

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 **12 September 2018**

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

Membership:

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

Agenda

Open to Public and Press

| | Page |
|---|---------------|
| 1 Apologies for Absence | |
| 2 Minutes | 5 - 26 |
| To approve as a correct record the minutes of Cabinet held on 13 June 2018 and the minutes of Cabinet held on 11 July 2018. | |
| 3 Items of Urgent Business | |
| To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972. | |
| 4 Declaration of Interests | |
| 5 Statements by the Leader | |
| 6 Briefings on Policy, Budget and Other Issues | |
| 7 Petitions submitted by Members of the Public | |
| 8 Questions from Non-Executive Members | |
| 9 Matters Referred to the Cabinet for Consideration by an Overview and Scrutiny Committee | |

| | | |
|-----------|---|------------------|
| 10 | Young Person's Substance Misuse Treatment Service Re-Procurement (Decision 110478) | 27 - 90 |
| 11 | Thurrock Integrated Medical Centres (Decision 110479) | 91 - 104 |
| 12 | Revenue Budget Monitoring - Quarter 1 June 2018 (Decision 110480) | 105 - 118 |
| 13 | 2018/19 Capital Monitoring Report | 119 - 132 |

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: **4 September 2018**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

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

Pecuniary

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

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

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

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

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

Non- pecuniary

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



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

Our Vision and Priorities for Thurrock

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

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

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

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

Minutes of the Meeting of the Cabinet held on 13 June 2018 at 7.00 pm

The deadline for call-ins is Monday 18 June at 5.00pm

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

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
Rory Patterson, Corporate Director of Children's Services
Karen Wheeler, Director of Strategy, Communications and Customer Service
Lucy Tricker, Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

1. Minutes

The minutes of the Cabinet meeting held on 14 March 2018 were approved as a correct record.

2. Items of Urgent Business

There were no items of urgent business.

3. Declaration of Interests

There were no declarations of interest.

4. Statements by the Leader

The Leader began his statement by discussing the seventieth anniversary of the Empire Windrush arriving at Tilbury, and how this was the birth of multiculturalism in the borough. He went on to say that when Tilbury Docks opened in 1886 this opened Thurrock to the world. He told Members that on 27 June between 1-6pm at the London Cruise Terminal there would be a celebration of the Empire Windrush, which he hoped many would attend.

Councillor Gledhill updated Members on the Clean It, Cut It, Fill It Scheme. In doing so, Members heard how this past month 600 hundred tonnes of rubbish

had been cleared from the borough, including rubbish in waste bins. He continued by stating that 300 incidents of fly-tipping had been cleared, and that the Council are trying hard to tackle rubbish that has been dropped, as well as rubbish that has been blown from bins. In addition, the Leader mentioned that 99.2% of potholes had been filled, and although this had not reached the 100% target, this was an improvement on the previous month, with an additional two major potholes filled. In addition to this, 400 hectares of grass had also been cut across Thurrock which equated to all of the world cup pitches six times over. He further commented on how the adverse weather had made grass cutting difficult over the past few months, but there was a review taking place to look at schedules and the allocation of staff resources.

The Leader then commented on the problem of HGV's parking overnight in Manor Way Industrial Estate, confirming that Officers have visited the site on four separate occasions over the past two months, and issued 121 Fixed Penalty Notices and other disciplinary actions. On the last visit on the 8 June, Councillor Gledhill established that no HGV's had been parked on the Industrial Estate, but that there would be ongoing meetings with Officers to tackle the problem in other areas. He thanked the Environment Team for their hard work and congratulated them on helping solve the issue.

He stated that Officers had received a briefing note reminding them of the process for dealing with unauthorised encampment. He went on to say that he would be meeting with the Police Superintendent to discuss the matter further, but that it was up to residents to report incidents and receive an incident number so the Council could take complaints of unauthorised encampments further.

The Leader then welcomed Councillor Johnson and Councillor Collins to the Cabinet and discussed his new role as Portfolio Holder for Public Protection and Anti-Social Behaviour. He noted that this issue had been the most important for residents on the doorstep during elections, and this was why he has decided to take on the position. He also pointed out that he would not be responsible for overseeing police operations to reduce anti-social behaviour, but that he would liaise closely with them to discuss resources given.

5. Briefings on Policy, Budget and Other Issues

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

6. Petitions submitted by Members of the Public

There were no petitions submitted.

7. Questions from Non-Executive Members

The Leader of the Council advised that there had been two questions received, but confirmed with the Cabinet that they were happy for the questions to be heard after the report had been discussed.

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

Councillor Gledhill advised that there was one report which had been referred by an Overview and Scrutiny Committee, but this would be discussed later during the meeting.

9. Developing Our Free School Programme - Land Disposal (Decision 110469)

Councillor Halden presented the report and began by discussing the need for new school places within the borough, and the desire to build big, so that there would be enough school places to deliver choice, and therefore competition. He underlined the need for secondary schools in Thurrock, and stated that the Council had received £60million from the government to be able to meet this need. The report outlined two potential sites to build free schools on, the first being a 1200 place school with the South West Essex Trust, and William Edwards Academy, which is known as Orsett Heath. The second site is known as Treetops, which is a 140 place special educational needs school in Grays. The Portfolio Holder for Education and Health noted that there was also a potential third site at Brandon Groves which was proving to be logistically problematic, so Officers and Members would continue to identify more suitable land.

Councillor Halden's stated that 720 new 'good' or better school places had already been created in Thurrock, with an extra 900 places available at the new Harris Riverside Academy. He also stated that in July's Cabinet meeting a site for Thames Park School, which would give another 900 new places, would also be considered. In total, Councillor Halden estimated that 3,900 'good' or better school places would be created over the next few years.

Councillor Halden moved on to address public concerns over the use of the rugby pitches at the Orsett Heath site. He assured Members that he was working closely with Thurrock Rugby Club, and other community users, to ensure all pitches are retained for community use, and that he had received a joint statement from the Club and School Trust establishing that they were working together for the benefit of both parties. Members were reminded that William Edwards was an 'outstanding' sports academy, and Councillor Halden felt that working together with the Rugby Club would be valuable.

Councillor Coxshall then observed that it was important to build infrastructure before houses, and this is what the Council was trying to achieve. He cited the examples that 10 new schools had been built in 10 years; that 4 new medical centres were being built; and that the A13 widening project was now underway. He believed that William Edwards was a model sports education school, and that their expansion into Orsett Heath Free School could bring an end to children travelling across Thurrock to attend the best school for their needs.

Councillor Gerrish was invited to ask his question which was: was consultation undertaken with Portfolio Holders with regard to the current usage of the Orsett Heath site, ahead of the publication of the report.

Councillor Halden replied that discussion had been undertaken between Portfolio Holders and Officers before the report. Councillor Gerrish responded that no one was disputing the need for 'good' schools in Thurrock, but that the process for identifying sites to release has to be reconsidered. He added that Corporate Overview & Scrutiny Committee on 5 June had found lots of issues with the report, for example the apparent lack of community engagement. He believed that consultation needed to be in the public eye, and asked whether the Portfolio Holder for Education and Health would support Corporate Overview & Scrutiny's recommendation that there should be pre-consultation in the future, and assessments should be carried out before reports are published.

Councillor Halden responded that the decision will go through three stages of consultation which are: (i) it will go to the Department of Education to determine the need for the school; (ii) it will go to statutory consultation; (iii) and will finally have consultation when it goes through planning applications. He assured Councillor Gerrish that following the joint statement from the Rugby Club and William Edwards, he was satisfied that there would be enhanced provision for both, and the Rugby Club would not lose out. Councillor Coxshall finally commented that the bid was public knowledge, and the site was identified and made public when the bid went in.

Councillor Duffin was then invited to read his question which was: has Thurrock Council given consideration to replacing the grounds leased to the Rugby Club; which they need to remain as an RFU accredited community rugby club; as the land is designated to train youth groups including under seven's and under thirteen's.

The Portfolio Holder for Education and Health responded that the land leased by the Rugby Club was only occasionally used and was rented from the Council. He stated that he was satisfied with the statement from the Rugby Club and the Education Trust, and that it was the obligation of the Council to provide school places.

Councillor Duffin asked Councillor Halden to reconsider his position, as this proposal was only discovered by the Rugby Club on Tuesday afternoon, and that they had received no consultation beforehand. He asked if there could be consultation before any more Cabinet reports on the issue, and asked if Councillor Halden could guarantee two pitches to Thurrock Rugby Club. The Portfolio Holder for Education and Health responded that the site had been approved since 2016, and this was now the implementation stage. He stated that there cannot be consultation until Cabinet had made a decision. He reaffirmed that the Council were working with the Rugby Club on the onward process, and that William Edwards was an 'outstanding' specialist sports school. He also reaffirmed that he felt comforted by the fact there was a joint statement between the Club and William Edwards on the retained pitches for community use. He went on to say that there would be statutory consultation and further consultation at the planning stage.

Councillor Hebb stated that it was the key intention of the paper to future-proof students who are going onto secondary school by pre-empting future need. He felt that if this was not approved there would be a crisis within five to ten years as there would not be enough secondary school places within

Thurrock. He also felt that collaboration between a school and a sports club was not a new or radical idea and felt it was great there was already a joint statement between the two bodies, which could lead to a real partnership.

Councillor Coxshall agreed with Councillor Hebb that he felt glad for the joint statement, and that this was an opportunity for the two to work together, as well as with the Council.

Councillor Gledhill asked a question regarding whether the number of houses being built in the area had been taken into account when discussing building new schools. He wanted to ensure the Council was pre-emptive and could offer market choice when parents were enrolling children in schools. He also felt that Thurrock was lucky to have an 'outstanding' sports school that wanted to expand and had the available land to be able to do so.

RESOLVED that Cabinet:

- 1. Noted the Free Schools Programme progress to date and the partnership working with the ESFA**
- 2. Approved the disposal of the Treetops site and the Orsett Heath site to the Department of Education (acting through the ESFA) for the purposes of building and establishing new Free Schools on each of the sites**
- 3. Authorised the Corporate Director of Place, in consultation with the Cabinet Member for Education and Health, and the Cabinet Member for Regeneration to dispose of (i) the Treetops site and (ii) the Orsett Heath site, if required, at negotiated value or rent, taking into account, as outlined in section 8 of the Report, the need to provide new school places, subject to obtaining the consent of the Secretary of State for Housing, Communities and Local Government if required in either case**
- 4. Delegated authority to the Corporate Director of Place in consultation with the Corporate Director of Children's Services and Assistant Director of Law and Governance, in consultation with Cabinet Member for Education and Health and the Cabinet Member for Regeneration to agree heads of terms for the disposal of the identified sites to the DfE/ESFA and to take all necessary steps to complete transactions.**
- 5. Requested Officers to urgently bring forward papers to address the Thames Park Free School and the Reach 2 Free School for September Cabinet.**

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

10. Lower Thames Crossing Update (Decision 110470)

Councillor Smith introduced the report for Members and advised that this was a report from the Lower Thames Crossing Taskforce. He discussed that he had been meeting with senior Officers to discuss the next step for the Taskforce, which was the Mitigation Schedule, to be released on Monday. He highlighted that the Taskforce had been constantly challenging Highways England to provide a Health Impact Assessment, which they had finally secured in April. He also stated that the Taskforce needed to go further, and requested that Cabinet support the Taskforce to contact the Mayor of London, the Secretary of State for Transport, and the MP's for Thurrock ahead of statutory consultation. He also wanted to ask Cabinet support for the Taskforce to contact Gravesham, Dartford and Medway authorities, to be able to invite them to Taskforce meetings, so Thurrock's voices could be heard by a wider audience.

Councillor Coxshall asked if the Taskforce could present recommendations to Cabinet rather than an update, to which Councillor Smith replied that he had been working with Officers for some time, and his question would be answered by the Mitigation Schedule which would be released at the Taskforce briefing on Monday. Councillor Coxshall then asked how the Taskforce are moving forward with Highways England as other authorities appeared very proactive, and enquired how we were adding value, rather than simply asking for evidence. Councillor Smith answered that he would defer making a statement until after the mitigation schedule was released on Monday.

The Deputy Leader and Portfolio Holder for Finance commented that in February the Taskforce had received £380,000 and asked whether the Lower Thames Crossing Taskforce had considered how they might want to use the money. Councillor Smith replied that he would again defer answering until the release of the mitigation schedule.

Councillor Gledhill commented that he felt it was good to see the expansion of the Taskforce inviting other authorities and central government. He wanted to ensure that Cabinet played a role and were made aware of the outcome of those discussions.

RESOLVED that Cabinet:

1. Noted the work of the Taskforce.

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

11. Fly Tipping in Alleyways (Decision 110471)

Councillor Watkins introduced the report which outlined the procedure for fly-tipping in private alleyways. He began by thanking the Cleaner, Greener, and Safer Overview & Scrutiny Committee for their work and extensive consultation with residents which had a good response rate. He also stated that in July a paper would go to Cleaner, Greener, and Safer Overview and Scrutiny Committee to discuss the household waste centre and fly-tipping. He also identified that the Community Engagement Development Fund (CEDF) grant, which was a funding solution to help residents clean up fly tipping in their alleyways, was now closed, but would reopen next year. He believed that this had worked well to help solve the problem and urged residents to apply for the grant when it reopened. He also stated that communications between the Council and residents had increased and asked for Cabinet to note the recommendations and to take into account the Overview and Scrutiny Committee's recommendations.

Councillor Gledhill started discussions by reemphasizing Councillor Watkins point that fly-tipping was unnecessary as Thurrock had an excellent waste disposal system, and was expensive for residents and the Council to clear. He also stated that it was good to see this problem was being taken seriously, and that the Officers and Members were helping residents to receive the CEDF grant. He also reminded residents of the importance of reporting fly-tipping, as Council staff can only take action if they know it has occurred. He also drew the Members' attention to the point that fly tipping offenders would be prosecuted if they fly tip on private or public land. The Leader then moved on to briefly outline the little known issue relating to fly tipping and the problems it can cause builders, as they cannot gain entrance to houses through back accesses, which can lead to a loss in revenue.

RESOLVED that Cabinet:

- 1. Noted and commented on the recommendations of the Cleaner, Greener, Safer Overview and Scrutiny Committee found below:**

Committee recommendation: That in instances where fly tipping in alleyways is identified, officers follow the following sequential approach:

- I. Signposting of concerned residents to funding opportunities such as the Community Environment Development Fun, to assist in target hardening or other measures such as gating to reduce the instances of fly-tipping in alleyways**
- II. Formally request that the occupiers of adjacent premises clear up their alleyway if concerns about non-hazardous alleyway accumulations persist.**

- III. Offer a paid service to clean up alleyways accumulations on a cost recovery basis where the steps above do not result in fly tipping being removed
- IV. As a last resort, pursue enforcement action to ensure the removal of potentially hazardous accumulations against the occupiers of adjacent properties and to charge occupiers accordingly.
- V. To communicate this sequential approach to residents and provide information to facilitate resident organization, awareness of an participation in community initiatives to combat fly tipped alleyways.

- 2. Councillor Watkins asked that an additional recommendation be added to ensure the Cleaner, Greener, Safer Committee return to Cabinet with further suggestions relating to the Community Engagement Development Fund.

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

12. 2017/18 Financial Outturn

Councillor Hebb introduced the report and started by saying that the administration would have a balanced budget for the next four years, until 2021. He stated this reconciled years of overspend, and that within the first year they had achieved £10million in savings, which had been achieved through a three year programme of bottom up reviews and external audits. The Deputy Leader and Portfolio Holder for Finance commented that this safeguarded services that residents use for four years, which provided greater security. He also mentioned that review should continue to deliver a quality service to residents.

Councillor Hebb stated that up to 90% of children within the borough now have access to outstanding services. In addition to this, after a £12.5million investment into the Clean It, Cut It, Fill It scheme there was now a new bin collection fleet which had turned Key Performance Indicators around and increased plant reliability. In addition to this, he commented that following the investment in filling potholes, the borough had now won awards regarding the material and technology used to fill potholes.

The Deputy Leader highlighted some of the challenges the Council had faced, including the demand placed on Children's Services. He also felt that despite these challenges the Council had managed to help young, vulnerable people through initiatives like the Care Leaver's Council Tax Exemption Scheme. He also drew attention to the redevelopment of Grays, which included two new

schools, health centres, and the widening of the A13; in addition to 350 new affordable homes, which will rise to over 1000 new affordable homes within the next few years. He also introduced the #lifeladder scheme and Debt Summit which would help people to climb the ladder and grow local communities.

Councillor Coxshall added to Councillor Hebb's statement by discussing the £1million private investment into Grays Shopping Centre, and the fact that over the next 4/5 years, Grays would see £40 million investment to improve facilities and turn Grays into a place to go.

Councillor Halden echoed the comments made by Councillor Hebb, and said how important it was for care leavers to get on the housing ladder. He stated that £128,000 had already been saved by the Council through the Headstart on Housing Scheme. Councillor Watkins then discussed how the new fleet of bin lorries were helping communities already. He also felt it was great to see local school children getting involved by naming the lorries and helped to teach them about the importance of recycling. He also felt the Debt Summit and #lifeladder schemes were great as they could show how saved money could be spent effectively.

Councillor Johnson then added to the discussion by saying how he felt it was good that the Council had a programme of self-sufficiency, and the fact that the Housing Revenue Account was maintained. He then asked if the work regarding the Housing Revenue Account could be reported back to Cabinet.

Councillor Gledhill said that he felt excited to see the new private investment into Grays Shopping Centre and was looking forward to seeing the plans. He then congratulated Members on their hard work regarding the redevelopment of Grays. He went on to say that the Council had been gifted £70million from central government for new schools within the borough. In addition to this, the balanced budget allowed the Council to spend money on new projects such as the A13 widening, new schools, and medical centres.

Councillor Hebb concluded that he felt proud of the balanced budget and was looking forward to what we be produced at the upcoming Debt Summit.

RESOLVED that Cabinet:

- 1. Noted that the General Fund net expenditure had been met within the overall budget envelope and the General Fund Balance had been increased by £3.000m to £11.000m**
- 2. Noted that the balance on the Housing Revenue Account Reserve had been maintained at £2.175m**
- 3. Noted that there was a total of £377.258m in capital expenditure and some of the key projects have been set out in**

section 5.

13. Appointments to Outside Bodies, Statutory and other Panels

Councillor Gledhill introduced the report by stating that it was the Cabinet's responsibility to appoint Members to outside bodies. He went on to say that all membership was to remain the same, as listed in the previous Appointments to Outside Bodies Report, except for a few notable which were: Councillor Deborah Huelin to Impulse Leisure Board and Thurrock Sports Council; Councillors Luke Spillman and Gerard Rice to Local Government Association; Councillor Gledhill to South East Local Enterprise and Partnership Strategic Board and Accountability Board; and Councillor Sue MacPherson to Thurrock Arts Council.

RESOLVED that Cabinet:

- 1. Approved the nominations to Outside Bodies, Statutory and Other Panels**

The meeting finished at 8.24pm

Approved as a true and correct record

CHAIR

DATE

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

Minutes of the Meeting of the Cabinet held on 11 July 2018 at 7.00 pm

The deadline for call-ins if Friday 20 July at 5.00pm

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
Steve Cox, Corporate Director Place
Roger Harris, Corporate Director of Adults, Housing and Health
David Lawson, Assistant Director of Law & Governance
Lucy Tricker, Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

14. Minutes

Councillor Watkins requested that the Minutes for 13 June 2018 meeting on Item 11: Report on Fly-Tipping in Alleyways be amended to reflect that an additional recommendation was requested for the Committee to come back to Cabinet with further suggestions, regarding the Community Engagement Development Fund.

15. Items of Urgent Business

There were no items of urgent business.

16. Declaration of Interests

The Leader stated that although he did not have a pecuniary or disclosable interest, he did live in the vicinity of the Elm Road site that was being discussed in Item 10.

17. Statements by the Leader

The Leader began his statement by updating Members on the Clean It, Cut It, Fill It Scheme. In doing so, Members heard how this past month 340 tonnes of waste had been removed from the borough. He continued by stating that 128 incidents of fly-tipping had been cleared, and that all abandoned vehicles that had been reported had been removed within three weeks of the report. In addition, Councillor Gledhill mentioned that 349 potholes had been filled,

which was every pothole in the borough bar 2, and that 200 hectares of grass had been cut across Thurrock.

The Leader then commented on the progress the Council had made on removing unauthorised encampments from the borough's green spaces. He stated that the Council were into the second stage of an injunction to prevent these encampments, which should be completed by the end of the year. He added that this was the first issue brought forward for his Portfolio and this was just one of many ways to tackle the problem, and to protect the borough's green spaces.

Councillor Gledhill then commented on the work of the Thames Estuary Growth Commission, which was hosted since the last Cabinet meeting. He said that this was an ambitious programme to deal with issues such as congestion and the quality of education, and although different boroughs along the Thames had different issues, they were all working closely together.

The Leader also discussed the fire which occurred on 20 June in a block of flats in Chadwell St Mary. He said that all families were now back in their homes, other than those which had been directly impacted by the fire or smoke, who were now out of hotels and into temporary accommodation. He also stated that those families in temporary accommodation were continuing to receive support until they could return to their homes.

In addition, the Leader also discussed the new war memorial in Grays which had been unveiled on Armed Forces Day to commemorate one hundred years since the end of World War One. He congratulated everyone that worked on the project and stated that there was now more funding for the cleaning and upkeep of war memorials across the borough. Finally, Councillor Gledhill acknowledged the good work of the planning team, as they were now in the top four nationwide for their good work. He mentioned that they were in the top 3% for timeline delivery, and had helped Brentwood Borough Council planning department to achieve fifth place nationwide.

18. Briefings on Policy, Budget and Other Issues

Councillor Halden had a briefing on Policy, Budget and Other Issues which he wished to bring to the Cabinet. He began by updating Members on the status of Orsett Hospital. He stated that this would not close until the new medical centres had been opened and were fully operational. He also commented that this was a decision by the NHS Clinical Managers who were technical experts in their field, but made clear that Thurrock healthcare services would remain in the borough and would not be sent to Basildon or Brentwood. He stated that he felt proud of the role Thurrock was taking with the NHS to find the best clinical way forward for residents, and that conversations were being undertaken to work out how people were going to access the new integrated medical centres.

Councillor Halden also drew Member's attention to the tragic death of a Thurrock student in the London Borough of Havering. He added that there was a national problem with youth crime, but Essex County Council had granted £9 million in extra funding for new police officers across the county. In

addition the Youth Offending Service had received a recent upgrade in the form of a new model to tackle anti-social behaviour, as well as a new Pupil Referral Unit. Councillor Halden reiterated that tackling anti-social behaviour was a priority for the administration and was looking forward to new plans being brought forward to deal with this issue.

19. Petitions submitted by Members of the Public

There were no petitions submitted by members of the public.

20. Questions from Non-Executive Members

The Leader of the Council advised that there had been one question received, but confirmed with the Cabinet that they were happy for the question to be heard when the report was discussed.

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

Councillor Gledhill advised that there were two reports which had been referred by an Overview and Scrutiny Committee, but this would be discussed during the course of the meeting.

22. Delivering our Free School Programme - Land Disposal (Decision 110472)

Councillor Kent was invited to ask his question which was: what other, potential, sites were considered for this school before deciding to recommend selling the six acre park, Elm Road Open Space? Councillor Halden responded that two other sites had been considered which were Curzon Drive and Thurrock Parkway. He stated that they were discounted because they were too small and not appropriately located as they were in industrial areas. He went on to add that the Education Skills Funding Agency (ESFA) may have looked at other privately owned sites, but that Council owned sites are faster to build schools on and ensures the Council can enter into Heads of Terms with the ESFA. Councillor Kent responded that all can agree new schools need to be built, but that the Osborne Trust has been working for three years on the proposed new school. Councillor Kent raised concerns that members of the community would not accept the loss of the open space, and also that streets around the proposed sites were already clogged with traffic due to the proximity of Thameside Primary School. He stated that the addition of a 900 place school, as well as staff members would create extra traffic within the area. He also raised concerns that the site was very small as government guidelines indicated a site needed to be 2 acres, and although the site was 6 acres when parking and access roads were included, it would be a small space. He also stated that there was an issue in process as the Osborne Trust had been left out of conversations that were happening between the Council and the ESFA.

Councillor Halden agreed that he felt the process was cumbersome, and had

already written to the ESFA to try to make this easier. In regards to space, Councillor Halden stated that Thurrock, in terms of planning, was much more of a city than a country borough, and building was difficult as sites were small and complex. He then drew Members attention to section 8 of the report which stated that the school's amenities would still be available to the public outside of school hours for community use. He went on to mention that it was a difficult site, but this was why there was an additional recommendation which allowed Officers and Members to consider other pieces of land if the Elm Road site fell through. Councillor Halden then summarised by stating that this new school would be a benefit to the community as it would provide 900 new 'good' or better school places, and that this was 'infrastructure before expansion' in practice. He also said that the community would have a chance to consult at many stages of the process.

The Leader again reiterated that although he had no pecuniary interest, he lived close to the Elm Road site and used it for recreational purposes. He then invited Councillor Halden to deliver the report.

Councillor Halden began by stating that the Elm Road site would deliver 900 new school places, and was significant infrastructure for Grays. He mentioned that Thameside Primary, which would be a 'feeder' school, was next door and this was an added opportunity as the sites could share resources. He then drew the Cabinet's attention to a memo which had been received from the Corporate Overview and Scrutiny Committee, following their extraordinary meeting on the site. Councillor Halden started with point 1 of the memo and explained that with the proposed three new schools, and the expansion of existing schools, 3,500 additional school places would be available within the borough. In regards to point 2 of the memo, Councillor Halden stated that a condition of disposal of the land would be that the school site would be accessible to the community outside of school hours. He then addressed point 3 and commented that he felt it had been discourteous to not discuss this site with the Ward Member, and agreed he should have written to him prior to the meeting. He also stated that he could not agree to point 4 or 6 of the memo as there was already plenty of opportunity for public consultation, and did not want to add another layer of bureaucracy to proceedings. Councillor Halden then said that he would agree to the recommendation in point 5 and that in future reports will give alternative options and reasons why other sites had been discounted. Finally, Councillor Halden discussed point 7 of the memo and said Officer's would not go against what the Portfolio Holder's wanted, and stated the recommendation would remain as "Officer's in consultation with Portfolio Holder's".

Councillor Coxshall then spoke on the item and reiterated the difficulty in finding sites as Grays was becoming more built-up. He felt that co-locating a primary and secondary school was a good use of space, as they could share amenities and resources. He added that by 2020, the borough would have opened ten new schools, which equated to ten new schools in ten years. He reemphasised the point that this was infrastructure first, as there were also new four new state-of-the-art medical centres being built.

The Leader of the Council restated that the site was very close to where he lives, but agreed that the site would remain accessible outside of school hours. In addition, he mentioned that there were other small open spaces nearby that could be used. He continued by saying that the open space was occasionally unusable during the day, as during the night people used it as a drinking spot and smashed bottles on the ground, making it unsafe.

RESOLVED that Cabinet:

- 1. Noted the Free Schools Programme progress to date and the partnership working with the ESFA.**
- 2. Subject to the outcome of any consultation pertaining to the disposal of open space land, approved the disposal of the Elm Road Open Space to the Department of Education (acting through the ESFA) for the purposes of building and establishing a new Free School on the site**
- 3. Authorised the Corporate Director of Place, in consultation with Portfolio Holder for Education and Health and the Portfolio Holder for Regeneration to dispose of the Elm Road Open Space on terms to be agreed with the ESFA, in accordance with Section 8, recognising that the disposal of the site is subject to the Secretary of State for Housing, Communities and Local Government consent**
- 4. Delegated authority to the Corporate Director of Place in consultation with the Corporate Director of Children's Services and Assistant Director of Law and Governance, and in consultation with the Portfolio Holder for Education and Health and the Portfolio Holder for Regeneration, to agree heads of terms for the disposal of the identified site to the DfE/ESFA and to take all necessary steps to complete the transactions.**
- 5. Endorsed authorised officers to undertake consultation for the proposed disposal of open space land at the site where applicable and delegated authority to those officers and members identified in 4 above to consider any pertinent objections to the disposal of open space land and to determine whether or not the disposal should proceed in the light of such objections.**
- 6. In the event that the Elm Road site is not deliverable that delegated authority be given to the Corporate Director of Place, in consultation with the Corporate Director of Children's Services and Assistant Director of Law and Governance, and in consultation with the Portfolio Holder for Education and Health and the Portfolio Holder for Regeneration, to identify an alternative site and to dispose of it on terms to be agreed with the ESFA for the purposes of a new free school.**

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

23. Procurement of Phase 3 of the Data Modelling Service for Thurrock Council (Decision 110473)

Councillor Collins presented the report and began by saying that data modelling was already being used, and was already working, for Thurrock Council, as it offered early help to identify vulnerable children and adults. He described that Phase 1 identified children at higher risk of statutory intervention, and engaged them with the MHCLG sponsored Troubled Families Programme. He stated that 100% of Thurrock's Troubled Families attachments are found via the data analytics programme. He went on to say that Phase 2 was introduced in 2017 and focussed primarily on expanding the cohort of data sources in order to deliver proactive alerting of children at high risk of entering Safeguarding services. The next stage, Phase 3, now needed Cabinet approval as it exceeded the spend limit and was a key decision. Councillor Collins went on to add that the data modelling service reduced the need for more costly safeguarding services, as it could catch problems such as anti-social behaviour, homelessness, and mental illness earlier.

The Leader added that this showed the Council was spending money wisely, as a lot of money was currently spent on Children's Services. He drew Member's attention to page 29 of the agenda and highlighted the three new critical areas of data analytics which were: homelessness prevention; anti-social behaviour profiling; and informed debt collections. He stated that informed debt collections were very important as this could cause stress on vulnerable people and add problems to a family, such as borrowing from loan sharks or other family members. Councillor Coxshall then added that data analytics were growing in importance, and was glad to see the Council was undertaking data led prevention measures.

RESOLVED that Cabinet:

1. Agreed to proceed to procurement for Phase 3 of the Data Analytics Service as set out in this report

2. Approved delegated authority to award the contract to the Director of HR, OD and Transformation in consultation with the Portfolio Holder for Central Services

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

24. Gas Servicing, Repair and Renewal (Decision 110474)

Councillor Johnson introduced the report which outlined the procurement for gas servicing, as the current contract ends on 31 March 2019, and was very important for Council tenants. He began by saying that the report proposed to amalgamate two contracts into one, with a single contractor maintaining the whole of the Council's stock. He also stated that, as a landlord, the Council needed to ensure that each dwelling has an annual gas safety check. He added that this was being bought before Cabinet due to the monetary value

and finance involved in the contract. He described how this report had gone to the Housing Overview and Scrutiny Committee last night, and how they have also listened to the Tenancy Excellency Panel regarding the struggles they faced last winter, and have decided to focus on quality to stop problems such as call centre phones cutting out.

The Leader began discussions by mentioning that Councillor Johnson's Portfolio had been his last year and he understood the problems tenants faced during the winter months, as problems were not solved quickly due to the contract. He also encouraged tenants to put themselves forward for the Tenancy Excellency Panel, as he felt they did some excellent work.

RESOLVED that Cabinet:

1. Approved the process set out in the report to commence the procurement of a combined domestic and commercial gas servicing, breakdown, repair and installation contract for a period of three years with the option to extend for a further two years in any period combination.

2. Agreed delegated authority for the award of the contract to the Corporate Director of Adults, Housing and Health in consultation with the Portfolio Holder for Housing.

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

25. Tender of the Council's Insurance and Related Services (Decision 110475)

Councillor Hebb introduced the report by stating that the report is in readiness for the expiry of the current contract on 31 March 2019 and the proposed tender which will be undertaken to procure the services. He added that the previous contract had been awarded in 2013 with a three year contract, and option to extend for a further two years. He said that the next proposed contract length is three years with a potential to extend for a further two years, and that once Cabinet agrees the recommendations, the process finishes and the Council will seek to award the contract.

RESOLVED that Cabinet:

1. Agreed and supported the proposal to commission a tender exercise in accordance with the Public Contracts Regulations 2015 for the supply of Insurance and Related Services.

2. Approved delegation to the Director of Finance and IT to enter into and award the necessary contracts following the procurement process, in consultation with the Portfolio Holder for Finance.

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

26. Development Plan Update (Decision 110476)

Councillor Coxshall introduced the report and began by stating that more infrastructure was needed in the borough due to an increase in the population, as Thurrock becomes a place people want to move to. He stated that the next phase of the Development Plan was to get the views of Thurrock residents, and that this was not about promoting sites or getting developers, but was about choosing a town plan on a grand scale. He added that the Development Plan had started in 2014, but had moved on dramatically since then. He commented that there were now better opportunities in South Essex and along the Thames, as Thurrock was working in wider coordination with other authorities on the South Essex Joint Strategic Plan. He discussed the need for cross party representation at key stages of the Development Plan to ensure that everyone, across all areas are engaged to make sure the Development Plan works. Councillor Coxshall went on to mention that 32,000 new homes need to be built in the borough, although this figure was up for review, but that so far only 500 new homes per year had been built. He summarised the report and said he was happy to work with the new Task Force and look at the review from the Portfolio Holder, to be able to bring forward new suggestions at Council.

Councillor Halden added that he felt confused by a leaflet from the Thurrock Independent Party which was challenging the Conservative plans for 32,000 homes, but that still wanted 8,000 new council homes, as well as “Thurrock homes for Thurrock people”. He asked Thurrock Independent Members why they had voted against the proposal for 32,000 new homes. Councillor Coxshall added that he wanted proper process in regards to the Development Plan, has they had seen that without it 300 new homes had been built where they had not been wanted. He also mentioned that he wanted to increase the number of council houses within the borough, and undergo a thorough public consultation.

The Leader then discussed the memo that had been sent from the Planning, Transport and Regeneration Committee following their extraordinary meeting on the issue. In regards to point 2, the Leader felt that Thurrock was already a national leader as they had secured £50,000 extra in funding for additional residents consultation; were building 3,500 new school places; additional medical centres; and much needed roads. He felt they had a fantastic opportunity as there were more potential sites than there was need for properties, and this gave the Council the chance to pick and choose sites. He went on to discuss point 5 and stated that he felt Thurrock was already taking a lead role in the South Essex Joint Strategic Plan, and other authorities were impressed with the work being undertaken. In regards to point 3, he stated that Councillor Coxshall had already emphasised the need for new affordable and council housing, and they ensured that 1/3 of all new developments was designated for social housing. Councillor Gledhill then turned the Member’s attention to point 4 and emphasised the fact that 75% of housing is the natural

expansion of Thurrock, due to increasing work opportunities. Councillor Coxshall then added that the London Development Plan sought to “consume their own smoke” as they were building 60,000 new homes for the people of London to move into.

Councillor Halden added that the Local Plan included more sites than there was need for housing, because the Council had spent more money undertaking longer consultations with the public, to ensure there was choice. He discussed the Purfleet Regeneration Scheme and the benefits that would bring to the community such as removing the old level crossing, bringing in new shops, new homes, and a new medical centre.

RESOLVED that Cabinet:

1. Approved the South Essex Statement of Common Ground (Appendix A) prepared by the Association of South Essex Local Authorities to guide the preparation of a Joint Strategic Plan for South Essex.

2. Approved the publication of the revised Local Development Scheme (Appendix B) and granted delegated authority to the Corporate Director of Place, in consultation with the Portfolio Holder for Regeneration and in discussion with the Leaders and Deputy Leaders of each political party, to update the content of the document as and when appropriate.

3. Agreed that formal consultation on the updated Statement of Community Involvement (Appendix C) be carried out in accordance with the relevant regulations and to agree that any changes resulting from that consultation are delegated to the Corporate Director of Place, in consultation with the Portfolio Holder for Regeneration for adoption.

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

27. Procurement of the Internal and External Redecoration Programme (Decision 110477)

Councillor Johnson introduced the report and began by stating how important it was to tenants that this report received Cabinet approval, as it sets out proposals for the procurement of internal and external redecoration to council residential properties. He went on to add that this would be a three year contract, and that there would be no disruption to service users as this was an additional service to vulnerable people who had no family or friends to help them with decorating. He also mentioned that more details for vulnerable people were sent to the relevant Overview and Scrutiny Committee separately.

The Leader added that he was glad to see this item coming forward as it was important for people that were unable to decorate. He went further to add that it was important for the Council to spend this money now, rather than in 15-20 years' time when the property may come back to the Council.

RESOLVED that Cabinet:

- 1. Agreed the proposed process to commence procurement of the Internal and External decorating programme for a period of up to 5 years (3 years with an option to extend for up to 2 years in any combination subject to performance and funding).**
- 2. Agreed delegated authority to award the contract to the Corporate Director of Adults, Housing and Health in consultation with the Portfolio Holder.**

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

28. End of Year Corporate Performance Report 2017/18

Councillor Huelin introduced the report and began by stating she felt pleased that the ambitious targets set had been matched, as 66% of key performance indicators (KPI's) were on or above target, and 20% had just fractionally missed targets. She stated that this meant 78% of services passed, and that this was meeting a high standard. She highlighted the fact that 97% primary schools were 'good' or better, and 20% of children were above the national average in reading and writing. She also congratulated the hard work of volunteers in Thurrock who had increased volunteering hours from 15,000 to 23,000 hours thanks to the time banking scheme. She encouraged everyone to sign up for the time banking scheme as it allowed people to receive help for things they needed, whilst also helping others.

Councillor Gledhill said that he felt officers had done well to meet these targets, as the Cabinet were used to seeing 45%-50% of targets being hit, but now this had increased to two-thirds. He also congratulated the litter picking team for their hard work, and wanted to emphasise the fact that the Council supported their staff. He also added that met targets should continue to do well, and targets that had not been achieved should be improved, so long as it was not at the expense of others. He also wanted to highlight that his new Portfolio was not included in the KPI's as these policies were maintained by the police, not by the Council. He also added that in the future, he would update Members on what the policies, and Anti-Social Behaviour Team, were achieving. He stated that the Anti-Social Behaviour policies were measured by the Annual Residents Report, and was down to how residents perceived crime and the fear of crime.

RESOLVED that Cabinet:

- 1. Noted and commented upon the performance of the key corporate performance indicators for 2017/18**
- 2. Agreed the indicators for 2018/19 and identified any areas which required additional consideration in the next monitoring cycle**

The meeting finished at 8.04pm

Approved as a true and correct record

CHAIR

DATE

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

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| 12 September 2018 | ITEM: 10 |
| Cabinet | |
| Young Person’s Substance Misuse Treatment Service Re-procurement | |
| Wards and communities affected: All | Key Decision: Key |
| Report of: Kev Malone – Public Health Programme Manager | |
| Accountable Assistant Director: Andrea Clement – Assistant Director and Consultant in Public Health | |
| Accountable Director: Roger Harris – Corporate Director of Adults, Housing and Health / Ian Wake – Director of Public Health | |
| This report is Public | |

Executive Summary

Thurrock Council has a duty to use a proportion of its Public Health grant to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services. The contract for the Young Person’s Substance Misuse Treatment Service expires on 31 March 2019 and a new contract and service is therefore required from 1 April 2019.

The Thurrock Public Health team has conducted a full needs assessment, incorporating a literature review, of young people’s substance misuse in the borough. This document sets out a series of recommendations for the new service specification and is appended to this report.

A variety of stakeholders were consulted and the responses were factored into the service redesign.

Thurrock’s 10-17 year old population is set to increase by 30% over the next ten years and the service needs to be responsive to this increase and any impact this might have on service demand.

The new service will see a greater emphasis on coordinating family therapy and developing peer-led programmes, since these were recommendations from the needs assessment and literature review. The latter will enhance and diversify the offer and overcome the risk of adults designing interventions based on their perception of the risks rather than the actual experiences of young people. This report has undergone due process via Directorate Management Team and Directors’ Board within the Adults, Housing and Health directorate and the Health &

Wellbeing Overview and Scrutiny Committee. It has also been shared at Children's Directorate Management Team so they are sighted on progress.

1. Recommendation(s)

- 1.1 For Cabinet to delegate authority to the Director of Public Health in consultation with the Cabinet Portfolio Holder for Education and Health to award a new Young Person's Substance Misuse Treatment Service following market testing and a procurement process**
- 1.2 That the new contract has a duty built in to work with our own schools and expanded Youth Offending Service to tackle any drug or gang culture in Thurrock, and become a signatory to the new Compact to be written by the Corporate Director of Children's Services outlining how YOS and the wider Council will work with schools to tackle drug and gang issues**
- 1.3 To invite comments on the recommendations within the needs assessment**

2. Introduction and Background

- 2.1 The Public Health Grant is provided to local authorities to give them the funding needed to discharge their public health responsibilities. Broadly these responsibilities include:
 - Improve significantly the health and wellbeing of local populations;
 - Carry out health protection and health improvement functions delegated from the Secretary of State;
 - Reduce health inequalities for all ages, including within hard to reach groups;
 - Ensure the provision of population-wide healthcare advice.
- 2.2 The grant is made under Section 31 of the Local Government Act 2003 and the Secretary of State has set down conditions to govern its use. The primary purpose of the conditions is to ensure that the grant is used to assist the local authority to comply with its Public Health duties and mandatory functions, that it is spent appropriately and accounted for properly.
- 2.3 A local authority must, in using the grant, have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.
- 2.4 The contract for the Young Person's Substance Misuse Treatment Service expires on 31 March 2019 and a new contract and service is required from 1 April 2019. The service will sit under the umbrella of Brighter Futures.
- 2.5 Thurrock has a small but cost-effective and high performing Young Person's Substance Misuse Treatment Service. It integrates well with other services

and enjoys a strong reputation across the borough, particularly with schools/academies and across children's services.

- 2.6 The existing contract (3 years plus 2 year option to extend) is coming to the end of its full 5-years and notwithstanding that set out in 2.5 commissioners have conducted a full needs assessment to ensure the new service offer remains up to date, incorporates the latest best practice, guidance and recommendations and is responsive to the needs of our local children and young person's population.
- 2.7 **Costs:** The current contract value was £135,000pa and a similar annual contract value is forecast for the new contract, subject to any fluctuations in service demand as set out in section 3 below. The benchmarking referred to in the needs assessment confirms that this is a very favourable price for the Local Authority.
- 2.8 The service works with those young people aged under 18 years old who live in Thurrock or who attend a Thurrock education provision. The service delivers structured interventions to help young people address their substance misuse. This can take the form of abstinence-based recovery whereby clients cease their misuse, or harm reduction interventions. Vulnerable adults up to the age of 25 are also within scope of the service specification.
- 2.9 The service delivers prevention and education interventions across our schools and colleges and at community events throughout the year. It also works with children who may not have a substance misuse need, but whose parents/carers may have a substance misuse need and be a client with the adult treatment service; these clients are broadly referred to as 'hidden harm'. The hidden harm and prevention and education work of the service accounts for roughly half of the service's activity.

3. Issues, Options and Analysis of Options

- 3.1 Thurrock's population for those aged under 18 is set to steadily increase over the next 10 years by 13%, to 47,476. Moreover, for those aged 10-17 the projected increase is 30% over 10 years. This is a significant amount of growth and it is not yet possible to determine what the demand on the service will be due to a rapidly changing drug market. However, the new service needs the flexibility to respond to these changes.
- 3.2 The literature review and consultation with service users identified a theme for providing more family therapy interventions. These have a strong impact on improved outcomes, so the new service will feature more of this type of intervention.
- 3.3 Following recommendations from the needs assessment, the new service will continue to offer interventions that help address the wider determinants of health, including sexual health screenings, smoking cessation, mental health support and engagement/re-engagement with employment, education or

training. It will also continue to work in close partnership with the Youth Offending Service. The full list of recommendations is as follows:

Population

- The expected 30% increase in the 10-17 year old population over the next ten years and the uncertainty of what impact this will have on treatment numbers means we need to continually assess and be responsive to potential increases in service demand
- The major issues and future risk factors for Thurrock are the continued increase in migration from the London boroughs, especially in relation to the management of young people who have been involved in serious youth violence
- The increasingly diverse population and consequent increase in the BME population will result in changing risk factors and a change in interventions and supervision will be needed to meet these
- The increase of young people involved in gangs brings with it the increased risk of sexual exploitation and increases in vulnerability and safeguarding which has been evident over the preceding years. The strategy to manage this risk is more partnership working both locally and with the London boroughs which are the sources of the migration
- Additionally, although it is not yet presenting itself, there may be an increase in substance misuse issues specifically related to Class A addiction in young people and the provider must be responsive to this
- Provider to continue to be accommodating of complex cases with multiple wider vulnerabilities
- Commissioners to deepen their understanding of the A&E hospital admissions data
- Brighter futures partners to recognise that some young people state they are using drink or drugs to cope with worries/anxiety and to be responsive to this via targeted support or universal prevention and education interventions

Treatment population

- Provider to increase the acceptance of sexual health screening, where deemed appropriate/eligible and to explore why our referrals are lower and how to strengthen links to sexual health services
- Regularly review the use of Novel Psychoactive Substances ((NPS), also referred to as Legal Highs or Club Drugs) and adapt the treatment offer accordingly
- Reaching treatment naive parents who require treatment for substance misuse, due to children experiencing hidden harm, is a challenge for treatment services and something they must maintain a focus on
- Continue to ensure that appropriate links are being made locally between Brighter Futures partners and particularly between services for domestic and sexual violence, young people and substance misuse to address and support the specific and wider vulnerabilities set out in Figures 10, 19 & 20 and ensure strong multi-agency working remains a priority of the new service

- Commissioners to review the referral pathways from children and young person's health and mental health services to better understand the low referral rate compared to the national average
- Our use of harm reduction interventions is far lower than the national average and commissioners need to understand why this is the case and what the implications are
- Provider to continue to offer referrals for stop smoking support
- Commissioner to match the new service specification to the existing age eligibility of up to 18 years old, with exception for up to 25 years old if SEND/disabled and appropriate
- Provider to explore why fewer referrals come from those young people in apprenticeships or employment, compared to national average

Criminal Justice

- Provider and commissioner to remain vigilant to the strong association between gang activity and its links to emerging drugs markets, particularly regarding county lines and cuckooing
- Continue to co-locate a young person's substance misuse service worker in the YOS at least once a week and recommend this in the updated service specification
- Brighter Futures partners to be vigilant of SEND children being disproportionately represented in YOS data and cater for their additional needs

Prevention & Education

- Preventative interventions should continue to feature in future service delivery
- Service design should involve further development of peer-led programmes to enhance and diversify the offer and overcome the risk of adults designing interventions based on their perception of the risks rather than the actual experiences of young people

Treatment

- Specialist services to deliver DAAT are necessary for CYP although a partnership approach to delivering services to CYP in Thurrock is important. Services should integrate as part of the Brighter Futures group of services to maximise benefits to children and their families whilst giving appropriate support to other professionals involved in their care
- Where practicable, programmes should be co-produced with young people to prevent the focus being based on adults' perceptions of the issues
- Evidence supports family therapy being available, this should be considered as an offer as part of the new service specification but needs to be child led and clearly will not be appropriate in every therapeutic relationship. There is particular benefit if any adults in the family unit who have a substance misuse need are also in treatment

- Future treatment options should include Motivational Interviewing, CBT and Twelve Step programmes at the discretion of the client
- Motivational interventions are utilised more in Thurrock when compared to national trends where Harm Reduction interventions are considerably more prominent. A deeper analysis of this intervention should be conducted by commissioners to understand whether our new service provider should offer more harm reduction interventions to our residents
- Continue to offer Hidden Harm support to children affected by parental substance misuse
- Provider to continue to refer to stop smoking support services
- Continue to work closely with the mental health services (EWMHS) to ensure that if young people complete treatment for substance misuse that they can receive any necessary help for enduring mental health problems such as depression or anxiety disorder

Mental Health

- Continued and further integration as part of Brighter Futures and partnership working with Mental Health services will be beneficial for improving outcomes for children, young people and their families
- Ensure that the service remains vigilant to the heightened risk of suicide across its client base; such is the link between suicidal ideation and substance misuse.

Tier 4 treatment provision and prescribed treatment modalities

- The future service specification should retain the current clause regarding partnership working with the adult service to cater for such exceptional cases

Service Model

- The current service model should be retained in the new service specification

Co-production

- To offer more family sessions where assessed as appropriate
- No further areas to strengthen the existing treatment offer were identified by the service users and the parent or grandparent

3.4 The new service will be available for those vulnerable young people up to the age of 25 if they have a special educational need or disability and the service is more appropriate to their need than the adult service. It will continue to work in partnership with the adult service if a prescribing treatment modality is deemed appropriate e.g. substitute opiate medication, since there is no prescribing element to the young person's contract.

3.5 The literature review recommended that the new service is open to developing peer-led programmes to enhance and diversify the offer and

overcome the risk of adults designing interventions based on their perception of the risks rather than the actual experiences of young people.

- 3.6 Drug and alcohol treatment services typically suffer an impact on performance when they are retendered; this is both a local and national phenomenon. This is mostly attributable to clients being sensitive to change and it can take time for them to re-engage in treatment. For this reason commissioners have sought assurance from Procurement for a 4+1+1 year contract.

4. Reasons for Recommendation

- 4.1 This report is submitted to Cabinet for approval to re-procure the Young Person's Substance Misuse Treatment Service.
- 4.2 It is recommended that delegated authority is given to the Director of Public Health in consultation with the Cabinet Portfolio Holder for Education and Health to award a new Young Person's Substance Misuse Treatment Service following market testing and a procurement process.

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

- 5.1 A number of stakeholders have been consulted with in preparing this re-procurement. Partner agencies across children's services, youth justice and mental health services in both the public and voluntary sector were invited to comment on the process and provide recommendations.
- 5.2 Thurrock's Youth Cabinet was appraised of the above and asked for any comments or recommendations.
- 5.3 The Adult and Young Person's drug and alcohol treatment services were also consulted for any comments or recommendations.
- 5.4 A small number of young people in treatment for substance misuse or who were receiving hidden harm support to better understand their parent's/carer's substance misuse were also consulted.
- 5.5 This report was discussed at Health and Wellbeing Overview and Scrutiny Committee on 6 September 2018.

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

- 6.1 The Young Person's Substance Misuse Treatment Service will contribute to the delivery of the Council's vision and priorities for **People**, in particular:
- High quality, consistent and accessible public services which are right first time
 - Reducing the associated costs to local communities and socio-economic/health costs to the individual caused by substance misuse

- Breaking the intergenerational cycle of substance misuse
- De-normalising and reducing the prevalence of young person's substance misuse

6.2 Moreover, the service that will result from this work will support Goals 1, 3, 4 and 5 of the Health and Wellbeing Strategy, together with the associated objectives. In the below table, those sections highlighted in green (1a&b, 3b, 4b&c) are directly affected, with those in yellow (1c&d, 3a&d, 5a,b&d) indirectly affected:

| Goals: | 1. Opportunity for all | 2. Healthier environments | 3. Better emotional health & wellbeing | 4. Quality care centred around the person | 5. Healthier for longer |
|-------------|--|--|--|--|---|
| Objectives: | 1A. All children in Thurrock making good educational progress | 2A. Create outdoor places that make it easy to exercise and to be active | 3A. Give parents the support they need | 4A. Create four integrated healthy living centres | 5A. Reduce obesity |
| | 1B. More Thurrock residents in employment, education or training | 2B. Develop homes that keep people well and independent | 3B. Improve children's emotional health and wellbeing | 4B. When services are required, they are organised around the individual | 5B. Reduce the proportion of people who smoke |
| | 1C. Fewer teenage pregnancies in Thurrock | 2C. Build strong, well connected communities | 3C. Reduce social isolation and loneliness | 4C. Put people in control of their own care | 5C. Significantly improve the identification and management of long term conditions |
| | 1D. Fewer children and adults in poverty | 2D. Improve air quality in Thurrock | 3D. Improve the identification and treatment of mental ill-health, particularly in high risk | 4D. Provide high quality GP and hospital care to Thurrock | 5D. Prevent and treat cancer better |

7. Implications

7.1 Financial

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

The funding for this contract will continue to be provided through the Public Health Grant allocations until such time the ring fence is removed from the grant conditions, this contract will then become an ongoing General Fund commitment and necessary provision will be made for this.

7.2 Legal

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

Under section 11 of the Children Act 2004, Thurrock Council has a duty to make such arrangements to ensure it is in a position to discharge its functions having regard for the need to safeguard and promote the welfare of children and young people. There are duties and powers to support children and young people in need and to safeguard children and young people from significant harm under the Children Act 1989. Some of these duties and powers extend to young people up to the age of 25 years of age when certain criteria may be satisfied.

Under section 12 of the Health and Social Care Act 2012 a duty is imposed upon Thurrock Council to take the steps as it considers appropriate for improving the health of all people within its area, and also to address behaviour that may be detrimental to public health. The provisions of services proposed within the report meets the requirements as set out towards promoting the welfare and health of vulnerable children and young people. The recommended services are to funded appropriately through the Public Health Grant. The procurement processes will be undertaken in accordance with the Public Contract EU Regulations as well as in compliance with the Contract Procurement Rules of Thurrock Council.

Accordingly, on behalf of the Director of Law, I have read the report, and there appears to be no external legal implications arising from the report recommendations, which are intended to exercise powers and meet the duties towards children and young people as set out, through the planning and procurement of young people's substance misuse services.

7.3 **Diversity and Equality**

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

The service is open to all residents across the borough who meet the age threshold set out in 2.8. The Needs Assessment tells us that our rate of engaging minority groups into treatment is better than our comparators and the service will continue to work to ensure that all groups and communities have awareness of and ability to engage where appropriate. Consultation included Thurrock Youth Cabinet, partner agencies and service users.

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

None

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

- Thurrock Young Person's Substance Misuse Needs Assessment 2018

9. Appendices to the report

- Thurrock Young Person's Substance Misuse Needs Assessment 2018
- Procurement Stage 1 form

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Adults, Housing and Health



Thurrock Young Person's Substance Misuse Needs Assessment 2018

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Contents

| | |
|--|----|
| 1. Executive Summary..... | 2 |
| 2. Introduction | 4 |
| 2.1 Background/Context | 4 |
| 2.2 Objectives..... | 9 |
| 3. Epidemiology..... | 9 |
| 3.1 Population | 10 |
| 3.2 Description of the treatment population | 17 |
| 3.3 Criminal Justice | 30 |
| 4. Literature review summary..... | 34 |
| 4.1 Prevention & Education | 35 |
| 4.2 Treatment | 37 |
| 4.3 Mental Health | 40 |
| 5. Tier 4 treatment provision and prescribed treatment modalities..... | 42 |
| 6. Return on Investment | 43 |
| 6.1 Benchmarking and cost impact of service | 43 |
| 7. Co-production | 44 |
| 7.1 Service user and stakeholder engagement..... | 44 |
| 8. Conclusion..... | 45 |
| 9. Appendices..... | 46 |

1. Executive Summary

This assessment examines the needs of young people aged less than 18 years residing in Thurrock and who access or may need to access the specialist substance misuse service. This report incorporates a literature review, an analysis of the local epidemiology and the National Drug Treatment Monitoring System (NDTMS) data, service user engagement and a review of previous benchmarking to determine cost-effectiveness.

This work will help to inform a refresh of the service specification for the young person's substance misuse service which is being retendered in 2018/19 ready for a new contract to commence on 1st April 2019.

The literature review examines the current evidence base and new interventions including best practice. The service offer can be enhanced through the recommendations in this report, informing the new service specification. This report includes a brief evaluation of the current service with key areas highlighted for continuation in the new service specification.

Additionally, the views of service users and their families are incorporated into this document and will serve to co-produce the revised service specification. Other relevant stakeholders such as the current adult and young person's substance misuse treatment providers and the Children's Services team at Thurrock Council have been contacted as part of the service specification refresh and their views and advice will help in shaping the new specification as it undergoes redesign.

This document is also used to inform and make recommendations to commissioners of children's services and to update Brighter Futures partners as to the current evidence base and data explaining drug and alcohol use in children and young people with some guidance about approaches that can be employed to tackle this.

The epidemiology section in this document tells us that we can expect to see a significant increase in the young person's population in Thurrock over the next decade, and by 30% in those aged 10-17 years old. With young person's substance misuse prevalence estimates being unreliable, it is hard to determine what the demand might be on the treatment service from this population increase. Moreover, coordinated preventative interventions under the Brighter Futures umbrella of services should see many young people diverted from becoming problematic substance misusers. This will be an area of close monitoring over the coming years.

The evidence base tells us we should continue to offer coordinated packages of care that address the wider determinants of health, such as referrals to sexual health and stop smoking support services and partnership working with mental health and youth offending services (YOS) to safeguard our young people. We must remain vigilant of the local drugs market and associated gang activity.

The benefits of preventative and educational interventions outweigh the risks of increasing awareness leading to increased usage of substances and that such programmes should continue. Where practicable, peer mentors should support these initiatives since it has a greater impact on young people than when delivered by school staff alone.

Effective multi-agency working is a strong theme in the literature review and current practice of the existing service, resulting in a high performing, safe service. The new service should therefore continue to integrate as part of Brighter Futures to strengthen multi-agency working and further improve outcomes for children, young people and their families. The size and structure of the current service is meeting the current needs of the local treatment population. The ethnicity of those in treatment is reflective of the local population, whereas the gender split sees more girls aged under 13 accessing support for Hidden Harm (support where their parents have a substance misuse need) whereas boys dominate the 13-17 age categories where we find them in treatment for their own substance misuse needs, irrespective of whether their parents have a substance misuse need too.

Referrals to the service come from a wide variety of partner agencies, which demonstrates effective multi-agency working, although referrals from health and mental health services could be improved as the figure is 4% locally against 11% nationally and we will work to better understand the reason for this.

The vast majority of young people in treatment are in mainstream education, 73% against a national average of 57%. This demonstrates that the local service is better at engaging and accessing young people in our schools and colleges and preventing the escalation of risk that often leads to persistent absenteeism and exclusion. The service does still work with those pupils in alternative education provision such as the pupil referral unit (PRU).

Most young people in treatment, 88%, live at home with their parents or relatives and this figure is in line with the national average of 84%. The remainder are either in the care system or in supported or independent accommodation. With a third of young people in treatment having several wider vulnerabilities such as offending behaviour, Hidden Harm, safeguarding concerns or mental health problems this tells us that many young people in treatment have complex needs; these young people will generally spend longer in treatment and require more regular interventions.

Cannabis and alcohol remain by far the drugs of choice in Thurrock, at 86% and 57% respectively, with ecstasy and cocaine making up just 15% and 10% of cited substances respectively. Poly drug use is common across the treatment population; using more than one substance problematically. An anomaly in the Thurrock data is nicotine, which is actually the second most prevalent substance recorded at 67%; however, this is because the local service is adept at screening for tobacco use and referring to stop smoking services.

The waiting times are now generally good, with planned exit rates being higher than the national average and unplanned exit rates being lower than the national average. Last year the re-presentation rate was unblemished with nobody re-presenting for treatment within 6-months of treatment exit. This reflects the quality of interventions administered and/or the client's positive engagement in treatment. Furthermore, exit questionnaires have shown that clients are happy with the service, meaning they are more likely to re-present if they relapse. Young people tend to spend less time in treatment compared to the national average, meaning the service can identify and effectively treat its clients, then identify new clients, thus having a positive impact on the prevalence of substance misuse across our young person's population.

Psychosocial and motivational interventions are the most popular ones used in Thurrock, with much stronger multi-agency working compared to the national average. Interestingly, our use of harm reduction interventions is far lower than the national average and we need to understand why. We also need to increase the take-up of sexual health screening by those clients that are eligible. We work well with criminal justice clients from the Youth Offending Service (YOS) and we should continue to co-locate a member of staff there at least once a week. This will ensure that we continue to meet the needs of the one in five substance misuse clients that report offending behaviour as a wider vulnerability. According to the YOS, substance misuse was the 4th lowest risk factor out of 12, yet it should be noted that the YOS caseload is higher than the substance misuse service and many of these young people will be clients in both services.

With regards to clients that require a prescribed treatment modality such as opiate substitute therapy (OST), more commonly known as methadone, there is a contractual agreement in place between the adults and young person's service and this should continue in future. This exceptional clause has not been required for the duration of the expiring 5-year contract.

This document asks two key questions of commissioners, firstly whether the population in treatment demonstrate the expected characteristics based on the national literature review evidence and the data on high risk groups. We are confident that the answer is yes. Secondly, has the current provider targeted and 'found' the highest risk groups of children and young people? Based on the evidence of those children and young people in treatment with multiple specific and/or wider vulnerabilities the answer also has to be yes.

Key Lines of Enquiry

- Does the population in treatment demonstrate the expected characteristics based on the national literature review evidence and the data on high-risk groups?
- Has the current provider targeted and 'found' the highest risk groups of children and young people (CYP)?

2. Introduction

2.1 Background/Context

Substance misuse is often a symptom rather than a cause of vulnerability among young people. Many have broader difficulties in their lives that are compounded by drugs and alcohol and which need addressing at the same time. Viewing young people holistically as whole beings and tackling the root causes of substance misuse is more likely to reduce the number of young people who

experience long term negative impacts on their physical and mental health and go on to misuse substances into adulthood potentially as a form of ‘self-medication’¹.

Young person’s substance misuse treatment services engage vulnerable young people and intervene early to avoid or limit escalating risk and harm from substance misuse. The objective of such services is to support sustained recovery by supporting young people through the entire treatment process; from entrance into treatment to the point of re-integration back into the wider community².

Evidence shows that young people’s lives can improve when they have access to substance misuse services alongside support to address their wider health and wellbeing needs. This means that the commissioning and delivery of specialist drug and alcohol interventions should take place within wider service structures that meet a range of needs. There is growing recognition that drug and alcohol services should be designed to address the wider determinants of health and that more effective joined up support should be available to tackle the complex needs experienced by many service users. For example, Inclusion (Thurrock’s adult drug and alcohol treatment provider) offers support around issues such as intimate partner violence³.

A Department for Education cost-benefit analysis found that every £1 invested in specialist substance misuse interventions delivered up to £8 in long-term savings and around £2.50 within two years, meaning that this can be a cost-effective way of reducing future demand on health and social care services⁴. A life course approach to drug prevention that covers early years, family support, universal drug education, and targeted and specialist support for young people is one of the key aims of the Government’s 2017 Drug Strategy.

Parental drug use can compromise children’s health and development, as well as impact on parenting capacity. Research cited in the Government’s Hidden Harm report 2011⁵ estimated that there were between 200,000 and 300,000 children in England and Wales where one or both parents had serious drug problems – representing 2-3% of children under 16. Children of parental drinkers are also at risk of Foetal Alcohol Syndrome (FAS) or Foetal Alcohol Spectrum Disorder (FASD)⁶ – which is a series of preventable birth defects caused entirely by a woman drinking alcohol at any

¹ Public Health England. (2015). The International Evidence on the Prevention of Drug and Alcohol use: Summary and examples of implementation in England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669654/Preventing_drug_and_alcohol_misuse__international_evidence_and_implementation_examples.pdf (Accessed June 2018).

² Drugscope. (2013). Issues in Recovery: A Changing Landscape for Commissioning. <http://www.drugwise.org.uk/wp-content/uploads/Regional-briefing-Changing-landscape-for-commissioning.pdf> (Accessed June 2018)

³ Drugscope. (2013). Issues in Recovery: A Changing Landscape for Commissioning. <http://www.drugwise.org.uk/wp-content/uploads/Regional-briefing-Changing-landscape-for-commissioning.pdf> (Accessed June 2018).

⁴ Gov.UK, Public Health Matters. <https://publichealthmatters.blog.gov.uk/2016/07/25/tools-for-assessing-value-for-money-for-alcohol-and-drug-treatment/> (Accessed July 2018).

⁵ Gov.UK. (2018). <https://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users> (Accessed July 2018).

⁶The Parliamentary Office of Science and Technology. Post Note number 570. (February 2018). <http://researchbriefings.files.parliament.uk/documents/POST-PN-0570/POST-PN-0570.pdf> (Accessed July 2018).

time during her pregnancy, often even before she knows that she is pregnant. Estimates by Alcohol Concern suggest that there were 7,317 children born in England in 2012 with FASD. The lifetime cost to the economy for a child born with FAS was estimated at £1,500,000, and the adverse consequences experienced by children can include: weakened immune systems; a wide range of emotional, cognitive, behavioural and other psychological problems; early substance misuse and offending behaviour; as well as poor educational attainment.

Caveats and limitations of the data

First there can be limited interrogation of the data extracts provided as it was not possible to develop an enhanced analytical approach (e.g. using multivariate statistical techniques) that could determine whether any correlations or associations between factors are statistically significant. The National Drug Treatment Monitoring System (NDTMS) datasets used in this report refer to small numbers of people in treatment and, unlike adult treatment data, do not come with prevalence estimates and penetration rates to compare against.

Current Service Provision

Thurrock's young person's substance misuse treatment service is currently provided by CGL (Change, Grow, Live) Wize Up. Over the life of the contract the service has been developed by recruiting an apprentice, a student social worker, a harm-reduction worker and peer mentors. This service development led to the team recently moving to slightly larger premises, still within a few minutes' walk of the adult treatment service that is now delivered by Inclusion Visions Thurrock (Midland Partnership Foundation Trust (MPFT)). Wize Up works with individual young people as well as families, if appropriate. This supports much of the research that illustrates the strength of working with the entire family unit to reduce risk of harm relating to substance misuse or to support recovery. It is important to note that substance misuse can and often does affect the family and community more widely and not just the person who is misusing substances or alcohol⁷.

The local context is of a service which has a strong reputation across schools and partner agencies. The vast majority of interventions are provided via outreach, either in schools or other settings around the borough and occasionally even in the client's home. Only on rare exceptions would a client need to be seen at the provider's office.

Schools are very welcoming of the service and the support it provides to young people. Arrangements are made to ensure the keyworkers and students can meet at mutually agreeable times and venues which have the least impact upon learning e.g. at school and where possible during free periods.

Besides casework, the service also delivers prevention and awareness raising sessions across assemblies and suitable lessons, e.g. Physical, Social, Health, Economic (PSHE) lessons, to ensure a wider audience are aware of the risks associated with substance misuse, how to reduce the harm if they are to take the risks, and where to go for help should that be required.

⁷ Drugscope. (2013). Issues in Recovery: A Changing Landscape for Commissioning. <http://www.drugwise.org.uk/wp-content/uploads/Regional-briefing-Changing-landscape-for-commissioning.pdf> (Accessed June 2018).

Drug use observed in Children and Young People in Thurrock

The drugs of choice used by young people in Thurrock have for a long time been cannabis and alcohol, which is reflected in the treatment population as the two main substances cited by young people in treatment. The main concern with cannabis is the increasing strength caused by hybridising the plants, upping the tetrahydrocannabinol (THC) levels and reducing the cannabidiol (CBD) levels. THC is the principal psychoactive constituent of cannabis and CBD, which has no psychoactive effect, is used in pharmaceutical medications⁸. Anecdotal evidence set out in the following three paragraphs has come by way of either the adult or young person's substance misuse services or from partner organisations and agencies that attend the Community Safety Partnership.

Novel Psychoactive substances (NPS), also known as legal highs or club drugs have seen an emergence in Thurrock in recent years, although not across the treatment population. For example, we know from street litter and local intelligence that the use of nitrous oxide (laughing gas) is a growing trend not in children and young people but in young adults who regularly discard their metal canisters in public car parks of an evening, but who are not presenting to treatment for support. This group of young adults are treatment naïve; they do not recognise the risks to themselves or the impact on others and do not regard themselves as requiring support with their risky behaviour. The misuse of nitrous oxide is not an entirely new phenomenon – the Victorians used to have laughing gas parties!

Synthetic cannabinoids, commonly referred to as Spice, are not an NPS that we see in the young person's treatment population. Anecdotal evidence from the adult treatment service suggests usage even amongst adults is rare and tends to be found in the criminal justice client group when serving custodial sentences.

Further anecdotal evidence suggests some young people in Thurrock are misusing Xanax, although they are not presenting for treatment. Xanax is a benzodiazepine, also known as Alprazolam, which has an immediate onset of action. It was introduced as a treatment for anxiety and panic attacks in the US in 1981 and became a popular recreational drug⁹. In the UK the recreational use of benzodiazepines has typically involved those prescribed by the NHS, in particular diazepam diverted from regulated supplies. A number of benzodiazepines have emerged on the NPS market in the last decade although the emergence of Alprazolam appears to be far more recent¹⁰ and the size and scale of the market is still largely unknown.

Children and Young people in treatment

Thurrock had 94 clients in treatment (rolling 12 months April-March 2017/18), split across structured treatment for substance misuse and early intervention and prevention at a ratio of approximately 1:2 clients. Of those clients, 67 were new presentations to treatment¹¹. The proportionately large

⁸ Medical Marijuana Inc. News. (2017). <https://news.medicalmarijuanainc.com/differences-cbd-thc/> (Accessed July 2018).

⁹ National Survey on Drug Use and Health. (NSDUH-2016). <https://www.datafiles.samhsa.gov/study/national-survey-drug-use-and-health-nsduh-2016-nid17184> (Accessed June 2018).

¹⁰ DrugWatch Information Sheet: Alprazolam (Xanax). (2018).

[http://michaellinnell.org.uk/resources/downloads/Alprazolam%20\(Xanax\)%20briefing%201.0%209_2_18.pdf](http://michaellinnell.org.uk/resources/downloads/Alprazolam%20(Xanax)%20briefing%201.0%209_2_18.pdf) (Accessed June 2018).

¹¹ 2017-18 NDTMS CYP DAAT data

number of new clients was due to both an expansion of the Thurrock service and because the time spent in treatment in Thurrock is lower than the national average.

The majority of referrals to the service come from schools and social care, followed by youth criminal justice agencies (such as the Youth Offending Service - YOS). Most clients are in full time education, with a smaller percentage not in employment, education or training (NEET) and the smallest groups are those in apprenticeships or employment.

Many clients reported starting to misuse substances before the age of 16. In accordance with findings from Young Addaction¹² the majority of young people first use drugs when they are 13-14 years old. However, the age at which young people begin to use specific drugs seems to vary; a minority of young people begin their drug use with cannabis and alcohol prior to starting secondary school with the use of cocaine often beginning at a later age. This research suggests that the early teen years offer a key opportunity for early intervention and prevention. Additionally, substance misuse is often coupled with vulnerabilities including being involved in offending behaviour, being excluded from school, care leavers and looked after children. Young people who misuse substance are also more likely to engage in other risk taking behaviours – such as unsafe sexual behaviours, criminal activity and domestic abuse¹³.

The numbers accessing the service are relatively small but nevertheless illustrate effective partnership working across Thurrock and demonstrate the young person's substance misuse service's ability to engage and work with some of the most complex cases that involve support from a range of agencies.

In the context of substance misuse, and as noted above, Hidden Harm refers to those young people who have parents or carers that misuse substances. Some of these young people are primary school pupils aged 11-years or younger. Others are older and may have a substance misuse need of their own alongside their hidden harm vulnerabilities.

Nationally, best practice standards apply to service providers to ensure they identify, assess, treat and exit or transfer clients consistently across the sector¹⁴. Public Health England, which subsumed the National Treatment Agency in 2013, also lays out a set of commissioning standards for specialist substance misuse services for young people, which was published in January 2017¹⁵. This was a rapid mixed methods evidence review of current provision and highlighted the main principles for commissioning. It ostensibly provides a framework of 4 key principles to ensure that: young people and their needs are at the centre of service provision; quality governance is in place for all services;

¹² Young Addaction. (2015). Young People and Substance Abuse. <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/06/Young-People-and-Substance-Misuse-Report.pdf> (Accessed June 2018).

¹³ Young Addaction. (2015). Young People and Substance Abuse. <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/06/Young-People-and-Substance-Misuse-Report.pdf>. (Accessed June 2018).

¹⁴ College Centre for Quality Improvement. (2012). Practice Standards for young people with substance misuse problems. <https://www.rcpsych.ac.uk/pdf/Practice%20standards%20for%20young%20people%20with%20substance%20misuse%20problems.pdf> (Accesses June 2018).

¹⁵ Public Health England. (2017). Specialist substance misuse services for young people: Main principles for commissioning. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/583218/Specialist_substance_misuse_services_for_young_people.pdf (Accessed June 2018).

multiple vulnerabilities and complex needs are addressed and that appropriate transitional arrangements exist for young people becoming young adults.

2.2 Objectives

The aim of this needs assessment is to examine the needs of young people aged less than 18 years residing in Thurrock and who access or may need to access the specialist substance misuse service. It also reviews the existing service offer and seeks to provide recommendations on where and how to enhance this offer. The report looks to identify gaps or barriers in service provision and provides recommendations to overcome these. Fundamentally, it seeks to discover whether the population in treatment demonstrate the expected characteristics based on the national literature review evidence and the data on high-risk groups set out in this document. It also seeks to determine whether the current provider has targeted and 'found' the highest risk groups of children and young people and Thurrock and supported them through treatment.

3. Epidemiology

Key Points

Population

- Thurrock's population for those aged under 18 is set to steadily increase over the next 10 years by 13%, to 47,476
- For those aged 10-17 the projected increase is 30% over 10 years
- Prevalence estimates for young person's substance misuse are currently notoriously difficult to estimate
- Numbers in treatment have increased to a level three times that of 2014

Treatment Population

- It is not yet possible to determine whether the increase in treatment numbers is due to an increase in local prevalence of substance misuse or whether the increased capacity of the existing service has enabled more young people to access treatment
- We are better than the national average at engaging with young people who require substance misuse interventions that are in mainstream education, thus preventing the escalation of wider vulnerabilities
- Over half of young people in treatment are engaged in poly-drug misuse
- Almost 1 in 5 clients have been assessed as being involved in offending behaviour

Criminal Justice

- Young offenders (or those at risk of offending) are a highly marginalised group and often have greater health needs than the non-offending population, experiencing exposure to inequalities in health that persist into adult life, including a higher incidence of physical and mental ill health, sexually-transmitted disease, injuries, and early pregnancy in females
- Drugs offences were uncommon and substance misuse was the 4th lowest risk factor at assessment, out of 12 risk factors

3.1 Population

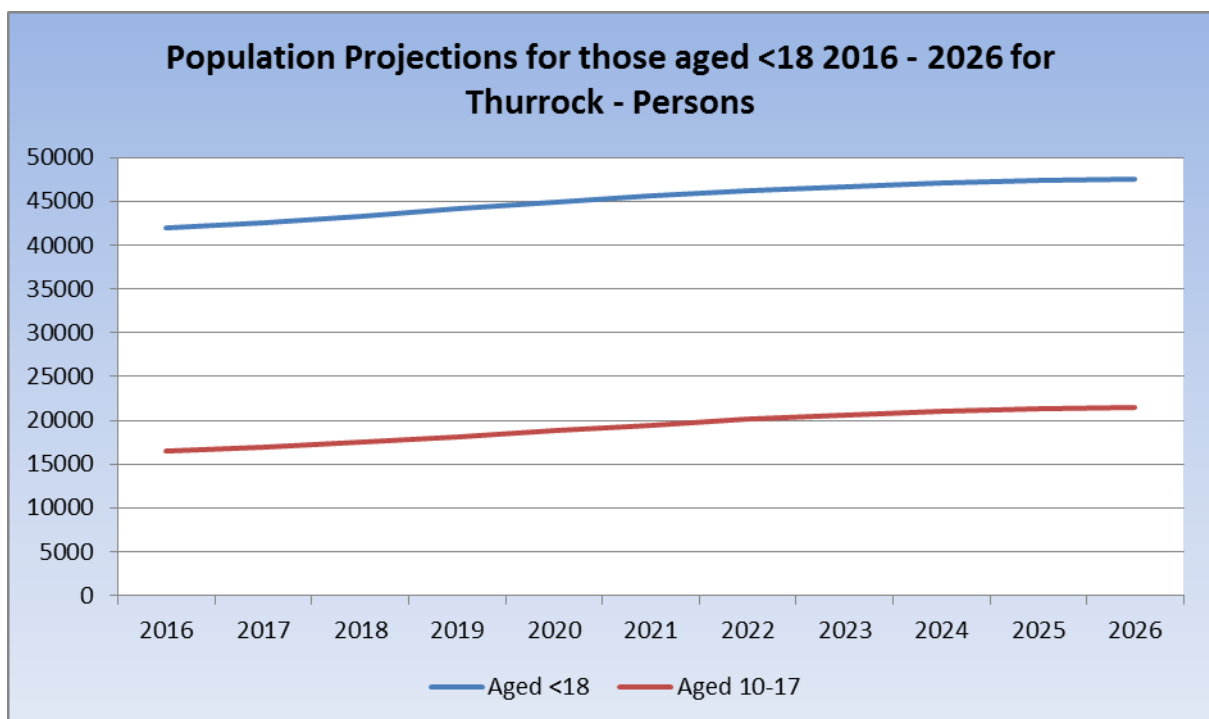
What do we know?

The numbers of young people in treatment misusing substances are generally small, which means using Chartered Institute of Public Finance and Accountancy (CIPFA) comparators is unreliable. The Local Outcome Comparators (LOC) is used for adult services, so for young people it is the norm to compare against national averages.

As of mid-2016 Thurrock had a population estimate of 168,428. Of this, Thurrock's young person's population of under 18's is 42,030 and those aged 10-17 is 16,532. The 10-17 age group is deliberately used since 10 is the age that a child becomes criminally responsible in the eyes of the law and 18 is when young people are deemed to be adults. It is also the age that a client will access the adult treatment service as opposed to the service at the focus of this document.

Thurrock's population for those aged under 18 is set to steadily increase over the next 10 years from 42,030 to 47,476 (from the 2016 baseline), which is an increase of 13%. For those aged 10-17 the projected increase is 30% over 10 years.

Figure 1: Population Projections for those aged < 18 years in Thurrock, 2016-2026



Source: ONS

Against this population increase, the prevalence estimates for young people's substance misuse are notoriously difficult to determine, meaning we cannot say with certainty what the actual level of treatment need is across our young person's population. However, in 2014/15 the What About Youth (WAY) Survey was launched as part of a government pledge to make improvements to the health of young people. The purpose was to collect robust local level data on a range of topics relating to young people, to help drive an improvement in outcomes. Unfortunately the survey has

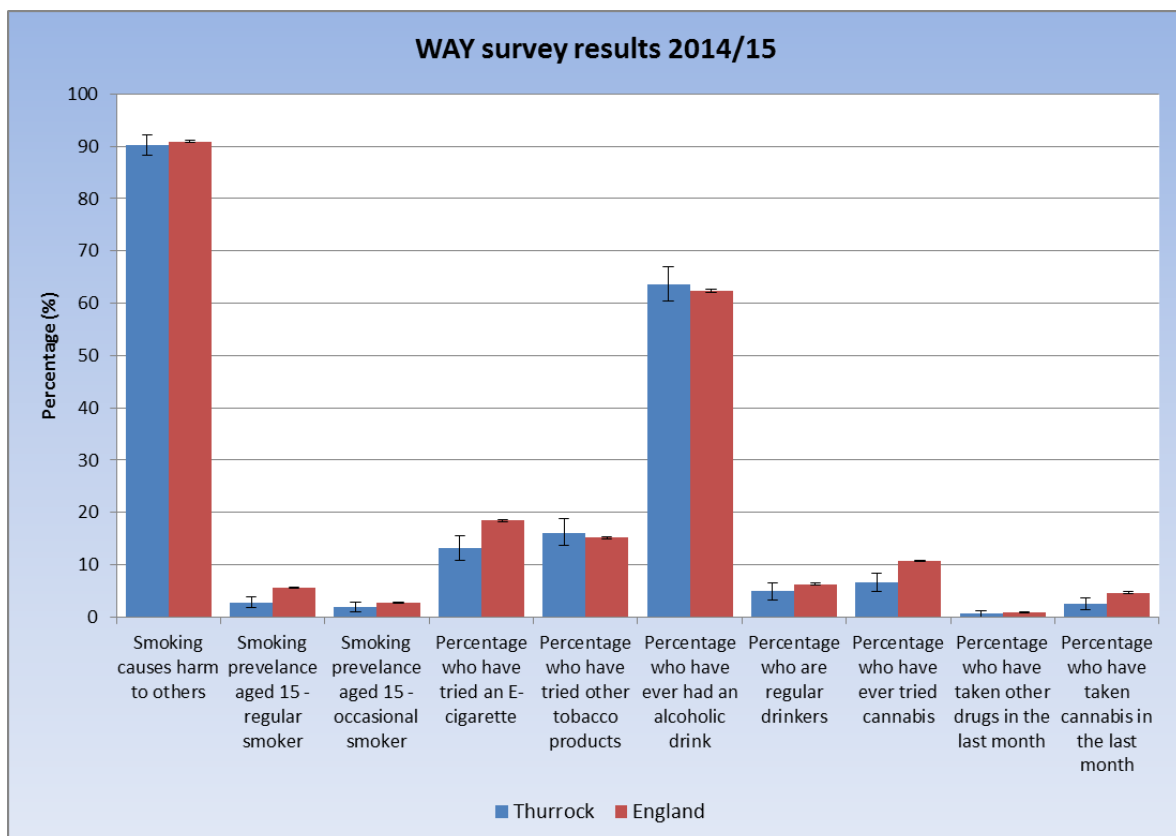
not since been repeated so we cannot compare years or make a trend analysis, although it does provide some useful data on risky behaviours such as tobacco, alcohol and cannabis use.

Around 300,000 15 year olds were randomly selected by the Department of Education and were invited to complete the questionnaire, with around 120,000 completed questionnaires being returned. For Thurrock this equated to 608 questionnaires. Some of the questions asked were regarding substance use and asked for their opinions about this topic.

90% of those who answered the survey in Thurrock felt that smoking caused harm to others, which was a similar percentage to England overall. From the survey 2.3% classed themselves as regular smokers and 1.9% as occasional smokers. Interestingly, the proportion of regular smokers in Thurrock is significantly below the England average. Regarding e-cigarettes, 13.2% of respondents in Thurrock said they had tried one (also significantly below the England average) and 16.1% had tried 'other tobacco products'.

Regarding substance misuse, 63.6% of young people in Thurrock said they had tried an alcoholic drink. Nationally the figure was 62.4%. Almost 5% in Thurrock classed themselves as regular drinkers. Regarding cannabis, 6.6% of young people living in Thurrock said they had tried cannabis with 2.5% having taken it within the last month. This data is summarised in the following figure.

Figure 2: WAY Survey results, Thurrock, 2014/15



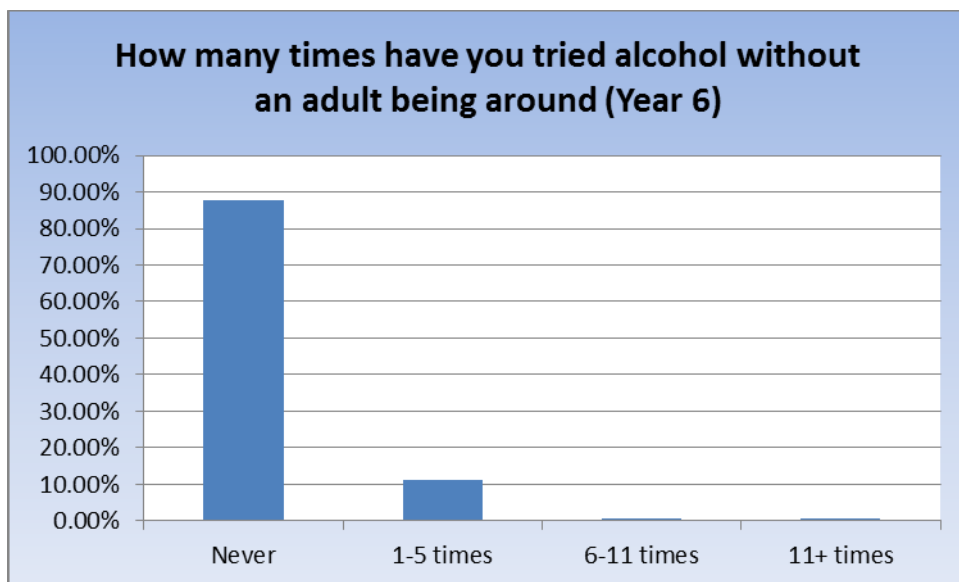
Source: Fingertips

The findings from the WAY survey broadly match those from the Smoking, Drinking and Drugs (SDD) surveys. In addition the Brighter Futures survey was commissioned by Thurrock Council to improve local data related to the emotional health and well-being of children and young people. The

intention of this supplementary data source is to improve local knowledge, contribute to local priorities and strategies and improve the provision of needs-led services to children, young people and families. Questions covered a range of risky behaviours and asked approximately 1,000 young people about their level of engagement in them.

There are limitations to this data. Firstly, the sample size is relatively small and it is based on a single survey, so we recognise that it provides just a snapshot of young people’s experiences. The reliability of the responses remains to be proven. Some respondents will have exaggerated their substance misuse, whereas others who were cautious as to the confidentiality of the survey may have minimised or denied any substance misuse. In a sample size of approximately 1,000 pupils we expect this ‘noise’ within the data to have cancelled itself out. The survey will be repeated annually so the pool of data and our confidence in its accuracy will increase in future years. Until then, the key areas of interest from the inaugural survey are set out below.

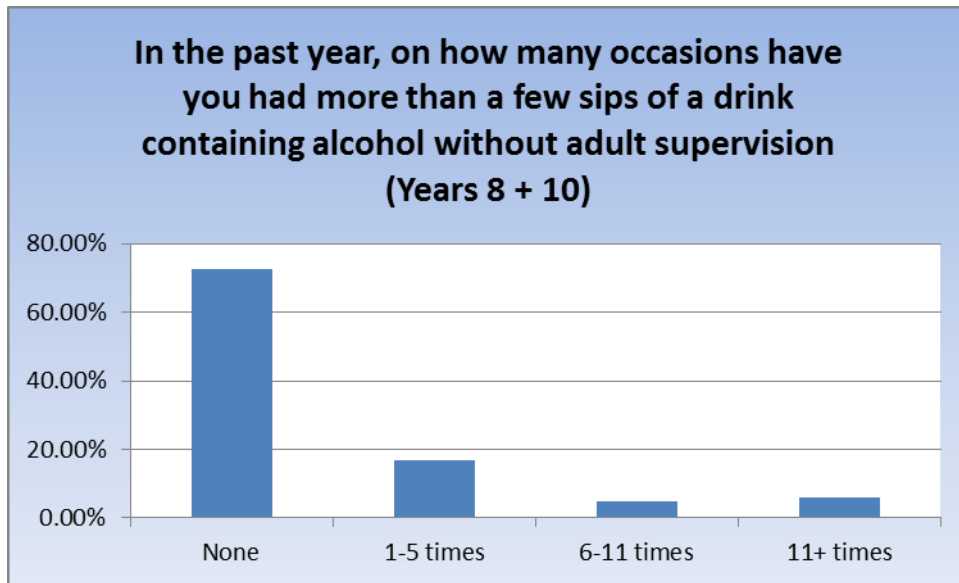
Figure 3: Brighter Futures Survey - How many times have you tried alcohol without an adult being around (year 6 in Thurrock)



Source: Brighter Futures survey 2016/17

The figure above illustrates that just over 10% of Year 6 pupils surveyed said they had tried alcohol without an adult being around.

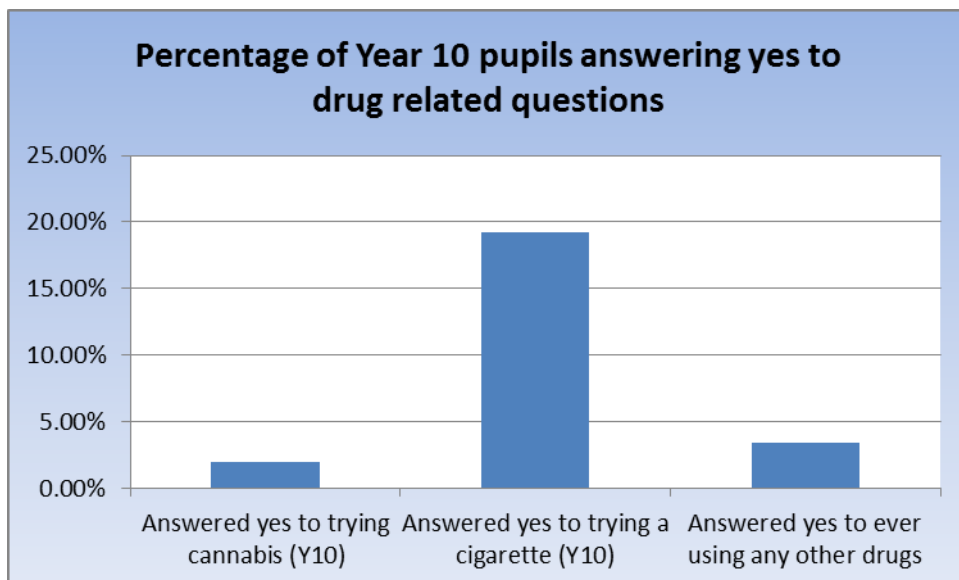
Figure 4: Brighter Futures Survey - In the past year, on how many occasions have you had more than a few sips of a drink containing alcohol without adult supervision (Years 8+10 in Thurrock)



Source: Brighter Futures survey 2016/17

Just over 16% of year 8 and 10 pupils surveyed said they have had ‘more than a few sips’ of a drink containing alcohol without adult supervision on at least one occasion in the past year, although over 70% had not.

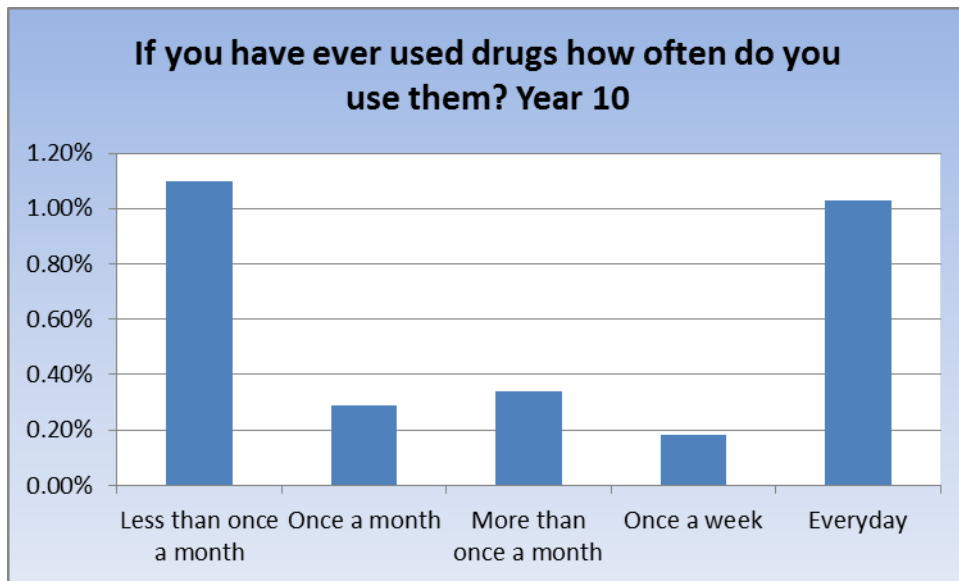
Figure 5: Brighter Futures Survey - percentage of year 10 pupils in Thurrock answering yes to drug related questions - have you tried, cannabis, tobacco or using any other drugs?



Source: Brighter Futures survey 2016/17

Almost 2% of year 10 pupils surveyed answered ‘yes’ to having tried cannabis, 19.2% had tried a cigarette and 3.38% had tried other types of drugs.

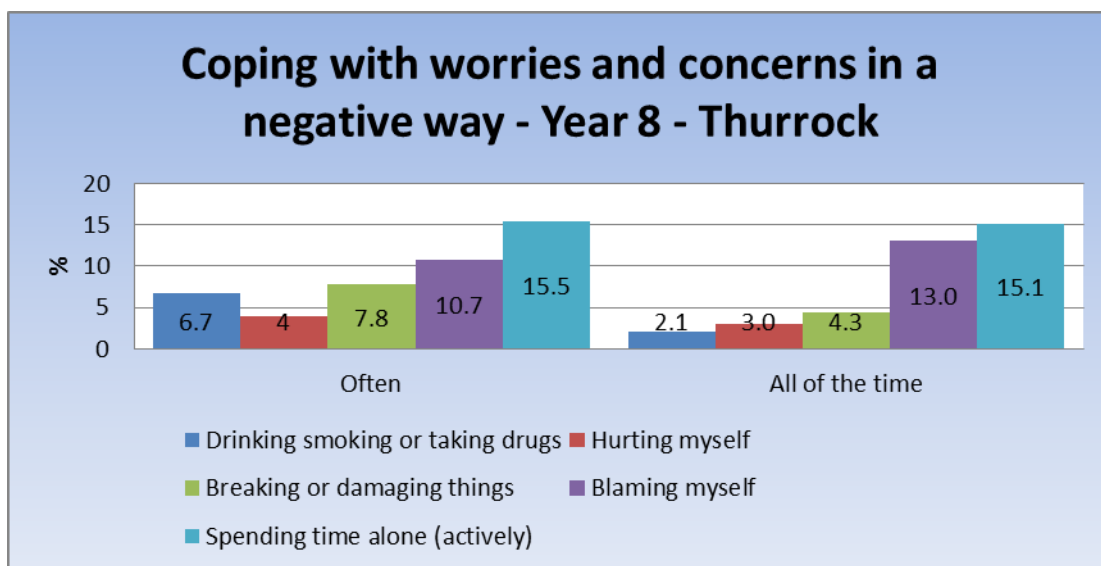
Figure 6: Brighter Futures Survey - If you have ever used drugs, how often do you use them (Year 10), Thurrock



Source: Brighter Futures survey 2016/17

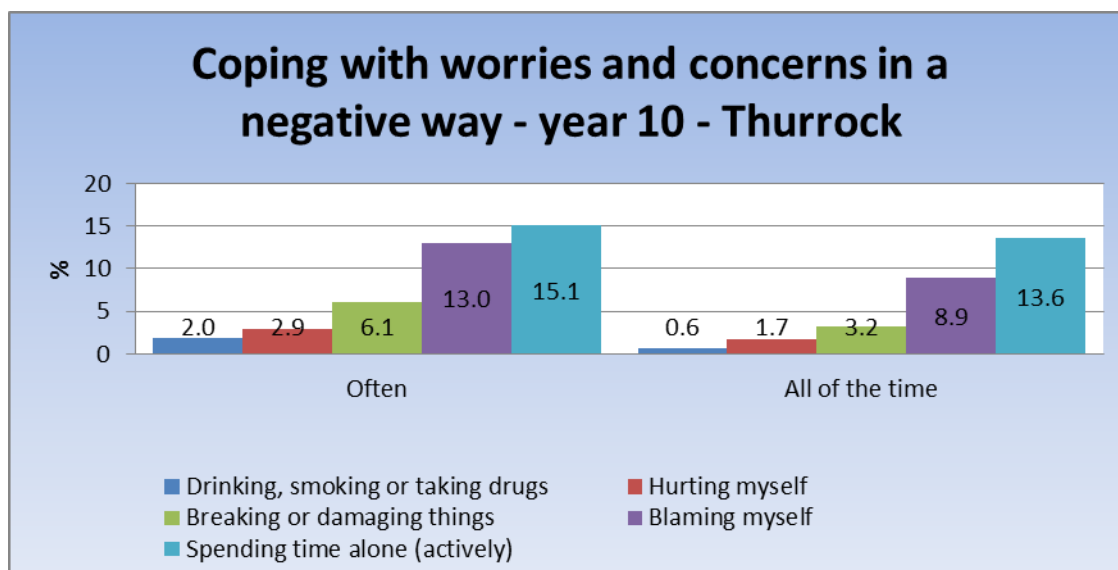
As highlighted in the figure above, just over 1% of year 10 pupils surveyed answered that they used drugs every day.

Figure 7: Brighter Futures Survey - Coping with worries and concerns in a negative way (Year 8), Thurrock



Source: Brighter Futures survey 2016/17

Figure 8: Brighter Futures Survey - Coping with worries and concerns in a negative way (Year 10), Thurrock

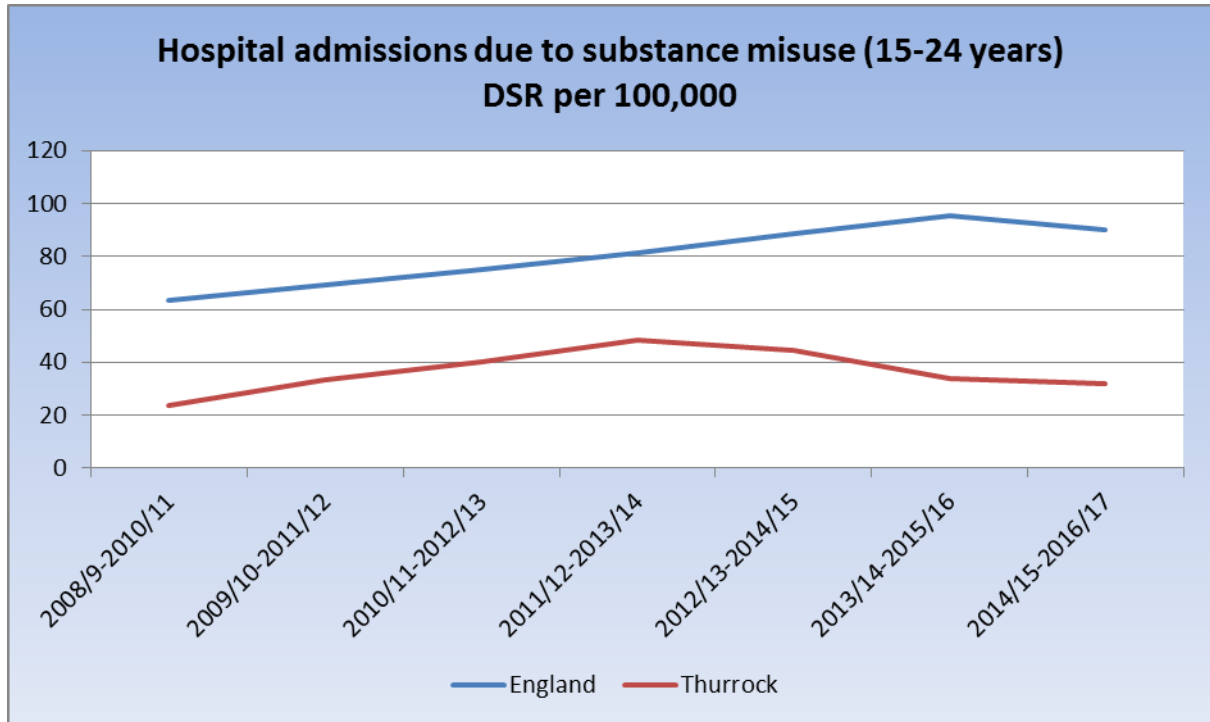


Source: Brighter Futures survey 2016/17

The survey recorded that 6.7% of Year 8 pupils surveyed coped with worries and concerns by drinking, smoking or taking drugs often and that 2.1% did it all the time. For year 10 this was 2.0% and 0.6% respectively, which is a downward trend but could be confounded by the lower rate of survey completion in year 10 compared with year 8 pupils. Moreover, a slightly higher percentage of year 10's said they drank, smoked or took drugs none of the time (89%), rarely (5%) or some of the time (4%) compared to year 8's that were 88%, 3% and 3% across the same questions. This shows that more year 10's never drink, smoke or take drugs, or if they do they are more likely to do it rarely or some of the time.

With regards to A&E/hospital attendances due to substance misuse, overall Thurrock has lower levels of admissions than England. The rate was increasing between 2008/9-2010/11 and 2011/12-2013/14 but has been reducing over the more recent few years. However, the level in 2014/15-2016/17 is still higher than that of 2008/09-2010/11. A recording issue at the nearest A&E department was attributed to the drop in the Thurrock rate from 2011/12-2013/14. Once rectified we saw the rate of decline reduce. Quite why the Thurrock rate is so far below the national average remains to be fully understood. The data largely refers to alcohol misuse and the nearest A&E departments are out of borough. There is a possibility that due to accessibility Thurrock young people simply do not present to A&E for alcohol related illness or injury compared to their national counterparts, that the local ambulance service and nearest A&E departments provide effective treatment that prevents hospital admissions in this group or that it is simply not accurately recognised that alcohol/drugs is the main cause for the hospital admission.

Figure 9: Hospital Admissions due to Substance Misuse (15-24 years), DSR per 100,000 Thurrock 2008-2017

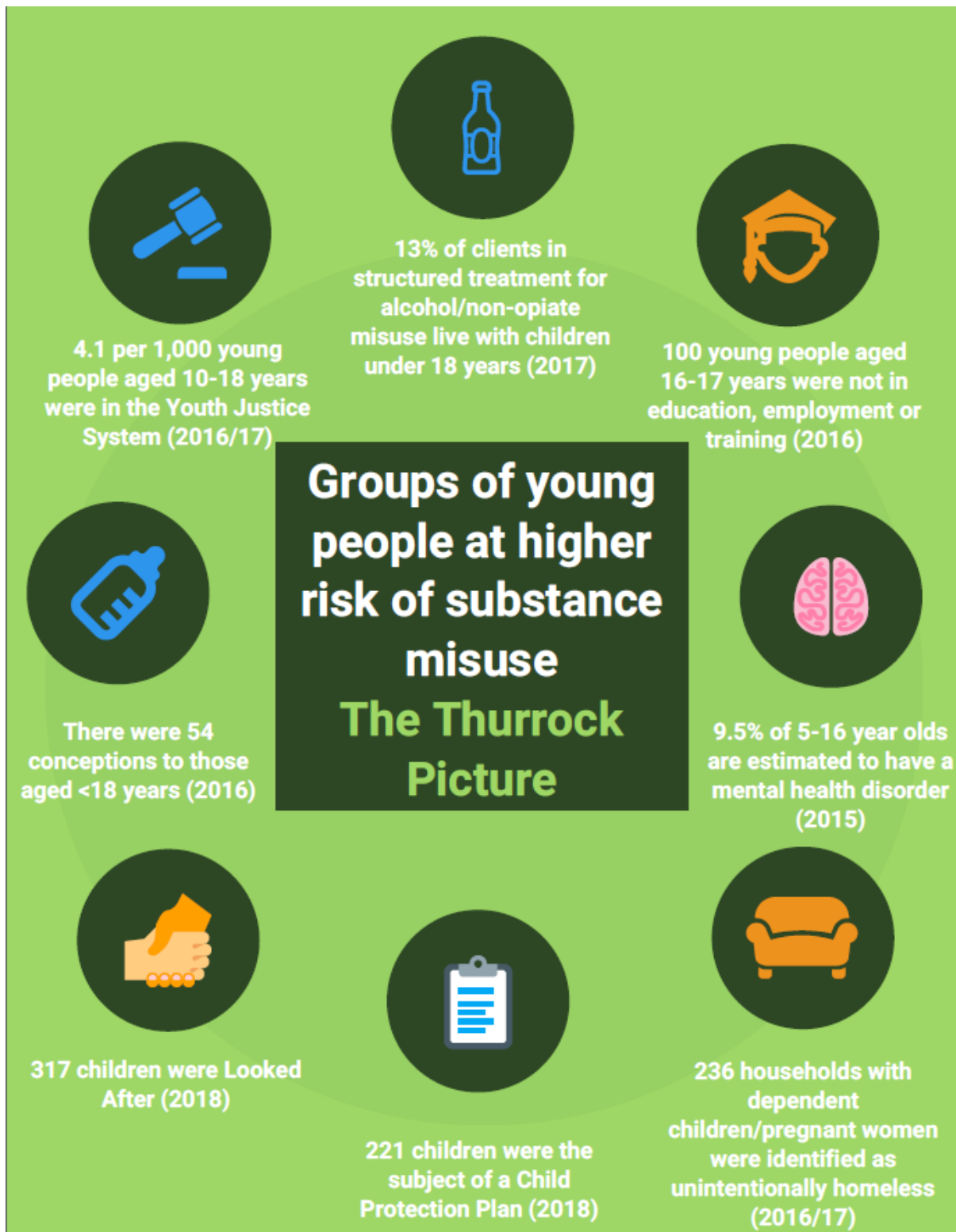


Source: Fingertips

3.2 Description of the treatment population

The following infographic provides a picture of the groups of Thurrock young people at higher risk of substance misuse.

Figure 10: Groups of Young People at Higher Risk of Substance Abuse: The Thurrock Picture



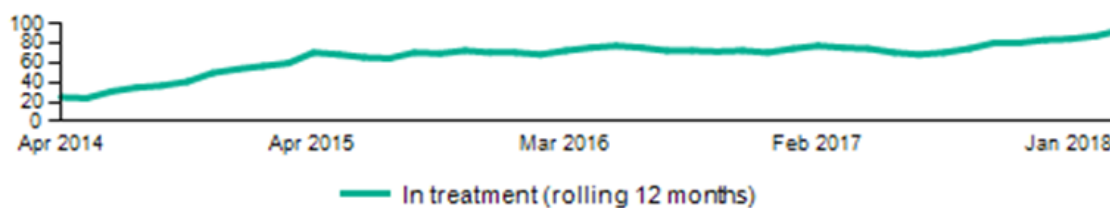
Source: NDTMS 2017/18, PHE Fingertips

What do we know?

Entering Treatment

As of March 2018 the young person's substance misuse service had 94 people in treatment. This is rolling data and the below graph illustrates the steady rise in treatment numbers across the last 5 years, which matches the lifetime of the expiring contract.

Figure 11: Number of young people accessing treatment in Thurrock, 2014-2018



Source: NDTMS

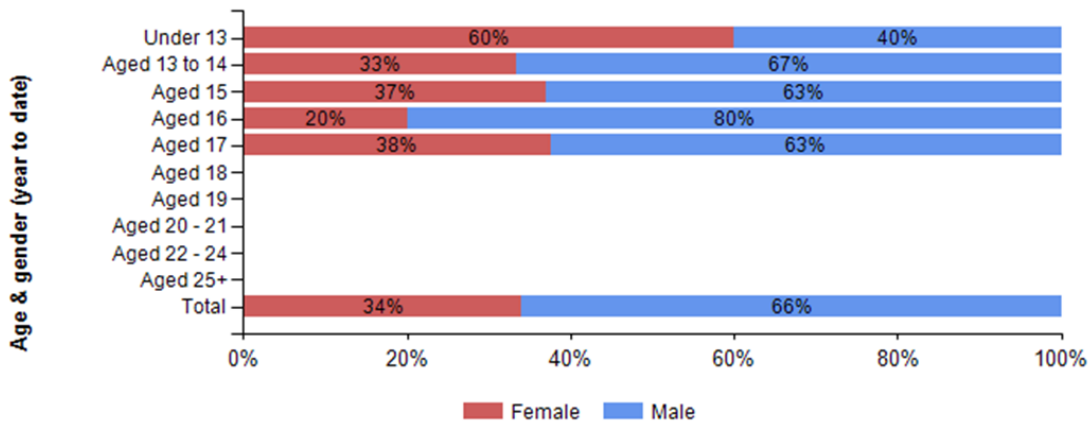
The numbers in treatment were unusually low in April 2014 due to the transfer of cases from the outgoing provider, particularly as the client group are naturally sensitive to change. Added to this is the requirement for clients to be closed to the outgoing provider and opened as new clients to the incoming provider and we find some clients disengaged from treatment for a while until reassurance spread across the treatment community.

The service works with those young people aged up to 18 years of age. Some similar services elsewhere also work with vulnerable adults up to the age of 25. For Thurrock, the adult and young person contracts have agreements built in to allow for transfer of such clients by exception.

In Thurrock, there were 94 new entrants to treatment services in 2017/18 and the below graph illustrates the gender split of those in treatment. The very young clients tend to be majority female, accessing hidden harm support. As age increases we see a sudden shift towards males being the majority group in treatment. Age of initiation is often the strongest predictor of the length and severity of substance misuse problems – the younger the age that young people start to use, the greater the likelihood of them becoming adult problematic drug users. (It is noted that this does not necessarily indicate the age of initiation). This underpins the findings from Young Addaction¹⁶, as noted in the Introduction in this report.

¹⁶ Young Addaction. (2015). Young People and Substance Abuse. <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/06/Young-People-and-Substance-Misuse-Report.pdf> (Accessed June 2018).

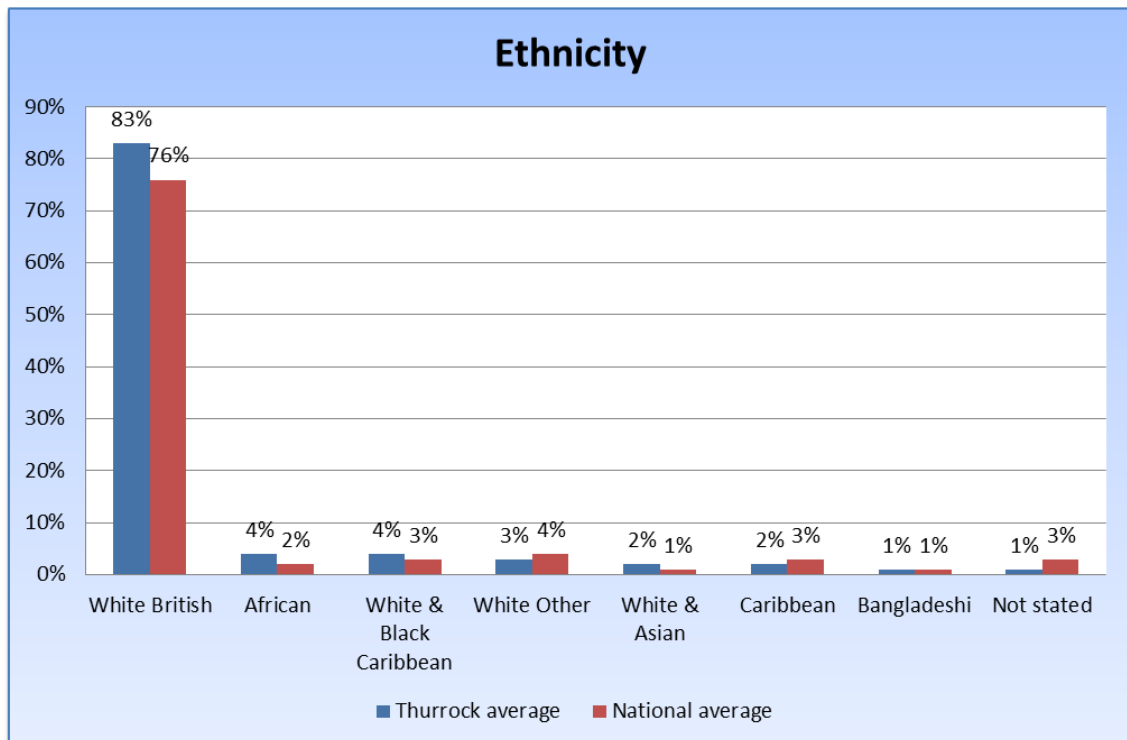
Figure 12: The age of young people entering treatment services in Thurrock in 2017/18



Source: NDTMS

In terms of ethnicity, those in treatment were predominantly White British, with six ethnic minority groups making up the remaining client groups. This was not dissimilar to the national average, where the unaccounted 7% was split equally across 7 other ethnic minority groups. The service receives referrals from numerous agencies and partners, including self-referral. The percentages here are unlikely to be a reflection of the true substance misuse levels within these ethnic groups and accurately determining the prevalence estimates across these groups is not currently possible. What we can see is that the service works with twice as many African and 25% more White & Black Caribbean young people than the national average.

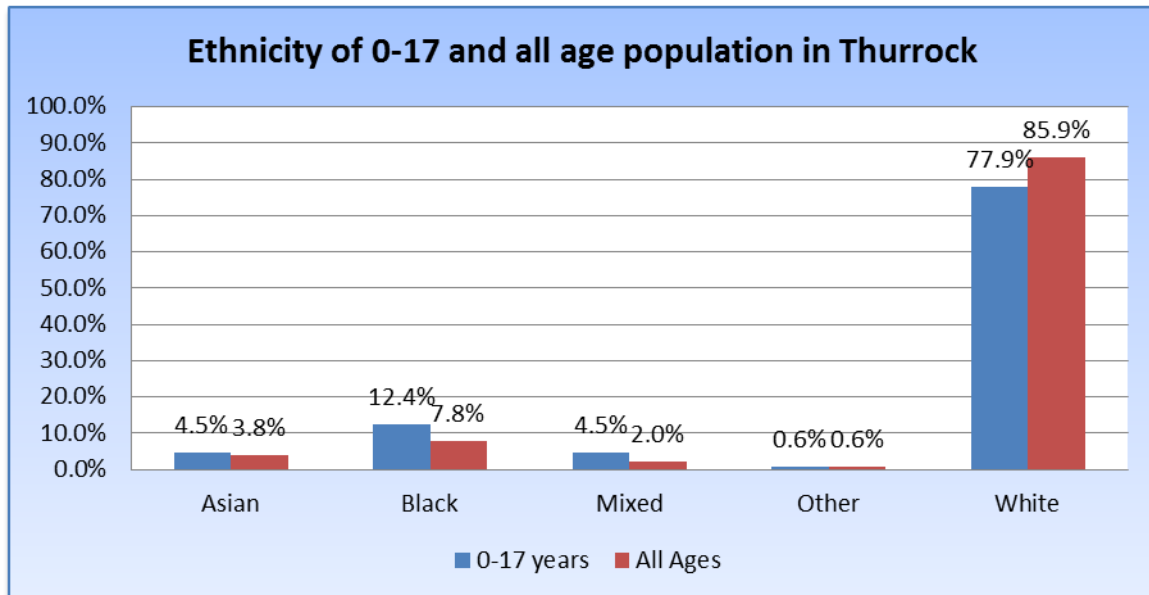
Figure 13: Ethnicity of young people accessing treatment in Thurrock, 2017/18



Source: NDTMS

Our child population in Thurrock is more ethnically diverse than the all age population. The figure below compares the ethnicity of the local population aged 0-17 years with the ethnicity of the total Thurrock population. From this, it can be seen that there is a lower proportion of White residents in the 0-17 population and a higher proportion of Asian, Black and Mixed ethnic groups, which tells us that the local service is identifying and working proportionately across these ethnic groups.

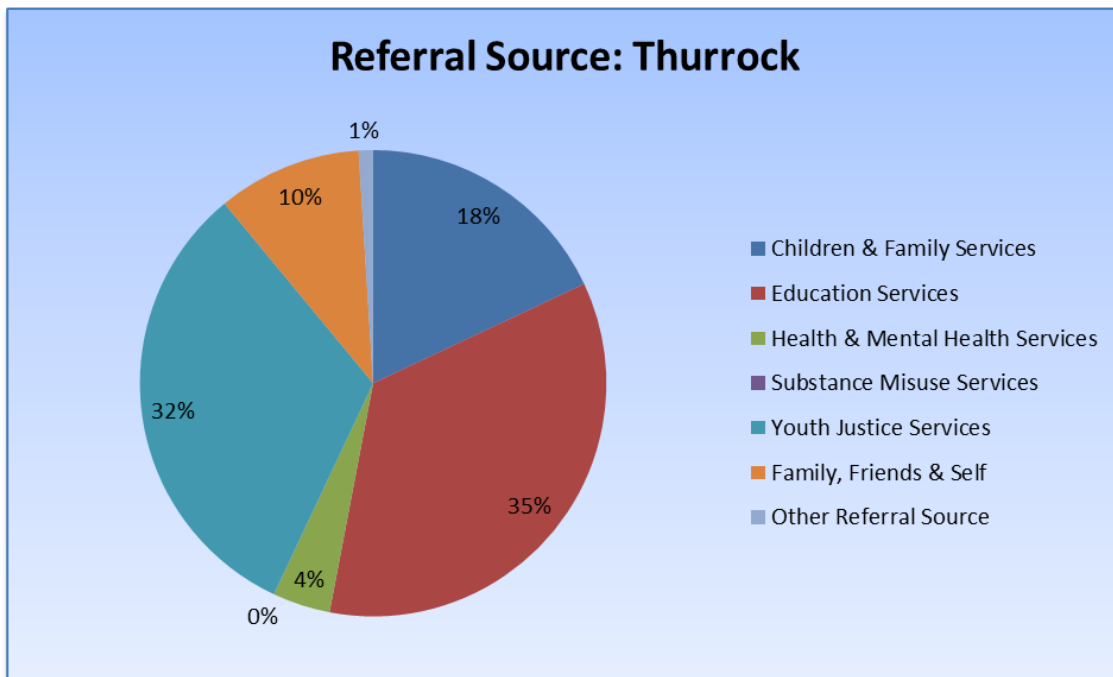
Figure 14: Ethnicity of 0-17 year and all age population in Thurrock



Source: Child and Maternal Health Intelligence Network

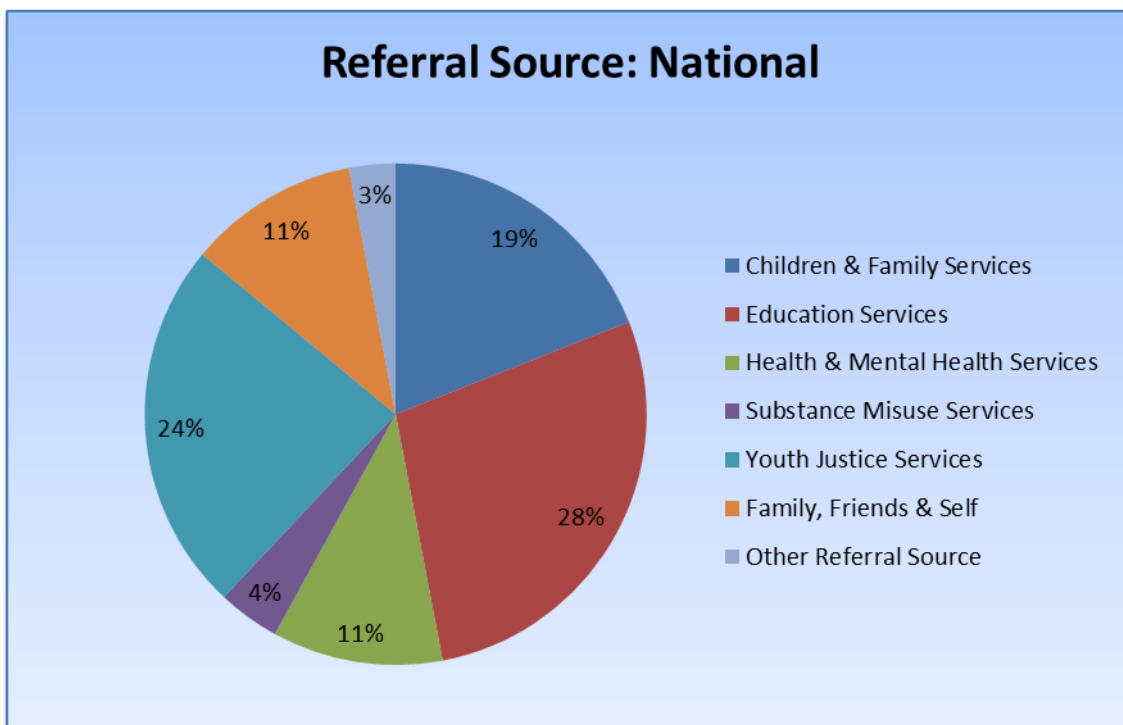
Referrals to the service come from a range of sources, illustrated by the below pie chart. The vast majority have come from Education and Youth Justice Services, demonstrating effective referral pathways and partnership working. Thurrock is above the national average against these two referral sources, considerably so with regards to Youth Justice Services. Children’s Services is also a popular referral source, followed by Friends, Family or Self-referral, both of which are in line with the national averages. Just 4% of Thurrock referrals came from Health & Mental Health Services compared to 11% nationally and should be an area of future focus.

Figure 15: Referral Source for young people accessing treatment in Thurrock, 2017/18



Source: NDTMS

Figure 16: Referral Source for young people accessing services, nationally, 2017/18

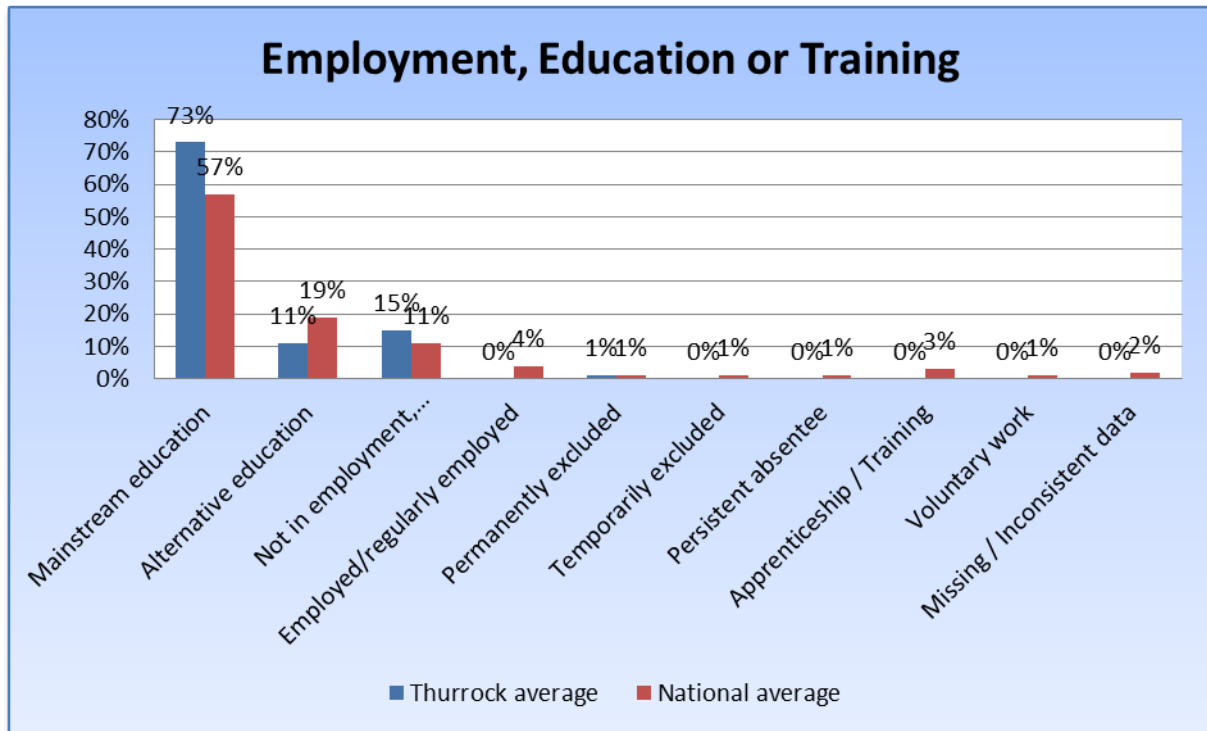


Source: NDTMS

In terms of education, employment or training, the majority of young people in treatment were in mainstream education, a figure that was above the national average. The next largest group for Thurrock were those not in employment, education or training (NEET), closely followed by those in

an alternative education programme such as the Pupil Referral Unit (PRU). These figures were similar to the national average. The remaining group was formed of individuals who were permanently excluded. No young people were recorded as being in full time or regular employment; the national average being 4%. Nationally, the unaccounted 8% was shared across the bottom 5 groups in the below graph.

Figure 17: Young People who are in treatment who remain in employment, education or training in Thurrock, 2017/18

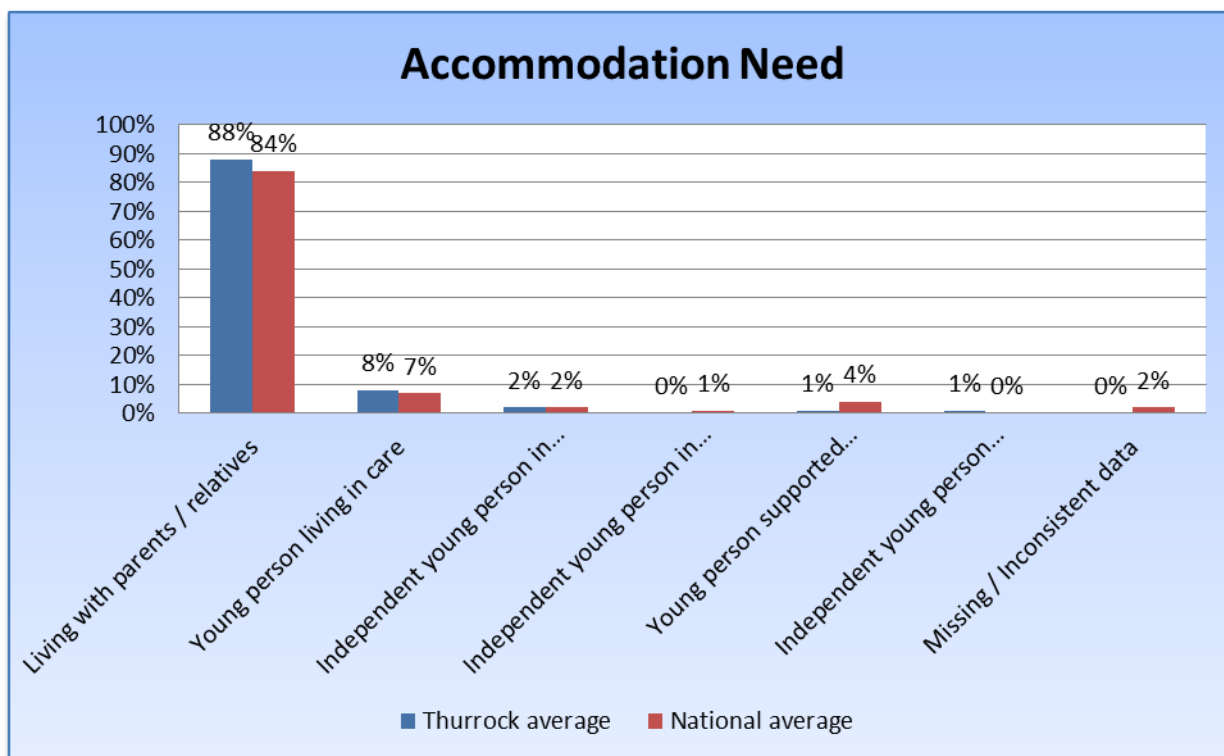


Source: NDTMS

We can see from the above graph that in Thurrock we are better than the national average at engaging with young people who require substance misuse interventions that are in mainstream education, thus preventing the escalation of wider vulnerabilities that are set out below.

The vast majority of young people in treatment in Thurrock live with their parents or relatives, with the remainder split across living in care, independent accommodation or supported housing. This broadly matches the national averages for such a client group. The no fixed abode category refers to those clients who 'sofa surf' and rotate usually between a core group of friends' addresses as opposed to being street homeless.

Figure 18: Accommodation need of young people accessing treatment in Thurrock 2017/18



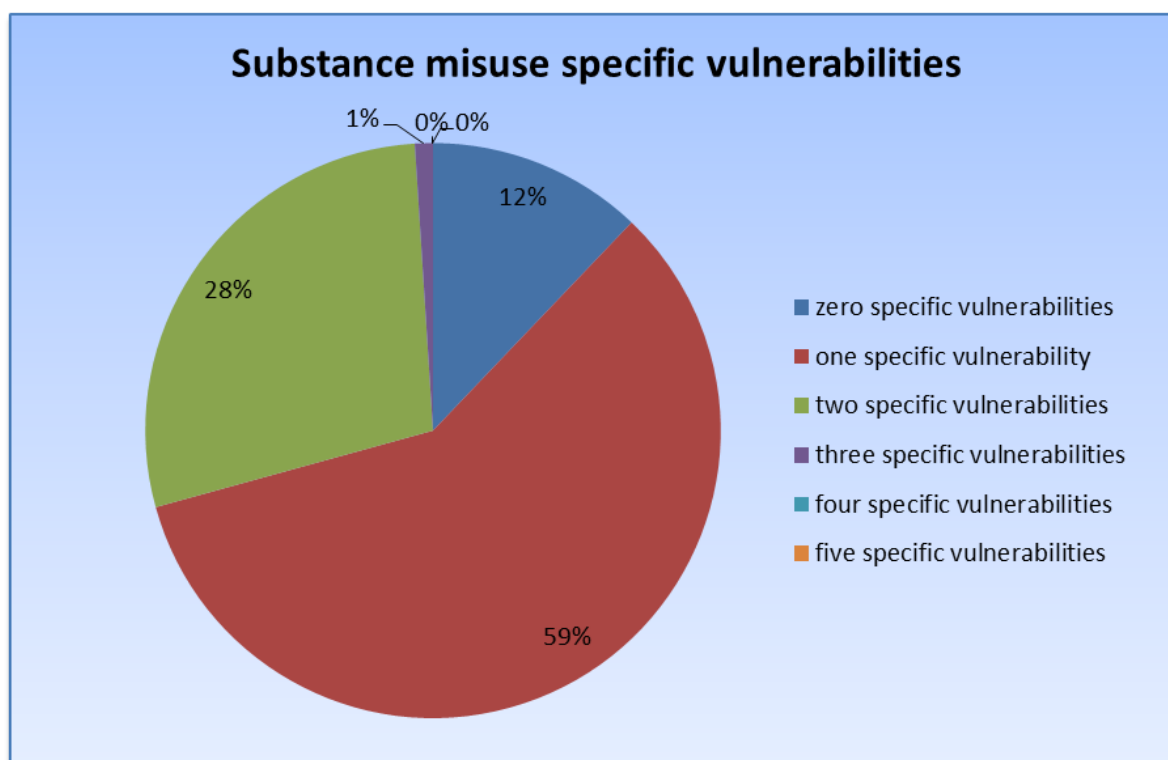
Source: NDTMS

Substance misuse specific vulnerabilities are categorised in 5 groups:

1. Early onset of usage (young age when misuse begins)
2. Poly-drug user (more than one problematic substance misused)
3. High risk alcohol user
4. Opiate or crack user
5. Injecting

The following pie chart illustrates these groups; it should be noted that Thurrock has no opiate or crack users or injecting young people in treatment (groups 4 and 5). Therefore the segments in the following pie chart refer to clients who have either no specific vulnerabilities or have up to three specific vulnerabilities from groups 1-3 above.

Figure 19: Number of substance misuse specific vulnerabilities experienced by young people in Thurrock, 2017/18



Source: NDTMS

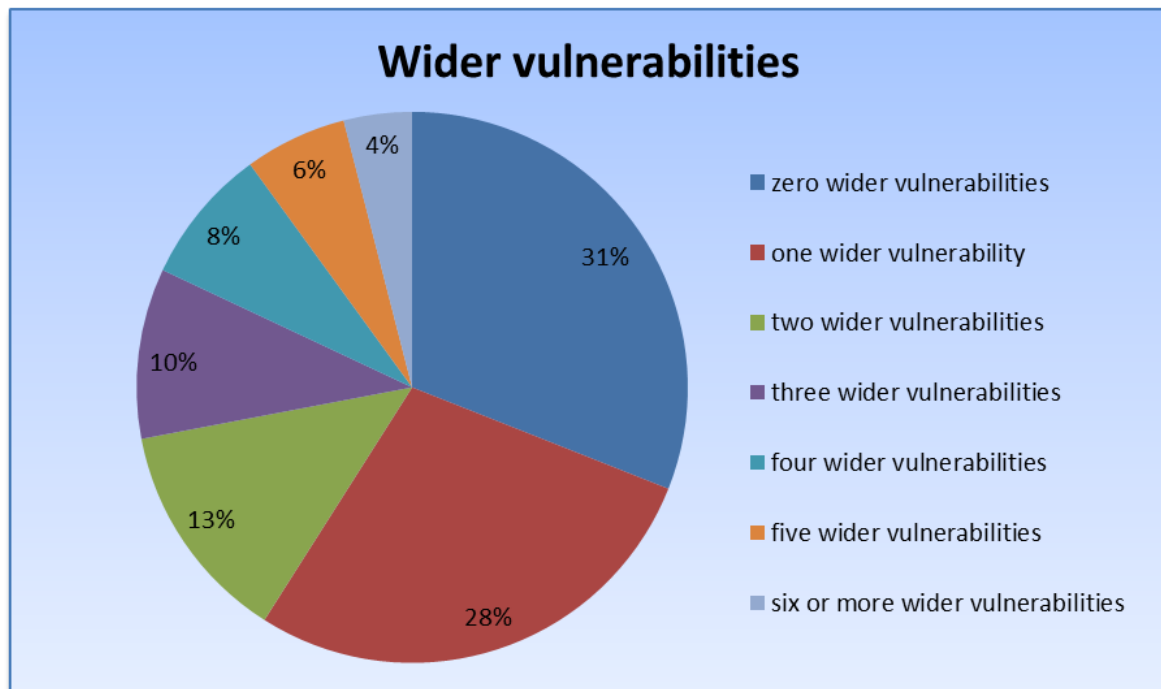
Wider vulnerabilities form a larger list of twelve categories:

1. Looked After Child
2. Child In Need
3. Domestic Abuse
4. Mental Health problem
5. Sexual exploitation
6. Self-harm
7. Not in Employment, Education or Training (NEET)
8. Housing problems
9. Parental status / pregnant
10. Child Protection Plan
11. Anti-social behaviour / criminal act
12. Affected by others' substance misuse.

The following pie chart illustrates the complexities of the client group in Thurrock, with roughly a third of clients having no wider vulnerabilities from the above list, a third having one or two wider vulnerabilities and the remaining third of clients having three to six or more vulnerabilities. By definition, those clients scoring three or more wider vulnerabilities will be very complex cases with multi-agency action plans; high users of services. These clients are more likely to demonstrate offending behaviour, poor school attendance or attainment and suffer socio-economic disadvantages, which might include living in a deprived part of the borough or have parents/carers who are unemployed and who may have a substance misuse need of their own. They are likely to

utilise more keyworker time and spend longer in treatment compared to clients with fewer wider vulnerabilities.

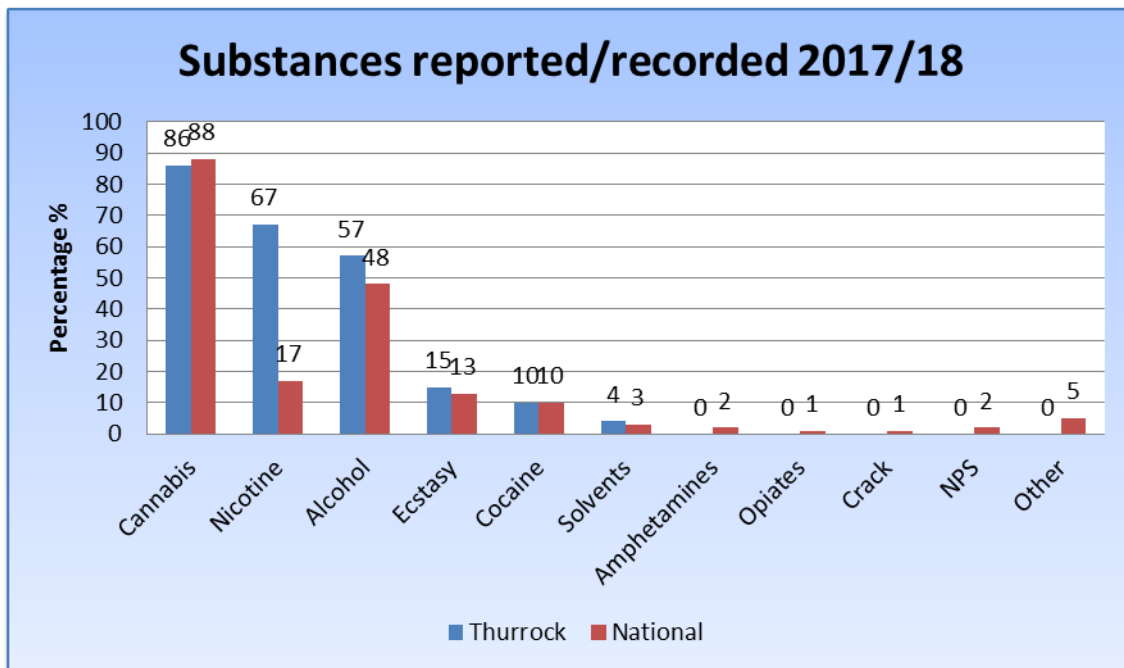
Figure 20: Number of wider vulnerabilities experienced by young people accessing treatment in Thurrock, 2017/18



Source: NDTMS

The main type of substance misuse service offered in Thurrock in 2017/18 was for cannabis, followed by alcohol. When compared to the national average, Thurrock was broadly in line with the national data, although it can be noted that no young people were in treatment for opiate or crack misuse. The main anomaly is the data for nicotine. Thurrock's data has stood out in the national figures for the last 5 years when we implemented stop smoking referrals into the treatment offer; by definition cannabis misuse will almost always involve some level of tobacco smoking. Cocaine and ecstasy are not common drugs cited by young people in treatment, and the level of misuse in Thurrock is in line with the national picture.

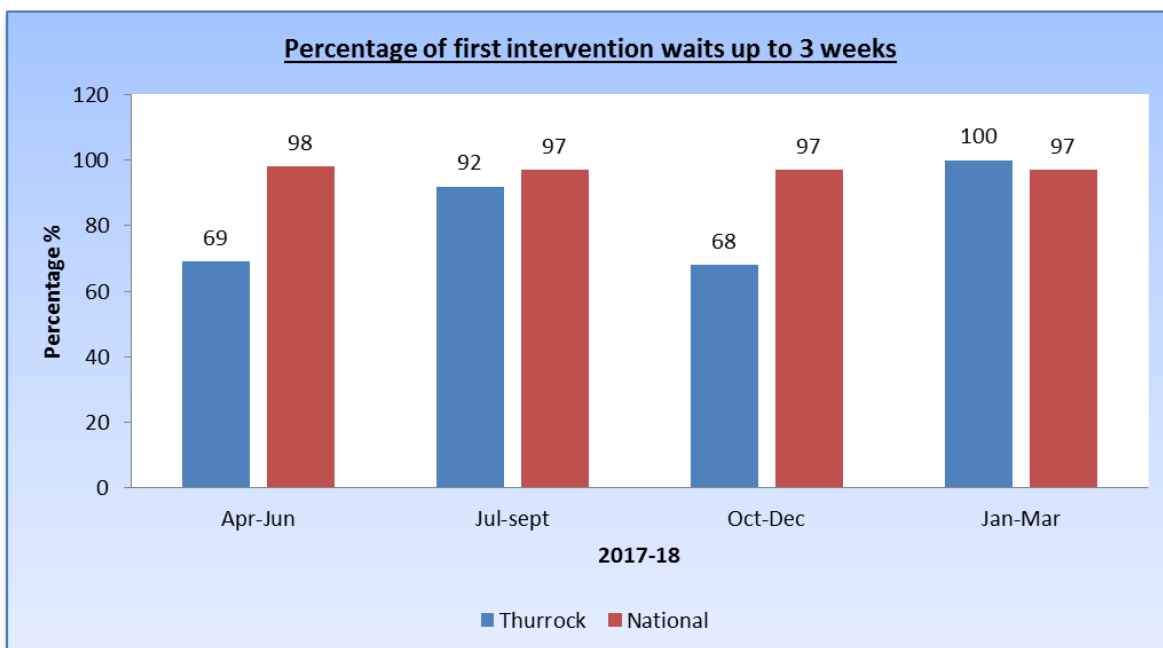
Figure 21: Young people entering treatment services in 2017/18 in Thurrock and England by substance type



Source: NDTMS. Technical Notes: Figures are of YP in specialist substance misuse community services 2017/18. Substances cited are from any episode for the young person in the year (any citation in drug 1, 2 or 3). Individuals may have cited more than one problematic substance so percentages may sum to more than 100%

Waiting times

Figure 22: Percentage of first intervention waits of up to 3 weeks, 2017/18 (Thurrock and nationally)



Source: NDTMS

The graph above shows that the waiting time for Children and Young people in Thurrock to be seen by the service is worse than the national average for the first 9 months of 2017-18 but slightly better

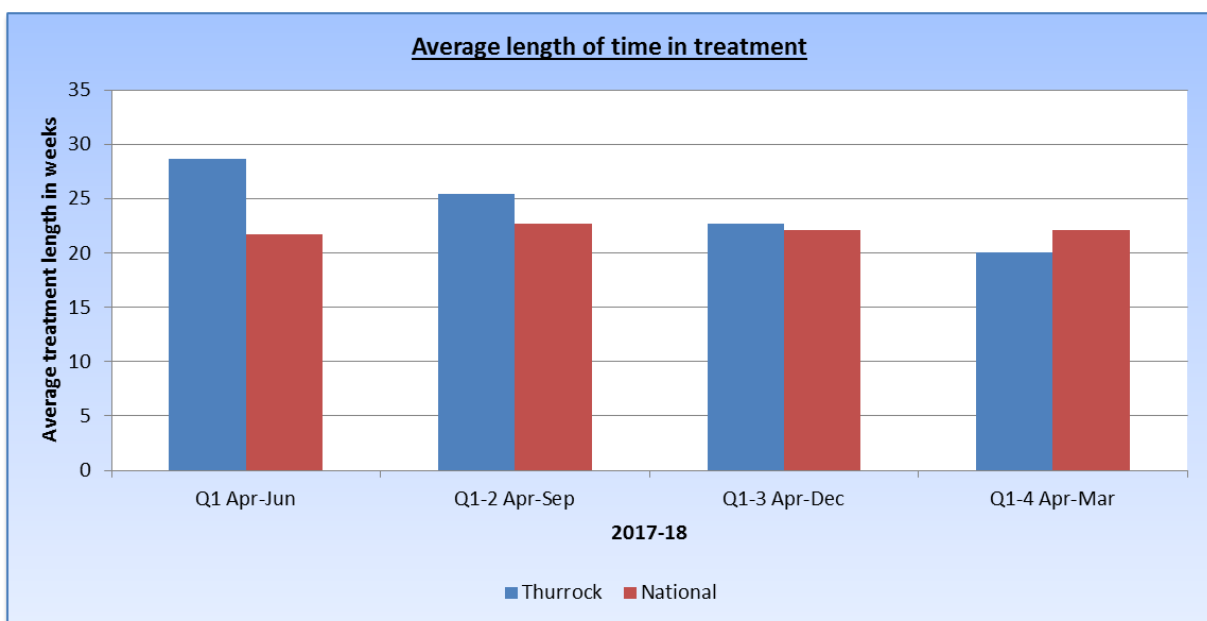
for quarter 4, with 100% being seen within 3 weeks; demonstrating that young people no longer have to wait lengthy periods between assessment and the start of their treatment. It also signifies that the longer waiting times observed at the start of 2017/18 has been reduced. Consequently it is proposed that this should continue to be monitored by the new for Thurrock.

In Treatment

The graph below outlines the average length of time that young people were in treatment services in Thurrock in 2017/18. Young people generally spend less time in specialist interventions than adults because their substance misuse is not entrenched; however those with complex care needs often require support for longer.

The data below shows that the average length of time in treatment for Thurrock young people is slightly less than the national average when looking at the Q1-4 Apr-Mar columns. This tells us that more clients are in treatment for shorter periods of time, and fewer clients are in treatment for lengthy periods, suggesting good engagement by young people or effective treatment delivery by the provider.

Figure 23: Average length of time in treatment, 2017/18 (Thurrock and nationally)

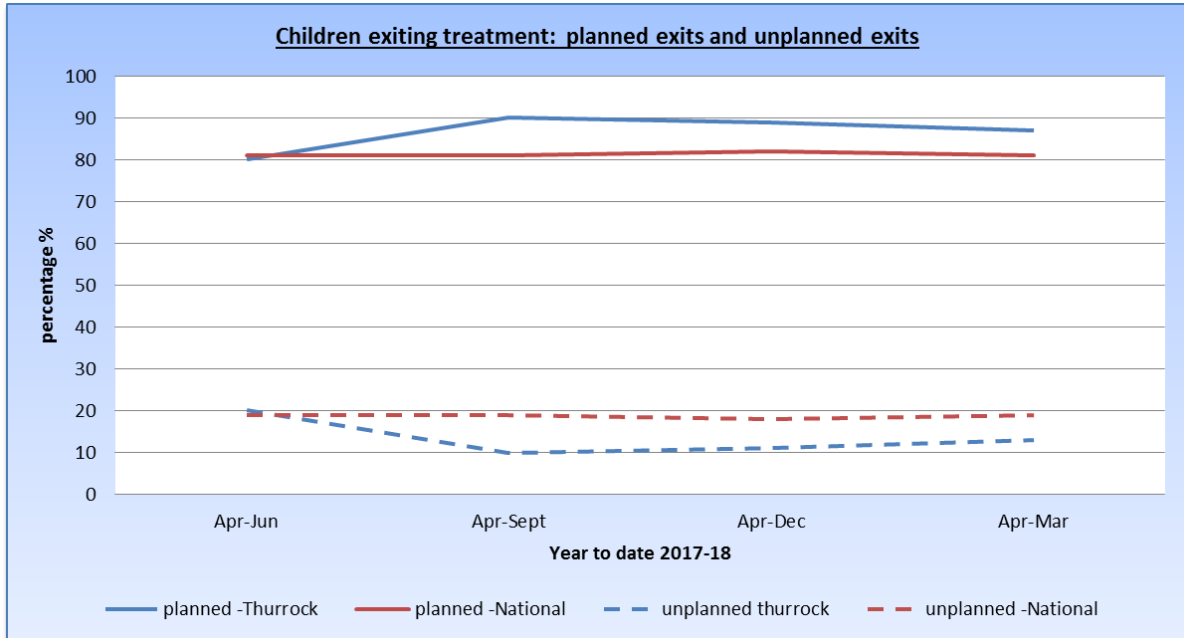


Source: NDTMS

The graph below shows that there are a higher percentage of planned exits in Thurrock young people comparing with nationally and less unplanned exits than national data shows. This suggests that although children are staying in treatment on average slightly longer, they are doing so appropriately and in a planned way. The fact that there have been no re-presentations to the service from last year (at the time of writing this document) supports this interpretation and reflects the quality of interventions delivered. Re-presentations are clients who re-present for treatment within 6-months of treatment exit. Given the high satisfaction with the service based on both the annual service reviews which include analysis of feedback questionnaires and the service user engagement for this report, we can expect clients to want to re-present if the need were to arise,

whereas poor service user satisfaction would logically cause clients to not re-present, thus artificially inflating the re-presentation rate performance.

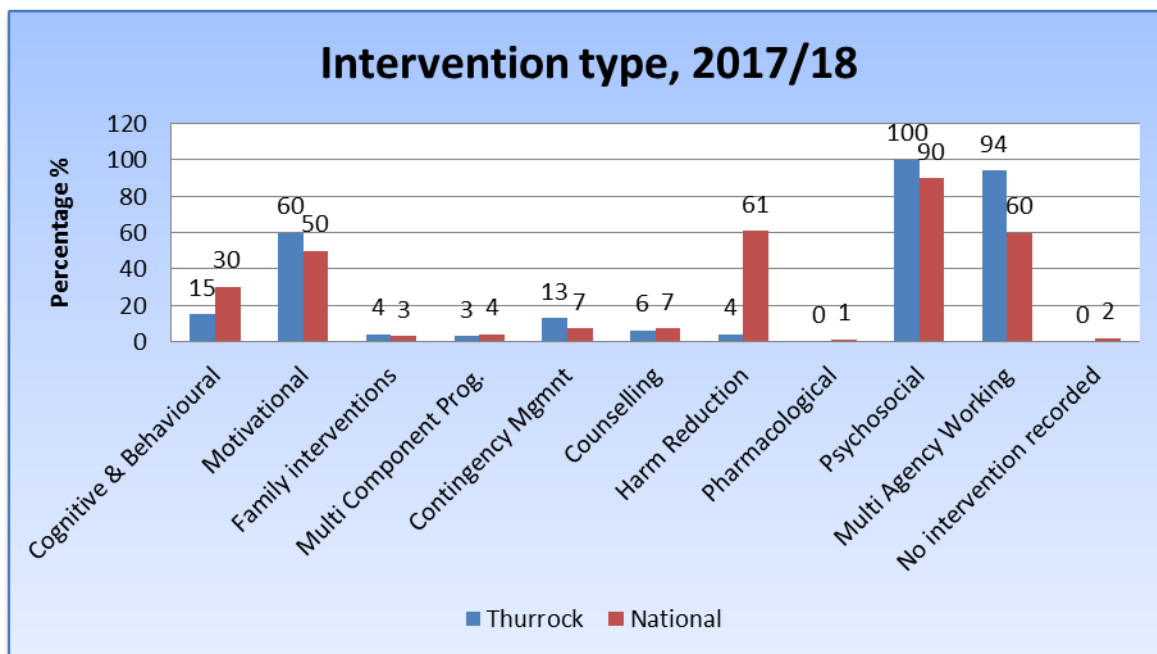
Figure 24: Children exiting treatment, planned exits and unplanned exits, 2017/18 (Thurrock and nationally)



Source: NDTMS

Young people have better outcomes when they receive a range of interventions as part of their personalised package of care. The figure below outlines the percentage of young people accessing different types of interventions in Thurrock and England. The majority of young people in Thurrock access psychosocial interventions followed by motivational interventions, whereas nationally more young people accessed harm reduction interventions as the second most common intervention. For Thurrock, cognitive and behavioural interventions were half the national level. However, almost all intervention types for Thurrock included multi-agency working, a level far higher than the national average and which demonstrates both the complexities of the local caseload and our excellent partnership working – something we expect the new service to incorporate and continue.

Figure 25: Types of substance misuse interventions accessed by young people in Thurrock and England, 2017/18



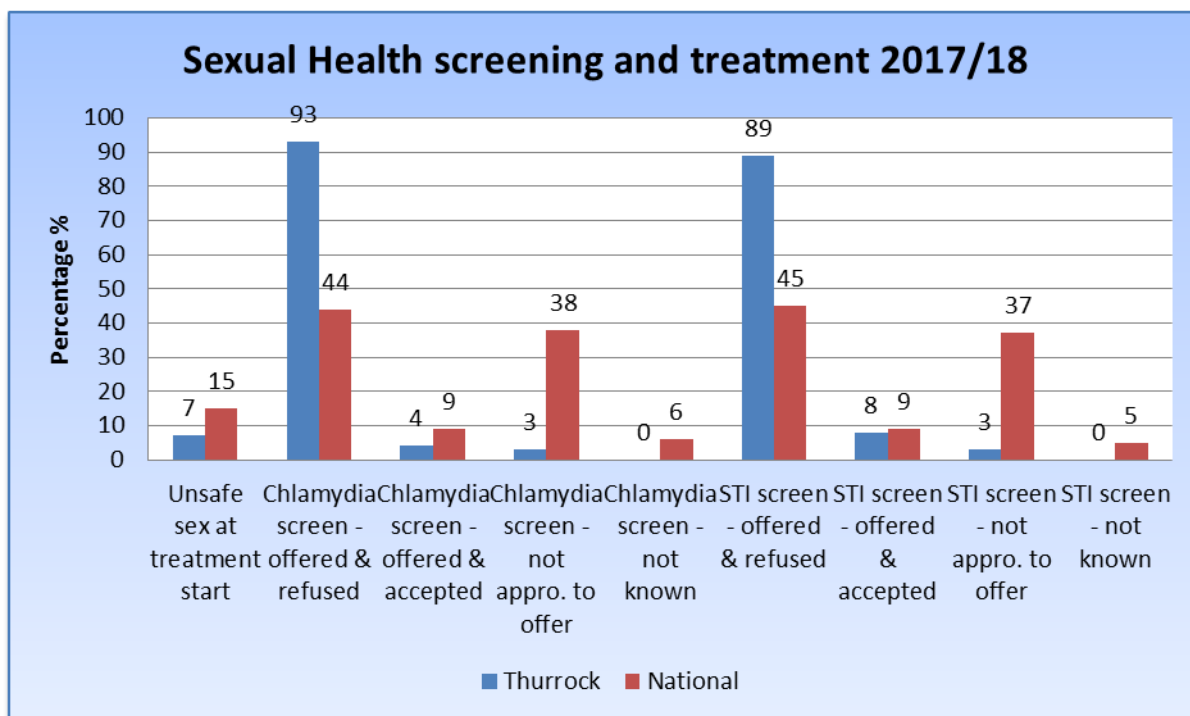
Source: NDTMS. Technical Notes: Overview of intervention figures are out of YP accessing specialist substance misuse services in the year to date period. Each individual is only reported once against each intervention type. † An individual may have received more than one intervention type so percentages may sum to more than 100%. Multi Agency Working figures are out of all young people receiving structured specialist treatment only.

The vast majority of interventions are delivered in the community (99%) which typically refers to schools or colleges. The remaining 1% of interventions are delivered in the home. This broadly reflects the national picture, which is 97% and 3% respectively.

Young people in treatment are, where appropriate, screened and referred for treatment for chlamydia and sexually transmitted infections (STIs). Thurrock young people report half the level of unsafe sex at treatment start compared to the national average. What we can see from the below figure is that the offered and refused percentage for chlamydia and STIs is twice that of the national average and we should better understand why the level of acceptance of sexual health treatment is so low. Against this, we can see that in over a third of cases it is not appropriate to offer chlamydia or STI treatment, which is significantly higher than the national average of just 3%. We know that in Thurrock much of the hidden harm casework is with children under the age of 13, hence why it is recorded in this way; unless a disclosure is made by the young person it would not be appropriate to offer such a young client a sexual health screening.

Offering free and open access to sexual health advice and treatment will help young people make healthy choices regarding their own sexual health. Thurrock’s Integrated Sexual Health Service currently offers young people sexual health advice and treatment when needed, which in turn can help to prevent unplanned teenage conceptions.

Figure 26: Sexual Health screening and treatment in 2017/18 (Thurrock and nationally)



Source: NDTMS

3.3 Criminal Justice

The 2016 Children and Young People’s Joint Strategic Needs Assessment (JSNA) tells us that young offenders (or those at risk of offending) are a highly marginalised group and often have greater health needs than the non-offending population, experiencing exposure to inequalities in health that persist into adult life, including a higher incidence of physical and mental ill health, sexually-transmitted disease, injuries, and early pregnancy in females.

Youth Offending Teams (YOT)/Services (YOS) consist of professionals from Social Care, Probation, the police as well as Health & Education. They work with young people aged 10-17 who have been either convicted in the Courts or have been made subject to a pre-Court outcome. Interventions can take place in the community or in the secure estate and are designed and implemented to address the risk factors that each young person presents. They also work with the victims of Youth Crime and manage restorative justice processes.

YOS prevention work focuses upon young people aged 8 to 17 years before they enter the criminal justice system but at a time where they are presenting offending or anti-social behaviour.

What do we know?

There were 207 offences committed in Thurrock in 2013/14 that were known to the Youth Offending Team – 174 were committed by males and 33 by females. This is in line with national and adult data. The most common type of offence committed was Violence against a person, with 53 of the 207

offences falling into this category. Drugs Offence accounted for 18 offences. Again, this is in line with national and adult data.

The assessed generic risk factors for young people offending and re-offending in Thurrock indicate that the most common risk factor is thinking & behaviour, followed by family and personal relationships, emotional and mental health, education, training and employment and attitudes to offending. The least common is physical health. An increase has been observed in young people presenting Emotional & Mental Health issues linked to their offending. However, this may be due to the increase of increasingly robust services within the YOS which is ensuring that issues are identified and managed. There also may be a link to the increase of young people being supervised who have been involved in serious youth violence and the emotional issues it can instigate. Perhaps surprisingly, substance misuse was the 4th lowest risk factor at assessment, out of 12 risk factors.

Due to high migration from the London Boroughs, the Thurrock YOS is supervising a number of young people who have links to serious youth violence and gangs. We remain vigilant to the strong association between this gang activity and its links to emerging drugs markets, particularly regarding county lines and cuckooing¹⁷. County lines refers to city-based gangs operating phone lines and transactions for drug dealing that permeate into surrounding areas such as from London and into Thurrock and the Home Counties. Cuckooing refers to gang members taking over the properties of vulnerable people in order to use the premises as a base to operate their drug dealing.

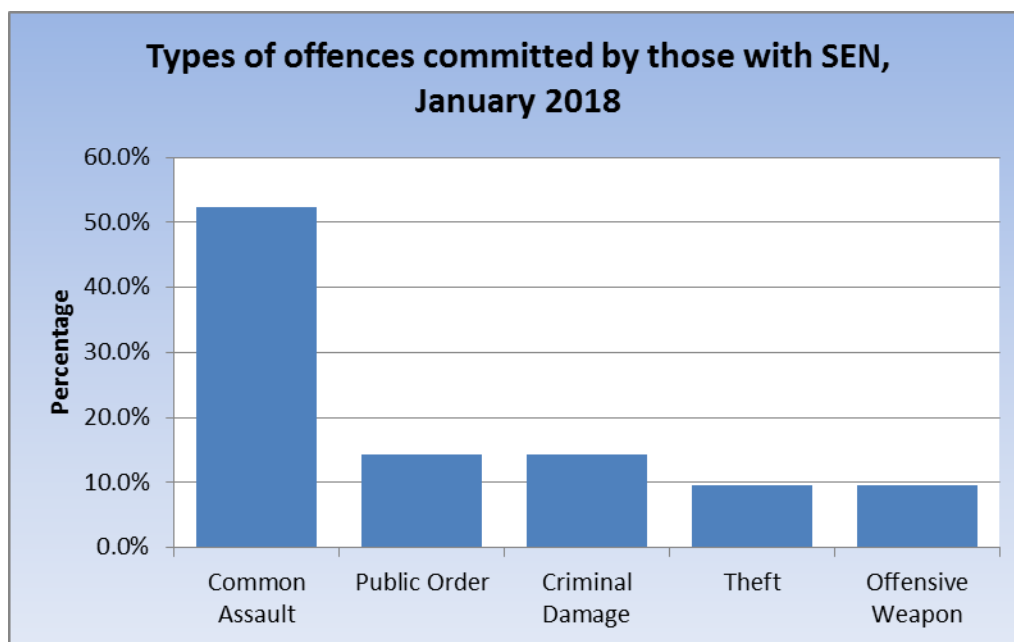
At the point of analysis (July 2018), 11 of the 54 cases on the YOS caseload (not including young people subject to prevention interventions or out of court disposals) had Special Educational Needs (SEN) recorded in their initial ASSET plus assessment (20%). Of these 11 cases, seven had Education, Care and Health plans (ECHP), two had Statements of special Educational Needs (SEN) and two had special needs identified but were not currently subject to an ECHP or SEN statement.

One key outcome measured by the YOS is the rate of reoffending 1 year post-conviction. Looking at all young people who offended in a six month period who are then tracked for a year, it was ascertained that 33% of them were identified as having special educational needs, which is proportionally higher than would be expected.

When considering the types of crimes committed by this cohort, it can be seen that the most prolific offence committed by young people with Special Educational Needs is common assault, followed by criminal damage and Public Order offences. The rate of common assaults committed by young people with special educational needs is higher than that of the general population, (52% as opposed to 39%) and the comparison is similar in respect of criminal damage and public offender order offences. It should be noted that these offences are often reactionary and directly linked to behaviour management, perhaps related to anxiety, frustration and communication problems.

¹⁷ Vice. How Drug Dealing Gangs Are Taking Over the Countryside. (2018)
https://www.vice.com/en_uk/article/zm84bx/how-londons-drug-dealing-gangs-are-taking-over-the-countryside (Accessed July 2018).

Figure 27 Types of offences committed by children with SEN, January 2018



Source: Thurrock Council Youth Offending Service, January 2018

What are we doing in Thurrock?

The YOS historically employed a full time substance misuse worker, but in recent years they referred clients to treatment and interventions facilitated by Thurrock’s young person’s substance misuse service. In 2013-14 over 8% of convictions were in relation to possession or possession with intent to supply of illegal substances but the use amongst our client base is far bigger. However, whilst this can increase other risk factors it is rarely the sole reason for their offending. The use of class A drugs is rare in young people in Thurrock, but there were a number of convictions of young people dealing crack & heroin in 13-14.

2017/18 NDTMS data tells us that 18% of young people in treatment had offending recorded as a sub-intervention for their multi-agency support package, meaning that almost 1 in 5 clients have been assessed as being involved in offending behaviour. In 2017/18 the young person’s substance misuse service co-located a member of staff in the YOS one-day a week. It should be noted that many of these clients will also be those noted in the YOS data.

Recommendations

Population

- The expected 30% increase in the 10-17 year old population over the next ten years and the uncertainty of what impact this will have on treatment numbers means we need to continually assess and be responsive to potential increases in service demand
- The major issues and future risk factors for Thurrock are the continued increase in migration from the London boroughs, especially in relation to the management of young people who have been involved in serious youth violence

Recommendations - continued

Population

- The increasingly diverse population and consequent increase in the BME population will result in changing risk factors and a change in interventions and supervision will be needed to meet these
- The increase of young people involved in gangs brings with it the increased risk of sexual exploitation and increases in vulnerability and safeguarding which has been evident over the preceding years. The strategy to manage this risk is more partnership working both locally and with the London boroughs which are the sources of the migration
- Additionally, although it is not yet presenting itself, there may be an increase in substance misuse issues specifically related to Class A addiction in young people and the provider must be responsive to this
- Provider to continue to be accommodating of complex cases with multiple wider vulnerabilities
- Commissioners to deepen their understanding of the A&E hospital admissions data
- Brighter futures partners to recognise that some young people state they are using drink or drugs to cope with worries/anxiety and to be responsive to this via targeted support or universal prevention and education interventions

Treatment population

- Provider to increase the acceptance of sexual health screening, where deemed appropriate/eligible and to explore why our referrals are lower and how to strengthen links to sexual health services
- Regularly review the use of Novel Psychoactive Substances ((NPS), also referred to as Legal Highs or Club Drugs) and adapt the treatment offer accordingly
- Reaching treatment naive parents who require treatment for substance misuse, due to children experiencing hidden harm, is a challenge for treatment services and something they must maintain a focus on
- Continue to ensure that appropriate links are being made locally between Brighter Futures partners and particularly between services for domestic and sexual violence, young people and substance misuse to address and support the specific and wider vulnerabilities set out in Figures 10, 19 & 20 and ensure strong multi-agency working remains a priority of the new service
- Commissioners to review the referral pathways from children and young person's health and mental health services to better understand the low referral rate compared to the national average
- Our use of harm reduction interventions is far lower than the national average and commissioners need to understand why this is the case and what the implications are
- Provider to continue to offer referrals for stop smoking support
- Commissioner to match the new service specification to the existing age eligibility of up to 18 years old, with exception for up to 25 years old if SEND/disabled and appropriate
- Provider to explore why fewer referrals come from those young people in apprenticeships or employment, compared to national average

Recommendations – continued

Criminal Justice

- Provider and commissioner to remain vigilant to the strong association between gang activity and its links to emerging drugs markets, particularly regarding county lines and cuckooing
- Continue to co-locate a young person's substance misuse service worker in the YOS at least once a week and recommend this in the updated service specification
- Brighter Futures partners to be vigilant of SEND children being disproportionately represented in YOS data and cater for their additional needs

4. Literature review summary

A comprehensive literature view has been conducted by commissioners, largely based on a review of articles and publications that resulted from a literature search conducted by the Aubrey Keep Library.

Key Points

Prevention & Education

- Prevention and education programmes carry a risk of increasing use of substances, but overall, the benefits outweigh these risks if even from a harm reduction perspective.
- Prevention and education work in schools is a key focus of the current young person's substance misuse service

Treatment

- The trends and high risk groups set out in the infographic in Figure 10 are explored in the below summary
- Family therapy is emerging as an area of best practice
- Multi-agency working is key to ensuring that the whole child is supported holistically
- Hidden Harm work with children of substance misusing parents/carers continues to have a strong evidence base
- Our Stop Smoking Service has long since forged effective partnership working with our substance misuse service and the latest evidence shows that this can be a mutually beneficial investment
- Coproduction should feature in programme development to prevent the focus being on what adults perceive the issues to be

Mental Health

- Rates of Common Mental Health Disorders (CMHDs) such as depression and anxiety have recently increased in the children and young people population
- Substance misuse can be linked to suicidal ideation
- Review partnership working with Mental Health services to ensure service delivery is not fragmented

4.1 Prevention & Education

How far we can go to prevent substance misuse is a topic of contention, since it is a fact that drug and alcohol problems persist in our society and generations of young people continue to use drugs and alcohol, whether that be experimentally, recreationally or to hazardous and harmful levels despite increasing awareness of the potential for harm.

Programmes designed to prevent substance misuse in young people have almost invariably been designed by adults, based on their concerns regarding drug and alcohol use rather than young people's experiences. It is important to note that there are intrinsic differences between adults and children of different ages. Furthermore, the experiences of this generation of young people likely differs greatly from the childhood experiences of the current generation of adults, particularly with the more recent boom in technology and the development of numerous social media platforms¹⁸. Evaluations of these programmes have also tended to be undertaken over a relatively short time frame and more longitudinal studies are needed to determine whether prevention and education is truly effective. According to Phil Harris', *Youthoria*¹⁹, this has led to the implementation of poor prevention programmes, which have resulted in poor outcomes and thus provide justification for disinvestment, with such strategies being branded as education rather than prevention.

However, there is a benefit to these overarching education-style programmes. Getting universal prevention messages across to large groups of young people can ensure that they take informed risks. The counter argument is that this heightens young people's awareness of the opportunities that exist, some of whom might seek out these opportunities. Education programmes, therefore, tend to focus on harm reduction messages, rather than the zero tolerance scare mongering messages that were favoured in the 1980s and 1990s; evidence shows us that young people take risks, it's their nature to do so, and as such minimising the risk should be the focus.

However, there is a case to argue for targeted or selective prevention. For example, we know that young people with key vulnerabilities as outlined above are much more likely to participate in such risk taking behaviour. We know that these young people tend to have poor school attendance or attainment, might live in a 'troubled family' unit, could be known to mental health services, be an open case with children's social care or even be in the care system. They are more likely to be engaged in offending behaviour and could already be in the criminal justice system, perhaps already on the caseload of the youth offending service (YOS). A limitation of this approach is that it's a generalisation and not all young people in these cohorts will be engaged in substance misuse. Moreover, there is a risk of stigmatisation and the feeling of being 'singled out' on top of other vulnerabilities young people may be facing. Indicated prevention is a method that targets those young people known to be engaged in risky behaviours and substance misuse. Interventions can help prevent normalisation or escalation of the behaviours and begins to cross over into the realms of treatment, often referred to as early intervention or early help.

¹⁸ Public Health England. (2015). The International Evidence on the Prevention of Drug and Alcohol use: Summary and examples of implementation in England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669654/Preventing_drug_and_alcohol_misuse__international_evidence_and_implementation_examples.pdf (Accessed June 2017).

¹⁹ Harris, P (2013) Can Substance Misuse Be Prevented in Young People? *Youthoria*. 128-131.

The success of any targeted prevention intervention will be reliant on the skill of the facilitator/keyworker and honesty of the young person. Since a number of agencies might be working with that child or family a multi-agency approach with effective information sharing will be important to enable building up a more accurate picture of the true situation, particularly where young people attempt to play agencies off against one another. Reasons for doing so might include wanting to resist change, particularly where the behaviour or activity is seen by the young person as enjoyable and interventions are being enforced by statutory agencies, or where the young person fears dramatic intervention such as removal from a family unit.

The outcomes of specific prevention and education programmes across alcohol, tobacco and cannabis suggest that the initial short-term impact was similar for tobacco and alcohol. However, the longer-term impact on smoking reduction was three times higher than the reductions in alcohol use and that alcohol programmes were more likely to have no effect or a harmful effect in that they could increase drinking post-intervention. A larger scale study also found similar results; most effective in reducing tobacco consumption, then 'all drugs' then alcohol and finally 'soft drugs'²⁰.

The question of who delivers these programmes is important. Young people tend to respond poorly to teachers delivering drug and alcohol prevention messages in PSHE lessons; teachers are not supposed to be viewed as fallible but instead as pillars of the community with reputations to uphold. Having core subject matter teachers suddenly delivering messages about reducing the risks of substance misuse, or even delivering zero-tolerance messages can blur the lines between the teacher-pupil relationship. Measuring the learning is difficult, since many young people are likely to consider teachers as not coming from a position of experience. Those teachers that might share experiential messages further risk the teacher-pupil relationship, with the exception being those pupils that admire the risks their teacher may have taken, which then risks normalising the substance misuse.

However, having guest speakers from local substance misuse services overcomes this issue. The evidence suggests that if the messages come from one's peers the impact is even greater than teacher-led programmes, and that health professionals appear to be more effective delivery agents than peers²¹.

It is likely that a suite of coordinated and well-presented universal and targeted interventions will have the largest impact on reducing substance misuse, or risk of harm for young people living in the borough²².

As outlined above Hidden Harm is a term used in drug and alcohol treatment to refer specifically to young people whose parents/carers misuse substances. These parents/carers may be in treatment themselves and the young people might also have a substance misuse need of their own. It is a complex area of work, much of which sits within the realms of prevention and education since there

²⁰ Harris, P (2013) Can Substance Misuse Be Prevented in Young People? *Youthoria*. 154-155.

²¹ Harris, P (2013) Can Substance Misuse Be Prevented in Young People? *Youthoria*. 161.

²² Public Health England. (2017). Young People's Statistics from the National Drugs Treatment Monitoring System (NDTMS) 1st April 2016 to 31st March 2017.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664945/Young-people-statistics-report-from-the-national-drug-treatment-monitoring-system-2016-2017.pdf (Accessed June 2017).

is a need to help young people understand their situation and divert them from falling into the intergenerational cycle of substance misuse. Furthermore, great care is required when working with this cohort because once the gravity of their situation has been unpacked before them they are almost always unable to change their circumstances by themselves. This topic will be explored further under 'Treatment'.

4.2 Treatment

Measuring the efficacy of treatment modalities for young people is a challenge. A young person's age is deemed to be a poor measure of maturity so it is not easy to determine which interventions suit a certain age group, particularly if the young people in question have experienced some degree of developmental delay.

With the exception of young children receiving support under the Hidden Harm agenda, young people in treatment are generally at a transitional phase whereby the safety of parental influences (however limited these may or may not be) fall into decline and give way to peer influences. Add to this an increase in emotionality and life stresses, particularly via relationships and exam or employment pressures and hormonal changes during puberty, and one can see how some young people might turn to substance misuse as a form of distraction, 'self-medication' or, a source of enjoyment. For this reason, the notion of abstinence-based recovery can seem a paradox. Instead, the focus is often to ensure that repeated exposure to substances does not lead to physical dependence in adulthood and that young people can be provided with the tools to avoid addiction and instead develop their resilience, increase will power and be directed towards meaningful activities such as hobbies, recreational activities or voluntary work that are all strong attributes to attaining life skills and achieving recovery²³. This is somewhat of a challenge considering that as children move into adulthood their opportunities to earn a wage and have disposable income both increase dramatically, therefore, enabling them to afford a lifestyle that might have negative connotations, could involve committing criminal offences if misusing banned substances and ultimately be harmful to their physical and mental health. On the other hand, employment is one of the most protective factors for health and well-being and as such may begin to reduce some of the fears or vulnerabilities that young people were facing during adolescence²⁴.

Treatment methods to address these risks and issues lie along a continuum with harm reduction at one end and abstinence-based recovery at the other. In between are a myriad of psychosocial interventions that include cognitive behavioural therapy (CBT), motivational interviewing (MI), counselling, 12-step programmes, multi-agency input, peer support, group work and 1:1 sessions all designed to lead the young person towards aftercare and recovery. For some young people enforcement (especially if known to criminal justice agencies) will come into play and treatment providers will be obliged to inform youth justice agencies whether or not a young person at the centre of a multi-agency action plan is complying with the terms of their court order. This in itself can have an effect on the client-keyworker relationship and thus impact on the success of the interventions.

²³ Harris, P (2013) Can Substance Misuse Be Prevented in Young People? *Youthoria*. 169 & 175.

²⁴ Waddell, G. & Burton, A.K for Department of Work and Pensions (2006). Is Work Good for your Health and Wellbeing?

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf (Accessed June 2018).

MI has been found to be effective with adolescent substance misusers in a number of studies. The brief intervention recognises that motivation for change occurs in stages and reflective listening is important in guiding the young person towards change. Reflective listening is an advanced technique that reflects back the deeper messages in the young person's statement.

The Thurrock service does not provide counselling in-house, but by working with existing Services such as the Emotional Wellbeing and Mental Health Service (EWMHS) it enables service providers to ensure continuity of care for children and young people and that the 'whole person' is being treated. Brighter Futures provides a structure for working in partnership with other services to improve this for CYP in Thurrock.

CBT is the most common treatment delivered in community settings for young people with substance misuse problems and is a generic name given that covers a wide range of cognitive and behavioural approaches. It assumes that human behaviours are governed by an individual's self-efficacy belief; our expectation that we can perform a task to a given standard. It is based less on ability than one's perception of their ability, something referred to as reciprocal determinism. Therefore, belief, performance and response are inter-linked. Where clients lack self-efficacy belief and turn to substance misuse as a coping strategy, CBT can be effective in assessing a young person's triggers in high-risk situations and then teaching them a range of coping skills to overcome the triggers without resorting to use.

The Twelve Step approach was developed in the 1930's for adults and has been adapted for young people. It is faith-based and a well-known version is Alcoholics Anonymous. These programmes are prevalent across the globe and have developed into Narcotics Anonymous and Cocaine Anonymous. Ostensibly a set of twelve therapeutic exercises, the programmes have become difficult to evaluate such is the extreme diversity of the organisation and its members.

Randomised Control Trials in young person's substance misuse treatment have shown that when comparing structured treatment approaches head-to-head at gold standard, there is no one treatment model that demonstrates superiority over another. This is referred to as the 'dodo-bird effect'²⁵. It is taken from *Alice in Wonderland* where the Queen announces that everyone is a winner and that there are prizes for all. Numerous studies including those of meta-analysis have shown that treatment outcomes are driven more by the relationship between the client and the therapist or keyworker than by the quality of the intervention delivered. Lambert's (1992) studies support this theory, where 15% of outcomes were based on therapeutic approach, 15% were a placebo response, 40% were attributed to extra-therapeutic responses such as gaining employment, entering a new relationship, etc., and 30% were driven by the client-practitioner relationship²⁶. This suggests that some focus in designing specialist substance misuse services relies on recruiting the 'right' people who will be able to develop rapport with young people and build that ever important client-practitioner relationship. This does not come without its challenges. However, evaluation and research of effective services could focus on characteristics and skill-sets of practitioners as a means of beginning to un-pick this complex issue.

²⁵ Luborsky, I., Rosenthal, R. and Diguier, L. (2002) The Dodo Bird Verdict is Alive and Well – Mostly. *Clinical Psychology Science and Practice*. 9, 3-12.

²⁶ Lambert, M.J. (1992) Implications of Outcome Research for Psychotherapy Integration. In Norcross, J.C. and Goldfrieds, M.R. (Eds.) *Handbook of Psychotherapy Integration*. Basic Books.

Many young people enter treatment independent of their parents or carers knowledge. There is sometimes good reason for this, especially where the young person might experience an increase in risk or safeguarding issues. Having said this, there is a growing body of evidence that tells us that where parents/carers can be engaged in the young person's treatment the outcomes can be improved²⁷. Currently this is not commonplace in the existing service. Systemic and behavioural family therapies and family case conferencing are examples of interventions that can be used to good effect. The impact could be far greater if completed in conjunction with family members who are in treatment with the adult drug and alcohol treatment service, since it would deepen the understanding of both the parents and the children and help them identify ways to further build on the progress they are making and to work together as an effective a family unit. This could also aid in supporting young people to overcome some of their vulnerabilities by building closer relationships with their family.

Effective multi-agency working and information sharing is key to success with this client group, whether the staff are co-located in one multi-agency service or operate as a virtual team but remain based in their parent organisation. The Thurrock service operates a blend of the two models, with one staff member being co-located at YOS one day a week. This increases the opportunity to facilitate casework with criminal justice clients, particularly where transport is a barrier due to the two services currently being based in separate towns within the borough. The current service is exploring further integration with the Brighter Futures work as this develops and this should continue in order to further increase effective partnership working.

Aftercare in young people is critical since their self-efficacy belief in change is generally lower than in adults, meaning a focus on abstinence-based recovery that is popular with adults is often an unrealistic proposition for many young people. The reasons for this include the fact that their exposure to the negative socio-economic aspects of substance misuse and the health impact, particularly regarding developing or accelerating long-term conditions do not begin to crystallise in the teenage years. Young people go through puberty at a stage where their brain is still developing, they often do not fully comprehend the consequences of their behaviour, Moreover, young people in treatment tend to have little or no prior experience to call upon, and as such the temptations and opportunities thrust upon them during the developmental stages of adolescence into adult may mean that they adapt rather than sustain change. This can particularly be the case if they continue to spend time with friends who engage in substance misuse, who may encourage them to resume their past behaviours. Furthermore, because trends in substance misuse develop so quickly, e.g. the rapidly changing NPS market, treatment methods are often lagging behind the realities of what young people are experiencing. Broadly, adults tend to relapse due to unpleasant mood states and conflict, whereas young people tend to relapse due to positive emotional states and social pressure, with alcohol being a common factor even if wasn't when they first presented to treatment²⁸. Harm reduction interventions help to reduce these risks when abstinence is not seen as achievable by the client.

Therefore, keeping young people on track with their treatment and ensuring they do not relapse and represent to treatment is a significant challenge with different drivers compared to the more

²⁷ Harris, P (2013) Can Substance Misuse Be Prevented in Young People? *Youthoria*. 209-2016.

²⁸ Harris, P (2013) Can Substance Misuse Be Prevented in Young People? *Youthoria*. 217.

established treatment methods seen with the adult population. Young people need to create or strengthen pro-social networks to assist with recovery back into mainstream society. Unlike the challenges of helping adults find meaningful employment, a big advantage with young people is that they will almost always be in some form of education that they can develop their engagement with to strengthen their recovery capital.

Where young people demonstrate a desire to give something back to the service for the treatment they have received, every opportunity should be taken to engage them onto a peer mentor programme, as is common in adult treatment settings. This is largely an emerging area within young people's substance misuse services and something that will underpin the evidence base mentioned earlier that young people are more likely to listen to their peers than their teachers, as in the case of prevention and education programmes. Moreover, those still in treatment can see that recovery is both tangible and achievable.

4.3 Mental Health

The rates of mental health conditions such as depression and anxiety has increased across adolescence, with anxiety disorders being the most common mental health problem in those young people presenting for substance misuse treatment. Children with anxiety disorders often delay the initiation of drug and alcohol use, however, once initiated consumption tends to increase dramatically²⁹. There is some evidence to suggest that even after cessation from substance misuse that anxiety disorders can persist.

Numerous studies have identified a prevalence of suicidal ideation in young people, the peak of which tends to occur in early adolescents through overdose or self-harming behaviours for example cutting, but few attempts result in death. The rates are higher in young people who misuse substances and poly-drug using and opiate misuse are the substances most associated with suicide. In Thurrock we currently don't have any opiate or crack using clients in treatment in the young person's service; however, poly-drug misuse is very common, with 52% of those in treatment in 2017/18 reporting using multiple substances. In spite of this, the service has not had a client death in the duration of its expiring 5-year contract.

As noted under 'treatment' above, effective multi-agency working with EWMHS and the Brighter Futures agenda is important to ensure that the whole-child is supported and that treatment is not fragmented between agencies working in silos.

²⁹ Harris, P (2013) Can Substance Misuse Be Prevented in Young People? *Youthoria*. 202-203.

Recommendations

Prevention & Education

- Preventative interventions should continue to feature in future service delivery
- Service design should involve further development of peer-led programmes to enhance and diversify the offer and overcome the risk of adults designing interventions based on their perception of the risks rather than the actual experiences of young people

Treatment

- Specialist services to deliver DAAT are necessary for CYP although a partnership approach to delivering services to CYP in Thurrock is important. Services should integrate as part of the Brighter Futures group of services to maximise benefits to children and their families whilst giving appropriate support to other professionals involved in their care
- Where practicable, programmes should be co-produced with young people to prevent the focus being based on adults' perceptions of the issues
- Evidence supports family therapy being available, this should be considered as an offer as part of the new service specification but needs to be child led and clearly will not be appropriate in every therapeutic relationship. There is particular benefit if any adults in the family unit who have a substance misuse need are also in treatment
- Future treatment options should include Motivational Interviewing, CBT and Twelve Step programmes at the discretion of the client
- Motivational interventions are utilised more in Thurrock when compared to national trends where Harm Reduction interventions are considerably more prominent. A deeper analysis of this intervention should be conducted by commissioners to understand whether our new service provider should offer more harm reduction interventions to our residents
- Continue to offer Hidden Harm support to children affected by parental substance misuse
- Provider to continue to refer to stop smoking support services
- Continue to work closely with the mental health services (EWMHS) to ensure that if young people complete treatment for substance misuse that they can receive any necessary help for enduring mental health problems such as depression or anxiety disorder

Mental Health

- Continued and further integration as part of Brighter Futures and partnership working with Mental Health services will be beneficial for improving outcomes for children, young people and their families
- Ensure that the service remains vigilant to the heightened risk of suicide across its client base; such is the link between suicidal ideation and substance misuse.

5. Tier 4 treatment provision and prescribed treatment modalities

Key Points

- Tier 4 treatment and prescribing modalities for Thurrock children and young people are incredibly rare
- These treatment modalities have not been activated during the five years of the expiring contract

Tier 4 treatment refers to those clients who require an inpatient or community detoxification or rehabilitation programme. This is a highly specialised area of drug and alcohol treatment more typically seen in the adult treatment population, since such clients have experienced chronic substance misuse and this is not something we tend to see in the under 18 population.

Where clients are in need of a prescribed treatment modality, on the rare exception that it's required, the service is able to provide this in partnership with the adult drug and alcohol treatment service who are commissioned to provide prescribed treatment modalities e.g. opiate substitute therapy (OST) (more commonly known as methadone) or medication to help with medical withdrawal from alcohol. In the lifetime of the expiring 5-year contract the incumbent service provider has never needed to utilise this partnership agreement.

The future needs of Thurrock young people do not indicate a risk of a sudden high demand in Tier 4 or prescribed treatment modalities, but we will remain vigilant to local drug market trends and treatment activity.

Transition into adult service

Currently, if a young person in treatment is approaching the age of 18, a decision is reached between the adult and young person's service as to whether it is appropriate to keep them in the young person's service or transfer them into the adult service for a continuation of their treatment episode. This is decided on a case by case basis, is good practice and should continue in the future.

Recommendations

- The future service specification should retain the current clause regarding partnership working with the adult service to cater for such exceptional cases

6. Return on Investment

Key Points

- The existing service model represents good value for money, with high quality interventions and strong performance
- Waiting times have been an area of focus for improvement, and service growth helped address this

6.1 Benchmarking and cost impact of service

A Department for Education cost-benefit analysis found that every £1 invested in specialist substance misuse interventions delivered up to £8 in long-term savings and almost £2 within two years, meaning that this can be a cost-effective way of reducing future demand on health and social care services. A life course approach to drug prevention that covers early years, family support, universal drug education, and targeted and specialist support for young people is one of the key aims of the Government's 2017 Drug Strategy.

How does our current service compare?

The Thurrock Drug and Alcohol Action Team (DAAT), (part of Public Health) conducted a comprehensive benchmarking exercise back in 2015/16, see appendix 1. This incorporated 3 other CIPFA comparator upper tier local authorities and measured the Thurrock services against performance and cost. In summary, the Thurrock service was seen to have strong performance, with an excellent representation rate demonstrating interventions were of high quality, thus ensuring clients exit treatment and remain in recovery.

The only noted improvements to the service offer were length of waiting times which could have been better. At the time this was attributable to the small staff team that has since seen growth by 50%, plus additional roles for student social workers and an apprentice. A peer mentoring scheme was also launched, which evolved into an accredited offer in 2017/18.

In 2016 the service was the lowest cost across those compared in the benchmarking exercise at almost 5 times cheaper. The budget for the Thurrock young person's service has since increased from £75,000 to £135,000, yet this would still place it at over 2.5 times cheaper than the comparable services. Anecdotally, Thurrock DAAT has spoken with other local commissioners regarding their young person's services and this latest figure still seems to be the case.

Recommendations

- The current service model should be retained in the new service specification

7. Co-production

Key Points

- Service users are happy with the existing treatment offer
- Parents/carers also value the existing treatment offer
- Staffs' friendliness, knowledge and expertise is highly valued
- (A caveat of this section is that the sample size was small)

7.1 Service user and stakeholder engagement

Service users and stakeholders have been invited to engage in the retender of this service. Service users were contacted by the incumbent provider and stakeholders were written to by commissioners asking for any comments or recommendations on the existing service. Commissioners also attended Thurrock's Youth Cabinet and will be devising an electronic survey to send out to its members for cascading across the secondary schools in the borough.

Meantime, commissioners met with a two client groups accessing treatment at the incumbent provider, to seek their views on the current service offer. The questions for the Youth Cabinet and clients are in appendix 2 and the transcript from these sessions with the clients is in appendix 3.

The first session was with a 17 year old female cannabis user who had been in treatment for just over a month. They gave a very positive account of the support they had received and, whilst stating that their parent felt she shouldn't require structured treatment to address her cannabis misuse, the client herself felt this would not have been possible alone. In terms of accessing family sessions, they felt their parent might be awkward if attending a session with them, but could see the value in it. They could not identify any areas to strengthen the service offer, felt the service was accessible and would recommend it to peers.

The second session was with a family unit comprising a mother, grandmother and three of five children, albeit the 3-year-old did not actively participate. The children were accessing the service to receive support for Hidden Harm; the now estranged father/step father had been the misusing adult in a complex multi-agency case. Their involvement with the service was due to end in the coming weeks. All participants heavily valued the support they had received and felt it had enabled them to become closer as a family. The children felt the support they had received had helped them to understand their emotions and they valued their independent time talking with the keyworker. All family members felt the service was accessible and the parent and grandparent valued both the independent and family sessions. Of particular note were the 'unsent letters' that the children wrote and gave to their mum, which deepened mum's understanding of what her children were experiencing and brought them closer together. The family could not identify any areas where the service could be improved and had already recommended the service.

It is important to note that the service provider was the gatekeeper to organising these primary sources of research and an element of bias should be factored into this. Nevertheless, clients were sought based on their availability and willingness to participate, for which commissioners are grateful.

Other relevant stakeholders such as the current adult and young person’s substance misuse treatment providers and the Children’s Services team at Thurrock Council have been contacted as part of the service specification refresh and ultimately will support in shaping the design of the service as it goes through the re-tendering process.

Recommendations

- To offer more family sessions where assessed as appropriate
- No further areas to strengthen the existing treatment offer were identified by the service users and the parent or grandparent

8. Conclusion

The above document makes a series of recommendations under each section, of which will be cross referenced with the existing service specification and updated where necessary.

The epidemiology section in this document tells us that we can expect to see a significant increase in the young person’s population in Thurrock over the next decade, and particularly so in those aged 10-17 years old. Quite how many of these young people will require treatment for substance misuse is hard to determine since the prevalence estimates for substance misuse are virtually impossible to determine, and due to the revised approach to delivering coordinated preventative interventions under the Brighter Futures umbrella of services, many young people may be diverted from becoming problematic substance misusers. This will be an area of close monitoring over the coming years.

It is right that we continue to offer coordinated packages of care that address the wider determinants of health, such as referrals to sexual health and stop smoking support services and partnership working with mental health and youth offending services (YOS) to safeguard our young people. We must remain vigilant of the local dugs market and associated gang activity.

The literature review confirms that with regards to prevention and education programmes, the benefits of preventing harm outweigh the risks of increasing awareness and usage of substances and that such programmes should continue. Where practicable, peer mentors should support these initiatives since it has a greater impact on young people than when delivered by school staff alone.

The service should continue to integrate as part of Brighter Futures to strengthen multi-agency working and further improve outcomes for children, young people and their families. The current service demonstrates strong performance and balanced caseloads, suggesting the size and structure of the service is meeting the needs of the local treatment population.

So in response to the question of whether the population in treatment demonstrate the expected characteristics based on the national literature review evidence and the data on high risk groups, we are confident that the answer is yes. Has the current provider targeted and ‘found’ the highest risk groups of children and young people? Based on the above evidence of those children and young people in treatment with multiple specific and/or wider vulnerabilities the answer also has to be yes.

9. Appendices

Appendix 1: DAAT Benchmarking, 2015



150807 DAAT
Benchmarking v5 Draft

Appendix 2: Service User/Parental/Youth Cabinet questions



SU-Parental-YC
engagement.docx

Appendix 3: Service User & Parental feedback



Service user
feedback - CYP DAAT

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PROCUREMENT STAGE 1 – APPROVAL TO PROCEED TO TENDER

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

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

| | | |
|-----------|-----------------------|--|
| 1. | INTRODUCTION | |
| 1.1 | Contract Title | Young Person’s Substance Misuse Treatment Service |
| 1.2 | Reference | PS/2018/157 |
| 1.3 | Directorate | Adults, Housing and Health |
| 1.4 | Contract Cost | £810,000.00 |
| 1.5 | Description | Thurrock Council’s Drug and Alcohol Action Team, part of its Public Health team, is seeking a provider to deliver an integrated young person’s substance misuse treatment service. The aim of the service will be to provide interventions ranging from education and prevention through to structured treatment to young people aged under years old 18 who live in Thurrock or who are a Thurrock looked after child placed externally to the borough but within reasonable distance to access the service |
| 1.6 | Contract Term | Four years with the option to extend for a further two years (in one year increments). |
| 1.7 | Political Sensitivity | N/A |
| 2. | BUSINESS CASE | |

| | | |
|-----|----------------------|--|
| 2.1 | Business Case | <p>The Public Health Grant is provided to local authorities to give them the funding needed to discharge their public health responsibilities. Broadly these responsibilities include:</p> <ul style="list-style-type: none"> • Improve significantly the health and wellbeing of local populations; • Carry out health protection and health improvement functions delegated from the Secretary of State; • Reduce health inequalities for all ages, including within hard to reach groups; • Ensure the provision of population-wide healthcare advice. <p>The grant is made under Section 31 of the Local Government Act 2003 and the Secretary of State has set down conditions to govern its use. The primary purpose of the conditions is to ensure that the grant is used to assist the local authority to comply with its Public Health duties and mandatory functions, that it is spent appropriately and accounted for properly.</p> <p>A local authority must, in using the grant, have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.</p> <p>The contract for the Young Person’s Substance Misuse Treatment Service expires on 31st March 2019 and a new contract and service is required from 1st April 2019. The service will sit under the umbrella of Brighter Futures.</p> <p>The current contract value was £135,000pa and a similar annual contract value is forecast for the new contract, subject to any fluctuations in service demand set out in the needs assessment. The benchmarking referred to in the needs assessment confirms that this is a very favourable price for the Local Authority and financial savings have therefore not been identified.</p> |
| 2.2 | Key Deliverables | <p>The service will deliver interventions that meet three of the five NHS Outcomes Framework Domains:</p> <ul style="list-style-type: none"> • Preventing people from dying prematurely • Ensuring people have a positive experience of care • Treating and caring for people in safe environment and protecting them from avoidable harm <p>The service will contribute to the following Thurrock Public Health aims:</p> <ul style="list-style-type: none"> • A reduction in drug-related ill health • An avoidance of drug-related deaths • A reduction in drug-related offending • A reduction in the supply of illegal drugs • A reduction in alcohol-related harms • Today’s young people prevented from becoming tomorrow’s problematic substance misusers • Breaking the cycle of intergenerational substance misuse • A reduction in NEET figures – children and young people Not in Education, Employment or Training |
| 2.3 | Commercial Pressures | N/A |

| | | |
|-----|---|--|
| 2.4 | Contractor Employment Status ¹ | N/A |
| 2.5 | Award Criteria | 60:40 Quality : Price |
| 2.6 | Social Value | Social Value outcomes are expected to be met and will be measured during the contract. Social Value will also be evaluated as part of the tender evaluation criteria. |
| 2.7 | Previous Contract | Reference Number: PS/2013/544 The contract duration was 3 years + 2 years with the two year extension option being taken. The contract expiry date is 31st Mar '19. |

| | | | | | | | |
|-----------|---------------------------------|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| 3. | FINANCIAL CONSIDERATIONS | | | | | | |
| 3.1 | Previous Contract Cost | Current contract cost: £528,645.00 over a total of 5 years. | | | | | |
| 3.2 | Scope Changes | Is there any increase / decrease in scope that could impact costs? | No | | | | |
| 3.3 | Annual Cost | Year | 19/20 £000's | 20/21 £000's | 21/22 £000's | Later £000's | Total £000's |
| | | Total Spend | £135 | £135 | £135 | £405 | £810 |
| 3.4 | Funding Breakdown Identified | Revenue Budget | - | £135 | £135 | £405 | £810 |
| | | Capital Budget | - | - | - | - | - |
| | | Other (Public Health Grant) | £135 | - | - | - | - |
| | | Other (-) | - | - | - | - | - |
| | Total Funding | | £135 | £135 | £135 | £405 | £810 |
| 3.5 | Budget Code(s) | PH001 2600 PHC59 | | | | | |
| 3.6 | Unsupported borrowing | Unsupported borrowing is not to be used to fund this service. | | | | | |
| 3.7 | Other Financial Implications | The funding for this contract will continue to be provided through the Public Health Grant allocations until such time the ring fence is removed from the grant conditions, this contract will then become an ongoing General Fund commitment and necessary provision will be made for this. | | | | | |

| | | |
|-----------|-------------------------------------|--|
| 4. | PROCUREMENT ROUTE | |
| 4.1 | Procurement Route | EU Open Tender |
| 4.2 | Procurement Route Rationale | The marketplace for the service is relatively small so there is no requirement for a shortlisting stage. |
| 4.3 | Does the contract require a waiver? | No |
| 4.4 | Single Source justification | N/A - not a single source |

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

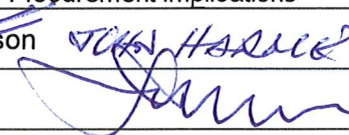

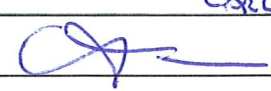
| | | |
|-----|------------------|-----|
| 4.5 | Waiver Rationale | N/A |
|-----|------------------|-----|

| | | | |
|-----------|------------------------------|--------------------------------|---------------------------------|
| 5. | PROCUREMENT TIMETABLE | | |
| 5.1 | Procurement Timetable | Publish Contract Notice | 22 October 2019 2018 |
| | | Selection Questionnaire Return | N/A |
| | | Invitation to Tender Issue | 22 October 2018 |
| | | Invitation to Tender Return | 30 November 2018 |
| | | Notification of Result | 3 January 2019 |
| | | Standstill Period | 4-14 January 2019 |
| | | Expected Award Date | 15 January 2019 |
| | Contract Commencement | 01 April 2019 | |



| | | | | | | |
|-----------|---|---|-------------------------|----------------|--|---|
| 6. | RISKS, CONSULTATION AND MANAGEMENT | | | | | |
| 6.1 | Tender Process Risks | Risk Level | | | Negative Impact | Mitigation |
| | Non adherence to procurement timetable | D - Low Likelihood | III - Marginal Impact | DIII- Low Risk | Procurement overrunning current contract end date | Extra time built into the timetable to allow for potential delays |
| | Non compliance with procurement regulations | D - Low Likelihood | II - Significant Impact | DII - Low Risk | Council open to challenge | Procurement and legal to be engaged in process |
| | N/A | N/A | N/A | N/A | N/A | N/A |
| 6.2 | Contract Performance Risks | Risk Level | | | Negative Impact | Mitigation |
| | Contract not appropriately managed | D - Low Likelihood | II - Significant Impact | DII - Low Risk | Provider does not deliver to contract | Robust spec with KPIs to be monitored by contract manager |
| | Serious incident | D - Low Likelihood | II - Significant Impact | DII - Low Risk | Provider does not follow their own policies and procedures or local ones determined by commissioners | Full Route Cause Analysis conducted in partnership with Thurrock CCG and other partner agencies |
| | Serious Case Review | E - Very Low Likelihood | I - Critical Impact | EI - Low Risk | Service user dies as a result of Provider's intervention | Full Route Cause Analysis conducted in partnership with Thurrock CCG and other partner agencies |
| 6.3 | Contingency | Should the procurement suffer any delays or problems commissioners will work with the current Provider to ensure service continuity until a new contract is awarded. Should problems exist during the life of the new contract commissioners will activate requests for action recovery plans and issue formal correspondence such as Notice to Improve where appropriate and in line with local policies and procedures. In the worst case scenario the contract will be terminated and re-tendered. | | | | |

| | | |
|-----|---------------------------------|---|
| 6.4 | Consultation | A number of stakeholders have been consulted with in preparing this re-procurement. Partner agencies across children's services, youth justice and mental health services in both the public and voluntary sector were invited to comment on the process and provide recommendations. Thurrock's Youth Cabinet was appraised of the above and asked for any comments or recommendations. The Adult and Young Person's drug and alcohol treatment services were also consulted for any comments or recommendations. A small number of young people in treatment for substance misuse or who were receiving hidden harm support to better understand their parent's/carer's substance misuse were also consulted. The Cabinet report was discussed at Health and Wellbeing Overview and Scrutiny Committee on 6th September 2018. |
| 6.5 | Project and Contract Management | The expiring contract will continue to be performance managed via quarterly contract & performance meetings led by Kevin Malone, Public Health Programme Manager (DAAT Lead). The frequency of these meetings increases if poor performance is delivered by the Provider. Some of the service's KPI's are reported on at both directorate and corporate level and this will continue. Annual audits and service reviews are a core component of the annual project and contract management cycle. At the end of the new contract the DAAT Lead will assume responsibility for re-procurement and follow the appropriate procedures. |
| 6.6 | Procurement Implications | The proposed contract exceeds the EU threshold, therefore a formal tender process will be carried out and published in the OJEU, using the Open procedure as outlined in section 4 of this form. |

7. LEGAL, FINANCE AND PROCUREMENT APPROVAL

| | | | |
|-----|-------------|--|--|
| 7.1 | Procurement | I confirm that I have been consulted and agree with the information contained in this report in so far as it relates to Procurement implications | |
| | | Name | Kiri Mason John Haddock |
| | | Signed (or obtain email confirmation) |  |
| | | Date | Click here to enter a date. 30/08/2018 |
| 7.2 | Legal | I confirm that I have been consulted and agree with the information contained in this report in so far as it relates to Legal implications | |
| | | Name | Sarah Okafor / Courage Emovon |
| | | Signed (or obtain email confirmation) |  |
| | | Date | 29/08/2018 |
| 7.3 | Finance | I confirm that I have been consulted and agree with the information contained in this report in so far as it relates to Financial implications | |
| | | Name | Jo Freeman Carl Tomlinson |
| | | Signed (or obtain email confirmation) |  |
| | | Date | Click here to enter a date. 30/08/18 |

8. APPROVAL TO PROCEED

| | | | |
|---|--|---|--|
| 8.1 | Approval Level | Over £750,000 - Cabinet | |
| 8.2 | Responsible Officer | I confirm that this procurement will be carried out in accordance with Rule 5 of the Council's Contract Procedure Rules (Chapter 9, Part 2 of the Constitution) and in particular the following duties have been met: <ul style="list-style-type: none"> • Compliance will occur with all regulatory or statutory provisions and the Council's decision making requirements • The Contract will be included on the Council's Contract Register • Value for Money will be achieved • Advice has or will be sought from the Director of Finance and Corporate governance as to an appropriate security bond or guarantee • Document Retention Policy has and will be complied with • Financial Evaluation will be made of all the proposed tenders including the recommended bidder • Advice has been and will be sought and followed from Procurement, Legal and Finance as necessary | |
| | | Name | Kevin Malone |
| | | Signed |  |
| | | Date | 29/08/2018 |
| 8.3 | Assistant Director | In accordance with the Contract Procedure Rules, I confirm the accuracy of the information contained within this form and authorise this request to Proceed to Tender including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13. | |
| | | Name | N/A |
| | | Signed <i>(or obtain email confirmation)</i> | |
| | | Date | Click here to enter a date. |
| 8.4 | Corporate Director | In accordance with the Contract Procedure Rules, I confirm the accuracy of the information contained within this form and authorise this request to Proceed to Tender including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13. I confirm that the Portfolio Holder has been consulted as required | |
| | | Name | Roger Harris |
| | | Signed <i>(or obtain email confirmation)</i> |  |
| | | Date | Click here to enter a date. 30/8/18 |
| 8.5 | Director of Finance and IT (If waiver required) | In accordance with the Contract Procedure Rules, I confirm the accuracy of the information contained within this form and authorise this request to Proceed to Tender including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13. | |
| | | Name | N/A |
| | | Signed <i>(or obtain email confirmation)</i> | |
| | | Date | Click here to enter a date. |
| 8.6 | Cabinet | Minute Number | To be confirmed |
| | | Date | 12/09/2018 |
| Now send complete form to Procurement Services signed and scanned | | | |

| | |
|--|-----------------------------|
| 12 September 2018 | ITEM: 11 |
| Cabinet | |
| Integrated Medical Centres: Delivering high quality health provision for Thurrock | |
| Wards and communities affected: All | Key Decision: Key |
| Report of: Cllr Halden, Portfolio Holder Health and Education / Cllr Mark Coxshall, Portfolio Holder Regeneration | |
| Accountable Assistant Director: Detlev Munster, Assistant Director Property, Regeneration and Development | |
| Accountable Director: Steve Cox, Corporate Director, Place. Roger Harris, Corporate Director Adults, Housing and Health | |
| This report is: Public | |

Executive Summary

It is well evidenced that some areas of Thurrock have poor access to quality health care provision. The Council and partners in the health sector have been working together to develop a new model of care that will see services delivered via an integrated model and delivered from modern, high quality premises able to attract the best staff. Four brand new Integrated Medical Centres (IMCs) are proposed with the intention of locating services in the heart of the communities that they serve and bringing more health care services under one roof to improve and simplify pathways for patients.

The decision taken by the July meeting of the Joint Clinical Commissioning Group (CCG) Committee to close Orsett Hospital and re-locate services into the community further supports the need to develop IMCs in a timely manner.

This report updates Members on progress of all four IMCs and gives particular detail on the delivery of the Tilbury and Chadwell IMC which the Council is leading on. Members are asked to support the recommendations which will take the project into the next stage of delivery.

1. Recommendation(s)

Cabinet is asked to:

- 1.1. Authorise officers to tender the building contract for the Tilbury and Chadwell Integrated Medical Centre; and**
- 1.2. Give delegated authority to the Corporate Director Place in consultation with the Corporate Director Adults, Housing and Health, the Director of Finance and IT and the relevant Portfolio Holders, to award the building contract for the Tilbury Integrated Medical Centre subject to tender returns being in line with an agreed business plan based on the principles within this report.**
- 1.3. Give delegated authority to the Corporate Director of Adults, Housing and Health to appoint a Council officer representative to the proposed People's Panel.**
- 1.4. Agree to support the development of a Masterplan for the Thurrock Hospital site in conjunction with NHS partners.**
- 1.5. Support the development of a Phase 2 IMC programme which will include integrating mental health provision within the proposed IMC's and moving further acute activity from hospital provision into community based services.**

2. Introduction and Background

- 2.1. Members will be aware that the quality of health provision in several areas of the Borough falls below the standards that the Council and NHS partners would like to see delivered. The Council, with its NHS partners, have an exciting opportunity to address this and improve the health and well-being of the population of Thurrock by moving from outdated facilities and fragmented services, improving the capacity and capability of primary, community and mental health care and delivering an integrated health, social care and community/third sector care model with Thurrock's residents at its heart.
- 2.2. To this end the Council entered into a Memorandum of Understanding (May 2017) with Basildon and Thurrock Hospitals NHS Foundation Trust (BTUH), Essex Partnership University NHS Foundation Trust (EPUT), North East London NHS Foundation Trust (NELFT), and Thurrock Clinical Commissioning Group (the CCG). This ensured that our strategy locally evolved from the broad concept of Integrated Healthy Living Centre's into a firm commitment to deliver four new Integrated Medical Centres (IMCs) in Thurrock.
- 2.3. The IMCs will serve local populations and will be located in:
 - Tilbury - to primarily serve Tilbury and Chadwell;
 - Corringham – to primarily serve Stanford and Corringham;
 - Grays – to primarily serve Grays but also to act as a Central Hub for the whole of Thurrock; and

- Purfleet – to primarily serve Purfleet, Aveley and South Ockendon.
- 2.4. The Council has been working with the CCG and service providers to develop the concept of Integrated Medical Centres (IMCs) which will provide an integrated model of care, in high quality premises located in the communities that they serve. The IMCs, will be crucial to the introduction of the New Model of Care as presented by the Director of Public Health, including the new Primary Care offer, Well-Being Teams and Technology Enabled Care.
- 2.5. In July 2018, following public consultation, the Joint Committee of the 5 Clinical Commissioning Groups in mid and south Essex gave approval to implement proposals for moving services currently provided at Orsett Hospital, including out-patients, tests and scans, to the four new IMCs in Thurrock. The work to develop the IMC concept undertaken to date is capable of being adapted to ensure that capacity is available to support this additional requirement at the four IMCs already proposed. It is however clear that the successful delivery of the IMCs is now even more critical.
- 2.6. The NHS locally has been very clear in its stance following the July 2018 decision over Orsett. The CCG and BTUH have issued a “Top 10 Facts” commitment :
- Our services will move to four new, modern integrated medical centres across Thurrock in Corringham, Tilbury, Purfleet and Grays.
 - These centres will bring health, social and community care together.
 - For patients in Basildon and Brentwood services will be provided in new and existing health centres such as Brentwood Community Hospital.
 - We will make sure all four centres are up and running fully before finally closing Orsett Hospital.
 - We are not stopping any of the services we provide.
 - Our staff will continue to work for the NHS and we do not expect any job losses.
 - These centres will mean more investment in your local services, not less.
 - A “People’s Panel” of local patients and residents will help to plan how the changes happen. Your local independent Healthwatch group will organise this.
 - Services will move from Orsett Hospital into these centres over the next two to three years.
 - We will then sell Orsett Hospital and the money will come back into your local NHS.
- 2.7. The IMC programme is being developed through a Collaborative Programme Board meeting monthly and attended by the NHS colleagues, service providers and Council representatives including the Corporate Director Adults, Housing and Health, Regeneration and Legal and Finance as required.

- 2.8. In July 2017 Cabinet gave approval for the Council to lead on the delivery of the Tilbury and Chadwell IMC, to procure a design team and to receive a future report on the Purfleet IMC. This report provides an update on the Tilbury and Chadwell IMC and requests approvals that will enable the project to continue to progress. It also highlights the current status of the three other IMCs.
- 2.9. Further discussions have been taking place with health partners over the future provision of community mental health services to improve their accessibility. The recent Mental Health Peer Review was clear that, where possible, mental health provision should be integrated into the proposed IMCs and officers are now planning to see how this can be implemented.

3. Issues, Options and Analysis of Options

IMC Decision Making Timeline:

- 3.1. Due to the number of partners included in the IMC programme there is a number of decision making gateways to be navigated. The CCG Joint Committee at its meeting on 6 July agreed a range of proposals in relation to acute hospital re-configuration including the closure of Orsett Hospital. The table below shows the proposed timetable for decision making and when the IMCs can then progress to construction.

| Gateway | Reason | Date |
|--|---|---------------------------|
| CCG Joint Committee | Approved closure of Orsett hospital but only when IMCs are open and no clinical services will move outside of Thurrock that serve Thurrock residents. | 6 th July 2018 |
| Thurrock Council Cabinet | To approve the ongoing role of the Council in delivering the Tilbury and Chadwell IMC | Sept 2018 |
| Outline Business Case to BTUH Board | To secure approval for the location of services, BTUH's role and financial business plan | Oct 2018 |
| OBC to CCG | To secure approval for location of services commissioned by the CCG and the role of the CCG in ongoing risk share | Oct 2018 |
| Primary Care OBC to NHS England Capital Investment Oversight Group | To secure NHS approval of the change to service provision required to locate primary care services in the IMCs | Oct 2018 |
| FBC to all above Boards/Groups | To secure final approval for the location of services and any cost implications associated with the change | Spring 2019 |

OBC = Outline Business Case

FBC = Full Business Case

Delivery of the IMC Programme

3.2 Introduction and proposed People's Panel

There has been extensive planning and consultation over the delivery and the content of the proposed Integrated Medical Centres and we are now very much in delivery mode and the individual descriptions below reflect that. A People's Panel is being established to oversee the detailed delivery programme and this is being established with the help of Thurrock Healthwatch. This will also look at what services are best delivered from which IMC.

Tilbury and Chadwell IMC

3.3. The aspiration to deliver four IMCs in 2020/21 remains challenging, however, since the Council took the decision to lead on the delivery of the Tilbury and Chadwell IMC on the site of the Community Resource Centre in Tilbury (site plan attached at Appendix 1) work has progressed significantly.

3.4. The Council, CCG and service providers have worked collaboratively to develop a schedule of accommodation that can be provided at Tilbury and Chadwell IMC. This accommodation schedule fully subscribes to the integrated vision and includes provision for:

- Multi-functional consult exam rooms;
- therapy rooms;
- treatment rooms;
- interview rooms;
- group rooms;
- phlebotomy bay;
- mobile imaging docking bay;
- shared workspace;
- library;
- community hub; and
- public access meeting rooms.

3.5. The suite of flexible clinical rooms enables multiple services to make use of the space meaning patients can access multiple services in a single Centre. The community elements such as the library and community hub have a key role to play in addressing the wider determinants of health. This is supported by shared workspace which will allow staff from council departments and other services to be based at the centre on a flexible basis bringing the delivery of public services into the community and creating better opportunities for joined up working across professions.

3.6. Following a competitive tender process Pick Everard were appointed as designers in October 2017. Design work has reached RIBA Stage 2 with the

designers having produced an outline design and cost plan. More detailed design work has recently commenced with a view to developing and consulting on a full planning application in autumn of this year.

- 3.7. A CABE design workshop to review the outline plans was held in May 2018. The report from this session has provided some useful feedback, in particular how the ethos of the building can be translated into the external space around it to continue the theme of healthy living. The panel recognised the clear potential for the building to have a positive impact on the urban fabric of Tilbury and the vitality of the Town Centre with the report suggesting that the scheme had the potential to be award winning and encouraging the Council and design team to set high aspirations to create a lasting benefit to the area.
- 3.8. Whilst the design team is currently directly appointed by the Council it is envisaged that the contract for the capital development will be procured on a design and build basis and the design team will ultimately be novated to the contractor. This will keep consistency within the professional team whilst providing price certainty on the capital works and ensuring that risk is transferred to the contractor wherever possible.
- 3.9. The design and build contract will be procured via the NHS Procure22 framework and let on a phased basis with contractors initially being asked to do a discrete package of work to develop cost certainty (culminating in a guaranteed maximum price for the scheme). This information is a prerequisite to the Outline Business Case for the NHS. Phasing the contractor commission ensures that this information can be provided in a timely manner whilst limiting the financial exposure to the Council should the required approval not ultimately be secured.
- 3.10. Alongside the design work a number of surveys have taken place on site to assess the ground conditions, ecology, acoustics etc. and inform the development of the initial cost plan. Early survey work has established the particular ground conditions on the site and allowed early pricing of abnormalities which are a key risk to development in Tilbury.
- 3.11. The next stage of work will further refine the design of the IMC and cost plan and prepare the planning application.
- 3.12. The previous Cabinet report highlighted the intention for the Council to use prudential borrowing to fund the capital cost of the Tilbury IMC and to secure the borrowing against the income stream generated from the building's lease to a third party. The Council is committed to supporting the IMCs and the principles of the borrowing would therefore be set to provide the maximum level of affordability for the Centre. It is proposed that no interest would be levied against the capital amount beyond that which the Council itself would be charged to access the borrowing and that the borrowing would be repaid over a period of 30 years. The IMC is not intended to provide a financial return to the Council but that lease and rental income should cover the borrowing costs.

- 3.13. The new model of service provision intended to be delivered from the IMCs is focussed on integration of services across provider boundaries. With the exception of the primary care area (which has a distinct funding mechanism), providers will not have dedicated rooms that may stand empty outside of set clinic hours, rather rooms will be multifunctional and therefore interchangeable across services. Maximising the use of the space and limiting void time will support the affordability of the Centre for providers and reinforce the integration of services but it will also require a move away from a typical head lease/sub lease arrangement as services taking the sub leases will not have defined square metre areas on which to base sub lease valuations. Whilst the Council in its role as landlord will have the protection of a standard head lease the Council will also be an occupier of the centre and so has an interest in how the sub lease arrangements will also work.
- 3.14. Providers are currently working together to establish a set of finance principles which seek to share the risk and rewards created as a result of actual occupancy levels when the IMCs are operational and reflecting this principle of shared space. The shared approach to risk incentivises all partners to maintain utilisation of the Centres and provides reassurance to the Council (as landlord and the organisation contributing the full capital funding to the Tilbury and Chadwell IMC) that the risk of non-repayment of the borrowing is mitigated as far as possible.
- 3.15. These broad principles are accepted by all partners in the emerging Thurrock Integrated Care Alliance (TICA). TICA is the overall umbrella group established by all NHS partners and the Council locally to take forward our integrated health and care agenda. An agreement to define these principles is currently being drafted and once agreed in final form will be the basis of the financial structure across all four IMC's.
- 3.16. Basildon and Thurrock University Hospital (BTUH) have stated that they would like to become the head leaseholder for his facility. Now that the cost plan has been produced and a proposed head leaseholder has been identified the Council and BTUH can assess affordability and start to develop Heads of Terms on an Agreement to Lease. An Agreement to Lease will be required before the main building contract is awarded to minimise the financial risk to the Council.
- 3.17. As highlighted in the previous report to Cabinet and supported by the CABE design review there is a clear regeneration benefit to bringing increased footfall to the centre of Tilbury, revitalising the Civic Square and acting as a benchmark for design quality. To this end the brief to the design team has been to ensure the building works in terms of the functionality of the centre but also makes a positive contribution to the urban fabric of the area. This high quality design ambition will come at a cost premium which is over and above what service providers need to operate a functional centre. The current cost plan includes for this premium but it is noted that pursuing this strategy of quality design could make the IMC unaffordable to providers taking

on the head or sub leases if the requirement is for the rental stream to pay off the full capital cost. The Council will be asked to consider making a financial investment into the scheme (rather than looking to value engineer the building or extend the loan term) to ensure that the regeneration objectives are delivered as well as the health objectives. The level of this potential investment will be determined via the detailed discussions with BTUH in their role as proposed head leaseholder and will be confirmed before the main building contract is awarded.

Stanford and Corringham IMC

- 3.18. The delivery of the Stanford and Corringham IMC, on the site of 105 The Sorrells, Stanford Le Hope, is being led and funded by NELFT. Planning consent for the IMC was secured in 2016 and amended in 2018 to extend the proposed opening hours.
- 3.19. A decision on the Business Case for the development is expected to be taken by the NELFT Board in autumn 2018. With an estimated build period of 15 months, it is anticipated that the IMC could be operational from late 2020.

Purfleet and South Ockendon IMC

- 3.20. It is intended that the Purfleet and South Ockendon IMC will be delivered as part of the wider Purfleet Centre regeneration scheme. An outline planning application which includes medical facilities was submitted in December 2017 and is expected to go to planning committee later this year. The Purfleet IMC is part of the wider Phase 1 development proposal submitted by PCRL and reflects how key this is to the whole project.
- 3.21. Purfleet Centre Regeneration Ltd (PCRL), the appointed developer for the scheme is committed to assisting with the delivery of the IMC as part of the development. The schedule of accommodation is being finalised with partners and detailed design work will then commence (commissioned by PCRL). The funding strategy for this IMC is still to be finalised. Delivery of this IMC is expected to be in 2021.

Grays IMC

- 3.22. Thurrock Community Hospital has been designated as the new IMC for Grays and is the only IMC which will be predominantly a refurbishment of an existing healthcare facility rather than a new-build development. The site is owned by EPUT which leases part of the site to NELFT and third sector providers. The site has 19 separate buildings with over half of the buildings vacant or underutilised which means the estate is inefficient in use and offers an opportunity to reconfigure and redesign to improve delivery.
- 3.23. The Council is committed to support EPUT with some Master Planning for the site, and has recently agreed a specification with EPUT and partners for this Master Planning exercise. Quotes are being obtained from suitable agencies

to undertake this work. As the only site already built, Thurrock Community Hospital offers the opportunity to renovate and redesign facilities to accommodate services, with the potential to bring services on line in a shorter time frame.

- 3.24. The CCG is also in consultation with relevant primary care providers to try and ensure that there is a significant primary care service on site because until recently it was going to be the only IMC without GP services at its core. These discussions are ongoing but health colleagues are confident of a positive outcome.

Integrated Medical Centres (Phase 2)

- 3.25. The Council is currently procuring the Design Team for the 21st Century Residential Facility on the White Acre/Dilkes Wood site on Daiglen Drive in South Ockendon. This is not an IMC but is a related project which will improve the health provision in Thurrock.
- 3.26. As reported to Cabinet in December 2017, the South Ockendon Health Centre on an adjacent site on Darenth Lane is currently occupied by a single handed GP Practice, a branch surgery of an Aveley Practice, and a range of other clinical services including Health Visitors and dentists. Health partners have confirmed the building is no longer fit for purpose, and they see potential benefits in redeveloping the site to create a new health centre which could bring together other surgeries from the local area, and to equip it with a fuller range of primary care facilities. A further report, with detailed funding and development proposals for the construction of the new Residential Facility, together with the initial proposals for a new health centre, will be brought to Cabinet for approval in December 2018.
- 3.27. Officers and the Chair of the HWB Board have been in discussions with officers from BTUH and the CCG to agree the next stages of this programme and ensure that we see this as a long term development leading to stronger primary and community services and more services moving out of an acute hospital setting where appropriate. Collins House will continue to be part of this – we already have step down beds and interim beds at Collins House to support hospital discharge and we see Collins House and the new residential development at Whiteacres as being key alternatives to un-necessary stays in acute hospital beds.
- 3.28. As stated above we are reviewing current mental health services with our main provider EPUT and CCG commissioners. We are very keen that mental health services are also part of the IMC programme and this will be assessed as part of the ongoing discussions about the exact content and core delivery from each IMC.

4. Reasons for Recommendations

- 4.1. Delivery of the IMC programme is essential to securing high quality health outcomes for Thurrock residents. The Council has agreed to take the lead on the delivery of the Tilbury and Chadwell IMC and has already committed funding to the initial design phase. Further approvals are now required to allow this project to progress to the next stage.
- 4.2. The tender for the capital works will be in excess of the £750,000 threshold that can be approved by Directors and therefore requires a Cabinet decision. This tender is expected to be issued later this year.
- 4.3. Approval to delegate the award of the construction contract is requested to ensure that the delivery programme of the IMC is maintained and new premises delivered as soon as possible.

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

- 5.1. This report will be presented to Planning Transport and Regeneration Overview and Scrutiny Committee on the 11 September and Health Overview and Scrutiny on the 6 September and a verbal update on comments will be provided to Cabinet at the meeting.
- 5.2. The Tilbury IMC has undergone a pre-application consultation with the Local Planning Authority and a CABE design workshop.
- 5.3. Further consultation on the specifics of the IMCs will be undertaken as part of the planning process. For Tilbury and Chadwell IMC this is programmed for autumn 2018.
- 5.4. It is understood that Health Watch will be organising a People's Panel to gain public input into the development of all four IMCs.

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

- 6.1. The IMC programme supports all three subsections of the 'People' element of the Council's corporate vision and priorities.
- 6.2. The programme also supports the four principles stated in the Thurrock Health and Wellbeing Strategy 2016-2021 and has a specific reference under 'Goal 4 Quality care, centred around the person' of the same strategy.
- 6.3. The Council is committed to an MoU with partners to secure the delivery of four IMCs in Thurrock. The approvals recommended in this report will assist the Council in meeting its obligations under this MoU.

7. Implications

7.1 Financial

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

There are clear financial implications to the content of this report with the intention to use prudential borrowing to fund the capital cost of the Tilbury and Chadwell IMC. Income from leases and rentals should cover the council's cost of capital making the scheme cost neutral. The risk sharing approach to the operation of the centre reduces the risk to the Council and the necessary due diligence would be undertaken on the financial standing of the proposed head leaseholder prior to entering into the lease. Should the leaseholder default on the loan repayments the Council would retain the freehold of the asset which could be used for another purpose.

It is noted that an element of financial support may be required to ensure that a high quality building is developed. Should this be required provision will need to be made in the Capital Programme.

7.2 Legal

Implications verified by: **Benita Edwards**
Interim Deputy Head of Law

It is proposed that the contractor be procured using the NHS Procure 22 framework. That procedure shall ensure that the tender process is carried out in a fair and transparent way and that it complies with the Public Contract Regulations 2015 as well as the Council's Contract Procedures Rules. Accordingly, in approving this report, the Council shall be acting lawfully.

The report notes that an Agreement to Lease and Head Lease will be required to deliver the Tilbury and Chadwell IMC. A report or reports seeking approval for entry into an Agreement for Lease and authority to grant one or more leases shall be tabled in due course. The Council's internal Legal and Assets teams will provide support on ensuring that the required agreements adequately protect the Council's position.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Communities and Engagement Manager

The IMC programme is crucial in addressing the health inequalities currently experienced in some areas of the Borough. All buildings developed as part of

the programme will need to comply with equalities legislation and pay attention to the particular needs of the visitors to the centre a high proportion of whom are likely to be vulnerable.

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

The development of the Tilbury IMC will allow staff from several Council departments to work in the community that they serve improving public access to vital services.

There is a clear health benefit to pursuing this programme of work.

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):

- Cabinet Report: 12 July 2017, Integrated Medical Centre Delivery Plan - Phase 1.
<https://democracy.thurrock.gov.uk/documents/s12467/Integrated%20Medical%20Centre%20Delivery%20Plan%20Phase%201%20Decision%201104436.pdf>

9. Appendices to the report

- Tilbury IMC site plan

Report Author:

Rebecca Ellsmore
Programmes and Projects Manager
Place

SITE PLAN

With the preferred option agreed amongst the Client Team, the east half of the Civic Square was chosen to be our proposed site. This will result in the existing health and fitness centre being demolished to allow the new IMC to be constructed within a single phase.

The majority of the massing on the east side of the site is 2 storey with 2 single storey. Out-building and a 3-4 storey framed tower formally used for fire and rescue exercises.



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| | |
|---|-----------------------------|
| 12 September 2018 | ITEM: 12 |
| Cabinet | |
| Revenue Budget Monitoring – Q1 June 2018 | |
| 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, Chief Accountant, Corporate Finance | |
| Accountable Director: Sean Clark, Director of Finance and IT | |
| This report is public | |

Executive Summary

The Council agreed the budget for 2018/19 at its meeting on 28 February 2018 that was not only balanced but projected a surplus of £2.49m. This amount is dependent on the main service budgets remaining within budget and this report sets out the various pressures that are currently being faced within those service budgets and need to be fully mitigated before the surplus can be available for allocation.

Current projections indicate a General Fund service pressure of £1.229m that must be managed in order to outturn within budget by the 31 March 2019 – this deficit is after considerable mitigating action that has already been identified. Pressures include Children’s Social Care, No Recourse to Public Funds (NRPF) and increasing waste disposal costs in Environment. Whilst this forecast shows a projected deficit, officers are confident that continuing action will keep the budget within the agreed budget envelope.

The Dedicated Schools Grants (DSG) continues to forecast pressures within the High Needs Block but steps are being taken to manage the position with the service and the Schools Forum in order to address these pressures. The HRA is forecasting a breakeven position whilst the Public Health Grant continues to budget for surpluses that can be carried forward to smooth out the impact of annual grant reductions.

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 Medium Term Financial Strategy (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.

3 General Fund Position

| Directorate | Full Year Budget £'000 | Forecast £'000 | Variance From Budget £'000 |
|--|---------------------------|-------------------|----------------------------------|
| Adults, Housing & Health | 38,752 | 38,712 | (40) |
| Housing General Fund | 733 | 953 | 220 |
| Children's Services | 36,057 | 36,427 | 370 |
| Environment & Highways | 26,041 | 26,306 | 265 |
| Place | 9,278 | 9,278 | 0 |
| Finance, IT & Legal | 11,403 | 11,245 | (157) |
| HROD | 4,370 | 4,311 | (59) |
| Strategy, Communications & Customer Services | 2,699 | 2,654 | (45) |
| Commercial Services | 683 | 681 | (2) |
| Corporate Costs | (15,004) | (14,326) | 678 |
| Total | 115,012 | 116,241 | 1,229 |

Adults, Housing & Health - £0.040m underspend

- 3.1 The Adult Social Care forecast position reflects the funding raised through the Adult Social Care precept, the 2018/19 Adult Social Care support grant, and the allocation of Improved Better Care Fund monies. The position should be viewed in the context of well publicised demand pressures across the Adult Social care sector, and the ongoing financial pressures within the Directorate. There is a degree of uncertainty around future funding and the delayed

publication of the Government's Green Paper for Adult Social Care further compounds this.

- 3.2 One of the major contributing factors to the issues faced is the fragility of the domiciliary care market. Through the Better Care Fund extra resources have been allocated to this area to strengthen both the in-house provision and to support the external market. Thurrock is in the process of reallocating care hours to a number of providers following a large scale retendering process. One of the successful providers has already identified issues with recruitment and retention of staff and this is delaying the transfer of care hours. This has been reflected in the forecast position and will be monitored over the coming months.
- 3.3 Demand for residential placements (especially for those with Learning Disabilities, autism and challenging behaviours) adds additional budget pressures. This is a very volatile area of the budget and deals with a cohort of people with varying levels of complex needs. The directorate follows a process in which early identification of transitional cases from Children's Social Care is vital in being able to effectively plan appropriate care packages and fully understand the budgetary effect.
- 3.4 Income towards all placements continues to be a potential budget risk due to the constant reassessment of clients' financial situations and their ability to contribute towards their care packages. This continues to be closely monitored.
- 3.5 Adult Social Care are able to mitigate these identified pressures in 2018/19 by utilising £0.408m of the Adult Social Care support grant and through close working with Health colleagues to allocate £0.974m of Improved Better Care Funding. Levels of demand and the complexity of cases remain the key issues. Previous trends indicate that there will be additional pressures during the winter period. At present, we are holding a contingency against this, which whilst not committed as present, will be required to meet demand upon the service if these materialise. It is noted this is expected to be needed before the end of the financial year.
- 3.6 There is currently a forecast underspend of £0.270m in the pooled Better Care Fund. It will be through a collaborative decision making process between ASC and Thurrock CCG to determine the allocation of these funds and to meet the key objective of Central Government to reduce delayed transfers of care from hospitals. Any underspend in the pooled budget at the end of the year will be placed into an earmarked reserve and carried forward to 2019/20 and allocated in the most effective way to reduce identified pressures across both Health and Social Care services.

Housing General Fund - £0.220m overspend

- 3.7 The Homelessness Reduction Act was introduced from April 2018. The bill places a legal duty on councils to give people meaningful support to try to resolve their homelessness, as well as introducing measures to prevent people becoming homeless in the first place. The increased duty to assist

applicants into an alternative accommodation is labour intensive and often requires financial incentives to be offered to relief/prevent homelessness.

- 3.8 Despite a reduction in the use of Temporary Accommodation, the TA Model continues to show high actual and forecast costs associated with Homelessness placements and this has resulted in a forecast overspend of £0.150m. Placements and costs are being closely monitored on a monthly basis. There is continual work to reduce the use of nightly let private sector accommodation which is the most costly form of accommodation, the service is seeking alternative cheaper accommodation to mitigate the forecast overspend position as well as working towards permanent recruitment of staff and team managers to stabilise the workforce and reduce spend on agency staff.

| Households in TA | April | May | June |
|---------------------------------|--------------|------------|-------------|
| B&B (Hotels) | 6 | 7 | 1 |
| Hostels | 31 | 29 | 31 |
| Private Lettings (Nightly Lets) | 57 | 48 | 49 |
| Furnished Lets (Council Stock) | 51 | 51 | 53 |
| Refuge | 5 | 4 | 3 |
| Total | 150 | 139 | 137 |

- 3.9 In 2018/19, the Homelessness function received £0.347m by way of the Flexible Homelessness Support Grant. This is being used in part to offset the withdrawal of additional Housing Benefit subsidy from the DWP for those in Temporary Accommodation. The Council has also received £0.075m by way of New Burdens funding in 2018/19. Despite receipt of these there is still a forecast overspend position.
- 3.10 There is a forecast overspend of £0.070m on Travellers relating to Electricity as a result of the supplier increasing charges. The rental income from the three sites will be sufficient to meet the additional costs but the total income achieved will not deliver the surplus projected in the original budget – a challenging target given there are only 64 plots spread across three Travellers sites. The proposed charges for 2019/20 will reflect a more realistic budget for the sites and consideration will be given in future years to capital bids to fund site improvements.

Children’s Services – £0.370m overspend

- 3.11 The service continues to operate in a complex demand led environment. Projections at the end of June indicate a net Directorate pressure of £0.370m 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 schools transport. There remains significant inherent risk in placement budgets, managing levels of agency staff and achieving the proposed mitigation.

3.12 The summary position before mitigation is applied is as follows:

| Service | Variance |
|--|-----------------|
| | £'000 |
| Children and Family Services | 1,576 |
| Learning & Universal Outcomes | (281) |
| Central Administration Support and Other | (21) |
| School Transport | 410 |
| Total | 1,684 |

3.13 The most significant pressures within social care relate to agency staff, aftercare placements and legal proceedings.

| High Risk Area | Variance |
|-------------------------|-----------------|
| | £'000 |
| Employees | 1,156 |
| Aftercare | 619 |
| Therapeutic Foster Care | 260 |
| Adoption & Permanence | 211 |
| Disabled Children | 144 |
| Legal Proceedings | 109 |
| Total | 2,499 |

3.14 The most significant variance is in employee spend. This situation has been exacerbated by a number of staffing issues which have delayed permanent recruitment to certain senior posts and necessitated the employment of a number of experienced interim managers. It is anticipated that permanent recruitment will be possible in September. Staffing levels are currently being reviewed with a view to improving this position and reducing the forecast overspend. The ongoing initiative to replace agency workers with permanent staff continues to progress.

3.15 Placement budgets continue to be closely monitored with close scrutiny of high cost placements. This is a volatile area which can be impacted by a single very high cost complex need case. Regular review of placements will continue to ensure better value and more appropriate placements for young people.

3.16 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.

3.17 The following mitigation has been identified to address the forecast overspend. This is primarily through the receipt of one-off income through the Troubled Families recovery plan, an in-depth review of aftercare placements and outputs from ongoing service reviews. None of the items are guaranteed and will require ongoing commitment to achieve. Even in delivering the items

below, there still remains a net overspend of £0.370m that needs to be addressed.

| Mitigating Action | £'000 |
|--|----------------|
| Troubled Families Recovery Plan income | (650) |
| Review Aftercare placements , Housing Benefit and grant income | (328) |
| Nurseries to breakeven | (80) |
| UASC grant c/f | (70) |
| Service Review – Agency staff to use full leave entitlement | (12) |
| Service Review – ASYE 2 for 1 | (85) |
| Service Review – Head Start Housing | (19) |
| Service Review – Sunshine Centre | (11) |
| Service Review – Transport assessments | (60) |
| Total | (1,315) |
| Mitigation Required | 1,685 |
| Net Pressure | 370 |

- 3.18 The mitigated position includes one-off income expected through the delivery of the Troubled Families recovery plan which is being closely monitored through the Brighter Futures Board. This assumes that attachment and payment by results funding is achieved in line with the plan. There is ongoing risk to securing all required attachments and sufficiently evidencing outcomes, however, attachments made by the end of June 2018 are in line with profile. Internal Audit are reviewing the first tranche of payment by results evidence for submission by the end of August. It should be noted that this is not an ongoing revenue stream.
- 3.19 Aftercare placements are undergoing an in-depth review to ensure placements are in cost effective accommodation and young people are transferred into appropriate accommodation when they reach 18 years old. Ensuring that available grant and Housing Benefit claims are completed will 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 mitigating action above. Business cases are due at Directors’ Board in September.
- 3.21 Nurseries are currently projecting to overspend. They operate on a breakeven budget and are expected to fund their expenditure through the income they generate. Due to the way the nursery funding operates, it is anticipated that the service will breakeven by the end of the financial year. Discussions continue with the Corporate Director and DMT in order to identify further mitigating action to manage the reported net overspend.

Environment & Highways - £0.265m overspend

- 3.22 The Directorate is currently forecasting an overspend position of £0.265m after mitigation. The main pressures and risks are outlined below, however, the most significant risk is the waste disposal position. In year increases in

waste tonnages or quarterly changes to contract prices would impact the reported position.

- 3.23 There has been strong performance against the Directorates external income position with trade waste, enforcement and parking all ahead of profile at the end of the first quarter. The most significant pressures being managed by the service are set out below.
- 3.24 Following the agreement of the waste disposal budgets for 2018/19, there were contract variations which meant that the forecast spend for recycling had increased substantially for quarter 1 resulting in a pressure of £0.268m. The fees in these contracts are determined relative to market values which are published independently. As rates are recalculated quarterly, this pressure could increase.
- 3.25 Street Lighting is forecasting pressures in electricity and private contractors. Large savings were expected in both of these areas in 2017/18 as a result of the roll-out of the LED programme. Although the majority of these savings were made, the repayment of the Salix loans internally continues to cause a pressure.
- 3.26 The Waste Collection pressure relates to agency staff and fuel. An additional unbudgeted round is currently operating and Management are considering all options available to improve the service being provided and reduce the ongoing pressure.
- 3.27 Depot Management pressure of £0.215m is forecast. Business rates are still being paid for both Oliver Close depot and Curzon Drive. The depot at Curzon Drive was due to be demolished at the end of 2017, however, there were delays due to external factors which has meant that business rates have been charged for 2018/19. There is scope for a part-year rebate on these and this is currently with the Valuations Office Agency.
- 3.28 There are further risks that need to be monitored over the course of the year which include the items below.
- 3.29 Contract variations could mean a risk to other waste disposal budgets contracts – although these are expected to be much less volatile.
- 3.30 The pressure on the winter maintenance budgets in 2018/19 will depend on the severity of the winter.
- 3.31 The forecast for fly-tipping is difficult to predict – however trends for different types of fly tips (specialist, industrial, household and cars, caravans and trailers) will be captured using new project codes in this area which will separate out the costs of clearing different kinds of fly tips.
- 3.32 There is a risk regarding capital recharging of staff time. This is based on the amount of time individual members of staff spend working on capital schemes. There is a risk that not enough time is able to be capitalised in order to meet the budgeted recharge levels.

- 3.33 Highways spend is also difficult to predict against the reactive budgets earlier in the year.

Place - breakeven

- 3.34 The Place directorate is forecast to meet the budgeted spend for the year. There are some areas of risk as set out below.
- 3.35 Thurrock is in the process of applying for a Planning Performance Agreement (PPA) with Highways England regarding the Lower Thames Crossing. If this is not secured, or if it is secured without sufficient funding, there is a risk to a budgeted income contribution to the salary of the Assistant Director Lower Thames Crossing post.
- 3.36 Additional funding will be required in future years in respect of the Lower Thames Crossing. This is to resource the Council's role in engaging and influencing the Development Consent Order process. We are waiting for programme information from Highways England in order to be able to plan what that resource and potential cost may look like.
- 3.37 There is also a risk regarding capital recharging of staff time to capital schemes. There is a risk that not enough time is able to be capitalised in order to meet the budgeted recharge levels Options are being investigated to manage the risk.

Finance, IT & Legal - £0.157m underspend

- 3.38 The Directorate is forecasting a small underspend primarily due to employee savings across a number of services. The ICT service is reporting a breakeven position against the directorate budget with an associated underspend of £0.526m reported against the service review target.
- 3.39 There is a pressure against insurance budgets due to the ongoing academisation of schools and hence fewer buying into the service. The main risk to the position is achieving the Fraud income target.

HROD – £0.059m underspend

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

Strategy, Communications & Customer Services – £0.045m underspend

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

Commercial Services – £0.002m underspend

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

Central Expenses - £0.678m overspend

- 3.43 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.
- 3.44 The reported pressure relates mainly to spend on families with no recourse to public funds that have no legal status. There is a continuing focus on current placements and new presentations made to the council. Work continues with the Home Office and the Fraud team.
- 3.45 Allocation of the £0.930m service review target continues as the ongoing service reviews 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), supported by in-year mitigation of £0.187m within Children's (as reported within the Children's Service position). The remaining £0.140m is currently work in progress. 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 | 11,798 | 0 |
| Housing Operations | 11,605 | 11,625 | 20 |
| Financing and Recharges | 24,315 | 24,315 | 0 |
| Rent and Income | (48,077) | (48,097) | (20) |
| Development | 359 | 359 | 0 |
| Total | 0 | 0 | 0 |

- 4.1 The HRA is forecast to breakeven in 2018/19. There are some minor variances, but no overall pressure within existing budgets to report at this stage. There are a number of risks that we are closely monitoring and factoring into spending plans.
- 4.2 In line with Government Policy, the Council has applied a 1% rent decrease over the last 3 financial years with a further 1% reduction required in 2019/20. This has reduced resources available for capital investment.
- 4.3 The HRA currently has unused borrowing headroom of £16.97m. This is all allocated to the current New Build programme and cannot be used to fund any other capital investment due to the conditions attached to it. In late June the government launched its bidding for the Housing Revenue Account £1 billion

additional borrowing programme. Thurrock has been identified as an area in High Affordability Need and is therefore eligible to bid.

- 4.4 Capital Investment in Existing Stock – the stock condition survey indicates an average annual investment of £15m. The Transforming Homes budget for 2018/19 is £10.668m and the HRA Business Plan includes approx. £10m per annum and even this level is not sustainable into the medium or long term.
- 4.5 The potential returning of 1-4-1 RTB receipts due to both slippages in the existing programme and the completion of the existing programme in 2020/21 is a significant risk. There are no resources available in the HRA to future fund 70% of capital spend to enable the use of the receipts. Officers are looking at other options with RP's and also making use of GF resources.
- 4.6 The proposed Grounds Maintenance Charge was not introduced in 2017/18 after initially being agreed by Cabinet which has also reduced the resources available in the HRA. Grounds Maintenance accounts for £1.3m of expenditure in the HRA annually with Leaseholders making a small contribution. By not charging tenants for all the services provided to them, the rents of all tenants are effectively subsidising the costs and the resources in the HRA for Capital investment are not being maximised.

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 2018/19 allocation has been allocated against ongoing contracts and existing staffing commitments. The Public Health Team have identified a number of new initiatives within the conditions of the grant with the intention to invest in GP practises to deliver improved services and better outcomes for the people of Thurrock. The progress of these pilots will be closely monitored throughout the year. Any underspend 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 reduction of 2.6% which equates to £0.292m.

| Public Health | £'000 |
|--|--------------|
| 2018/19 grant allocation | (11,042) |
| 2017/18 carry forward | (377) |
| Estimated 2017/18 spend | 10,985 |
| Funding committed to 2019/20 – 2020/21 Programmes | (434) |

6 Dedicated Schools Grant (DSG)

- 6.1 Current projections indicate pressures of £3.250m in the DSG within the High Needs Block and Schools Block. As set out below, work continues with the Schools' Forum to bring this into line with available resources whilst also recovering prior year deficits.

- 6.2 Council officers recently met three officers from the DfE to discuss this issue. It should be noted that Thurrock was just one of many authorities around the country that the DfE are meeting to put together a national picture of the pressures and to gain a greater understanding.
- 6.3 The total allocation for 2018/19 is £50.095m after Academy recoupment and is reported as:

| | Funding Settlement | Academy Recoupment | Total | Forecast | Variance |
|------------------|---------------------------|---------------------------|---------------|-----------------|-----------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 |
| Schools | 115,973 | (96,533) | 19,439 | 19,590 | 150 |
| Central Services | 2,038 | 0 | 2,038 | 2,038 | 0 |
| High Needs | 22,311 | (5,414) | 16,898 | 19,998 | 3,100 |
| Early Years | 11,720 | 0 | 11,720 | 11,720 | 0 |
| Total | 152,043 | (101,947) | 50,095 | 53,345 | 3,250 |

- 6.4 Early reporting is forecasting the following pressures for 2018/19:

Schools Block

- 6.5 The budget available to support pupil growth in 2018/19 is £1.47m, initial projections indicate a funding requirement of £1.62m, an overspend of £0.150m. This reflects the growth in pupil numbers being experienced within Thurrock schools. This will continue to be monitored and updated. DfE to introduce a new formula for 2019/20, guidance and indicative allocations are expected in the second half of 2018. At this stage it is unknown if this will be an ongoing pressure.

High Needs Block

- 6.6 The outturn position for 2017/18 was an overspend of £3.2m. No actions have been implemented to restrict expenditure in 2018/19 and initial projections indicate a pressure of £3.1m. This can be broken down into three key areas:

- Home to School Transport £1.2m
- Top Up Values £2.4m
- Transfer from Schools Block (£0.5m)

- 6.7 The Secretary of State in February, as part of the disapplication process, approved the transfer of £1.8m from Schools Block to support the 2016/17 deficit of £1.3m and a further £0.5m to support high need pressures in 2018/19.

- 6.8 A review of the DSG budgets and expenditure took place over the summer to inform an options paper to be presented to the Schools Forum in September.

This work will deliver a sustainable budget from 2019/20, whilst also delivering some in-year mitigations.

- 6.9 The DSG has a carried forward deficit of £2.7m from 2017/18. This, along with the projected overspend in 2018/19, is being considered as part of the review of the DSG and in considering the 2019/20 and 2020/21 school funding settlement.

7 External Income

| Fees & Charges | Budget £'000 | Forecast £'000 | Variance £'000 |
|---------------------------|-------------------------|---------------------------|---------------------------|
| Adults | (1,521) | (1,499) | 22 |
| Children's | (1,174) | (1,041) | 133 |
| Environment & Highways | (2,299) | (2,829) | (530) |
| Housing GF | (413) | (413) | 0 |
| Finance, IT & Legal | (25) | (49) | (24) |
| Place | (2,845) | (2,894) | (48) |
| Total | (8,277) | (8,724) | (447) |

| Traded | Budget £'000 | Forecast £'000 | Variance £'000 |
|------------------------|-------------------------|---------------------------|---------------------------|
| Children's | (3,737) | (3,709) | 28 |
| Environment & Highways | (341) | (508) | (166) |
| Finance, IT & Legal | (1,336) | (1,263) | 73 |
| HROD | (284) | (276) | 8 |
| SCCS | (205) | (205) | 0 |
| Place | (34) | (34) | 0 |
| Total | (5,937) | (5,995) | (57) |

- 7.1 As at the end of Quarter 1, the full year forecast for external income is a surplus of £0.504m across both fees and charges and traded income streams.
- 7.2 Children's – pressure of £0.133m within fees and charges due to lower income expectations within Grangewaters and Nurseries. Both services have breakeven budgets. Grangewaters is forecasting a corresponding reduction in spend to deliver within budget. Nurseries are forecasting an overall pressure, however, due to the way the nursery funding operates, it is anticipated that the service will breakeven by the end of the financial year.

- 7.3 Environment & Highways – surplus of £0.530m within fees and charges primarily within Parking and Enforcement. The traded surplus of £0.166m 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 £0.073m in traded income due to the ongoing academisation of schools and hence fewer buying into the service. This is mainly within Insurance and financial services.

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**
Deputy Head of Law & Governance

There are no direct legal implications arising from this report.

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

11.3 Diversity and Equality

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

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

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:

Carl Tomlinson
Finance Manager
Finance and IT

| | |
|---|---------------------------------|
| 12 September 2018 | ITEM: 13 |
| Cabinet | |
| 2018/19 Capital Monitoring Report – Quarter 1 | |
| Wards and communities affected: All | Key Decision: Non-key |
| Report of: Councillor Shane Hebb, Portfolio Holder for Finance | |
| Accountable Assistant Director: Not Applicable | |
| 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 £5.855m 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 £47.666m 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 overspend by £0.102m, 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 first monitoring report for 2018/19 and is based on expenditure to the end of

month 3 (the period 1 April 2018 to 30 June 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 3

| | Latest Agreed Budget | Projected Outturn to 31/03/2019 | Variance against budget |
|---------------------------------|----------------------|---------------------------------|-------------------------|
| | £'000's | £'000's | £'000's |
| Expenditure: | | | |
| Children's Service ¹ | 10,597 | 10,597 | 0 |
| Adult, Housing & Health | 2,700 | 2,700 | 0 |
| Housing General Fund | 1,751 | 1,551 | (200) |
| Environment and Highways | 17,457 | 17,457 | 0 |
| Place | 44,496 | 38,841 | (5,655) |
| Finance and IT | 2,394 | 2,394 | 0 |
| HR, OD & Transformation | 4,508 | 4,508 | 0 |
| Customer Services | 40 | 40 | 0 |
| Total Expenditure | 83,943 | 78,088 | (5,855) |
| Resources: | | | |
| Prudential Borrowing | (38,387) | (33,063) | 5,324 |
| Capital Receipts | (290) | (290) | 0 |
| Reserves | (185) | (185) | 0 |
| Government Grants | (11,904) | (11,852) | 52 |
| Other Grants | (26,852) | (26,599) | 253 |
| Developers Contributions (S106) | (6,325) | (6,099) | 226 |
| Total Resources | (83,943) | (78,088) | 5,855 |

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

| | Latest Agreed Budget | Projected Outturn to 31/03/2019 | Variance against budget |
|--|-----------------------------|--|--------------------------------|
| | £'000's | £'000's | £'000's |
| Forecast Overspend in Resources | 0 | 0 | 0 |

3.2 Table 1 illustrates a projected outturn at the end of the financial year of £78.088m, which is £5.855m less than the latest agreed budget for the year. This forecast variance is further analysed in Table 2 below.

Table 2: – Analysis of forecast variance

| | Re-profiling of expenditure at Month 3 | Capital schemes requiring additional funding | Completed Projects | Forecast variance against budget at Month 3 |
|--------------------------|---|---|---------------------------|--|
| Expenditure: | £'000 | £'000 | £'000 | £'000 |
| Children's Service | 0 | 0 | 0 | 0 |
| Adult, Housing & Health | 0 | 0 | 0 | 0) |
| Housing General Fund | (200) | 0 | 0 | (200) |
| Environment and Highways | 0 | 0 | | 0 |
| Place | (5,655) | 0 | | (5,655) |
| Finance and IT | 0 | 0 | 0 | 0 |
| HR, OD & Transformation | 0 | 0 | 0 | 0 |
| Customer Services | 0 | 0 | 0 | 0 |
| Total | (5,855) | 0 | 0 | (5,855) |

3.3 Table 2 shows that the forecast underspend is principally due to slippage/budget reprofiling on current schemes (£5.855m). Consequently the funding remains allocated to specific current schemes.

3.4 A list of schemes where the variance is greater than £0.25m is shown in Appendix 2.

3.5 A number of capital schemes are also expected to complete construction in future years, with expenditure totalling £54.811m. 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 £42.849m.

- 3.6 In addition, the following schemes and allocations have Council approval but are dependent on scheme development and/or third parties:

Table 3: Capital Programme – Schemes under development

| | Projected Scheme Budget |
|--|--------------------------------|
| | £'000's |
| Purfleet Regeneration | 15,277 |
| School Improvements | 11,799 |
| Grays South Development | 8,700 |
| 21 st Century Care Home | 8,000 |
| The Central Grays Civic Buildings Optimisation project | 3,890 |
| | |
| Total Schemes under development | 47,666 |
| | |
| Resources: | |
| Prudential Borrowing | (35,867) |
| Government and Other Grants | (11,799) |
| | |
| Total Resources | (47,666) |
| | |
| 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 | 12,162 | 12,264 |
| Housing Development | 13,870 | 13,870 |
| Total Expenditure | 26,032 | 26,134 |
| | | |
| Resources: | | |
| Prudential Borrowing | (9,710) | (9,710) |
| Capital Receipts | (5,112) | (5,214) |

| | Latest Agreed Budget | Projected Outturn to 31/03/2019 |
|--|----------------------|---------------------------------|
| | £'000's | £'000's |
| Reserves | (542) | (542) |
| Government & Other Grants | 0 | 0 |
| Major Repairs Reserve | (10,668) | (10,668) |
| Total Resources | (26,032) | (26,134) |
| Forecast Overspend in Resources | 0 | 0 |

4.2 The budget for Transforming Homes in 2018/19 is £12.162m. Spend as at 30th June 2018 was £1.813m. Works to the Telecare system have forecast additional spend of £0.102m, 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 a breakeven position against a budget of £13.87m.

Table 5: HRA New Build Schemes

| | Revised Budget | Spend YTD | Forecast | Variance from Revised Budget | |
|--------------|----------------|------------|---------------|------------------------------|-----------|
| | £000 | £000 | £000 | £000 | % |
| Calcutta | 4,300 | 0 | 4,300 | 0 | 0% |
| Claudian Way | 4,120 | 364 | 4,120 | 0 | 0% |
| Tops Club | 5,450 | 43 | 5,450 | 0 | 0% |
| Total | 13,870 | 407 | 13,870 | 0 | 0% |

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 scheme has been the subject of a value engineering exercise and has been retendered. Final clarification of revised tenders is taking place currently. It is anticipated that contracts will be agreed in August 2018. The project will complete late 2019.

Claudian Way

United Living have been appointed under Stage 1 of 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. Applications have been submitted for the discharge of pre-commencement planning conditions and the final

tender price is due to be agreed in July which will allow the contractor to take possession and start on site. This project has an estimated 18 month construction timeframe.

Tops Club

As with Claudian Way, Stage 1 of the tender process has been completed and Roof Ltd have been engaged under a pre-contract services agreement. All pre-commencement planning conditions have been discharged and the agreed tender price will be finalised in July 2018. Demolition works are underway with main contract commencing once a power cable is relocated.

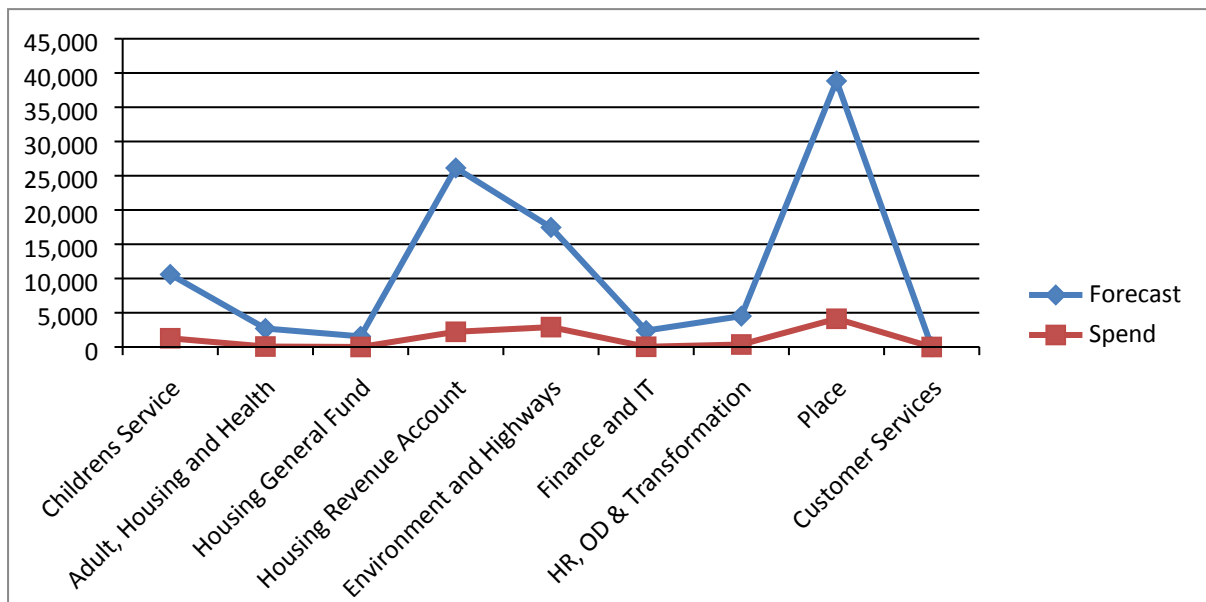
5. Thurrock Regeneration Ltd.

5.1 TRL has agreement to proceed with its second scheme, an 80 unit development at Belmont Road. Borrowing of £23.5m has been approved, and the project has an estimated commencement date of September 2018. It is anticipated that costs circa £5m will be incurred during the current financial year, with the scheme completing in late 2019/20.

6. Issues, Options and Analysis of Options

Performance Indicator Target for Month 3: 10%

6.1 The total expenditure to date on the Capital Programme is £10.996m, which equates to 10.1% of the budgeted spend against the performance indicator of 10%. 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 £5.855m 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 £47.666m 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**
Deputy 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 (Jun-18) | % Spend against CY Forecast |
|---|-----------------|----------------|---------------|-------------------|----------------|---------------|----------------------|--------------------------------|
| | 2018/19 | 2019/20 | 2020/22 | 2018/19 | 2019/20 | 2020/22 | | |
| Childrens Service | £'000 10,597 | £'000 5,795 | £'000 0 | £'000 10,597 | £'000 5,795 | £'000 0 | £'000 1,274 | 12.02 |
| Adults; Housing and Health | | | | | | | | |
| Provider Services | 465 | 0 | 0 | 465 | 0 | 0 | 0 | 0.00 |
| Better Care | 895 | 300 | 0 | 895 | 300 | 0 | 48 | 5.00 |
| Community Development | 1,340 | 0 | 0 | 1,340 | 0 | 0 | 20 | 1.00 |
| | 2,700 | 300 | 0 | 2,700 | 300 | 0 | 68 | 2.52 |
| Housing General Fund | | | | | | | | |
| Community Hubs | 1,501 | 0 | 0 | 1,501 | 0 | 0 | 3 | 0.20 |
| Private Sector Housing | 250 | 34 | 0 | 50 | 100 | 135 | 3 | 6.00 |
| | 1,751 | 34 | 0 | 1,551 | 100 | 135 | 6 | 0.39 |
| Environment and Highways | | | | | | | | |
| Highways Infrastructure | 40 | 0 | 0 | 40 | 0 | 0 | 6 | 15.00 |
| Highways Maintenance | 4,783 | 100 | 80 | 4,784 | 100 | 80 | 162 | 3.00 |
| Resident Services | 2,473 | 0 | 0 | 2,473 | 0 | 0 | 90 | 4.00 |
| Environment | 10,161 | 681 | 0 | 10,160 | 681 | 0 | 2,645 | 26.00 |
| | 17,457 | 781 | 80 | 17,457 | 781 | 80 | 2,903 | 16.63 |
| Place | | | | | | | | |
| Place Delivery - Highways Major Projects | 25,791 | 35,862 | 9,691 | 25,843 | 35,862 | 9,691 | 3,415 | 13.21 |
| Place Delivery - Regeneration | 13,015 | 692 | 1,050 | 7,863 | 5,774 | 1,120 | 209 | 2.66 |
| Planning and Transportation | 3,778 | 0 | 0 | 3,223 | 503 | 0 | 339 | 10.52 |
| Corporate Buildings | 1,912 | 486 | 40 | 1,912 | 486 | 40 | 159 | 8.32 |
| | 44,496 | 37,040 | 10,781 | 38,841 | 42,625 | 10,851 | 4,122 | 10.61 |
| Finance and I.T. | 2,394 | 0 | 0 | 2,394 | 0 | 0 | 34 | 1.42 |
| HR, OD and Transformation | 4,508 | 0 | 0 | 4,508 | 0 | 0 | 366 | 8.12 |
| Customer Services | 40 | 0 | 0 | 40 | 0 | 0 | 3 | 7.50 |
| Total Expenditure - General | 83,943 | 43,950 | 10,861 | 78,088 | 49,601 | 11,066 | 8,776 | 11.24 |

| Table 6 – Summary of the 2018/19 General Fund Capital Programme, by scheme status | Project Status | Approved Budget | | | Projected Outturn | | | CY Spend (Jun-18) | % Spend against CY Forecast |
|---|--------------------------------|-----------------|---------------|---------------|-------------------|---------------|---------------|----------------------|--------------------------------|
| | | 2018/19 | 2019/20 | 2020/22 | 2018/19 | 2019/20 | 2020/22 | | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | |
| | <i>Not yet started</i> | 20 | 0 | 0 | 20 | 0 | 0 | 0 | |
| | <i>Planning decision</i> | 947 | 500 | 0 | 947 | 500 | 0 | 13 | |
| | <i>Work commenced</i> | 6,943 | 3,295 | 0 | 6,943 | 3,295 | 0 | 995 | |
| | <i>Scheme completed</i> | 255 | 0 | 0 | 255 | 0 | 0 | 255 | |
| | <i>Completed retention o/s</i> | 94 | 0 | 0 | 94 | 0 | 0 | 11 | |
| | <i>On hold</i> | 1,500 | 2,000 | 0 | 1,500 | 2,000 | 0 | 0 | |
| | <i>Demand led</i> | 794 | 0 | 0 | 794 | 0 | 0 | 0 | |
| | <i>Devolved to schools</i> | 44 | 0 | 0 | 44 | 0 | 0 | 0 | |
| Total: Childrens Service | | 10,597 | 5,795 | 0 | 10,597 | 5,795 | 0 | 1,274 | 12.02 |
| | <i>Out to tender</i> | 1,080 | 0 | 0 | 1,081 | 0 | 0 | 20 | |
| | <i>Work commenced</i> | 314 | 0 | 0 | 322 | 0 | 0 | 14 | |
| | <i>Scheme completed</i> | 45 | 0 | 0 | 45 | 0 | 0 | 40 | |
| | <i>On hold</i> | 240 | 0 | 0 | 240 | 0 | 0 | 0 | |
| | <i>Demand led</i> | 621 | 300 | 0 | 612 | 300 | 0 | -6 | |
| | <i>Feasability Stage</i> | 400 | 0 | 0 | 400 | 0 | 0 | 0 | |
| Total: Adults; Housing and Health | | 2,700 | 300 | 0 | 2,700 | 300 | 0 | 68 | 2.52 |
| | <i>Not yet started</i> | 83 | 0 | 0 | 83 | 0 | 0 | 0 | |
| | <i>Demand led</i> | 1,668 | 34 | 0 | 1,468 | 100 | 135 | 6 | |
| Total: Housing General Fund | | 1,751 | 34 | 0 | 1,551 | 100 | 135 | 6 | 0.39 |
| | <i>Not yet started</i> | 450 | 100 | 80 | 450 | 100 | 80 | 0 | |
| | <i>Design stage</i> | 2,304 | 0 | 0 | 2,304 | 0 | 0 | 10 | |
| | <i>Work commenced</i> | 7,246 | 275 | 0 | 7,246 | 275 | 0 | 296 | |
| | <i>Scheme completed</i> | 0 | 0 | 0 | 4 | 0 | 0 | 4 | |
| | <i>On hold</i> | 1,082 | 0 | 0 | 1,078 | 0 | 0 | 0 | |
| | <i>Demand led</i> | 6,375 | 406 | 0 | 6,375 | 406 | 0 | 2,593 | |
| Total: Environment and Highways | | 17,457 | 781 | 80 | 17,457 | 781 | 80 | 2,903 | 16.63 |
| | <i>Not applicable</i> | 1,550 | 0 | 0 | 1,537 | 0 | 0 | 0 | |
| | <i>Not yet started</i> | 1,697 | 472 | 1,050 | 1,507 | 662 | 1,050 | 61 | |
| | <i>Design stage</i> | 3,630 | 356 | 0 | 3,683 | 356 | 0 | 68 | |
| | <i>Out to tender</i> | 2,166 | 0 | 0 | 1,000 | 1,166 | 0 | 18 | |
| | <i>Work commenced</i> | 27,212 | 35,902 | 9,731 | 27,499 | 35,902 | 9,731 | 3,572 | |
| | <i>Scheme completed</i> | 652 | 0 | 0 | 314 | 0 | 0 | 299 | |
| | <i>Completed retention o/s</i> | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| | <i>On hold</i> | 5,064 | 310 | 0 | 765 | 4,539 | 70 | 0 | |
| | <i>Demand led</i> | 2,525 | 0 | 0 | 2,524 | 0 | 0 | 91 | |
| | <i>Feasability Stage</i> | 0 | 0 | 0 | 12 | 0 | 0 | 12 | |
| Total: Place | | 44,496 | 37,040 | 10,781 | 38,841 | 42,625 | 10,851 | 4,122 | 10.61 |
| | <i>Not yet started</i> | 1,164 | 0 | 0 | 1,164 | 0 | 0 | 0 | |
| | <i>Work commenced</i> | 1,230 | 0 | 0 | 1,230 | 0 | 0 | 34 | |
| Total: Finance and I.T. | | 2,394 | 0 | 0 | 2,394 | 0 | 0 | 34 | 1.42 |
| | <i>Design stage</i> | 500 | 0 | 0 | 500 | 0 | 0 | 0 | |
| | <i>Work commenced</i> | 3,061 | 0 | 0 | 3,061 | 0 | 0 | 297 | |
| | <i>Scheme completed</i> | 524 | 0 | 0 | 524 | 0 | 0 | 69 | |

| | | | | | | | | | |
|---|-----------------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|
| | <i>On hold</i> | 423 | 0 | 0 | 423 | 0 | 0 | 0 | |
| Total: HR, OD and Transformation | | 4,508 | 0 | 0 | 4,508 | 0 | 0 | 366 | 8.12 |
| | <i>Work commenced</i> | 40 | 0 | 0 | 40 | 0 | 0 | 3 | |
| Total: Customer Services | | 40 | 0 | 0 | 40 | 0 | 0 | 3 | 7.50 |
| | | | | | | | | | |
| Total Expenditure - General Fund | | 83,943 | 43,950 | 10,861 | 78,088 | 49,601 | 11,066 | 8,776 | 11.24 |

| Table 7 – Summary of the 2018/19 Housing Revenue Account Capital Programme | Approved Budget | | | Projected Outturn | | | CY Spend (Jun-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 | 13,870 | 17,520 | 0 | 13,870 | 17,520 | 0 | 407 | |
| Better Care | 12,162 | 0 | 0 | 12,264 | 0 | 0 | 1,813 | |
| Total Expenditure - HRA | 26,032 | 17,520 | 0 | 26,134 | 17,520 | 0 | 2,220 | 8.49 |

| Table 8 – Summary of the 2018/19 Housing Revenue Account Capital Programme, by scheme status | Project Status | Approved Budget | | | Projected Outturn | | | CY Spend (Jun-18) | % Spend against CY Forecast |
|--|---------------------------|-----------------|---------------|----------|-------------------|---------------|----------|-------------------|-----------------------------|
| | | 2018/19 | 2019/20 | 2020/22 | 2018/19 | 2019/20 | 2020/22 | | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | |
| | <i>Tender evaluation</i> | 4,300 | 7,400 | 0 | 4,300 | 7,400 | 0 | 0 | |
| | <i>Contract formation</i> | 4,120 | 7,480 | 0 | 4,120 | 7,480 | 0 | 364 | |
| | <i>Work commenced</i> | 17,612 | 2,640 | 0 | 17,714 | 2,640 | 0 | 1,856 | |
| Total Adults, Health and Housing - HRA | | 26,032 | 17,520 | 0 | 26,134 | 17,520 | 0 | 2,220 | 8.49 |

| Table 9 - Scheme Reprofileing | Reprofileing £000's | Reason |
|---|------------------------|---|
| Riverside Business Centre | (2,538) | Currently seeking additional funding before scheme can commence. Budget gap of around £1.5m. |
| The Reception (National College Building CCI) | (1,448) | DfE have withdrawn funding for the project and additional funding sources are currently being investigated. |
| Aveley Community Hub | (1,166) | Currently out to tender, with works expected to commence October 18. Build expected to last 1 year, re-profile of budget. |
| RSF - Node 4 - North Stifford Interchange | (302) | Awaiting Highways England to undertake there part of the works, before traffic signals can be installed. Highways Engand have scheduled the works for 2019/20. Re-profileing of budget to align with expected spend. |

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