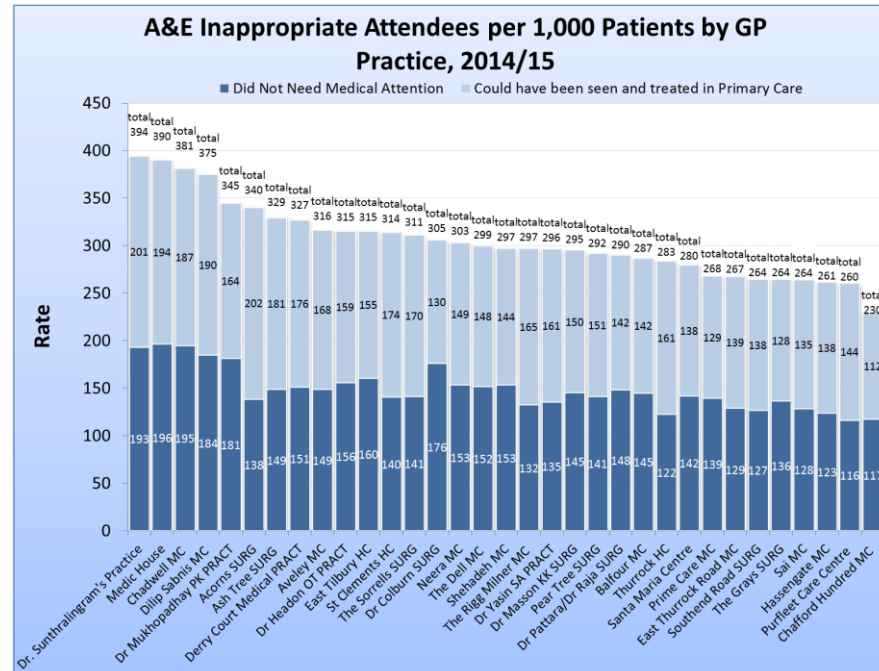


Figure 22, shows ambulance conveyances to A&E by treatment and investigation category and age. Inappropriate ambulance conveyances (defined by patients requiring no treatment or investigation or the most minor treatment/ investigation) fall sharply as patient age increases. Most inappropriate conveyances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

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

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

From our modelling we concluded that

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

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

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

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

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

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

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

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

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

Recommendations to Reduce Avoidable A&E Attendances

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

8. Improve Referral to Treatment Pathways

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

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

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

Recommendations to Improve Referral to Treatment Pathways

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

Figure 24

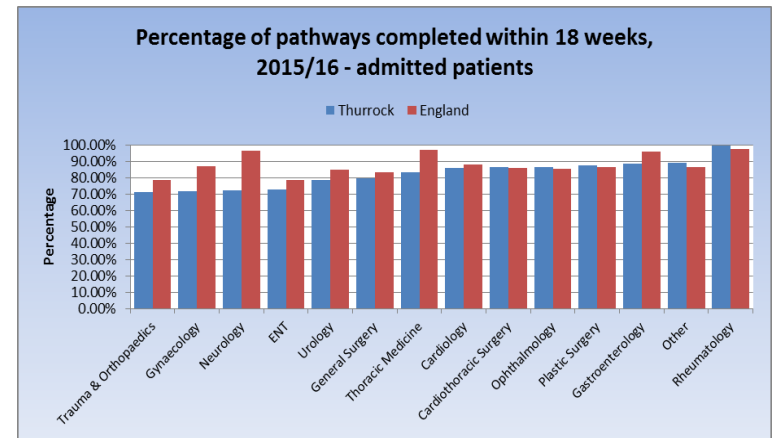


Figure 25

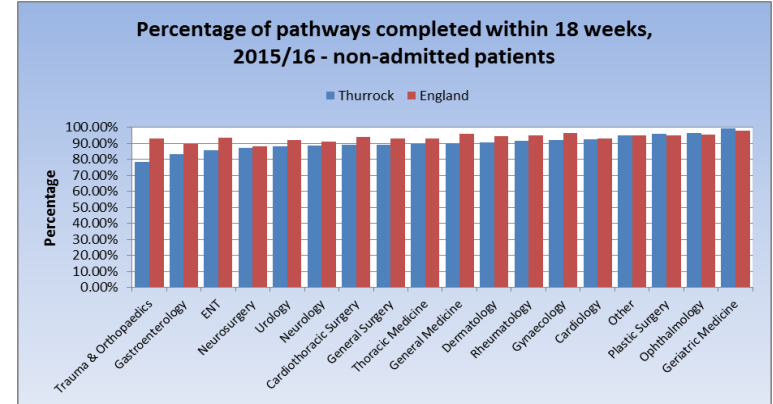
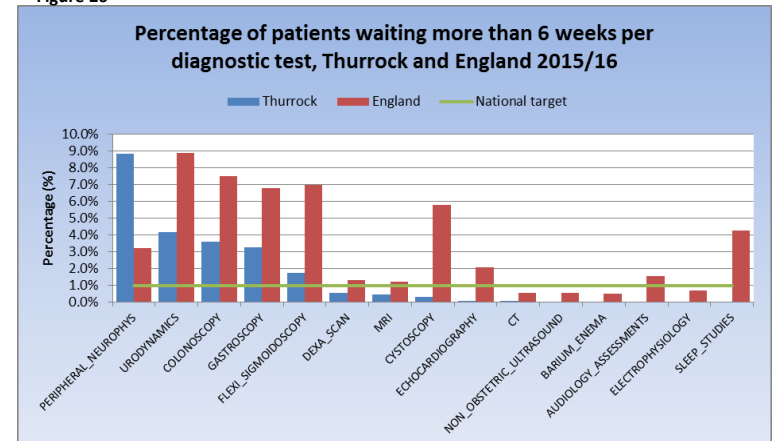


Figure 26



9. Reduce Delayed Transfers of Care

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

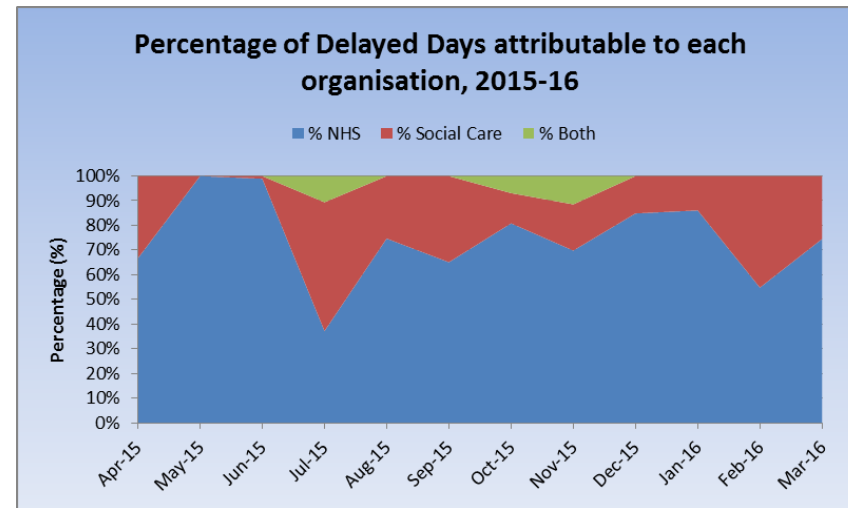
DToCs are problematic because they reduce the number of hospital beds available to other patients who need them, as well as causing unnecessarily long stays in hospital for patients. Of the 1,844 Delayed Days in Thurrock in 2015/16, 1,373 (74.46%) of these were coded as the responsibility of the NHS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

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

Figure 27

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

Figure 28



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

Recommendations to Reduce Delayed Transfers of Care

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

10. Adult Social Care

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

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

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

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

Figure 29

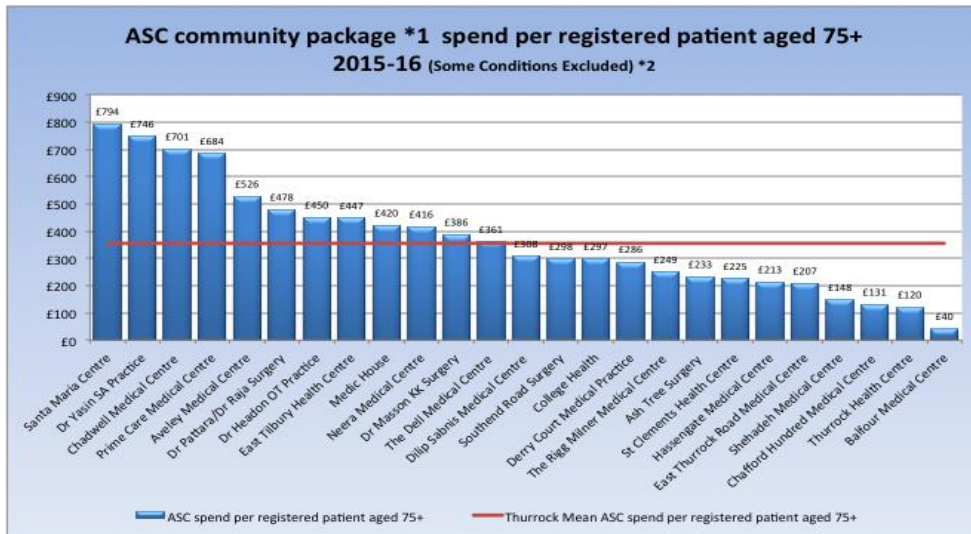


Figure 30

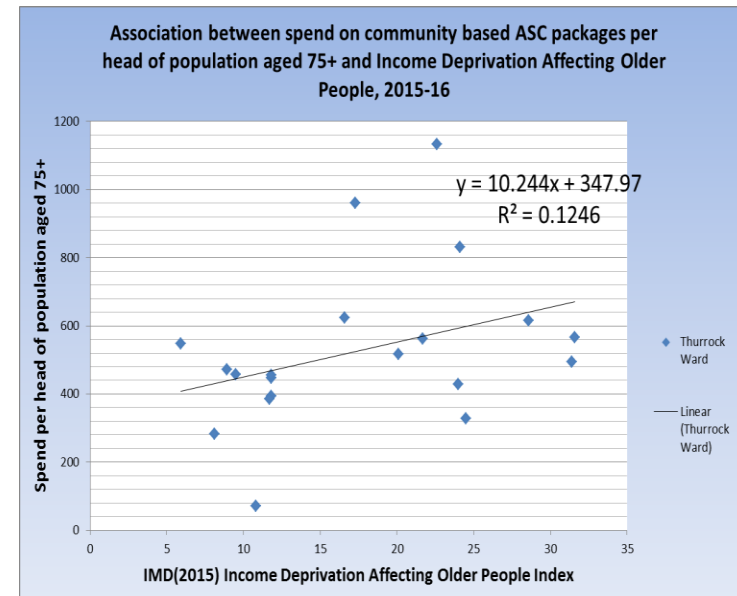
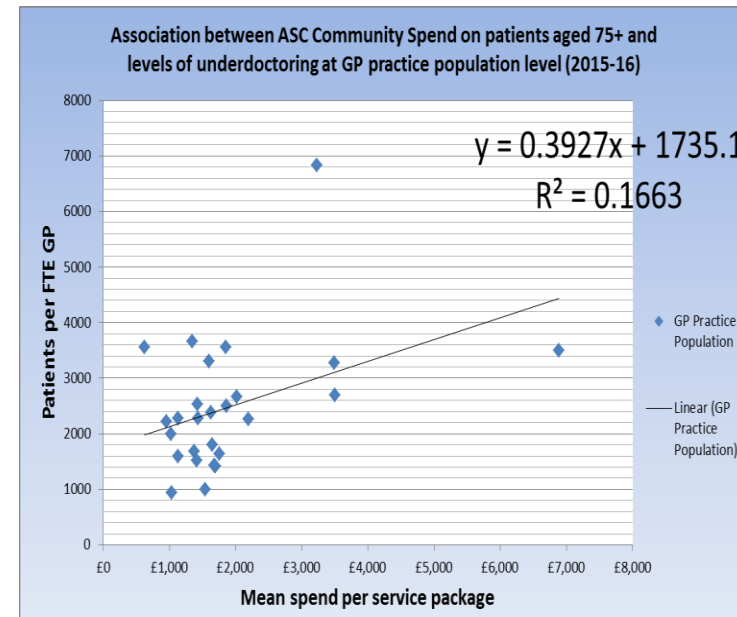


Figure 31

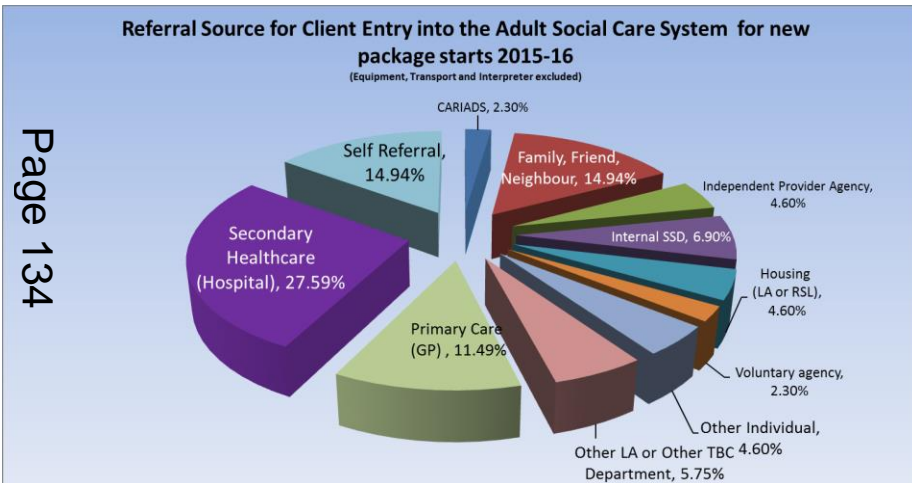


10. Adult Social Care (2/3)

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

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

Figure 30



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

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

Figure 31

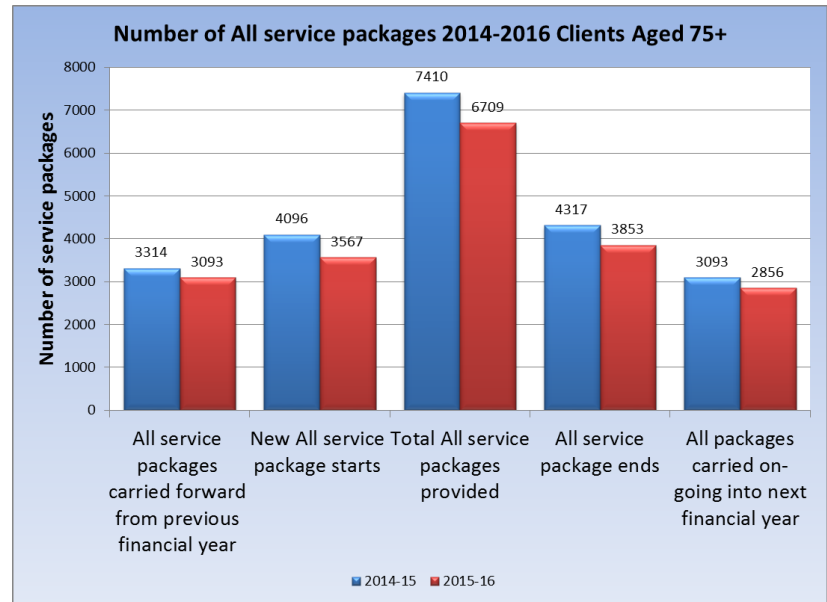
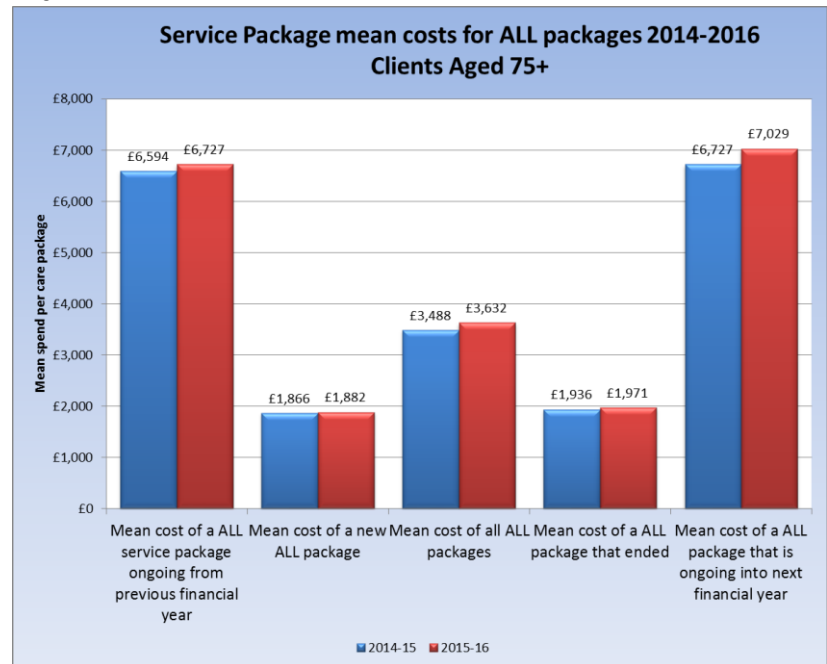


Figure 32



10. Adult Social Care (3/3)

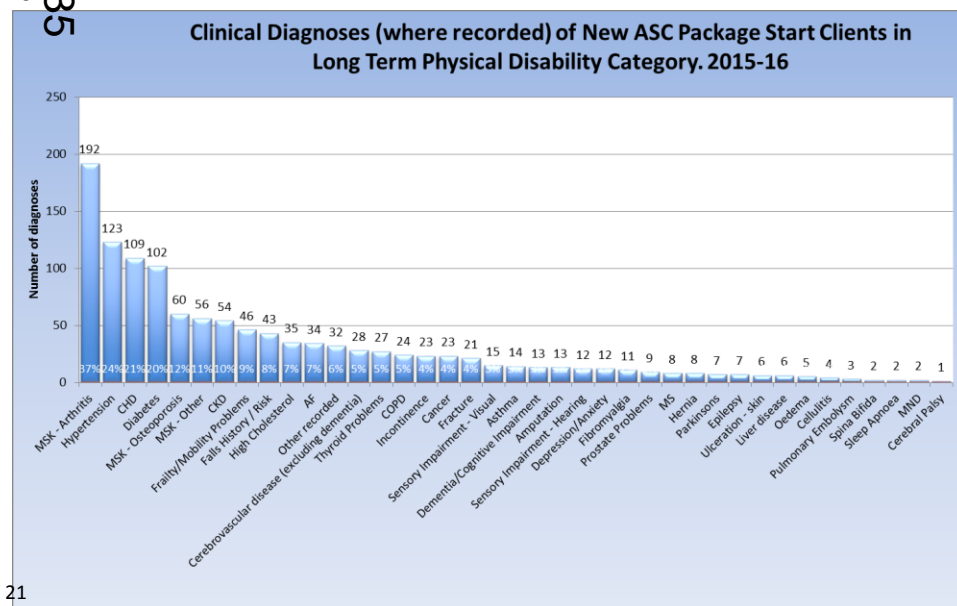
In order to try and further understand the health conditions that precede entry into the local ASC system, further analyses were done on the Other Long Term Physical and Other Long Term Neurological categories (the two most commonly recorded category reasons for a new package start. Recording of clinical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

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

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

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

Figure 33



Recommendations in relation to Adult Social Care

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

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

Review the effectiveness of commissioned musculoskeletal services

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

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

Implement depression screening in adult social care clients

11. Summary of Financial Opportunities

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

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

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

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

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

KEY:

Primary
Prevention

Secondary
Prevention

Tertiary Prevention,
(Long Term Condition Management)

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

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

KEY:

Primary Prevention

Secondary Prevention

Tertiary Prevention,
(Long Term Condition Management)

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

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

KEY:

Primary
Prevention

Secondary
Prevention

Tertiary Prevention,
(Long Term Condition Management)

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

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

KEY:

Primary Prevention

Secondary Prevention

Tertiary Prevention,
(Long Term Condition Management)

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

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

KEY:

Primary Prevention

Secondary Prevention

Tertiary Prevention,
(Long Term Condition Management)

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

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14 December 2016		ITEM: 17 (Decision 01104397)
Cabinet		
Environmental Enforcement		
Wards and communities affected: N/A	Key Decision: N/A	
Report of: Councillor Pauline Tolson, Portfolio Holder for the Environment		
Accountable Head of Service: Julie Rogers, Head of Environment		
Accountable Director: Steve Cox, Corporate Director of Environment and Place		
This report is Public		

Executive Summary

Cabinet in July 2016 received a report on Environmental Enforcement in Thurrock. This report provides an update on progress on this work over the past six months and outlines the proposed way forward

1. Recommendation(s) That Cabinet:

- 1.1 **Note the progress made on improving environmental enforcement work since July 2016.**
- 1.2 **Agree to the development of an environmental enforcement strategy based on the proposals outlined in this report, in paragraphs 3.6 – 3.9.**

2. Introduction and Background

2.1 The importance of a clean and safe environment to the health and well-being of the local community is well-recognised and to this end the physical appearance of the borough has become a major priority for the Council. The council has embarked on a four-strand approach to addressing this priority:

1. Clean and tidy – maintaining the public realm in a clean and tidy state
2. Prevent - preventing environmental crime
3. Enforce – taking enforcement action against those who do damage
4. Promote – promote our environment as a place to be proud of and enjoy

3. Issues, Options and Analysis of Options

- 3.1 Work has progressed on all four strands since July 2016. The 'Cut it, then Clean it' part of the 'Cut it, Clean it, Fill it' Campaign forms part of the work to ensure a clean and tidy borough. This pilot has proved successful and officers are now looking at how to maintain this work over the remainder of the financial year and beyond. Similarly, under the prevent strand, target hardening work has been undertaken using capital funding to make it harder to fly-tip in the borough. However, this report relates specifically to the work undertaken with respect to the enforcement strand of this approach and proposes an outline for further work, although it should be noted that the work of all four strands compliments each other and contributes jointly to the overall outcome of a cleaner borough. The following is an update on the work which has progressed since July.
- 3.2 **Enforcement Team:** a restructure of the Environment Department has been completed and a new Head of Environment post has been recruited to. The Environmental Enforcement team have moved from public protection into the Environment Team where they are closely aligned to the commercial waste team and the street cleansing team. The Street Cleansing team itself is being restructured following the successful 'Cut it, then Clean it' campaign and the new working arrangements will ensure both service areas work more closely together to better respond to addressing the increasing number of fly-tips and improving the time taken to remove them from public land.
- 3.2.1 Fly tipping is an increasing problem across the country and the position is no different in Thurrock. Since April 2016 there has been 1769 service requests reporting fly tips in the borough. These vary in size from single black rubbish bags to large scale fly tips on a 'commercial' scale. Some fly tips are of a significant size and have been reported to the Environment Agency in line with guidelines.
- 3.2.2 The Environmental Enforcement Team consists of two officers; a small team for the size of the issue facing the council. At Cabinet in July, officers were asked to develop options for enhancing the capacity of this team and to report the outcome back to Cabinet after consideration by the Cleaner, Greener Overview and Scrutiny Committee. A report was taken to the committee during October setting out four options for enhancing the work of the team and asking for comments on each. The options included continuing 'as is' recognising the small size of the team and the limits this places on their effectiveness; find additional resources to provide an additional 5 enforcement officers; provide additional back-office administration support for the enforcement team so freeing up more time for them in the field; commission a private company to provide an additional enforcement role to work alongside the in-house team, focusing initially on littering and dog-fouling. After discussion the Scrutiny Committee preferred the option of a pilot scheme using a private company. This approach is increasingly used by other local authorities to complement the wider work of their enforcement teams and from

discussions with other authorities, it appears that this approach can be cost-neutral as the income received from the FPN's covers the cost of the service.

- 3.2.3 Officers have worked to commission this approach via a private company called Kingdom Ltd via a 12-month pilot that is due to start on December 5th. Kingdom will provide two teams of two enforcement officers, a supervisor and office based administrative support to complete the required paperwork up to the court stage. Introducing this approach in Thurrock, working alongside the enforcement team, will enhance the team's capacity and provide a specific focus on littering and dog fouling work which is not currently pursued and will free up time to further investigate and pursue fly tipping incidents.
- 3.2.4 Initially, one team will focus on Grays High Street and the second team will move around the borough on a weekly basis focusing on hot-spot areas identified using intelligence data. The officers will wear uniforms that include identification that makes it clear they are working on behalf of Thurrock Council. The scope of the work of the team will be kept under review and can be extended by agreement. Officers will not issue FPN's to any person under the age of 18 or suspected to be suffering from mental ill health. The FPN Representations Policy, Littering Policy and Dog Fouling Policy have been updated and are attached as Appendices to this report.
- 3.3 **Littering Campaign:** A campaign ('love Thurrock') was introduced in summer highlighting the offence of fly tipping and littering and reminding people of potential fines. The campaign has continued through the autumn with additional messages added to the side of waste vehicles. A further push on the campaign will be introduced when the issuing of FPN's for littering and dog-fouling starts in December.
- 3.4 **Trade/Commercial Waste Team:** Some of the fly tipped waste we are seeing within the borough can be categorised as trade or commercial waste, where it may be being fly tipped in streets or businesses are using public litter bins to dispose of their waste. A trade waste enforcement service has been in place since June 2016 to ensure businesses comply with the Environmental Protection Act with regards to disposal of their waste. Since this date 121 businesses have been issued section 34 notices for being unable to provide waste transfer documentation on request and 144 new trade waste contracts have been put in place. In addition to ensuring these businesses now dispose of their waste in the correct manner, this has also resulted in £96K of additional income to the council.
- 3.5 Paragraphs 3.1 – 3.4 above have outlined the work recently progressed to enforce against environmental crime in Thurrock. However, much more still needs to be done to support the continuing improvement in the quality of the local environment, both by the council and with partners. There are a number of services within the council that contribute to a high quality environment including not just those based within the environment team but also planning, public protection, parking, housing and community safety as well as external partners/stakeholders including the Police, Environment Agency, network rail,

private landowners and neighbouring boroughs and local businesses. Finally, local people themselves and community organisations need to be involved.

- 3.6 The roles and work of all these stakeholders needs to be clarified and coordinated via a single strategy designed to best use resources to tackle the on-going problem of environmental crime. The strategy should specifically set out work in relation to the key issues including enforcement, and should update specific policies as appropriate.
- 3.7 The strategy should be clear on the council's policies to tackling these issues. Each issue should be individually addressed within the strategy, should be clear on the role of different partners and agencies and should set out a mechanism for prioritising actions, enforcement to ensure compliance with polices, sharing intelligence to better tackle issues and measures of improvement.
- 3.8 The current policy is clear that the council is only responsible for clearing fly tips on public land, however this should be strengthened within the new policy to clarify the types of land for which responsibility lies with the council. The council is not responsible for clearing fly tips on private housing areas or on alleyways to the rear of properties that are unadopted or private. Fly tipping on private land is the responsibility of the land owner. Clearance on unadopted land is the responsibility of the frontagers (adjacent landowners). The council does currently charge landowners for the removal of fly tips on private land if they wish the Council to clear it. The Council can also take enforcement action against a landowner who does not clear up and dispose of fly tipped materials appropriately. The strengthened policy needs to clearly reflect this position and a report will be brought back to Cabinet in April 2017 to agree the new policy.
- 3.9 The strategy will also need to have a comprehensive supporting communications campaign to make it clear that environmental crime will not be tolerated in Thurrock. The campaign should help communicate the strategies policies and priorities and the behaviours needed to support the work. The approach to this will need to include education and advice on responsibilities, how to properly dispose of waste, details on how to report problems and highlight successes in tackling the issues. The campaign will need to use a range of techniques to communicate the various messages, including web based materials and social media, press releases highlighting successful enforcement actions, and face to face opportunities at meetings, local forums, etc.
- 3.10 It is proposed that a further report be brought back to cabinet to approve a comprehensive new strategy.

4. Reasons for Recommendation

- 4.1 The recommendations are to ensure that Cabinet and members are aware of the current status and progress made on improving environmental enforcement work since July 2016.

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

- 5.1 The Cleaner, Greener Overview and scrutiny Committee considered a report on 10th October which set out proposals for improving Environmental Enforcement and comments from that meeting have been considered within the proposals above. This report will also be considered at the Cleaner, Greener Overview and Scrutiny Committee on 6th December 2016.

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

- 6.1 This report supports the Councils priority to “Promote and Protect our Clean and Green Environment”.

7. Implications

7.1 Financial

Implications verified by: **Laura Last**
Senior Finance Officer – Management Accountant

This work will be completed within existing budgets. The contract with a private operator to provide additional enforcement work will operate on a break-even basis. To ensure a break-even position the early payment waiver on a litter FPN has been waived.

7.2 Legal

Implications verified by: **Adam Rulewski**
Barrister – Litigation and Prosecutions

The council has a duty to enforce environmental regulations within its area and where it is the designated enforcement authority. The recommendations in this report support the delivery of this duty.

7.3 Diversity and Equality

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

The principles of good enforcement ensures that enforcement activity is consistent, proportionate, transparent, accountable and targeted. To this end the enforcement policy recognises that fixed penalty notices should not be issued to people under the age of 18 years, to vulnerable people or where a disabled person is relying on a dog for assistance.

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):

- None

9. Appendices to the report

- Appendix 1 - FPN Representations Policy
- Appendix 2 - Littering Policy
- Appendix 3 - Dog Fouling Policy

Report Author:

Sue Harper
Interim Head of Environment
Environment and Place

Fixed Penalty Notice Representations Policy

Although no statutory requirement exists to provide a formal appeals process, it is necessary to implement a system which allows recipients of a fixed penalty to register a complaint by making a representation in writing to the issuing Department on matters relating to the issued fixed penalty in regard to:

Legality

Was the fixed penalty issued to the correct person?

Does the fixed penalty contain the correct information gathered by the authorised officer?

Was the correct fixed penalty used in this circumstance?

Evidence

Can the Council proceed to the Court based on the evidence gathered?

Is there evidence that supports the possibility we have incorrectly identified the defendant?

Are we sure we have exhausted all avenues of investigation which may have influenced our decision NOT to have issued the fixed penalty?

Mitigating Circumstances

Is the defendant infirm, incapacitated or vulnerable to an extent to which the fixed penalty would be seen to be “not in the public interest” to proceed to court?

Was an offence committed due to the act or default of another person or company?

This informal appeals process allows recipient to make representations to Environmental Enforcement Services within 14 days of receiving the fixed penalty. The appeal will only be considered on the grounds given above or similar scenarios. The following examples would not be considered grounds for appeal:

“I didn’t know it was against the law”

“You didn’t warn me before you issued the fixed penalty”

“I can’t afford to pay the fine”

“The officer who issued the ticket was very rude and insulting”

This final example would not be considered grounds for appeal but would be recorded a stage one complaint under the Council’s corporate complaints procedure and therefore be considered under those guidelines.

On receipt of the appeal in writing, the reviewing officer (Designated Service Manager within Environment) will make a decision to uphold or reject the appeal

based on the above criteria alone. The decision will be given to the defendant in writing via post or email at the earliest opportunity and no later than 10 working days from receipt.

If the appeal is received by the department on the 14th day from issue, the defendant will be allowed a further period of time to pay the fine if the appeal is rejected. The written confirmation of rejection will state when the defendant is required to pay.

Operational Guidance Littering, EPA 1990, Section 87

In cases of littering, the normal course of action will be to offer a FPN, providing the person is cooperative and is not a habitual litter offender.

The offence under section 87 of the Environmental Protection Act 1990, as amended in 2005, applies to all places that are open to the air, including private open land, and land covered by water. It also applies to any covered place with a significant permanent opening on at least one side (such as a bus shelter, railway station or garage forecourt that remains open to the air at all times) providing the public has access to it, with or without payment.

Due to the scale of the issue within the borough it is Thurrock Council policy to issue fixed penalty notices for first time offenders in respect of littering.

A person does not commit a littering offence if they leave litter on their own land or if they have the permission of the landowner to leave litter.

Litter is not defined, but includes cans, bottles, confectionary wrappers, food and drink containers, chewing gum, plastic bags, till receipts, left over food, cigarette and cigar ends and flyers.

Issuing FPNs for food litter can be contentious and the following examples should assist officers:

- excessively feeding birds, warn in first instance;
- fruit peelings or apple core dropped on pavement. This requires cleaning, may lead to staining and is a slipping hazard, so issue FPN;
- apple core thrown into rural hedge, no action;
- crumbs accidentally dropped, no action.

The authorised officer must be satisfied that the two elements of the offence have been committed, namely that a person has been witnessed throwing down, dropping or otherwise depositing any litter, and leaving it. The offence is made out when a person intentionally discards something (e.g. puts an empty bottle on a wall, screws up a bus ticket and drops it, spits out gum, removes a sandwich from a bag and drops the bag, or throws a can into a side street) and walks away or otherwise leaves it.

The offence may be made out by reason of the person's behaviour (i.e. ripping or screwing something up and dropping it while in a queue of people and not making any attempt to retrieve it within a notable period of time), or because of where the item was thrown (i.e. into a river or fenced area or from a car or bridge). To help establish the second element of the offence, the officer should note how long someone has left something before being approached or how far they have walked before being stopped.

The offence does not rely on any requirement to ask a person who has deposited litter, to pick it up.

However, where it appears that someone has dropped something inadvertently, or the officer cannot reasonably conclude that the litter has been left, (s)he should consider asking the person to pick it up. If the person then refuses, it would constitute leaving, and there would be grounds to issue an FPN.

If a person chooses to return to the litter and pick it up following the intervention of an officer, it will not be sufficient for an FPN not to be issued. Such action would be recorded by the officer and noted in the event of a subsequent prosecution.

Where litter is thrown/deposited from a vehicle and the offender is not dealt with at the time (i.e. because the vehicle is moving), the identity of the registered keeper will be obtained from the DVLA. An interview letter will be sent to the registered keeper. A FPN will then be issued by mail where the individual who left the litter can be identified, e.g. by CCTV image, visual recognition, statement by the keeper (remembering that a person's spouse may not be compelled to give evidence).

Aggravated littering such as smashing glass bottles may be more appropriately dealt with by summons.

FPNs will not be used to deal with offences of fly-tipping, but may be appropriate for loose domestic waste, or single small items/bags and first-time offenders.

Officers issuing fixed penalty notices for littering will:

- Where possible, take photographic evidence of the litter
- Seize the litter as evidence if appropriate
- Make full comprehensive pocket book notes on scene or at the earliest opportunity and include a detailed description of the item littered
- Note the description of the offender in detail
- Carry out DVLA checks to ascertain the registered keeper of the vehicle(s) (if applicable)
- Ensure that the offender is given details of the representations / appeals procedure where the fixed penalty notice has been issued for littering from a vehicle.

Operational Guidance Dog Fouling, Dogs (Fouling of land) Act 1996, Section 3(1)

Fixed penalty notices can be issued to person(s) in charge of a dog or dog(s) who fail to remove dog faeces from the land forthwith, where a dog control order is not in force. Thurrock Council does not currently have any dog control orders in force. Therefore, the Dogs (Fouling of land) Act 1996 currently applies.

Dogs (Fouling of land) Act 1996 Section 3 (1) - if a dog defecates at any time on designated land and a person who is in charge of the dog at that time fails to remove the faeces from the land forthwith, that person shall be guilty of an offence unless –

- s/he has a reasonable excuse for failing to do so; or
- the owner, occupier or other person or authority having control of the land has consented (generally or specifically) to his failing to do so.

For persons who fail to clear up after a dog in their charge has fouled designated land, the normal course of action will be to offer a FPN, providing the person is cooperative and is not someone who has failed to be deterred by previous FPNs.

The offence does not apply to persons who are registered blind or to a person who has a registered disability which affects his/her mobility, manual dexterity, physical co-ordination or ability to lift, carry or otherwise move everyday objects.

For the purposes of this operational guidance:

- a person who habitually has a dog in his possession shall be taken to be in charge of the dog at any time unless at that time some other person is in charge of the dog;
- placing the faeces in a receptacle on the land which is provided for the purpose, or for the disposal of waste, shall be a sufficient removal from the land; and
- being unaware of the defecation (whether by reason of not being in the vicinity or otherwise), or not having a device for or other suitable means of removing the faeces, shall not be a reasonable excuse for failing to remove the faeces.
- It applies to all land which is in the open air and to which the public has access. The law says it is an offence for a person in charge of a dog to let it foul and not to clear up afterwards. This person is responsible for cleaning up whether or not they are accompanying it at the time.

Designated land includes public parks, pavements, sports and leisure areas, grass verges, roads, walkways and shopping precincts. The act does not apply to land used for agriculture or forestry, marshland, moorland, heath land, rural common land or roads with speed limits over 40mph with grass verges alongside.

Defences that are not acceptable

- Allowing a dog to roam the streets – the owner is still legally in charge of it.
- Looking the other way and not seeing the dog foul.
- Not having a device such as a poop-scoop or other suitable means of removing the faeces.

Officers issuing fixed penalty notices for dog fouling will:

- Ensure Officer safety at all times – Officers are to ensure that they comply with and read the risk assessment for dealing with dogs - owners with dogs which appear to be 'dangerous dogs' are not to be approached – Dog warden assistance is to be requested
- Take photographic evidence where possible
- Make full comprehensive pocket book notes on scene or at the earliest opportunity
- Take note of the description of the person who has committed the offence and the dog

Officers will not issue fixed penalty notices for dog fouling offences when;

- The person is exempt from the law, such as blind or disabled people (not including the deaf) in respect of a dog on which they rely on for assistance
- The dog is on official duties on behalf of HM services (e.g. police dogs)

14 December 2016		ITEM: 18 (Decision 01104398)
Cabinet		
Tilbury Community Led Local Development		
Wards and communities affected: Tilbury St Chads Tilbury Riverside & Thurrock Park	Key Decision: Key	
Report of: Councillor Mark Coxshall, Portfolio Holder for Regeneration		
Accountable Head of Service: Andrew Millard, Head of Planning & Growth		
Accountable Director: Steve Cox, Corporate Director of Environment & Place		
This report is Public		

Executive Summary

Community Led Local Development (CLLD) is a new intervention using European Funding which works with targeted communities to develop a bottom-up approach to tackle long-standing and complex issues around employment, skills & business growth.

In November 2015 the Council submitted an Expression of Interest to develop a CLLD programme targeting Tilbury. The CLLD programme focuses on the areas of the country with amongst the 20% highest levels of deprivation. The two Tilbury wards: Tilbury St Chads, Tilbury Riverside & Thurrock Park were identified as having amongst the highest levels of deprivation in the borough, whilst at the same time providing a contiguous area that included significant and emerging employment opportunities through the expansion of Tilbury Port.

The expression of interest was approved and a small amount of funding was made available to support development of a delivery strategy. In March 2016 cabinet gave 'in principle' approval that a CLLD strategy be developed and from April until August the Council and partners worked together to develop the documents required. The final strategy was submitted in August 2016 and has been approved by the Local Enterprise Partnership and by the Government authorities responsible for managing the programme.

This report provides an update on progress made since the last report to Cabinet, outlines the priorities identified in the CLLD strategy and seeks approval for the Council to act as the Accountable Body, and to manage the programme alongside others already underway.

- 1. Recommendation(s) That Cabinet:**
 - 1.1 Note the priorities and strategic actions identified within the CLLD strategy, and;**
 - 1.2 Give in principle approval that the Council takes on the role of the Accountable Body in the full applications to the EU funding streams.**
- 2. Introduction and Background**
 - 2.1 Community Led Local Development (CLLD) was launched to engage communities in identifying and developing solutions to long-standing and complex issues around employment, skills & business growth. It brings together the European Social Fund and European Regional Development Fund in a new and innovative way. A total of £10m is available to the South East Local Enterprise Partnership (SE LEP) area for the CLLD programme and three Local Authorities have submitted proposals to participate - Thurrock, Shepway and Hastings. These are among 19 proposals submitted nationally.
 - 2.2 The Council submitted an expression of interest to the programme in November 2015 which focussed on developing a programme in Tilbury. The expression of interest was approved by the funding authority and triggered the release of a small amount of funding from the programme to enable a partnership to develop a strategy for implementation.
 - 2.3 After the expression of interest was approved Cabinet gave 'in principle' approval to the CLLD programme being developed in March 2016. Since then and utilising the €24,000 external funding secured, the Regeneration Team has led the development and submission of a CLLD Strategy and programme for Tilbury. This was completed in August 2016 and submitted to the Local Enterprise Partnership and the two managing authorities for the programme. It has subsequently been endorsed by the Local Enterprise Partnership.
 - 2.4 The Council was advised on 27th October 2016 that the strategy has been approved by the national assessment panel, and has been invited to develop and submit final-stage applications to the two funding programmes: European Social Fund (ESF) and European Regional Development (ERDF) by 31st January 2017. This will be for a delivery programme that will commence April 2017 and run for up to 5 years.
- 3. Issues, Options and Analysis of Options**
 - 3.1 The full Strategy seeks to build on the 'Vision for Tilbury' developed and approved by Cabinet in 2013. Taking the Vision for Tilbury as a baseline the strategy then uses data about the area to build a profile of the local economy, the labour force and the physical, social and economic context within which implementation would take place. The data is used to inform a SWOT -

Strengths, Weaknesses, Opportunities and Threats analysis and the findings, together with priorities for local intervention, were tested through consultation with the local community and the Local Action Group.

- 3.2 Consultation on the content of the strategy was an essential part of the programme. The Local Action Group (LAG), comprising of key stakeholders across the Community, Private and Public sectors in Tilbury was developed in line with the guidance for the programme, to oversee drafting of the strategy and to manage consultation. The group met on a regular basis to review progress, question and to develop ideas and priorities to be included. Given the amount of consultation that has taken place in Tilbury in recent years the Local Action Group decided that the best approach to engaging local residents in a meaningful way would be through a 'peer to peer' survey undertaken by local voluntary sector organisations to engage Tilbury residents.
- 3.3 The Vision for Tilbury and SWOT analysis, together with the results of the consultation with the local community and Local Action Group, were used to develop the priorities identified in the CLLD strategy, which focus activity into 5 strategic actions:
- Supporting local people to access local jobs
 - Tackling the barriers facing people furthest from the labour market
 - Stimulating local businesses, SME's, micro-enterprises and social enterprises
 - Improving local infrastructure for residents and businesses
 - Encouraging local civic action, pride and volunteering as routes into work.

Further detail of the strategic actions is provided at appendix 1.

- 3.4 Programme outputs proposed over the life of the CLLD programme in Tilbury include the engagement of over 1,000 participants, with over half of them moving into education or training on leaving. Around 400 currently unemployed residents would move into employment. In addition the programme will provide support to around 75 local businesses.
- 3.5 The proposed programme has an overall value of £6.6m of which half will have to be found through match funding (further information about the proposed budget is provided at appendix 2). The strategy proposes that delivery organisations submitting proposals will be required to identify match funding including in-kind contributions from their own resources or from a third party (with their agreement). This will form a key part of the assessment criteria for projects before they are endorsed by the Tilbury Local Action Group as elements within the final programme.
- 3.6 In addition any aligned activity within the broader Tilbury programme is being carefully mapped and captured as background match funding, bringing the additional benefit of ensuring that investment achieves synergy and delivers

the best possible outputs and impact. This is being undertaken now as part of the full application process; aligned eligible Council expenditure on social care, skills & training, employment and business support and related activities in Tilbury can be utilised as the Council's match funding element. Ideally, CLLD could enable these Council service areas to 'bid in' to the programme and deliver an enhanced offering in Tilbury, bringing aligned match funding, but offsetting part of their costs. This approach does not commit the Council to providing any additional financial resources and only agreed Council funding or resources will be put forward as match.

- 3.7 The programme budget includes an allocation of up to 20% for management and administration. Elements include communication and engagement, publicity and marketing, record keeping and monitoring. Through the strategy the Local Action Group were required to identify an Accountable Body who would take responsibility for the administration and management of the programme. At the time of developing the strategy no other local organisations in Tilbury were able to take on this position and so the Council has proposed to be Accountable Body and manage the programme alongside other EU funded projects already underway including the 'Locase' low carbon business support programme and 'On Track Thurrock' Youth Employment Initiative programme targeting unemployed young people.
- 3.8 The management and administration of the programme will require additional staffing to sit alongside the Tilbury Programme Manager. Some existing staff time can be used as match funding to draw down European funding to support additional staff and other costs. In addition projects funded through the programme will have to contribute towards match funding for project administration. In this way any additional cost to the Council will be managed and mitigated against, ensuring that the CLLD programme will not expose the Council to any further cost pressures that are not already budgeted for.
- 3.9 Since the decision for the UK to leave the EU, further reassurance has been provided that UK Government intends to honour the original 5-year timeframe for project delivery. To minimise risk, further guidance will be closely followed upto the point of submission of bids for funding.
- 3.10 By agreeing to act as Accountable Body and developing a full application for funding, the Council can support the work of the Local Action Group and address the issues identified in the strategy. Whilst there is no guarantee that Thurrock will be successful at the final stage, there is potentially £3.3m of funding still available which through this bespoke and targeted programme to tackle recognised and long-standing social regeneration needs in Tilbury.

4. Reasons for Recommendation

- 4.1 CLLD represents a significant financial opportunity which will be of huge benefit to Tilbury. The strategy identifies how the £3.3m of European Union investment (total project of £6.6m) would be used in a tailored programme

over a period of up to 5 years, to tackle tough, complex, inter-related and long-term social issues in Tilbury.

- 4.2 Without this intervention, the Council and its partners, stakeholders and other delivery organisations will not have the resources to deliver the programme that this community needs to raise the aspirations in the area and help it fulfil its potential within broader regeneration plans and ambitions as one of Thurrock's growth hubs.

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

- 5.1 The CLLD strategy has been consulted with the Tilbury Community and key stakeholders spanning the Community, Private and Public sectors through the Tilbury Local Action Group.
- 5.2 The Planning, Transport and Regeneration Overview & Scrutiny Committee received a report outlining the CLLD strategy and proposals for the Council to become the accountable body for the programme at the meeting held 8 November 2016. The Committee gave views on the programme priorities and accountable body status which are reflected in this report.

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

- 6.1 The strategy will support all the corporate policies and priorities.
- 6.2 The CLLD programme will have a particular impact on the two Tilbury Wards which continue to include areas among the 20% most deprived in the country.

7. Implications

7.1 Financial

Implications verified by: **Carl Tomlinson**

Finance Manager

This report builds on Decision 01104369 endorsed at Cabinet 9 March 2016, now providing a detailed update on one of the funding streams included in this suite of EU funding opportunities.

EU funding has greatly bolstered the resources available to support economic development activity in the past. Given the reduction in Revenue Support Grant and other funding streams, efforts should continue to maximise the amount of external funding obtained to stimulate growth and participation in Thurrock's five economic growth hubs, supporting the achievement of objectives defined within the Thurrock Corporate Plan and Medium Term Financial Strategy.

This report outlines the approach that will be taken in respect of the CLLD programme to identify and confirm match funding as part of the final stage applications which will be developed in December 2016.

7.2 Legal

Implications verified by: **Vivien Williams**

Planning & Regeneration Solicitor

This report refers to a report on European Funding opportunities approved by Cabinet on 9th March 2016.

The report sets out the details of a programme of activities aimed at helping people in Tilbury access jobs and support businesses to grow. The European Funding has to be matched with UK funds and delivery organisations will be required to provide the match funding as part of their applications.

Taking on responsibility for managing the funding will have implications in terms of staff and other resources at the council, however funding will be available through the programme to offset these costs. The Council is already managing other similar EU funded programmes and management of this programme would sit alongside these

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**

Community Development and Equalities Manager

CLLD provides a unique opportunity to reverse historic examples of inequality through supporting residents into work. As a community led programme, the initial strategy has been developed in consultation with key community stakeholders. The strategy commits the Local Action Group to developing an equality and diversity statement to underpin its engagement with residents and partners as the strategy is implemented.

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):

Document	Source / location
Vision for Tilbury	Cabinet December 2013, item 11, Decision 01104253

9. Appendices to the report

Appendix 1 - Further detail of proposed actions within the CLLD Strategy
Appendix 2 - Detail of programme budget.

Report Author:

Matthew Brown
Regeneration Programme Manager (Tilbury)
Regeneration & Assets

Appendix 1 - Further detail of proposed actions within the CLLD Strategy:

Strategic Action or theme		Examples of potential delivery elements
A	Supporting local people to access local jobs	<ul style="list-style-type: none"> • Employment readiness and skills support delivered in Tilbury aimed at individuals facing specific barriers to employment or training. • Training and support delivered in Tilbury for people who are currently in work but are looking to develop their skills and progress. • Further promotion of and outreach through existing services.
B	Tackling the barriers facing people furthest from the labour market	<ul style="list-style-type: none"> • Bespoke training, mentoring and work readiness activity delivered in Tilbury to support individuals who face multiple and complex barriers to employment or training; and building local capacity to deliver personal advocacy and local service brokerage to address physical and mental health, social care, substance abuse, chaotic lifestyle issues as barriers into work. • Further promotion of and outreach through existing services.
C	Stimulate local businesses, SMEs, micro-enterprises and social enterprises	<ul style="list-style-type: none"> • A new business advice and support programme and associated small start-up grants scheme. • Dedicated provision of education, training, advice and support, delivered in Tilbury, to existing businesses around digital, tendering and procurement, business planning, low carbon, marketing and other business needs. We will also create a small grants scheme for business growth. • A shopfront improvement scheme to match-fund the capital costs of physical improvements to the condition and display of local shopfronts.
D	Improving local infrastructure for residents and businesses	<ul style="list-style-type: none"> • A new fit-for-purpose cycling hub, including renovation of a building, stock and equipment purchase, business infrastructure and the delivery of training to local people.
E	Encouraging local civic action, pride and volunteering as routes into work	<ul style="list-style-type: none"> • A programme of outreach and capacity building to enable residents to volunteer and take other forms of civic action that will enable them to gain job-relevant skills and experience.

Appendix 2 - Detail of programme budget:

2.1. Expenditure	2017	2018	2019	2020	Total
	(£,000)	(£,000)	(£,000)	(£,000)	(£,000)
Project delivery	320	1,840	1,840	1,280	5,280
Management and administration	80	460	460	320	1,320
Total expenditure	400	2,300	2,300	1,600	6,600

2.2 Funding	2017	2018	2019	2020	Total
	(£,000)	(£,000)	(£,000)	(£,000)	(£,000)
ESF	80	750	750	500	2,080
ERDF	120	400	400	300	1,220
<i>ESIF total</i>	<i>200</i>	<i>1,150</i>	<i>1,150</i>	<i>800</i>	<i>3,300</i>
Public sector funding	200	1,150	1,150	800	3,300
Private sector funding	0	0	0	0	0
<i>Total match funding</i>	<i>200</i>	<i>1,150</i>	<i>1,150</i>	<i>800</i>	<i>3,300</i>
Funding total	400	2,300	2,300	1,600	6,600

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