

Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Cabinet

The meeting will be held at **7.00 pm** on **10 October 2018**

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

Membership:

Councillors Robert Gledhill (Chair), Shane Hebb (Deputy Chair), Gary Collins, Mark Coxshall, James Halden, Deborah Huelin, Barry Johnson, Susan Little and Aaron Watkins

Agenda

Open to Public and Press

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Queries regarding this Agenda or notification of apologies:

Please contact Lucy Tricker, Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **2 October 2018**

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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.

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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:

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- leave the room while the item is being considered/voted upon

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

Non- pecuniary

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



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Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Cabinet held on 12 September 2018 at 7.00 pm

Present: Councillors Shane Hebb (Vice-Chair, in the Chair), Gary Collins, Mark Coxshall, James Halden, Deborah Huelin, Barry Johnson, Susan Little and Aaron Watkins

Apologies: Councillors Robert Gledhill (Chair)

In attendance: Lyn Carpenter, Chief Executive
Sean Clark, Director of Finance & IT
Steve Cox, Corporate Director Place
Roger Harris, Corporate Director of Adults, Housing and Health
David Lawson, Assistant Director of Law & Governance
Lucy Tricker, 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.

29. Minutes

The minutes of the Cabinet meeting held on 13 June 2018 and 11 July 2018 were approved as a correct record.

30. Items of Urgent Business

There were no items of urgent business.

31. Declaration of Interests

There were no declaration of interests.

32. Statements by the Leader

Councillor Hebb began by stating that as Cllr Gledhill was unable to attend the Cabinet meeting, as Deputy Chair he would assume the position of Chair for this meeting. He began by discussing the success of the new 'Stop It Strategy' which tackles a number of enforcement issues across the borough. The strategy had already seen £1000 in rent paid from rogue landlords; and a halt in construction along Maldon Road due to a breach in planning control. He continued by stressing that there had been the continued use of traffic wardens along Manor Way to prevent HGV's parking overnight, and that the Working Group were currently looking at ways to create permanent physical enforcement barriers. He continued by praising the work of the waste disposal team as fly-tips had been removed in as little as two days. He also discussed the Tesco store in Chadwell St Mary which had been fined £160,000 for failure to follow health and safety regulations in the petrol station.

The Chair continued by discussing the problems faced when dealing with anti-social tenants, and how the council were taking a strong stance in dealing with the issue, including writing warning letters and ultimately eviction. He felt that by doing this, issues such as gangs were being tackled, and the housing stock was opened up to people that needed it. He also noted that high visibility patrols were now being undertaken by the anti-social behaviour team, as well as increasing security by providing new front doors to those that needed them. The Chair then commented on the collaboration between the police and the council to tackle the issues of motorbikes and quad-bikes becoming nuisances down residential roads.

Speaking on behalf of the Leader, Councillor Hebb then moved on to discuss the positive activities that happened across the borough during the summer months. He informed Members that the Purfleet Fun Day, which took place on the Garrison Estate in August, highlighted how the community could come together effectively, and also mentioned the success of the Orsett Show, during which the main stage was sponsored by the council, and how 1000's of people attended.

The Chair then updated Members on the Clean It, Cut It, Fill It Scheme. In doing so, Members heard that since April 1,314 potholes had been filled across the borough, which was 99% of all potholes. He continued by stating that 630 acres of grass had been cut; 703 fly-tips had been cleared; 737 tonnes of waste had been cleared; and over 1000 fixed penalty notices had been issued for anti-social behaviour such as littering. He developed this by stating that 77 prosecutions had been occurred after residents had not paid their fixed penalty notices. He emphasised that the council would always pursue people that did not pay their fines.

Briefings on Policy, Budget and Other Issues

Councillor Halden began by congratulating students on the excellent A-Level and GCSE results across the borough, and how he had personally seen the pupil's excitement opening their results at St Clere's, William Edwards, and Palmers. He stated that 100% of A-Level students had achieved at least 1 A-Level, which was an increase from 96.4% the previous academic year. He also commented that GCSE's had become harder this year, with a new number grading system replacing the old lettering system, however GCSE results had increased across the borough with 62% of students now achieving a Grade 4 (equivalent to a C) or above. He drew special attention to schools such as Hassenbrook and Gateway which had climbed the rankings; as well as Harris and Grays Convent which had remained at the top. He went on to discuss the £270 million investment for 3,500 new school places from the government and the council to provide great life opportunities for young people in Thurrock. He also stated that this year more children had got their first choice school.

The Chair congratulated all the students who received their A-Level and GCSE results, but also stated that not everyone relies on these results and

other alternative pathways were available for those that did not receive the grades they wanted. The Chair continued by discussing the first Fair Debt Summit that helped residents who wanted to pay their debt, both household and commercial. He stated that the Summit was split into two parts, the first part being education surrounding debt for young people. He described how between 35-40 teachers, head-teachers and Members attended to draw up an education package to help young people see the pathways to avoid debt, and how to find support systems. He congratulated the young people that gave excellent presentations on the day, which helped individuals see the longer term impacts of debts such as IVA's. He then described how the second part of the day focused on people who wanted, but were unable, to clear their debts. The Chair discussed a report from the IRRV which gave the council very good feedback on how debt was dealt with in the borough. He acknowledged that more work was being done, and an external expert on debt vulnerabilities had given his input, along with 35-40 people during the second half of the Summit.

33. Petitions submitted by Members of the Public

There were no petitions submitted by members of the public.

34. Questions from Non-Executive Members

There were no questions received.

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

No matters had been referred to the Cabinet for consideration by and Overview and Scrutiny Committee.

36. Young Person's Substance Misuse Treatment Service Re-Procurement (Decision 110478)

Councillor Halden presented the report and started by explaining how this was a vital service for the most vulnerable young people with addictions. He believed it was a key, frontline tool in dealing with issues such as drug culture in a compassionate and reactive way. He pointed out that a 30% increase is expected in the 10-17 year old population across the borough and that a robust service was needed to deal with the expected increases, as well as being fit for purpose. He continued by describing the way the service will be better embedded with programmes such as 'Better Futures' and mental health treatment, and how the appropriate links will be in place which integrates wider enforcement, such as the expanding Youth Offending Service.

Councillor Little welcomed the report as her Portfolio includes the wellbeing of Looked After children. She mentioned how all foster carers now received extra training on recognising drug and alcohol issues, as well the fact that the numbers for a variety of helplines were now included in the children's passports. She also noted that as Members had a lot of contact with

residents, it was their responsibility to look out for signs of drug and alcohol issues and report these accordingly.

Councillor Halden added that recommendation 1.3 be struck off as this was only a recommendation for the Overview & Scrutiny Committees.

RESOLVED that Cabinet:

Delegated authority to the Director of Public Health in consultation with the Cabinet Portfolio Holder for Education and Health to award a new Young Person's Substance Misuse Treatment Service following market testing and a procurement process

That the new contract has a duty built in to work with our own schools and expanded Youth Offending Service to tackle any drug or gang culture in Thurrock, and becomes a signatory to the new Compact to be written by the Corporate Director of Children's Services outlining how YOS and the wider Council will work with schools to tackle drug and gang issues

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

37. Thurrock Integrated Medical Centres (Decision 110479)

Councillor Halden presented the report, but stated this was a joint enterprise between himself and Councillor Coxshall. He outlined the report which included the development of four Integrated Medical Centres (IMCs) which would decentralise care into local communities. He discussed how this project had started several years ago as a plan for limited primary care hubs, but had since expanded greatly. He went on to emphasize the point that Orsett Hospital would not close until the new medical centres were up and running, and noted that the new medical centres would provide excellent primary and pharmaceutical care in local communities. He commented that this report released money for the Tilbury Integrated Medical Centre, which was important as Tilbury had long since been underfunded in regards to medical care. Issues such as parking for the medical centres were discussed, and the development of Phase 2 of the project.

Councillor Coxshall added that Thurrock was one of the most under staffed areas in terms of GP's, with 2,700 patients per GP. He felt that the new medical centres would attract GP's as they would have better facilities and could deliver high quality services and learning. He also felt very pleased that the Tilbury IMC was happening first as the town had been underfunded for GP's for tens of years, and that the council had committed money to seeing this project being delivered. He also emphasised the point to Members that although Orsett Hospital would be closing once the IMCs were opened, Thurrock still had a community hospital in central Grays that could be used.

Councillor Watkins commented that he felt this was an excellent report as it

delivered high quality services for the residents within the borough, particularly in Tilbury. It offered a vital new service, and was forward-looking as it developed plans for Phase 2. He discussed how a report on the re-procurement of bus routes was coming to the next Cabinet meeting, and that opening public transport links to the IMCs was of vital importance, so new and improved routes were currently being looked into. Councillor Johnson echoed the comments made by other Members and re-emphasised the point that the IMCs must be open before Orsett Hospital shuts, but that he was pleased to read that the money saved by closing Orsett Hospital would be reinvested in the local NHS.

Councillor Hebb then discussed the importance of the Memorandum of Understanding which had been sent to the NHS and CCG and put in writing the fact that Orsett Hospital would remain open until the IMCs were up and running. He went on to recognise the work of Councillor Halden in securing the Memorandum of Understanding and thanked him for his efforts.

Councillor Halden added to this that the Council had worked well with the NHS to reorganise acute care and mental health care. He felt this had been proven when the Secretary of State had visited Tilbury and had not seen anything like the IMC plans anywhere across the UK. He mentioned the Memorandum of Understanding process was successful in the case of the IMCs, so was being repeated in regards to workforce planning for doctors, nurses and social care staff to shape the workforce.

RESOLVED: That Cabinet:

Authorised officers to tender the building contract for the Tilbury and Chadwell integrated Medical Centre

Delegated authority to the Corporate Director Place in consultation with the Corporate Director Adults, Housing and Health, the Director of Finance and IT, and the relevant Portfolio Holders, to award the building contract for the Tilbury Integrated Medical Centre subject to tender returned being in line with an agreed business plan based on the principles within this report

Delegated authority to the Corporate Director of Adults, Housing and Health to appoint a Council officer representative to the proposed People's Panel

Agreed to support the development of a Masterplan for the Thurrock Hospital site in conjunction with NHS partners

Supported the development of a Phase 2 IMC programme which will include integrating mental health provision within the proposed IMC's and moving further acute activity from hospital provision into community based services.

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

38. Revenue Budget Monitoring - Quarter 1 June 2018 (Decision 110480)

The Chair introduced the report and began by saying that the council's budget had been agreed on 28 February 2018 and predicted a surplus of £2.49 million. He stated that there were always pressures, but legally a Local Authority has to mitigate these to produce a balanced budget. He drew Member's attention to page 106 of the agenda which gave a breakdown of the general fund, and the fact that the Directorate of Finance, IT and Legal; HROD; Strategy, Communications and Customer Services; and Adults, Housing and Health were all predicted to underspend. He went on to describe that the Housing General Fund and Children's Services were predicted to overspend but that these services were always under pressure. He also drew Members attention to the fact that Children's Services only had a £370,000 variance from budget which was better than previous years. He then discussed the variance in the Environment and Highways Directorate and stated that this was due to the fact waste disposal fees were market driven and could be variable. A discussion then began on the variance in corporate costs and how this was due to the fact that the council takes in children, and how historically this had been covered in the Children's Services budget, but had now been moved as it was seen to be a corporate responsibility.

Councillor Johnson commented that the pressure on the Housing Fund was due to the legal duty introduced in April 2018 to prevent homelessness and help people who had been made homeless. He stated that the council had always done everything it could to reduce homelessness, and was a labour intensive process. He noted that the service had reduced expensive temporary staff and temporary housing, so should balance the budget. Councillor Little then commented that Adult, Housing and Health Directorate work very hard to remain under budget, and felt that the new IMCs would help the Adult Social Care budget even more as better quality care could be provided to vulnerable people such as the elderly. She continued by stating that the Children's Services overspend was less than normal and this was due to an increase in the number of foster carers within the borough, which meant that Thurrock children could stay in Thurrock. Councillor Halden commented that within Children's Services the pressure reduced each year as the process in demand management becomes better and issues are tackled at the detection stage, for example the replacement of Pupil Referral Units with Inclusion Units. He then said that this was not simply a balance budgeting exercise, and the care of children should be the first priority.

RESOLVED: That Cabinet:

Noted the forecast outturn position for 2018/19 and that further mitigation is required to outturn within the agreed budget envelope

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

39. 2018/19 Capital Monitoring Report

The Chair introduced the report and stated that on 28 February 2018 the Council had agreed the 2018/19 capital monitoring programme, and since 1 April 2018 additional funding had been added to the programme. He drew Member's attention to page 121, table 2 and the different requirements and re-profiling of a number of things, including the Aveley Community Hub and North Stifford Interchange which may go back to planning to be re-profiled. This was due to the fact that funding streams often came from external agencies and changes in these could lead to re-profiling. He also commented that previous indicators had been refreshed and some arbitrary indicators, such as the capital indicator which had taken a long time to collate for little data, had been removed.

RESOLVED: That Cabinet:

Noted the General Fund capital programme is projected to have available resources of £5.855m as at 31 March 2019 with this funding carried forward to 2019/20 to fund schemes currently in progress

Noted there is a further £47.666m in the approved programme that is under development and/or dependent on third party actions as set out in paragraph 3.5 of the report

Noted the Housing Revenue Account capital programme is projected to overspend by £0.102m, which will be funded from the Housing capital receipts.

The meeting finished at 7.40 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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10 October 2018	ITEM: 10 (Decision 110481)
Cabinet	
Bus Shelter Procurement	
Wards and communities affected: None	Key Decision: Key
Report of: Councillor Aaron Watkins, Cabinet Member for Environment and Highways	
Accountable Assistant Director: Julie Nelder, Assistant Director Highways, Fleet and Logistics	
Accountable Director: Julie Rogers, Director of Environment & Highways	
This report is Public	

Executive Summary

The Council's current agreement for Bus Shelters is reaching end of life. The existing contract was originally for a term of 15 years, with the option to extend for up to 5 years; of which 2+2 years of extension have been agreed bringing the contract expiration to the 30 June 2019.

As such, the Council needs to undertake a procurement exercise to source a new provider of Bus Shelter units including maintenance and cleaning; as the majority of the existing Bus Shelter units are owned by the current provider and in principle would be removed post contract expiration.

Funding for this procurement has already been agreed under the capital budgets approved at February Council 2018, item 129 General Fund Budget Proposal.

1 Recommendation(s)

- 1.1 That Cabinet approves the procurement proposal for a new Bus Shelter contract.**
- 1.2 That Cabinet grants delegated authority for award of contract to the Director of Environment and Highways in conjunction with the portfolio holder.**

2. Introduction and Background

- 2.1 The current agreement for Bus Shelters and associated advertising is reaching end of life. This contract was originally signed for a 15 year term. With the option for up to 5 years extension, 2 years plus 2 years have been agreed, thus bringing the contract expiration to 30 June 2019 with further 1 year extension option acting as a contingency.
- 2.2 Under this agreement the existing provider owns 147 of the 170 shelters, and performs all cleaning and maintenance works on all 170 shelters; in return they also manage all advertising and retain all income from advertising. The nature of the current agreement does not allow the information on advertising revenue to be shared with the Council; therefore all future projections are best estimates based on general market knowledge.
- 2.3 Soft-market testing with main industry players and bus shelter manufacturers' in 2017 highlighted a lack of industry appetite for providing capital funding as part of a commercial agreement. Therefore, capital funding was applied for and agreed by Full Council February 2018 for replacement of the existing Bus Shelters.
- 2.4 As such, in working with Communications and Passenger Transport services, the approach taken has been to split this into 2 procurement streams:
 - Bus Shelters including maintenance and cleaning
 - Advertising
- 2.5 It should be noted that the Passenger Transport Team has no revenue funding for the maintenance of bus shelters; and that income from advertising would be used to fund this activity.
- 2.6 Of the current shelters, 50 have operational Real Time Information (RTI) displays for bus arrivals, of which 9 are the newer TFT display type and 41 are the traditional 3 line dot-matrix style. These are normally on locations which also support advertising; with these shelters being owned by the existing provider.

3. Issues, Options and Analysis of Options

3.1 Option 1 – Purchase existing shelters

- 3.1.1. Under the existing agreement, the Council could seek to acquire the existing shelter assets from the incumbent provider; but the incumbent could remove them for use on other contracts or for spare parts, and has taken this approach with other councils.
- 3.1.2 The acquisition option was discussed with the incumbent in Q1/17 who indicated an asset valuation of circa £3k per location – c. £440K in total. This

does not correctly reflect the assets' ages, conditions or depreciated values, or costs for the incumbent to remove and make good the locations.

- 3.1.3 Purchasing existing shelters would still require the Council to procure a new maintenance and cleaning agreement. And whilst having the maintenance and cleaning done by environment services may be feasible, it would not be recommended due to the specialist knowledge and access to parts required. The current shelters are aging and utilise older technology and upgrading to a new Real Time Information system and the cost of spares is likely to be prohibitive. Many of these older shelters will also need replacing in the next five year period.
- 3.1.4 Further, a marketing contract will still need to be procured, as marketing income would be required to cover the costs of maintenance, cleaning and repairs. However, due to the fact that the incumbent is not required to share any commercial information on income levels they are achieving; this point will only be able to be ascertained in full once Communications have decided how they wish the marketing activities to be run in the future.

3.2 Option 2- Purchase new shelters

- 3.2.1 New bus shelters would be procured, which would allow the Council to purchase modern high grade units, with long warranties periods (ideally 10 years) and life expectancy periods (25 year lifecycle). This would shift as much cost as possible into capital funding, and minimise revenue budget impacts.
- 3.2.2 During the replacement programme, under the existing agreement, the current contract requires the incumbent to agree a removal plan with the Council upon contract termination over a period up to 24 months. This will allow the shelters to be replaced on a phased basis.
- 3.2.3 Replacement units would also be able to take advantage of new technologies to improve the environmental impact they have for lighting, and light pollution. Through the use of modern LED lighting units, which can be motion triggered; along with the use of solar power units which could remove the need for utility connections and reduce operational revenue budget running costs.
- 3.2.4 Replacing existing units initially on a like-for-like basis would also allow the Council to profile the number of units, type and locations they are deployed at; to better meet the needs of the community.
- 3.2.5 Replacing the existing units would also allow marketing income opportunities to be reassessed; and units deployed with correct number of marketing panels to improve income streams, including consideration for more advanced electronic media formats.
- 3.2.6 This option would also allow the legacy Real Time Information (RTI) panels to be assessed and consideration for upgrading these to LCD units, which would

allow marketing messages and local council messages to be displayed along with bus information. The current RTI provider is also working with the Council to develop a marketing indicative income model, but initial indications point to the income potentially meeting the cost of ongoing servicing and maintenance.

3.2.7 Procurement of new bus shelters would enable the Council to implement updated units with a modern solution which will also support and integrate with emerging technologies; and can be upgraded to support items such as atmospheric measuring, CCTV, motion tracking, contactless device charging, solar lighting, solar energy production, digital advertising displays and interactive information panels.

3.2.8 Based on the above requirement the outline costs for the assets are based on:

- Bus Shelter acquisition, including the survey, preparation, installation (including utilities), commission and handover - £5k per bus shelter (maximum) for 170 locations
- Support for up to 10 additional locations to meet future expansion needs of the council
- Real Time Information Displays, relocation of existing units from existing shelters and installation into new units - £3,000 per RTI Display (estimated) for 50 locations
- Risk Contingency – as the Council does not have any true financial baseline for running this business area, a high risk margin of 20% is recommended for the capital project.

3.2.9 Total Budget Requirement

Budget for the procurement of assets has already been approved by Council in February 2018.

Item	Description	Unit Cost	Unit No.	Totals Costs
1	Bus Shelter units	£5,000	170	£850,000
2	Bus Shelter units	£5,000	10 Future needs support	£50,000
3	RTI Displays – Relocations	£3,000 Estimated	50	£150,000
Sub Total Capital Budget Requirement				£1,050,000
5	Risk Contingency	20%	All items	£210,000
Total Capital Budget Requirement				£1,260,000

Note that the Bus Shelter unit cost is an indicative maximum required for 15yr guaranteed, hi-grade and modular design bus shelters, based on the discussions held with bus shelter manufacturers. This cost excludes advanced option for solar energy lighting.

- 3.2.10 Additionally with this option, it will be necessary to procure a marketing contract to generate sufficient marketing income to cover the costs of maintenance, cleaning and repairs for the longer term. However, it is proposed that the initial procurement for the Bus Shelter contract includes cleaning and planned maintenance costs within the bus shelter unit price for the first 3 years; this will allow Communications sufficient time to decide on how and where marketing activity will be undertaken, and minimise any potential revenue cost implications to the Council.
- 3.2.11 Initial conversations held with JMW Systems (current RTI provider) has indicated that potential income should be in the region of £90k per annum, for the council assets based on the current number of advertising locations.
- 3.2.12 Further conversations have also been initiated with Community Asset Partners, to understand the potential income generation for all Council street assets; this activity is being led by Communications.
- 3.2.13 As the contract has been turnkey outsourced for 18 plus years, the impact of advertising costs versus operational running costs will only be able to be fully assessed once a new contract has been procured. As the Council does not have the historical information internally or access to the commercial model information of the current provider ClearChannel.

4. Reasons for Recommendation

- 4.1 The Council has two main options available, either to purchase the existing shelters requiring circa £440k funding or acquire new shelters which would also allow for evaluation of site locations, marketing income potential and use of newer energy efficient solutions.
- 4.2 In both cases, the Council will need to establish a separate new marketing agreement, to generate income from these locations. This is being addressed by Communications and would form a separate procurement activity.
- 4.3 The recommendation therefore, is to progress with the purchase of a new Bus Shelter contract for the following key reasons:
- a) Existing bus shelters are of varying age, condition and appearance; therefore purchasing them may still mean a proportion need replacing in the short term (under 5 years)
 - b) Existing bus shelters will require circa £440k capital funding for purchase from the incumbent (assuming incumbent would sell them, and not decide to remove them for use elsewhere); and would require the council to procure a separate maintenance and servicing agreement.
 - c) Purchasing new bus shelters would allow the Council to consider the use of more modern energy efficient solutions, such as solar lighting

- d) Purchasing new bus shelters would allow the Council to re-evaluate shelter locations and positioning to optimise the support for user needs.
- e) Purchasing new bus shelters would also allow evaluation of their marketing income potential, including the use of updated LCD RTI boards; to allow improved income generation from advertising.
- f) Purchasing new shelters would allow for capitalisation of costs, and minimise revenue pressures associated to maintenance and cleaning.

4.4 This is a supply and installation contract and therefore the value of the procurement exercise is above the EU threshold. The tender will therefore run in full compliance with the Public Contracts Regulations 2015 and advertised in the Official Journal for the European Union (OJEU).

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

5.1 This report was submitted to Planning, Transport and Regeneration Scrutiny Committee for their views prior to approval at Cabinet. Additional consultation is not applicable as this project relates to the renewal of existing street furniture assets and will not change the services or support provided by the Council to the residents and businesses.

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

6.1 The renewal of the bus shelters will continue to support residents' and business users' use of local public transport services; by providing a safe, clean, maintained and well lit refuge area for users against environmental conditions.

This will also continue to enable service information to be provided to local public transport users, whilst also allowing the passenger transport service to assess the needs of each location.

In addition, this will also allow the potential for commercial marketing income generation to be assessed at each location; including the use of the specific locations for Council information and messages to be displayed.

7. Implications

7.1 Financial

Implications verified by: **Mark Terry**
Senior Financial Officer

The replacement of the assets is covered under capital funding already in place; in terms of the revenue funding necessary to support the ongoing

serving and maintenance this would form part of a separate procurement for Advertising on Council assets.

7.2 Legal

Implications verified by: **Afamefune Ajoh**
Legal Counsel

The Council are required to provide a suitable and safe environment for users of the public transport services. Updating the existing bus shelter assets should ensure that the council is meeting its legal responsibilities to provide a safe environment for users of public transport.

7.3 Diversity and Equality

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

Bus shelters are necessary to support the equality needs of the Councils public transport users, by providing a safe, clean and well lit area of refuge from environmental conditions; which is especially relevant for those with mobility, sight and other health issues.

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

- None

Report Author:

Andrew Austin
Commercial Manager
Commercial Services

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10 October 2018		ITEM: 11 (Decision 110482)
Cabinet		
Procurement of Local Bus Services		
Wards and communities affected: All	Key Decision: Key Decision	
Report of: Councillor Aaron Watkins, Portfolio Holder for Environment and Highways		
Accountable Assistant Director: Julie Nelder, Assistant Director – Highways, Fleet and Logistics		
Accountable Director: Julie Rogers, Director for Environment and Highways		
This report is Public		

Executive Summary

This report sets out the proposals for the procurement of bus services 11, 374 and 265 which terminate on 31 March 2019.

This report is to seek approval for the tendering of these services for a period of 3 years, with a further option to extend for a period of up to 24 months. The new contractual arrangement will commence on 1 April 2019.

The reason it is proposed to offer a contract of 3 years with extensions is in order to encourage more operators to bid for the contract which may reduce costs to the Council.

1. Recommendation(s)

- 1.1 **That Cabinet give approval to commence a tender process for the provision of local bus services 11, 374 and 265.**
- 1.2 **Agree delegated authority for award of contract to the Director of Environment and Highways in consultation with the Portfolio Holder.**

2. Introduction and Background

- 2.1 Local bus services are provided on a commercial basis by bus operators. Where these services do not meet the needs of local people, local authorities have a responsibility to consider the needs not met and provide additional services and / or journeys in those areas concerned. (**Transport Act 1985:**

To secure the provision of such public passenger transport services as the council consider it appropriate to secure to meet any public transport requirements within their area which would not in their view be met apart from any action taken by them for that purpose.)

This is the situation for routes 11, 374 and 265, which cover Bulphan, West Tilbury, East Tilbury, Linford, Horndon-on-the-Hill and Fobbing.

- 2.2 The annual cost to the Council of the current number 11 bus service is £243,927 and £196,968 for service 374. The cost for service 265 is £22,800. The total cost to the Council for these bus routes over a 12 month period is £463,635. Fares are collected by the bus operator and retained by them. The revenue risk remains with the bus operator ensuring that the budget cost to operate the services is fixed. This form of contract encourages the operator to maximise patronage, with revenue protection being the operator's responsibility and may reduce the impact on commercial service revenue between common stops. (The operator collects and keeps all fares whether from out tendered services or their commercial routes) This has been the case with existing contracts.

3. Issues, Options and Analysis of Options

- 3.1 The tender documentation will include options for a range of frequencies for service 11 and 374 to be costed for consideration. The current frequency on service 374 is every 90 minutes and for the 11 it is 105 minutes. We will tender for both the 11 and 374 on the current route and frequency and include an option to reroute service 11 to improve the frequency for communities between Stanford-le-Hope and Basildon jointly with service 374 and increase the number of destinations for all passengers, whilst recognising new potential demands with the proposed Integrated Medical Centres. (Currently services 11 operates via the A13 between Horndon-on-the-Hill and Five Bells) This will reduce the overall frequency of service 11 but will offer at least a 120 minute service within the budgeted resources.
Ticket information from the operator has been analysed and the results show that passenger distribution throughout route 11 is fairly consistent in the communities it serves and avoids duplication of commercial services in all but one section (Wood view to Chadwell Cross Keys).
- 3.2 Service 265 provides a service linking Bulphan with Orsett and Grays 3 days per week with a morning and afternoon journey.
- 3.3 The awarding of the contract will consider maximum frequencies within the budget allocation. Prior to the award, ward members and bus user group members will be consulted on the new service levels through the website press release, printed timetables and roadside information. Social media will also be used to inform residents of impending changes.

3.4 Continuous monitoring of the services will be undertaken to assess their effectiveness and to ensure any changes to demand are identified and implemented

4. Reasons for Recommendation

4.1 The recommendation to tender these services will allow the Council to provide local residents with continued access to travel where no commercial services operate in those specific areas or where no direct links for these communities exist.

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

5.1 This report has been shared with PT and R Overview and Scrutiny Committee

5.2 This report covers a standard tender of existing bus services.

5.3 The Council will invite tenders for a range of frequency options for services 11 and 374 (60, 90,120 and 180 minute) including the route change to service 11 enabling an increase the number of destinations for its users.

5.4 The Council will also invite tenders for service 265 on the current frequency.

5.5 Operators will given the opportunity to offer alternative timetables for consideration.

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

6.1 Procurement of these services will enable the Council to support local bus services and provide access to employment, education, healthcare, shopping and other facilities.

6.2 The procurement procedure that will be applicable to this procurement opportunity will be the Open Procedure (Services). The applicable threshold for the Open Procedure (Services) is £181,302.

7. Implications

7.1 Financial

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

The budget for Local Bus Services is. £510,203 on budget codes ET011 2608 and ET011 4118.

7.2 Legal

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

The proposal is that provision of bus services shall be procured as required by the Transport Act 1985, to provide a service for 6 communities who would otherwise be without otherwise service. When tendering for bus service contracts. The Council must ensure that the process is conducted in a fair and transparent way that complies with the requirements of the Public Contract Regulations 2015 and the Council's Contract Procedure Rules. Legal support can be provided so as to ensure the procurement is carried out in a lawful manner and that the Council's interests are protected.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
Community Engagement & Project Monitoring Officer

These bus services enable direct links for all members of the community in the areas concerned in order to carry out essential functions of daily life. Direct services offer greater convenience for all members of the community.

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):

N/A

9. Appendices to the report

None

Report Author:

Michael Boon
Information and Monitoring Assistant
Passenger Transport Unit

10 October 2018	ITEM: 12 (Decision 110483)
Cabinet	
Market Development Strategy – Commissioning a Diverse Market for Adult Social Care	
Wards and communities affected: All	Key Decision: Key
Report of: Councillor Sue Little – Cabinet member for Adult Social Care	
Accountable Assistant Director: Les Billingham – Assistant Director for Adult Social Care and Community Development	
Accountable Director: Roger Harris – Corporate Director Adults, Housing and Health	
This report is Public	

Executive Summary

It is a requirement that Adult Social Care publishes a Market Development Statement (MDS). The document sets out how we see the social care market developing over the coming years.

The document sets out current and predicted need, the strategic context we are operating in, what we spend, changing trends and implications for providers.

We use this document as a basis of discussion with current and potential providers to ensure that the market changes to meet our vision of where we want to be, which is a more place based locally delivered service response.

1. Recommendation:

1.1 That Cabinet agrees the Adult Social Care Market Development Strategy.

2. Introduction and Background

2.1 The MDS describes the current and potential future demand and supply for adult social care services and outlines the model of care the Council wishes to secure for the population in the future.

2.2 It also details what in the market needs to be encouraged and what does not. This includes size and shape of the market, funding and resources and what needs to change and how the Council will purchase in the future.

- 2.3 Equally, the MDS makes current and potential providers think about their future plans and investment e.g. what service they may want to set up and whether they should disinvest in a certain model. The key recommendations are that Providers give a focus to:
- A focus on strengths not on need – reducing dependency;
 - Empowering individuals to take control
 - Targeting interventions so that they prevent crisis;
 - The importance of outcomes as opposed to process;
 - The need to reduce duplication, bureaucracy and process to ensure that the majority of resource is focused on providing support;
 - The importance of technology to enable improved outcomes; and
 - The importance of a solution and outcome focus and not of a service and prescriptive model.
- 2.4 The MDS also ensures that providers are aware of major changes such as the piloting of Wellbeing Teams, the introduction of place based social work teams and place based commissioning.
- 2.5 The MDS aims to be a 'living document' and work is already underway to commence delivering against the commissioning intentions contained within. Thurrock Council will be developing a range of smaller subject specific products (Market Position Statements – MPS) that aim to address some of the current shortfall of service provision locally but also changes the way that the council plans to commission services in order that they are more cost effective and sustainable.

Thurrock Council will be developing MPS's which will detail the commissioning and procurement approach to be taken to change the market. There will be a suite of these products that sit under the Market Development Strategy (in effect they will be the delivery plans of the MDS).

The four plans will be;

- Mental Health MPS – To be published 2019
- Supported Housing and Accommodation Based MPS - 2019
- Carers – To be published 2019
- Home Care and Community Based Services – 2020

The timing of these documents reflect other work currently being undertaken e.g. the Carers MPS will be developed after the Carers Strategy is finalised. In addition to these documents we will also be publishing an Adult Social Care Workforce Strategy.

3. Issues, Options and Analysis of Options

- 3.1 The Care Market Development Strategy reflects the changing role of a local authority from that of a provider of services to the shaper of care markets. The statutory guidance regarding the Care Act advised that one of the ways to meet the responsibilities of this new role was to publish a Market Position Strategy containing both Market Intelligence data (supply and demand) and the approach to Market Intervention (Commissioners actions).

4. Reasons for Recommendation

- 4.1 It is a requirement under the Care Act 2014 that Adult Social Care develop a Market Development Strategy.

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

- 5.1 Prior to the development of the Market Development Strategy we engaged with the following groups;

- Thurrock Older People's Parliament
- Thurrock Emotional Wellbeing Forum for Individuals, Family Members and Carers
- Thurrock Disability Partnership Board
- Thurrock Autism Action Group
- Direct Payment Engagement Group

and sought answers to the following questions;

1. What care and support services do you want in the future?
2. What do you think works well?
3. What care and support service should be improved and how?
4. What should we stop doing?
5. What should we start doing (are there any gaps in service)?

We also consulted with existing providers via email to ask 'what information you would like the document to include and/or what issues you would like the document to address'.

The responses from people who use services and providers of services are key components in the development of this strategy.

The MDS also went to Health and Well-being Overview and Scrutiny Committee on 6 September and was supported by members.

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

- 6.1 This should have a positive impact on the corporate priority ‘People’ – specifically ‘high quality, consistent and accessible public services which are right first time’ by creating a diverse market offer and ensuring choice and control for service users.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Management Accountant Social Care & Commissioning

The MDS is intended to ensure that the market changes to meet Adult Social Care’s vision for the future. There are potential financial implications which will not be known until the various work streams begin and progress through their respective pilot periods and their success can be meaningfully measured. This will be monitored through ongoing close working between Corporate Finance and the Directorate. There is a degree of uncertainty regarding future funding levels for Adult Social Care, therefore any financial pressures or potential for savings we identify as a result of this will be built into the Medium Term Financial Forecast. Further reports focused in individual projects will need to be presented to the Health & Wellbeing Overview & Scrutiny Committee and Cabinet in due course.

7.2 Legal

Implications verified by: **Sarah Okafor**
Barrister (Consultant)

The Care Act 2014 underpins and makes provisions for the development of the care services market in adult social care. Under the legislation, local authorities, the Department of Health and the Care Quality Commission have market related responsibilities. Section 5 sets out the duties upon Thurrock Council to facilitate a diverse, sustainable and high quality market for their whole local population. This includes for people who pay for their own care and support. Therefore, a strategy that promotes an efficient and effective operation of care and support services as a whole market is required.

Further, sections 48 to 56 of the Act, places duties upon the key regulator and local authorities to ensure no one goes without care if their providers business fails. The CQC is required to maintain oversight and local authorities are under a duty to ensure continuity of care when business failure leads to service cessation. Accordingly, the proposed Market Development Strategy is consistent with the above legal obligations and responsibilities to the local population.

On behalf of the Director of Law for Thurrock Council, I have read the full report and the accompanying attachment, and there appears to be no external legal implications arising from the proposed strategy, which is consistent with the legal framework and the associated Guidance.

7.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**
**Community Engagement and Project
Monitoring Officer**

There are no adverse diversity and equality implications contained in this report, however any future actions taken could potentially impact on the local community/providers including the voluntary and community sector. Any significant change in provision requires a separate Communities and Equality Impact Assessment prior to implementation to assess the impact of decisions on protected characteristics and the local community.

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):

- N/A

9. **Appendices to the report**

- Appendix 1 - Market Development Strategy 2018 - 2023

Report Author:

Sarah Turner
Commissioning Officer
Adult Social Care

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Care Market Development Strategy:

Commissioning a Diverse Market

2018 – 2023

Executive Summary

In 2015 we wrote Thurrock Council's first Market Position Statement detailing the challenges that faced adult social care and the health economy, we set out our thinking to support the development of a diverse, responsive and creative market set against the unprecedented demand for services and the reductions in public sector budgets both centrally and locally. We set out a vision of growth and partnership working supporting individuals to have more choice and control of any support they required with an acknowledgement that as a Council we needed to commission differently.

In 2018 we are now consolidating our initial Market Position Statement into a Care Market Development Strategy that builds on and further develops a new vision for Commissioning and provision. The whole health and social care economy still faces considerable challenges, increasing demands, fragility within the market and decreasing budgets, however we are clear that this can only be solved by an integrated approach across every aspect of what we do.

We currently commission nearly 2000 more hours of home care per week since the last Market Position Statement yet the number of people supported has not significantly increased. This challenge shows the increasing size, intensity and complexity of care packages. We expect this trend to continue and as such must work across the whole system to meet the needs of people who require support.

With that premise the whole system in Thurrock is starting to work together to develop an Alliance approach which will mean commitment from the Council, Health, Providers and the voluntary sector to find solutions together, to focus on individual and population outcomes and most importantly to ensure that people who require support and services influence how that support is delivered and have more control. Solutions are not just service driven but a much wider range of community and personal resource.

The integrated approach across health and social care has been consolidated with a vibrant and effective Better Care Fund, supporting joint initiatives. To further develop our integrated way of working at a community level we are working in partnership to deliver our Better Care Together approach, this is a new model of care based on having services closer to the individual, more responsive with and a clear focus on outcomes.

We are piloting well-being teams which are a new way of delivering domiciliary care, far more focused on the person having choice and control funded by individual budgets. Alongside this we are piloting a refocus of Social Work Teams to be community based with localised budgets and being more easily accessible to the community itself. Health services within primary care are also being redesigned again to be more community based, reduce duplication and offer far more early intervention preventing the need for attendance at A&E or admission to hospital. These new approaches once evaluated will be rolled out across Thurrock under

an overarching Alliance Agreement. In addition, we are also developing more responsive technology to support independence and rethinking our approach to residential support with our 21st Century living project a multi-faceted response to living and support solutions for older age adults.

Our vision is one of partnership with people who deliver and have lived experiences of services, within the place and community where they live, which in turn will bring prosperity to the health and care market together with the wider commercial prosperity of Thurrock. This vision encompasses the Council priorities:

People – a borough where people of all ages are proud to work and play, live and stay.

Place – a heritage-rich borough which is ambitious for its future.

Prosperity – a borough which enables everyone to achieve their aspirations.

To deliver this vision with Providers we want to work with them to ensure they are able to play their full part in Better Care Together.

This means that services and support will be

- personalised and reflect the outcomes that are most important for each person
- deeply rooted in the local community, and able to make use of community assets
- increasingly geared up to respond to the integrated commissioning of social care and health in Thurrock, and better able to provide holistic services
- able to make the most of Technology Enabled Care Services

- equipping service users to have more choice and take more control over their lives and working to reduce dependence of services.

Finally, it is helpful to highlight some of the really positive progress that has been made since the publication of the last Market Position Statement in 2015. The detail of this progress is given at Appendix One however some key achievements are:

- The development of a Shared Lives Scheme which was delivered in collaboration with Social Finance an entrepreneurial group of businesses wanting to invest in social support. This 5 year contract aims to deliver 75 matches to offer positive alternatives to more traditional service responses.
- The implementation of Individual Service Funds which support people to have more control of their service provision without having the full responsibility of a direct payment.
- The development of over 50 micro enterprises. We recognised the need to diversify the market in the last Market Position Statement. As such we undertook a two year project to develop this segment of the market.
- Accommodation and support is key and a great deal has been achieved through the development of a refurbished complex of flats for people with learning disabilities, the agreement between the Council and Peabody Housing Association to develop 6 specialist units of accommodation for people with autism in Medina Road and the expansion

of capacity for people requiring support who have dementia.

- Our Director of Public Health has produced a detailed report discussing the sustainability of the health and social care system and this has been an influential tool in our move towards an alliance approach, integrated commissioning and our Better Care Together agenda for locally base social work, health care, and living well at home teams.

Our Market Development Strategy 2018 to 2023 supports a diversity of approach which is not just service based but solution focussed encompassing the whole community of Thurrock and valuing partnership and collaborative working.

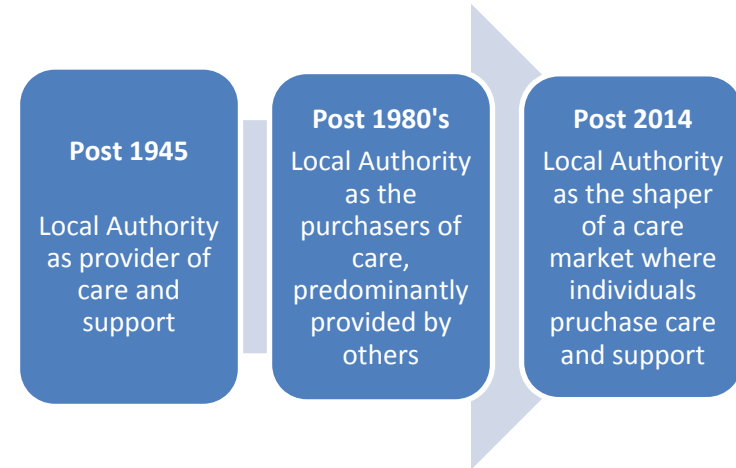
1. Introduction and Policy Context

The Care Market Development Strategy is aimed at both existing and potential providers of Adult Social Care services in Thurrock to ensure that we develop a diverse market that can meet the needs of local people. This strategy will help us to deliver the Council's Corporate Vision (specifically the priorities contained in the plan under 'People'). This strategy also meets the Health and Wellbeing Strategy (Goal 4 – Quality Care, centred around the person).

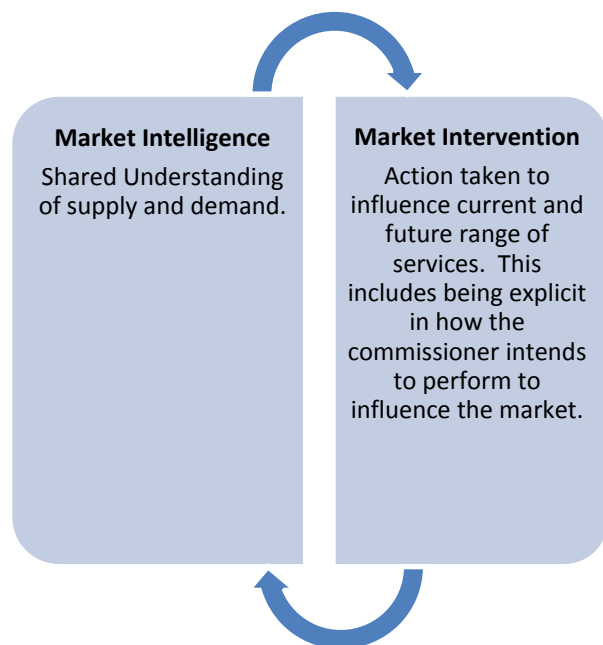
More information about the Corporate Plan and the Health and Wellbeing Strategy can be found at;

<https://www.thurrock.gov.uk/priorities-strategies-and-plans>

The Care Market Development Strategy reflects the changing role of a local authority from that of a provider of services to the shaper of care markets



Although the local authority may still purchase care, the introduction of the Care Act in 2014 cemented the change of role by explicitly giving Local Authorities *'overarching responsibility to ensure there is a diverse, sustainable and quality care and support market operating in its area. There needs to be sufficient care and support to available to enable choice for all those who need care and support, including carers'*.



The statutory guidance regarding the Care Act advised that one of the ways to meet the responsibilities of this new role was to publish a Market Position Strategy containing both Market Intelligence data and the approach to Market Intervention.

2. Background

In 2014 Thurrock Council published its first Market Position Statement (MPS). The purpose of the document was to:

- Indicate the changes to Adult Social Care services the local authority wishes to encourage;

- Present data and direction to providers to enable them to plan and invest as appropriate for the future (based on need and user preference);
- Detail how the local authority will intervene and shape the market

There was a significant number of actions contained in that document which have been achieved, such as the start of a Shared Lives Scheme, development of a large number of micro enterprises and a number of specialist housing schemes for Older People, Learning Disabilities and people with Autism built to Happi standards (a full update is contained in appendix 1).

This document plans to build upon the success of the MPS but with a focus on increasing the diversity of the market thereby expanding real choice for service users. The Care Market Development Strategy is a concise document that clearly articulates the vision for the future and what Commissioners intend to do to make that vision a reality.

Due to a number of initiatives there will also be smaller, more subject focussed products published over the next two years. The Supported Housing and Accommodation Based Services MPS will be published in March 2019. It is a key component of a new commissioning role in Adult Social Care to define the model/s of supported housing and other accommodation based services. In 2019 we will also be publishing a Housing Strategy for Older People based on the findings of the Annual Public Health Report regarding

the housing needs of Older People in Thurrock. This will result in a clear message to providers or potential providers of these services.



A separate Mental Health MPS will also be published as a new joint appointment has been created across Adult Social Care and Public Health.

A Carers strategy is being developed during 2018 and although we know of some areas of development where gaps in provision have already been identified, we want to ensure that this strategy and the voice of Carers shape the market. Lastly, we are piloting Wellbeing Teams in Thurrock (detailed in section 4) and do not want to present a position on the future of home care until we have the outcome of the pilot (which ends late Autumn 2020).

3. Transforming health and Adult Social Care in Thurrock

The health and care system is in the midst of a number of significant and sustained challenges. Transformation of the existing

system is a must so that residents are able to achieve the outcomes that matter most to them. A robust and flexible market place that supports our vision for health and care underpins our ability to succeed. It is key therefore that market providers current and future understand what they need to do to be able to respond to our direction of travel as set out by this document.

Our transformation journey began in 2012 with a programme called **Building Positive Futures**. There were a number of achievements under the Programme including Local Area Coordination, HAPPI (Housing our Ageing Population Panel for Innovation) housing schemes, growth in supported accommodation, and the development of community hubs (please see appendix 1). We started to have conversations with people requiring support that focused on ‘what a good life’ was to them.

Following the success achieved under Building Positive Futures, phase 2 of Thurrock’s transformation programme was launched – ‘**For Thurrock in Thurrock**’ (FTIT) in partnership with local Health partners and the Voluntary and Community Sector (VCS) and built on the work started under Building Positive Futures. The work programme introduced Thurrock First (our single point of access to health and care services), Social Prescribing in some of Thurrock’s GP surgeries, the development of independent living accommodation, and scoping the development of a 21st century residential care facility. Phase 2 of transformation sought to influence the health and care system so that it focused on achieving and sustaining ‘wellbeing’.

We have now entered phase 3 of our transformation journey **Better Care Together Thurrock** which consolidates and expands the approach further still – with a focus on place and on whole system redesign. The success of phase 3 is dependent on collaboration

across all partners with a commitment to sign up to and deliver a shared goal.

Key Principles

We have worked with communities and partners to develop a set of principles that underpin the Health and care system we want to achieve. These are as follows:

We will all work together to ensure that:

- We are focused on supporting individuals to achieve the outcomes that are most important to them;
- The amount of resource we spend on bureaucracy is kept to a minimum – ensuring that the maximum amount is available to provide individuals with the solution they require;
- We will all work in partnership to identify and provide the best solution;
- Our solutions look to utilise the assets available within the local area and not just focus on the services we provide;
- We are flexible enough to respond and adapt to individuals and their neighbourhood's changing circumstances;
- Responsibility for maintaining and improving health and wellbeing is shared by everyone within their neighbourhood;
- Our starting point will always be to prevent, reduce and delay the requirement for a social care and health service; but....
- If a service is the best solution, we will ensure it is appropriate, easy to access, of high quality and provided in a timely manner.

The Future – what 'system transformation' will achieve

The current health and care system has predominantly focused on responding to need and waiting until individuals reach crisis point. To successfully overcome the current challenges that face us and our population, we must redesign the foundations upon which the health and care system is based, ensuring that they help people to 'live well'. For example:

- A focus on strengths not on need – reducing dependency;
- Empowering individuals to take control
- Targeting interventions so that they prevent crisis;
- The importance of outcomes as opposed to process;
- The need to reduce duplication, bureaucracy and process to ensure that the majority of resource is focused on providing support;
- The importance of technology to enable improved outcomes; and
- The importance of a solution and outcome focus and not of a service and prescription model.

We have collaborated with Health and community partners to begin to put into practice our future model as part of Better Care Together Thurrock. We are not starting from the beginning; the current phase of transformation builds on and consolidates phases 1 and 2 of our programme.

Transforming health and social care



Better Care Together Thurrock aims to deliver system redesign around a population in a place. Based on a report by the Director of Public Health, Better Care Together Thurrock aims 'to provide better outcomes for individuals that are closer to home, holistic and that create efficiencies within the Health and Care system'. The report demonstrated that in one area of Thurrock, 9 out of 10 people attending Accident and Emergency could have received the support they required within the community. Further analysis also identified that 50% of hospital spend accounted for only 1.8% of the population. The report acted as a 'case for change' to support phase 3, and identified a number of solutions:

- Increasing the capacity of primary care;
- Improving case finding and the management of Long Term Conditions; and
- Proactive, Integrated Community Health and Wellbeing.

Phase 3 of our transformation programme responds to the findings and recommendations contained within the report through:

- Organisational change
- Developing how we commission
- Engaging with and involving staff, individuals and communities
- Becoming outcome focused and evidence based

Achieving this creativity and innovation will be at the heart of what we do. For example, we are currently in the process of developing two self-managed Wellbeing Teams as an alternative model to domiciliary care; and are also developing a Community-based Social Work Team who will be tasked with developing and creating innovative solutions for social work responses. We are also piloting new approaches to technology enabled care so that we use technology where it will help improve the outcomes for people.

It is important that as we transform, we do not lose sight of the three themes that helped to define our transformation journey at the start, as these are as important now as they were then:

- Stronger Communities;
- The Built Environment; and
- The Health and Care Infrastructure.

Most importantly, our overriding approach must be to develop a system that results in a different outcome for the people that use it – and not recreate a system that’s based on the same thinking that created it.

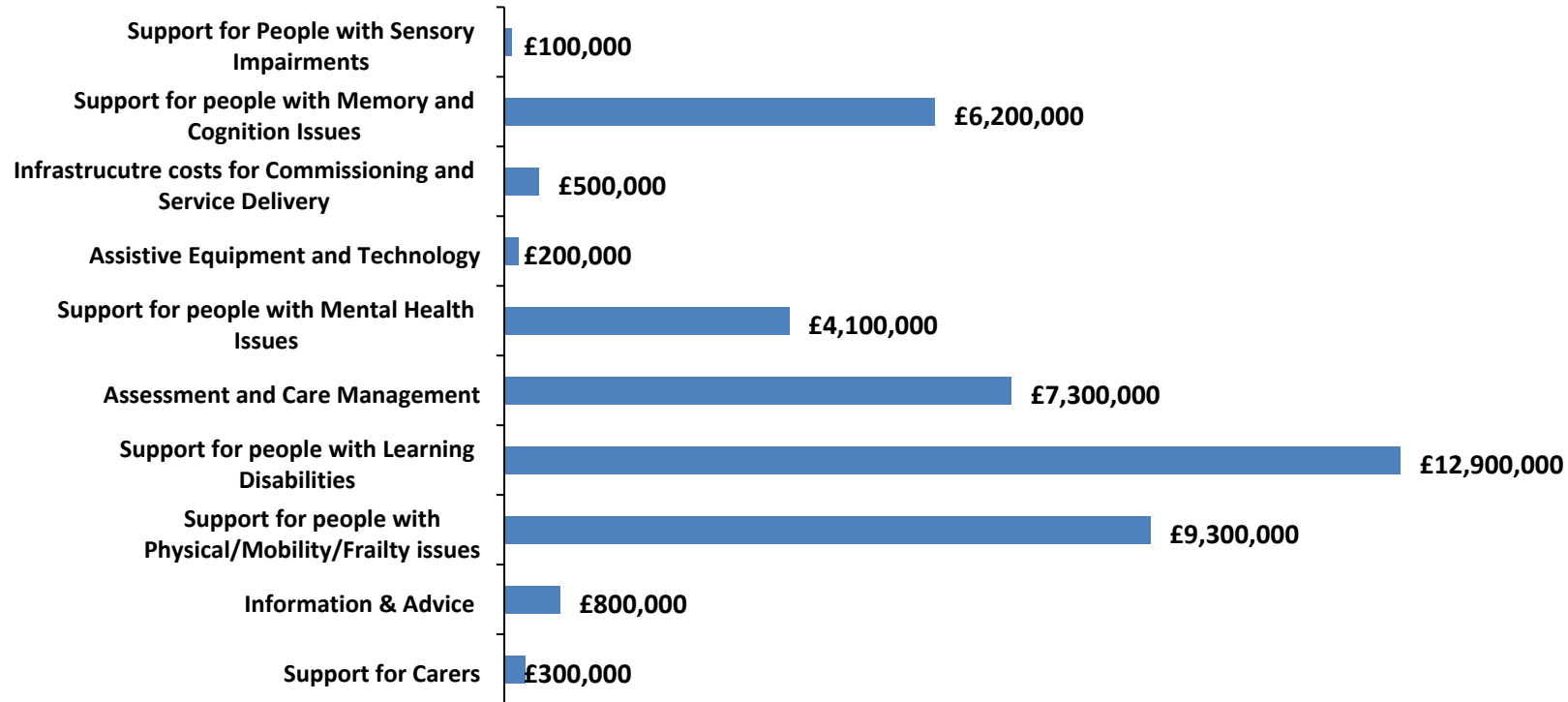
What this means for providers of services.

We want to work with providers of care homes, home care and a range of other community services to ensure they are able to play their full part in Better Care Together. We will be working with providers to ensure that their services are:

- **personalised and reflect the outcomes that are most important for each service user;**
- **deeply rooted in the local community, and able to make use of community assets (facilities, organisations and networks) which will deliver the solutions service users require;**
- **increasingly geared up to respond to the integrated commissioning of social care and health in Thurrock, and better able to provide holistic services**
- **able to make the most of Technology Enabled Care Services (including telehealth, telecare, and telemedicine) in the support they offer service users;**
- **equipping service users to take more control over their lives, including via direct payments, Individual Service Funds (ISF's) and working to reduce dependence of services.**

We spent £41.7 million (Gross) on Adult Social Care services in 2017/18. The chart below shows how our spending is split across key areas:

Key Areas of Adult Social Care Spend (Gross) 2017/18



Market Position Statement 2014	Current Position
1 in 5 service users were in receipt of a direct payment at the last MPS	1 in 4 service users now have a direct payment.
In 2014 we commissioned 5000 hours of homecare per week	We currently commission 7000 hours of homecare per week, an increase of 2000 hours per week since 2014.
Aged 18+ Net spend per head of pop. Aged 18+ was £272 in 2012/13 - lower than the average of £359	Net spend per head of population aged 18+ was £264 in 2016/17 – lower than the England average of £344
In 2014 we had 13 care homes/593 beds (residential and nursing) for older people and people dementia in borough.	We still have 13 residential care homes however there has been a slight increase in the number of beds for people with dementia making the total 611.
In 2014 we had 23 care homes/147 beds for working age adults in the borough.	We now have 19 care homes/139 beds for working age adults in the borough

Over the past 6 months Thurrock Council has worked with the following groups to gain a greater understanding of user needs and aspirations;

- The Thurrock Autism Action Groups
- The Thurrock Disability Partnership Board
- The Thurrock Emotional Wellbeing Forum for Individuals, Family Members and Carers
- The Thurrock Older People's Parliament (OPP)
- Direct Payment Engagement Group

These groups have highlighted what outcomes people feel are important, how these are being achieved at the moment and what services and support need changing or are missing.

There were some consistent messages across all groups;

1. The difficulty in accessing services and the lack of coordination between them.
2. The importance of continuity of carer/support worker. Concerns about reliability of carers having to travel throughout the borough and lack of flexibility and contingency in how we commission home care
3. Information needs to be accessible to all (needs to be in a variety of formats – not just digitally available). More training needs to be available to skill people to match the digital approach but people also need a 'person' to talk to.
4. Direct payments are important. Including timely information about what a direct payment can be used for and what options

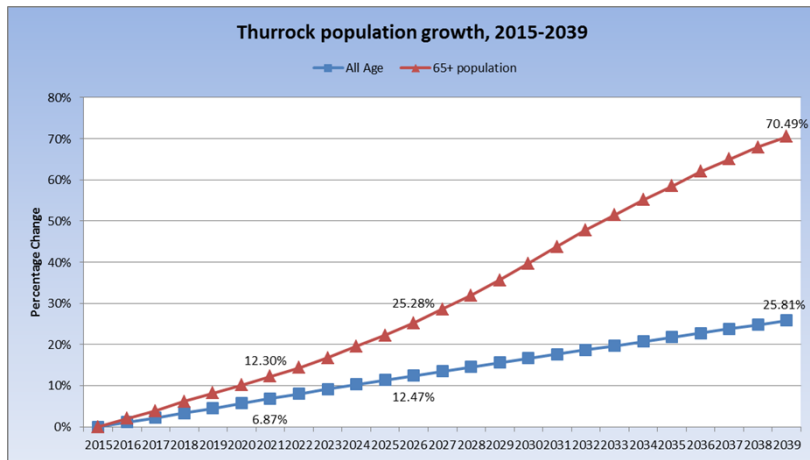
are available for care and support. Users identified the need for a PA agency as they felt new users may have difficulty finding a PA. Specific need for highly trained PA's for people with Autism and specialist/high needs.

5. Increase in care and support options for people with dementia
6. Requires more flexibility in services – specifically respite services and home care
7. Value micro providers but felt they could benefit from being able to access more training
8. Wanted commissioners to understand that social interaction is as valuable as physical interaction.
9. Specialist service for people with complex/profound Autism
10. Felt there needs to be a service between residential care and independent living and that independent living needed a clearer definition.

Most groups also reported that they need an improved accessible transport system (especially to attend medical appointments). There was also a general desire to be independent – for example the OPP group emphasised the importance to them of aids and adaptations to stop them requiring more intensive services.

6. Needs of service users

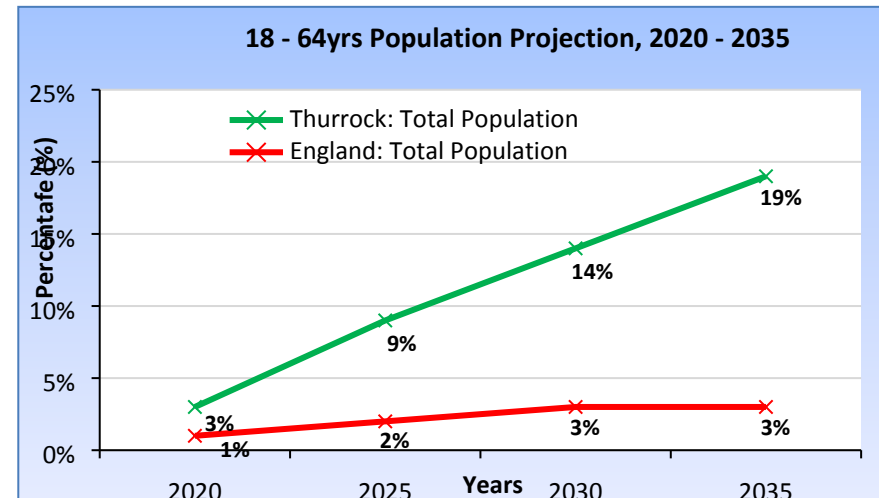
The latest population estimates 165,184 of which 83,835 (50.7%) were female and 81,349 (49.3%) male. This is estimated to rise to 201,000 by 2035. It is known that nationally the population is living longer, albeit not necessarily healthier, lives. Whilst it is expected that in Thurrock, the population might grow by 6.87% by 2021, this is almost doubled in those aged 65+ (12.3%), and this age group is expected to increase at a much higher rate for all years after this date.



Quantifying this, there are an estimated 22,839 people aged 65+ in Thurrock in 2015; this is expected to increase to 25,649 by 2021 and 28,612 by 2026. Those aged 65+ are the highest users of Adult Social Care services and are also more likely to develop multiple long term conditions, which results in increased demand for health and social care services¹.

¹ Maria Payne, *Likely contributors towards future social care needs*, Thurrock Council

However, it is not just the number of Older People that will experience a significant increase. There is a marked increase in those aged 18 – 64 in Thurrock compared to the projections for England.

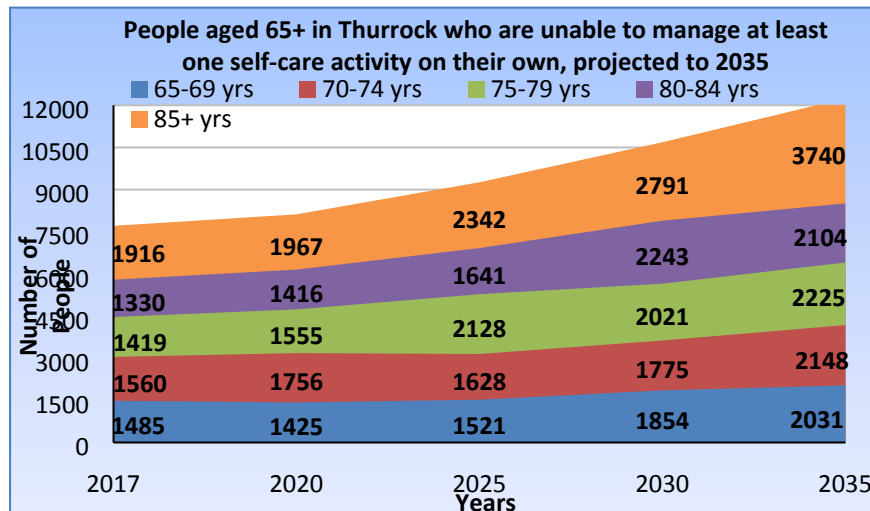


Other indicators of the demand of health and social care are lifestyle behaviours. Thurrock has particularly high numbers of people undertaking behaviours relating to smoking (Thurrock already has more hospital admissions attributable to smoking than both regional and national averages) and obesity (70.3% of adults in Thurrock are either overweight or obese).

Key Points - Without a successful transformation of the health and social care system and public health initiatives, the growth in population coupled with risky behaviours and high levels of deprivation is likely to lead to a significant increase in health and social care usage.

6.1 Needs of Older People (65+)

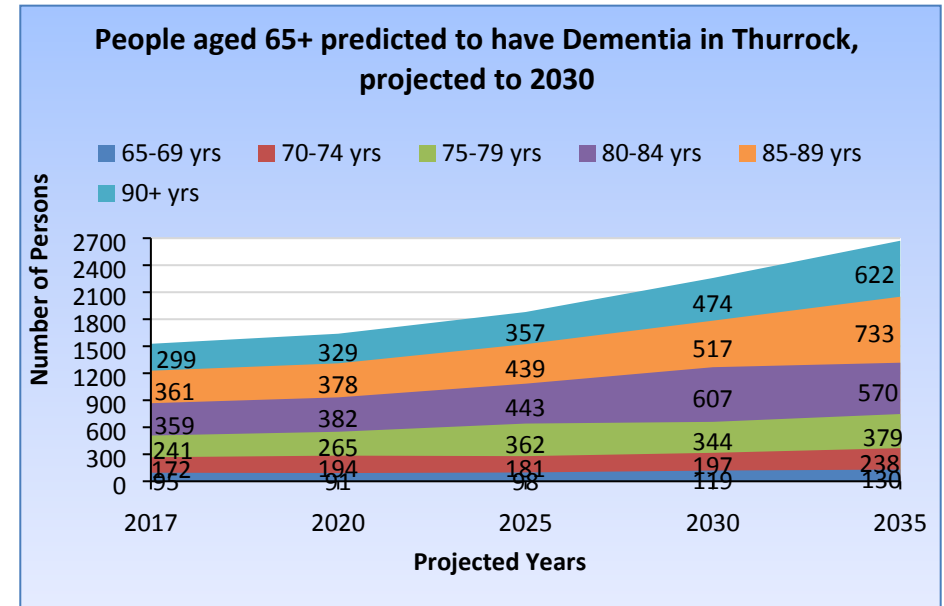
As can be seen from the figure below there is a predicted increase of 59% by 2035 in the number of people aged 65+ in Thurrock who cannot undertake even one self-care activity (basic personal care activities e.g. dressing, feeding, washing and toileting) independently and therefore will be requiring support from Adult Social Care.



In 2017 the total number of people was 7,710 and is projected to increase to 12,248 by 2035 with the largest increase in 85+ year age group, which sees an increase of 95.20% during this period.

It is estimated that the number of people aged 65+ with dementia could increase by 75% between 2017 and 2030. The 85+ age group have the

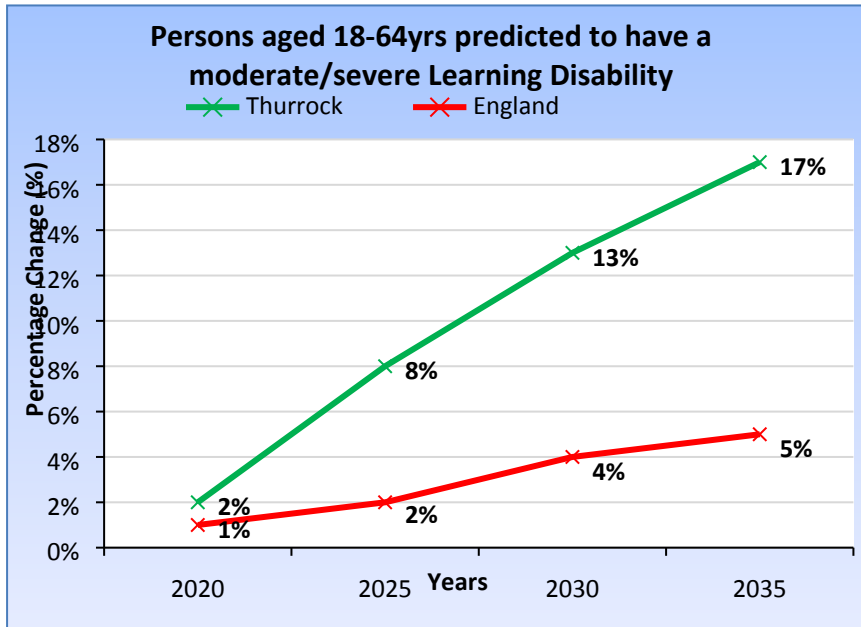
greatest prevalence in dementia. People in this age group with dementia more than doubles during this period from 660 to 1355.



Key Points - Although there is a projected increase in need for all people aged 65+, there is significant growth in those 85+ with physical ill health and dementia.

This pressure should be considered alongside the high levels of obesity in Thurrock which will require both an increase in the number of carers and the purchase of expensive bariatric equipment to deliver care and meet need safely.

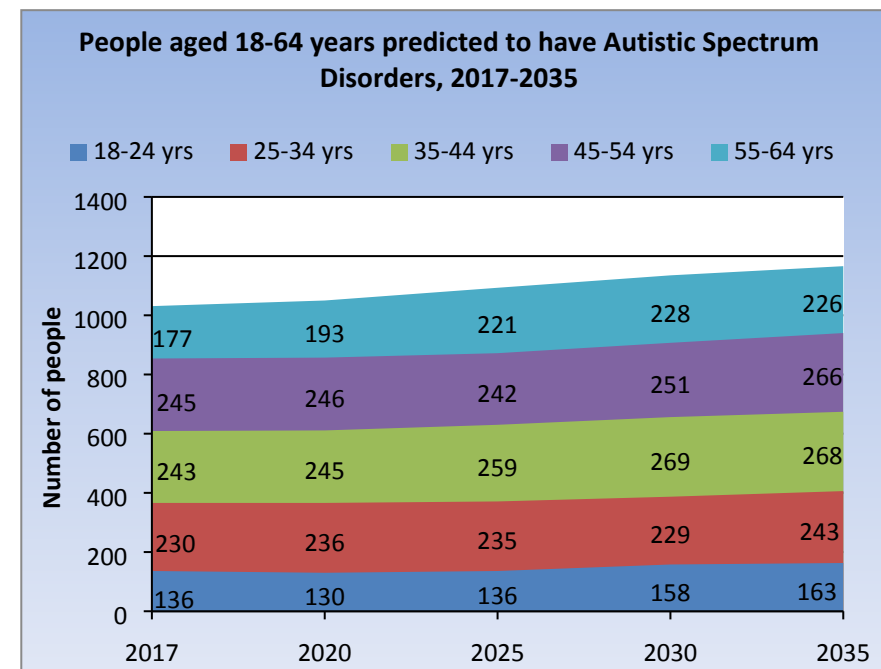
6.2 Needs of working age adults (18 – 64)



Thurrock is expected to have a significant increase in people aged 18 to 64 years with a moderate/severe Learning Disability compared with the national average (Thurrock has a disproportionate number of people with a Learning Disability compared to the national average as a result of a historical closure of Learning Disability long stay hospital in the area). This increase is largely due to people with a Learning Disability already known to Adult Social Care living longer – a large growth area for Thurrock is those aged 45 to 64.

The other area of growth is those 18 to 24. This is due to the location of two specialist schools in the borough meeting the needs of children with disabilities.

One of these schools also has a specialist unit for children with Autism. Although the table below shows a 13% increase in the number of people aged 18 to 64 with Autism, this does not fully reflect the reality and we expect it to be much more. This data is based on national averages and does not reflect that Thurrock has specialist provision which attracts families with autistic children to the borough.



In the last MPS we identified this potential increase in young people who would require Adult Social Care provision and the need for more specialist accommodation solutions. This assumption has been supported by the increase in young people with Autism coming through the transitions process requiring support. In the last MPS, Adult Social Care identified the need for purpose built accommodation for people with Autism. Thurrock Council is working jointly with Peabody Trust (formerly Family Mosaic) to develop their site in Medina Road, Grays to build 6 self-contained properties to support people to live independently as an alternative to placing outside of the borough. Medina Road is primarily aimed to meet the needs of those on the autistic spectrum and as a home for life. Ground works have already commenced on the site with an anticipated completion date of autumn 2019.

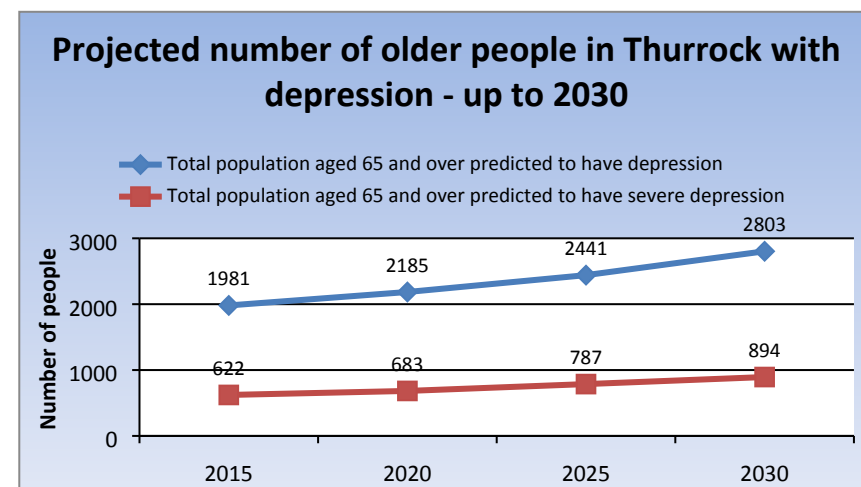
Key Points - We expect a significant rise in working age adults with a moderate/severe Learning Disability (largely people already known to Adult Social Care aged 45 to 64) and younger people with Autism.

6.3 Mental ill Health

Current figures suggest that 1 in 4 people will experience poor Mental Health at some point in their lives and that 1 in 6 adults are experiencing Mental Health difficulties at any one time.

Population projection data shows that the numbers of people with Mental Health disorders are due to increase steadily over the next 15 years, which means that the need and demand for Mental Health services will increase in coming years

Estimates made by the Projecting Adult Needs and Services Information (PANSI) suggest that 16,270 adults aged 18-64 in Thurrock had a common mental health disorder (includes diagnosed and undiagnosed) in 2015. This is projected to increase to 18,029 by 2030 – an increase of 10%².



One particular area of Mental ill Health which is expected to have disproportionate growth in Thurrock is the projected number of Older People with depression. Thurrock's mental health JSNA identifies 1981 Older People with depression – this is expected to increase to 2803 by 2030, which is an increase of 41.5%. In addition, the number of older adults predicted to have severe depression is set to increase from 622 in 2015 to 894 in 2030 – a rise of 43.7%.

The same document also identifies how mental health interacts with

² Thurrock Council, *Joint Strategic Needs Assessment – Mental Health*, 2018

physical health and risky behaviours such as smoking, substance misuse and obesity.

<p>30% of people with a long-term physical health problem also had a mental health problem and 46% of people with a mental health problem also had a long-term physical health</p>	<p>There is a strong link between social isolation and mental ill health.</p>	<p>A high proportion of people misusing drugs and alcohol also suffer from mental illness</p>
<p>40% of Older People living in nursing/care services suffer depression. Older People in residential care are two to three times more likely to experience depression than Older People in the community³.</p>	<p>Those with serious mental illness have extremely high rates of smoking</p>	<p>There is a strong association between obesity and poor mental health.</p>

Key Points - Mental Health will be an increasing focus for the Council and Health colleagues over the next year.

There are strong links between obesity, smoking and poor mental health. As can be seen from section 6, Thurrock has higher than average prevalence of these lifestyle behaviours.

If we consider the link between mental health and physical health, section 6.1 shows an expected increase of 59% by 2035 in the number

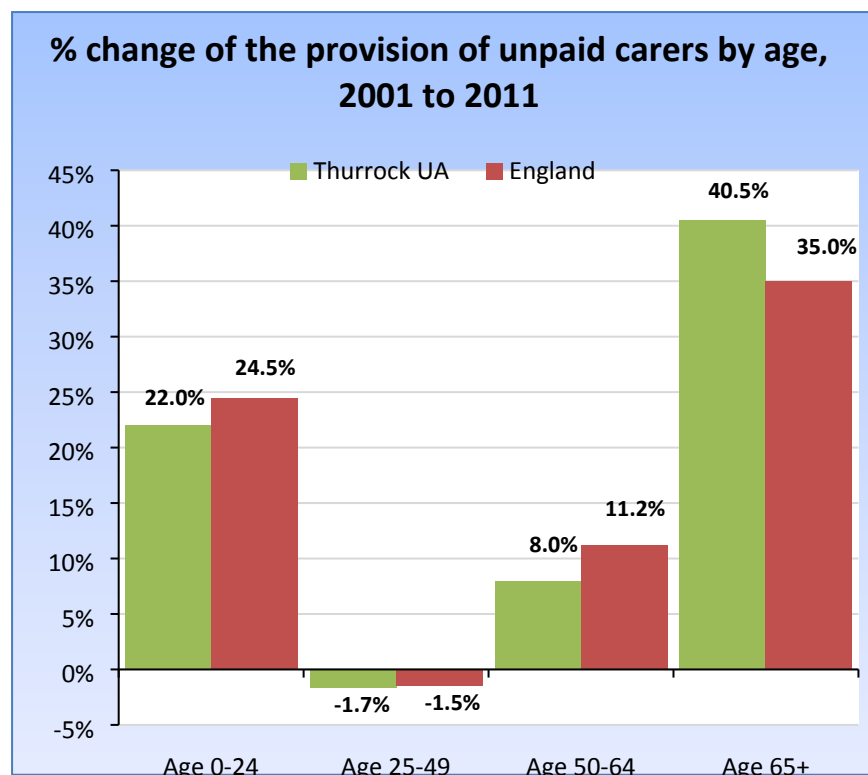
³ *Assessing the mental health needs of older people.* SCIE Guide 3, 2006

of people aged 65+ in Thurrock who cannot undertake even one self-care activity. This will impact significantly on mental health services but also suggests a much greater degree of integration is required between mental and physical health services if we are to adequately meet the needs of the population.

Thurrock has higher than average permanent residential admissions for Older People. If 40% of Older People living in nursing/care services suffer depression – then the impetus must be on the Council to explore preventative service and/or greater links to the community for those people where residential care is the most appropriate service to meet their needs.

6.4 Needs of Carers

Carers are people who spend a significant proportion of their life providing unpaid support to a relative, partner, friend or neighbour who is ill, frail, elderly, disabled or has mental health or substance misuse issues. They are a diverse and significant group of people – over 3 in 5 people in the UK will become Carers at some point in their lives. Nationally 1 in 8 adults (6 million people) are Carers and of these, 1.2million Carers provide more than 50 hours of care per week. The 2011 census shows that 26% of those identifying as caring in Thurrock provided this high level of care. This is higher than regional (23%) and national averages (22%).



In Thurrock it is estimated that some 20,000⁴ people are Carers. However, of these under 5% are actually known to public services and formally recognised and receiving caring support. In 2016/17 Carers in Thurrock were primarily providing support for Older People or people with a long term illness. The majority of Carers were aged 51-64.

⁴ Census data suggests 1 in 8 people are carers. This has been applied to current population projection data.

Caring can be a rewarding experience but many face isolation, poverty, discrimination, ill health, frustration and resentment as a result of their caring role. For example, a Carers survey carried out in Thurrock in 2016 found that 84% of respondents said that caring meant that they either had no control or some but not enough control over their daily life; in addition 78% said that they had encountered financial difficulties in the previous 12 months and most worryingly, there is a significant increase on previous surveys in the number of Carers reporting social isolation.

However, 70% of respondents did report that they found it easy to obtain and access information they needed for their caring role, compared with a national average of 64%. Thurrock Carers also reported a higher than national average satisfaction with social services (40% and 39% respectively).

With Thurrock facing a growing and ageing population, there is likely to be an increase in the demands on Carers who are themselves becoming older and are already providing the bulk of care and support.

Key Points – The projected rise in Older People and people with long term conditions means there will be more people caring. Without adequate support for Carers there will be an increased strain on the health and social care system.

The large amount of care provided by Carers in Thurrock, coupled with the increase in Carers self-reporting as being socially isolated will result in an increase in the use of mental health services if appropriate support and interventions are not put in place.

6.4 Workforce

Most of the health and social care budget gets spent on staff and it is therefore essential that we address the national and local shortage in the care workforce.

Social care has to compete with both the NHS and other sectors such as retail in order to attract staff. Thurrock faces particular difficulties in attracting staff into the care sector as a wide variety of other employment opportunities such as retail (Intu lakeside is based in the borough and planning expansion) and a large and growing logistics sector (e.g. Amazon has recently opened a large distribution centre in Tilbury) trying to attract the same pool of people. Some of the initiatives we are developing in Thurrock are attempting to address this issue. The Wellbeing teams should lead to better care delivery but part of this should be greater job satisfaction and increased pay for care workers.

In addition, we are aware that as we look towards greater integration with health, that the workforce of the future may need different skills that it does today. As such, we are starting to develop a Care Workforce Strategy for Thurrock that will be published in 2019.

Key Points – Health and Social Care is about people. Without attracting adequate numbers of well trained staff into the sector we cannot meet the increasingly complex needs of service users.

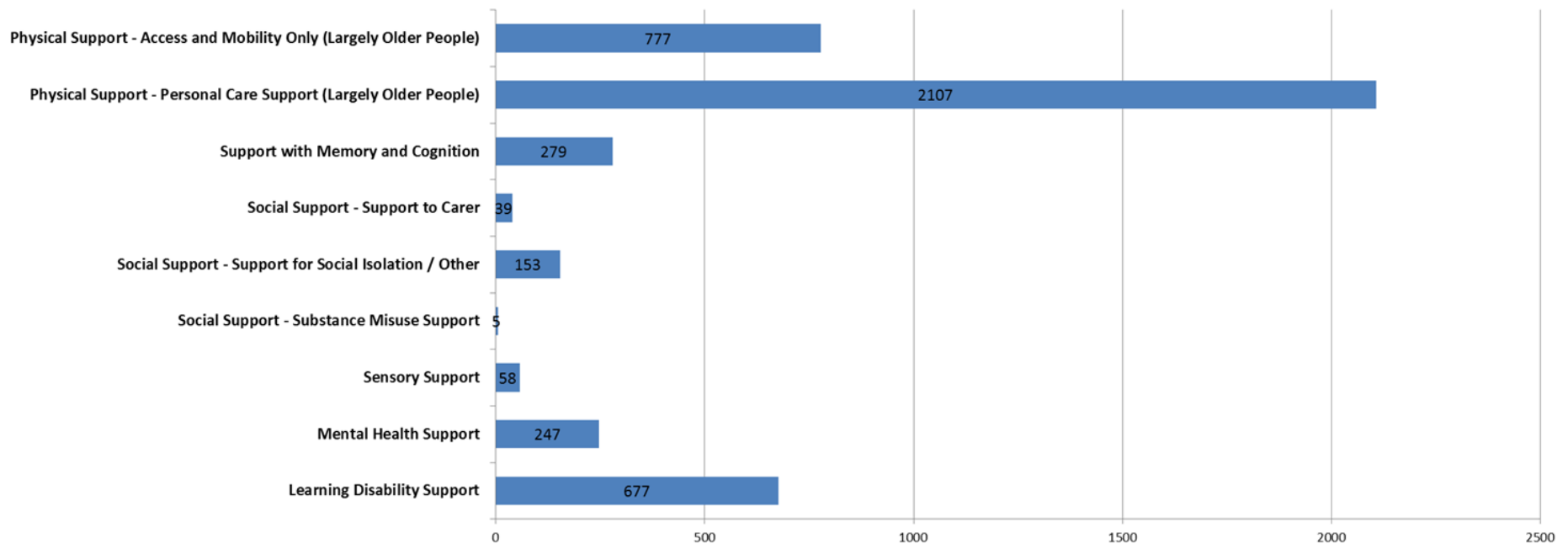
7. Diversity of the Market

7.1 Community Based Provision

In 2017/18 the primary users of community based services were people needing:

- Physical Support – Personal Care Support and accessing the community (largely Older People)
- Learning Disability Support.
- Support with Memory and Cognition (largely Older People with Dementia)
- Mental Health Support (Working Age Adults).

Non-Residential Users By Primary Support Reason (PSR)2017 / 18



This reflects the previous MPS' areas of concern regarding the increasing requirement for physical support for Older People. This has indeed placed strain on the traditional homecare market within Thurrock as we have seen an increase of nearly 2000 hour of home care commissioned each week since 2014.

Within the last MPS there was a clear intention to diversify the non-residential care market and encourage the use of other forms of service provision whilst simultaneously reducing residential care dependence. While growth of the Shared Lives market has been initially slower than anticipated, usage of other non-residential care options has increased.

The increased focus on maintaining individuals in the community has resulted in the proliferation of non-residential support options for increasingly complex cases. Thus, options such as Supported Living and combined Direct Payments / Homecare packages have increased which has shifted spending patterns to new key areas of growth; Learning Disability; Mental Health; and Older People (physical support).

This shift of £4.3m investment from residential to community based services has enabled a greater flexibility in meeting eligible needs for Thurrock residents in an increasingly challenging non-residential market place and provided a platform for the growth of micro-enterprises in Thurrock.

One of the main challenges moving forward in commissioning and maintaining a diverse market will be adapting and working with providers to meet the service users changing requirements.

As stated previously a great proportion of our current spend is attributable to services for people with a Learning Disability or Mental Health needs. As these groups have some of the lowest average ages for Direct Payment and Supported Living (see appendix 2) it is likely other needs will manifest as these individuals age e.g. there will be an increasing requirement to meet the needs of Learning Disability service users who develop dementia.

If we aim to support these individuals within the community longer term more bespoke services or specialist services may need to be sourced.

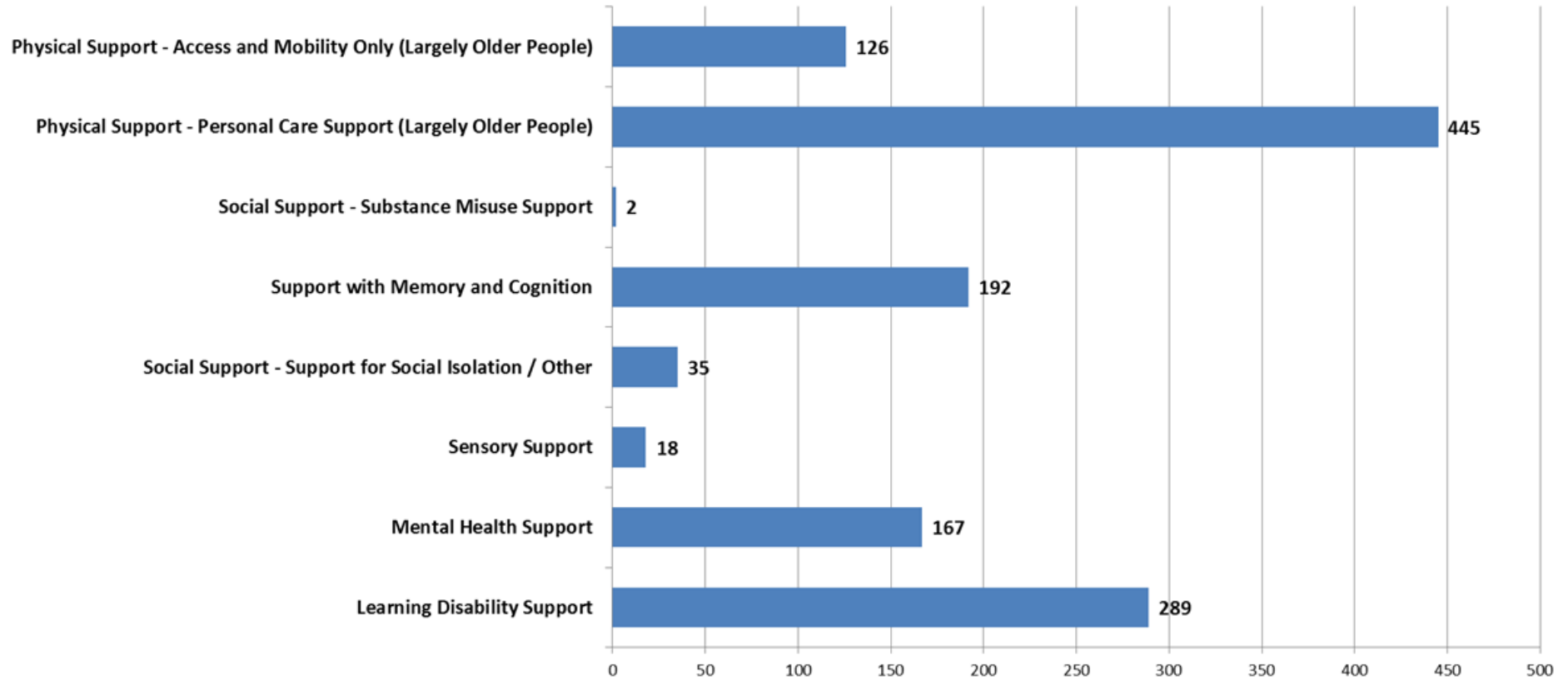
Under 1% of users of community based services are Carers. In 2017/18 only 11 Carers received a direct payment with the needs of most Carers of Older People being met by Council run services. The lack of choice and diversity of provision for Carers is a priority now that a comprehensive information, support and advice service has been procured.

Key Points – There has been a greater use of community based services since 2014. This has led to a greater diversity of provision including the development of micro providers. We expect this trend to continue and will work with providers to define and develop services to meet;

- **The need for supported housing**
- **The needs of Carers**
- **The need for more specialist/bespoke services for people with complex needs e.g. Autism, People with both learning disabilities and dementia etc.**

7.2 Residential Market

Residential Users By Primary Support Reason (PSR) 2017 / 18



Externally provided residential provision (the Council retains one in-house residential care home for Older People) totalled over £20m in 2017 / 18, of which the vast majority was spent with private businesses. We have significantly more people in residential care with physical support /personal care needs (primarily Older People). However, spend does not reflect the number of placements, as although a much lower number of individuals are in residential care than previously, spend on Learning Disability residential care is significantly higher (nearly double).

This is (to a degree) to be expected with the two specialist schools within the borough and the forecast above national demographic trend increases in Learning Disability.

The spending pattern for residential service, in combination with community based spend for Mental Health and high average ages in homecare and day care would point to a potential short comings in our present range of options that address the mental wellbeing of people 65+. This will present a more significant future challenge given the forecasted pressures outlined in the 'needs of Older People' (section 6.1) earlier in this document.

Thurrock's Brokerage team do not report a need for more in-borough residential care placements for people with mental ill health but do require a greater diversity of mental health supported accommodation. This is exacerbated by the increase in demand, both current and predicted of this service type for clients with Mental ill-health.

At present internal brokerage services are reporting a consistent 5% void rate for traditional Older People residential care across the

borough. This is in keeping with overarching trends which has seen a continual reduction in traditional Older People placements since 2010 via externally sourced places (329 individuals in April 2010 compared to 257 in April 2018).

Although actual placements are showing a reduction, our forecast due to demographic pressures (even factoring in community based service solutions) is showing at best a stabilisation or small increase in the number of residential placements for Older People with physical support needs. As we currently have a 5% void rate in Older People residential care we will not support the development of further traditional residential care provision. The proposed development of the White Acres site into a care home for the 21st Century may create extra capacity in the system and will provide a new model of residential based care that we may wish to replicate.

While growth in residential placements for people with a Learning Disability have only grown slightly since April 2010 the forecast growth in this user group shows this as a potential issue for the Authority. A proportion of this demand has been absorbed via non-residential service provision which is evidenced by the increasing spending for people with a Learning Disability across all service types.

When looking at forecasted growth and the increase in average weekly cost per placement (please see appendix 2) you can conclude that the Authority will be faced with increased demand and increased levels of client complexity.

Although we are forecasting an increase in service users with Learning Disability with complex needs, Thurrock continues with the commitment from our last MPS to not support the development of traditional Learning Disability residential care homes. Due to our successful development of housing based solutions (please see key facts – section 4) we have enough traditional residential care provision and have voids in some existing schemes.

Looking at the average age of the service user groups in combination with the spend data, Learning Disability Support has by far the lowest average age and the highest proportion of spend. When looking at this in combination with the non-residential data detailed above or the demographic information outlined in the ‘needs for working age adults’ (section 6.2) would suggest the need for clearer step up/down pathways throughout the journey through the Adult Social Care system for this service user group.

It has been highlighted that we will need to continue to work with providers to develop innovative solutions for young people with Learning Disabilities and Autism (including purpose built schemes like Medina Road) in order to address this trend.

Thurrock’s Brokerage team report an under provision of certain types of supported living for both LD and MH (including dual diagnosis) – the supported housing and accommodation MPS will clearly define the required model/s.

Key Points – The main user of residential care is Older People yet the largest area of spend on residential care is for people with a Learning Disability.

We will not support the development of traditional residential care for Older People, People with Mental ill Health or Learning Disabilities.

There is an under provision in accommodation based services for working age adults (Learning Disabilities, Mental ill Health and Autism), especially for people with complex needs. The supported housing and accommodation MPS will clearly define the required models and number of units required over the next 5 years.

8. Future shape of the market and Key Actions

The main areas of growth for Providers are;

- Services that address both physical and mental wellbeing.
- Integrated services that can meet health and social care needs.
- Services for people with mental ill health – gaps in service will be defined as part of the MPS (to be published in 2019).
- Service that can respond to people utilising a direct payment/Individual Service Funds/own funding.
- Services for Carers.
- Supported Housing - Exact models to be defined in the Supported Housing and Accommodation Based Services (to be published in 2019).
- Young people with Autism.
- The development of alternative no/low cost community based solutions is a key objective. Providers may want to consider their approach to Social Value initiatives as part of their future service development in Thurrock.

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
1.	Integrated Commissioning and Holistic Care	<ul style="list-style-type: none"> • Without a successful transformation of the health and social care system and public health initiatives, the growth in population coupled with risky behaviours and high levels of deprivation is likely to lead to a significant increase in health and social care usage. • 30% of people with a long-term physical health problem also had a mental health problem and 46% of people with a mental health problem also had a long term physical problem. • If we consider the link between mental health and physical health, there is an expected increase of 59% by 2035 in the number of people aged 65 and over in Thurrock who cannot undertake even one self-care activity. This will impact significantly on mental health services but also suggests a much greater degree of integration is required between mental and physical health services if we are to 	<ul style="list-style-type: none"> • Integrated Commissioning enhanced through the Better Care Fund will be more fully developed through the creation of an Alliance partnership across all commissioners and providers to become more outcome and locally focused. • Commissioners will be looking for every opportunity over the next 5 years to commission services with health and housing colleagues where it benefits the community do so. • Commissioners will also be looking to develop services that can meet both the physical and mental wellbeing of service

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
		<p>adequately meet the needs of the population.</p> <ul style="list-style-type: none"> • Service users reported the difficult in accessing services and the lack of coordination between them. • Service users wanted commissioners to understand that social interaction is a valuable as physical interaction. 	<p>users. This will be an area of growth for those Providers who can respond to this need. Part of mental wellbeing is addressing social isolation – as such commissioners will be more explicit in future specifications about the value of social interaction.</p>
2.	Diversity of Provision	<ul style="list-style-type: none"> • Thurrock Council gave £179.5k⁵ to the Voluntary and Community Section in 2018/19 through the Adult Social Care grant bidding process. • 37% of the total gross non-residential spend in 2017/18 was made to organisations that were 'not for profit'. • Development of Micro Providers. • There is little diversity of provision (type of service or provider type) for Carers. • There is little diversity of provision for young people with Autism. 	<ul style="list-style-type: none"> • We view the voluntary and community sector as an essential partner in meeting our prevention responsibilities under the Care Act. Now we have developed our grant bidding process and due to the added value provided by these organisations we hope to commit to 3 year grant funding agreements to enable stability to the sector to enable a greater degree of planning beyond the yearly cycle currently in place. • We recognised the need to diversify the market in our 2014 MPS. As part of this we undertook a 2 year project to develop this segment of the market. This has resulted in over 50 local services being supported to set up in Thurrock. All services focus on improving the lives of local residents by providing support in the

⁵ 30K of this is funded by Thurrock Clinical Commissioning Group

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
			<p>fields of health, care and/or support in home and community and have increased the choice of services available locally. Due to its success, from 2018, the continued support and development of new micro-enterprises will form part of our mainstream service offer.</p> <ul style="list-style-type: none"> • We recognise there is little diversity of provision for Carers and young people with Autism and will seek to address this through engagement with existing and new providers to enable people to utilise direct payments/own funds in the short term and formal market intervention such as the publication of new opportunities through framework type agreements medium to longer term.
3.	Direct Payments	<ul style="list-style-type: none"> • 1 in 4 service users now have a direct payment. This is compared with 1 in 5 service users at the last MPS. • Service users felt that direct payments are important, including timely information about what a direct payment can be used for and what option are available for care and support. Users identified the need for a PA agency as they felt new users may have difficulty finding a PA without one. 	<ul style="list-style-type: none"> • This growth in direct payments occurred during a period where because of provider failure, some service users who were utilising a direct payment to purchase home care had to return to commissioned services. • We expect this trend of increased take up of direct payments to continue. The Authority will continue to promote direct payments as a viable option and will introduce a PA register that is easily

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
			<p>accessible to the public.</p> <ul style="list-style-type: none"> The Direct Payment Engagement Group (DPEG) was developed in February 2018 to ensure the council has a greater understanding of service user's experience of direct payments. The Direct Payment policy is currently being reviewed by service users and practitioners so that people have greater understanding of what direct payments can be used for and any associated processes.
4.	Residential Care	<ul style="list-style-type: none"> Our permanent admissions of younger adults aged 18 to 64 to residential and nursing care is approximately 50% lower than the national and regional average. Although we have greatly reduced our dependence on residential care for Older People through the development of alternatives such as Extra Care Housing, Thurrock still has higher than average permanent residential admissions for Older People compared to regional and national averages⁶. If 40% of Older People living in nursing/care services suffer depression – then the impetus must be on the Council to explore preventative service and/or greater links to the community for those people where residential care is the most appropriate service to meet their needs. Consistently 5% voids of Older People residential care. 	<ul style="list-style-type: none"> We do not support the development of any traditional residential care services for Older People or working age adults within the borough. Thurrock has committed to achieving dementia care home standards by 2020 and will be working with existing services over the next two years to achieve this. We need to create greater links between residential care homes and the wider community to tackle social isolation and depression.

⁶ Adult Social Care Key Performance Indicators 2016/17. 710 per 100,000 compared to 610 and 524

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
		<ul style="list-style-type: none"> Some voids in Learning Disability residential care – even though three homes have closed since the last MPS. 	
5.	Supported Living	<ul style="list-style-type: none"> There has been a significant increase in the use of supported accommodation for adults of working age since the publication of the last MPS. The Council has utilised its own housing stock to develop some of these schemes for people with a Learning Disability. Service users felt there needed to be a service between residential care and independent living and that independent living requires a clearer definition. The development of extra care housing has led to greater choice for Older People. Current void levels and waiting lists suggest we do not require further development at this time. 	<ul style="list-style-type: none"> The council is experiencing an increase in demand for supported accommodation for working age adults. We will define the model/s of supported accommodation we wish to purchase in the Supported Housing and Accommodation Based MPS – this document will be published in 2019. The Council will not support the development of further extra care housing schemes at this time.
6.	Home Care	<ul style="list-style-type: none"> We commission 7000 hours of homecare per week to over 700 users. This is an increase of nearly 2000 hours per week since the last MPS. Service users reported that they wanted greater flexibility of service. They also emphasised the importance of continuity of carer/support worker. Concerns were also raised about the reliability of carers having to travel throughout the borough. Service users wanted commissioners to understand that social interaction is a valuable as physical interaction. Services should be deeply rooted in the local community. We will be piloting Wellbeing teams. Outcomes from this pilot will 	<ul style="list-style-type: none"> We have seen a significant increase in the number of home care hours provided but not necessarily the number of people supported. In 2017 we commissioned a Living Well @ Home Service and are currently in the implementation phase. When fully operation, 4 providers will operate within contained areas of the borough. This is to ensure that the providers and their carers get to know an area and can draw upon other services and assets in the local community (including those provided by

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
		inform future service developments and ultimately the commissioning approach.	<p>the voluntary and community sector) to meet service users outcomes. This approach will also greatly reduce travel time and should result in greater consistency of carers.</p> <ul style="list-style-type: none"> • By January 2019 we will start our Wellbeing Team pilot which will facilitate two Wellbeing Teams within the Tilbury and Chadwell location. Wellbeing Teams are self-managed, values led neighbourhood based teams. They focus on three key elements; <ul style="list-style-type: none"> ○ Making sure service users are safe and well ○ Ensuring people are in control of their live ○ All service users are connected to family, friends and the community.
7.	Older People and People with Dementia	<ul style="list-style-type: none"> • There is a project increase in need for all people aged 65and over. There is significant growth in those 85+ with physical ill health and dementia. • Service users felt there should be an increase in care and support options for people with dementia. 	<ul style="list-style-type: none"> • There is very little diversity of provision for Older People and people with dementia. • Health and social care are currently reviewing the pathway for people with dementia and any gaps in service will be identified as part of this process and communicated to providers in the Mental Health MPS in 2019. • Although Dementia will form part of the

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
			<p>Mental Health MPS, the Council is committed to increasing the range of services available to meet service user and their Carers needs. This will likely be through a framework type agreement.</p>
8.	Learning Disabilities and Autism	<ul style="list-style-type: none"> • We expect a significant rise in working age adult with a moderate to severe Learning Disability and younger people with Autism. • Service users felt there should be more specialist services for people with complex/profound Autism. 	<ul style="list-style-type: none"> • Advances in care and support have meant that a lot of our service users with Learning Disabilities are living longer. Although this is something to celebrate we do realise that this also brings some additional issues. In particular, we know we need to plan to meet the needs of people with Learning Disabilities who also have dementia. Although there will not be a large number of service users requiring this support – it is an area of development. • We will continue to develop housing related solutions for people with Learning Disabilities and Autism. The Medina Road site is our first purpose built development for people with Autism. However, current demographic data and trends in service users transitioning from Children’s to Adult Social Care suggests that we may need more of this type of service going forward. Full details will be published separately in our Supported Housing and

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
			<p>Accommodation Based MPS in 2019.</p> <ul style="list-style-type: none"> Following a tender exercise, Thurrock opened an Accredited List in January 2018. This allows for a variety of providers who pass the accreditation process to advertise their services. We now have three providers offering a range of day opportunities; the process will be re-opened to allow more providers to join but will also be replicated for other areas of support for people with a Learning Disability and/or Autism.
9.	Mental Health	<ul style="list-style-type: none"> Current figures suggest that 1 in 4 people will experience poor mental health at some point in their lives and that 1 in 6 adults are experiencing mental health difficulties at any one time. Population projection data shows that the numbers of people with mental health disorders are due to increase steadily over the next 15 years, which means that the need and demand for mental health services will increase in coming years. 	<ul style="list-style-type: none"> This will be an area of increased focus over the next year for health and social care – the joint appointment of a Public Health and Adult Social Care commissioner during 2018 for Mental Health evidences our commitment to improving the lives of people with Mental ill health in Thurrock. The Mental Health and Autism MPS will be a deep dive into the existing health and social care system. It will also identify any gaps in services. This is a potential area of growth for providers.
10.	Informal/Family Carers	<ul style="list-style-type: none"> The projected increase in Older People and people with long term conditions means there will be more people caring. 	<ul style="list-style-type: none"> We need to improve the support available for Carers in Thurrock to help them continue with their caring role. Without

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
		<ul style="list-style-type: none"> • The large amount of care provided by Carers in Thurrock, couple with the increase in Carers self-reporting as being socially isolated will result in increased use of mental health services if appropriate support and interventions are not in place. • Service users reported they wanted greater flexibility of respite services. • There is limited choice in provision. • Thurrock has a low spend and low take-up of direct payments for Carers. 	<p>this, there will be increased strain on a health and social care system already under pressure.</p> <ul style="list-style-type: none"> • We have already commissioned an Information, Advice and Support Service for Carers which started in June 2018. • We will publish a Carers Strategy in 2019, in which we will detail what services Carers want. We will then hold an engagement event to encourage providers to operate in Thurrock and meet the needs of Carers.
11.	Workforce	<ul style="list-style-type: none"> • Health and social care is about people. Without attracting adequate numbers of well trained staff into the sector we cannot meet the increasingly complex needs of service users. • Service users felt there was a need for highly trained PA's for people with Autism and specialist/high needs. • We need to encourage people into a career in care - the complexity of support has increased the number of hours of home care by 2000 since the last MPS and the sector is finding it increasingly difficult to attract enough people to meet need. 	<ul style="list-style-type: none"> • A separate workforce strategy for Thurrock will be developed which will localise the National Health and Social Care Workforce Strategy due for publication in July 2018. • The availability of training for PA's and micro providers will be considered as part of the Direct Payment agenda. • The introduction of Wellbeing Teams will support a chosen career in care by financially rewarding and empowering staff and preventing social care from being seen as a 'Cinderella Service'.
12.	Technology enabled care	<ul style="list-style-type: none"> • Technology Enabled Care has a place in preventing, reducing and delaying the need for social care. 	<ul style="list-style-type: none"> • By December 2018 we will pilot Technology Enabled Care within the

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
		<ul style="list-style-type: none"> <li data-bbox="584 312 1442 408">Thurrock Councils digital transformation strategy, Connect Thurrock is transforming the way residents of Thurrock live their lives and communicate. <p data-bbox="629 456 1420 520">https://www.thurrock.gov.uk/digital-and-information-technology-strategy/connected-thurrock-2017-2020</p>	<p data-bbox="1532 272 2029 552">Tilbury and Chadwell location building on strength based approach to enhance quality of life for service users. This will increase dignity and opportunities to stay more connected with family, friends and the community by the use of technology such as video conferencing, apps and sensors.</p>

Appendix One – Review of the Market Position Statement 2014/18

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
1	Communities become more resilient and self-supporting, and improvements to the homes and built environment enable more people to stay well.	<ul style="list-style-type: none"> • Commissioned services will no longer be our first response but our last. We will work with people to find the solution in their own community. • As the LAC and ABCD initiative gain momentum there will be an impact on the amount of commissioned services. Traditional service solutions will only be used when all other avenues have been explored. • We will support voluntary and community groups with initiatives that strengthen the community. 	<ul style="list-style-type: none"> • We have developed the ‘stronger communities’ agenda through the Stronger Together Partnership. This has included: the development of six community hubs across the Borough, the development of a number of micro enterprises, the development of social prescribing in a number of GP practices, and the implementation of a Shared Lives scheme. The continued growth of resilient and self-supporting communities is an underpinning theme of our health and social care transformation programme – Better Care Together Thurrock. • The Director of Public Health published a report on developing a sustainable health and care system. In this, he concluded that the development of preventative initiatives such as Local Area Coordination had contributed to the reduction of the number of people requiring a social care service. Whilst the number of people requiring a social care service had reduced, the complexity of cases being dealt with had increased – this was further

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
			<p>evidence that a preventative approach was leading to people requiring a service at a later stage.</p> <ul style="list-style-type: none"> • Social Care has increasingly adopted a strength based approach – focusing on ‘what’s strong’ rather than ‘what’s wrong’. This includes an assessment process that focuses on identifying and meeting the outcomes most important to the person being assessed. The approach focuses on looking at solutions rather than services – which can include support provided from within the community. • Through the Stronger Together Partnership, an initiative known as Small Sparks exists. This provides small grants for community initiatives. We provide support to develop micro-enterprises as well as supporting community-based groups and initiatives to develop via our Local Area Coordinators.
2	The Council and the CCG are committed to integrated commissioning. The Council and CCG commissioning functions will be integrated removing duplication and improving outcomes for people. In addition, the Council will be hosting the Better Care	<ul style="list-style-type: none"> • Single commissioning arrangements across the Council and CCG. • Single set of commissioning intentions and commissioning strategy. 	<ul style="list-style-type: none"> • As the host organisation for the Better Care Fund since 2015, the Council works closely with NHS Commissioners and Providers to ensure the delivery of integrated care in line with the objectives of the Better Care Fund Plan

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
	Fund (BCF).	<ul style="list-style-type: none"> As the host organisation, the Council will be responsible for contract managing the elements of NHS contracts that sit as part of the Better Care Pooled Fund. 	<p>for Thurrock. This has been very successful and forms the basis of further work to expand the principles of the better care fund to other service areas.</p>
3	<p>The new Care Act 2014 introduces the requirement for all service users to have a personal budget. This will mean that all service users will have a clear understanding about the financial resources available to them.</p>	<ul style="list-style-type: none"> Thurrock Council expects most people in the future (or an authorised person on their behalf) will take this personal budget as a direct payment. In the future the Council may not be the main commissioner of services. Both the money and power will shift from the Local Authority to individuals needing support and their Carers. Individual purchasers may be looking for something different to services available via a Local Authority. As more people utilise a direct payment to purchase P.A. support, an agency able to offer this service may become a need. 	<ul style="list-style-type: none"> Direct Payment take up has increased to its highest level within Thurrock increasing from £3.9m in 14/15 to £4.3m in 17/18. Uptake has also mirrored spend increasing from 744 instances in 14/15 to 816 in 17/18 despite provider failures and general difficulties in the market place. Service user engagement and Provider engagement has aided market diversity and increases in Micro Enterprise usage. Joint working with the ULO to increase service user understanding on how Direct Payments can be used.
4	<p>The new Care Act 2014 places a duty on the local authority to Promote Diversity and Quality in Provision of Service.</p>	<ul style="list-style-type: none"> This means that Thurrock Council needs to ensure that service users have a variety of providers and a range of high quality services to choose from. 	<ul style="list-style-type: none"> The initial 2 year project has seen 50 local services supported to set up in Thurrock All services focus on improving the lives of local residents by providing support in the fields of

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
		<ul style="list-style-type: none"> We will actively work with potential providers including micro and small / medium enterprises to ensure that service users (and Carers) are offered real choice and foster innovation locally. We will actively support the development of micro and social enterprises. 	<p>health, care and/or support in home and community and have increased the choice of services available locally. Due to its success, from 2018, the continued support and development of new micro-enterprises will form part of our mainstream service offer.</p>
5	<p>The new Care Act 2014 places a duty on the local authority to assess whether a Carer has support needs and to provide or arrange for the provision of services, facilities or resources which contribute towards preventing or delaying the development by Carers of needs for support.</p>	<ul style="list-style-type: none"> The provision of information and advice is a core component of the Act. We see this provision as not only the responsibility of the Council but of every provider. If eligible, Carers will also be given a personal budget. We expect that in the future most Carers will utilise a direct payment to arrange support. This could be a growth area for existing and prospective providers. A review of the market has little diversity of provider in the Carers support service sector. Thurrock Council is encouraging increased diversity in the provider profile. As the number of people taking a direct payment and choice of providers grows, we expect our internally run services may adapt to reflect this. We will actively support the development of a 	<ul style="list-style-type: none"> Following a tender exercise, in 2018 a consortium of local voluntary sector providers were successful in delivering an information, support and advice service for Carers. This contract is for a period of 5 years and following feedback from Carers allows the provider to carry out assessments on behalf of the council. It will also introduce a Carers emergency scheme. Spend on Carers services and the diversity of provision for Carers is low. As such, following the implementation of the accredited list for day opportunities – a similar approach will be taken for Carers to ensure a greater diversity of provision in Thurrock. The council successfully commissioned a Shared Lives scheme in February 2017. This is a 5 year contract to develop and grow the scheme to meet

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
		<p>Shared Lives scheme locally as an alternative to residential respite.</p>	<p>our Care Act requirements of increasing our offer of services and as an alternative to residential care placements made outside of the borough.</p>
6	<p>There is an increase in Thurrock's population, especially those aged over 70 and people with dementia.</p>	<ul style="list-style-type: none"> • Innovative and high quality community based provision aimed at Older People and people with dementia is an area of potential growth. • We are working closely with housing developers and our own housing, planning and regeneration departments to support the building of homes to HAPPI standards for older and vulnerable people. This is part of our strategy to enable older and vulnerable people to live independently in their community. 	<ul style="list-style-type: none"> • This is still an area of potential growth. • Adult Social Care, under the auspices of the Health and Wellbeing Board, established the Housing and Planning Advisory Group (HPAG) to ensure that they could influence planning and development to better meet future demand.
7	<p>The number of service users in residential care is decreasing and as a result so is spend.</p>	<ul style="list-style-type: none"> • We may support the development of a high quality small dementia with challenging behaviour nursing home or unit. • We will not support the development of additional Learning Disability residential care schemes in Thurrock. • However, we will actively support the development of a shared lives scheme locally as an alternative to residential care. • Although we anticipate a growth in people with Autism and as such may require additional 	<ul style="list-style-type: none"> • Since the last MPS an existing residential scheme that accommodated our dementia service users with behaviour that challenges expanded during the last few years. At this point, this expansion in service is meeting the need. • There has been a reduction in 3 Learning Disability care homes since the last MPS. Due to the use of other forms of accommodation based services there is still no requirement to expand on existing provision.

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
		<p>specialist services in borough, this detail will be contained with the Autism Strategy – the final version will be published on the Council's website in April 2015. Current and potential providers should reference to this document to understand our desired service profile before investing in local Autism services.</p> <ul style="list-style-type: none"> • We will not support the development of additional mental health or Learning Disability residential care schemes in Thurrock. • We will be developing a step up/step down service provision for mental health. 	<ul style="list-style-type: none"> • There has been no increase in borough of mental health residential care. However, we have increased the availability of mental health supported accommodation in borough. • Step up step down mental health provision has not been developed as yet but is still planned. The main obstacle has been locating appropriate accommodation for this use.
8	The number of service users being supported in the community is increasing and as a result so is spend.	<ul style="list-style-type: none"> • As the development of extra care is relatively recent, the Council is still evaluating the impact of this service and as to whether we wish to roll this out on a wider scale. We will report in 2015. • Due to the success of Elizabeth Gardens we will consider (as part of the evaluation) supporting a small extra care housing development for Older People and people with dementia in the west of the borough (as we currently have no provision here). • Also, subject to this evaluation we will consider the development of a small extra care scheme for people with Learning Disabilities. • Unlike many areas we have the opportunity to 	<ul style="list-style-type: none"> • The addition of extra care schemes in Thurrock has added to the diversity of provision available to Older People. At this point, we do not have sufficient demand (as evidenced by waiting lists and voids) to consider the development of additional schemes in the area. • We are increasingly meeting the needs of people with Learning Disabilities through the development of supported accommodation utilising council housing stock e.g. Chichester close and LD Project (which utilises empty sheltered housing officer accommodation).

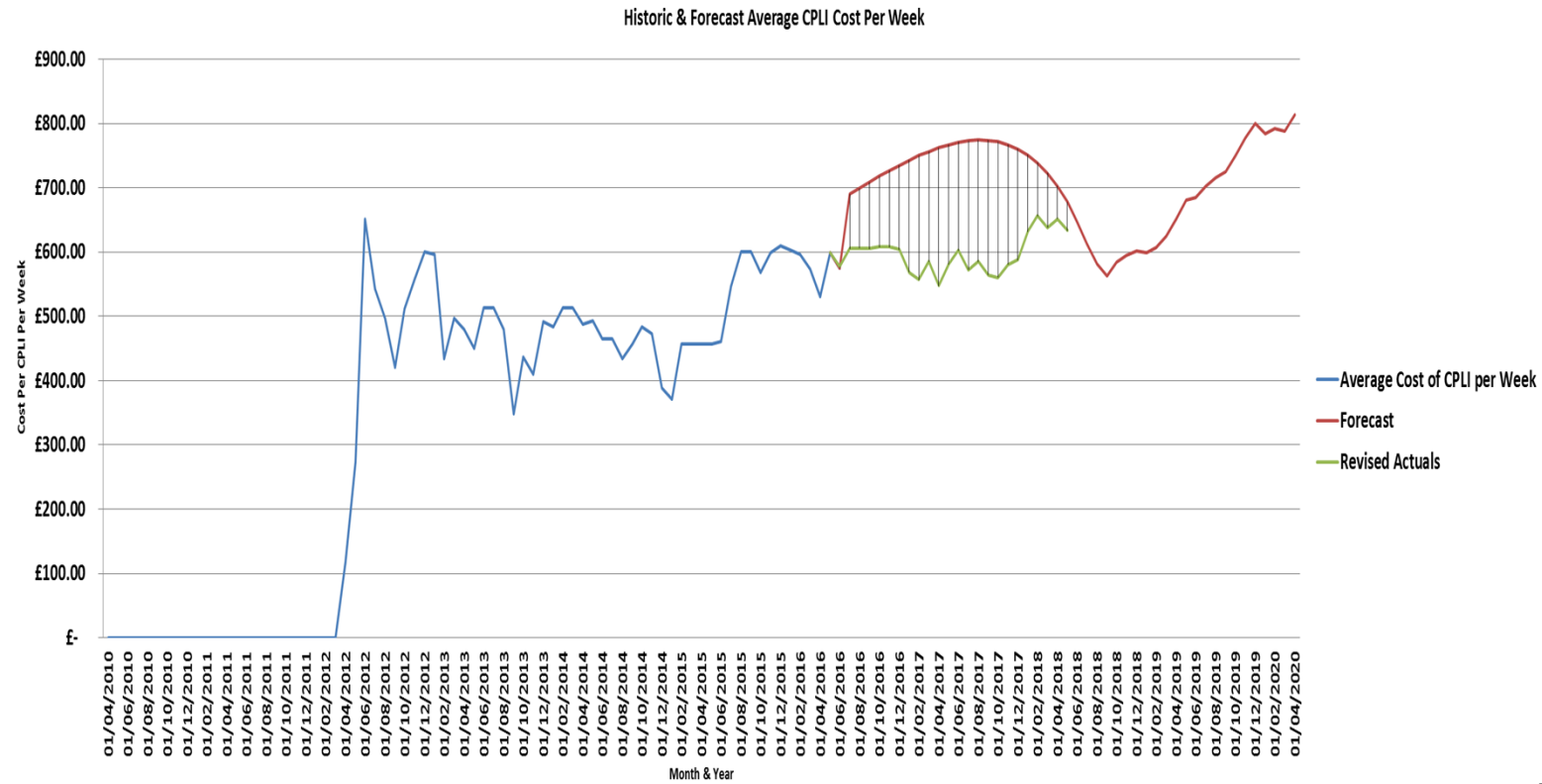
No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
		<p>utilise RSL and Council owned accommodation for supported living. As such, we will wherever possible utilise this resource and encourage the separation of landlord and support functions for long term provision. We will commission any support separately or service users can utilise a direct payment to arrange their own.</p> <ul style="list-style-type: none"> • We will actively work towards a 100% of our long term supported living provision meeting REACH standards. • A recent review of the market has shown little diversity of provider in Learning Disability day services. Thurrock Council will be encouraging increased diversity in the provider profile. This will most likely be by the use of a framework type agreement. • We are anticipating a growth in service users with autism. This will form part of the framework type agreement (detailed above). This information will be contained within the Autism Strategy to be published in April 2015. Current and potential providers should refer to this document to understand our desired service profile before investing in local autism services. 	<ul style="list-style-type: none"> • Although we have continued to develop supported housing schemes which separate support and landlord e.g. Chichester close. We still need to review and formally define future supported living provision. This will be developed during 2018 and published in 2019. • Following a tender exercise, Thurrock opened an Accredited List in January 2018. This allows for a variety of providers who pass the accreditation process to advertise their services. We now have three providers offering a range of day opportunities; the process will be re- opened to allow more providers to join. • Autism is still an area of growing need in Thurrock. To meet this need ground works have already commenced on the development of a 6 unit specialist housing scheme for people with autism – this has an anticipated completion date of autumn 2019.
9	The number of direct payments is increasing.	<ul style="list-style-type: none"> • We expect direct payments to become the primary way care and support is purchased. 	<ul style="list-style-type: none"> • The Council has introduced Individual Service Funds (initially) for all eligible Working Age individuals. This has

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
		<ul style="list-style-type: none"> • In the future providers will have a relationship directly with service users – not the Council. • Although the Council current commissions home care under existing contracts with three providers, direct payments are increasing. This offers a real opportunity for the increase of organisations (large and small) who want to provide care to people either receiving a direct payment or self-funding. 	<p>introduced a more inclusive approach to support planning, commissioning and provider relationships. Support planning is now carried out in conjunction with the chosen provider and individual and flexibility given so the individual can use the service as flexibly.</p> <ul style="list-style-type: none"> • PA take up from 167 instances in 14/15 to 276 instance in 17/18.
10	<p>Our assessment and Care Management Services are becoming much more closely embedded into the communities they service and ensuring that strengths and outcomes are more important as needs and outputs in their practice.</p>	<ul style="list-style-type: none"> • Programme of culture transformation is underway that will require providers to engage with fieldwork to find creative solutions based on strength and choice. • Locality will become a crucial factor in solution finding. The challenge for providers will be to add value to the communities in which they provide. • A genuine partnership with the citizen will be a feature of the relationship between them, their support planner and provider; paternalistic models of support will be a thing of the past. 	<ul style="list-style-type: none"> • We have carried out a number of separate pieces of work to develop cultural transformation. This includes a series of staff workshops and reviewing the process for carrying out assessments so that they focus on strengths and outcomes – looking at a range of solutions to meet those outcomes rather than a sole service response. • We have developed a community asset map so that practitioners can see what is available within a person’s locality. This means that solutions local to where the person lives can be identified. • The assessment process firmly puts the person at the centre of that process –

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
			<p>ensuring that the person can identify what's important to them and the outcomes they most want to achieve. We work closely with Thurrock Coalition (our User Led Organisation) to ensure that new initiatives continue to be coproduced and enable rather than disable.</p>
11	<p>Our transition service is committed to providing flexible and appropriate support for young people with disabilities moving through transition to adult hood that maximises their independence and promotes community inclusion.</p>	<ul style="list-style-type: none"> • Residential models of accommodation will become the service solutions of last resort for disabled young people. • Community based solutions to lifestyle and respite support will be an area of potential growth. • Shared Lives approaches will also be encouraged for this group. 	<ul style="list-style-type: none"> • We have focused on developing solutions that enable disabled young people to have greater choice over how their outcomes are met. This includes developing supported housing schemes (e.g. Medina Road), the conversion of ex-Sheltered Housing Warden Houses, and the development of a Shared Lives Scheme that enables individuals to live within a family home.

Appendix Two – Technical/Data Appendix

Chart 1 – Average Cost of Service for Mental Health Service Users



⁷ CPLI – Care Package Line Items (the services provided to a specific individual/service users)

Chart 2 – Numbers of Older People in Residential Care per month

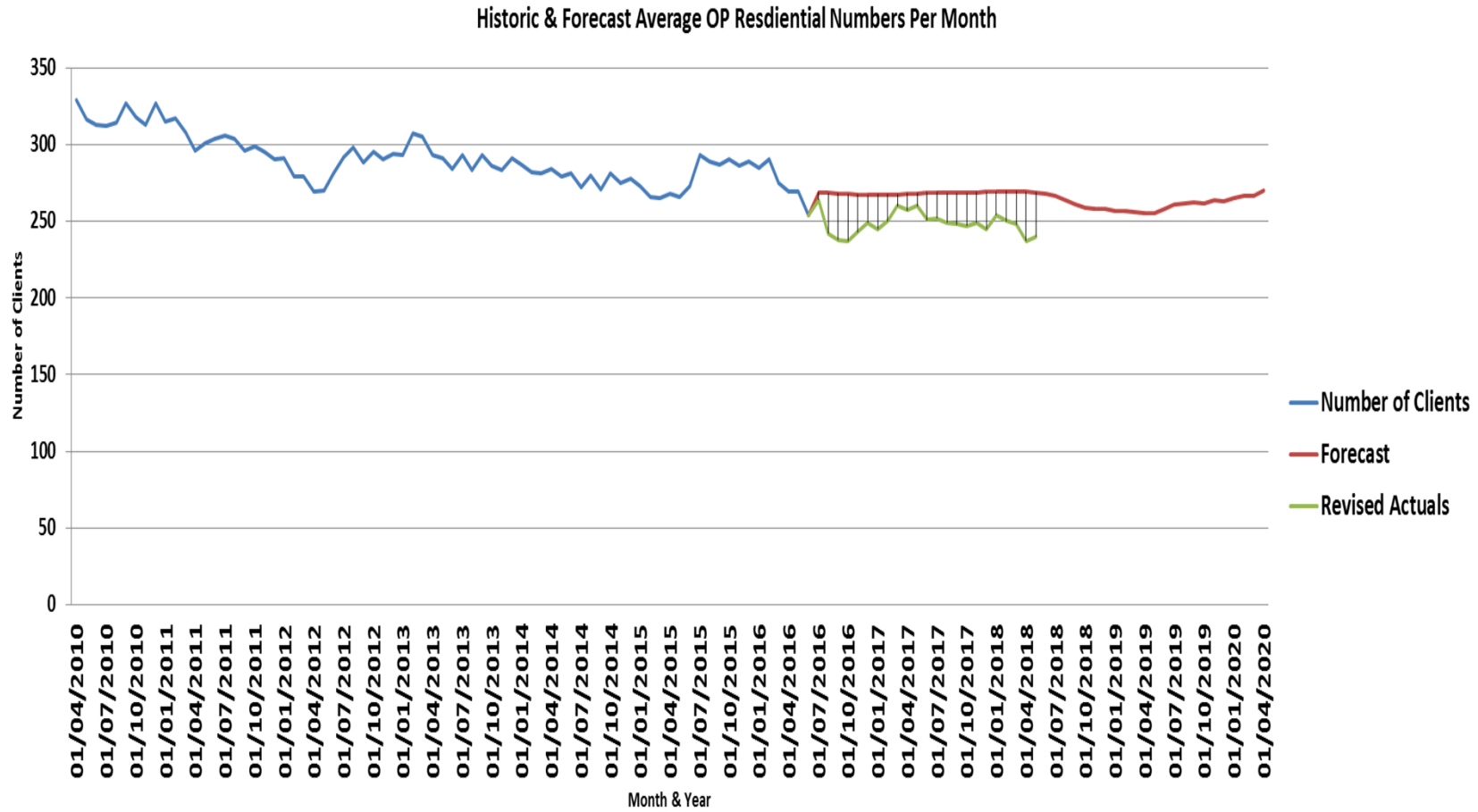


Chart 3 – Average Cost of Service for Service Users with a Learning Disability

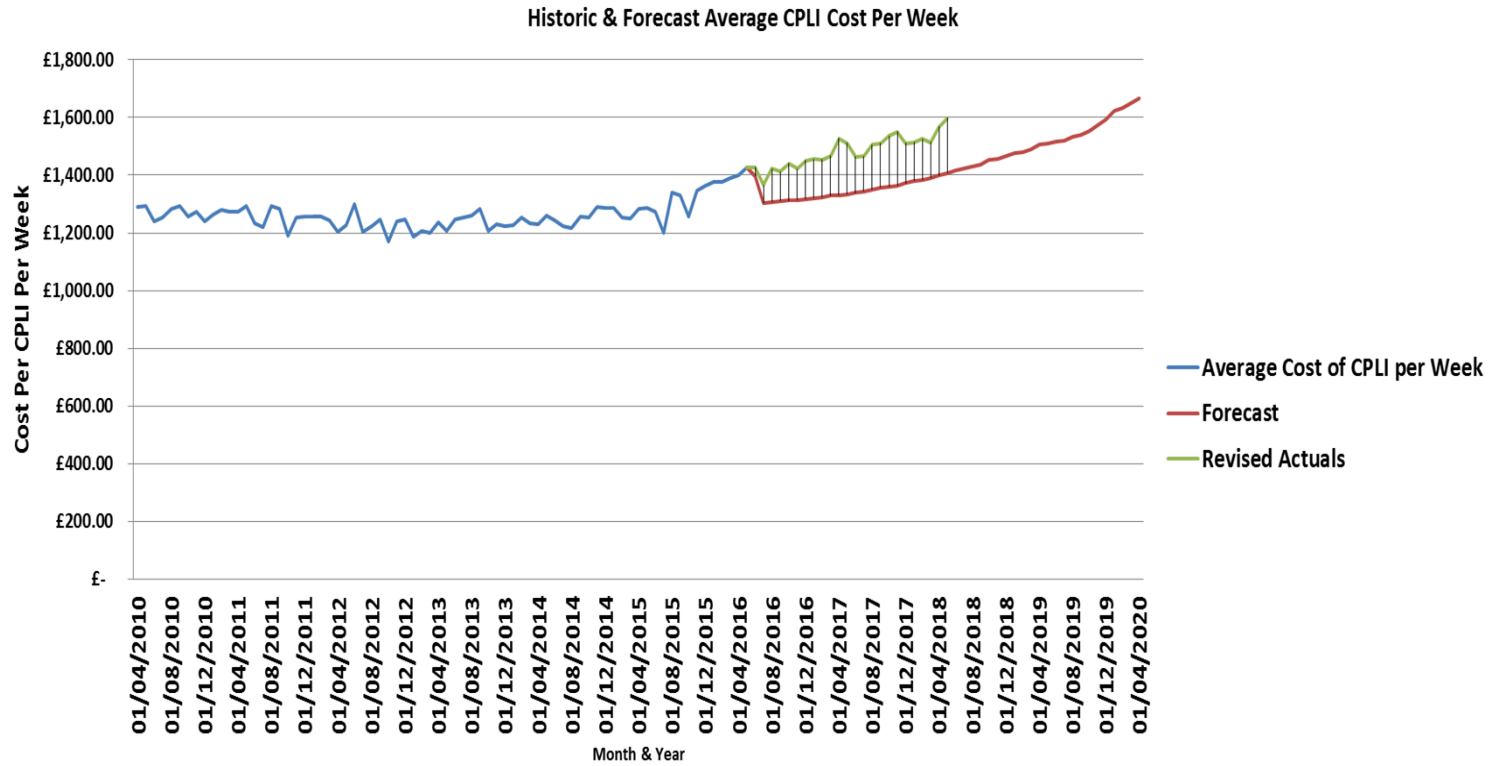


Chart 4 – Number of People with a Learning Disability in Residential Care

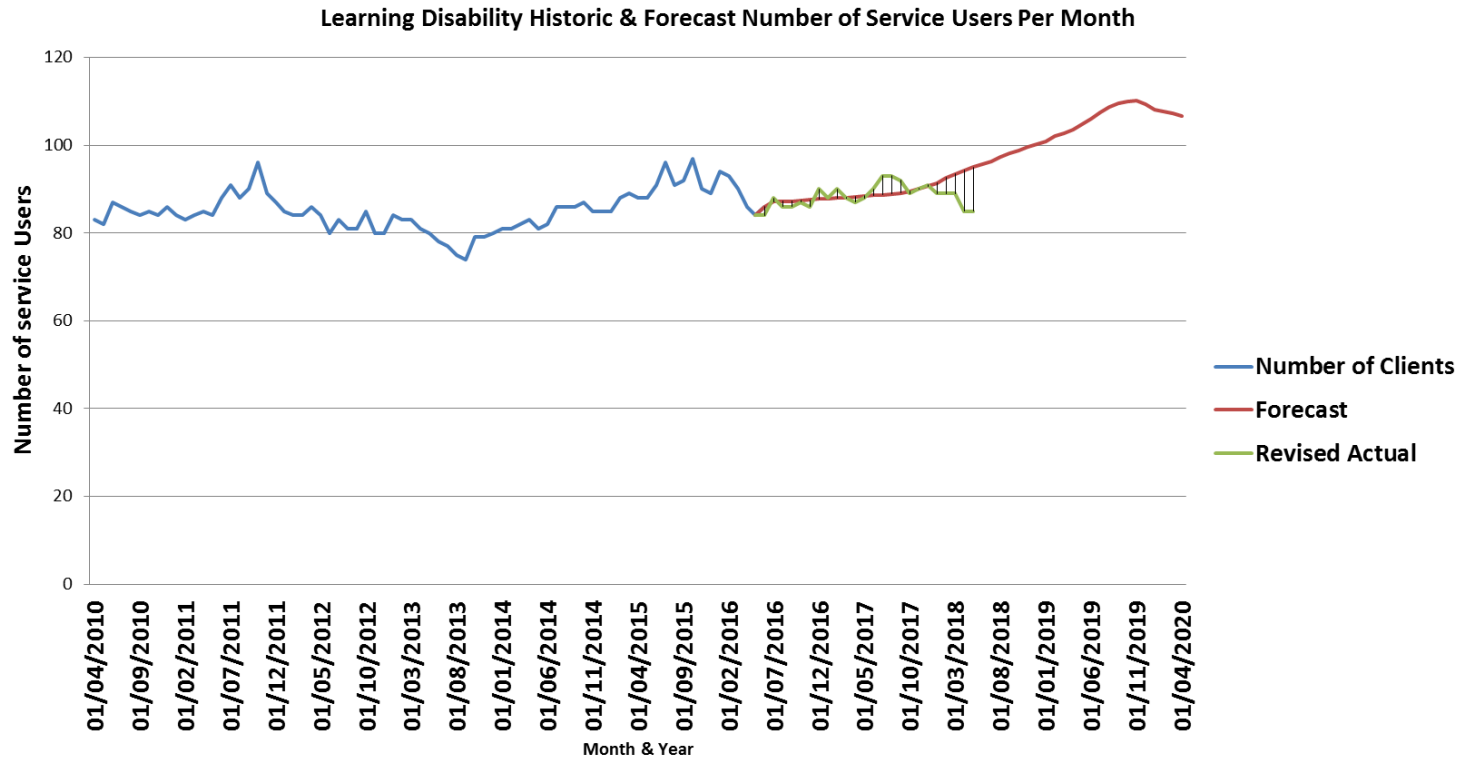
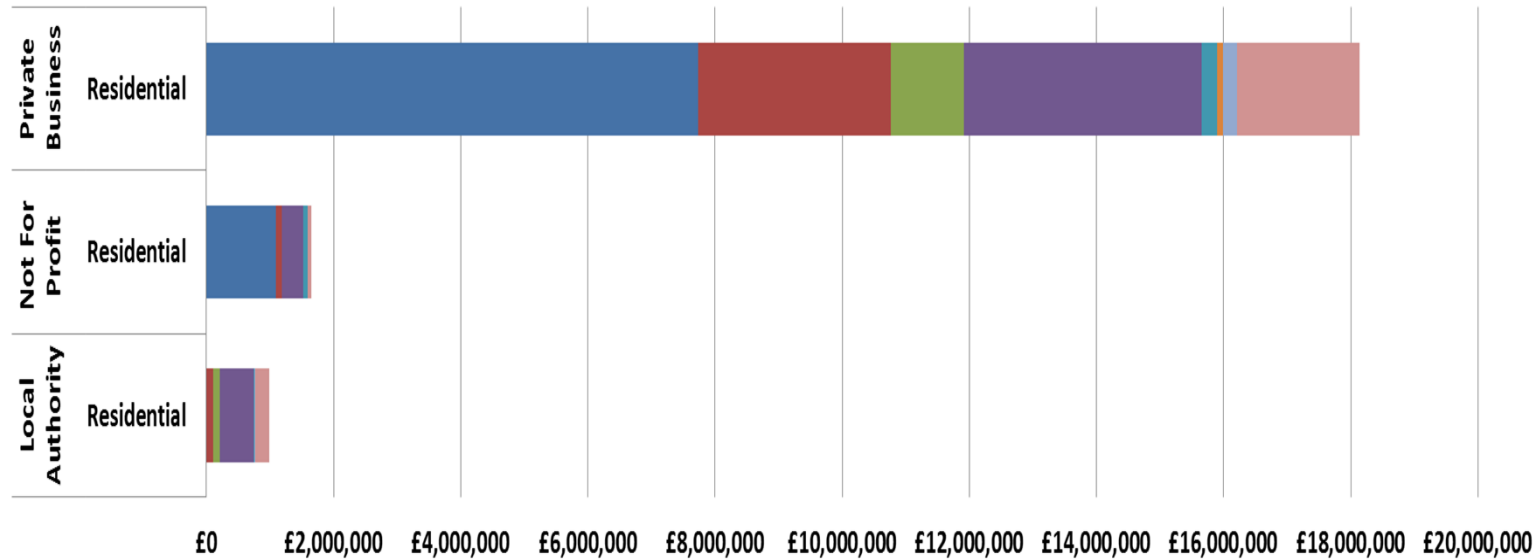


Chart 5 – Gross spend on Residential Care Provision by Provider Type

Residential Gross Spend Summary 2017 / 18

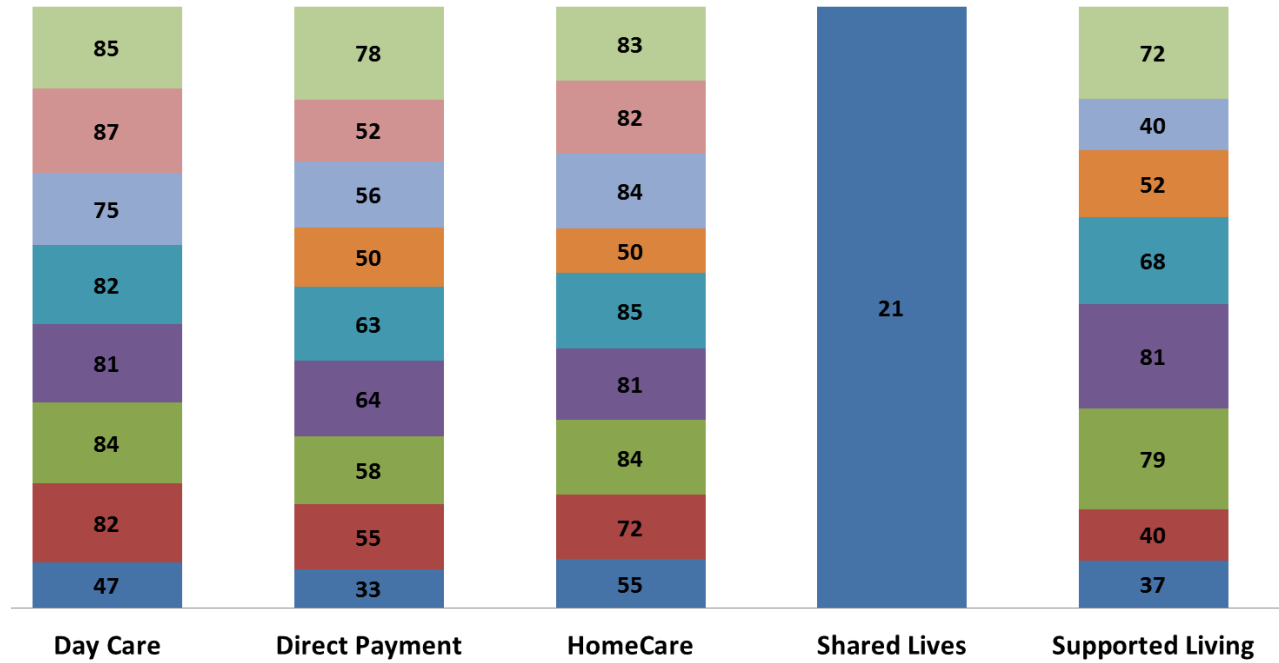


PSR (Combined)

- Learning Disability Support
- Mental Health Support
- Physical Support - Access and Mobility Only
- Physical Support - Personal Care Support
- Sensory Support
- Social Support - Substance Misuse Support
- Social Support - Support for Social Isolation / Other
- Support with Memory and Cognition

Chart 6 – Average Age of Users of Community Based Services

Average Age Of Non-Residential Service User

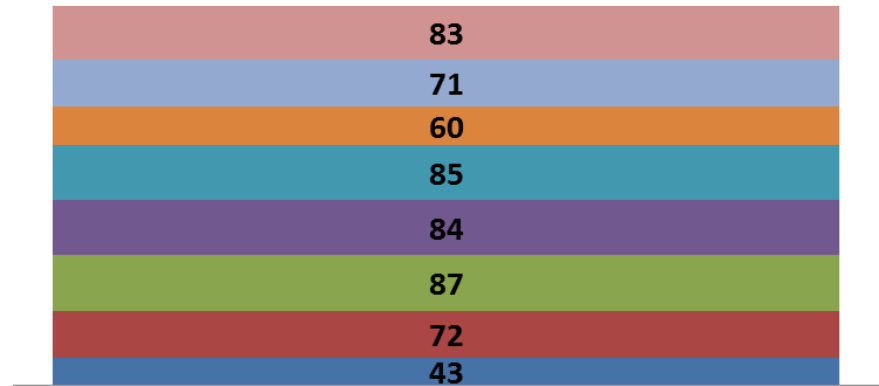


PSR (Combined)

- Learning Disability Support
- Mental Health Support
- Physical Support - Access and Mobility Only
- Physical Support - Personal Care Support
- Sensory Support
- Social Support - Substance Misuse Support
- Social Support - Support for Social Isolation / Other
- Social Support - Support to Carer
- Support with Memory and Cognition

Chart 7 – Average of Service Users in Residential Care by Primary Reason for Support

Average Age Of Residential Service User

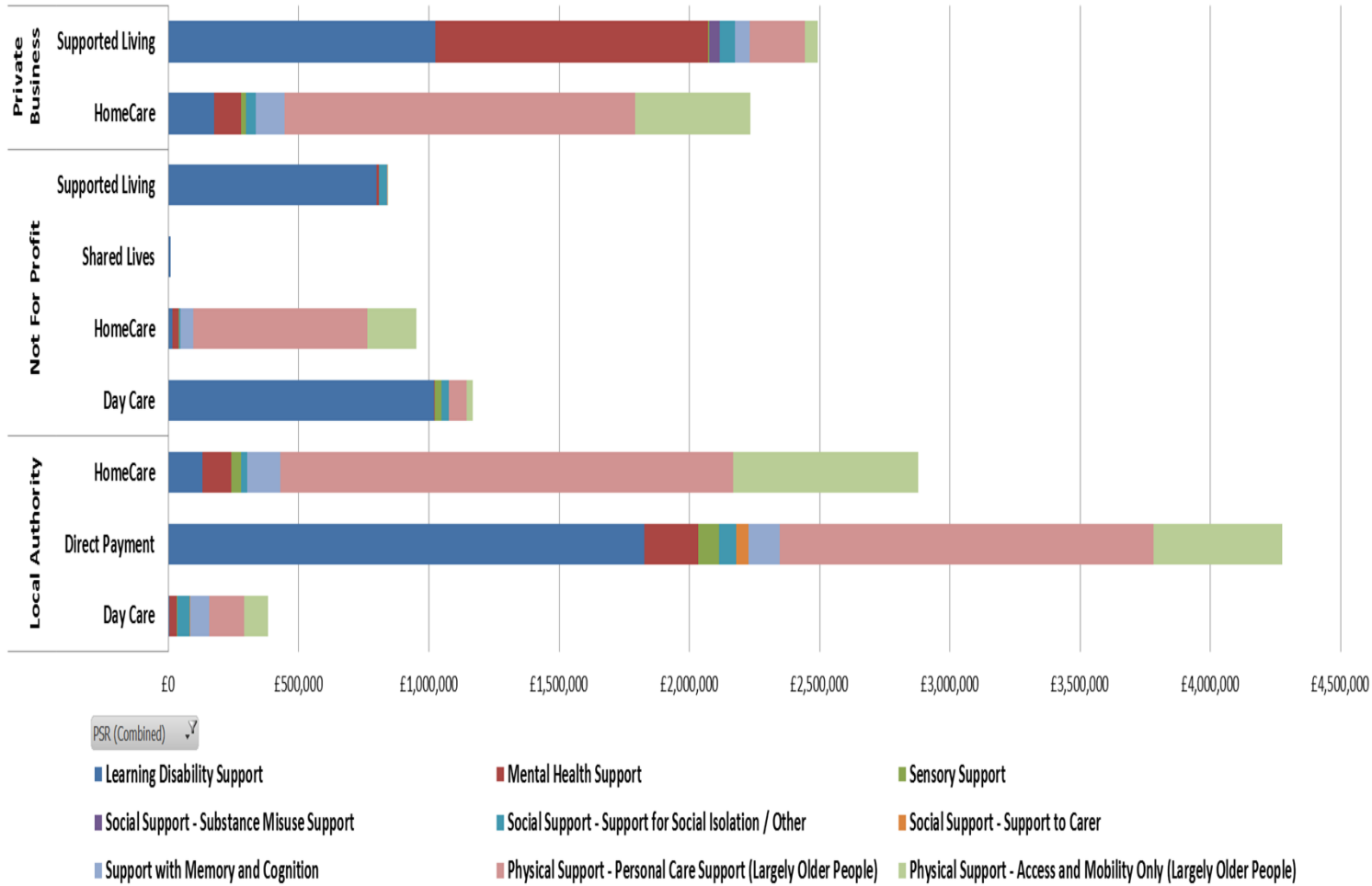


Residential

- Support with Memory and Cognition
- Social Support - Support for Social Isolation / Other
- Social Support - Substance Misuse Support
- Sensory Support
- Physical Support - Personal Care Support
- Physical Support - Access and Mobility Only
- Mental Health Support
- Learning Disability Support

Chart 8 – Gross Spend Summary for Community Based Services

Non-Residential Gross Spend Summary 2017 / 18



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10 October 2018	ITEM: 13
Cabinet	
Quarter 1 Corporate Performance Report 2018/19	
Wards and communities affected: All	Key Decision: Non-key
Report of: Councillor Deborah Huelin, Cabinet Member for Communities	
Accountable Assistant Director: n/a	
Accountable Director: Karen Wheeler, Director of Strategy, Communications & Customer Services	
This report is public	

Executive Summary

This is the first corporate performance monitoring report for 2018/19.

This report details the statistical evidence the council will use to monitor the progress and performance against the council's priorities.

This report provides a progress update in relation to the performance of those KPIs, including a focus on some specific highlights and challenges.

For 2018/19, these set of indicators were agreed by Cabinet in July 2018 and were reviewed in line with the new vision and priorities agreed by Council on 31 January 2018.

1. Recommendation(s)

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

1.2 To identify any areas which require additional consideration

2. Introduction and Background

2.1. The performance of the priority activities of the council is monitored through the Corporate KPI (Key Performance Indicator) framework. This provides a mixture of strategic and operational indicators and is the outcome of a full and thorough review of KPIs and other performance tools in line with recommendations made by Corporate Overview and Scrutiny in 2015/16.

- 2.2. The purpose of the review was 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.
- 2.3. For 2018/19, the set of indicators has been reviewed in line with the new vision and priorities agreed by Council on 31 January 2018 and were presented to Corporate Overview and Scrutiny Committee in June 2018 and Cabinet in July 2018 alongside the End of Year Corporate Performance Report 2017/18. They will be reported to both Corporate Overview and Scrutiny Committee and, then on to Cabinet, on a quarterly basis, throughout 2018/19.

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 1 Performance against target		Direction of Travel compared to 2017/18	
Achieved	67.5% (27)	↑ BETTER	48.4% (15)
		→ STATIC	25.8% (8)
Failed	32.5% (13)	↓ WORSE	25.8% (8)

3.3 On target performance

67.5% of the corporate key performance indicators are currently achieving their targets.

PFH	Indicator Definition	2016/17 Outturn	2017/18 Outturn	Qtr 1 YTD	Direction of Travel since 2017/18	Q1 Target	2018/19 Target
Cllr Little	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	708 per 100,000	649 per 100,000	136 per 100,000	↑	168 per 100,000	677 per 100,000
Cllr Little	Proportion of people using social care who receive direct payments and individual service funds	n/a	37.14%	36.14%	↑	34.2%	36%
Cllr Johnson	Average time to turnaround/re-let voids (in days)	34.7 days	30.6 days	26.96 days	↑	28 days	28 days
Cllr Coxshall	% of Major planning applications processed in 13 weeks	97.30%	97%	100%	↑	90%	90%
Cllr Halden	% NEET + Unknown 16-17 year olds (Age at start of academic year)	n/a	2.10%	2.0%	↑	2%	2%
Cllr Watkins	% of potholes repaired within policy and agreed timeframe	97.70%	97.10%	99.4%	↑	98%	98%
Cllr Watkins	Street Cleanliness - a) Litter	n/a	9%	7.67%	↑	9%	9%
Cllr Hebb	Total gross external income (fees & charges) (based on sales forecast)	n/a	£8,000k	£8,724k	↑	£8,286k	£8,286k
Cllr Collins	No of new apprenticeships started (including current staff undertaking new apprentice standards)	n/a	40	6	↑	6	56 new starts (2.3% of workforce)
Cllr Hebb	Overall spend to budget on General Fund (% variance)	0	-5%	0%	↑	0%	0%
Cllr Little	Average time (in days) for a child to be adopted (3 year average)	452 days	369 days	346 days	↑	500 days	500 days
Cllr Coxshall	% of Minor planning applications processed in 8 weeks	100%	100%	100%	→	90%	90%
Cllr Halden	Successful completion of treatment in Young People's Drug & Alcohol service	n/a	86%	86%	→	70%	70%
Cllr Johnson	% Rent collected	99%	99%	90.90%	→	85%	98%
Cllr Huelin	Number of "exchanges" carried out through time-banking (in hours)	15,250	23,486	5,158	→	3,000	12,000
Cllr Hebb	Forecast National Non-Domestic Rates (NNDR) collected	98.90%	99.81%	99.30%	→	99.30%	99.30%
Cllr Hebb	Forecast Council Tax collected	99.70%	98.82%	98.90%	→	98.90%	98.90%
Cllr Little	% of young people who reoffend after a previously recorded offence	28%	30%	30%	→	30%	30%
Cllr Johnson	Overall spend to budget on HRA (£K variance)	-£304	£0	£0	→	£0	£0
Cllr Johnson	Number of health hazards removed as a direct result of private sector Housing Team intervention	new KPI	new KPI	210	n/a	201	800
Cllr Johnson	Tenant satisfaction with Transforming Homes	new KPI	new KPI	90.50%	n/a	85%	85%
Cllr Johnson	Number of "Family Connection" homeless households in Bed & Breakfast for six weeks or more	new KPI	new KPI	0	n/a	0	0
Cllr Little	Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement/ rehabilitation	new KPI	new KPI	91.82%	n/a	91.3% (TBC)	91.3% (TBC)

PFH	Indicator Definition	2016/17 Outturn	2017/18 Outturn	Qtr 1 YTD	Direction of Travel since 2017/18	Q1 Target	2018/19 Target
Cllr Coxshall	No of Thurrock businesses benefitting from ERDF programmes	<i>new KPI</i>	<i>new KPI</i>	15	n/a	15	45
Cllr Johnson	No of HRA-funded homes (units) that have started to be built since 1 April 2018	<i>new KPI</i>	<i>new KPI</i>	0	n/a	0	117
Cllr Halden	% of primary schools judged "good" or better	915	97%	95%	↓	94%	94%
Cllr Watkins	Street Cleanliness - c) Graffiti	n/a	2.18%	2.33%	↓	3%	3%
Cllr Collins	% of media enquiries responded to within 24 hours	<i>new KPI</i>	<i>new KPI</i>	40.2%	n/a	n/a	Baseline for 2018/19
Cllr Watkins	% of Abandoned Vehicles removed within 21 days of notification	<i>new KPI</i>	<i>new KPI</i>	50%	n/a	n/a	Baseline for 2018/19
Cllr Little	Number of delayed transfers of care days from hospital (attrib. to NHS, ASC & Joint)	4255	3451	in arrears	n/a	304 (TBC)	3715 (TBC)

3.4 Off target indicators

At the end of quarter 1, 13 indicators failed to meet their target.

Indicator Definition	PFH	2016/17 Outturn	2017/18 Outturn	Qtr 1 YTD	Direction of Travel since 2017/18	Q1 Target	2018/19 Target
% Household waste reused/ recycled/ composted	Cllr Watkins	37.62%	36.97%	43.29%	↑	46.96%	41%
Recycling performance continues to be below target. Cleaner Greener and Safer (CGS) Overview and Scrutiny in July considered a paper and proposals to address reducing recycling, accepting this is a national trend. Bin tagging proposals will be rolled out in the autumn in an attempt to educate residents on key contaminants, increasing the quality and percentage of recycle.							
Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	Cllr Little	5.8 per 100,000	7 per 100,000	3 per 100,000	↑	2 per 100,000	9 per 100,000
There have been 3 permanent admissions in the YTD (3 per 100,000 population) which is one more than the profiled target. However, it is expected that the indicator will come back into line with the target in the following months. The 3 admissions are older individuals but are just under the 65+ age range and so appear in the 18-64 residential admissions indicator rather than the 65+ indicator. These individuals required residential care due to physical health/long term conditions. Alternative suitable services in the community are always considered before residential care is agreed. Residential care is only agreed if this is in the best interests of the individual.							
Average sickness absence days per FTE	Cllr Collins	10.43 days	9.95 days	2.28 days	↑	2.25 days	9 days
Cumulative performance for the year to date is just above the quarterly target of 2.25 days, but is an improvement on performance during the same period last year, having reduced slightly from 2.3 to 2.28 days. In recognition of the need to improve performance further and faster, People Board has approved a targeted project to examine sickness absence across the council, and the related issues of agency staff spend and overtime payments. Linking in with existing cross-cutting service reviews, the sickness absence project team will identify the underlying reasons for the ongoing high levels of sickness absence; assess the effectiveness of current sickness absence processes, procedures and policies and implement recommendations and a robust action plan to reduce sickness absence and deliver associated savings.							
% timeliness of response to all complaints	Cllr Collins	90%	83%	86%	↑	95%	95%
The target set for this indicator is high. Performance is regularly monitored with monthly reporting produced for senior management with a view to improving performance. To support services, the complaints team: <ul style="list-style-type: none"> • copy senior management into all chase ups they issue • have introduced an additional chase up on the day prior to deadline day 							

Indicator Definition	PFH	2016/17 Outturn	2017/18 Outturn	Qtr 1 YTD	Direction of Travel since 2017/18	Q1 Target	2018/19 Target
Number of additional hypertensive patients diagnosed following screening programmes	Cllr Halden	n/a	n/a	87	n/a	100	400
87 is the number of patients identified with high blood pressure through the GP waiting area pilot. Not all are confirmed diagnosis yet as this takes time. The service has recently supplied additional equipment to speed up the conversion to diagnosis. A further 328 patients have been identified as potential hypertensives so far through the screening programme. The service is awaiting confirmation of diagnoses through GP Ambulatory Blood Pressure Monitoring (ABPM) which will be reflected in Q2 figures. A recovery plan has been developed. Actions include administrative support given to deliver the programme to enable roll out of programmes to further localities, the provision of additional ABPM monitoring equipment, and additional support to extract the data.							
Number of GP practices with a profile card and agreed joint priorities within preceding 12 months	Cllr Halden	new KPI	new KPI	55%	n/a	80%	93%
Following feedback from practices some changes were needed on the profile card before visits could re-commence. The 55% given here were using the old version of the profile card and the old version of delivery. A recovery plan has been developed. Actions include; additional administrative support for scheduling of visits and to support other programmes to free up capacity for our Health Care Public Health Improvement Managers to have protected time to deliver the programme. 16 additional practice visits are currently booked to take place before September, meaning the target will be reached prior to the end of Q2.							
Payment rate of Fixed Penalty Notices (FPNs) - littering	Cllr Gledhill	new KPI	new KPI	57.67%	n/a	70%	70%
Payment rates continue to fall below target following maximum fee increases from April. Ongoing monitoring is taking place. The Council's approach to zero based tolerance continues.							
Number of volunteers within the council (YTD)	Cllr Huelin	n/a	247	153	↓	200	270
On 1 April 2018 the council started with 148 active volunteers. This was much lower than was predicted when targets were set for 2018/19 due to a large number of leavers in quarter 3 of 2017/18. Before a volunteer can start with the council references, ID checks and for some roles a DBS check is required. This takes time and can delay starting. There are currently 54 potential volunteers awaiting these checks. The volunteers are very important to the council and we do not want them to be put off by the process, therefore a review of enrolling volunteers to ensure that applications are dealt with quickly is underway. With summer volunteer opportunities the service expects to see a large increase in the number of volunteers for quarter 2 but it is anticipated that this will still be below target.							
% General tenant satisfaction with neighbourhoods/services provided by Housing	Cllr Johnson	70.97%	70%	65.30%	↓	75%	75%
Tenant satisfaction with the overall service provided by Housing has improved by 5.6% between May and June with 68.1% of residents rating the service as excellent or good. Although performance is still below target for June it is important to note that 146 of the 166 residents surveyed in June (88%) rated the service as excellent, good or fair meaning that only 12% of residents rated the service as poor or very poor.							
% of repairs completed within target	Cllr Johnson	98.30%	97.5%	96.40%	↓	97%	97%
97% is an aspirational stretch target beyond the contractual target of 95% and has been shared with the contractor who have consistently exceeded it. The contractual target was subject to a review for the 2018/19 reporting year and was enhanced from 90% to 95% along with 10 other KPI targets as a result of strong performance during 2017/18. This target has been enhanced for the last 2 consecutive reporting years from 85% in 2016/17. In addition, repairs satisfaction is high and has exceeded 92% (excellent and good ratings only) for the past two consecutive months.							
% of all complaints upheld (based on closed complaints)	Cllr Collins	38%	40%	47%	↓	35%	35%
This is higher than our KPI and this will be monitored by the Learning Action Plan process. To reduce the overall % upheld will require a reduction in upheld complaints for those service areas that attract a higher volume of complaints. However it is worth noting that overall complaint volumes are decreasing. Last year's annual report highlighted a significant reduction (41%) which is a positive.							
% of refuse bins emptied on correct day	Cllr Watkins	98.30%	98.23%	96.53%	↓	98.5%	98.5%
Performance in the first quarter is below target. As is publicly known the service were mitigating balloted strike action during this period. Management continue to progress all options available to improve performance and provide the service residents expect.							
% of 17-21 yr old Care Leavers in Education, Employment or Training (EET)	Cllr Little	61.10%	72.40%	69.5%	↓	70%	70%
The quarter 1 figure is a significant improvement on last year. The positive trajectory is due to the increased assistance and IAG provided to this cohort, local EET offers including Prince's Trust, internal apprenticeships within the council and externally sourced apprenticeships.							

3.5 Other key indicators

Throughout the year the council also monitors some other indicators as part of the corporate scorecard which, whilst not performance related, are important to keep under review.

PFH	Corporate Scorecard Indicator Definition	2016/17 Outturn	2017/18 Outturn	Qtr 1 YTD	Direction of Travel since 2017/18
Cllr Johnson	Number of households at risk of homelessness approaching the Council for assistance	<i>new KPI</i>	<i>new KPI</i>	385	n/a
Cllr Johnson	No of homeless cases accepted	<i>new KPI</i>	<i>new KPI</i>	50	n/a
Cllr Gledhill	Number of statutory nuisance complaints made	<i>n/a</i>	2367	718	↓
Cllr Gledhill	Number of environmental (public) health interventions requested	<i>n/a</i>	250	103	↑
Cllr Gledhill	No of incidents of Fly tipping reported	2896	1829	670	↑
Cllr Gledhill	No of incidents of Abandoned vehicles reported	1623	1369	310	↓
Cllr Collins	No of media enquiries received	<i>new KPI</i>	<i>new KPI</i>	97	n/a

4. Reasons for Recommendation

- 4.1 The corporate priorities and associated performance framework are fundamental to articulating what the council is aiming to achieve. 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.
- 4.2 This report highlights what the council is focussing on during 2018/19 and confirms the governance and monitoring mechanisms which will be in place to ensure that priorities are delivered.

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

- 5.1 Performance against the corporate priorities will continue to be monitored through Performance Board, a cross-council officer group of performance experts representing each service. Performance Board will continue to scrutinise the corporate KPIs on a monthly basis, highlighting areas of particular focus to Directors Board.
- 5.2 Each quarter a report will continue to be presented to Corporate Overview & Scrutiny Committee for member-led scrutiny, and finally reported to Cabinet.
- 5.3 This report was presented to Corporate Overview and Scrutiny Committee on 4 September 2018. The committee asked questions on bin collection rates, tenant satisfaction and timeliness of complaints responses, all of which were underperforming. The committee was updated on the action being taken to improve in these areas. There was also a discussion about sickness rates,

which although improving on last year, were still under target. And finally, the committee was pleased that the level of apprentices in the council was now above target, a big improvement on last year.

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

6.1 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: **Carl Tomlinson**
Finance Manager

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 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 & Assistant Director, Law and 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 Performance Framework for 2018/19 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 is 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 Performance Framework includes areas which affect a wide variety of issues, including those noted above. Where applicable these are covered in the report.

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**

- None

Report Author:

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