

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 13 March 2019**

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

Membership:

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

Agenda

Open to Public and Press

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Queries regarding this Agenda or notification of apologies:

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

Agenda published on: **5 March 2019**

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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

Non- pecuniary

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

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

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

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

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

Agenda Item 2

Minutes of the Meeting of the Cabinet held on 12 February 2019 at 7.00 pm

The deadline for call-ins is Wednesday 27 February 2019 at 5.00 pm

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

Apologies: Councillor Susan Little

In attendance: Lyn Carpenter, Chief Executive
Sean Clark, Director of Finance & IT
Steve Cox, Corporate Director Place
Roger Harris, Corporate Director of Adults, Housing and Health
David Lawson, Assistant Director of Law & Governance, and Monitoring Officer
Mykela Pratt, Strategic Lead - Resourcing and Improvement
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.

94. Minutes

The minutes of the Cabinet meeting held on 16 January 2019 were approved as a correct record.

95. Items of Urgent Business

There were no items of urgent business.

96. Declaration of Interests

There were no interests declared.

97. Statements by the Leader

The Leader began his statement by discussing anti-social behaviour across the borough, and stated that since November 2018 there had been an 8.5% reduction in reports of anti-social behaviour in Thurrock. He also stated that there had been a 50% reduction in motorcycle nuisance, due to the Council's work with Essex Police. He continued by describing how that the Anti-Social Behaviour Team had been carrying out high visibility patrols, and how the CCTV scheme had been expanded to 30 locations around the borough. He

added that 11 injunctions had been brought against members of a local criminal gang, and urged all residents to report crime through 101, Essex Police, or Crimestoppers Anonymous, to help the Council and police tackle crime. He stated that Thurrock Council had given £1million to Essex Police to fund 6 extra officers, in addition to the 3 officers from Essex Police announced at Full Council, which were over and above the 15 officers coming to Thurrock due to the Police, Fire and Crime Commission Council Tax precept increase. He stated that the new officers would operate from the council offices and would be dedicated to addressing the Council's Community Safety Partnership objectives.

The Leader moved on to discuss the action being taken against people who litter and fly-tip around the borough. He stated that last week eight people had ended up in court due to failing to pay £150 fines for littering, with all of them having to pay £4000 between them. He added that in 2018, 3,433 people had been issued fines for littering, and those who did not pay fines would end up being prosecuted. He mentioned that he had joined officers, Essex Police and the Environment Agency on an operation to stop illegal waste carriers, and the team had stopped 30 vehicles, and issued fines for fly-tipping, littering and failure to produce proper documents. He reiterated the point that people who disposed of waste improperly would receive a large fine or prosecution.

The Leader continued by congratulating the planning team for being shortlisted for the Local Authority Planning Team of the Year at the Royal Town Planning Institute, which meant they were one of the best in the country. He congratulated everyone on the team and wished them luck for 24 April when the winner would be announced. The Leader finished his statement with the Clean It, Cut It, Fill It Update and stated that since April 2018: 2,852 potholes had been filled, 99% of which had been filled in on time, with 100% being filled in on time in November and December; 1,130 acres of grass cut; 1,739 fly-tips cleared; 3,015 tonnes of waste collected; and 3,338 fixed penalty notices issued.

98. Briefings on Policy, Budget and Other Issues

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

99. Petitions submitted by Members of the Public

No petitions had been submitted by members of the public.

100. Questions from Non-Executive Members

No questions had been received from non-Executive Members.

101. 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.

102. Fees and Charges Pricing Strategy 2019-2020 (Decision 110501)

Councillor Hebb introduced the report and began by stating that this report was due to commercial objectives now being embedded in the Council, and described how there was now a new commercial team which were ensuring that facilities such as the Thameside Theatre and Grangewaters were breaking even. He outlined the report and commented that the strategy listed the council's charges which was an amalgamation of lots of work, and ensured the council did not run at a loss and facilities became self-sufficient. He stated that the detailed list of fees and charges were noted in the appendices and added that overview and scrutiny committees had seen the report, and had made no changes.

The Leader echoed Councillor Hebb's sentiments that the council could not run at a loss, and felt it was good to see Thameside Theatre and Grangewaters break even, and even start to make small profits.

RESOLVED: That Cabinet:

- 1. Agreed the proposed fees and charges, including those no longer applicable as per Appendices 1 and 2.**
- 2. Approved delegated authority to allow fees and charges to be varied within a financial year in response to commercial requirements, in consultation with the relevant portfolio holder.**
- 3. Noted the feedback from all Overview and Scrutiny Committee meetings as per Appendix 3.**

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

103. Capital Strategy 2019-2020 (Decision 110502)

Councillor Hebb introduced the report and stated this was the new name for the Treasury Management report, and the format had changed based on CIPFA guidance. He stated that the council were now receiving £13.6million in earnings from revenue and were self-sufficient. He added that during the next municipal year the council would earn £23.4million in earnings from revenue, which meant that only 1/5th of the Council's revenue was received from taxpayers. He then drew Member's attention to 3.2.2 of the report which outlined the costings format and highlighted that this report was also to approve prudential indicators and the annual minimum revenue position.

The Leader added that although this report came to Cabinet annually, it was good to see officers and Members were coming up with new ideas to ensure the council was not reliant on taxpayer's money. He finally thanked the Section 151 officer and his team for their hard work.

RESOLVED: That Cabinet:

1. Recommended to Full Council:

1.1. Approve the Capital Strategy for 2019/20 including approval of the Annual Minimum Revenue Provision (MRP) Statement for 2019/20

1.2 Approve the adoption of the prudential indicators as set out in Appendix 1

1.3 Note the revised 2018/19 and 2019/20 Treasury Management projections as set out in Annex 1 paragraph 2.32

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

104. Draft 2019/20 Budget Proposals and Medium Term Financial Strategy Update (Decision 110503)

Councillor Hebb introduced the report by stating that he felt the council had a strong financial outlook, as they were being proactive and using data analysis to ensure the council had a balanced budget. He outlined the recommendation that would be going to Full Council not to increase council tax for the next municipal year, unlike 95% of other councils, and stated that, if agreed, Cabinet would be recommending a council tax freeze. He described how Thurrock were a £0.5billion council, and were in a good positon as they did not need to increase council tax. He drew a comparison between now and the 2003/4 budget when tax had to be increased by 48%. He added that this council tax freeze was due to Thurrock's reform and would not be funded by top-down cuts, or drawing on reserves. He added that the council had increased their 'rainy day fund' by 38%. He then highlighted children's services which had decreased their overspend by reducing demand through growth, having quicker response times, and increasing the level of care. Councillor Hebb stated that he felt there was still more to do, but Thurrock were now balancing the budget, which ensured that services were protected.

Councillor Hebb thanked the finance team, the commercial team, and the Section 151 Officer for all of their hard work on this, as he felt that thinking had changed and services had been reformed. He added that reform had taken place through the Council Spending Review; initiatives such as 'Fewer Buildings, Better Services'; commercial objectives pushing services; and increased investment principles. He stated that the council would continue to review the budget, and ensure it was secure, as well as continuing to deliver new houses and services. He mentioned that once the Council Spending Review was completed, it would be reviewed again to try and avoid additional burden on taxpayers. He highlighted that Thurrock had the most affordable council tax in Essex, as well as maintaining services such as weekly bin collections; investment into street scene; 24 new police officers due to work with Essex Police; tackling anti-social behaviour; 1000 new council homes;

new integrated medical centres; and an additional £250,000 into capital schemes. He felt that the council tax freeze would leave more money in resident's pockets to be able to provide for their families.

Councillor Hebb then discussed the capital plans which were outlined in the report such as £0.25billion on improving the landscape; Purfleet regeneration; Grays underpass; A13 widening; the East facing slip roads; and improvements to the cycle network. He felt that these capital projects would have a positive impact on young people, commuters, businesses and infrastructure as well as on the health of residents. He summarised by stating that there was numerous large-scale projects ongoing and there was lots to look forward to in the borough.

Councillor Halden opened the debate and stated he felt proud to see the balanced budget. He continued and drew comparison between Thurrock's budget and Essex County Council's budget, which although was 14x bigger than Thurrock, had only invested £1million into adult and children's mental health; compared to Thurrock which had invested £1million into just children's mental health. He also highlighted that Thurrock had given an extra £500,000 to help tackle the 'county lines' issue, as well as £500,000 into the Dedicated Schools Grant. He summarised and commented that he felt this was an ambitious budget.

Councillor Coxshall added that it had been good to see savings, particularly related to the 'Fewer Buildings, Better Services' scheme as this provided good services to Thurrock residents. He also highlighted Thurrock's 'Release, Re-Use, Retain' scheme on Council owned buildings which had given a £1.5million capital receipt in January 2019, and drew Cabinet's attention to point 5.6 in the report which showed the capital receipts could lead to the general fund, and then to the HRA, which could lead to increased housing.

The Leader added that it was good to see investments in areas such as children's mental health, and additional police officers, not come at an increased cost to taxpayers. He felt that the budget process was good, as it was supported by an evidence base and found additional money other than council tax. He highlighted that the 'Fewer Buildings, Better Services' scheme had increased the use of children's centres by 33%, as well as saving money which showed the scheme was working. He clarified that Cabinet were recommending the council tax freeze to Full Council, who could then approve. He finally thanked officers for their hard work every day on the budget and investments, and understood that recommending a council tax freeze went against the advice of officers. Councillor Hebb commented that investments were all linked to the economic plan, and felt the structures in place to monitor these were good.

RESOLVED: That Cabinet:

- 1. Recommended to Full Council a council tax freeze**
- 2. Agreed the budget report set out through this report and appendices**

3. Recommended to Full Council the capital proposals set out in this report and appendices.

Reason for Decision – as stated in the report

This decision is subject to call-in

105. Housing Revenue Account - Business Plan and Budgets 2019/20 Onwards (Decision 110504)

Councillor Johnson introduced the report by saying this was a statutory requirement, as the report confirmed the financial viability of the HRA and reviewed the 30 year HRA business plan. He commented that the report ensured residents safety in their homes as in 2018 8,500 homes were refurbished, and this figure would increase to 9,000 by the end of 2019. He also mentioned that in 2019 a schedule of external works on council properties would begin. He stated that the council had been working closely with contractors to reduce the time taken to complete repairs, and an independent survey had found that, of the 30,000 repairs undertaken, the majority of residents felt these had been good. He stated that the council had also helped 500 residents who were in financial difficulty, by offering advice and ensuring they could avoid issues such as homelessness. He added that there were now new CCTV monitoring cameras in place, and there had been a 10% reduction in complaints from 2017 to 2018, as well as reducing void re-let time by 5 days. He commented that ground had been broken for new council houses on the old Tops Club site in Grays, and work would begin next month in Claudian Way. He then discussed the government abolishing the HRA borrowing cap, and the central government policy of 1% reduction in rent per year, but added the council would pursue opportunities to secure funding for new council house building.

RESOLVED: That Cabinet:

1. Agreed the assumptions reflected in the HRA Business Plan, as summarised in the report

2. Agreed the budget information which is also provided

Reason for Decision – as stated in the report

This decision is subject to call-in

106. Re-Procurement of Temporary (Agency) Worker Contract (Decision 110505)

Councillor Collins outlined the report and began by stating it would allow for the re-procurement of the temporary agency worker contract, as the council currently had a contract with Matrix SCM, but this would be coming to an end in December 2019. He commented that this contract supplied agency workers

to the council, and had been working well over the past three years. He added that the council were trying to reduce the number of agency workers used, and across the 2018/19 financial year to date have seen a consistent reduction in spend on agency workers. He stated that the council did need to maintain a flexible workforce, particularly in areas such as waste disposal, and frontline care services. He felt that the contract type offered the best value for the lowest risk as they were a managed service provider who carried out pre-employment checks on all temporary agency workers and committed to the council's social values, and sourced workers from within the borough. He summarised and stated this was an opportunity for the council to review this service.

The Leader commented and stated this contract helped to save money as it could source harder to recruit roles, such as HGV drivers and social workers. He felt this was a necessary spend, even though the council was working hard to reduce the number of temporary agency workers used overall.

RESOLVED: That Cabinet:

- 1. Agreed to progress the re-procurement of a four-year Agency Staff Contract using the ESPO MSTAR3 Framework with a new contract to commence on 15 December 2019**
- 2. Approved the delegation to award to the Director of HR, OD & Transformation in consultation with the Portfolio Holder in order to ensure maximum lead in time for service transfer as necessary**

Reason for decision – as stated in the report

This decision is subject to call-in

107. Elizabeth Gardens Procurement for a Care and Support Contract (Decision 110506)

Councillor Halden introduced the report, as Councillor Little had been unable to attend the meeting, and stated this report was for the re-procurement for a care and support contract of 'extra care' housing, which fell between sheltered accommodation and residential care. He stated that at Elizabeth Gardens there was 24 hour care on-site, which catered for both older and infirm people, as well as younger people with a diverse range of needs. He commented that the contract was working well, and felt this report ensured elderly people were supported in Thurrock.

RESOLVED: That Cabinet:

- 1. Agreed to proceed with the retender of the Care and Support Services for Elizabeth Gardens.**
- 2. Agreed the award of the contract should be delegated to the Corporate Director Adults, Housing and Health in consultation with the Portfolio Holder for Adult and Children's Social Care.**

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

108. Tree Planting Strategy

Councillor Watkins introduced this report and thanked Councillor Redsell for her motion on this matter at Full Council in July, and the Overview and Scrutiny Committee. He stated that this report introduced new policies, such as like-for-like tree replacement, and replacing trees in the same location if possible. He added that this report ensured that trees which had been removed in the past 3 years were replaced, which equated to 66 new trees. He felt this strategy helped the wider council ambition of the local plan, as it encouraged developers to plant new trees.

Councillor Coxshall stated that he felt this was a good idea, and hoped to see more trees planted in Stifford Clays, particularly along avenues. Councillor Halden also welcomed the report and commented that often to facilitate larger projects, trees had to be removed, so felt it was good to see a strategy in place to improve the environment and solidify policy. Councillor Hebb added that he felt it was good to see democracy working as this strategy had originally come from a Full Council motion, which was now being enacted. The Leader commented that Thurrock was currently undertaking lots of large scale projects, but did not want these projects to remove trees, so felt it was good to see they would be replaced. He echoed Councillor Hebb's sentiments that it was good to see democracy working as this strategy had gone through overview and scrutiny committee.

RESOLVED: That Cabinet:

- 1. Considered the options available; Cleaner, Greener & Safer Overview and Safer Overview and Scrutiny Committee recommend Option 1 as outlined the report (sections 3.51. and 3.5.2 for consideration).**
- 2. Considered Option 3 (section 3.5.4) as recommended by Cleaner, Greener & Safer Overview and Scrutiny Committee for the next financial year (2019/20)**

The meeting finished at 7.51 pm

Approved as a true and correct record

CHAIR

DATE

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

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13 March 2019	ITEM: 10 Decision: 110507
Cabinet	
New Council Home Building Programme	
Wards and communities affected: All	Key Decision: Key
Report of: Councillor Barry Johnson, Cabinet Member for Housing	
Accountable Assistant Directors: Detlev Munster, Assistant Director of Property and Development; and Jonathan Wilson, Assistant Director of Finance	
Accountable Directors: Sean Clark, Director of Finance and IT, Roger Harris, Corporate Director of Adults, Housing and Health; and Steve Cox, Corporate Director of Place.	
This report is Public	

Executive Summary

The following report outlines the Council's aspirations to develop 500 new Council homes over the next five to ten years (within the Housing Revenue Account (HRA)). This follows the Government's announcement in October 2018 to abolish the HRA debt cap.

The debt cap has been a significant prohibiting factor in the ability to deliver more Council housing through the HRA. However, there are other factors which also impact on the ability to deliver additional housing within the overall financial constraints of the HRA.

A high-level assessment of the Council's ability to deliver 500 new Council homes within the overall HRA business plan was undertaken. The financial model prepared indicates that, subject to various assumptions outlined in this report, developments could effectively be self-financing.

The Council has a wholly owned development company - Thurrock Regeneration Limited (TRL) - which is supporting the delivery of housing in the borough.

The report is based on legislation at it currently stands. There may be subsequent outcomes from the recent consultation on use of receipts from right to buy sales. While these may bring greater financial flexibility they will only be considered once confirmed.

1. Recommendations:

- 1.1 Cabinet approves that a housing development pipeline be prepared to seek to deliver up to 500 new Council homes for Thurrock residents over the next 5 to 10 years to be funded within the Housing Revenue Account;**
- 1.2 Cabinet delegates authority to the Corporate Director of Place in consultation with the Corporate Director of Adults, Health and Housing and the Director of Finance and IT as well as the Cabinet Member for Housing to ensure the Council Homes Delivery Programme is adequately resourced in accordance with the Council's Procurement Regulations and to enter into appropriate agreements as may be necessary and to seek to secure the necessary statutory consents to deliver 500 new Council homes.**
- 1.3 Cabinet agrees to refer this decision to Housing Scrutiny for its consideration and advice on ensuring the successful delivery of a New Council Homes Programme through the HRA.**

2. Introduction and Background

- 2.1 According to the South Essex Strategic Housing Market Assessment (May, 2017), the objectively assessed need (OAN) for housing in Thurrock between 2014 and 2037 is between 1,074 – 1,381 dwellings per annum of which the net annual affordable housing need is circa 472 dwellings per annum. This report also suggests that there will be a demand for housing of all sizes, with the greatest additional demand generated by households who would typically occupy housing with three bedrooms.**
- 2.2 The Council's housing register, as of 22 February 2019, is summarised in Table 1 below**

Table 1: Current Housing Waiting Register

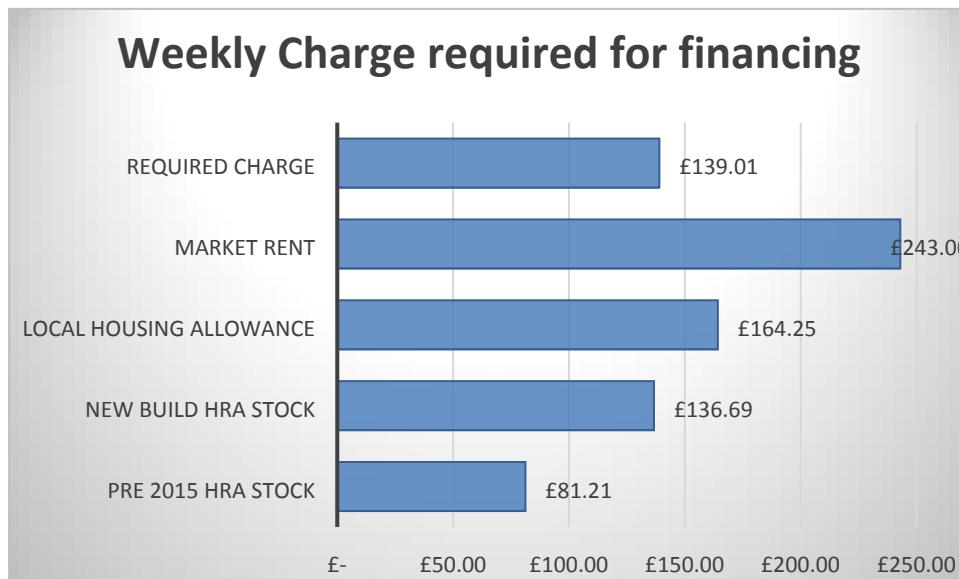
	Band 1	Band 2	Band 3	Band 4	Total
Housing Waiting List	3	142	527	4423	<u>5095</u>
Transfer List	0	0	0	0	<u>0</u>
Transfer List Other Social Provider	0	0	0	0	<u>0</u>
Total List	3	142	527	4423	5095

- 2.3 Thurrock Council is committed to providing low cost housing, allocated through the Council's housing allocations scheme, for Thurrock's residents. The Council accepts the local need to provide between 6,000-10,000 council homes and will work with social landlords and Thurrock Regeneration Limited to build further low-cost housing. The Council will also ensure that any eligible private developments include affordable housing.**
- 2.4 The removal of the HRA Debt Cap in October 2018 has provided local authorities in England and Wales with new found freedoms to provide new**

Council homes. However, the ability to fund these new homes still needs to ensure the HRA business plan is viable, and can be sustained. The Council therefore wishes to use this opportunity to provide and speed up the delivery of Council houses in the borough in a manner that does not detrimentally impact the HRA business plan.

3. Proposed New Council Homes Programme

- 3.1 A financial modelling exercise was undertaken to establish the level of new Council homes that could be delivered without impacting negatively on the HRA business plan. Additionally, a key requirement of the modelling exercise was to ensure that the delivery programme could be self-financing, given current Government rules and regulations.
- 3.2 Numerous high-level assumptions were made to develop the model ranging from estimated build cost, unit typology, use of RTB receipts, interest rate costs, management and maintenance costs, and rent levels to mention a few.
- 3.3 Based on these financial assumptions, the financial model suggests that it is possible for the Council to deliver 500 new council homes in a self-financing manner.
- 3.4 Three different income scenarios were considered, viz.: pre-2015 rents, affordable rents, and income derived using the Local Housing Allowance rates. In order to make the Home Building Programme breakeven under current assumptions, the required average weekly rent charge would need to be c. £139. This equates to 57% of the current average market rent level. Were pre-2015 social rent levels be charged, a subsidy from the HRA would be required to meet the borrowing cost.
- 3.5 To illustrate the level of required rent in order to meet the envisaged costs of financing and the ongoing revenue implications, the comparison is shown in the graph below.



- 3.6 The financial model notes that careful consideration needs to be given with regards to the additional costs from the ongoing management and maintenance associated with each additional dwelling added to the HRA. Whilst prudent estimates have been made, the on-going financial sustainability of the HRA relies on rent levels set at sufficient levels to at least meet the ongoing costs associated with any additional property.
- 3.7 Resource requirements for a new housing delivery programme were also considered. Given the current commitment to deliver 1,000 new homes through TRL, it was considered prudent to seek synergistic benefits between the TRL delivery programme and a new Council homes programme, and jointly use resources where possible. While there is a need to provide additional skills and capacity within the Housing Development Team, there is also a need to provide added capacity in the Legal, Finance, Community Development and Procurement teams.

4. Issues and Options

- 4.1 This report outlines high-level assumptions that supports a strategic business case for the delivery of new Council homes. Further detailed financial assessments are required, and these will be undertaken as schemes are identified.
- 4.2 Development sites and schemes are yet to be identified, but it is envisaged that they will primarily take place on land currently within the HRA. However, General Fund land may also be used if deemed appropriate, and subject to the appropriate consents.
- 4.3 One of the exercises in the *Your Place Your Voice* borough-wide consultation event was to identify the type of homes needed and where they are needed

according to community groups. The responses are currently being collated and will be used as a baseline to inform scheme development.

- 4.4 Local communities and interested and affected parties will be consulted as sites are identified and viable schemes are progressed.
- 4.5 As each scheme is progressed, appropriate statutory consents (including planning permission) will be sought.
- 4.6 The financial model considers three financing scenarios and suggest that a self-funding option is possible provided rent levels are set at an appropriate level to cover development and annual maintenance and management costs. If costs are not met, then the HRA will require further subsidy which is not possible given the HRA's financial position.
- 4.7 An alternative option for the Council is to rely on the private sector to deliver affordable housing. While it is current planning policy to ensure privately developed schemes provide 35% of the housing stock as affordable housing, the amount of affordable housing finally delivered is dependent on financial viability. Additionally, the Council has no control over the delivery and quality of these homes.

5. Reasons for Recommendation

- 5.1 The SHMA identifies the housing challenge that the Borough faces, and this is further supported by the number of applicants on the Council's Housing List. The Council is committed to providing suitable housing for its residents, and while it has sought to increase its social housing stock, it has been constrained in doing so due to the HRA "Borrowing Cap".
- 5.2 The removal of the HRA "Borrowing Cap" has provided the Council with the ability to increase social housing stock, and directly deliver a new homes programme.
- 5.3 A high-level financial model suggests that the Council can directly deliver 500 new Council homes through the HRA and that this can be self-financing, by using RTB receipts and by charging social rents at circa 57% of market rents.

6. Consultation

- 6.1 It is proposed that the decision to commence a New Council Homes Programme is brought to Housing Overview and Scrutiny Committee for consultation.
- 6.2 The identification of sites will be informed by the engagement already carried out through the Your Place Your Voice exercise in support of the *Local Plan Issues and Options Two*. Local communities and interested and affected parties will be consulted as appropriate development sites are identified and

viable schemes are progressed. Consultation will also inform the Community Equality Impact Assessment for the scheme.

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

- 7.1 The proposed New Council Homes Programme closely aligns with the Council's Vision and Priorities, which was adopted in 2018. In particular it resonates with the "Place" theme which focuses on houses, places and environments that residents can take pride of.
- 7.2 The ability to directly provide New Council homes at an appropriate social rent will significantly assist in ensuring more affordable housing is available to Thurrock residents. In particular it will assist in reducing the Housing Waiting List.

8. Implications

8.1 Financial

Implications verified by: **Mike Jones**
Strategic Resources Accountant

The model suggests that the delivery of 500 new homes through the HRA can be financed through a combination of prudential borrowing and the application of retained RTB receipts. However, the model is predicated on a breakeven scenario where rents are charged at circa 57% of market rents on average.

It is imperative to note that these are high level assumptions and detailed modelling would be required to fully clarify the financial implications. In particular, the full financial effect would really only be known as each housing scheme is planned.

The wider financial implications of any development will be incorporated into the overall HRA business plan in due course. This will ensure that the long term financial sustainability is monitored accordingly.

Additional resources will be required in Property, Housing, Legal, Finance and the Procurement teams to support the delivery of these 500 homes. Resourcing plans are currently being prepared, the costs of which are to be capitalised and are included in the proposed financial model.

8.2 Legal

Implications verified by: **Tim Hallam**
Deputy Head of Law and Governance

The removal of the HRA borrowing cap by the Secretary of State on 25 October 2018 was made by The Limits on Indebtedness (Revocation) Determination 2018. This Determination, which revoked previous determinations specifying local authority limits on indebtedness, was made under Secretary of State's powers in the Local Government and Housing Act 1989 and the Localism Act 2011.

However, local authorities are still required to 'have regard' to the CIPFA Prudential Code when developing their capital investment plans including the degree of indebtedness they incur. The Finance Procedure Rules, under Chapter 9, Part 3 of the Thurrock Council Constitution, regulate the Council's financial administration and control processes. These Rules set out the main relevant statutory duties on the Council, including those under the Local Government Act 1972 and the Local Government Finance Act 1988.

Individual proposals to deliver new Council homes would need to obtain planning permission under the Town and Country Planning Act 1990 and any other necessary consents.

8.3 Diversity and Equality

Implications verified by: **Natalie Warren**
 Strategic Lead of Community Development

The proposal to deliver 500 new Council homes is expected to have a positive effect on borough residents. In particular it is recognised that affordable housing tends to be dis-proportionately accessed by persons sharing certain protected characteristics. Providing additional affordable homes would be likely to have a beneficial effect on these persons as compared to persons who do not share those characteristics. Conversely, not approving the recommendations in this report would potentially have a negative impact on those persons because no additional affordable homes would be provided.

The location of these new homes should be carefully planned to not only ensure they integrate within existing communities, but also that the designs promote community cohesion.

EqlAs will be undertaken as part of the development process to ensure housing schemes are appropriately designed and that the allocation of new homes is fair and equitable and is compliant with the Council's Housing Allocation Policy.

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

- Turley Economics (May, 2017): Addendum to the South Essex Strategic Housing Market Assessment.

- Thurrock Council (Feb, 2019): HRA New Homes Programme High Level Financial Model.

10. Appendices to the report:

None.

Report Author:

Detlev Munster,
Assistant Director of Property and Development,
Place.

13 March 2019	ITEM: 11 Decision: 110508
Cabinet	
School Capital Programme Update 2019/20	
Wards and communities affected: All	Key Decision: Key
Report of: Councillor James Halden, Cabinet member for Education and Health	
Accountable Assistant Director : Michelle Lucas, Interim Assistant Director of Learning, Inclusion and Skills	
Accountable Director: Rory Patterson, Corporate Director, Children's Services	
This report is Public	

Executive Summary

Firstly, parents can be assured that Thurrock will have more than enough school places for all children for September of this year. This is the result of the strong partnership working between the council and schools, enabling a number of expansions before September 2019.

There have been a number of recent planning events which have caused a great deal of commentary. To be clear, we are currently in the process of delivering three new free schools; Orsett Health Secondary, Thames Park Secondary, and Treetops 2 Special Needs. This is vital and massive investment in response to having a historic problem where Thurrock has circa 19,000 primary school places and only 11,000 secondary school places. These are key projects.

Recently, a planning application went to the committee for a £3m investment on part of the Rugby Club land in Blackshots. This would have enabled a smaller school building for Orsett Health Academy to open before the full building was complete, and then the Rugby club would have a great new building to share with the school. The information contained in the Planning Committee report was accurate; there was no alternative to the proposal, and the community benefit to improving sporting facilities and educational provision justified the development and council investment. However, the Education and Skills Funding Agency (who directly fund and develop new free schools) was not able to progress the main school project along the original timelines.

A solution could have been allowing a temporary annex from current secondary schools at different locations, this year, to make up a shortfall caused by forces outside of our control. We took the view that speculative temporary solutions would

cause too much confusion and anxiety for young people and their parents who may have wanted to apply to the new school. We felt they deserved better.

The solution we have arrived at is as follows; we will make £1m extra available this year to expand strong local secondary schools, and fund the associated school transport costs. The expansions will be funded from our basic needs capital funding from the DfE, although the transport will bring an additional cost to the local taxpayer. However this approach avoids ad hoc solutions, gives young people good and permeant places, and provides us time for the ESFA to build the free schools. We are very grateful to local schools for working so hard with us to find a solution. Every child will have a school place for this year thanks to the council's ability to make additional investment available and thanks to the positive working relationship we have with our family of schools.

To be clear, the growth in child population, the imbalance between primary and secondary school places, and the circa 800 place deficit (outlined in the Pupil Place Plan) in Grays by 2021 is still there and therefore all of these projects must be delivered. Due to the difficult nature of delivering these large projects, we will still progress the £3m investment at the Thurrock Rugby Club to ensure Orsett Health can open next year, subject to EFSA final feasibility studies on the land.

We are carrying out similar prep works for Thames Park. This follows a successful negotiation where we convinced the EFSA to invest additional funds to procure private land for the new build. This was only arrived at after they ruled out all of the councils land, such as Elm Park. If we had of withheld council owned land, we would have put the project at risk on the grounds we would have been seen to be land banking and attempting to force the budget for the school above the original estimate by not working in cooperation with the EFSA.

All of this work is in addition to the future proofing we are doing by expanding good and oversubscribed local schools like Benyon Primary, and the existing work to expand and improve educational, nursery, SEND bases and sporting facilities at East Tilbury, Corringham Primary, St Cleres, Ockendon, Harris and Quarry Hill.

The Council, with EFSA, is delivering 3,500 new school places and educational improvements to the tune of over £70m. This is investment in our future that we are proud of.

1. Recommendation(s)

- 1.1 To approve a £2.2M budget for the expansion of Benyon Primary School to be funded from the School' Basic Need capital funding 2019/20.**
- 1.2 To approve a budget of up to £1M for works to be undertaken to enable construction of additional classrooms in current secondary schools.**
- 1.3 To progress the procurement process to secure design and construction for the expansion of Benyon Primary School to take forward the proposed schemes.**

- 1.4 To delegate authority of the approval of the construction contract for the Benyon School scheme to the Corporate Director of Children's Services, in consultation with the Portfolio Holder for Education and Health.**

2. Introduction and Background

- 2.1 The local authority has a statutory responsibility to ensure that suitable and sufficient places are available in Thurrock for every child of school age whose parents wish them to have one.

The 2018/19 school capital programme has progressed well and incorporated innovative partnership working, as well as utilising modern methods of construction to deliver the identified additional pupil places required.

- 2.2 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.
- 2.3 The demand for pupil places has increased significantly, over the last few months we have seen a large increase in 'in year' admissions from families moving into the Authority. In 2017/18, 143 primary and 107 secondary children moved into Thurrock from outside of the UK, and 797 primary and 238 secondary from elsewhere within the UK. For the first 5 months of this year, 83 primary and 54 secondary more children have moved into Thurrock from outside of the UK, and there have been 619 primary and 164 secondary new arrivals from within the UK. The demand does not appear to be slowing, and this level of demand is unprecedented.

3. PROJECTS

Benyon Primary School

- 3.1 Despite the recent expansion of Somers Heath Primary School in 2016 which created an additional 210 places within the Aveley and Ockendon areas of the borough, following the annual review of forecasts for pupil places and the large increase being experienced with regards in-year admissions there is now educational need for further primary school places in the Ockendon area.
- 3.2 The report presented to Cabinet on 14th November 2018 stated that a feasibility study had commenced at Benyon Primary School to identify whether an expansion of the school would be possible, with a view to addressing the shortage of places from September 2018 onwards in the planning area.
- 3.3 Following completion of this scoping and feasibility study, the proposal upon Benyon Primary is to extend the existing building to the rear in order to

provide 6 new classrooms each in excess of 60 m², a school hall extension, new WC's, a remodelled entrance including open plan reception and offices, and externally, an additional 17 car parking spaces for staff and visitors. Upon completion, Benyon Primary will have capacity to increase from a 1FE to 2 FE primary school.

- 3.4 An estimated budget of £2.2M is required to cover both an architect led multi-disciplinary design team responsible for providing specialist services needed to oversee the detailed and technical design for the expansion project, and a Principal Building Contractor for its construction phase.
- 3.5 JCT consultancy agreements and JCT Building contracts competitively procured and evaluated on both quality and price will provide opportunities for improving quality and value for money. It will give the council the flexibility to award individual elements of construction projects on an individual basis without any guarantee of future work. This approach will result in a greater level of control being retained within the authority, and will not tie the council into any single provider.
- 3.6 In advance of these procurements, small value individual contracts have been utilised for the carrying out of topographical surveys, transport assessments, and environmental impact assessments.
- 3.7 At the time of writing, a pre-planning application has also already been submitted.

Additional Secondary School Classes

- 3.8 Due to a shortfall in pupil places for September 2019, senior managers within Children Services are working in partnership with secondary schools to create much needed bulge classes. The local authority is creating permanent classrooms in some of its secondary schools in order to create the space required to enable those schools to take additional pupils. This will enable the local authority to meet its statutory duty and ensure that every children who has applied for a school place will have one on 1st March 2019 – National Offer day for secondary schools.

4. ISSUES AND/OR OPTIONS:

- 4.1 If the local authority does not undertake the school expansions and builds, it 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 All procurement exercises will be managed through the Council's Procurement Team and will be compliant with the Contract Procedure Rules and EU and UK Legislation.

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

- 5.1 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 RECOMENDATIONS

- 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 these JCT Construction and design contracts 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

The additional accommodation required for increased pupil numbers at Beynon Primary and the construction of additional classrooms at secondary schools, will be funded from the 2019/20 capital basic need budget. Following the announcement of the 2019/20 funding allocation, there is sufficient budget for both of these schemes to proceed.

8.2 Legal

Implications verified by: **Lindsey Marks**
Deputy Head of Legal (Social Care and Education)

There are no legal implications arising from this report.

8.3 Diversity and Equality

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

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

- Cabinet report 14 November 2018 – Approval to increase scope of the Schools Capital Programme

10. Appendices to this report:

- Appendix 1 – Huggins Brommage Ferguson Feasibility Study for Benyon Primary

Report Author:

Sarah Williams
Education Specialist Service Manager
Children's Services

HUGGINS BROMAGE FERGUSON LTD

CHARTERED ARCHITECTS AND CDM COORDINATORS



EXTENSIONS AND ALTERATIONS TO CREATE A TWO FORM ENTRY PRIMARY SCHOOL , BENYON PRIMARY SCHOOL, TYSSEN PLACE, SOUTH OCKENDON, RM156PG

APPROXIMATE COSTING – EXTENSION ONLY

Approximate costing calculation based on extension floor area based on SPONS Price book rates.

Excluding external works (front and rear), Canopy, Kitchen, fitted furniture allowance per classroom, Internal alterations to existing building and Contingency/ Provisional Sums.

Gross floor area = 731 m²

SPONS rate £1600 per m²

731 x 1600 = £1,169,600.00;

Say £1,200,000.00 (plus vat if applicable)

As a cross-check on the 'Approximate' costs of the extension, we have also calculated the building cost for building elements.

ELEMENTAL COSTING – EXTENSION ONLY

ITEM	DESCRIPTION	COST
1.	Strip/ Clear the site	£30,000.00
2.	Foundation.	£80,000.00
3.	Site set up and management	£100,000.00
4.	Brickwork/ Blockwork	£90,000.00
5.	Windows and Doors.	£40,000.00
6.	Milbank ground Floor (complete)	£43,800.00
7.	Steelwork/ steel frame	£80,000.00
8.	Floor Plank Roof	£58,480.00
9.	Flat Roof (complete)	£73,100.00
0.	Internal Walls	£20,000.00
1.	Internal Doors	£22,000.00
2.	Plastering	£50,000.00

Appendix 1

13.	Toilets & Cubicles	£40,000.00
14.	Ceiling	£50,000.00
15.	Floor	£60,000.00
16.	Decorations	£30,000.00
17.	Mechanical and electrical Installations	£200,000.00
SUB-TOTAL		£1,067,380.00

Elemental cost; £1,067,380.00

Contractors profit and overhead 12% of £1,067,380.00 = £128,085.60

£1,067,380.00 + £128,085.60 = **£1,195,465.60**

Say £1,200,000.00 (plus vat if applicable)

OTHER COSTS (NOT INCLUDED IN EXTENSION COST)

Including contractors profit and overhead

ITEM	DESCRIPTION	COST
1.	Rear Playground, fire tender road, paving , fencing and drainage	£120,000.00
2.	Front car park, fencing paving and service upgrades	£160,000.00
3.	Entrance canopy and foundations	£40,000.00
4.	Kitchen upgrade/ fitted furniture	£100,000.00
5.	Internal alterations (existing building)	£100,000.00
SUB TOTAL		£520,000.00

PROVISIONAL SUMS/ CONTINGENCY (NOT INCLUDED IN EXTENSION

COST) Including contractors profit and overhead

ITEM	DESCRIPTION	COST
1.	Contingency	£80,000.00
2.	Building regulation amendments	£10,000.00
3.	Service Upgrades	£20,000.00
4.	Consequential upgrades	£30,000.00

Appendix 1

5.	Asbestos removal	£20,000.00
6..	Additional groundworks	£20,000.00
7.	IT wiring	£10,000.00
SUB TOTAL		£190,000.00

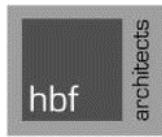
COST SUMMARY

ITEM	DESCRIPTION	COST
1.	Extension costs	£1,200,000.00
2.	Other costs	£520,000.00
3.	Provisional Sums/ Contingency	£190,00.00
GRAND TOTAL		£1,910,000.00

APPROXIMATE PROJECT COST

£1,910,000.00 (plus vat if applicable)

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OUTLINE PROJECT PROGRAMME

5584

EXTENSIONS AND ALTERATIONS TO CREATE A TWO FORM ENTRY PRIMARY SCHOOL , BENYON PRIMARY SCHOOL, TYSSEN PLACE, SOUTH OCKENDON, RM15 6PG

STAGE	COMPLETED BY
First draft of proposal drawings	Friday 7 th December 2018
Revised layout and budget costing	Tuesday 18 th December 2018
Pre-planning application based on floor plan ?	Monday 31 st January 2019
Consultant tender invitation	Friday 11 th January 2019
Consultant tender returns	Friday 8 th of February 2019
Consultant tender evaluation and consultant appointment.	Friday 1st of March 2019
Plan and elevation drawings finalised	Friday 29 th March 2019
Survey existing building, check existing plans	Friday 12 th April 2019
Prepare Planning application documents and submit a planning application (Including sub-consultant reports/ surveys etc.	Friday 12 th April 2019
Planning application decision (10 weeks application period) delegated powers decision assumed.	Friday 21st June 2019
Discharge of planning conditions – prior to start of works	Monday 18th November 2019
Prepare building regulation drawings and submit a building regulation application	Friday 19 th July 2019
Preparation of Pre-contract H&S plan and specification ready to invite tenders	Friday 2 nd August 2019
PQQ process and contractor selection (3 weeks)	Friday 23 rd August 2019
Building contractor Tenders invited	Friday 6th September 2019
4 week tender period, tender returned	Friday 4 th October 2019
Tender Report/Value engineering/Contractor selection/ contractor appointment.	Friday 18 th October 2019
Pre-contract meeting	Friday 18 th October 2019
Contractor lead-in/ H&S documents prepared and approved.	1 st November 2019
Contractor start on Site 9 month Contract period	Monday 18th November 2019
Completion Date	Friday 14 th August 2020
School mobilisation of new areas (2 weeks)	Friday 4 th September 2020
Defects Liability period (12 months)	
End of defects Liability period	Friday 3rd September 2021

Programme is subject to contractor availability, tender invitation processes and planning approval.

Agenda Item 12

13 March 2019	ITEM: 12 Decision: 110509
Cabinet	
Adult Mental Health Service Transformation	
Wards and communities affected: All	Key Decision: Key
Report of: Councillor Sue Little, Portfolio Holder Adult Social Care and Children's Social Care and Councillor James Halden Portfolio Holder Education and Health	
Accountable Assistant Director: Les Billingham, Assistant Director Adult Social Care and Community Development	
Accountable Directors: Roger Harris, Corporate Director, Adults, Housing and Health and Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

Thurrock is proud to be an ambitious authority in terms of tackling mental and emotional health issues and we have a clear vision for an expanded, more inclusive and measurable service.

Mental illness is the single largest cause of disability in the UK and a major driver of health inequalities. Whilst there are many examples of good practice amongst health and care providers, the current adult mental health treatment system in Thurrock as a whole is not fit for purpose and needs fundamental system wide reform.

Our key forward vision to give mental health parity with physical health is as follows:

- a) To work with our main mental health provider, Essex Partnership University Hospital Trust (EPUT), to move away from static, building based services towards integrating mental health support provided within community and primary care settings that include, for example, the four Integrated Medical Centres we are developing across Thurrock – including Thurrock Community Hospital;
- b) To ensure that our new school based mental health and wellbeing teams, and the associated extra investment, works with this emerging new adult mental health model to tackle the issue of people being lost within the system during the transition between adolescence and adulthood;

- c) That the vital work of suicide prevention forms a key and distinct part of the mental health plan, working with Essex colleagues, and does not sit in isolation;
- d) To change the culture within mental health to reflect the same standards people expect of other areas of public services like schools. For example, we would not accept a three month delay for a school place or a lack of evidence of exam readiness. We must therefore not accept slow referrals or an inability to measure positive interventions for people.

Collation of the key issues raised as part of the two key pieces of work which comprised the Adult and Mental Health Joint Strategic Needs Assessment and Local Government Association Peer Review have been grouped into five priority areas for action to improve local mental health services – each of which is discussed in more detail in this report:

1. Address the issue of under-diagnosis of mental health problems
2. Improve access to timely treatment
3. Develop a new model for Common Mental Health Disorders
4. Develop a new *Enhanced Treatment and Recovery Model* for people with serious mental ill-health conditions
5. Integrate commissioning and develop a single common outcomes framework supported with improved commissioning intelligence.

This report was considered by the Health Overview and Scrutiny Committee in January 2019 and was fully supported.

The report seeks Cabinet's approval for the new programme of transformation, and for proposals to reform the section 75 agreement between the Council and EPUT.

1. Recommendations:

- 1.1 That Cabinet approves the direction of travel in terms of adult mental health system transformation and the action plan outlined to deliver that service transformation.**
- 1.2 That Cabinet approves the proposals as set out in section 7.14 to 7.16 of this report to develop a new Section 75 Agreement with EPUT from 1st April 2019 based on a longer term contract, with a revised performance and budget framework, subject to the agreement from the Director of Public Health, Corporate Director for Adults, Housing and Health, in consultation with the Cabinet Member for Health.**
- 1.3 That Cabinet approves the proposals set out in section 10 of this report in relation to suicide prevention.**

2. Introduction

- 2.1. Mental illness is the single largest cause of disability in the United Kingdom, contributing up to 22.8 per cent of the total burden of morbidity, compared to

15.9 per cent for cancer and 16.2 per cent for cardiovascular disease. Current figures suggest that one in four people will experience a mental health problem during their lifetime. No other set of health conditions match the combined extent of prevalence, persistence and breadth of impact of mental ill-health.

- 2.2. Mental illness has a huge impact on population health and is a major driver of health inequalities. There is a bi-directional relationship between poor mental health and poor physical health. People with mental health problems are at higher risk of experiencing significant physical health problems; and conversely, people with long-term physical health conditions are at greater risk of mental health problems, particularly depression and anxiety.
- 2.3. Mental illness further affects the way individuals manage their health and interact with services. People with mental health problems are more likely to smoke, misuse substances and less likely to be physically active. Furthermore, they are less likely to attend medical appointments and less likely to adhere to treatment and self-care regimens
- 2.4. Mental health co-morbidities in those with physical long term conditions contribute significantly to poor physical health outcomes and higher treatment costs; it is estimated that £1 in every £8 spent on treating a long-term condition is linked to a co-morbid mental illness.
- 2.5. The cost of mental ill-health in England has been estimated to be £105 billion of which £30 million is allocated to work related sickness. This is due to increase and double over the next 20 years. The costs to Social Care for people with mental health collates to £2 billion annually and is also likely to continue to increase if mental health services are not re-organised and managed more effectively. This will put ever more pressure on an already overstretched NHS and Social Care system. In 2018/19 Thurrock Council is forecast to spend £3.259m on care packages.

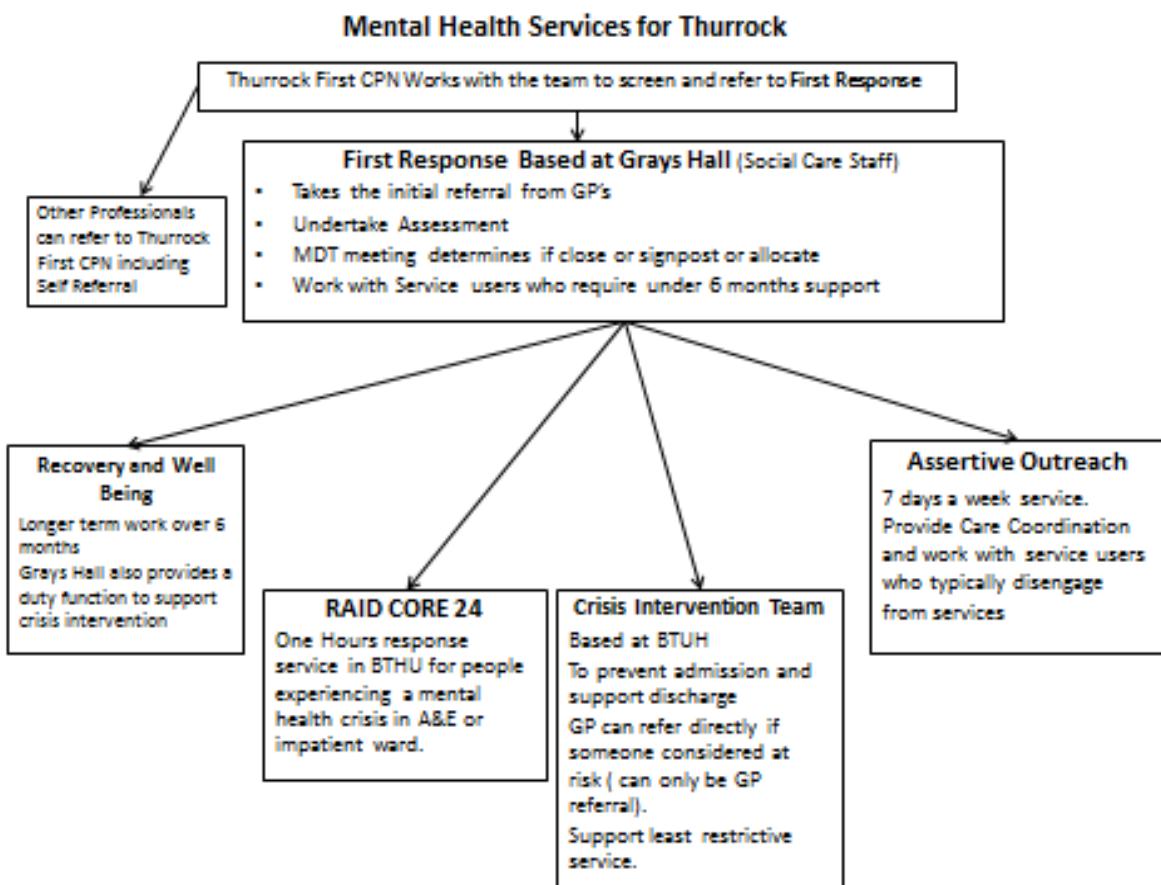
3. Background – Current Provider and Commissioning Landscape

- 3.1 The Adult Mental Health Service Provider landscape in Thurrock is currently complex and fragmented, and is characterised with a lack of continuity of care relationships, i.e. there is the potential for many different health and care professionals are involved in an individual's care, increasingly the likelihood that they will need to tell their story multiple times.
- 3.2 Common Mental Health Disorders (depression, anxiety, phobias and obsessive compulsive disorder) make up the vast majority of mental health problems amongst Thurrock residents, and are mainly dealt with in Primary Care. The current treatment offer is limited to prescription of anti-depressant medication, referral to a social prescriber (in practices where this service is operating), or referral to IAPT (Increasing Access to Psychological Therapies) which is provided by *Inclusion Thurrock* who also deliver drug and alcohol treatment services to Thurrock residents. Patients known to EPUT services

have access to a telephone line 24/7 where they can contact services and seek advice. Service users who are discharged from secondary care to primary care are supported through a shared care protocol. This enables a comprehensive handover of care and rapid access back into services in the event that the patient deteriorates.

- 3.3 *Inclusion Thurrock* provide a *Recovery College* consisting of suites of courses which help people recovering from mental health problems self-manage their conditions. This includes programmes on mindfulness, understanding anxiety and food and mood.
- 3.4 A range of third sector organisations provide support to people with mental ill health. The largest provider of these services is Thurrock MIND, who provide a range of interventions including talking therapies, supported housing, peer mentoring, positive pathways and advocacy. They are also active participants in a 'shared care protocol' which supports clients discharged from EPUT services to stay well and reduce re-admissions to secondary care. The Emotional Well Being Forum supported by Thurrock Coalition and MIND is an opportunity for those with lived experiences of services and mental health and carers to meet together for support, to gain information and to influence service developments. *The World of Work* provides support and training to enable people to become work ready through CV writing interview practice support with volunteering and support into paid employment.
- 3.5 More serious mental ill-health treatment services, for example for psychotic illness such as schizophrenia and bi-polar disorder, are provided by Essex Partnership University Foundation Trust (EPUT) at Grays Hall. Early Intervention in Psychosis, including Individual Placement Support (employment service) and Personality Disorders services are collaboratively delivered by EPUT and Inclusion Thurrock. This service offer can currently only be accessed through a referral from a GP. Figure 1 summarises the current treatment model.

Figure 1



- 3.6 Thurrock Council delegates to EPUT its statutory duty to provide adult social care assessment and care management services under the Care Act 2014 through a Section 75 Agreement. A Community Psychiatric Nurse (CPN) works within Thurrock First taking initial referrals and supporting the Thurrock First Advisors. The CPN can offer support information and advice and can also refer directly to the First Response Team. The First Response Team works with people who require 6 months of support or less. The Team consists of social workers and community nurses together with psychiatrists and therapists offering a range of supports, including individual therapy, case management, and medication monitoring and risk management. The referral route into the team is via GP's and other professionals, not self-referral.
- 3.7 Within Grays Hall the Recovery and Well Being Team and the Assertive Outreach Team provide longer term support from both health and social care practitioners.
- 3.8 The Crisis Intervention Team is based at Basildon and Thurrock University Hospital (BTUH) and works with individuals to prevent admission and facilitate discharge. The RAID CORE 24 Team offers a one hour response to patients presenting with mental health challenges at BTUH accessing A&E or for inpatients. Street Triage based in the Police Force Control Room (FCR)

supports the police and with a crisis response option to ensure appropriate application of their powers under s136.

- 3.9 Inpatient assessment and treatment across working age adults and older age adults is provided through the wider CCG block contract across Essex. Patients within Thurrock have access to an assessment unit, adult acute inpatient beds, older people functional beds and psychiatric intensive care beds. These beds operate across a South Essex footprint.
- 3.10 Thurrock has a number of services funded by the CCG and Adult Social Care to support early intervention and prevention within Mental Health and provide therapeutic self-management support.
- 3.11 There are a range of specialist teams which provide care for particular conditions including people with eating disorders, personality disorders, Asperger's and specialist perinatal mental health care.
- 3.12 The current Crisis Resolution Home Treatment (CRHT) operates 12 hours per day, 7 days per week. The team 'gate-keeps' admissions to inpatient services and facilitates early discharge.
- 3.13 A range of universal services are accessed by service users with mental health problems. This includes social prescribing (estimated 66% of all clients have an underlying mental health issue), Local Area Coordination, Housing Operations, Healthy Lifestyles Services including NHS Health Checks operating in EPUT and MIND, drug and alcohol treatment services, and community and third sector groups.
- 3.14 Commissioning of the current mental health system is also fragmented. NHS Thurrock CCG lead commissioning Inclusion Thurrock to provide IAPT services, the secondary healthcare treatment services provided by EPUT on behalf of the Mid and South Essex CCG Joint Committee and commission some third sector provision. Similarly Thurrock Council Adult Social Care also commission EPUT through the section 75 arrangement for social care staff, and commission a range of third sector and community social care support. The Council's Public Health Team commission drug and alcohol and healthy lifestyles service provision. NHS England commission Primary Care services. Basildon and Brentwood CCG lead commissioning of A&E services on behalf of the Mid and South Essex Joint Committee. NHS England, via specialist commissioning, commission low and medium secure services. West Essex CCG commission children's mental health and emotional wellbeing services.
- 3.15 Some work has already commenced to integrate commissioned care pathways. This includes improved collaboration between *Inclusion Thurrock* and NELFT; *Inclusion Thurrock* and EPUT; and within *Inclusion Thurrock* for clients receiving both IAPT services and Drug and Alcohol Treatment (dual diagnosis).

4. Background – Transformation of Mental Health Services work to date.

- 4.1 Thurrock Council, Thurrock CCG and local NHS healthcare provider organisations and the third sector have embarked on a major programme of health and social care transformation over the past three years. This has included the *Stronger Together* programme of community development using a strengths and asset based approach, new models of integrated primary, community and social care set out in *Better Care Together Thurrock*, proposals to build for new Integrated Medical Centres, and a new Integrated Care Alliance and MOU which seeks to integrate commissioning and delivery of a single health and care system around a new outcomes framework.
- 4.2 Thurrock CCG has developed an STP wide service mental health transformation group. The group has initially focussed upon delivering the core mental health targets identified within the Mental Health Five Year Forward View (MHFYFV). This has overseen the significant additional local funding into Perinatal Services, Early Intervention in Psychosis Service, and Psychiatric Liaison in BTUH and Employment services.
- 4.3 The CCG GP clinical lead has established a clinical forum with consultants from EPUT, Inclusion and other partners to improve relationships and co-ordination of care. The group has significantly improved engagement and created an environment within Thurrock which promotes innovation and trust.
- 4.4 However, historically the issue of mental health and mental health treatment services has not featured as strongly as perhaps it could within wider system transformation plans. As a result, three major pieces of work have been undertaken in 2018 considering the issue of adult mental health transformation in Thurrock:
- An Adult Mental Health Joint Strategic Needs Assessment was undertaken by Public Health and agreed at the March 2018 Joint Health and Wellbeing Board.
 - A Local Government Peer Review was undertaken in June 2018 which considered eight issues: current thresholds to access treatment; the extent to which services were person centred and outcome focussed; market capacity and development needs; the extent to which the current service offer was holistic; prevention and early intervention; partnership working; the section 75 arrangements between the council and EPUT, and; the suitability of current commissioning arrangements.
 - Healthwatch Thurrock undertook research with residents who were users of local mental health treatment services to better understand patient experience of existing local services. It concluded that 88% of respondents felt unsupported with their mental health issue and made a series of recommendations for system wide transformation.
- 4.5 A report by the Director of Public Health which aimed to triangulate learning from the JSNA, LGA Peer Review and Healthwatch Research and propose

strategic action on transforming the local adult mental health treatment system was agreed at the September 2018 Thurrock Joint Health and Wellbeing Board. The report set out five priority areas for action to improve local mental health services which are discussed in more detail in sections 5 to 8 and made a series of recommendations. These are included in the action plan in section 10.

1. Address the issue of under-diagnosis of mental health problems
2. Improve access to timely treatment
3. Develop a new model for Common Mental Health Disorders
4. Develop a new *Enhanced Treatment Model* for people with serious mental ill-health conditions
5. Integrate commissioning and develop a single common outcomes framework supported with improved commissioning intelligence.

5. Address the issue of under-diagnosis of mental health problems

- 5.1 As with many other long-term conditions in Thurrock, there are a significant cohort of the population living with Common Mental Health Disorders who remain undiagnosed and are therefore not receiving support treatment. Modelled estimates from Public Health England (2016) found there are likely to be as many as 21,317 residents who have depression in Thurrock, of which 8,628 remain undiagnosed.
- 5.2 The Mental Health JSNA shows an approximate four-fold variation in GP Practice Depression QOF register completeness ranging from 24% through to fully complete. A number of programmes are already being implemented to *find the missing thousands* of residents with undiagnosed depression within primary care, including data cleansing work and embedding depression screening and onward referral mechanisms into SystmOne.
- 5.3 There are further opportunities to embed depression screening across the health and care system locally, particularly by front line professionals such as community nursing and social care staff working with older people (who are at significantly greater risk of having undiagnosed depression), other community workers for example Local Area Coordinators and Social Prescribers, and moving forward the new *Wellbeing Teams* about to be piloted in Tilbury and Chadwell.

6. Improve timely access to treatment

- 6.1 Difficulty in accessing current local mental health treatment services is a recurrent theme running through the JSNA, LGA Peer Review and 'User Voice' work undertaken by Healthwatch. This is true of both services to treat Common Mental Health Disorders and more serious mental ill-health.
- 6.2 The DH has a national ambition to have 25% of patients estimated to have depression or anxiety treated by an IAPT service by 2020/21. Thurrock is on track to deliver against this target. However, the Thurrock average hides

significant variation between practices. The figure in Thurrock varies from 8% to 46% across different GP practice populations. Further work is required to understand and address variation in access to IAPT services. Furthermore, we need to understand why only 50% of people recover following treatment and to understand how to provide more responsive care.

- 6.3 Accessing secondary mental health treatment services is equally problematic and is highlighted in both the LGA Peer Review and User Voice work. Historically, EPUT only accepted new referrals from a GP surgery. This caused an immediate problem to residents in need of urgent mental health support who are unable to access a GP appointment quickly, leaving them without access to timely assessment and treatment and risking further deterioration in their mental health. The LGA Peer Review commented that "*GP referral is building unnecessary delays into the system.*" However, recent improvements to the care pathway now mean that referrals can be made directly from Thurrock First into EPUT.
- 6.4 A lack of direct open access 24/7 crisis care is repeatedly referenced in the user voice and LGA peer review as an issue, and is likely to be a key contributory factor to avoidable demand on A&E, currently the only part of the system offering direct access to services for residents in mental health crisis.
- 6.5 Thurrock CCG is leading the work to develop an open access 24/7 community crisis service in EPUT. The model will enable people to access specialist crisis care via 111. EPUT will provide both the triage and the specialist teams to assess and treatment teams. The ambition is that the funding will be approved to enable the service to begin mobilisation in the new financial year and be operational for the winter 2019.

7. A new treatment model for Common Mental Health Disorders

- 7.1 Common Mental Health Disorders (CMHDs) are most commonly treated in Primary and Community Care. The most prevalent CMHD in Thurrock is *Mixed Anxiety and Depressive Disorder*, affecting just under 12% of residents aged 16-74.
- 7.2 There is an unacceptable level of variation in the clinical management of CMHD between different GP surgeries with many surgeries failing to review newly diagnosed residents with depression in a timely manner. The CCG's Primary Care Development Team in conjunction with Healthcare Public Health staff need to address this variation and improve performance on this indicator through the ongoing work of continuous quality improvement based around the GP Profile Card and GP Practice visits.
- 7.3 The current treatment offer for CMHDs is too narrow. Currently patients typically are offered anti-depressant medication and/or referral to talking therapies provided by IAPT. However CMHD risk is strongly associated with socio-economic and psycho-social factors. As such, CMHDs are not evenly distributed amongst the population and are dependent at least in part by the

environment in which the individual lives. CMHDs are more likely to persist in people in lower socioeconomic groups such as people who are on low incomes, long-term sick or unemployed. Conversely, there is a wide body of evidence that demonstrates the highly mentally health protective effect of having strong positive social connections and being employed.

- 7.4 There is a strong and growing evidence base demonstrating physical activity to be as effective as anti-depressant medication and psychotherapy in reducing both depression and anxiety with the greatest gain observed in those who already have clinical symptoms.ⁱ However at present, very few patients with CMHD are referred by GPs into Public Health commissioned physical activity programmes and action needs to occur to ensure exercise on prescription becomes a common treatment offer to local residents who have been diagnosed with depression or anxiety. Further work is required to understand this issue and increase referral rates from GP surgeries into this treatment option.
 - 7.5 There is an unequivocal link between CMHDs and long term physical health conditions. 30% of people with a long-term physical health problem also had a mental health problem and 46% of people with a mental health problem also had a long-term physical health problem. Co-morbid mental health problems have a number of serious implications for people with long-term conditions, including poorer clinical outcomes, lower quality of life and reduced ability to manage physical symptoms effectively, and this translate to considerable excess treatment costs to the NHS.
 - 7.6 There is an urgent need to expedite recommendations set out in the *Tilbury and Chadwell New Model of Care Case for Change*, to integrate treatment on mental ill-health with that of physical long term conditions in a single one stop shop.
 - 7.7 Significant opportunity also exists to design a new model of care for treatment of CMHD that broadens the offer to encompass a ‘strengths based’ approach to mental health, having a different ‘strengths based’ conversation with residents suffering from CMHDs, connecting them with community assets to increase social capital and helping them to address wider determinants of health where appropriate, particularly employment.
 - 7.8 In the medium term, the new Integrated Medical Centres provide an opportunity to create new models of care that integrate mental health treatment provision with physical long term condition services, and those that address wider determinants of health such as employment support and wider ‘community wellbeing’ approaches through flexible space for third sector groups and Local Area Coordination.
8. **Developing a new ‘Enhanced Treatment and Recovery’ Model for Serious Mental Ill-Health**

- 8.1 Serious Mental Ill-health (SMI) is defined by this report as psychiatric conditions too complex to be treated in Primary Care or by IAPT. It encompasses a wide spectrum on conditions that would include very severe non-psychotic disorders, personality disorders through to patients with severe and enduring psychotic illness including schizophrenia, schizotypal and delusional disorders and Bipolar Affective Disorders.
- 8.2 Current clinical interpretation of thresholds for access to treatment across the mental health systems is resulting in inadequate service provision for patients in the lower end of the enhanced treatment spectrum. The LGA Peer Review team termed these residents *The Missing Middle*; a cohort of patients too mentally unwell to receive an appropriate treatment offer in Primary Care or IAPT but not unwell enough to meet EPUT thresholds for access to services.
- 8.3 Anecdotal evidence on the characteristics of The Missing Middle suggests that they often return to Primary Care, Thurrock Healthwatch and Local Area Coordinators looking to access services from parts of the system that are not best skilled or equipped to provide it. Local GPs and Healthwatch report that many people within the Missing Middle have personality disorders, and often have chaotic lifestyles with multiple issues including housing and drug/alcohol problems. A multi-agency project group has been established to focus on improving outcomes for those with personality disorders. The group is working on:
- Understanding the profile of those with personality disorders, including where in the system they present
 - Designing an evidence-based assessment and treatment pathway which will comprise of a partnership approach
 - Developing a training package to relevant professionals to improve confidence with identifying and treating these individuals.
- 8.4 Like CMHDs the current offer is too clinical and not sufficiently person centred or holistic. There is clear evidence the wider determinants of health including housing, employment and social isolation can have a major influence on relapse and recovery rates of SMI, yet at present these are commissioned and provided by other parts of the health and local government system largely in isolation of secondary clinical services. Furthermore, the current service offer is seen as too reactive, waiting for patients to hit mental health crisis before services are available and with insufficient focus on early identification and intervention to prevent patients with SMI entering crisis.
- 8.5 Some progress is being made to broaden the current treatment offer. *Inclusion* Thurrock is increasing its staffing resource to provide Individual Placement Support (IPS) to patients being treated by the Early Intervention in Psychosis team. This new service will aim to facilitate clients back into employment. IPS will also soon become fully operational within EPUT's Community Mental Health Teams. A review of care coordination by EPUT is underway to ensure a more holistic approach to care is delivered within EIP and CMHT teams.

- 8.6 People with serious mental health problems face one of the greatest health inequality gaps in England. The life expectancy for people with SMI is 15-20 years lower than the general population. National guidance sets out that good quality physical health care is based on the completion of physical health assessments, follow up referrals and ongoing personalised care planning for this cohort. There has been parallel work to improve the physical health of individuals in secondary care, focussing on improving cardio-metabolic assessments.
- 8.7 Despite these improvements, a radically new model of Enhanced Treatment and Recovery is required that:
- Enhances specialist mental health support within primary care to improve timely access to care.
 - Reduces fragmentation in current care pathways within EPUT and provides a stronger continuity of care relationship
 - Reduces fragmentation between Primary and Secondary care including access to Psychiatric Nursing as part of Primary Care mixed skill workforce teams
 - Seeks to reduce un-necessary inpatient stays and re-admissions through focusing on prevention and early intervention activity
 - Embeds physical health assessment, health improvement and lifestyle modification into secondary care pathways
 - Provides an integrated treatment offer for patients with dual diagnosis including the ability to have SMI and drug and alcohol misuse issues treated in parallel
 - Better leverages the skill set of specialist social care field work staff in addressing the wider determinants of health
 - Encompasses a ‘strengths-based’ community asset focus that promotes per support and increases service users social connectivity in the context of their families and wider communities
 - Shifts the current balance of treatment from one of reactive intervention in crisis to one of proactive crisis and relapse prevention.
- 8.8 Delivering a new model of care that encompasses the above requires a whole system change across the whole mid and South Essex STP. It is not going to be possible to change one part of the system in isolation. Addressing the ‘missing middle’ will require a whole system change. It will require co-ordinated changes in prevention, social care, primary care, secondary care and crisis care across the whole STP footprint. To this end, partners across the STP have embarked upon an exercise to develop a ‘costed’ strategy. Partners are aiming to work rapidly to articulate a clear case for change, high level care model, workforce plan, estates plan, and digital plan and associated finances. The aim will be to produce a radically different model of care which is deliverable within our current workforce and financial constraints. In effect, the STP plan will ‘unpick’ the block contract to facilitate, enable and empower our Thurrock locality working.

- 8.9 ***Open Dialogue*** is a Finnish holistic strengths based approach to treating people with psychosis that is currently being piloted in the UK. Unlike traditional medical models treatment, it conceptualises psychosis as a problem occurring between individuals and in relationships rather than a problem that occurs in the brains of patients with SMI. It rejects traditional medical model paradigms of expert assessment and diagnosis plus pharmacological interventions and hospitalisation treatment with a community based approach that seeks to repair the relationships in the lives of patients and help them generate their own solutions.
- 8.10 The *Open Dialogue* approach is humanistic and non-hierarchical. Patients are treated in their own homes (where possible) within 24 hours of reporting mental health crisis and therapy occurs between up to three therapists, the patient with psychosis and their family working together in the same session. The purpose of therapy sessions is to generate dialogue between therapists, patients and their families, and all parties reflect openly about their feelings towards one another and discuss ideas about the situation. The primary purpose of therapy is dialogue and “meaning making” and as a product of this dialogue solutions begin to emerge and relationships begin to be repaired. Medication is kept to an absolute minimum and used for the shortest period of time possible, and only to help patients get over the worst symptoms. Sedatives to help patients sleep are favoured over neuroleptic medication which is seen as preventing “meaning making”. Hospitalisation of patients is also avoided in all circumstances possible, with community nurses staying overnight in patients’ own homes when they are very seriously unwell. Treatment is continued in terms of ‘open dialogue’ until medication is ceased.
- 8.11 Outcomes for patients using the *Open Dialogue* approach have been highly positive in Finland. Two thirds of patients with psychosis never used anti-psychotic medication and of the third that did, 50% ceased using during treatment meaning only one in six patients with psychosis continued on long term anti-psychotic medication. In patient bed use has almost completely ceased. More impressively, the approach claims that 85% of patients with First Episode Psychosis (FEP) recover within six months meaning that schizophrenia prevalence has dropped in Western Lapland from one of the highest in the world to one of the lowest. (This compares to the gold standard target for NICE recommended Early Intervention in Psychosis interventions in the UK of 50% recovery. Furthermore, background unemployment rates of FEP patients who recover using Open Dialogue are lower than in the general population in Finland, suggesting the treatment produces productive individuals who integrate well back into general society.
- 8.12 Following a workshop led by Public Health and NELFT (who are piloting the Open Dialogue approach in localities outside Thurrock), EPUT, Thurrock Council and NHS Thurrock CCG committed to participation in a national Randomised Control Trial that is assessing the impact of the *Open Dialogue* approach in the UK. A multi-professional team of EPUT clinical and Thurrock Council Adult Social Care staff will be trained to in delivering *Open Dialogue*

during 2019, and will aim to implement the approach in Thurrock in late 2019 / early 2020.

- 8.13 The approach has the potential to radically improve both timely access and outcomes for patients in mental health crisis, provide a continuity of care relationship throughout a patient's treatment journey, reduce demand on secondary mental health care in-patient beds and deliver significantly more holistic and family centred approach to treating serious mental ill-health. It has the potential to address many of the key criteria set out in section 7.9 in terms of a new and improved treatment offer for patients in mental health crisis. The approach also integrates well with the wider asset/strengths based transformation programme as set out in section 3.1.
- 8.14 **Section 75 Agreement** the Section 75 Agreement between Thurrock Council and EPUT allows the Local Authority to delegate its statutory duties under the Care Act 2014 to deliver social work and social care services. The current model is embedded in an existing medical model of GP referral (or referral by other professionals via Thurrock First) and the threshold for access to services is very high and not fully compliant with the principles of the Care Act. For a number of years we have tried to address this but this has not progressed as fast as we would like. The performance framework within the Section 75 Agreement is not outcome focused and as stated above a considerable amount of joint work between EPUT and the three local authorities is taking place to address this. We are clear that the current Section 75 Agreement is now not fit for purpose however what we have learnt is that a partnership approach is required to develop a new model for the provision of mental health services.
- 8.15 The Council will therefore work in partnership with EPUT and the CCG to ensure that Section 75 approach is aligned with our CCG colleagues. The council will develop a new Section 75 Agreement with EPUT from the 1st April 2019 with a revised performance and budget framework. The Section 75 Agreement will also focus on the social work role and the work around social work for better mental health to ensure a more robust approach to Care Act delivery. We propose offering EPUT a longer term agreement, in line with CCG commissioning intentions. The first year of the new agreement will enable all partners to engage with the work to develop a costed strategy that will then be reflected in the four year longer contract. Within the first year, we will seek to agree the following:
- A new Performance and Outcomes Framework
 - Enhanced data sharing between EPUT and commissioners to support the Performance and Outcomes Framework
 - A new workforce strategy that supports social care staff
 - Transparency around finance
 - A new operating model
- 8.16 The successful completion of the work and the development of a care model which addresses Care Act compliance, the missing middle and the move

towards prevention will then be the basis for the longer term contractual arrangement. It will enable CCG and council colleagues to develop a more integrated approach to this work. The revised performance framework will be key to the delivery of an outcomes approach and the transformation of mental health approaches in Thurrock. The framework will be based on extensive work currently being undertaken across the three Local Authorities in partnership with EPUT ensuring that high level strategic information is available supported by the outcomes achieved with individuals. It will be important to support the joint commissioning approach that performance can be monitored jointly with the CCG. The initial framework will be in place by 1st April 2019 and the first year of the new section 75 agreement will allow for further development alongside the new and innovative approaches for mental health transformation. If Thurrock Council is not satisfied with the rate of progress in establishing a long-term section 75 framework it reserves the right to withdraw from the agreement and end the secondment arrangement for its social care staff. A review meeting will be held before the end of September 2019 to assess whether sufficient progress has been made.

9. Integrate Commissioning and develop a single common outcomes framework supported with improved commissioning intelligence

- 9.1 Commissioning arrangements in mental health are complex and dispersed. Thurrock CCG leads mental health commissioning across the Mid and South Essex STP geography. The role focusses on three aspects; leading the EPUT contracting and performance management, commissioning urgent and emergency care and co-ordinating work across the STP.
- 9.2 This is based on the principle of 'do it once' where CCG's and EPUT avoid duplication of effort to maximise efficiency and reduce bureaucracy. This is particularly important in relation to services which are delivered at scale. For example, there is only one assessment unit or PICU unit for the population of South Essex. The CCG ensures that there is good financial governance and performance management. This is particularly important for quality monitoring where it is important to look at trends over a larger footprint. For example, over the contract, we monitor if there an increase in serious incidents in particular service areas.
- 9.3 However, it is also fair to say that there are occasions where the 'do it once' approach causes local frustrations. As local economies develop locality based integrated care models there is a need for developing local flexibilities to reflect local needs. This is felt strongly within Thurrock where our alliance work is well progressed. There is therefore a tension between local and system.
- 9.4 We are therefore working towards developing a three tiered governance structure which co-ordinates STP system executive leadership, a focussed EPUT transformation board and a Thurrock Mental Health Transformation Board. This will ensure that there is system oversight, EPUT delivery and local integrated delivery.

- 9.5 Reporting arrangements against these contracts happen at individual contract level and are inadequately focussed on outcomes, tending instead to concentrate on process inputs such as numbers of patients seen and interventions delivered. Furthermore, their focus is almost completely clinical and many fail to capture wider wellbeing metrics and those focused on the wider determinants of health such as employment and housing. Primary Care performance is not triangulated with secondary performance, reinforcing the fragmentation of care between these two settings.
- 9.6 There is a clear need to rationalise and integrate the current disparate and fragmented commissioning arrangements relating to the local mental health service into a single shared CCG and Local Authority function, and to agree a single systems wide performance framework focused on outcomes which underpins a transformed provider landscape and new integrated treatment models. The LGA Peer Review Team highlighted the lack of integrated commissioning and lack of evidence of a single reporting and outcomes framework as a *significant shortfall* in current arrangements and also suggested that the current section 75 agreement between the local authority and EPUT needed to be considered as part of a wider commissioning review.
- 9.7 Future commissioning arrangements need to broaden the current focus and be more holistic and wider than current clinical services, encompassing the key issues of social support, housing and employment highlighted in sections 6.3 to 6.11 and 7.8. A Thurrock Mental Health Partnership Board has been established to drive the local mental health agenda. The Board will bring together CCG, local authority and public health commissioning arrangements. This Board will be the first step towards developing more formal joint commissioning arrangements. The board will provide a specific mental health focus to the work of the *Thurrock Integrated Care Alliance* including a shift from individual contract and provider process/input KPIs to single system wide outcome KPIs with agreed financial risk and reward mechanisms.
- 9.8 Much NHS Commissioning of secondary mental health services now occurs through the CCG Joint Committee at an STP rather than Thurrock footprint. This includes secondary care inpatient services, Crisis Resolution and Home Treatment Teams and Rapid Assessment, Interface and Discharge services in A&E. The Thurrock Mental Health Partnership Board will need to align to the STP Partnership Board so that there is co-ordination between system wide services and integrated locality working.
- 9.9 The Integrated Dataset work being led by Public Health through MedeAnalytics has the potential to improve commissioning intelligence moving forward, and it is expected that IAPT data will be linked to SUS, Adult Social Care and about 25% of GP Practice System One data by spring 2019.
- 9.10 The Mental Health Service Data Set has been specified by Public Health in their contract with Arden GEM (the DSCRO that flows SUS data into Mede

Analytics. As such, secondary mental healthcare data will form part of the integrated dataset moving forward.

10. Joint Work between Mental Health Commissioning and Housing

- 10.1 The connection between positive mental health outcomes for individuals and settled accommodation is well documented and researched. Shelter's Report – The impact of housing problems on mental health, published in April 2017 highlights that of 3,509 interviewed for the research adults experiencing mental ill health 69% of them said that housing problems such as poor conditions, struggling to pay rent or being threatened with eviction had a negative effect on their mental health (p.11).
- 10.2 The LGA Peer Review also highlighted that in Thurrock there was evidence of good practice in the community concerning housing support and that the Housing and Mental Health operational group supported the resolution of operational issues.
- 10.3 However there is no clearly defined specific Housing and Mental Health Strategy and it is recommended through the LGA Peer Review and agreed that across Mental Health Commissioning and Housing there needs to be a joint Strategy and Policy. This is identified in the action plan and will be developed and co-produced through 2019.

11. Suicide Prevention

- 11.1 In a speech to the Global Ministerial Mental Health Summit on World Mental Health Day, the Prime Minister announced that Thurrock M.P. Jackie Doyle-Price would become the UK's first Minister for Suicide Prevention, with a remit to reduce the current 4,500 people who take their own lives each year in England, and overcome the stigma that prevents people from seeking help. She also announced that every local authority area should have a suicide prevention plan in place. In the Autumn Budget, the Chancellor announced an additional investment of £250 million in new mental health crisis services including money for suicide prevention activity, which can be accessed via Sustainability and Transformation Partnerships.
- 11.2 Many areas have signed up to a Zero Suicide ambition. Whilst the evidence base for achieving a Zero Suicide ambition is limited, the concept aims to challenge the prevailing wisdom that suicide is inevitable for some people when they hit rock bottom.
- 11.3 In Thurrock in 2017 there were five recorded deaths by suicide. Whilst tragic for the individuals and their family/friends, this represents 0.0031% of the population and is a very low number. However, evidence suggests that for every successful suicide there are at least 10 para-suicides (failed suicide attempts), and possibly thousands of residents with suicide ideation or in mental health crisis. **As such, effective action to prevent suicide must be set in a context of improving wider mental health services set out in**

sections 6 and 7, and a broader approach to improving community mental resilience in schools and workplaces, rather than direct action that focus on a very rare population outcome.

- 11.4 A recent literature review of the published evidence base on suicide prevention undertaken by the Public Health Service, identified the following as being effective in reducing the risk of suicide
- School Based preventative approaches based on working with young people to identify risk factors for poor mental health and self-harm attempts
 - 'Gate keeper' training of relevant health professionals including teachers and the police. There is no evidence that training of GPs specifically has any impact.
 - Psycho-social assessment and on-going CBT for those presenting with a self-harm attempt.
- 11.5 Thurrock has agreed the following actions on suicide prevention based on guidance from Public Health England and the published evidence base. These include:
- Establishing and participation in multi-agency partnership at Mid and South Essex Level to take action on suicide prevention across all key stakeholders
 - Participation in on-going suicide audit work at Essex level to improve understanding and intelligence on suicide. Because of the very small numbers involved, we propose undertaking a suicide audit across Essex based on the last ten years' data
 - Development of a new Suicide Prevention Strategy at Essex level, against which new government funding can be accessed based on the findings of the Suicide Audit
 - Implementation of the Mental Health Schools Based Wellbeing Service and well-being teams to boost capacity and capability in schools to prevent suicide and identify and intervene early with those young people at risk
 - Implementing a training programme of suicide awareness with front line professionals at Essex level in line with the published evidence base
 - Develop a local information-sharing system to ensure that information on para-suicides (and other people at very high risk of suicide) is cascaded to relevant agencies.
 - Develop protocol for multi-agency action to provide support to prevent further attempts in cases of para-suicide
 - Transformation of mental health crisis services as set out in section 7 of this report including improving access to 24/7 crisis care.
 - Review of self-harm care pathways and improvement in line with recommendations in the published evidence base.

12. Next Steps and Action Plan

- 12.1 At its October 2018 meeting The Thurrock Joint Health and Wellbeing Board supported the appointment of a Strategic Lead for Public Mental Health and

Mental Health Transformation, to coordinate action across all stakeholders to transform and improve the adult mental health system in Thurrock in line with actions set out in this report. The post will be accountable to the new Mental Health Transformation Board that will be a sub-group of the Health and Wellbeing Board.

- 12.2 The key deliverable of the post will be a Mental Health Transformation Strategy Case for Change encompassing the priority areas set out in sections 4 to 10 of this report. We would envisage this being complete towards the end of 2019.
- 12.3 A high level action plan, developed from the recommendations from transformation work to date, set out in this report is supplied as an appendix.

13. Reasons for Recommendation

- 13.1 The current mental health and care treatment offer is failing residents and is need of urgent reform to improve outcomes, provide a more seamless and holistic care offer and strengthen prevention and early intervention approaches.

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

- 14.1 This report is based on work that has included a significant amount of consultation between other stakeholder organisations and residents including the Adult Mental Health Joint Strategic Needs Assessment, Local Government Association Peer Review and Healthwatch Thurrock research with service users of local mental health and care services. It is based on a report produced by The Director of Public Health that triangulated the findings of these previous pieces of work, and which was presented and agreed at the October 2018 meeting of the Thurrock Joint Health and Wellbeing Board.
- 14.2 The report was presented to the Health and Wellbeing Overview and Scrutiny Committee in January 2019 where support was given for the recommendations regarding the direction of travel for the transformation of mental health services, the renewal of the section 75 Agreement and the approach to suicide prevention.

15. Implications

15.1 Financial

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

The recommendations as set out in this report do not have any immediate direct financial implications.

Implementation of recommendations made in the new *Mental Health Case for Change* (when produced as a result of the work of the new Strategic Lead for Mental Health Transformation) in consultation with partners may identify the need for future investment across the health and care system to address the current issue of poor access and long waiting times. Individual business cases will need to be presented for new work streams which require additional funding. Further details regarding changes to the S75 agreement with EPUT will need to be provided so any budget pressures are clearly identified and mitigated.

15.2 Legal

Implications verified by: **Courage Emovon**
Principle Lawyer

The Transformation of Mental Health Services in Thurrock will ensure the continued delivery of the duties outlined in the Mental Health Act 1983 (Amended 2007) and the Care Act 2014.

15.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Strategic Lead Communities and Diversity

Residents with mental ill health are at significantly greater risk of experiencing health inequalities. The programme of transformation work set out in this report will help to address this issue. The new Section 75 agreement referred to at 7.14 will be subject to a community equality impact assessment.

16. 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):

- Thurrock Joint Strategic Needs Assessment on Adult Mental Services. Thurrock Public Health Team (2018)
 - Local Government Association Peer Review (2018) into Adult Mental Health Services in Thurrock
 - Thurrock Healthwatch Mental Health Consultation Report (July-August 2018)

17. Appendices to the report:

Appendix 1 – Mental Health Transformation Action Plan

Report Authors:

Ian Wake

Director of Public Health

Catherine Wilson

Strategic Lead Commissioning, Adults, Housing and Health

Mark Tebbs

Director of Commissioning, NHS Thurrock Clinical Commissioning Group

¹ Rethorst, C., Wipfli, B., & Landers, D. The antidepressive effects of exercise: A meta-analysis of randomized trials. *Sports Medicine*. 2009; 39: 491– 511.

APPENDIX 1: MENTAL HEALTH TRANSFORMATION ACTION PLAN

Recommendation	Key Objective	Lead	Other Key Stakeholders	Timescales
1) Improve the diagnosis of residents with undiagnosed depression and anxiety	a) Expedite roll out of the PHQ2/9 depression screening tool prompt template in SystmOne for patients that are being reviewed for physical Long Term Health Conditions	Healthcare Public Health Team	GPs, Primary Care Development Team	By June 2019

	b) Improve the uptake of NHS Health Checks Programme such that a minimum of 60% of those offered a health check receive one, as a systematic way of screening for depression through implementation of the Health Checks Strategic Plan	Thurrock Healthy Lifestyles Team Manager	GP surgeries, Pharmacies	By March 2019
	c) Embed depression screening into the practice of wider front line professionals including front line house, social care and community workers	Strategic Lead, MH Transformation	Principal Social Worker AD Housing Operations NELFT LTC Management Teams Strategic Lead Community Development	By June 2019
	d) Improve access to depression screening for the general population with the use of online screening tools linked to self-referral mechanisms	Strategic Lead, MH Transformation	Council and CCG Communications Leads	By December 2019
2) Improve Access to timely mental health treatment	a) Undertake capacity modelling to understand and implement actions to reduce IAPT waiting times to the six week minimum	CCG Mental Health Commissioning Lead	Inclusion Thurrock	By March 2019
	b) Develop and commission a new model of 24-7 direct access crisis care	CCG Mental Health Commissioning Lead	EPUT Strategic Lead, MH Transformation	*By Winter 2019

	c) Examine current and agree new system wide thresholds for treatment access for all MH clusters to ensure that <i>Missing Middle</i> are able to access timely and appropriate secondary MH services	CCG Mental Health Commissioning Lead Strategic Lead, MH Transformation Strategic Lead – ASC Commissioning	EPUT	By December 2019
3) Develop and commission a New Model of Care for Common Mental Health Disorders	a) Address the variation in referral to IAPT for CMHD amongst GP practices such that a minimum of 25% of patients estimated to have a CMHD receive treatment each year, and that age and sex variation is also reduced	Strategic Lead, MH Transformation Strategic Lead – Healthcare PH	GPs, Inclusion Thurrock	From April 2019 through rolling programme of GP surgery visits
	b) Address variation in clinical management of depression in Primary Care including inclusion of QOF indicators relating to depression review on the GP Practice Profile Card/Practice visits and future Stretched QOF iterations	Strategic Lead MH Transformation Strategic Lead – Healthcare PH	GPs	From April 2019 through rolling programme of GP surgery visits

	c) Expedite integration of IAPT Services with other LTC Physical Health Conditions to create single 'one stop shops' where all LTCs can be dealt with at the same time, as part of <i>Better Care Together</i> Transformation Programme building on the new pathway that is now in place between Inclusion Thurrock and NELFT	Strategic Lead – MH Transformation	NELFT LTC services Inclusion Thurrock CCG Mental Health Commissioning Lead	From April 2019
	d) Increase the Capacity of current Social Prescribing Service and embed within clinical teams of all GP practices, through roll out of Locality Based Mixed Skill Workforce Teams	Director of Primary Care, CCG Director of Transformation, CCG	CVS, GPs	Proposals by April 2019

	e) Design and implement a <i>New Model of Care for CMHDs</i> that encompasses programmes that support residents to address worklessness, increase physical activity and increase social capital and community connectivity, building on existing community assets	Strategic Lead MH Transformation	CCG Mental Health Commissioning Lead AD and Consultant in PH AD ASC and Community Development Community Hubs CVS	Proposals by December 2019
4) Develop and commission a <i>New Enhanced Treatment and Recovery model</i>	a) Further investigate and understand the needs of <i>The Missing Middle</i>	Strategic Lead – MH Transformation		Initial proposals by September 2019
	b) Review current referral criteria thresholds across IAPT and secondary care and agree new common standards to ensure service provision for <i>The Missing Middle</i>	Strategic Lead – MH Transformation	CCG MH Commissioning Lead Strategic Lead, ASC Commissioning Inclusion Thurrock, EPUT	Initial proposals by September 2019
	c) Reduce current fragmentation in care pathways within EPUT to improve continuity of care	Strategic Lead – MH Transformation CCG MH Commissioning Lead Strategic Lead, ASC Commissioning EPUT Operations Leads		Initial proposals by December 2019

	d) Reduce current fragmentation in care pathways between Primary and Secondary Care including basing Psychiatric Nursing Capacity within Primary Care Mixed Skill Workforce Teams	Strategic Lead – MH Transformation CCG MH Commissioning Lead Director of Primary Care, CCG Director of Transformation CCG		Initial proposals by December 2019
	e) To understand the current use of the available Bed base under the current Health Contract, particularly the increase in demand to then reduce this demand in line with increased community resources	Strategic Lead – MH Transformation CCG MH Commissioning Lead Director of Primary Care, CCG Director of Transformation CCG	EPUT	April 2019 Reduction on going through 2019 aligned to development of community resources.
	f) Embed physical health assessment, health improvement and lifestyle modification into secondary care clinical pathways to address the physical health needs of patients with SMI and improve life expectancy, integrating the current CQUIN into ‘business as usual’.	Strategic Lead – MH Transformation AD and Consultant in PH	Inclusion Thurrock, Thurrock MIND, EPUT CCG Primary Care team	On-going

	<p>g) Develop an integrated treatment offer for patients with SMI and drug and alcohol misuse problems, that treats both issues in parallel</p>	<p>Strategic Lead – MH Transformation AD and Consultant in PH CCG MH Commissioning Lead</p>	<p>Inclusion Thurrock EPUT</p>	<p>Pathway redesign from April 2019</p>
	<p>h) Leverage the professional skill set of social care staff in addressing the wider determinants of health of patients with SMI</p>	<p>Strategic Lead – ASC Commissioning Principal Social Worker, ASC.</p>	<p>EPUT</p>	<p>On-going through 2019 to be in place by April 2020</p>
	<p>i) Encompass a 'strengths-based' community asset focus that promotes peer support and increases service users' social capital within the new treatment model</p>	<p>Strategic Lead – MH Transformation</p>	<p>AD – ASC and Community Development EPUT Thurrock MIND Inclusion Thurrock (Recovery College)</p>	<p>Initial Proposals December 2019</p>
	<p>j) Integrate employment and housing support as an integral part of the new <i>Enhanced Treatment Model</i> and on-going recovery</p>	<p>Strategic Lead – MH Transformation</p>	<p>AD – Housing Operations, TBC Strategic Lead, ASC Commissioning</p>	<p>By March 2020</p>
	<p>k) Commission programmes that seek to identify and intervene at an earlier stage in the patient journey, shifting the current focus from crisis support to prevention and recovery</p>	<p>Strategic Lead – MH Transformation Strategic Lead – ASC Commissioning CCG MH Commissioning Lead</p>		<p>Initial Proposals December 2019</p>

5) Integrate Mental Health Commissioning across council and CCG	a) Create a single shared commissioning function and strategy between TBC and NHS Thurrock CCG to undertake all commissioning across the current and future provider landscape	Director of Commissioning TCCG Strategic Lead - ASC Commissioning		Initial model by May 2019 further development ongoing through 2019
	b) Develop a single shared commissioning outcomes framework	Director of Commissioning, TCCG Strategic Lead - ASC Commissioning	Strategic Lead – MH Transformation CCG MH Commissioning Lead	Initial framework by May 2019 with ongoing development through 2019

To note – other actions relating to suicide prevention are outlined in the main body of the report

13 March 2019	ITEM: 13 Decision: 110510
Cabinet	
Revenue Budget Monitoring – Quarter 3 2018/19	
Wards and communities affected: All	Key Decision: Key
Report of: Councillor Shane Hebb, Deputy Leader and Cabinet Member for Finance	
Accountable Assistant Director: Jonathan Wilson, Assistant Director - Finance	
Accountable Director: Sean Clark, Director of Finance and IT	
This report is public	

Executive Summary

This report presents the forecast outturn position for 2018/19 as at the end of December 2018.

Current projections indicate a General Fund pressure of £0.373m that must be managed in order to outturn within budget by the 31 March 2019. Identified pressures include Children's Social Care and Environment primarily due to increasing waste costs. Whilst this forecast shows a projected deficit, officers are confident that continuing action will keep the budget within the agreed budget envelope.

The DSG is forecasting pressures within the High Needs Block. Action has been taken to address the position within the DSG through ongoing management of the position and additional funding. The HRA continues to forecast a breakeven position.

1 Recommendations:

- 1.1 That Cabinet note the forecast outturn position for 2018/19 and that further mitigation is required to outturn within the agreed budget envelope.**

2 Introduction and Background

- 2.1 In February 2018, Council agreed the 2018/19 budget as part of a four year balanced MTFS. This follows a move towards commercialism, greater efficiencies and a wider investment approach. The budget includes savings of £2.594m which were identified as part of the Council Spending Review through the Strategic and Transformation Board process.**

- 2.2 The report sets out the latest forecast outturn position for 2018/19 across the main revenue accounts - the General Fund, Housing Revenue Account, Dedicated Schools Grant and Public Health grant.

3 General Fund Position

Directorate	Full Year Budget £000	Forecast December £000	Variance From Budget £000
Adults, Housing & Health	38,705	38,695	(10)
Housing General Fund	733	1,103	370
Children's Services	36,489	37,259	770
Environment & Highways	26,049	26,437	388
Place	9,819	9,814	(5)
Finance, IT & Legal	10,903	10,630	(273)
HROD	4,297	4,085	(212)
Strategy, Comms & Customer Services	2,698	2,587	(111)
Commercial Services	683	642	(41)
Corporate Costs	(15,417)	(15,920)	(503)
Total	114,959	115,332	373

Adults, Housing & Health - £0.010m underspend

- 3.1 Thurrock's £0.654m share of the recently announced £240m National funding to ease Winter Pressures for 2018/19 has now been allocated in line with the Government's intention to reduce delayed transfers of care from hospitals. In conjunction with CCG colleagues the Directorate have identified a number of short-term initiatives which will increase capacity within the domiciliary care market, improve pathways for patients leaving hospital who require ongoing social care support and pilot the use of technology in care homes. The funding will also be used to mitigate budget pressures identified within existing services as a result of fluctuations in demand.
- 3.2 Residential placements for people with learning disabilities, autism and challenging behaviours remain a financial risk due to their varying complexity of needs often leading to the requirement for additional expensive one to one support packages. Placements are regularly reviewed and transition cases

from Children's Social Care are identified early so the most appropriate care plan can be formulated and the impact on resources fully understood.

- 3.3 People requiring support for mental health issues are a growing concern for the department and will require a new approach to the way services are provided in the future. This could impact the way in which resources are allocated.
- 3.4 There is currently £0.148m forecast underspend in the 2018/19 Better Care Fund's main pool and this will be placed into an earmarked reserve and carried forward to 2019/20 to be allocated in the most effective way to reduce identified pressures across both Health and Social Care services.

Housing General Fund - £0.370m overspend

- 3.5 The service forecast remains the same as at the end of Q2. The key cause of this is homelessness.
- 3.6 The implementation of the Homelessness Reduction Act in April 2018 has brought about significant changes to the delivery of homeless services by the Housing Solutions Team. The requirement to provide homelessness services to everyone who is 'eligible' and 'homeless', regardless of 'priority need' and 'intentional homelessness' has resulted in significantly more people being provided with assistance. The increase in demand, and the wider changes the implementation of the act has brought about, necessitates a rethink of the previous service delivery model to ensure there are sufficient front line resources and housing options to support the prevention agenda and minimise the need to place customers into costly temporary accommodation.
- 3.7 Since last quarter the overall number of Households in Temporary Accommodation increased by 22 to 148 with no households in Bed and Breakfast.
- 3.8 The number of homeless applications that were taken for the same period in 2017 totalled 1,023, an increase of 19%. The year-end total number of approaches for 2017/18 was 1,395. Should the trend continue we are likely to complete 2018/19 with 1,556 applications a 14% increase from the previous year. In addition the new 'prevention' and 'relief' duties owed each last for 56 days. Hence applicants are also being assisted for a longer period and cases also need to be regularly reviewed.
- 3.9 With the significant increase in numbers of households to whom we have a duty the council is increasingly using the private rented sector for both temporary and permanent accommodation. The council works with private sector landlords to ensure that any accommodation they provide is safe, suitable and secure. This includes providing financial assistance that would have been offered to the homeless applicant direct to the landlord. This is usually in the form of rent deposit and rent guarantees. In addition the council encourages landlords to offer longer term tenancy agreements.

- 3.10 Another important factor impacting on service delivery has been the significant increase in the number of people that are presenting in a crisis as 'homeless today'. Unfortunately we do not have comparator figures for the same period in 2017/18 as these were not previously recorded. However, it is clear that crisis cases have increased with officers having to deal with many more unplanned presentations with an associated impact on resources, and consideration for temporary accommodation.

Children's Services – £0.770m overspend

- 3.11 The service continues to operate in a complex environment. The overall pressure is a combination of employee costs and pressures within aftercare, fostering and adoptions. Projections indicate a net Directorate pressure of £0.770m after mitigating action. Further work is ongoing to identify possible ways of bringing the position in on budget by the end of the year. The most significant financial pressures are within social care and school transport. There remains significant inherent risk in placement budgets, managing the cost of agency staff and achieving the proposed mitigation.

- 3.12 The summary position including mitigation is as follows:

Service	Variance
	£'000
Children and Family Services	1,166
Learning & Universal Outcomes	(594)
Central Administration Support and Other	(144)
School Transport	341
Total	770

- 3.13 The most significant pressures within social care relate to agency staff, aftercare placements, adoption and fostering. The position has worsened due to additional employee spend following contract extensions and projected increases in fostering and adoption costs following a further review.. This has been partially offset by an improved position within troubled families.

High Risk Area	Variance
	£'000
Employees	1,327
Aftercare	226
Therapeutic Foster Care	283
Adoption & Permanence	329
Fostering	103
Disabled Children	215
Legal	(25)
Troubled Families	(243)
Total	2,215

- 3.14 The most significant variance is in employee spend. The ongoing initiative to replace agency workers with permanent staff continues to progress and a new initiative to provide additional support for social workers in the first year of practice has been implemented. This will further improve the position in relation to agency social workers. The department has also been successful in recruiting permanent managers to frontline social work positions.
- 3.15 Spend on adoption and fostering payments and special guardianship orders continues to be over budget - a thorough review of payments continues.
- 3.16 Placement budgets continue to be closely monitored with particular scrutiny of high cost placements. This is a volatile area which can be impacted by a single high cost complex need case. Regular review of placements will continue to identify the most effective solutions are put in place.
- 3.17 School transport forecasts are based on current awards across the academic year. Work continues to manage the award of transport such as adding additional authorisation and providing training for staff. It is anticipated that from 2019/20 further savings will be realised through a re-procurement of existing transport routes.
- 3.18 The position includes one-off income expected through the delivery of the Troubled Families recovery plan through successful attachment and payment-by-results outcomes. There continues to be risk in securing all required attachments and sufficiently evidencing outcomes and current performance is behind profile. The revised profile has reduced income projections in this year with corresponding movement into next year. The position continues to be closely monitored through the Brighter Futures Board. It should be noted that this is not an ongoing revenue stream.
- 3.19 Ongoing review of Aftercare placements continues to ensure young people are transferred into appropriate accommodation when they reach 18 years old. Ensuring that available grant and Housing Benefit claims are completed should improve the position.
- 3.20 The ongoing service review of children's social care and transport has identified options for in-year savings. This has been included in the position above. Business cases were agreed at Directors Board in September.

Environment & Highways - £0.388m overspend

- 3.21 The Directorate is currently forecasting an overspend position of £0.388m after mitigation. This forecast is an improvement of £0.010m on Q2.
- 3.22 The most significant pressures being managed by the service are set out below:

Service Area	Variance £000
Waste Collection	322
Street Lighting	305
Trade Waste Income	(158)
Enforcement Income	(201)
Other net pressures	120
Total	388

- 3.23 The directorate has taken many actions this year to manage the budgets and control spend; including budget challenge sessions with all budget holders to reduce discretionary spend, only undertaking essential recruitment and an ongoing exercise to replace agency staff with fixed term staff. There has also been considerable and successful challenge of spend on the waste disposal contracts as well as a communications campaign to support residents putting rubbish into the correct bin to reduce contamination.
- 3.24 Waste Collection pressure of £0.322m relates to agency staff, fuel, an additional unbudgeted refuse round and a pilot of shunter drivers to address increased workload both on domestic and trade waste services. Work is ongoing to address performance issues and review conversion of agency staff to permanent.
- 3.25 Street Lighting pressure of £0.305m relates to projected additional maintenance and electricity costs following detailed review. The maintenance cost is partly reactive as it relates to how many faults are reported and how many lighting columns are damaged.
- 3.26 There are further risks that need to be monitored over the course of the year which include the items below:
- Contract variations could mean a risk to other waste disposal budget contracts – although these are expected to be much less volatile;
 - The forecast for fly-tipping is difficult to predict – however new codes have been set up to capture trends for different types of fly tips
 - Highways spend is also difficult to predict against the reactive nature of the service and weather conditions can create variables.
 - There is a risk around the achievement of Highways permit income. The budgeted income target is £0.449m. However, the actual permit income that has been received up to the end of period 9 is £0.290m, primarily due to larger schemes preventing a number of smaller schemes taking place. The Network Manager and Strategic Lead for this area believe that this target will

be met by year end and have recruited an additional agency inspector to increase income going forward. Monthly meetings have been scheduled with the service to discuss permit income in greater detail.

- There is risk relating to the achievement of parking income. The income received has been inconsistent and there have also been issues with the new contractor collecting cash payments, impacting on forecasting. In addition, the owners of the multi-storey car park have introduced a new payment schedule from November, which offers three hours of free parking. This is likely to reduce the parking income earned for parking in council car parks and on-street parking in Grays. This will be monitored closely to assess the impact.
- There is a further risk around Street Lighting, particularly regarding maintenance costs. These are partly reactive so the cost depends on the number of lighting columns damaged and the number of faults reported.
- The severity of the winter can be difficult to predict, however recent weather updates show we are likely to have an average to bad winter. However, if the winter worsened this may create additional cost as a direct result of increased gritting.

Place - £0.005m underspend

- 3.27 The Place directorate is due to underspend by £0.005m which is an improvement of £0.014m on Q2.
- 3.28 There are currently pressures within the Corporate Landlord service with a forecast overspend in this area. At present, this overspend is being offset by underspends in the wider Property & Development service. However, there is a risk that if the Corporate Landlord forecast continues to increase it will create a real pressure on the bottom line for the Directorate.
- 3.29 Conditions surveys are being completed and actions are identified from these will enable a schedule of the required repairs and maintenance work to be identified. The programming of these works may impact this year's outturn position but the wider concern is the ongoing impact which will be considered when setting the 2019/20 revenue and capital budgets.

Finance, IT & Legal - £0.273m underspend

- 3.30 The Directorate is forecasting an underspend primarily due to employee savings across a number of services and an improved position within Legal. Following permanent recruitment within the Legal service the agency forecast has now been revised down. Service Review savings have been allocated to service areas and consequently the ICT budget has been reduced by £0.526m in line with agreed target.
- 3.31 There is a pressure against insurance budgets due to the ongoing academisation of schools and hence fewer buying into the service. This will be addressed in budget setting for 2019/20.

HROD – £0.212m underspend

- 3.32 The Directorate is currently forecasting to underspend with no major pressures to report.

Strategy, Communications & Customer Services – £0.111m underspend

- 3.33 The Directorate is forecasting an underspend in Customer Services mainly within employee budgets.

Commercial Services – £0.041m underspend

- 3.34 The Directorate is currently forecasting a small underspend with no major variances to report.

Corporate Costs - £0.503m underspend

- 3.35 This budget covers a number of corporate expenditure items including treasury management costs (interest paid on loans and received from investments), the annual contribution to the Essex Pension Fund to meet the current actuarial deficit and the allocation for the Minimum Revenue Provision. The underspend follows an improved Treasury forecast.
- 3.36 Allocation of the £0.930m service review target continues as the ongoing service review's progress. The main reviews being undertaken this year are Children's Social Care, Transport, ICT, Business Resource and Planning. The majority of the target is to be achieved this year within ICT (£0.526m) and Planning (£0.077m).
- 3.37 Completion of the Children's and Transport reviews this year are expected to deliver savings against the 2019/20 service review target.

4 Housing Revenue Account

	Full Year Budget £'000	Forecast £'000	Variance from Budget £'000
Repairs and Maintenance	11,798	11,995	197
Housing Operations	11,605	11,558	(47)
Financing and Recharges	24,315	24,218	(97)
Rent and Income	(48,077)	(48,130)	(53)
Development	359	359	0
Total	0	0	0

- 4.1 The Housing Revenue Account (HRA) budget was set at a breakeven budget at the February 2018 Cabinet. The December 2018 monitor is forecasting a

breakeven position overall with some small variances being reported within the different areas.

- 4.2 There are a number of risks that we are closely monitoring and factoring into spending plans. The overspend on repairs and maintenance results primarily from unplanned spend to a former contractor and additional highways works.
- 4.3 The base budget is sufficient to meet the requirement of repairs delivery in 2018/19. This overspend is mitigated by a forecast increase in rental income due to a slight reduction in RTB sales against those assumed in the budget and a reduction in resources available for capital investment.
- 4.4 There is an improvement on the housing operations forecast due to a reassessment of the projects to be delivered from this budget. The projected underspend on Rent and Income reflects an increase to the bad debt provision following a revised assessment of rent arrears.
- 4.5 The potential returning of 1 for 1 Right to Buy receipts due to both slippages in the existing programme and the completion of the existing programme in 2020/21 remains a risk. There are limited resources available in the HRA to future fund 70% of capital spend to enable the use of the receipts. The Government is currently consulting on proposals to relax some of the rules governing the use of 1 for 1 Right to Buy receipts which could see an extension of the three year deadline up to five years and allowing companies in which the local authority has a formal interest, or even controlling interest, to use the receipts to build. In advance of any decision by central Government, officers are looking at other options to minimise the risk of having to return receipts to the Treasury and to maximise the benefit to the borough by bringing more social homes into use including working with RP's and also making use of General Fund resources to, for example, buy back homes previously sold under the right to buy.
- 4.6 Based on current forecasts the Council may have to pay up to £2.6m back to the treasury with interest in the region of £0.338m at the end of 2018/19.

5 Public Health

- 5.1 The 2018/19 allocation of the Public Health Grant was subject to a 2.5% reduction which equated to £0.291m. The grant funding has been allocated against ongoing contracts, existing staffing commitments and a number of new initiatives which meet the conditions of the grant. A number of pilots have been initiated in-year with the intention to deliver improved services and better outcomes for the people of Thurrock by investing in GP practices which continue to be monitored to determine their success. Many of these Pilots have had elements of slippage from GP's signing onto the framework later than anticipated. Underperformance from demand led contracts with health providers in this quarter has also led to claw backs of the grant. Any underspend as a result of these schemes will be placed into an earmarked reserve and reallocated in 2019/20 to ease budget pressures that have been identified as a result of a further indicative grant reduction of 2.6% (which equates to £0.292m).

Public Health	£'000
2018/19 grant allocation	(11,042)
2017/18 carry forward	(377)
Estimated 2018/19 spend	10,867
Funding committed to 2019/20 programme	(552)

6 Dedicated Schools Grant (DSG)

6.1 As part of the review of the DSG, a number of initiatives have been actioned to improve compliance with regulations and develop mitigation whilst long term solutions are developed. These included:

Schools Block

6.2 Cabinet has approved the phased introduction of the National Funding Formula in 2019/20 with full implementation in 2020/21.

Central Schools Services Block.

6.3 A review has been undertaken of all expenditure ongoing to ensure compliance with regulations and to ensure value for money is achieved. A new DSG coding structure to be implemented and budgets realigned for 2019/20 and 2018/19 where possible.

High Needs Block

6.4 The following actions have been implemented for 2018/19:

- Top up Hourly Rate will decrease from £11.85 to £10 from April 2018.
- Review of place funding to Special Schools, Resources and Alternative Provisions.
- School Funding 2019/20 to again be top sliced by £1.843m to support High Needs Block.
- Ongoing review of all expenditure to ensure value for money.

6.5 Work will continue to deliver affordable solutions within the funding available.

Early Years Block

6.6 Increased rate to providers were implemented from April 2018. For 2019 a further formula review will be undertaken to target funding using deprivation indicators.

Dedicated Schools Grant Financial Position 2018/19

6.7 The table below reflects the updated DSG allocation for 2018/19. Current projections indicate pressures of £1.733m. The position has changed due to the continued increase in demand for specialist places, EHCP and Home to School Transport.

	Funding Settlement	Academy Recoupment	Total	Projected Outturn	Variance
	£m	£m	£m	£m	£m
Schools	115.473	(96.533)	18.940	19.090	0.150
Central Services	2.038	0	2.038	2.038	0
High Needs	23.093	(5.414)	17.679	19.069	1.390
Early Years	11.568	0	11.568	11.568	0
Total	152.173	(101.947)	50.225	51.765	1.540

6.8 At Period 9 the following key pressures for 2018/19 are forecasted:

- Schools Block £0.150m – Support provided for pupil growth in 2018/19.
- High Needs Block £1.167m – Home to School Transport
- High Needs Block £0.223m – Specialist placements and EHCP

DSG Reserve

6.9 The DSG has a carried forward deficit of £2.7m from 2017/18. This along with the projected overspend in 2018/19 will need to be considered as part of the final accounts 2018/19 and 2019/20 budget.

7 External Income

- 7.1 As set out in the table below the full year forecast for external income is a surplus of £0.864m across both fees and charges and traded income streams. This is an improvement on last quarter of £0.440m due primarily to the traded income forecast in Place.
- 7.2 Children's – pressure of £0.165m within fees and charges due to lower income expectations within Grangewaters and Nurseries. Both services have breakeven budgets and are forecasting a corresponding reduction in spend to deliver within budget.
- 7.3 Environment & Highways – surplus of £0.278m within fees and charges primarily within Enforcement. The traded surplus of £0.187m is mainly due to strong performance within the trade waste service. Both surpluses are within the Directorate forecast and contributing to managing wider service pressures.
- 7.4 Finance, IT & Legal – pressure of £0.210m in traded income is mainly due to the ongoing academisation of schools, and hence fewer buying into the service within Insurance and financial services. In addition there are pressures in achieving the ICT and Fraud income targets in non-school markets. The adverse movement is due to revised projections in Fraud.
- 7.5 Place – continues to report a surplus on fees and charges income across a number of service areas. The movement in traded income is due to an improved forecast in Development Control.

Fees & Charges	Budget £'000	Forecast December £'000	Variance £'000
Adults	(1,521)	(1,314)	207
Children's	(1,168)	(1,003)	165
Environment & Highways	(2,311)	(2,590)	(278)
Housing GF	(413)	(413)	0
Finance, IT & Legal	(25)	(100)	(75)
Place	(2,922)	(3,798)	(876)
Total	(8,361)	(9,218)	(858)
Traded	Budget £'000	Forecast December £'000	Variance £'000
Children's	(3,743)	(3,696)	47
Environment & Highways	(341)	(529)	(187)
Finance, IT & Legal	(1,336)	(1,126)	210
HROD	(284)	(261)	23
SCCS	(205)	(153)	53
Place	(34)	(186)	(152)
Total	(5,944)	(5,950)	(6)

8 Reasons for Recommendation

- 8.1 The Council has a statutory requirement to set a balanced budget annually. This report sets out the budget pressures in 2018/19 along with actions to mitigate these pressures and deliver a breakeven position.

9 Consultation (including Overview and Scrutiny, if applicable)

- 9.1 This report is based on consultation with the services, Directors' Board and portfolio holders.

10 Impact on corporate policies, priorities, performance and community impact

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

11 Implications

11.1 Financial

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

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

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

11.2 Legal

Implications verified by: **David Lawson**
Assistant Director of Law and Governance & Monitoring Officer

There are no direct legal implications arising from this report.

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

11.3 Diversity and Equality

Implications verified by: **Becky Price**

Community Development and Equalities Manager

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

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

There are no other implications arising directly from this update report.

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

- There are various working papers retained within the finance and service sections.

13 Appendices to the report

- None

Report Author

Sean Clark

Director of Finance and IT

13 March 2019	ITEM: 14
Cabinet	
2018/19 Capital Monitoring Report – Quarter 3	
Wards and communities affected: All	Key Decision: Non-key
Report of: Councillor Shane Hebb, Deputy Leader and Portfolio Holder for Finance	
Accountable Assistant Director: Jonathan Wilson – Assistant Director - Finance	
Accountable Director: Sean Clark, Director of Finance and IT	
This report is Public	

Executive Summary

At its meeting on 28 February 2018, Council agreed the 2018/19 capital programme.

Since the 1 April 2018, additional funding has been added to the programme, funded from prudential borrowing and other grants. In addition, budget carry forwards from 2017/18 have also been added to the programme.

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

1. Recommendation(s)

That Cabinet:

- 1.1 **Note the General Fund capital programme is projected to have available resources of £16.154m as at 31 March 2019 with this funding carried forward to 2019/20 to fund schemes currently in progress;**
- 1.2 **In addition, there is a further £50.546m in the approved programme that is under development and/or dependent on third party actions as set out in paragraph 3.5;**
- 1.3 **Note the Housing Revenue Account capital programme is projected to breakeven by 31 March 2019, which will be funded from the Housing capital receipts.**

2. Introduction and Background

- 2.1. This report provides an update to Cabinet on the financial position of the capital programme and highlights significant variances. It is the third monitoring report for 2018/19 and is based on expenditure to the end of month

9 (the period 1 April 2018 to 31 December 2018) and projected expenditure for the remainder of the year.

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

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

3. General Fund Schemes

3.1. The current position for General Fund schemes for 2018/19 is summarised in Table 1.

Table 1: Capital Programme – Projected Outturn as at Month 9

	Latest Agreed Budget	Projected Outturn to 31/03/2019	Variance against budget
	£'000's	£'000's	£'000's
Expenditure:			
Children's Service ¹	10,284	7,149	(3,135)
Adult, Housing & Health	2,438	1,708	(730)
Housing General Fund	1,448	92	(1,356)
Environment and Highways	13,193	11,881	(1,312)
Place	35,190	26,856	(8,334)
Finance and IT	2,552	2,552	0
HR, OD & Transformation	4,150	2,888	(1,262)
Customer Services	40	15	(25)
Total Expenditure	69,295	53,141	(16,154)
Resources:			
Prudential Borrowing	(24,280)	(18,839)	5,441
Capital Receipts	(290)	(267)	23
Reserves	(74)	(74)	0
Revenue Contributions to Capital	0	(167)	(167)
Government Grants	(11,207)	(8,646)	2,561
Other Grants	(26,845)	(20,400)	6,445
Developers Contributions (S106)	(6,599)	(4,748)	1,851
Total Resources	(69,295)	(53,141)	16,154
Forecast Overspend in Resources	0	0	0

3.2 Table 1 illustrates a projected outturn at the end of the financial year of £53.141m, which is £16.154m less than the latest agreed budget for the year. This forecast variance is further analysed in Table 2 below.

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

Table 2: – Analysis of forecast variance

	Re-profiling of expenditure at Month 9	Capital schemes requiring additional funding	Completed Projects	Forecast variance against budget at Month 9
Expenditure:	£'000	£'000	£'000	£'000
Children's Service	(3,135)	0	0	(3,135)
Adult, Housing & Health	(730)	0	0	(730)
Housing General Fund	(1,356)	0	0	(1,356)
Environment and Highways	(1,312)	0	0	(1,312)
Place	(8,501)	167	0	(8,334)
Finance and IT	0	0	0	0
HR, OD & Transformation	(1,262)	0	0	(1,262)
Customer Services	(25)	0	0	(25)
Total	(16,321)	167	0	(16,154)

- 3.3 Table 2 shows that the forecast underspend is principally due to slippage/budget re-profiling on current schemes (£16.321m). Consequently the funding remains allocated to specific current schemes.
- 3.4 Table 2 also shows that cost estimates to improve the Thurrock Cycle Infrastructure are expected to exceed the current approved budget by £0.167m. The increase in expenditure will be funded by a revenue contribution to capital
- 3.5 A list of schemes where the variance is greater than £0.25m is shown in Appendix 2.
- 3.6 A number of capital schemes in the capital programme are expected to complete construction in future years, with expenditure totalling £95.360m. Budgets for these schemes have been profiled accordingly. The largest of the schemes relates to the A13 widening project with expected future years spend of £48.999m.
- 3.7 In addition, the following schemes and allocations are not currently included in the capital programme and have Council approval but are dependent on further scheme development and/or third parties:

Table 3: Capital Programme – Schemes under development

	Projected Scheme Budget
	£'000's
Purfleet Regeneration	15,277
School Improvements	18,869
Grays South Development	8,700
21 st Century Care Home	8,000
Total Schemes under development	50,846
Resources:	
Prudential Borrowing	(31,977)
Government and Other Grants	(18,869)
Total Resources	(50,846)
Forecast Overspend in Resources	0

4. Housing Revenue Account Schemes

- 4.1 The current position for Housing Revenue Account schemes for 2018/19 is summarised in Table 4.

Table 4: HRA Capital Programme – Projected Outturn

	Latest Agreed Budget	Projected Outturn to 31/03/2019
	£'000's	£'000's
Expenditure:		
Transforming Homes	12,227	11,710
Housing New Build	7,440	6,790
Total Expenditure	19,667	18,500
 Resources:		
Prudential Borrowing	(5,630)	(4,753)
Capital Receipts	(2,827)	(3,054)
Reserves	(542)	(25)
Government & Other Grants	0	0
Major Repairs Reserve	(10,668)	(10,668)
Total Resources	(19,667)	(18,500)
Forecast Overspend in Resources	0	0

- 4.2 The budget for Transforming Homes in 2018/19 is £12.227m. Spend as at 31 December 2018 was £5.952m. Works to the Telecare system are continuing to forecast additional spend of £0.065m which will be funded from the Housing usable capital receipts.
- 4.3 The revised budgets for 2018/19 for HRA New Build Schemes are set out below. The current forecast is £6.79m against a budget of £7.44m. These projects will maximise the use of receipts held under the “Right to Buy” sharing agreement between the Council and the MHCLG.

Table 5: HRA New Build Schemes

	Revised Budget	Spend YTD	Forecast	Variance from Revised Budget	
	£000	£000	£000	£000	%
Calcutta	1,810	100	860	(950)	(53%)
Claudian Way	3,650	1,284	3,940	290	8%
Tops Club	1,980	727	1,990	10	1%
Total	7,440	2,111	6,790	(650)	(9%)

- 4.4 Progress on each scheme is set out below:

Calcutta

This project was the subject of a tendering exercise in 2017 through a framework that failed to produce a bid within budget. The project was retendered and following evaluation and clarification of tenders a single contractor has been selected through a Letter of Intent whilst final value engineering takes place and prior to contract award. It is anticipated that contract will be signed by February 2019 once the minor amendments to contain expenditure have been submitted and approved by planning. The project is currently estimated at an 80 week construction period completing in 2020. The next steps post award involves the discharge of pre-commencement planning conditions and further detailed design development by the contractor.

Claudian Way

United Living has been appointed as the main contractor to this project following a two stage tendering process. The contractor has commenced detailed site investigation works, works to relocate services and final detailed design has been carried out under a pre-contract services agreement. The contract award "technical report" has been completed and the contract has been signed. Utility completions are complete and excavations have commenced for foundations. This project has an estimated 69 week construction timeframe with completion in 2020.

Tops Club

Contract award has been completed and the contract has been signed. Demolition and utility diversion works for a power cable are complete and site hoarding together with Council signage has been erected. Piling is nearing completion and the tower crane is now on site. Estimated completion is at Quarter 1 of 2020.

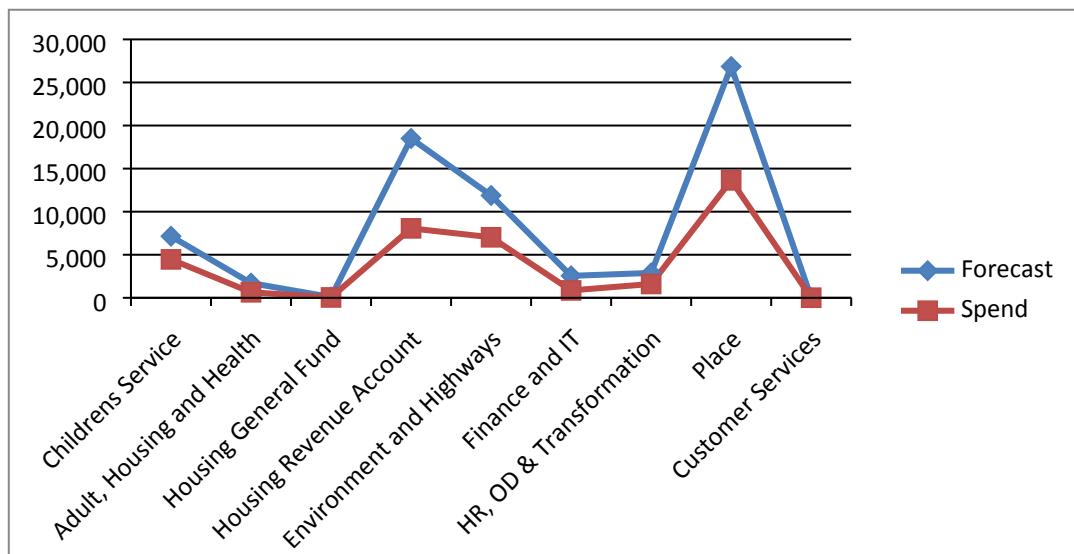
5. Thurrock Regeneration Ltd.

- 5.1 Thurrock regeneration Ltd is now underway with its second scheme, an 80 unit development at Belmont Road, Grays. This has an estimated completion date of autumn 2020.
- 5.2 Detailed work has been undertaken to identify further sites for development, in order to achieve the 1,000 homes target. As a result, the next potential development site, owned by the Council, is currently being worked into a viable project, which if successful has the capacity to delivery circa 200 homes of mixture archetype and tenure.

6. Issues, Options and Analysis of Options

Performance Indicator Target for Month 9: 60%

- 6.1 The total expenditure to date on the Capital Programme is £36.353m, which equates to 51% of the budgeted spend against the performance indicator of 60%. This is based on the actual payments made to suppliers, so when considering the outstanding payments for works completed but not yet billed, the percentage spent will be higher than the target level.



7 Reasons for Recommendation

- 7.1 The recommendations are to ensure that Cabinet and Members are aware of the current status of the Capital Programme.
- 7.2 The Local Authority is required to discharge 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.

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

- 8.1 Officers and Directors' Board have been consulted on this report
- 8.2 The school capital programme and other identified works have been subject to extensive consultation with key stakeholders. The principle has been agreed with schools and the detailed build content is being agreed with the relevant schools. Consultation will continue with each school and key stakeholders, as each scheme and works develop within the programme.
- 8.3 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.

- 9. Impact on corporate policies, priorities, performance and community impact**
 - 9.1 The budget provides the finance to support capital projects that meet the corporate priorities. Any changes to the budgets may impact, positively or negatively, on the delivery of these priorities and the Council's performance, with a corresponding impact on the community.
 - 9.2 The improvement in the educational facilities in Thurrock schools is part of the council's delivery of its Education Capital Strategy and supports the council's prioritisation of educational standards and pupil progress by helping to create great places for learning in the borough.

10. Implications

10.1 Financial

Implications verified by: **Jonathan Wilson**
Assistant Director - Finance

The General Fund Capital Programme is projected to have available resources of £16.154m at the end of the current financial year and these will be carried forward to fund schemes either in development or currently in progress.

In addition, the programme also includes £50.846m for schemes that are dependent on scheme development and/or third parties.

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

10.2 Legal

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

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

The Council has a duty under the Education Act 2006 to ensure the provision of "sufficient schools" for the provision of primary and secondary education in their area.

10.3 Diversity and Equality

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

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

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

- There are various working papers within directorates and accountancy.

12. Appendices to the report

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

Report Author:

Mark Terry
Senior Financial Accountant

Table 5 – Summary of the 2018/19 General Fund Capital Programme	Approved Budget			Projected Outturn			CY Spend (Dec-18)	% Spend against CY Forecast
	2018/19	2019/20	2020/22	2018/19	2019/20	2020/22		
Childrens Service	£'000 10,284	£'000 4,545	£'000 0	£'000 7,149	£'000 7,680	£'000 0	£'000 4,462	62.41
Adults; Housing and Health								
Provider Services	583	0	0	318	265	0	100	31.45
Better Care	895	362	0	895	362	0	400	45.00
Community Development	960	0	0	495	465	0	143	29.00
	2,438	362	0	1,708	1,092	0	643	37.65
Housing General Fund								
Community Hubs	1,398	69	0	72	1,395	0	37	51.39
Private Sector Housing	50	100	135	20	130	135	7	35.00
	1,448	169	135	92	1,525	135	44	47.83
Environment and Highways								
Highways Infrastructure	40	0	0	40	0	0	26	65.00
Highways Maintenance	5,797	100	80	5,248	649	80	2,763	53.00
Resident Services	309	2,163	0	309	2,174	0	143	46.00
Environment	7,047	3,925	0	6,284	4,688	0	4,094	65.00
	13,193	6,188	80	11,881	7,511	80	7,026	59.14
Place								
Place Delivery - Highways Major Projects	26,168	35,995	9,691	19,947	42,381	9,691	10,905	54.67
Place Delivery - Regeneration	5,322	8,608	1,120	3,766	10,015	1,270	1,472	39.09
Planning and Transportation	2,145	1,154	0	1,812	1,487	0	799	44.09
Corporate Buildings	1,555	1,946	486	1,331	2,170	486	460	34.56
	35,190	47,703	11,297	26,856	56,053	11,447	13,636	50.77
Finance and I.T.								
	2,552	0	0	2,552	0	0	859	33.66
HR, OD and Transformation								
	4,150	8,551	0	2,888	9,813	0	1,606	55.61
Customer Services								
	40	0	0	15	25	0	12	80.00
Total Expenditure - General	69,295	67,518	11,512	53,141	83,699	11,662	28,288	53.23

Table 6 – Summary of the 2018/19 General Fund Capital Programme, by scheme status	Project Status	Approved Budget			Projected Outturn			CY Spend (Dec-18)	% Spend against CY Forecast
		2018/19	2019/20	2020/22	2018/19	2019/20	2020/22		
	<i>Not yet started</i>	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	18	0	0	0	0	18	0	0	
	<i>Planning decision</i>								
	750	750	0	0	1,500	0	0	0	
	<i>Work commenced</i>								
	8,140	3,795	0	6,447	5,488	0	0	4,126	
	<i>Scheme completed</i>								
	516	0	0	516	0	0	0	266	
	<i>Completed retention o/s</i>								
	2	0	0	2	0	0	0	0	
	<i>On hold</i>								
	20	0	0	0	20	0	0	0	
	<i>Demand led</i>								
	794	0	0	140	654	0	0	26	
	<i>Devolved to schools</i>								
	44	0	0	44	0	0	0	44	
Total: Childrens Service		10,284	4,545	0	7,149	7,680	0	4,462	62.41
	<i>Work commenced</i>								
	1,200	0	0	910	290	0	0	265	
	<i>Scheme completed</i>								
	411	0	0	411	0	0	0	392	
	<i>On hold</i>								
	240	0	0	0	240	0	0	0	
	<i>Demand led</i>								
	187	362	0	187	362	0	0	-14	
	<i>Feasability Stage</i>								
	400	0	0	200	200	0	0	0	
Total: Adults; Housing and Health		2,438	362	0	1,708	1,092	0	643	37.65
	<i>Not yet started</i>								
	0	69	0	0	69	0	0	0	
	<i>Demand led</i>								
	1,448	100	135	92	1,456	135	44		
Total: Housing General Fund		1,448	169	135	92	1,525	135	44	47.83
	<i>Not yet started</i>								
	159	21	0	50	130	0	0	37	
	<i>Planning decision</i>								
	504	1,800	0	504	1,800	0	0	73	
	<i>Work commenced</i>								
	7,165	1,792	80	6,162	2,846	80	0	3,033	
	<i>Scheme completed</i>								
	91	0	0	91	0	0	0	91	
	<i>On hold</i>								
	0	1,068	0	0	1,078	0	0	0	
	<i>Demand led</i>								
	5,274	1,507	0	5,074	1,657	0	0	3,792	
Total: Environment and Highways		13,193	6,188	80	11,881	7,511	80	7,026	59.14
	<i>Not applicable</i>								
	150	1,284	0	151	1,438	0	0	0	
	<i>Not yet started</i>								
	434	455	0	47	828	0	0	0	
	<i>Design stage</i>								
	2,898	1,027	1,050	1,804	2,111	1,050	405		
	<i>Work commenced</i>								
	28,972	37,572	9,731	22,413	44,311	9,731	11,961		
	<i>Scheme completed</i>								
	1,416	750	0	1,351	750	0	0	919	
	<i>On hold</i>								
	153	5,285	516	3	5,285	666	3		
	<i>Demand led</i>								
	1,031	1,330	0	971	1,330	0	0	232	
	<i>Scheme Removed</i>								
	20	0	0	0	0	0	0	0	
	<i>Feasability Stage</i>								
	116	0	0	116	0	0	0	116	
Total: Place		35,190	47,703	11,297	26,856	56,053	11,447	13,636	50.77

Table 6 – Summary of the 2018/19 General Fund Capital Programme, by scheme status	Project Status	Approved Budget			Projected Outturn			CY Spend (Dec-18)	% Spend against CY Forecast
		2018/19	2019/20	2020/22	2018/19	2019/20	2020/22		
	<i>Not yet started</i>	414	0	0	414	0	0	0	
	<i>Work commenced</i>	2,138	0	0	2,138	0	0	859	
Total: Finance and I.T.		2,552	0	0	2,552	0	0	859	33.66
	<i>Design stage</i>	500	7,100	0	500	7,374	0	122	
	<i>Work commenced</i>	3,545	1,000	0	2,311	1,960	0	1,466	
	<i>On hold</i>	105	451	0	77	479	0	18	
Total: HR, OD and Transformation		4,150	8,551	0	2,888	9,813	0	1,606	55.61
	<i>Scheme completed</i>	40	0	0	15	25	0	12	
Total: Customer Services		40	0	0	15	25	0	12	80.00
Total Expenditure - General Fund		69,295	67,518	11,512	53,141	83,699	11,662	28,288	53.23

Table 7 – Summary of the 2018/19 Housing Revenue Account Capital Programme	Approved Budget			Projected Outturn			CY Spend (Dec-18)	% Spend against CY Forecast
	2018/19	2019/20	2020/22	2018/19	2019/20	2020/22		
Adults, Health and Housing	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Provider Services	7,440	23,950	0	6,790	21,640	2,960	2,112	
Better Care	12,227	0	0	11,710	517	0	5,952	
Total Expenditure - HRA	19,667	23,950	0	18,500	22,157	2,960	8,064	43.59

Table 8 – Summary of the 2018/19 Housing Revenue Account Capital Programme, by scheme status	Project Status	Approved Budget			Projected Outturn			CY Spend (Dec-18)	% Spend against CY Forecast
		2018/19	2019/20	2020/22	2018/19	2019/20	2020/22		
	<i>Contract formation</i>	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	Contract formation	1,810	9,890	0	860	8,350	2,490	100	
	<i>Work commenced</i>								
	Work commenced	17,857	14,060	0	17,640	13,807	470	8,015	
	<i>Scheme completed</i>								
	Scheme completed	0	0	0	0	0	0	-51	
Total Adults, Health and Housing - HRA		19,667	23,950	0	18,500	22,157	2,960	8,064	43.59

Table 9 - Scheme Reprofiling	Reprofiling £000's	Reason
A13 Widening (Works)	(6,150)	Main widening works are soon to commence. Re-profiling of budget to match expected spend.
Community Hubs	(1,326)	The community hubs/library strategy has been agreed, with capital works due to commence in 2019/20. Re-profiling of budget to match expected spend.
Grays South and Rail Station Regeneration	(1,008)	Discussions are continuing with Network Rail. There are some design and management costs this financial year (most are being paid by Network Rail). Re-profiling of budget to match expected spend.
Temporary Classrooms	(946)	Re-profiling of budget to match expected spend pattern.
Corringham Primary School - Nursery Provision	(750)	Project has been delayed and needs to back to planning committee. Reprofile of budget to match expected spend profile.
Environmental Enhancements at Play Sites	(713)	Surveys have been completed and the schedule of works identified. Works are to be undertaken during 2019/20. Re-profiling of budget to match expected spend.
St Cleres Expansion	(500)	Phase 1 of project has been completed. Phase 2 is expected to start in February 19. Re-profiling of budget to match expected spend.
Digital Enablement - Transformation of the Council	(400)	Funding is earmarked for the Agile Working/Smart City project. Re-profiling of budget to match expected spend.
Transformation Programme Management Support	(350)	Earmarked for the purchase of ICT equipment, with expected spend during 2019/20
Aveley Community Hub	(336)	Re-profiling of budget to match predicted cashflow.

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13 March 2019	ITEM: 15
Cabinet	
Quarter 3 Corporate Performance Report 2018/19	
Wards and communities affected: All	Key Decision: Non-key
Report of: Councillor Deborah Huelin, Portfolio Holder for Communities	
Accountable Assistant Director: n/a	
Accountable Director: Karen Wheeler, Director of Strategy, Communications & Customer Services	
This report is public	

Executive Summary

This is the quarter 3 (up to December 2018) corporate performance monitoring report for 2018/19.

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

This report provides a progress update in relation to the performance of those KPIs, including a focus on some specific highlights and challenges. 70% of the corporate key performance indicators met their target as at the end of December. This is very positive at this point in the year.

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

This report went to Corporate Overview and Scrutiny Committee on 5 March 2019.

1. Recommendation(s)

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

1.2 To identify any areas which require additional consideration

2. Introduction and Background

2.1. The performance of the priority activities of the council is monitored through the Corporate KPI (Key Performance Indicator) framework. This provides a mixture of strategic and operational indicators and is the outcome of a full and

thorough review of KPIs and other performance tools in line with recommendations made by Corporate Overview and Scrutiny in 2015/16.

- 2.2. The purpose of the review was to make the performance framework as clear and simple to understand as possible, whilst balancing the need to ensure the council is monitoring those things which are of most importance, both operationally and strategically.
- 2.3. For 2018/19, the set of indicators has been reviewed in line with the new vision and priorities agreed by Council on 31 January 2018 and were presented to Corporate Overview and Scrutiny Committee in June 2018 and Cabinet in July 2018 alongside the End of Year Corporate Performance Report 2017/18. They will be reported to both Corporate Overview and Scrutiny Committee and, then on to Cabinet, on a quarterly basis, throughout 2018/19.

3.1 Issues, Options and Analysis of Options

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

3.2 Summary of Corporate KPI Performance

Quarter 3 Performance against target		Direction of Travel compared to 2017/18	
Achieved	70% (30)	↑ BETTER	41% (12)
		→ STATIC	24% (7)
Failed	30% (13)	↓ WORSE	35% (10)

3.3 On target performance

70% of the corporate KPIs are currently achieving their targets.

PFH	Indicator Definition	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
Cllr Little	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	649 per 100,000	175	328	481	↑	504	677 per 100,000
Cllr Halden	% NEET + Unknown 16-17 year olds (Age at start of academic year)	2.10%	2.0%	8.8%	1.6%	↑	2%	2%
Cllr Halden	Number of places accessed for two year olds for early years education in the borough	659 (73.4%)	Not Due (termly KPI)	620	716 (85.4%)	↑	75% of DWP total	75% of DWP total
Cllr Little	Average time (in days) for a child to be adopted (3 year average)	527 days	403 days	374 days	401 days	↑	500 days	500 days
Cllr Watkins	% of potholes repaired within policy and agreed timeframe	97.10%	99.4%	98.6%	99.5%	↑	98%	98%
Cllr Watkins	Street Cleanliness - a) Litter	9%	7.67 Tranche 1	n/a	6% (6.8% YTD) Tranche 2	↑	9%	9%
Cllr Hebb	Total gross external income (fees & charges) (based on sales forecast)	£8,000k	£8,724k	£8,604k	£9,218k	↑	£8,286k	£8,286k
Cllr Collins	No of new apprenticeships started (including current members of staff undertaking new apprentice standards)	40	6	43	53	↑	31	56 new starts (2.3% of workforce)
Cllr Huelin	Number of volunteers within the council (YTD)	247	153	225	242	↑	240	270
Cllr Coxshall	% of Major planning applications processed in 13 weeks	97%	100%	100%	100%	↑	90%	90%
Cllr Coxshall	% of Minor planning applications processed in 8 weeks	100%	100%	100%	100%	→	90%	90%
Cllr Little	Proportion of people using social care who receive direct payments and individual service funds	37.14%	36.1%	37.2%	37.1%	→	35.4%	36%
Cllr Hebb	Overall spend to budget on General Fund (% variance)	-5%	0%	0%	0%	→	0%	0%
Cllr Hebb	Forecast National Non-Domestic Rates (NNDR) collected	99.81%	99.30%	99.30%	99.30%	→	99.30%	99.30%
Cllr Hebb	Forecast Council Tax collected	98.82%	98.90%	98.90%	98.90%	→	98.90%	98.90%
Cllr Halden	Successful completion of treatment in Young People's Drug & Alcohol service (YTD)	86%	86%	87.5%	89%	→	70%	70%
Cllr Johnson	Overall spend to budget on HRA (£K variance)	£0	£0	£0	£0	→	£0	£0
Cllr Johnson	% Rent collected	99%	90.9%	94.5%	97.0%	n/a	96.0%	98.0%
Cllr Coxshall	No of Thurrock businesses benefitting from ERDF programmes	<i>new KPI</i>	15	27	61	n/a	35	45
Cllr Johnson	No of HRA-funded homes (units) that have started to be built since 1 April 2018	<i>new KPI</i>	0	29	88	n/a	88	117

PFH	Indicator Definition	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
Cllr Huelin	Number of "exchanges" carried out through time-banking (in hours)	<i>new method</i>	5,158	6,627	9,487	n/a	9,000	12,000
Cllr Halden	Number of additional hypertensive patients diagnosed following screening programmes	949	148	254	467	n/a	300	400
Cllr Johnson	Number of health hazards removed as a direct result of Private Sector Housing Team intervention	<i>new KPI</i>	210	441	617	n/a	600	800
Cllr Johnson	Tenant satisfaction with Transforming Homes	<i>new KPI</i>	90.5%	89%	88%	n/a	85%	85%
Cllr Johnson	Number of "family connection" homeless households in B&Bs for six weeks or more	<i>new KPI</i>	1	0	0	n/a	0	0
Cllr Halden	Number of GP practices with a profile card and agreed joint priorities within the preceding 12 months (as a %)	<i>new KPI</i>	55%	86%	93%	n/a	90%	93%
Cllr Watkins	% of Abandoned Vehicles removed within 21 days of notification	<i>new KPI</i>	n/a	100%	100%	n/a	n/a	Baseline year
Cllr Johnson	% of repairs completed within target	97.5%	96.40%	96.00%	96.80%	▼	95%	95%
Cllr Little	% of young people who reoffend after a previously recorded offence	30%	30%	10%	Quarter in arrears	n/a	10%	30%
Cllr Little	Number of delayed transfers of care days from hospital (attrib. to NHS, ASC & Joint)	3451	385	821	Month in Arrears	n/a	257	3,288
Cllr Collins	% of media enquiries responded to within 24 hours	<i>new KPI</i>	40.2%	41.5%	46.9%	n/a	n/a	Baseline year

3.4 In focus indicators

PFH	Indicator Definition	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
Cllr Coxshall	% of Major planning applications processed in 13 weeks	97%	100%	100%	100%	↑	90%	90%
Cllr Coxshall	% of Minor planning applications processed in 8 weeks	100%	100%	100%	100%	→	90%	90%

The council's planning service has consistently, throughout the year, processed 100% of major and minor planning applications within the nationally set timescales of 13 weeks and 8 weeks respectively, putting Thurrock Council at the top of planning performance across the country. This has further been acknowledged by the service being shortlisted as Planning Service of the Year in the RTPI Awards 2019. This level of service is so important with a growth agenda the scale of Thurrock's.

PFH	Indicator Definition	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
Cllr Halden	% of primary schools judged "good" or better	97%	95%	92%	90%	▼	94%	94%

The schools are expected to improve this academic year because of measures in place to support those schools that "Require Improvement" or are "Inadequate". These schools are receiving support brokered by the School Improvement Team from other high supporting schools / trusts and teaching schools. A comprehensive range of high quality professional development courses have also been developed in partnership by the School Improvement Team and the borough's three teaching schools.

3.5 Off target indicators

At the end of quarter 3, 13 indicators failed to meet their target.

Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
Average time to turnaround/re-let voids (in days)	Cllr Johnson	30.6 days	26.9 days	27.4 days	28.5 days	↑	28 days	28 days

Voids in December 2019 took an average of 26.74 days to let, 1.26 days better than the target of 28 days and represents an improvement of 2.5 days between November and December. However between the end of Q2 and the end of Q3 year to date performance has declined by 1.16 days on average to 28.58 days, 0.58 days over target.

At the end of Q3 during 2017/18, the year to date performance for this indicator was 33 days. Therefore performance to date during 2018/19 represents an improvement of 4.42 days in comparison with the same period last year.

The average time taken to re-let voids is continually monitored by all teams involved in the process. A dedicated voids meeting takes place on a monthly basis and monitors the length of time each stage of the voids process takes for each specific void in order to identify bottlenecks in the process and to ensure voids are re-let within target times.

Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
% timeliness of response to all complaints	Cllr Collins	83%	86%	87%	87%	↑	95%	95%

There has been a positive improvement during the year on December's performance, although target is still not being reached. However, the target set for this indicator is high. Performance is regularly monitored with monthly reporting produced for senior management. The complaints team also meet with services who receive a high volume of complaints to review their processes with a view to improving performance going forward.

Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation	Cllr Little	new KPI	91.8%	88.1%	88.6%	n/a	91.3%	91.3%

Although performance is 2.73% under the target, Thurrock is performing better compared to the latest national average (82.9%), regional average (81.8%) and CIPFA comparator group (79.0%).

Of the 70 individuals who were discharged from hospital into the Joint Reablement Service in the period, 62 were still at home 91 days later. Of the 8 individuals who were not at home, 5 had passed away, 2 were in hospital and 1 had moved to extra care.

Due to the fragility of the home care market, the Joint Reablement Team has been required to provide mainstream home care, which has impacted on their ability to deliver reablement and may have affected performance. Work continues to stabilise the market with three providers now established under the new locality based Domiciliary Care Contract together with our in house domiciliary care provision. This ensures that the Joint Reablement Team has capacity to deliver reablement services more effectively as service users can move on to the wider market freeing capacity for reablement.

Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
Payment rate of Fixed Penalty Notices (FPNs) - littering	Cllr Gledhill	new KPI	57.7%	63.6%	58.7%	n/a	70%	70%

Payment rate has fallen since last quarter, largely due to the festive period. Non-payment is unacceptable and the service is in the process of court action for those that have not paid.

Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
% of refuse bins emptied on correct day	Cllr Watkins	98.23%	96.9%	96.6%	97.5%	⬇️	98.5	98.5%
Performance has been stronger and above target consecutively in the last three months - October to December (99%). Year to date performance is still below target due to performance earlier in the year but January data is also showing the continued good trend. Where previous performance was below standards expected, the service has been working to rebalance routes (growth) and address driver cover shortages. The service is confident that performance between now and year end will continue to be on or above target.								
Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
% General tenant satisfaction with neighbourhoods/services provided by Housing	Cllr Johnson	70%	65.3%	66.6%	66.3%	⬇️	75%	75%
Resident satisfaction with services provided by Housing has decreased slightly from 66.6% at the end of Q2 to 66.3% at the end of Q3. Analysis has shown that the key drivers for dissatisfaction are around communication and specific repairs issues e.g. windows and front doors.								
The Housing Service has recently introduced a number of measures to address dissatisfaction surrounding tenant engagement and the perceived lack of communication with tenants. Letters have recently been posted to all Council tenants from the Tenants Excellence Panel with a view to raising awareness of panel's involvement in the Housing Service as well as inviting tenants to the Annual Tenants Conference which will take place in March 2019. The conference has been arranged for the purpose of information sharing, raising service awareness, raising resident engagement profile and to increase the number of residents actively engaging.								
A communication plan was also discussed at the Housing Management Team away day with a view to developing a consistent approach to communicating with tenants using a number of communication mediums in order to address this issue.								
In addition to this we have enhanced the way we engage with our residents by inviting members of the Tenants Excellence Panel to become more involved in service delivery by setting up several sub groups. We are also commissioning a broader and more wide ranging tenant satisfaction survey which will be carried out during 2019 in order to further improve our understanding of tenants' views on the Housing service.								
The focus of the Transforming Homes programme will move onto external elements in 2019/20 with the replacement of single glazed windows being the first priority identified from the stock condition survey.								
Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
% of all complaints upheld (based on closed complaints)	Cllr Collins	40%	47%	46%	43%	⬇️	35%	35%
This indicator is still worse than target although Q3 has seen an improvement compared to previous quarters. This continues to be closely monitored by services and the corporate complaints team through the Learning Action Plan process.								
Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
Average sickness absence days per FTE	Cllr Collins	9.95 days	2.33 days	5.14 days	7.88 days	⬇️	6.75 days	9 days
Despite a reduction in average sickness between November and December the cumulative figure is high and is higher than Q3 last year. A significant reduction in sickness in Q4 would be required to meet the 9 day target by year end.								
Sickness levels are significantly influenced by two key sickness drivers; mental health (MH) and musculoskeletal (MSK) issues. The wellbeing offer has been supplemented with the introduction of MH first aiders who are to be trained imminently. Attendance has been weighted to directorates where MH issues are prevalent. The MSK support through OH is being supplemented with support through an external provider who will assist in the development of earlier return to work plans bespoke to the particular demands of any job role.								

Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	Cllr Little	7 per 100,000	4	6	10	↓	6	9 per 100,000
Although performance is 1 over the profiled target, Thurrock is performing better compared to the latest national average (14.0), regional average (14.1) and CIPFA comparator group average (13.3). Plus the number of younger people being admitted to residential care is still very low.								
There have been 10 admissions to residential care for people aged 18-64 in the year-to-date. Of these:								
<ul style="list-style-type: none"> Three were people coming through transition and so are considered 'new' to Adult Social Care even though the placements into residential care are not new. Five are older individuals aged between 52 and 64 years and so appear in the 18-64 residential admissions indicator rather than the 65+ indicator. These individuals required residential care due to early onset dementia and/or physical health/long term conditions. The other 2 individuals have significant physical impairments/long term conditions. 								
Alternative suitable services in the community are always considered before residential care is agreed. Residential care is only agreed if this is in the best interests of the individual.								
Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
% of 17-21 yr old Care Leavers in Education, Employment or Training	Cllr Little	72.40%	69.5%	68.3%	66.9%	↓	n/a	70%
Although this figure is considerably higher than statistical neighbours and our own performance last year, this figure would be on target had we had no missing unaccompanied asylum seekers in this period. Their missing data has a negative effect on the overall figure as it is a relatively small cohort of young people.								
Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
% Household waste reused/recycled/composted	Cllr Watkins	36.97%	41.7%	40.3%	33.7%	↓	33.7%	41%
The total tonnage of household waste increased in December, whilst the tonnage recycled decreased. This follows a similar pattern to the same time period for the previous year, and is usual due to the festive season. The cumulative figure is currently 38.7% which is on par with the previous year at this stage (38.89%). A refreshed communication plan has been developed and proactive communication in relation to quality recycling is underway.								
Indicator Definition	PFH	2017/18 Outturn	Qtr 1 YTD	Qtr 2 YTD	Qtr 3 YTD	Direction of Travel since 2017/18	Q3 Target	2018/19 Target
Street Cleanliness - c) Graffiti	Cllr Watkins	2.18%	2.33 Tranche 1	n/a	4.67% (3.5% YTD) Tranche 2	↓	3%	3%
Whilst the year to date figure is near target, the score for graffiti in the second tranche of inspections was below the level expected. The focus for the teams in removing graffiti has previously been on public land. Much of graffiti identified during the inspection was on private land. Over the next few months, the service is intending to trial an approach where private landowners are acknowledged as victims of the crime, but gently reminded of their obligations to remove graffiti on their property. A series of letters and communications for land owners are proposed culminating in Community Protection Warnings and Community Protection Notices.								

3.6 Other key indicators

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

PFH	Corporate Scorecard Indicator Definition	2017/18 Outturn	Qtr 1 Cumulative YTD	Qtr 2 Cumulative YTD	Qtr 3 Cumulative YTD	Direction of Travel since 2017/18
Cllr Johnson	Number of households at risk of homelessness approaching the Council for assistance	<i>new KPI</i>	385	761	1,132	n/a
Cllr Johnson	No of homeless cases accepted	<i>new KPI</i>	50	93	104	n/a
Cllr Collins	No of media enquiries received	<i>new KPI</i>	97	188	247	n/a
Cllr Gledhill	Number of statutory nuisance complaints made	2367	718	1,552	2,126	↑
Cllr Gledhill	Number of environmental (public) health interventions requested	250	103	185	238	↑
Cllr Gledhill	No of incidents of Fly tipping reported	1829	670	1,232	1,791	↑
Cllr Gledhill	No of incidents of Abandoned vehicles reported	1369	310	628	930	↑

4. Reasons for Recommendation

- 4.1 The corporate priorities and associated performance framework are fundamental to articulating what the council is aiming to achieve. It is best practice to report on the performance of the council. It shows effective levels of governance and transparency and showcases strong performance as well as an acknowledgement of where we need to improve.
- 4.2 This report highlights what the council is focussing on during 2018/19 and confirms the governance and monitoring mechanisms which will be in place to ensure that priorities are delivered.

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

- 5.1 Performance against the corporate priorities will continue to be monitored through Performance Board, a cross-council officer group of performance experts representing each service. Performance Board will continue to scrutinise the corporate KPIs on a monthly basis, highlighting areas of particular focus to Directors Board.
- 5.2 Each quarter a report will continue to be presented to Corporate Overview & Scrutiny Committee for member-led scrutiny, and finally reported to Cabinet.
- 5.3 This report went to Corporate Overview and Scrutiny Committee on 5 March 2019.

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

- 6.1 The vision and priorities cascade into every bit of the council and further to our partners, through key strategies, service plans, team plans and individual objectives.
- 6.2 This report will help decision makers and other interested parties, form a view of the success of the council's actions in meeting its political and community priority ambitions.

7. Implications

7.1 Financial

Implications verified by: **Dammy Adewole**
Management Accountant

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

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

7.2 Legal

Implications verified by: **David Lawson**
Monitoring Officer & Assistant Director, Law and Governance

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

7.3 Diversity and Equality

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

The Corporate Performance Framework for 2018/19 contain measures that help determine the level of progress with meeting wider diversity and equality ambitions, including youth employment and attainment, independent living, vulnerable adults, volunteering etc. Individual commentary is given throughout the year within the regular monitoring reports regarding progress and actions.

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

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

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

N/A

9. **Appendices to the report**

N/A

Report Author:

Sarah Welton

Strategy Manager