

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 **14 November 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

	Page
1 Apologies for Absence	
2 Minutes	5 - 10
To approve as a correct record the minutes of Cabinet held on 10 October 2018.	
3 Items of Urgent Business	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4 Declaration of Interests	
5 Statements by the Leader	
6 Briefings on Policy, Budget and Other Issues	
7 Petitions submitted by Members of the Public	
8 Questions from Non-Executive Members	
9 Matters Referred to the Cabinet for Consideration by an	

Overview and Scrutiny Committee

10	Further Transformation to Continue Improving Standards in Primary Care (Decision 110484)	11 - 30
11	Short Breaks and Support Services for Disabled Children (Decision: 110485)	31 - 44
12	Approval to Increase the Current Scope of the Schools Capital Programme (Decision 110486)	45 - 66

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: **6 November 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.

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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



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

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 10 October 2018 at 7.00 pm

The deadline for call-ins is Friday 19 October at 5.00pm

Present: Councillors Robert Gledhill (Chair), Shane Hebb (Deputy Chair), Gary Collins, Mark Coxshall, James Halden, Deborah Huelin, Barry Johnson, Susan Little and Aaron Watkins (*arrived 19.06*)

In attendance: Lyn Carpenter, Chief Executive
Steve Cox, Corporate Director Place
Roger Harris, Corporate Director of Adults, Housing and Health
David Lawson, Assistant Director of Law & Governance
Rory Patterson, Corporate Director of Children's Services
Karen Wheeler, Director of Strategy, Communications and Customer Service
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.

40. Minutes

The minutes of the Meeting of Cabinet held on 12 September 2018 were approved as a correct record.

41. Items of Urgent Business

There were no items of urgent business.

42. Declaration of Interests

There were no interests declared.

43. Statements by the Leader

The Leader began his statement by discussing how Highways England had today launched the Statutory Consultation for the Lower Thames Crossing, ahead of applying for a Development Consent Order from the Secretary of State. He described how the council had seen a lack of engagement from Highways England and the disgust that he felt over the lack of information supplied, particularly the fact that the council still didn't have hard copies of the Statutory Consultation documents. Councillor Gledhill reiterated the fact that the council were unanimously opposed to the Lower Thames Crossing, particularly due to the fact a raised road would be built over the Tilbury C2C line through the Orsett Fens, and a 5metre high viaduct through Mardyke valley which would ruin Thurrock's natural landscape. In addition he felt, it would not benefit businesses as there would be no link road to Tilbury; and

there would be no access southbound from the Orsett Cock roundabout or from the eastbound A13. He continued by stating that as no pre-Statutory Consultation had taken place and no practical information had been supplied, the council were now seeking legal advice from specialist lawyers who were investigating the prospect of judicial review. The Leader then described how he was presenting a motion to the next Full Council to ask for support for the judicial review from all 49 councillors. He felt that residents should engage with the Statutory Consultation events, or get involved on the website. He also stated that paper copies of the documents would be available from the Tilbury and Grays hubs, and asked residents to write to their local councillors to back the judicial review. He stated that everything was being done to protect the borough, and plans to have east facing slip roads at the A13 had been announced at the Conservative Party Conference. The Leader thanked the MP Jackie Doyle-Price for her hard work on this matter, and congratulated her on her new role as Minister for Suicide Prevention.

The Leader then updated Members on the Clean It, Cut It, Fill Scheme. In doing so, Members heard how 1273 potholes had been filled in, which was 99% within target time; 698 acres of grass had been cut; 1340 tonnes of waste had been cleared; 749 fly-tips had been cleared; 1760 Fixed Penalty Notices had been issued for anti-social behaviour such as littering. He added that 45, £400 fines had been issued to people caught fly-tipping.

Councillor Gledhill then moved on to congratulate the Purfleet Regeneration Scheme who won the Regeneration Award for Brownfield Sites. He described how the project had been under discussion for a long time, but was now being delivered on track and on time. He congratulated Councillor Coxshall for his work helping to develop and deliver the scheme.

The Leader then discussed the recent whistleblowing allegations, and although could provide no specifics wanted to state that independent barristers were investigating the allegations, and the necessary steps were being taken. He also discussed the recent article in the Thurrock Independent regarding payment to an individual in March 2016. He commented that this was made in accordance with finance regulations; and was agreed by the Monitoring Officer, the Section 151 Officer, the Chief Executive, and the previous leader. He stated that he had confidence in the Chief Executive and senior team in this matter.

Councillor Gledhill ended his statement by discussing the LGA Peer Review which occurred in September. He stated that the last Peer Review in 2016 had been good, but that there had been a long way to go to ensure the council had the capacity and skills to deliver. He mentioned that although the full results had not yet been released, the preliminary findings suggested there was a positive direction of travel, as there was good communication, exciting plans, and a strong 'Team Thurrock'. He stated that this could only happen because of the balanced four year budget and £10 million surplus. He finally congratulated Councillor Hebb on his nomination at LGIU Councillor Achievement Award, and hoped he would win on 6 November.

44. Briefings on Policy, Budget and Other Issues

There were no briefings on policy, budget or other issues.

45. Petitions submitted by Members of the Public

There were no petitions submitted by members of the public.

46. Questions from Non-Executive Members

No questions had been received from non-Executive Members.

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

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

48. Bus Shelter Procurement (Decision 110481)

Councillor Watkins introduced the report by stating that the council's current contract was reaching an end in 2019, so the council were undertaking a procurement exercise. He stated the majority of bus shelters were owned by suppliers, so there were two options open to the council. The first option being they could buy the existing shelters from the contractor and bring them in-house. The second option was to buy brand new bus shelters, which was the option recommended in the report. Councillor Watkins described how this was the best option as it ensured all stock could be modern, clean, and energy efficient, for example could provide real time information and be equipped with solar panels. He also described how the council could procure advertising for the bus shelters, and the money made from this could go back into the maintenance of the shelters. In addition, he stated that if the council owned the advertising, community groups could use it as a space to showcase local events and forums.

Councillor Gledhill commented that he felt this was fantastic news as the council could be at the forefront of bus shelters; and reaffirmed that Cabinet was agreeing to Option 2 as set out in the report.

RESOLVED: That Cabinet:

1. Approved the procurement proposal for a new bus shelter contract.

2. Granted delegated authority for award of contract to the Director of Environment and Highways, in conjunction with the Portfolio Holder.

49. Procurement of Local Bus Services (Decision 110482)

Councillor Watkins introduced the report by stating that the contract for bus services 11, 374, and 265 were up for procurement as the current contract

ends next year. He described how Councillor Huelin and Councillor B Little had fought for these bus services to remain, and how Councillor Hebb's balanced budget had meant that these services could continue. He stated that the council were now going out to procure these bus routes for a longer term, 5 years in total, as this ensures that the services are secure. He also discussed how these bus routes were being 'future-proofed' for the new Integrated Medical Centre's (IMC's), as part of the procurement could include route changes to include the IMC's.

Councillor Huelin stated that she was pleased to see the report, as both herself and Councillors B and S Little had fought hard to retain these bus services. She continued by saying she was glad residents were using these routes and she hoped that more routes could be added and improved. Councillor Halden stated that he felt that the IMC's were now in such an advanced stage that public transport was being discussed. He mentioned that himself and Councillor Coxshall were also ensuring there was adequate parking at the IMC's, as well as Grays Hospital. He also commented on the stable budget which ensured that non statutory services, such as bus routes, could continue.

RESOLVED: That Cabinet:

1. Approved to commence a tender process for the provision of local bus services 11, 374 and 265.

2. Agreed delegated authority for award of contract to the Director of Environment and Highways in consultation with the Portfolio Holder.

50. Market Development Strategy - Commissioning a Diverse Market for Adult Social Care (Decision 110483)

Councillor Little introduced the report by saying that it is a requirement that Adult Social Care publish a Market Development Strategy, and sets out how the social care market may develop over the coming years. She continued by saying that it assesses the state of the current market, for example the borough's aging population, and assesses future demand. She discussed the successes within the adult social care sector in the borough since the last Market Development Strategy, for example the Thurrock First campaign; 50 micro-enterprises that had been set up; the opening of Chichester Close; and the success of the planning application for Medina Road. Councillor Little mentioned that there was now more integrated care; more direct payments across the borough; and new domiciliary care. She commented that residents wanted to retain their independence, so there was now increased access for supported living arrangements for younger people, and the use of new technologies to allow older people to live in their own homes. She then drew Members attention to page 27 of the agenda and discussed how consultation had happened with a variety of forums such as the Old People's Parliament; the Disability Board; and the Autism Action Group.

The Leader felt it was good consultation was occurring with residents across

the borough, as the council were asking what services people felt they needed. He also discussed the slow uptake of direct payments, and how it was good to see this changing as it reduced residents need to wait for the council.

RESOLVED: That Cabinet:

1. Agreed the Adult Social Care Market Development Strategy.

51. Quarter 1 Corporate Performance Report 2018/2019

Councillor Huelin introduced the report by stating this was the first corporate performance report for 2018/19 and there had been improvement in many services. The report provided statistical evidence that the council use to monitor progress and performance against the council's priorities. It also provided a progress update in relation to the performance of Key Performance Indicators (KPI's). Councillor Huelin began by stating that lots of improvement had occurred, but that the number of volunteers being given placements had been off target within the last quarter. She stated that volunteers were important to the council, and felt that the recruitment and administration teams should prioritise placing volunteers. Councillor Halden then discussed other KPIs such as the number of GP profile scorecards and diagnosis of high blood pressure, which had also been off target. He commented that this was due to issues such as the collection of real time data and changes which had been made to capacity, and assured the Cabinet these would improve by the next quarter. The Leader mentioned the KPI of payment of Fixed Penalty Notices for issues such as littering. He stated this had slipped due to the increase of the maximum payment of fines. He stated that the council would not reduce the cost of fines, as there were plenty of bins across the borough which people could use. He stated that if people chose not to pay fines, they would end up in court where the fine could be increased further.

RESOLVED: That Cabinet:

1. Noted and commented upon the performance of the key corporate performance indicators, in particular those areas which are off target.

2. Identified any areas which require additional consideration.

The meeting finished at 19.31

Approved as a true and correct record

CHAIR

DATE

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

14 November 2018		ITEM: 10
		Decision: 110484
Cabinet		
Further Transformation to Continue Improving Standards in Primary Care		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Cllr James Halden, Cabinet Portfolio Holder Education and Health		
Accountable Assistant Director: Emma Sanford, Strategic Lead – Healthcare and Social Care Public Health		
Accountable Director: Ian Wake, Director of Public Health		
This report is Public		

Executive Summary

This paper provides an update to Cabinet on the Long Term Condition Case Finding and Management Programme led by Public Health as part of a systematic programme of Primary Care Transformation.

The Annual Public Health Report 2016 identified significant cohorts of patients with undiagnosed long term conditions and unacceptable variation in the clinical management of patients between different GP practice cohorts once their long term conditions had been diagnosed. The report concluded that addressing these two issues would both deliver significant population health gain and save our local health and care system millions of pounds.

A paper approved by Cabinet in December 2017 set out a strategic response to the recommendations made in the APHR 2016, including a range of systematic programmes to improve the diagnosis and management of Long Term Conditions.

This paper provides an update to Cabinet on progress against this programme and seeks Cabinet endorsement for continuation of the programme.

Recommendations

- 1. That Cabinet approves progress, changes and additions to the programme of performance and improvement and support for primary care with linked demand management for hospital and adult social care services, as detailed within the paper.**

2. That Cabinet approves the continuation of funding for this programme throughout the financial years 2019/20 and 2020/21, and then reviews its impact.

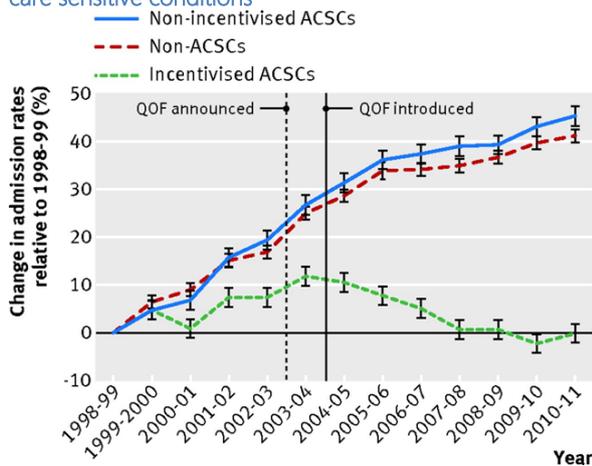
1 Introduction and Background

- 1.1. This report details the on-going programme of transformation work within GP surgeries in Thurrock, to improve diagnosis and management of patients with long term conditions.
- 1.2. Thurrock is served by 29 GP practices, commissioned by NHS England. NHS Thurrock Clinical Commissioning Group (CCG) also has a small Primary Care Development Team that work with GP practices to drive up quality and strengthen clinical governance within individual surgeries. The team has played a crucial role in improving Care Quality Commission (CQC) ratings of our surgeries and is also responsible for setting the strategic commissioning agenda with NHS England to manage the Primary Care future provider landscape. In 2016 following a restructure of the council's Public Health function, two Primary Care Improvement Managers were employed to work in partnership with the CCG's Primary Care Development Team and local GP practices to embed best public health clinical practice within our local surgeries. Due to the positive reception by local GP surgeries to these posts and because of the size of the Work Plan, a decision was made in 2017 to add a third post to this team.
- 1.3. In 1948 when the NHS was founded, almost half of the population died before their 65th birthday. In 2015 this figure dropped to 18%. However, although living longer, our population is increasingly doing so with multiple long term health conditions. Spend on patients with long-term conditions accounts for over 70% of the entire NHS budget. Effective management of long term conditions is vital in order to prevent patients' health, wellbeing and independence from deteriorating and to prevent them being admitted to hospital or requiring social care packages.
- 1.4. The Quality Outcomes Framework (QOF) records quality of care information on how patients who are diagnosed with long term health conditions are clinically managed by GP surgery based clinicians. It is based on a series of clinical indicators grouped around specific long term health conditions. QOF was set up as a financial incentive system and GP practices get paid for the percentage of their cohorts of patients with specific long term health conditions to whom they offer certain tests, medication reviews and clinical interventions. The indicators are based on published evidence of best quality of care for the

conditions included within QOF, including National Institute of Health and Care Excellence (NICE) recommendations.

- 1.5. A study published in the BMJ in 2015 showed that nationally the introduction of QOF was associated with a decrease in emergency admissions for conditions that were incentivised. (Figure 1). As such, a GP Practice's performance against QOF can be used as an excellent proxy for the quality of care that patients with Long Term Conditions receive.

Figure 1 Effect of a national primary care pay for performance scheme on emergency hospital admissions for ambulatory care sensitive conditions



- 1.6. The Annual Report of The Director of Public Health (2016) (APHR) highlighted unacceptable levels of clinical variation in the management of long term conditions across different GP practice populations in Thurrock, and suggested that this was driving variation in clinical outcome for patients and rates of admission to hospital and residential care for serious and preventable health events such as stroke. The report recommended urgent action to address this variation.
- 1.7. The APHR (2016) also identified that a significant cohort of residents were living with undiagnosed long term conditions. By using models developed by Imperial College London that estimate the *expected prevalence* of disease (both diagnosed and undiagnosed) at GP practice population level and comparing these to numbers of diagnosed patients on GP surgery QOF disease registers, it is possible to estimate the numbers of patients living with undiagnosed long term health conditions (Figure 2). The APHR (2016) recommended action to identify and treat patients living with undiagnosed long term conditions, in order to prevent their disease progressing.

Figure 2 Observed and Expected Prevalence of key LTCs in Thurrock

Condition	Diagnosed Prevalence (From GP surgery QOF Registers)	Estimated Prevalence (From Imperial College London Models)	Estimated Number of Undiagnosed Patients based on the estimated prevalence
Stroke (2016)	1.51%	3.70%	3,540*
Hypertension (2016)	14.08%	20.95%	10,983
CHD (2016)	2.78%	7.58%	7,521*
COPD (2016)	1.8%	2.22%	642*
Diabetes (2016)	6.3% (17+)	7.9% (16+)	2,109**

Source: PHE modelled estimates 2016, NCVIN 2016, and QOF 2014/15 [*one practice was missing data so true number will be higher / ** applying the QOF prevalence for 17+ to the 16+ population]

2 Summary from December 2017 Cabinet Report

- 2.1. In December 2017 a report was presented to the Cabinet which outlined the new strategic approach to improving the diagnosis and management of patients with long term health conditions in primary care.
- 2.2. The approach set out in the Cabinet Report was developed jointly with our NHS partners and has received Regional and National recognition and commended by the Chief Executive of Public Health England.
- 2.3. The Cabinet Report committed to a number of actions which fall into two broad categories;
 1. Improved diagnosis of patients with long term conditions and
 2. Improved management of those patients once they are diagnosed.

A number of data sets were displayed which summarised the 2016/17 position. Unfortunately at the time of writing this report that data has not yet been refreshed, and as such it is not yet possible to ascertain the impact of work over the last 12 months on improving the diagnosis and clinical management of patients with long term health conditions. The 2017/18 QOF data is due to be published by NHS Digital by November 2018.

- 2.4. Specifically, the 2017 Cabinet Report committed to the following actions as part of a systematic programme of Primary Care Transformation:
 - Community based long term conditions ‘case finding’ programmes including Hypertension and Atrial Fibrillation checks in Community Pharmacies and in the Thurrock Community Hubs.

- Introduction of blood pressure monitoring machines in GP surgery waiting areas as a further mechanism to diagnose potential hypertension (high blood pressure).
- Profiling patients' cardio-vascular risk using the QRISK2 clinical tool, and then prioritising invitation for an NHS Health Check to those most at risk and hence most likely to have undiagnosed cardio-vascular disease.
- Providing additional funding to GP surgeries to treat all patients eligible for clinical interventions under QOF through introduction of a local "Stretched QOF" contract. (The national QOF contract only provides funding for GP surgeries to treat 70% of all eligible patients with long term conditions).
- Integrating disease specific community NHS long term conditions clinical management services into a single service linked directly to networks of GP surgeries, and funding additional long term conditions nursing support.
- Integrating current mental health services within transformed long term condition management clinics.
- Providing additional support and resources to GP surgeries to deliver the NHS flu vaccination programme.
- The implementation of the Mede-Analytics integrated data solution to encompass GP surgery data. Mede-Analytics analyses patient level data held on individual GP practice clinical databases and will allow GP Practice Managers and clinicians to quickly identify cohorts of inadequately managed patients with Long Term Conditions who are at risk of serious health events such as heart attacks or strokes, such that they can be invited into the surgery for review and treatment.
- Commissioning of IT solution focussed approaches to "case finding" patients with long term health conditions who may not be on QOF disease registers and will therefore not be receiving all NICE recommended clinical interventions to manage their condition. For example, identifying patients who are being prescribed an anti-hypertensive medication or who may have a series of high blood pressure readings recorded, but who are not currently included on the surgery's Hypertension (high blood pressure) QOF Disease Register and therefore are not being clinically managed systematically.

- 2.5. The Cabinet report also detailed the development of an individual practice based long term conditions profile card that benchmarked individual surgery performance on a range of indicators relating to access and long term conditions case finding and management against the 20 GP surgeries in England with the most similar practice populations. The report proposed a programme of quality improvement meetings between Public Health Staff and individual surgery clinicians and development of surgery based action plans based on data contained within each profile card.

3 Progress, achievements and changes

- 3.1. Long Term Conditions Programme Board has been established to manage the complex set of programmes set out below, as part of *The Better Care Together Thurrock* programme of transformation. The Board is chaired by the Director of Public Health and has senior representatives on it from Public Health, Adult Social Care, NHS Thurrock CCG, Inclusion Thurrock, North East London Foundation Trust and Local Primary Care Providers.

GP practice Profile Cards and Practice Visits Programme

- 3.2. Following feedback from practices, the primary care team and internal discussions the original benchmark grouping has been removed from the long term condition profile card in favour of comparing achievements to a Thurrock average. It is expected that this will encourage more internal competition and remove confounding factor of differently commissioned services when comparing to external organisations.
- 3.3. The Healthcare Public Health Team have also removed the capacity indicators that look at the number of GPs and Nurses per head of population to reflect the move away from a traditional staffing model in primary care and towards a more mixed-skill clinical workforce that will include Physiotherapists, Physicians Associates, Paramedics, Practice Based Pharmacists and a range of professionals to address mental ill-health including psychiatric nurses and social prescribers. A new indicator that details the number of appointments available to patients within the Mixed Skill Workforce model will be introduced. Other changes to the card include performance against the new “Stretched QOF” local contract. An example of the new format is given in appendix A.
- 3.4. As of 30 September 2018, 85% of GP Surgeries in Thurrock will have received a Profile Card Visit from specialist Healthcare Public Health Staff to discuss their individual Practice Profile Card and develop and agree an improvement action plan based on the data held within it. By 30 April 2019 this will be 93%.

- 3.5. During the second year of delivery, improvements have also been made to the profile card visit programme. There will now be two rather than one scheduled visits per year. These will happen shortly after practices have submitted QOF data at the end of the financial year and then again six months later. The visits will now take place during practice meetings in order that the data and possibilities for improvement can be discussed with the entire practice rather than the practice manager and/or lead clinician. At the end of a visit a list of priorities for the practice to work on will be agreed between the Health Care Public Health Improvement Manager and the practice. These priorities will be followed up and integrated into a programme of on-going support between Public Health and the individual GP practice as appropriate between visits.
- 3.6. The visits following the revised format so far have been received extremely well and the Healthcare Public Health Team have received a significant level of positive feedback. Specific feedback on the profile card and associated GP Practice visits has included the following:

“gives practices an element of competition”; “helps with our CQC inspection”; “really like outcome trend and inappropriate admissions to hospital”; “shows how we are doing with peaks and troughs”; “it will be great when we get real time data with Mede-Analytics”; “the new card has a much better format”; “very useful to compare to previous year”; “gives us motivation”; “shows we are not wasting our time”.

- 3.7. Common themes or issues have been identified across Thurrock as a result of profile card visits, and action has been taken to address these for all Thurrock GP surgeries. Examples include the following:
- Issues with the coding of depression on GP Clinical Databases and confusion amongst GP practices relating to when/if a patient should be removed from the QOF register if they do not attend future appointments. **Action:** Public Health are currently assessing the clinical “Read Codes” used (depression or low mood) and developing guidance for practices so all are “read coding” appropriately.
 - The need for spirometer¹ training for practice staff which meets the requirement of the new guidance. **Action:** An audit of training was conducted in July to identify need and current practice that identified a significant amount of non-compliance with the new 2020 Guidance. Public Health are working with the NHS Thurrock CCG to develop a new training programme for GP practices to ensure future compliance.

¹ A Spirometer is a device used to measure the volume of air inspired and expired by the lungs. It is used in the diagnosis and management of respiratory conditions for example Chronic Obstructive Pulmonary Disease (COPD)

- Support practices to reduce number of DNAs (“Did Not Attend” i.e. missed GP appointments). **Action:** Public Health have developed a DNA poster to support practices in relaying the effects of missed appointments to patients. A new text messaging service to remind patients of forthcoming appointments has also been commissioned.
- Need to increase access to healthy lifestyle services. **Action:** Public Health have arranged for weight management classes to be offered at GP surgeries and have commissioned a new IT system that allows direct referral of patients from GP Clinical Systems into our lifestyle modification programmes.

3.8. The visits have also resulted in the easier implementation of programmes in practices, such as stretched QOF, the Flu Vaccination improvement programme, and the detection of hypertension in waiting areas. Practices are generally much more engaged with the Healthcare Public Health team and regularly come to us with ideas as well as issues they are having.

Improving the Diagnosis of Patients with Undiagnosed Long Term Health Conditions

3.9. The NHS Health Check programme offers a free cardio-vascular, mental health and lifestyle risk assessment to all eligible patients aged 40-64 once every five years. As such, the NHS Health Check Programme is the single most important mechanism for case-finding of patients with undiagnosed long term conditions. There has been significant progress towards targeting NHS Checks to those most at risk.

3.10. An integrated IT system that will sit in parallel to the practices’ clinical systems is being implemented to deliver the main administrative elements of health check provision. This will include call/recall of eligible patients; identification and targeting of higher risk patients based on their existing known clinical bio-markers such as age, smoking status, and existing blood pressure history; fully interactive recording of information gathered during the health check into the patient’s clinical record and; direct referral of patients into lifestyle modification programmes. Roll out will take place over the next three months with full coverage achieved by the end of November 2018.

3.11. One of the main aims of this project is to identify those who have high risk factors, e.g. BMI ≥ 30 , smoker, etc., with targeted invites, clear referral pathways into interventions to improve lifestyle factors and reduce future risk, and referrals back into practices to identify and treat with early diagnosis. Uptake

will be increased by priming texts, to make patients aware of invite letters, and follow up calls to book directly into convenient and next available clinics.

- 3.12. A workplace programme of offer and provision of health checks to employees of local Thurrock businesses is currently underway, along with engagement with voluntary groups and local forums, faith groups, and work with some practices to target patients from BME groups. A programme of wellbeing clinics have also been scheduled with Thurrock MIND offering the NHS health check to eligible service users, carers and volunteers which is due to start end of August 2018. These will run, initially once a month but will be reviewed depending on demand.
- 3.13. As part of a comprehensive Communications Strategy for Public Health, a recent Council Twitter and Facebook posts advertising health checks produced the highest 'click through' with subsequent follow up calls into the council's Lifestyle Modification Services Single Point of Access to book appointments. This will be repeated throughout the year with further provision of health checks to Council staff. Health Check advertising is also planned within all Thurrock libraries and Community Hubs, with staff trained in MECC to include the offer of health checks. Promotional events are used, where appropriate/possible to offer blood pressure and BMI checks to initiate health check offers to those eligible, with immediate booking of appointments where possible.
- 3.14. Public Health have commissioned **Interface Clinical Services (ICS)**, to undertake a comprehensive screening of data held of GP Clinical Systems as a way of improving long term conditions case finding.
- 3.15. The programme aimed to identify patients with entries in the medical records that indicate that they may have an existing long term health condition, but who are not currently on a Long Term Condition QOF register and so are not currently clinically managed systematically under QOF.
- 3.16. All practices in Thurrock will be offered the service in 2018/19. To date, 17 of the 29 practices have participated in the programme.
- 3.17. To date 8459 people have been identified for further investigation to consider adding them to Disease registers. This includes:

Long Term Condition	Patients Identified
Hypertension	328
Atrial Fibrillation	294
Coronary Heart Disease	240
Heart Failure	183
Strokes	333
Diabetes	433
Asthma	398
COPD	233
Chronic Kidney Disease	1890
Depression	888
Cancer	519

- 3.18. Assuming a 70% conversion rate (percentage of highlighted patients that have their diagnosis confirmed) the programme will introduce an existing £160,000 of national resource into our local Primary Care economy under the QOF contract that GP surgeries hold with Department of Health. Furthermore, there are associated savings and population health gain that will result through better clinical management of long term condition patients identified and being added to QOF registers. For example, Public Health estimates that the programme will result in an estimated 24 Strokes being avoided over the next three years and an estimated associated treatment cost saving of £190,000.
- 3.19. An impact report from ICS will follow around October/November to report on the conversion of findings to disease register sizes. Public Health will then look to populate our existing regression models with the results to estimate the health impact of this case finding on hospital admissions and adverse health events e.g. strokes. Furthermore, we will look to quantify the accurate savings to the local health and care economy the ICS has yielded.
- 3.20. A comprehensive programme of Hypertension (high blood pressure) monitoring in community settings is also being implemented. The Community Hub Hypertension detection programme has been put in place as a means of better reaching those at risk in the community who do not readily access primary care. National evidence also suggests that screening for high blood pressure within community settings reduces “white-coat effect” – a well-established phenomenon whereby false high blood pressure readings result when taken in clinical settings due to the stress that some individuals experience from having their blood pressure monitored by a clinician. Conversely published evidence suggests that residents are more likely to feel more at ease if their blood pressure is monitored in a community setting where they come to relax and interact.

- 3.21. Five out of the six Community Hubs across Thurrock (excluding Aveley Community Hub), have been equipped with self-testing blood pressure machines. 18 volunteers have been trained across the five functioning hubs to support residents who wish to self-check their blood pressure, with at least two volunteers trained in each hub. The programme has been running since August 2018 and a contract is in place between the council and The Council for Voluntary Services to deliver 600 blood pressure screens over the next 12 months.
- 3.22. The detection of Hypertension in GP Surgeries programme commenced in February 2018 in three surgeries in Tilbury, with four additional surgeries being added in May of 2018. The programme has sited self-testing blood pressure monitoring machines in GP surgery waiting areas and patients are encouraged to use them to take a blood pressure reading which is then handed to clinicians during their consultation. As of the start of September 2018, 743 checks have been completed, resulting in 52 additional patients being identified as having high blood pressure.
- 3.23. All GP surgeries in Thurrock are also being financially incentivised through the stretched QOF project - to work towards a 10% increase in the number of patients diagnosed with hypertension.
- 3.24. A further seven practices across Thurrock that have the highest gaps in the number of people expected to have hypertension, according to the Public health England estimates, have been identified and have agreed to take part in this programme. They will be equipped with waiting area Blood Pressure Machines imminently. It is expected that activity will commence in the identified practices mid - October 2018 onwards, following discussions and agreement of SLAs.
- 3.25. As a result of the hypertension case finding programme, a total of 833 patients have had a blood pressure check, 337 new cases of hypertension have been diagnosed across the 9 GP surgeries equipped with a waiting area blood pressure machine since March 2018 (new cases on QOF register since March 2018).

Improving the Clinical Management of Patients with Long Term Conditions

- 3.26. In order to improve the diagnosis and management of Cardio-Vascular Disease, the Public Health team agreed to fund a CVD upskilling programme.
- 3.27. The Public Health team have invested in a Cardiology Up-skilling Programme for front-line primary care professionals. This programme is accredited by the Royal College of General Practitioners (RCGP) and has been delivered within

other CCGs previously. It consists of 6 training modules, which are being delivered between July 2018 – February 2019, and a final exam. Feedback from attendees at modules run to date indicates that they found the training to be useful and would recommend it to others.

3.28. The 6 modules will cover:

- Heart Failure
- Atrial Fibrillation
- Stable CAD and CV risk assessment and prevention
- Valve disease
- Improving CV outcomes in Type 2 Diabetes
- ECG and Echo report interpretation

3.29. It is anticipated that this training will contribute towards:

- Increased confidence in diagnoses of CVD conditions
- Improved CVD management
- Reduced variation in CVD skills and knowledge amongst practice staff.

3.30. When this training was delivered in Leicester City CCG, a number of positive impacts on clinical outcomes were demonstrated including:

- A 12.5% increase in detected Atrial Fibrillation patients
- A 17.5% reduction in exception reporting of Atrial Fibrillation patients
- 16.5% more high-risk Atrial Fibrillation patients who were then anti-coagulated, leading to a theorised 5.1% reduction in emergency admissions for Stroke
- An increased number of Heart Failure patients with optimised treatment, leading to a theorised 4.1% reduction in emergency admissions for Heart Failure

3.31. In Thurrock 34 clinicians across 23 of the 29 practices will be taking part in the course with 23 intending to sit the final exam. Feedback from modules so far show that all participants would recommend this training to their colleagues with one quoting 'All GP's in Thurrock should hear this'.

3.32. As this training programme is one of several initiatives underway to improve detection and management of long term conditions in Thurrock, it will be difficult to solely attribute such outcomes to this course alone; however the evaluation of the programme planned for March 2019 will aim to demonstrate the effectiveness of the training once it has been completed.

3.33. Complex modelling for the local Stretched QOF contract between Public Health and GP Surgeries has now been completed, and an associated contract developed and signed between the council and majority of GP surgeries in

Thurrock. This provides additional financial incentive and resources for practices to treat 100% of patients eligible for clinical interventions to better manage long term conditions as opposed to the 70% that are funded under the national Department of Health QOF Contract.

3.34. The purpose of this project being to incentivise practices to perform above the maximum 70% national threshold, putting more investment into primary care with a view to improving outcomes for patients and reduce or delay the demand of both expensive hospital acute and adult social care. The scheme is joint funded from the Public Health Grant and the Better Care Fund.

3.35. Diseases incentivised for management were informed partly by a number of long term conditions multiple regression analysis models developed by the Healthcare Public Health Team that identified and quantified the impact that significant QOF indicators had on the incidence of serious health events. These include Asthma, Hypertension, Atrial Fibrillation, Coronary Heart Disease, Stroke, Depression, COPD and Diabetes based on the following indicators:

Indicator	Criteria
AST002	The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis
AST003	The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions
AST004	The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months
HYP001	Observed patients on the Hypertension Register/ Expected Hypertension prevalence
BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years
HYP006	The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
AF006	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more)
AF007	In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy
CHD002	The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
CHD005	The percentage of patients with coronary heart disease with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken
CHD007	The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March
STIA003	The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
DEP003	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis
COPD003	The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months
COPD005	The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥ 3 at any time in the preceding 12 months, with a record of oxygen saturation value within the preceding 12 months
COPD007	The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March
DM002	The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
DM004	The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less
DM009	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months
DM018	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March

3.36. The 'Stretch QOF' contract was finalised and presented to the Thurrock CCG Clinical Executive Group in June 2018 and launched as of the 16 July. So far 22 out of 29 practices have signed up to deliver stretch QOF and further sign up is anticipated as a result of direct contact with the practice manager to discuss Stretch QOF or by promotion of the contract via other mechanisms such as the long term profile card visits.

3.37. The projected total spend if all practices signed up and 100% achieved (Based on 16/17 QOF performance) is £248,007. An estimate spend for the contract has been calculated on the basis of 72% of total spend (90% sign up and 80% of stretch QOF target achieved) which equates to £178,565.04. The tables below show the modelled estimated impact of Stretched QOF on three QOF indicators if practices perform at the 70th and 100th centile of 2017/18 performance. They demonstrate the significant impact that the programme

could have on population health and demand management and suggest a very strong return on investment for the health and care system.

Benefits over 3 years if all practices hit current 75th percentile							
QOF Indicator	Indicator Description	75th quartile	Number of Extra Patients Treated	Benefit to the Population	Quantity of Benefit over three years	NHS Saving	ASC savings
HYP006	Control of blood pressure in those with a diagnosis of Hypertension	85%	903	Fewer strokes	181	£658,106	£762,313
AF007	Anti-coagulation of those with Atrial Fibrillation at high risk of a stroke	90%	152	Fewer strokes	51	£184,629	£213,864
HF003	Prescription of ACE-1 or ARB medication in those with Heart Failure	100%	18	Fewer emergency Hospital admissions	4	£167,810	

Benefits over 3 years if all practices hit current maximum practice performance							
QOF Indicator	Indicator Description	Max achievement	Number of Extra Patients Treated	Benefit to the Population	Quantity over three years	NHS Saving	ASC savings
HYP006	Control of blood pressure in those with a diagnosis of Hypertension	91%	2114	Fewer Strokes	423	£1,540,683	£1,784,639
AF007	Anti-coagulation of those with Atrial Fibrillation at high risk of a stroke	100%	333	Fewer Strokes	111	£404,484	£468,531
HF003	Prescription of ACE-1 or ARB medication in those with Heart Failure	100%	18	Fewer Emergency Hospital Admissions	4	£167,810	

3.38. SystmOne (GP practice clinical system) reports have been published both to support practices to make quarterly claims and to have an operational overview of their performance/work to do.

3.39. Feedback from practices on the initiative has been positive and together with support from Healthcare Public Health managers, a number of practices are using the contract as a platform to create an organised plan of activity against clinical capacity for the delivery of their QOF indicators. This is shifting the focus to consistent achievement of their practice performance every quarter, and more timely management of disease management indicators for patients, than the more traditional “year-end” push to achieve the target that is often seen in general practice.

3.40. Early indications based on financial claims submitted by practices under the contract show there are 1217 patients across Thurrock that are eligible for payment under stretch QOF that would not have otherwise received an intervention if the practice had performed up to the maximum QOF performance threshold for payment.

- 3.41. The Dentistry Diabetes Detection pilot is an exciting addition to the programme of work involving dentist chair-side testing for diabetes in patients who are either “at risk” of developing diabetes (identified by questionnaire in waiting area) or who have existing periodontal disease (shown to strongly correlate with Diabetes onset).
- 3.42. The pilot is referring those identified as positive in the screen to primary care for confirmation, and directly refers those identified as in the pre-diabetic range to the National Diabetes Prevention Programme (NDPP).
- 3.43. The small pilot began on the 1 February 2018 for a six month duration with three dentists taking part (some part time), so far 33 patients have been detected as having diabetes or are pre-diabetic and were referred directly to their GP Practice (diabetic) or to the NDPP program (pre-diabetic) for follow up. Due to the success of the small sample, dental nurses have been trained to expand their capacity to screen. Positivity rates have been high, in particular those within the community dental service for transient patients leading to the assumption that there is a gap within this particular cohort of patients.
- 3.44. Due to the initial success of the programme it has been agreed that an extension of six months be granted in order to create a business case to expand further in to other areas within Thurrock. This will also give additional validity to the evaluation to take to NHSE to potentially roll out within other areas in the region/nationally.
- 3.45. Further Diabetes detection activity is also being funded through the Public Health Grant in the following settings
- GP extended hours hubs - has been agreed to start in one hub initially in early January 2019
 - Primary care using Clinical Pharmacists and/or Health Care Assistants, due to start in January 2019
 - Testing during Phlebotomy clinics – expressions of interest have been sent with positive response, contracts being finalised for signature. Due to start in January 2019
- Extension of NHS Health Checks programme - started in July, pre risk questionnaire sent with health check offer to determine eligibility for HbA1c testing and so far 2 patients have been identified as having raised hyperglycaemia. There was a slight delay due to GDPR within the HL contract; however we anticipate an increase in future months.
- 3.46. In collaboration with the Thurrock Council Communications team there is now a Public Health Communications plan for July 2018 until March 2019 which looks

to promote the Nationally scheduled health campaigns but also other communications for services locally and tailored to Thurrock such as:

- Monthly NHS Health check promotion via social media and the NHS messaging facility to increase uptake of the programme
- Stop smoking support that signposts to Pharmacies and the Thurrock Healthy Lifestyle Service and the national 'Stoptober' campaign.
- Monthly social media promotion of Thurrock's weight loss programmes Shift the Timber and NAF Thurrock Healthy Lifestyle Service
- Monthly Blood pressure campaigns to promote the free standing blood pressure machines located in nine GP surgeries for residents to self-check, the benefits to checking blood pressure long term and the September national campaign 'Know your numbers'.
- Monthly promotion of the flu vaccination via social media and internal council communications

4. Next Steps

4.1 Many of the programmes outlined in section 3 are in their early stages and need time to establish. Public Health will undertake a full evaluation of their impact once more outcome data is available.

4.2 Further transformational activity of Primary Care is also planned and will be implemented subject to discussion and engagement with the CCG's Primary Care Development Team and local GP surgeries. Current ideas under development include:

- Creation of a GP Locality Based Practice Profile Card together with quality improvement groups containing clinical leads from all GP surgeries and secondary care consultants to discuss the results and share best clinical practice between a network of surgeries.
- Revising Stretched QOF to make part of the reward for practices dependent on performance at a locality rather than surgery level.
- Specific 'deep dives' on common issues identified from GP practice visits and highlighted in Practice Based Profile Cards, for example triangulation of practice performance on managing depression with prescribing data from the CCG's Medicines Management Team.
- Improved use of the Digital Agenda at Smart Phone Based 'Apps' in empowering patients with Long Term Conditions to self-care.

5. Reasons for Recommendation

- 5.1 Approving this strategic approach will support the administration's key priority on improving standards in Primary Care, along with NHS partners' strategic aim to improve the quality and capacity of Primary Care in Thurrock.
- 5.2 Delivery of this programme of work will have a significant positive impact on the health of our residents living with long term health conditions, will enhance the capacity and capability of our GP surgery clinical teams to manage this cohort of patients, and will deliver system wide savings through reduced demand on hospital and adult social care services.

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

- 6.1 The programme set out in this paper has been presented at HOSC in September 2017 and was widely supported. The current paper is intended as an update only and as no significant changes have been made has not been to Health OSC before presentation here. It is however on the forward plan for January 2019 for information.
- 6.2 This programme of work has been developed in conjunction with NHS Thurrock CCG's Primary Care Development Team and local GP surgeries and has been discussed and approved by the CCG's Clinical Executive Group.

7. Implications

7.1 Financial

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

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

7.2 Legal

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

On behalf of the Director of Law, I have read the report in full. The recommendations are consistent with the duties upon Thurrock Council under the various Social Care and Health legislative frameworks to joint fund and pool

resources to facilitate improved public health objectives across all residents within the area. Accordingly, there appears to be no external legal implications arising from the recommendations at this stage of the process.

7.3 **Diversity and Equality**

Implications verified by: **Becky Price**
Team Manager – Community Development & Equalities

The initiatives outlined in this report will tackle the challenges variation in diagnosis and management of long term conditions between GP practice populations. In doing so, they will have a positive impact on health inequalities and overall population health.

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):

- Annual Public Health Report 2016, Thurrock Public Health Service.
- Tilbury and Chadwell: A New Model of Care – The Case For Change, Thurrock Public Health Service, September 2017

9. **Appendices to the report:**

N/A

Report Authors:

Ian Wake,
Director of Public Health

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

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14 November 2018	ITEM: 11 Decision: 110485
Cabinet	
Short Breaks and Support Services for Disabled Children	
Wards and communities affected: All	Key Decision: Key
Report of: Cllr Susan Little, Cabinet Member for Children and Adult Social Care	
Accountable Assistant Director : Sheila Murphy, Assistant Director Children's Social Care	
Accountable Director: Rory Patterson, Corporate Director of Children's Services	
This report is: Public	

Executive Summary

The provision of Short Breaks and Support Services for Disabled Children (Short Breaks) is a statutory duty for the local authority to improve the outcomes for disabled children and is available for all disabled children and young people aged between 0 and 18 years old.

A procurement exercise needs to be undertaken to replace the current Short Breaks contract which expires in March 2019. The contract aims to improve the health and wellbeing of disabled children and their carers by offering additional support.

The services currently provided include:

- Sitting and Befriending
- Community / leisure activities
- Residential breaks and activities in a residential setting

This service will be tendered within the Public Contracts Regulations 2015 for an initial period of three years with an option to extend for a further twelve months. The average annual spend is expected to be £400,000 with a total contract value of £1,600,000.00 for the maximum four year term.

The procurement exercise aims to increase the number of providers, there are two providers delivering the service under the current contract. The quality of the service will be the main criteria of the procurement exercise, however savings may be possible due to increased competition.

In order to stimulate the market and encourage engagement with the local voluntary sector, the new framework contract will not limit the number of providers and will be refreshed on an annual basis, allowing new entrants to the market the opportunity to provide services.

1. Recommendation(s)

That Cabinet agree:

- 1.1 To the tender to provide Short Breaks and Support Services for Disabled Children with a term of three (3) years and the option to extend for a period of twelve (12) months be issued.**
- 1.2 That authority is delegated to the Accountable Corporate Director of Children's Services, in agreement with the Portfolio Holder to award contracts to meet the assessed needs and preferences of children and young people.**

2. Introduction and Background

- 2.1 The Breaks for Carers of Disabled Children Regulations 2011 requires the Council to have regard to the needs of those carers who would be able to provide care for their disabled child more effectively if breaks from caring were given to allow them to:
 - undertake education, training or any regular leisure activity
 - meet the needs of other children in the family more effectively, or
 - carry out day to day tasks which they must perform in order to run their households.
- 2.2 The Regulations require the Council to provide, as appropriate, a range of:
 - day-time care in the home of disabled children or elsewhere,
 - overnight care in the home of disabled children or elsewhere,
 - educational or leisure activities for disabled children outside their homes, and
 - services available to assist carers in the evenings, at weekends and during school holidays.
- 2.3 Examples of the services provided under the Council's current contract include:
 - taking children and young people into the community to experience new activities, to visit the cinema, go shopping, attend Brownies / Cubs, go swimming and other outdoor activities
 - supporting parents and carers within the family home
 - providing short periods of residential breaks

- providing residential activities

Care workers do not provide domestic activities for the family or support non-disabled children within the family.

- 2.4 These services are provided by the council according to need and as far as possible within the provider and activity choices determined by the child and young person and their families.
- 2.5 Current Short Break services are provided in two distinct elements (“lots”): community services – activities in the family home or day activities in the local area; residential services – overnight stays and activities in a residential setting.
- 2.6 The 2013 commissioning exercise awarded contracts to four providers. During the course of the current contract, two of these have closed, this is reflective of the state of the national market for this type of service.
- 2.7 The annual spend on the current contract was initially £700,000 per annum in 2013. However, due to the wider choice available to families through the use of personal budgets, this contract spend has now reduced to approximately £400,000 per year in 2017.
- 2.8 The reduction in contracted provision resulted in an increase in personal budgets for home / community care provision and an increased cost for residential and complex home provision. However, the demand for residential care Short Breaks continues to be a significant need with volume remaining consistent.

3. Issues, Options and Analysis of Options

- 3.1 The main issue for this procurement is the shortfall in available providers, particularly the community services element, and the lack of suitable residential provision within or near to Thurrock.
- 3.2 This procurement process aims to increase the number of providers contracted to deliver the service by utilising a framework that is subject to an annual refresh. This will allow new providers to come into the market, enhancing the current mix.
- 3.3 With the refresh, existing providers will also be allowed to review their fees and adapt the service offer on an annual basis which ensures equity in the market. However, the number of providers will ultimately be impacted by the predicted increased in funding shift for families to personal budgets.
- 3.4 Price reviews and any requests for uplifts will be subject to cost justification, for example, how they relate to National Living Wage.

4. Reasons for Recommendation

- 4.1 This report is submitted to Cabinet for approval to proceed to tender. As the contract value is above £750k this is in accordance with the Thurrock Council Constitution (Chapter 9, Part 2 – Contract Procedure Rules).
- 4.2 The proposed provision aims to deliver an effective solution to the duty to provide Short Breaks for Disabled Children and their families that satisfies the needs of children and young people and the families, providing a quality service at a competitive price.
- 4.3 The proposed framework contract will help stimulate local provision and competition by allowing new providers to join on an annual basis.

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

- 5.1 The CaPa Participation Group (CaPa = Carer/Parent) were consulted on the type of services they would like to see in a Short Break scheme and where this is in line with the permitted services this has been used to inform the proposed tender.
- 5.2 Social Workers have discussed delivery and preferences with the parents and carers of disabled children who receive a service.
- 5.3 This report was submitted to Children’s Overview and Scrutiny Committee on 9 October 2018.

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

- 6.1 This report impacts on the following corporate priorities:
 - People – a borough where people of all ages are proud to work and play, live and stay.
 - Prosperity – a borough which enables everyone to achieve their aspirations
- 6.2 It also contributes to the following Thurrock Health and Well-Being Strategy – (2016 – 2021) priorities:
 - Give parents the support they need
 - Reduce social isolation and loneliness

7. Implications

7.1 Financial

Implications verified by: **David May**
Management Accountant

Total value of this tender is £1,600,000 for a four year term and complies with OJEU rules. Increased competition should enable the tender to provide value for money.

7.2 Legal

Implications verified by: **Lucinda Bell**
Education Lawyer

Short Breaks for Disabled Children is a statutory requirement of the local authority through the Breaks for Carers of Disabled Children Regulations 2011. The proposed tender would comply with current Procurement rules and ensure the local authority meets its statutory requirements.

7.3 Diversity and Equality

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

This commissioning exercise is to enable disabled children to experience a short break and new activities and for their parents / carers to have a respite from their caring responsibilities. This supports children to remain in the home and reduces the number of children entering care. Disability is a protected characteristic under the Equality Act 2010, this commissioning exercise would have a positive impact. No other equality or diversity impacts have been identified within this report.

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

- This Tender is to be under the Light Touch Procurement rules.

- This proposal is fully compliant with Section 17 of the Children Act 1989 regarding services for Disabled Children and, Breaks for Disabled Children Regulations 2011.

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

Procurement Stage One Form

Report Author:

Sue Green

Strategic Lead – Children's Commissioning and Service Transformation

Children's Services

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PROCUREMENT STAGE 1 – APPROVAL TO PROCEED TO TENDER

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

If contract value is over Cabinet approval threshold (£750,000) this form shall be appended to the Cabinet report. This form will be “open” for publication.

1.	INTRODUCTION	
1.1	Contract Title	Short Breaks and Support Services for Disabled Children
1.2	Reference	PS/2017/579
1.3	Directorate	Children's Services
1.4	Contract Cost	£1,600,000.00
1.5	Description	Short Breaks and Support Services for Disabled Children (Short Breaks) is a statutory duty to improve the outcomes for disabled children and is available for all disabled children and young people, who live in the Borough, aged between 0 and 18 years old.
1.6	Contract Term	3 years plus an option to extend for an additional 12 months. Commencing on the 1st April 2019
1.7	Political Sensitivity	N/A

2.	BUSINESS CASE	
2.1	Business Case	<p>Short Breaks is a statutory duty although how this provision is made available is at the discretion of individual Councils.</p> <p>The proposed provision aims to deliver an effective solution to the duty to provide Short Breaks for Disabled Children and their families that satisfies the needs of children and young people and the families, providing a quality service at a competitive price</p> <p>Since the last time this provision was tendered the market for Domiciliary Care services has seen considerable changes with changes to providers and the increased use of Personal Budgets.</p> <p>The procurement exercise seeks to improve the choice available to parents by increasing the number of providers. The quality of the service will be a key criteria of the procurement exercise although this will be balanced with cost.</p>

2.2	Key Deliverables	<p>This provision aims to:</p> <ul style="list-style-type: none"> allow the child or young person to benefit from different experiences and activities provide regular, reliable breaks for parents / carers, from their caring responsibilities, in order to maintain their wellbeing, and prevent carer or family breakdown support parents / carers in meeting their child's additional health and social care needs. support the development of life skills, improve life chances, overcome obstacles and develop positive self-esteem. allow parents / carers to undertake other activities that are essential to caring for other members of the family and the maintenance of the household.
2.3	Commercial Pressures	<p>This procurement seeks to increase the number of available providers, particularly the community services element, and increase the availability of suitable residential provision within or near to Thurrock.</p> <p>The Provision of Personal Budgets, particularly for new services, is likely to increase.</p>
2.4	Contractor Employment Status ¹	N/A
2.5	Award Criteria	Following a full tender quality will be a key award criteria balanced with effective competition on price.
2.6	Social Value	<p>Social Value will include:</p> <ul style="list-style-type: none"> local employment opportunities purchasing from local supplier training opportunities for Thurrock Residents
2.7	Previous Contract	PS/2013/436 - 1 Oct 2013 to 31 Mar 2019

3.	FINANCIAL CONSIDERATIONS						
3.1	Previous Contract Cost	£740,000 per annum initially, reducing to £400,000 per annum due to increased use of personal budgets.					
3.2	Scope Changes	Is there any increase / decrease in scope that could impact costs?	No				
3.3	Annual Cost	Year	19/20 £000's	20/21 £000's	21/22 £000's	Later £000's	Total £000's
		Total Spend	£400	£400	£400	£400	£1,600
3.4	Funding Breakdown Identified	Revenue Budget	£400	£400	£400	£400	£1,600
		Capital Budget	-	-	-	-	-
		Other (-)	-	-	-	-	-
		Other (-)	-	-	-	-	-
	Total Funding		£400	£400	£400	£400	£1,600
3.5	Budget Code(s)	CA010 2776 and CA010 2620					

¹ Use online self-assessment tool: <https://www.gov.uk/guidance/check-employment-status-for-tax>

3.6	Unsupported borrowing	N/A
3.7	Other Financial Implications	Provision may be affected by an increase in Personal Budgets.

4.	PROCUREMENT ROUTE	
4.1	Procurement Route	EU Open Tender
4.2	Procurement Route Rationale	There are a limited number of Providers in the area and this method will allow for greater competition.
4.3	Does the contract require a waiver?	No
4.4	Single Source justification	N/A - not a single source
4.5	Waiver Rationale	N/A

5.	PROCUREMENT TIMETABLE		
5.1	Procurement Timetable	Publish Contract Notice	26 November 2018
		Selection Questionnaire Return	N/A
		Invitation to Tender Issue	26 November 2018
		Invitation to Tender Return	11 January 2019
		Notification of Result	11 February 2019
		Standstill Period	12 – 21 February 2019
		Expected Award Date	22 February 2019
		Contract Commencement	01 April 2019

6.	RISKS, CONSULTATION AND MANAGEMENT					
6.1	Tender Process Risks	Risk Level			Negative Impact	Mitigation
	Limited take-up	C - Significant Likelihood	II - Significant Impact	BII - High Risk	Reduced options	Increased use of Personal Budgets
	Provider new to area, need to recruit staff	B - High Likelihood	III - Marginal Impact	CII - High Risk	Delay in offering services	Increased use of Personal Budgets
	N/A	N/A	N/A	N/A	N/A	N/A
6.2	Contract Performance Risks	Risk Level			Negative Impact	Mitigation
	Unable to recruit new workers	C - Significant Likelihood	II - Significant Impact	CII - High Risk	Delay in offering services	Increased use of Personal Budgets
	Under performance due to lack of staff	C - Significant Likelihood	II - Significant Impact	CII - High Risk	Service users not receiving their full oackage	Transfer to other providers or Personal Budgets
	N/a	N/A	N/A	N/A	N/A	N/A

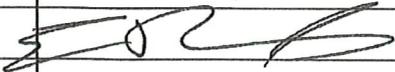
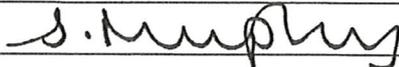
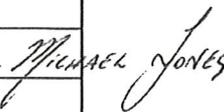
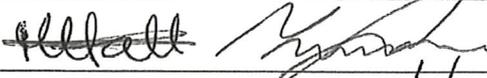
6.3	Contingency	The existing providers could be requested to continue with their current caseload and any new provision. The expansion of the Personal Budget scheme.
6.4	Consultation	The CaPa Participation Group (CaPa = Carer/Parent) were consulted on the type of services they would like to see in a Short Break scheme.
6.5	Project and Contract Management	The Short Break scheme will be managed by the Team for Disabled Children supported by the Children's Commissioning Team.
6.6	Procurement Implications	At £1.6m this contract exceeds the EU threshold for services that fall within the Light Touch Regime. A full OJEU procedure will be carried out using the Open procedure to increase competition. In choosing this route the Council is adhering to EU rules and following best practice.

7.	LEGAL, FINANCE AND PROCUREMENT APPROVAL	
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7.1	Procurement	I confirm that I have been consulted and agree with the information contained in this report in so far as it relates to Procurement implications	
		Name	Kiri Mason
		Signed <i>(or obtain email confirmation)</i>	EMAIL CONFIRMATION RECEIVED
		Date	20/09/2018
7.2	Legal	I confirm that I have been consulted and agree with the information contained in this report in so far as it relates to Legal implications	
		Name	Courage Emovon
		Signed <i>(or obtain email confirmation)</i>	EMAIL CONFIRMATION RECEIVED
		Date	20/09/2018
7.3	Finance	I confirm that I have been consulted and agree with the information contained in this report in so far as it relates to Financial implications	
		Name	Michelle Hall
		Signed <i>(or obtain email confirmation)</i>	EMAIL CONFIRMATION RECEIVED
		Date	09/10/2018

8.	APPROVAL TO PROCEED	
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8.1	Approval Level	Over £750,000 - Cabinet
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8.2	Responsible Officer	I confirm that this procurement will be carried out in accordance with Rule 5 of the Council's Contract Procedure Rules (Chapter 9, Part 2 of the Constitution) and in particular the following duties have been met:	
		<ul style="list-style-type: none"> • Compliance will occur with all regulatory or statutory provisions and the Council's decision making requirements • The Contract will be included on the Council's Contract Register • Value for Money will be achieved • Advice has or will be sought from the Director of Finance and Corporate governance as to an appropriate security bond or guarantee • Document Retention Policy has and will be complied with • Financial Evaluation will be made of all the proposed tenders including the recommended bidder • Advice has been and will be sought and followed from Procurement, Legal and Finance as necessary 	
		Name	Edward Davidge
		Signed	
Date	01/10/2018		
8.3	Assistant Director	In accordance with the Contract Procedure Rules, I confirm the accuracy of the information contained within this form and authorise this request to Proceed to Tender including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13.	
		Name	Sheila Murphy
		Signed <i>(or obtain email confirmation)</i>	
Date	Click here to enter a date. 2/10/18		
8.4	Corporate Director	In accordance with the Contract Procedure Rules, I confirm the accuracy of the information contained within this form and authorise this request to Proceed to Tender including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13. I confirm that the Portfolio Holder has been consulted as required	
		Name	Rory Patterson
		Signed <i>(or obtain email confirmation)</i>	
Date	Click here to enter a date. 2/10/18		
8.5	Director of Finance and IT <i>(If waiver required)</i>	In accordance with the Contract Procedure Rules, I confirm the accuracy of the information contained within this form and authorise this request to Proceed to Tender including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13.	
		Name	Enter Name Michael Jones 
		Signed <i>(or obtain email confirmation)</i>	
Date	Click here to enter a date. 15/10/18		
8.6	Cabinet	Minute Number	Enter approval minute reference
		Date	Click here to enter a date. 15/10/18
Now send complete form to Procurement Services signed and scanned			

14 November 2018	ITEM: 12 Decision: 110486
Cabinet	
Approval to Increase the Current Scope of the Schools Capital Programme	
Wards and communities affected: All	Key Decision: Key
Portfolio Holder: Cllr J. Halden, Cabinet Member for Education & Health; Cllr S. Hebb, Cabinet Member for Finance	
Accountable Head of Service: Michelle Lucas, Interim Assistant Director of Learning, Inclusion and Skills	
Accountable Director: Rory Patterson, Corporate Director Children’s Services and Sean Clark, Director Finance and IT.	
This report is Public	

Executive Summary

Thurrock Council and partners has acquired significant additional resources through the free school programme, council funds and 106 monies, and is investing over £70m to deliver over 3,500 new good school places in Thurrock.

In addition, we are going to use our capital power to enable the building of quality new services from special needs units to sports facilities. This is to help us further renovate and build a more inclusive system and develop more planned use of alternative provision with the support of our schools.

Our policy is to build big and to support the growth, closer cooperation and healthy competition between our family of MAT’s.

This paper details the release of funds to complete already committed projects such as the St Clare’s expansion in Stanford, ensure delivery of the new Orsett Health Academy School, as well as the emerging schemes to support expansion in Ockendon and improvement works in Corringham and Purfleet.

Recommendations:

- 1.1 That Cabinet approves the extended School Capital programme budget of £6,900,000 for St Clare’s and bulge classes for the new Orsett Heath Free School.**

- 1.2 That Cabinet approves the invitation of tenders in accordance with EU procurement procedures for a one year agreement for providing a Specialist Project Team, and Principal Contractor for a school capital programme.**
- 1.3 That, following a selection procedure compliant with the EU procurement regulations, the subsequent decision to enter into the contract be delegated to the Accountable Director reporting back to the Portfolio Holder, such report to detail the selection procedure results, and compliance with the EU procurement regulations.**
- 1.4 Cabinet endorses the forward work and feasibility studies coming forward for the expansions and or improvement works at Corringham Primary, Harris Riverside and Benyon Primary, and the works to continue to deliver inclusion units across Thurrock and their associated costs.**

2. Introduction and Background:

- 2.1 The local authority has a statutory responsibility to ensure that suitable and sufficient school places are available in Thurrock for every child of school age whose parents wish them to have one.
- 2.2 The 2017/18 school capital programme consisted of three projects in Thurrock schools. The extensive programme is now well underway and upon completion will have provided one form entry expansions at The Ockendon Academy, St Clere's and East Tilbury Primary, a total of 510 additional school places.
- 2.3 The 2017/18 school capital programme progressed well and incorporated innovative partnership working to deliver the identified additional pupil places required. The provision of additional accommodation to meet the predicted increase in pupil numbers has generated positive feedback from schools, particularly in relation to the impact on learning through improvements to the built environment.
- 2.4 The conclusion of the feasibility study undertaken at St Clere's during May 2018 recommended the use of a framework agreement to procure via a 2-stage tender process. This will require the appointment of a consultant to produce the outline design and submit the planning application before preparing stage one tender documentation.
- 2.5 Contractors are then invited to submit tenders for the construction of the project on competitive basis – submitting a completed quality questionnaire and fee rates (based on Overheads and Profit figures as well as fully priced preliminaries).
- 2.6 Typically, the client retains the design consultants during the construction phase to review any designs that might be prepared by the contractor and to inspect the works as they progress on site.

3. Outline of Current Projects

3.1 St Clere's

- 3.2 This expansion is to fulfil the already agreed expansion at St Clere's as a result of the timing issues with agreeing heads of terms over the new Thameside Secondary School. The contract for providing a specialist programme management multidisciplinary design team to oversee the expansion of the St. Clere's School project, which is one element of the 2017/2018 Schools Capital Programme is presently fully expended.
- 3.3 A stopgap contract is required for carrying out feasibility studies in relation to the further expansion of St. Clere's school, due to (a) the increase in pupil numbers from September 2018, and (b), the delay in securing land on which to build the new free school and reaching agreement on the final Heads of Terms with the ESFA free schools project team.
- 3.4 In the meantime, individual contracts are currently being utilised for any surveys and small enabling works required to ensure delivery of the original expansion proposals. A principal contractor has been appointed to complete phases 1 and 2 of the proposed works which when complete will provide a net increase of 10 teaching bases upon the St. Clere's site, and be capable of absorbing the immediate need for additional school places.
- 3.5 A new one year JCT Public Sector consultancy agreement competitively procured and evaluated on both quality and price will provide opportunities for improving quality and value for money. It will also provide the Council with the flexibility to specify and procure a Principal Contractor to provide the additional teaching, dining and sports accommodation requirement to ensure that the council continues to fulfil its statutory responsibility.

3.6 Orsett Heath Academy

- 3.7 In addition to St Clere's the Council must provide accommodation for at least two years for a bulge of 120 year 7 pupils for September 2019 prior to the Orsett Heath Free School opening. These pupils will then move to the new free school once it has been constructed.
- 3.8 An estimated budget of £3M is required, options for location classrooms and associated facilities options are being investigated. It is envisaged that this will provide a permanent structure instead of temporary demountable classrooms, and will strengthen the relationship with the Rugby Club and the link between academic and sporting achievement.
- 3.9 A feasibility study on Benyon Primary school is underway to identify whether it is possible to expand the school. This will address the shortage of places across the whole school forecast from September 2019 onwards in the planning area. This will be funded from basic need.

3.10 In addition, we are investigating the potential for further primary expansion in the Ockendon area and further developments are still the subject of negotiation with the respective Headteacher. These expansions will close the provision gap in Ockendon and will therefore alleviate the need for the previously planned Reach2 Free School on Brandon Groves which is logistically and strategically undesirable.

3.11 In addition, general capital funds and 106 monies will be used to rebuild the nursery at Corringham Primary, as well as other improvement works. We are confident that the new Harris Riverside School in Purfleet is on track and therefore section 106 funding can now be used to help deliver a £500k investment to provide a 3G pitch.

3.12 Inclusion Units

3.13 Since we managed out the poor Primary PRU provision, we have been supporting the setting up of inclusion units, and achieving economics of scale by using expansion works to do this at the same time. We have established units at East Tilbury and Thameside Primary.

3.14 We are also supporting additional works at Quarry Hill. The Catalyst Trust, which includes Benyon and Quarry Hill, have recently appointed to a post to help them shape a possible future for a secondary setting within their exclusively primary based trust – the Council is an eager supporter of this.

4. Issues and/or Options:

4.1 If the local authority does not undertake the school expansions and builds, the local authority will not be able to fulfil its statutory responsibility to ensure that there are sufficient places available in Thurrock for every child of school age.

4.2 The contract, due to its potential value over the threshold, is subject to EU procurement legislation.

4.3 Following Cabinet approval it will be possible for advertisements to be placed and expressions of interest to be sought. The procurement programme is as follows:

Action	Number of Days	Cumulative Number of Days
Expressions of interest	37	37
PQQ evaluation	7	44
Invitation to Tender [ITT]	40	84
Tender evaluation	14	98
Standstill Period	10	108

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

- 5.1 This report has not been considered by the Overview and Scrutiny Committee.
- 5.2 The principle has been agreed with schools and any detailed build content will be agreed with the relevant schools. Consultation will continue with each school and key stakeholder, as each scheme and schedule of works evolves within the programme.

6. Reasons for Recommendations

- 6.1 If the local authority does not undertake the school expansions and builds, the local authority will not be able to fulfil its statutory responsibility to ensure that there are sufficient places available in Thurrock for every child of school age.

7. Impact on Corporate Policies, Priorities, Performance and Community Impact

- 7.1 The award of this framework agreement will enable the Council to continue to meet its statutory duty under the Education Act 2006.
- 7.2 The improvement of the educational assets is linked to key corporate priorities:

Priority	Delivered by
Creating a great place for learning and opportunity	By improving the education assets within the borough
Encourage and promote job creation and economic prosperity	Through the provision of local employment and training opportunities
Building pride, responsibility, and respect	Through improvements in the quality of the school assets and places provided
Improve health and wellbeing	Through improvements in the quality of the learning environment and opportunities provided

8. Implications

8.1 Financial

Implications verified by: **Mark Terry,**
Senior Financial Accountant

Additional accommodation required for increased pupil numbers will be funded from the future capital basic need budget. Once in-depth feasibility

studies have been undertaken, funding requirements will be quantified and confirmed. This will include any funds applied for and successfully obtained from the Education Funding Agency, under the Targeted Basic Need Programme.

8.2 **Legal**

Implications verified by: **Courage Emovon,**
Senior Contracts Lawyer

The Education Act 1996 s 14 imposes a duty on the Council to ensure the provision of sufficient schools for the provision of primary and secondary education in their area. S26 of the Children and Family Act imposes a duty to make arrangements, jointly with the NHS Commissioning Boards for the provision of education (as well as health and social care) for children and young people with SEN or disability. There is an additional duty to keep the latter under review (s27). (Lucinda Bell, Education Lawyer)

This report proposes to commence a procurement exercise for a specialist project team to take forward and deliver the additional requirements of the schools capital programme. The Council must comply with the provisions of the Public Contract Regulations 2015, EU regulations and the Council's constitution relating to procurement of works and services. Legal services will deal with any legal implications specific to the proposals in this report as they arise if required.

8.2 **Diversity and Equality**

Implications verified by: **Rebecca Price**
Community and Equalities Manager

Whilst there are no direct diversity and equality implications, the provision of these services will help to tackle inequality and social exclusion. The procurement process will follow responsibilities as set out within The Equality Act 2010 and Public Sector Equality Duty, with due regard to advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

The procurement approach set out in this report will enable the Council to continue to meet its statutory duty under the Education Act 2006, to ensure that suitable and sufficient places are available in Thurrock for every child of school age whose parents wish them to have one, whilst ensuring value for money.

9. Background Papers in Preparing this report:

- Alderton Associates Feasibility Study dated May 2018: Contact Officer: Graeme Parker

10. Appendices to the Report:

- Alderton Associates Feasibility Study dated May 2018

Report Author

Sarah Williams

School Capital and Planning Project Manager

Children's Services

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FEASIBILITY REPORT

New Teaching Block, Kitchen and Dining
and Sports Hall with Changing Facilities

May 2018

Page 53

1 Introduction

- 1.1** Alderton Associates Ltd have been commissioned by Thurrock Council to produce a feasibility report for the potential expansion of St Cleres' School to incorporate additional teaching spaces, a new dining hall with kitchen and servery and a new Sports Hall with changing facilities.
- 1.2** An initial meeting was held on 21st February 2018 between Thurrock Council and Alderton Associates Ltd to discuss the requirements of the study with a follow up meeting held with St Cleres' school on 9th March 2018 to review the outline proposals.
- 1.3** The following report will review the existing site and its constraints, outline the proposal for expansion and provide budget costings and programme information as well as reviewing the Statutory Requirements and highlighting the main project risks.
- 1.4** This report is based on information available at the time of writing and no additional inspections or surveys were undertaken to ascertain ground conditions, identify existing services or contamination within the proposed areas of development. Based upon the known information for the site, assumptions have been made with regards to these elements.

1 | INTRODUCTION

1	INTRODUCTION
2	EXISTING SITE
3	SITE CONSTRAINTS
4	PROPOSED DEVELOPMENT
5	BUDGET COSTINGS
6	STATUTORY REQUIREMENTS
7	FUNDING AND PROCUREMENT



2 Existing Site

- 2.1 St Clare's Secondary School has served the local communities of Stanford-le-Hope, East Tilbury, Linford, Orsett and Horndon-on-the-Hill since 1978 and became a cooperative academy in 2009 as part of the multi academy St Clare's trust. The school has traditionally been a specialist Language College and achieved specialist science and sports academy status in 2013.
- 2.2 St Clare's School offers an inclusive curriculum with a balance of vocational and academic subjects, to around 1100 boys and girls aged between 11 and 16.
- 2.3 The site is located within the Green Belt on the edge of Stanford-le-Hope and is located within a residential area that has seen a large amount of residential development within the past few years including the construction of the Stanford Park housing development immediately to the west of the school site.
- 2.4 The site is not located within a Conservation Area nor is it within the curtilage of a Listed Building.

The current building stock of St Clare's consist of pre-cast pebble dash elevations to the main school building, flat roofs and timber / aluminium windows & doors.

Page 55



Existing Site Plan

Existing site photographs showing site access, parking limitations and existing dining hall and servery



Page 56

current site levels and vegetation prevent beneficial use as outdoor amenity space

Proposed location of new development –



Page 57



3 Site Constraints

3.1 Planning

3.1.1 This application falls within the Thurrock Green Belt and as such the siting, appearance and scale of the development has been considered accordingly.

3.1.2 The relevant national and local policies to this application are considered to be:

- Planning Policy Statement 1: Delivering Sustainable Development (PPS1)
- PPG2: Green Belts (NPPF 2012)
- Thurrock Borough Local Plan (1997)
- Local Development Framework (LDF)
- BE1, BE2 (Design)
- GB1, GB2 (Development in Greenbelt)

3.1.3 The proposal has been put forward as part of the Council's Borough-wide strategy to improve and expand facilities to deliver the 14-19 curriculum.

3.1.4 It is a key element of the 14-19 Plan that investment is distributed appropriately among schools, and that delivery of the curriculum is collaborative, with all relevant facilities open to students from all local schools. Each school takes on the responsibility for maintenance and resourcing of new facilities, and therefore no one school would be in a position to deliver all elements of the curriculum, and the delivery of the full 14-19 curriculum is predicated on a collaborative delivery model involving all education providers within the Borough.

3.1.5 Within the development plan, St Cleres' identified specialism is Technology personalised learning centre: inclusion for excluded pupils. Languages plus LA resource base for hearing and visually impaired. Training School. The proposed development incorporating the enhanced visual and hearing impaired facility will enable it to fulfil its specialist role within the Borough whilst continuing to offer an excellent all round academic provision.

3.1.6 This proposal has been developed in response to clearly identified current needs, with a view to maintaining and enhancing current provision and ensuring that future demands, both in terms of capacity and curriculum development, can be met within the local area.



Planning Constraints Map

Greenbelt shown in green; Site Boundary in Red; Proposed Development in Blue

3.2 Highways

- 3.2.1 As a planning condition for the most recent planning approval at the School (17/01700/FUL), a Mode Shift STARS Travel Plan must be implemented. Initially achieving Bronze Status and rising to Silver Status within 1-year of completion of the development. This should be taken into account with any future Planning Applications and it is likely that additional features to promote and accommodate alternative modes of transport within the school.
- 3.2.2 Additional measures to enhance the ease of pupil drop-off and pick-up by school transport are expected to be required. This will mean any additional parking provision must be located elsewhere on site with vehicular access provisions made accordingly.
- 3.2.3 The expansion of the school addressed in this report will represent a further increase in pupil numbers and additional cycle, scooter, vehicle, motorcycle and accessible parking and secure storage will be required.
- 3.2.4 It is also likely that the new Sports Hall will have a shared community use and as such, parking provision within close proximity will be required to cater for users outside of the school.

Page 59

3.3 Existing Services

- 3.3.1 The existing electrical capacity is currently running in excess of the incoming supply and it is expected that an upgrade will be required to accommodate the development.
- 3.3.2 A secondary supply (serving the Pavilion) has around 100kVa spare capacity although this is due to be used to supply the new teaching block and science classrooms as part of the current expansion programme.
- 3.3.3 An assessment of the additional electrical loadings required and subsequent application to UKPN should be submitted to assess the requirements for the upgraded incoming supply.



Existing Site Entrance



Current drop-off/pick up lane for school transport

4 Proposed Development

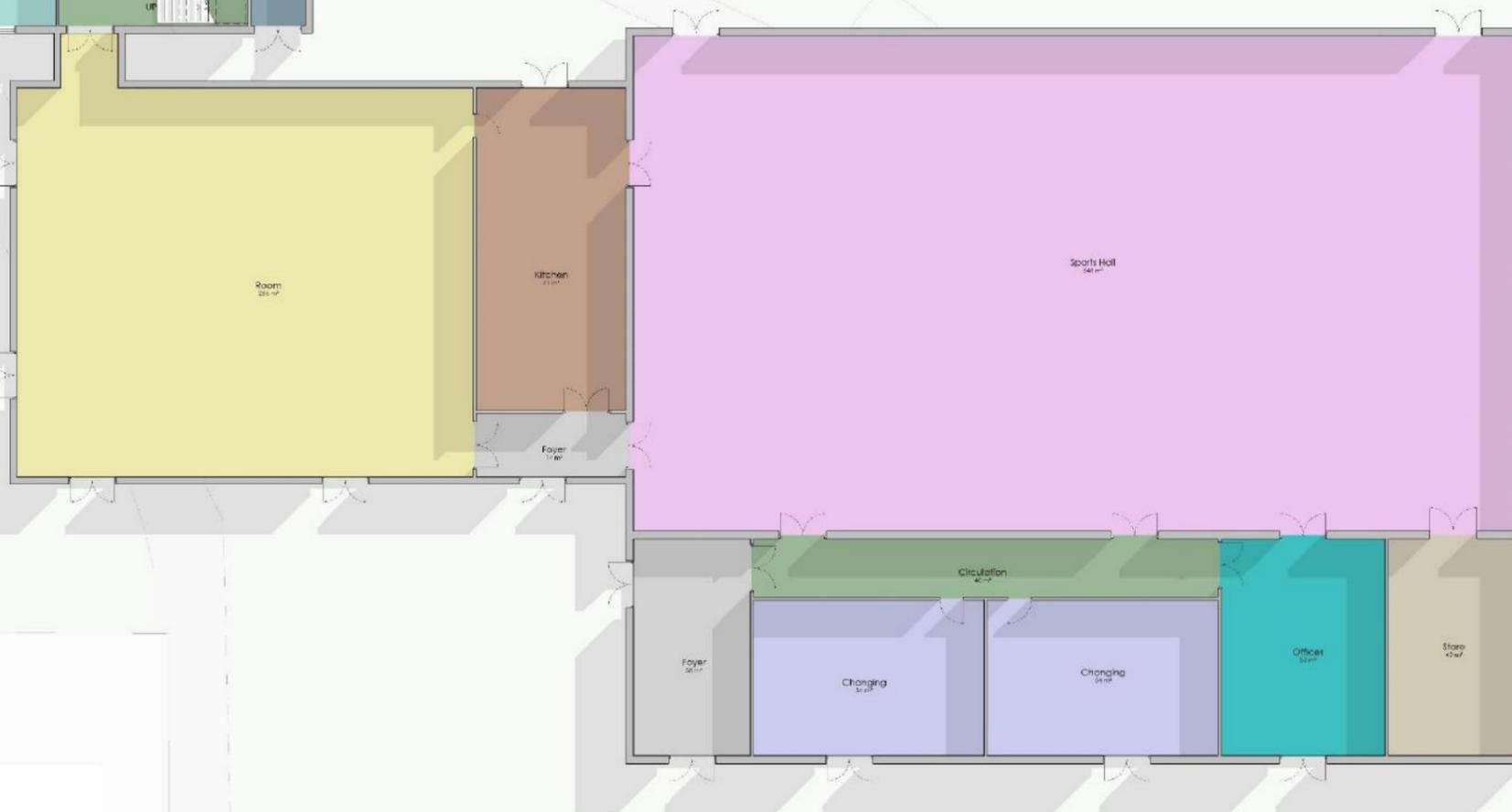
- 4.1 The proposed works are the construction of an 8-classroom teaching block, new kitchen, servery and dining hall and a 4-court sports hall with changing facilities and ancillary spaces.
- 4.2 Additional vehicle access and parking improvements to the school will also form part of the scheme.
- 4.3 New hardstanding with marked parking bays (including Accessible spaces and cycle storage) to be served by a new access road leading from the main site entrance on Butts Lane.
- 4.4 The proposed location of the works will have minimal impact on the existing school buildings, being sited on an under-used area of the site and detached from existing buildings so as not to adversely impact the path of natural light. The existing demountable building to be removed to enable the works has been assessed as being at the end of its useable life and is due for removal. The barn building is proposed to be dismantled and reconstructed elsewhere on the site.

The proposed location will also ensure the new sports facility and parking provision is located adjacent to the existing MUGA pitch.



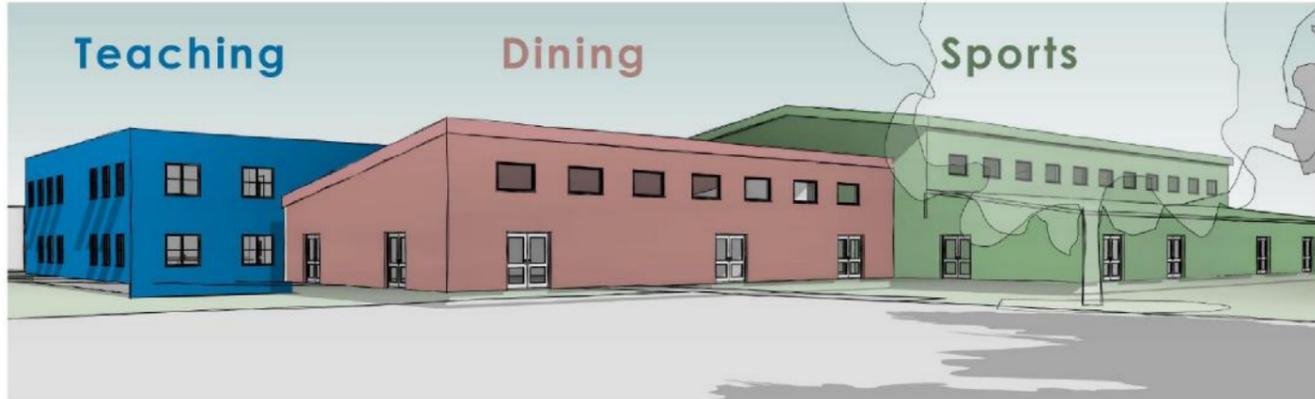
Location of Proposed Works

- 4.6** The new teaching block will be set out across 2-storeys and will comprise 8nr. new classrooms (55m² or larger) each with separate store (4m²) and wet area, staff and pupil WCs, stairwells and a passenger lift.
- 4.7** The teaching block will be linked at ground floor level to the new dining hall (266m²) which is served by a new kitchen (71m²) and servery.
- 4.8** Additional outdoor covered seating will be provided in a courtyard adjacent to the new dining facility (assumed to be completed as part of an earlier phase of works).
- 4.9** The new 4-court sports hall will be compliant with Sport England guidance and deemed fit for purpose as a multi-sports hall available for community use. The sports hall complex will also include male and female changing, showering and WC facilities in accordance with Sport England guidance as well as ancillary spaces including office accommodation, equipment store and viewing gallery.



Ground Floor Area Plan

First Floor Area Plan



Massing model showing the three elements of the construction



Section showing relative heights of the 2-storey teaching block, dining hall and sports hall

Page 62



Isometric View – showing the new facilities within their site context



South Elevation



Page 63

West Elevation



North Elevation

5 Budget Costings

5.1 Budget costings are shown below for the proposed design included within this report. The costs exclude VAT and an upgrade of the existing electrical services pending further investigation. It is also assumed that ground conditions are suitable for the new construction.

**St Cleres Secondary School
Phase 3 - Feasibility Budget Costings**

May-18		
New Teaching Block, Dining Hall and Sports Hall		
GIFA - 2060m ² - Design as per drawings		
Item	Rate	Total / £
Sub Structure		133,392.60
Super Structure		1,780,614.00
Finishes		335,628.00
Services		727,560.00
Fittings and Furnishings		58,266.00
External Works		257,778.00
Sub Total		3,293,238.60
Preliminaries		277,380.00
Contingency	@ 5.0%	164,661.93
Total Estimated Cost		3,735,280.53

5.2 If required, various design changes could be considered should budget constraints require the scheme to be Value Engineered. These may take the form of relocating the ancillary spaces attached to the sports hall (changing rooms, WCs and offices) to the first floor above the dining hall. This would reduce the overall Gross Internal Floor Area (GIFA) from 2060m² to 1 700m².

May-18		
New Teaching Block, Dining Hall and Sports Hall		
GIFA - 1700m ² - Ancillary Sports Accomodation over dining		
Item	Rate	Total / £
Sub Structure	3.5%	103,737.01
Super Structure	54.7%	1,621,261.34
Finishes	10.2%	302,065.20
Services	22.1%	654,803.99
Fittings and Furnishings	1.8%	52,439.40
External Works	7.8%	232,000.20
Sub Total		2,963,914.70
Preliminaries	8.6%	255,460.00
Contingency	@ 5.0%	148,195.74
Total Estimated Cost		3,367,570.44

5.3 Should further cost savings be required, alternative design proposals could include:

- Construction of a single, 3-storey block comprising the teaching accommodation as well as kitchen and dining.
- Reducing the 4-court sports hall to a 2-court sports hall
- Utilising the sports hall as combined sports and dining space

6 Statutory Requirements

6.1 PLANNING CONSIDERATIONS

The site does not fall within a conservation area nor are any of the buildings listed. The proposed works requiring external alterations or new development will require a formal Planning Application submission to Thurrock Council

Upon submission the Local Planning Authority will be required to determine the application within the statutory time frame of 8 weeks. However, it is our experience that this process can take longer and we would therefore recommend that this process is commenced as soon as possible to ensure that there are no delays.

- The relevant national and local policies relating to flood risk are listed below:
 - Regional Spatial Strategy: East of England Plan 2008
 - Thurrock Core Strategy 2007
 - National Planning Policy Framework (NPPF)
 - Thurrock Borough Local Plan 1997

Relevant Planning History

2003- 03/01287/FUL

Two storey extension for proposed visually/hearing impaired unit – Approved

2011- 11/00132/TBC

New drama studio – Approved

2012 - 12/00005/FUL

Proposed 4 No. MUGA Spectator Shelters and Tarmac Path- Approved

2012- 12/00004/FUL

Construction grounds maintenance building – Approved

2014- 14/01133/FUL

Change of use of agricultural farm land changed to sport pitches (football).-Withdrawn

2014 – 15/00574/FUL

Installation of external flood lighting, resurfacing and renewal of fencing to 2no. games pitches.- Approve

2017 – 17/001700/FUL

Two storey teaching block with single storey link to existing building, a first floor extension to enlarge the school hall and create two new classrooms and staff room including remodelling of the front entrance.

6.2 BUILDING REGULATIONS

The planned works will require a full plans application submission to the Local Authority Building Control department. We would expect approval of the submitted application within the statutory timeframe of 8 weeks.

Although the Building Regulation Application can be submitted simultaneously with the Planning Application, it is advisable to submit the Building Regulation Application upon receipt of the Planning Approval to avoid any unnecessary expenditure.

6.3 CONSTRUCTION (DESIGN AND MANAGEMENT) REGULATIONS 2015 (CDM)

Construction projects will only be notifiable to the Health and Safety Executive (HSE) if the duration of the works is more than 30 days (with more than 20 operatives on site simultaneously) or involves more than 500-person days of construction work. These works will fall under the current CDM requirements therefore we would recommend adhering to the Regulations due to the nature of the works and the current use of the site.

Under the CDM 2015 regulations, the client is responsible for providing the pre-construction information in order to allow the Principal Designer and Principal Contractors to plan and prepare for the works.

The contractor, when notified, should submit their Construction Phase Health and Safety Plan to the Principal Designer. Once the Principal Designer has confirmed that they have complied sufficiently with the requirements of the Act, the client should appoint the contractor as the Principal Contractor. Following this, works can commence.

7.1 FUNDING

7.1.1 Our understanding is the Trust is currently liaising with Thurrock Council with regards to funding the works. Due to the works involving the construction of new Sports Hall and changing facility there may be additional funding streams available such as a contribution from Sport England.

7.2 PROCUREMENT

7.2.1 We would recommend utilising a framework agreement and procuring via a 2-stage tender process. This would require the appointment of a consultant to produce the outline design and submit the planning application before preparing stage one tender documentation.

7.2.2 Contractors are then invited to submit tenders for the construction of the project on competitive basis – submitting a completed quality questionnaire and fee rates (based on Overheads and Profit figures as well as fully priced preliminaries).

7.2.3 Typically, the client retains the design consultants during the construction phase to review any designs that might be prepared by the contractor and to inspect the works as they progress on site.

7 Funding and Procurement

7.3 TENDERING

7.3.1 We would expect the contract to be let on a Joint Contracts Tribunal JCT Intermediate Building Contract 2016 (IC) for the following reasons:

- The JCT Intermediate Building Contract 2016 (IC) is an industry standard form of contract. The construction procedure is formalised providing the necessary mechanisms to deal with all eventualities that may be encountered.
- An agreed lump sum for the works is specified within the contract. There are mechanisms to vary the cost and agreed works of the contract with your approval. The contract period is fixed.
- Provision to apply Liquidated and Ascertained Damages (LADs) exist. Should the contractor not complete the agreed works within the stipulated period there is a mechanism for the client to withhold monies.

