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 **7 December 2022**

Committee Room 2, CO3, Civic Offices, New Road, Grays, RM17 6SL

Membership:

Councillors Mark Coxshall (Leader), Deborah Arnold (Deputy Leader), Qaisar Abbas, Jack Duffin, Andrew Jefferies, Barry Johnson, Ben Maney, Graham Snell and Luke Spillman

Agenda

Open to Public and Press

Overview and Scrutiny Committee

Queries regarding this Agenda or notification of apologies:

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

Agenda published on: **29 November 2022**

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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?**

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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

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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 9 November 2022 at 7.00 pm

The deadline for call-ins is Monday 21 November 2022 at 5.00pm

Present:	Councillors Mark Coxshall (Leader), Deborah Arnold (Deputy Leader), Qaisar Abbas, Jack Duffin, Andrew Jefferies, Barry Johnson, Graham Snell and Luke Spillman
Apologies:	Councillor Ben Maney
In attendance:	John Jones, Director of Legal and Governance, and Monitoring Officer Ian Wake, Acting Chief Executive Officer Lucy Tricker, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting was being live-streamed and recorded; and would be uploaded to the Council's website.

50. Minutes

The minutes of the Cabinet meeting scheduled for 14 September 2022 and held on 12 October 2022 were approved as a true and correct record. The minutes of the Cabinet meeting held on 12 October 2022 were approved as a true and correct record.

51. Items of Urgent Business

There were no items of urgent business.

52. Declaration of Interests

There were no interests declared.

53. Statements by the Leader

The Leader began his statement and explained that the Council continued to move forward with the Recovery Plan, which would be presented to group meetings to ensure that all 49 Councillors could comment before it was progressed. He added that there were also additional Local Plan Engagement Days for Members scheduled and encouraged all Councillors to attend and therefore have the opportunity to influence the Local Plan.

54. Briefings on Policy, Budget and Other Issues

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

55. Petitions submitted by Members of the Public

No petitions had been submitted by members of the public.

56. Questions from Non-Executive Members

No questions had been submitted by non-Executive Members.

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

Other than those items already contained within the agenda, no items had been referred to the Cabinet for their consideration by an overview and scrutiny committee.

58. Contract to Supply, Install, Maintain & Repair Telecare Equipment (Decision: 110625)

The Deputy Leader introduced the report and stated that it was seeking agreement to go to market to reprocure the supply, installation, maintenance, and repair of the telecare equipment contract. She explained that this contract provided services such as the phone dialling alarm system, which could help a vulnerable person receive support if they fell in their own home. She added that the Public Switch Telephone Network (PSTN) which supports approximately 95% of the telecare equipment and currently in use, was due to be phased out nationally by 2025. The Deputy Leader explained that by reprocuring the contract, the Council could ensure the technology remained future-proof and ready for this change.

RESOLVED: That Cabinet:

1. Agreed with HOSC's recommendation to go to market to reprocure the contract to supply, install, maintain, and repair telecare equipment.

Reason for decision: as outlined in the report
This decision is subject to call-in

59. Contract for Occupational Therapy and Independent Mobility Assessment Service (Decision: 110626)

The Deputy Leader introduced the report and stated that the contract for occupational therapy and the independent mobility assessment service was due to come to an end soon, and the report was seeking to go to market for re-procurement. She explained that the contract provided highly specialised occupational therapy support, equipment, and highly trained staff, so a quicker and better service could be provided to residents when contracted out by the Council. She explained that the team would be considering the parameters of the contract during the re-procurement phase to ensure it meets current demands post-COVID. She explained that the team would also consider the possibility of upskilling staff to be able to perform the simpler

mobility assessments. Councillor Johnson commented that it was good to see Cabinet support recommendations made by the Health and Wellbeing Overview and Scrutiny Committee (HOSC).

RESOLVED: That Cabinet:

1. Agreed with HOSC's recommendation to go to market to reprocure the contract to provide an Occupational Therapy and Independent Mobility Assessments service.

Reason for decision: as outlined in the report
This decision is subject to call-in

60. Public Health Contracts Spend: Substance Misuse and Sexual Health (Decision: 110627)

The Deputy Leader introduced the report and stated that it was seeking contract extension for both the sexual health and adult substance misuse services, which equalled over £1million each. She explained that both services were funded via central government public health funds, and did not come out of the Council's general fund. The Deputy Leader added that the report was proposing to extend both contracts for one year to allow the team to fully analyse the service, undertake due diligence, ensure that residents received good quality care, and guarantee that the contract aligned with the recently agreed Health and Wellbeing Strategy. She added that if Cabinet did not agree to extend the life of the contract, then the Public Health team would not be able to confirm the full cost and quality of the service.

The Leader thanked the Public Health team for their hard work, both during the COVID-19 pandemic and for their ongoing services. He felt that public health teams across Essex and Thurrock worked hard to spread messages regarding their services and public health announcements.

RESOLVED: That Cabinet:

1. Approved a one-year extension of the Adult Substance Misuse Service at the current contract value.

2. Approved a one-year extension of the Sexual Health Services contract at the current contract value.

Reason for decision: as outlined in the report
This decision is subject to call-in

The meeting finished at 7.12 pm

Approved as a true and correct record

CHAIR

DATE

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

7 December 2022	ITEM: 10 Decision: 110628
Cabinet	
Financial Update – Quarter 2 2022/23	
Wards and communities affected: All	**Key Decision:** Key
Report of: Councillor Graham Snell, Cabinet Member for Finance	
Accountable Assistant Director: N/A	
Accountable Director: Jonathan Wilson, Interim Director of Finance	
This report is public	

Executive Summary

The report has been prepared and agreed with Commissioners and updates Cabinet on the latest known financial position for 2022/23 and medium-term outlook.

The report represents a significant deterioration in the financial position previously reported on 12 October 2022 and following the intervention by the Secretary of State. Work has now been done to identify (i) the impairments on major investments due to material deterioration in value of those investments (ii) revenue impacts of compliance with the Prudential Code for Capital Finance on the treatment of assets, notably minimum revenue provision (iii) refinancing debt (iii) & other underlying pressures.

There is an in-year deficit projected at £469.581m and an estimated structural deficit in 2023/24 of £184.381m. This is a grave position and at this point the council cannot find a way to finance their expenditure in-year and is unlikely to achieve a balanced budget for 2023/24 without external support. A request to the Secretary of State (SoS) for exceptional financial support (EFS) for 2022/23 will need to be made. It is also necessary for the s151 to consider further actions within Thurrock to restrict expenditure, whilst ensuring statutory services and contractual commitments are met. Furthermore, an exercise has commenced to identify opportunities for capital receipts to be generated through the disposal of assets.

As a result of the recommendations outlined in the report, there will be a draw down from general reserves of £7.591m, leaving a general reserve balance of £11m.

A further report will be prepared as part of the 2023/24 and Medium-Term Financial Strategy (MTFS), setting out the opportunities in so far as they are known for recovery of the position and that will also inevitably necessitate a further ask of the SoS to enable Thurrock to set a balanced budget.

The report sets out the position upon:

- 2022/23 General Fund Forecast Outturn at Quarter 2 (including assumed use of reserves, treasury & cash flow)
- 2023/24 Medium Term Financial Strategy (MTFS) update
- 2022/23 Capital Programme Forecast Outturn at Quarter 2
- 2022/23 Dedicated Schools Budget Forecast Outturn at Quarter 2

2022/23 General Fund Outturn at Quarter 2

The summary forecast position is set out in the table below:

2022-23 Quarter 2 Summary Position	**£'000**
Service pressure, net of earmarked reserves (Table 1)	1,772
Prior year investment income losses	29,927
In-year treasury position (Table 3)	33,268
Investment asset impairments	275,373
Further MRP in respect of capital Investments	129,241
Funding gap before mitigation	**469,581**
Mitigation:	
Use of Reserves: Treasury Equalisation, Financial Resilience & Transformation (Table 4)	(7,591)
Potential asset sales/capital receipts (Table 5)	(9,610)
Remaining funding gap	**452,380**

The figures reflect the known positions to date and the Minimum Revenue Provision remains under assessment and subject to further change. The potential asset sales also are subject to further assessment and will be confirmed in due course.

The position now reflects the write down of four investment assets of (£275.373m), the impact of the provision for the write down of the remaining investments over their lives (£129.241m) and increased pressure on the treasury position (£33.268m – current year and £29.927m prior year) reflecting the impact of projected lost income from specific investments and increased borrowing costs. Further detail is set out in sections 3.12 to 3.16.

The table includes potential mitigation based on a combination of available reserves and the use of capital receipts from projected asset disposals. The former is provisional and subject to closure of prior year audits and the latter is assumed on the basis a capitalisation direction is received from government.

The total projected funding gap is so significant that the Council cannot deliver a balanced budget in 2022/23 within existing resources. Inevitably the Council will need to look to levers within Thurrock to raise further funding, capital receipts and drive further savings, but it will also need to urgently seek exceptional financial support from government alongside taking action to reduce its expenditure. The requested support is expected to be in the form of a capitalisation direction which is sought to mitigate the short-term funding gap and provide sufficient time to develop solutions which ultimately fund the financial shortfall. This further enables the Council to continue to deliver services to residents and provides assurance to wider partners, suppliers, and staff.

The request for support is expected to be made to The Department for Levelling Up, Homes and Communities (DLUHC) in December 2022 and will be specific to the 2022/23 funding gap. Where further support is required in subsequent financial years then requests will be made in the relevant period following detailed assessment.

It is important to note the cash flow consequences of the position set out above continue to be managed in conjunction with Commissioners and DLUHC. The Council will continue to deliver core services and meet its contractual financial obligations while working through options to resolve the financial position set out.

2023/24 Medium Term Financial Strategy (MTFS) update

The summary MTFS position for 2023/24 currently projects further significant funding gaps as set out below:

MTFS Summary position	**£'000**
Net (Additional) / Reduction in resources through central government grants and taxation	(7,836)
Total Inflation Costs & service pressures	26,411
Underlying Budget Deficit Position	**18,575**
Reversal of non-recurrent funding	8,782
Total Gross Budget Pressure	**27,357**
Total Saving Identified	(10,944)
Net position after provisional savings and before treasury	**16,413**
Investment & Interest adjustments	67,008
MRP to be applied on investments	74,956
write down of/interest on 22/23 exceptional support request	26,004
2023/24 Funding gap (Table 8)	**184,381**

For comparison purposes this is 120% of the 2022/23 net expenditure budget.

This is a position based on the assumption that investments are retained along with the associated borrowing and the provisions to write down investments continue. However, in accordance with directions there will be a necessary divestment of those commercial investments, with a consequent reduction of debt and treasury costs. That has not yet been worked through the MTFS. The impact of further mitigation to the capitalisation request, though capital receipts, are also not yet included. Consequently, there are significant further actions that can and will be taken to improve the position and support the reduction of debt. To the extent a funding gap cannot be met then a further request for exceptional financial support will be required.

2022/23 Capital Programme Outturn at quarter 2

A comprehensive review of the programme, to identify reductions was undertaken in July 2022. This has been reflected in the budgets included in the Table below, with the

remaining schemes forecasting slippage of £20.063m.
A further report will be provided to Cabinet on 8th Feb 2023 that sets out the multi-year view of the capital programme and is clear about the parameters for a review of the capital programme to look to opportunities to reduce costs.

A further detailed report on the Capital programme for the current and future year will be completed as part of the intervention and recovery plan.

	Latest Agreed Budget	**Quarter 2 Forecast**	**Variance to budget**
	£'000	£'000	£'000
Total Expenditure	**89,650**	**69,587**	**(20,063)**
Resources:			
Prudential Borrowing	(60,275)	(45,797)	14,478
Capital Receipts	(58)	(58)	0
Government Grants	(19,265)	(14,873)	4,392
Other Grants	(7,906)	(6,713)	1,193
Developers Contributions (S106)	(2,146)	(2,146)	0
Total Resources	(89,650)	(69,587)	20,063
Forecast Over/underspend in Resources	**0**	**0**	**0**

Statement by the Commissioner:

The financial position for 2022/23 is such that Thurrock is not able to fund its expenditure from within existing resources and needs to make a formal request for emergency financial support from the Secretary of State. This is a grave position and at this point the council cannot find a way to finance their expenditure in-year and is unable to achieve a balanced budget for 2023/24 without external support.

A request to the Secretary of State (SoS) for exceptional financial support (EFS) for 2022/23 and 2023/24 will be made. It is also necessary for the s151 to consider further actions within Thurrock to restrict expenditure, whilst ensuring statutory services and contractual commitments are met.

An exercise has commenced to identify opportunities for capital receipts to be generated through the disposal of assets; whilst not yet finalised, it will not be sufficient to meet the financial deficit.

The position as outlined is an accurate reflection of the information as known as at 29th November 2022, which is subject to change as the financial review progresses. Notably further work is pending on investments, the HRA and wholly owned companies and the outcome of that will be reported in a further report to Cabinet. .

Reserves:

Appendix 5 sets out the position to date on reserves, which are significantly reduced and, at current balances, present a further risk to future sustainability.

In year to date there has been a reduction in overall reserve balances from £66.3m to £12.2m, with £19.1m used directly in year to both fund the opening structural deficit in the budget, with further drawdowns to offset the in year financial pressures. Coupled

with withdrawals from the collection fund and for specific grants/purposes, the total residual reserves balance is now only £12.2m from an opening balance of £66.3m. As previously set out, the development of an appropriate reserves and provisions policy is critical to setting of the 2023/24 budget and this will impact on the overall MTFS, though it has not yet been quantified.

Investments:

There is confidence over the valuations of the major investments, supported by extensive external advice, which make up 75% of the investment portfolio. As a result, the impairments can be accurately quantified and accounted for. However, a review of the 'tail' of investments, a portfolio representing £256m is yet to be completed and this could result in further impairments as yet unquantified, but significantly less in value and risk than those already reported upon. An update on the £256m investments will be prepared and reported at the next financial outturn to Cabinet.

MRP and Treasury:

A material failure that has led to the significant overspend, is the failure to comply with the Prudential Code and notably make appropriate revenue charges for Minimum Revenue Provision. At the point of writing, an MRP and Treasury policy is not finalised nor consulted upon with the auditors, but best endeavours have been made to forecast the likely impact. Any changes will be reported upon in period 7 and these policies will be part of the decision-making process for the 2023/24 budget.

The focus to date has been on the MRP policy on the major investments, but further substantive work is required to review MRP treatments on the remainder of the balance sheet assets and be assured of appropriate compliance with the Prudential Code.

HRA & subsidiary companies:

Work has not yet commenced but is required under the directions, to review accounting treatment within the HRA and a review of subsidiary companies and loans to those companies.

1. Recommendations:

1.1 That Cabinet comment on the 2022/23 forecast funding gap of £469.581m and approve a request for exceptional financial support from central government.

1.2 That Cabinet delegate the request for exceptional support to the s151 officer.

1.3 That Cabinet comment on the updated Medium Term Financial Strategy which has a projected deficit in 2023/24 of £184.381m and which is expected to require a further request for exceptional financial support from central government.

1.4 That Cabinet note that the position is subject to change, as further work is outstanding (as highlighted in the Commissioners commentary) which is likely to lead to changes.

1.5 That Cabinet note additional actions will be required to identify further savings to manage the reported General Fund budget pressures.

1.6 That Cabinet agree the use of reserves as set out in appendix 5, subject to the finalisation of the audit process relating to financial years 2020/21 and 2021/22 and note balances are subject to change.

1.7 That Cabinet note the proposed use of further capital receipts projected to arise in 2022/23 as set out in Table 5 to mitigate the request for exceptional financial support from government.

1.8 That Cabinet note that further consultation with external audit will be required to finalise the technical accounting treatments relating to the investment valuations and the associated Minimum Revenue Provision transactions.

1.9 That Cabinet note the position set out in respect of the capital programme and the reported slippage as set out in para 5.4.

1.10 That Cabinet Agree that Thurrock's 2023/24 Schools funding formula be implemented as stated in Appendix 6. This being consistent with Cabinet's decision made between 2020/21 and 2022/23 schools funding formula as per the report in Appendix 6.

2. Introduction and Background

2.1 In June 2022, the Council confirmed there was significant financial risk attaching to three specific investments within the wider investment portfolio. This identified potentially significant impairments and a workstream was developed to provide clarity on the financial position and identify the potential for mitigating actions including legal remedies.

2.2 As reported at quarter 1 on 2 September 2022, the Department of Levelling Up, Housing and Communities announced directions to implement an intervention package at the Council.

2.3 The delivery of this package is being overseen by Essex County Council as the appointed Commissioners to the Council.

2.4 To date, this has included: a focus on the ongoing assessment of the three specific investments subject to impairment risk, an interim borrowing strategy and a review of the MRP policy to ensure debt is written down appropriately.

2.5 The financial impacts of the work are reflected in the report and are subject to ongoing assessment and discussion between the Commissioners and the Council. It confirms an initial assessment of the impact of the Council's exposure to the financial risk attached to the investment strategy.

2.6 The position will evolve, and further consideration of wider mitigations is required to consider the impact on the overall sustainability of the Council.

3. 2022/23 General Fund Forecast Outturn

Service position

3.1 The forecast net outturn expenditure at quarter 2 is estimated to be £163.764m which results in an adverse service budget variance of £10.092, prior to support from additional resources. This is equivalent to a 7% variance to budget.

3.2 The use of earmarked reserves and an assumed reduction in cost for the last quarter by implementing tighter control over all non-essential spend could potentially reduce the projected in-year pressure to £1.772m:

Table 1 Service Pressures (net of earmarked reserves):

Directorate	**2022/23 Budget £'000**	**Quarter 2 Forecast £'000**	**Forecast Variance £'000**
Adults, Housing and Health	50,966	54,373	3,407
Children's Services	40,844	43,305	2,461
Housing General Fund	1,581	1,674	93
HR, OD, and Transformation	8,924	8,186	(738)
Public Realm	35,122	35,162	40
Resources & Place Delivery	13,967	15,212	1,246
Strategy, Engagement & Growth	3,450	3,319	(131)
Corporate Costs	1,819	1,033	(786)
Vacant post saving	(3,000)	0	3,000
Projected Intervention Costs	0	1,500	1,500
Service pressures quarter 2	**153,672**	**163,764**	**10,092**
Mitigation:			
Use of Earmarked reserves		(7,514)	(7,514)
Assumed 2% reduction in costs (Q4)		(806)	(806)
Remaining service pressure	**153,672**	**155,444**	**1,772**

3.3 The following key variances have been identified as part of the budget monitoring process. This is before any mitigating action is applied. Further explanation is included in Appendix 1.

Table 2 Key forecast variances at Quarter 2:

Variance category	Risk detail	2022/23 Budget £'000	Quarter 2 Forecast £'000	Forecast Variance £'000
Demographic growth	Adults External Placements	32,658	35,927	3,269
Vacant post saving	Employees Costs	90,314	91,676	1,362
Demand	School Transport	3,310	3,926	616
	Waste Disposal	8,343	7,739	(604)
Complexity of care	Children's external placements	12,282	14,023	1,741
	Children's Legal proceedings	272	725	453
Delay to savings	Capitalisation	(487)	0	487
	Grounds maintenance	(150)	(20)	130
	Waste Collection	5,136	5,772	636
	Asset Rationalisation	300	428	128
Inflation	Utilities	2,723	3,718	995
	Other income/expenditure	(573)	(74)	499
Income generation	Parking charges	(465)	(138)	327
	Counter Fraud	(582)	(1,705)	(1,123)
	Planning fees	(1,229)	(766)	463
Corporate Costs	Pension & Audit fees	1,819	1,033	(786)
	Intervention Costs	0	1,500	1,500
Service pressures at quarter 2		**153,672**	**163,764**	**10,092**

3.4 The assumption has been made that there will be no other significant variances within the central financing or other corporate cost allocations.

In-year Treasury position

3.5 Further work continues to be undertaken to assess the overall treasury position. The projection in the table below is a summary of the position using the information which is currently available:

Table 3 In-year Treasury position:

Treasury & Reserves	2022/23 Budget £'000	Quarter 2 Forecast £'000	Forecast Variance £'000
Interest payable on borrowing	22,089	27,810	5,721
Investment Income	(41,472)	(11,805)	29,667
MRP on existing capital programme	9,957	7,683	(2,274)
TRL	(1,174)	(1,020)	154
In-year pressure	**(10,600)**	**22,668**	**33,268**

The key variances are as a result of the following factors:

- Increases in interest rates relating to the cost of borrowing which far exceeds those projected when the base budget was set. This reflects rates moving from historic rates of less than 1% to between 4 and 5% over the last 2 months when the strategy to refinance existing short-term debt was implemented.
- Changes to the strategic approach to borrowing and the need to accelerate the switch of debt from inter authority lending to one-year PWLB, as agreed with Commissioners,
- Loss of investment income based on the latest assessment of investments
- Savings within MRP, notwithstanding changes to the policy and capitalisation directive, due to a reduction in the Council's planned capital programme.

Use of reserves

3.6 It should be noted that the 2022/23 budget was set with the inclusion of a £3m contribution from reserves to support the general fund budget. This is reflected in table 4 which shows the remaining financial resilience reserve balance.

3.7 Based on the current allocations, the reserves shown below are available to reduce the overall budget pressure and have been included in the summary position. It is noted that this requires approval from Cabinet to utilise these reserves and this is sought as part of the recommendations in the report.

Table 4 Use of Reserves

Use of Reserves in Quarter 2	£'000
Treasury Equalisation Reserve	(1,907)
Financial Resilience Reserve	(2,000)
Transformation Reserve	(3,684)
Total	**(7,591)**

3.8 Appendix 5 details the full reserves position and shows opening and closing balances.

3.9 Consideration to redirect other earmarked reserves not already being utilised is under consideration and may provide further mitigation. A reserves strategy will be developed as part of the 2023/24 budget and consulted upon with Members and Commissioners.

3.10 The Council's General Fund reserve balance, totalling £11m at the start of the year is held to mitigate against the financial risks inherent in delivering Council services; this represents around 1 month's operating expenditure for Thurrock.

3.11 It should be noted that whilst the external audit review remains outstanding and consequently the opening reserve position is subject to change. The proposed mitigation from reserves is based on the current unaudited balances.

Provision for the Repayment of Debt funding the Investment Strategy

3.12 Following the intervention, there are certain actions to be taken by the Council, including the need to review the minimum revenue provision (MRP) policy to ensure prudent provision is made in accordance with the Prudential Code and it is mandatory the Council complies with this. MRP is an annual amount required to be set aside from the General Fund to meet the capital cost of expenditure funded by borrowing or credit arrangements, that is, capital expenditure that has not been financed from grants, revenue contributions or capital receipts. MRP is sometimes referred to as the mechanism for setting aside monies to repay borrowing.

3.13 The Council is currently reviewing its MRP policy with a specific focus on investment capital funded from borrowing arrangements. Historically there has been no MRP charge for these assets which was in contravention of the CIPFA Prudential Code for Capital Finance in Local Authorities. A provisional figure of £74.956m represents an assessment of the value of a provision expecting that relevant assets are written down in full over the life they are held by the Council. This remains under discussion with Commissioners.

Asset Impairment

3.14 Thurrock holds investments with a book value of £1.024bn. The focus on the financial intervention to date has been on the high value and high-risk investments outlined below which represent 75% of the investment portfolio. Investments are subject to review each year, to confirm the carrying value of each investment is in line with the recoverable/realisable value at the maturity date.

3.15 The ongoing work by the Council's advisors has identified that the value of four of the Council's investments are subject to significant impairment. An impairment is a permanent reduction in the value of an asset to less than its carrying value. Where an impairment arises on an investment asset it must be written down to the revenue account. This is either through an MRP charge in respect of a capital investment or, for a revenue investment, through a write down of the value under the accounting requirements of IFRS9.

3.16 The projected total write down of investments is £275.373m The positions remain under ongoing review and are subject to significant change. Further information on these investments will be provided to members in due course.

Use of Capital Receipts

3.17 Under the Flexible Use of Capital Receipts flexibility, the 2022/23 budget was set with the assumption that £3.190m of spend within core services (that relates to transformational activity and/or contributes towards ongoing financial savings) would be funded through capital receipts generated from the disposal of council assets. This is included at Appendix 7.

3.18 Reports presented to Cabinet in July 2021 and July 2022 identified a range of council owned properties that were considered surplus to requirement.

3.19 Between Apr-Sept 2022 £8.8m has been generated through asset disposals which exceeds the base budget assumption. Further flexibility will need to be agreed by DLUHC to allow balances over and above this amount to be applied to further offset in-year revenue pressures, below sets out indicative figures.

Table 5 Potential Asset Sales/Capital receipts:

Capital Receipts	£'000
Generated to date	(8,800)
Additional projected disposals within 2022/23	(4,000)
Potentially available to off-set in-year spend	**(12,800)**
Already assumed in base budget	3,190
Potential further use of capital receipts in 2022/23	**(9,610)**

This has been included as a potential mitigation to offset the wider budgetary gap in 2022/23. It is noted this remains subject to the agreement of a capitalisation direction from government.

Additional Risk & Uncertainty

3.20 The budget is set on assumptions and economic forecast but there is inherent risk and uncertainty throughout this report which should be taken into consideration:

Table 6 Additional risk areas:

Risk Area	**Concern**
Inflation	• Inflation has increased significantly in recent months and is impacting supply chain costs across many services • Energy costs continue to fluctuate impacting Corporate Landlord services • National pay agreement with Trade unions will impact local pay agreements and remains under assessment
Provider failure	• There are significant additional financial pressures on external providers to deliver core services commissioned by the Council.
Ongoing demand volatility	• As the pandemic recedes the level of demand for key services within the system and particularly within the Social Care services has risen.
Uncertainty of government funding	• Effectively a one-year settlement was announced in November 2021 and hence there remains uncertainty in planning for services in the medium term
Delivery risk	• Significant savings were applied to the 2022/23 budget allocation, and these remain subject to implementation in the agreed timescales

Advisory costs Potential further impairments	• There are ongoing costs relating to the assessment of the investments and the ongoing monitoring of these assets. This will include the assessment of the value of each investment and may result in adjustments to carrying values.
Interest rates	• Changes to the Bank of England interest rate may further impact the cost of borrowing
Intervention costs	• The core intervention costs relating to the commissioners are known. Wider costs will include additional capacity to support the response to the intervention – this will provide support to the corporate finance team, the property team and will support wider structural changes agreed with Commissioners. There will be further support required from a range of advisors to support specific aspects of the intervention.

4. Medium Term Financial Strategy Update

4.1 The information contained within Table 7 is the current projected budget deficit for 2023/24 and Appendix 2 includes the indictive position for 2024/25 and 2025/26. The detailed assumptions are shown in Appendix 3. Table 7 shows change in 2022/23 baseline figures rather than absolute figures.

4.2 The position below does not reflect any final decisions taken by members on Council Tax and further discussions will follow with DLUHC to consider further support measures required.

Table 7 Medium Term Financial Strategy 2023/24:

Narrative	2023/24 £000's	
Net Resources		
Council Tax LA Element 2.99% increase	(2,266)	
Increase in the Council Tax Base @ 1.6%	(1,191)	
Adult Social Care Precept 2%	(1,513)	
Business Rates Position	(2,166)	
Government Resources Position	(700)	
Net Additional (Reduction) in resources		**(7,836)**
Inflation and other increases		
Pay award @ 4%,	7,292	
Fuel inflation	350	
Waste Inflation	1,164	
Energy Inflation	2,252	
		11,058
Social Care Growth		
Adults	4,013	
Children's	1,250	
		5,263
2022/23 Budget Monitoring Pressures		**8,090**
Intervention Costs		**2,000**
Core Budget Deficit		**18,575**
Other funding (not affecting baseline)		
Utilisation of Capital Receipts	3,300	
Pension Deficit Adjustment	1,000	
Use of reserves 2021/22	4,482	
		8,782
Total Gross Budget Pressure		**27,357**
Savings Departmental		
Total Departmental Savings		**(8,315)**
Savings to be agreed by Members		**(1,403)**
Savings for further consideration		**(1,226)**
Savings Subject to further agreement		
Core Budget Position (Surplus) / Deficit		**16,413**
Treasury		
Interest Costs	35,829	
Investment Income	30,847	
TRL	154	
MRP on Capital	178	
		67,008

Overall Budget Working Total		**83,421**
15. Prior years capitalisation		
MRP	22,619	
Interest	3,385	
		26,004
MRP on investments		**74,956**
Total Budget Variance		**184,381**

4.3 The position shows a total projected deficit for 2023/24 of £184.381m which represents circa 120% of the 2022/23 budget. The core budget deficit is £16.413m and the balance of the gap is a combination of three significant amounts – interest costs, MRP and the write down and interest relating to the capitalisation direction (which is materially driven by the permanent reduction in value or impairment of the investment portfolio). The position assumes the investment assets are held until maturity. It is also noted that no assumptions are included in respect any further actions taken by the Council which may mitigate against any projected losses.

4.4 Consequently the resolution of the treasury impacts and the funding of the capitalisation direction are crucial for the ongoing sustainability of the Council. Work is ongoing to consider the potential for mitigation and this is expected to be through a combination of capital and asset disposals. This work remains at an early stage and a proposed approach will be shared with the Committee in due course.

4.5 The core budget deficit is subject to further consideration of savings by directorates and the position will be updated as part of the 2023/24 budget setting process. The position will be further informed by the Local Government funding settlement which will confirm funding levels. The core funding position continues to be impacted by significant inflationary pressures, ongoing social care pressures and the budgetary pressures in the current year that are supported by one off funding streams that will no-longer be available in 2023/24.

5. Capital Programme Update

5.1 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; and
- Specific schemes – capital expenditure funded through external funding sources, for example, government grants and Section 106 monies which are ring fenced for specific projects.

General Fund Schemes

5.2 The current position for General Fund schemes for 2022/23 is summarised below:

Table 8 Capital Programme – Projected Outturn as at Quarter 2

	Latest Agreed Budget	Quarter 2 forecast	Forecast Variance
	£'000	£'000	£'000
Expenditure:			
Children's Service[1]	7,877	4,498	(3,379)
Adult, Housing & Health	5,527	2,519	(3,008)
Public Realm	27,981	27,694	(287)
Resources & Place Delivery	40,235	27,593	(12,642)
HR, OD & Transformation	7,735	6,988	(747)
Strategy; Engagement & Growth	279	279	0
Commercial Services	16	16	0
Total Expenditure	**89,650**	**69,587**	**(20,063)**
Resources:			
Prudential Borrowing	(60,275)	(45,797)	14,479
Capital Receipts	(58)	(58)	0
Government Grants	(19,265)	(14,873)	4,392
Other Grants	(7,906)	(6,713)	1,193
Developers Contributions (S106)	(2,146)	(2,146)	0
Total Resources	**(89,650)**	**(69,587)**	**20,063**
Forecast under/Overspend in Resources	**0**	**0**	**0**

5.3 This illustrates a projected outturn at the end of the financial year of £69.587m, which is £20.063m less than the latest agreed budget for the year.

5.4 The forecast underspend is principally due to slippage on current schemes (£20.063m). Consequently, the funding remains allocated to specific current schemes and will be re-profiled into subsequent years. The impact of the reprofiling will be an ongoing exposure to inflationary pressures on costs and hence capital budgets. This continues to be assessed on a project by project basis.

[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

Slippage on Capital Programme

Description	For Carry Forward
	£'s
Capital Maintenance Schemes	110
Community Hubs	400
Environmental Enhancements at Play Sites	250
Grays Riverside Park - Replace Splash Pool & Water Features	25
Pupil Referral Unit Relocation	750
Purfleet Thurrock School Contribution	8,700
SEN Capital	3,269
Stanford Le Hope Interchange	3,192
Thurrock On-Line Phase 2	360
Corporate Payments	387
Ship Lane Day Room	1,408
ATF - Corringham Road/Billet Lane	8
ATF - Purfleet Road	4
Well Homes Offers	200
Disabled Facility Grant	1,000
All Directorates	**20,064**

The slippage on the capital programme schemes is shown in the table above

The financial impact resulting in the delay of the projects will be assessed and included within the 2023/24 programme. This will range across the schemes and will be subject to further viability assessment.

5.5 A schedule of major variances is included in Appendix 4.

5.6 Several capital schemes are expected to complete construction in future years with expenditure totalling £19.604m. Budgets for these schemes have already been profiled accordingly.

5.7 Schemes that are at a feasibility or at an earlier stage of development have been excluded from the reported position. The total projected budgets of £132.065m include school improvement works, the A13 East Facing slip road, Grays South development and the 21st Century Care Home.

5.8 A further detailed report on the Capital programme for the current and future year will be submitted as part of the intervention and recovery plan, in line with the deadlines set out.

Housing Revenue Account Capital Schemes

5.9 The current position for Housing Revenue Account schemes for 2022/23 is summarised below.

Table 9 HRA Capital Programme – Projected Outturn

	Latest Agreed Budget	Quarter 2 forecast	Forecast variance
	£'000	£'000	£'000
Expenditure:			
Transforming Homes	57,448	43,583	(13,865)
Housing Development	3,130	3,130	0
Total Expenditure	**60,578**	**46,713**	**(13,865)**
Resources:			
Prudential Borrowing	(47,979)	(34,865)	13,114
Capital Receipts	(2,045)	(2,045)	0
Major Repairs Reserve	(10,554)	(10,554)	0
Total Resources	(60,578)	(46,713)	13,865
Forecast Overspend in Resources	**0**	**0**	**0**

5.10 The budget for Transforming Homes in 2022/23 is £57.448m and the forecast spend is currently £43.583m. Much of the expected slippage relates to the Tower Block Refurbishment project (£9.900m) and Refurbishment of Non-Traditional properties project (£2.921m), where revised programmes have been developed. Spend incurred up to 30 September 2022 was £15.806m.

The slippage on the tower blocks relates to those within the Blackshots estate. Further options on the long-term solutions to the issues identified in these dwellings are currently under consideration, and therefore works have commenced on the blocks in Grays as the first phase of the programme. In addition, there was additional requirements relating to the design, and agreement of sign off on external wall installations and window installations, as per social regulator. This has added some delay to the project

The requirements needed for the non-traditional properties has changed from the original estimate and are subject to further surveys. The additional requirements, coupled with current workforce and supply chain limitations has resulted in slippage to the project.

The Capital programme is being updated as part of the 2023/24 budget setting process and will be reported in due course. Consideration will be given to the financial impacts of the slippage on a project by project basis.

HRA New Build Schemes

5.11 The revised budgets for 2022/23 for HRA New Build Schemes are set out in Appendix 4 and cover Calcutta Way, Vigerons Way and Loewen Road. The current forecast is set to be contained within the current allocation of £3.130m. These projects will utilise receipts held under Right to Buy sharing agreement between the Council and the DLUHC, and are forecast to be delivered with the

current timeframes and budgets allocations.

6. Reasons for Recommendations

6.1 The Council has a statutory requirement to set and deliver a balanced budget annually and this can include the use of reserves.

6.2 This report sets out the budget pressures in 2022/23 and notes that exceptional financial support is required in order to deliver a breakeven position.

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

7.1 This report is based on consultation with the services, Directors' Board, and portfolio holders and Commissioners (Essex County Council).

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

8.1 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.

8.2 The budget gap identified in the report will also necessitate engagement with the Department for Levelling-up Housing and Communities (DLUHC) regarding exceptional financial support. The outcome of this engagement in terms of conditions applied to the support my require further savings within budgets to be made, further impacting on the ability to deliver services.

9. Implications

9.1 Financial

Implications verified by: **Jonathan Wilson**

Interim Director of Finance

The financial implications are set out in the report. The report confirms the need for exceptional financial support to address the funding gap arising from the impacts from both the impairments of specific investment assets and the wider implications which include a reduction in investment income, increased borrowing costs and the need for a prudent write down of the capital financing requirement that relate to the remaining investment balance.

The Medium-Term Financial Strategy confirms the need to take specific action to reduce borrowing and minimum revenue provision costs. This intrinsically relates to the need to divest of investments to address these pressures.

The position indicates that significant action is required from the Council to focus on the delivery of core statutory services, fund only essential spend and deliver a

significant programme of savings. This enables management of the core operational deficit and alongside this an asset disposal programme will be required to address the ongoing impacts of requests for exceptional financial support.

9.2 **Legal**

Implications verified by: **Mark Bowen**

Interim Head of Legal

There are no specific legal implications set out in the 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.

9.3 **Diversity and Equality**

Implications verified by: **Natalie Smith**

Community Development & Equalities Manager

The Equality Act 2010 places a public duty on authorities to consider the impact of proposals on people with protected characteristics so that positive or negative impacts can be understood and enhanced or mitigated as appropriate. Services will be required to consider the impact on any proposals to reduce service levels through a community equality impact assessment which should seek to involve those directly affected

9.4 **Other implications** (where significant) – i.e., Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children

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

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

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

11. Appendices to the report

Appendix 1: Key general fund variances at quarter 1
Appendix 2: 3 Year MTFS
Appendix 3: MTFS assumptions
Appendix 4: Capital programme financial forecast quarter 1

Appendix 5: Reserves position
Appendix 6: Dedicated Schools Budget
Appendix 7: Flexible Use of Capital Receipts Strategy 2022/23

Report Author

Jonathan Wilson

Interim Director of Finance

Appendix 1 Key General Fund variances

Variance category	Risk detail	Forecast Variance £'000
Demographic growth	**Adults External Placements**	**3,269**

a) There has been a significant increase in demand for Homecare services

b) The increased level of need for people being discharge from hospital requiring continuing social care support to live independently outside of residential care. This has also been exacerbated by the change in the hospital discharge criterion from 'medically fit' to 'medically optimised' meaning patients are discharged earlier and with a greater level of care acuity.

c) Increased complexity and the associated requirement for additional care support to existing clients. This is particularly prevalent in the substantial increase in the number of homecare packages that the Local Authority is commissioning within the external care market

d) Longer term ramifications following the covid pandemic including the pausing by the NHS of secondary prevention programmes to manage residents with long-term conditions that is now resulting in significantly increased presentation of very unwell patients presenting at A&E for emergency hospital and the subsequent demand on ASC through increased hospital backdoor pressures. Along with the "hidden" impacts of COVID amongst both working age adults and older people caused by the lockdown and removal of non-crisis intervention by health. This is particularly prevalent in Mental Health services.

Vacant post saving	**Employees Costs**	**1,362**

The position on vacant posts continues to be monitored against a corporate target of £3m. This target was held centrally and not allocated to specific directorates.
Employee spend is estimated to be £1.638m less than budgeted before the allocation of the vacant post saving, as per the below table.
This position needs to be considered within the context of the overall position. In some cases, reduced spend within the employee category will be offset by an under recovery of associated income or expenditure pressures elsewhere within the service area. The position will be monitored alongside the actions of the recruitment panel, the review of agency spend and wider restructures in the Council

Directorate	2022/23 Budget £'000	Quarter 2 Forecast £'000	Forecast Variance £'000
Adults; Housing and Health	20,427	20,637	210
Children's Services	29,488	28,663	(826)
Housing General Fund	2,067	2,017	(50)
HR; OD and Transformation	7,834	7,272	(562)
Public Realm	17,410	17,523	113
Resources & Place Delivery	11,307	11,068	(239)
Strategy; Engagement & Growth	4,781	4,497	(284)
	93,314	**91,676**	**(1,638)**
Vacant post saving	(3,000)	0	3,000
	90,314	**91,676**	**1,362**

Demand	**School Transport**	**616**

Increase in demand for Education Health and Care Plans and the phased expansion of specialist provision within Thurrock by 96 places has placed additional pressure on the service.

The reduction proposal at the St Clere's school has now been deemed to be an unsafe route therefore affecting the viability of the savings target.

The service commissioned an external consultant (funded from central transformation funding) to undertake a review of SEND transport to ensure discretionary transport policy is being applied correctly and to identify potential changes to process and practice which may reduce the current overspend on SEND transport. This review is currently ongoing, and updates will be presented in due course

Cost Centre Description	2022/23 Budget £'000	Quarter 2 Forecast £'000	Forecast Variance £'000
Alternative Provision	147	86	(61)
Denominational Transport	8	8	(1)
Home To School Transport - Primary	677	362	(315)
Home To School Transport - Secondary	251	377	126
Home To School Transport - Special	288	1,014	726
Independent School Fees (Transport)	1,361	1,328	(34)
Out of Borough - LAC	15	44	29
Out of Borough - Other LA's	36	22	(14)
Out of Borough - Post 16	411	298	(112)
Post 16 SEND	113	261	148
Resource Base - Primary	2	126	124
	3,310	**3,926**	**616**

Demand	**Waste Disposal**	**(604)**

The waste disposal figures are reviewed on an ongoing basis by finance and the service as the financial year progresses. This is Public Realm's largest volatile budget and has the potential to have a big impact on the outturn position at year end. There is a variable element to the disposal contracts, impacted by recycling rates/contamination of recycling and can fluctuate throughout the year.

Complexity of care	**Children's external placements**	**1,741**

Significant cost pressures are generated by moves within care. Children with the most complex needs are experiencing a high level of placement instability driven by both providers giving notice on their placement and by intervention by the regulator. Thurrock is reliant on external providers for residential and complex care including SEN placements.

Placement Type	Budget Numbers 2022/23	Sep-22 Numbers
Cost		
Placed with Parent / Adoption	10	14
Internal Fostering	127	106
Supported Accommodation	26	33
External Fostering	103	101
External Residential	29	23
Unregulated	0	5
Remand	2	0
Total LAC	**297**	**282**

Number of External Residential Placements (incl unregulated)	Budget	Jul-22	Aug-22	Sep-22
<£2,000	0	0	1	1
£2k-£3k	5	6	6	6
£3k-4k	6	6	4	3
£4k-£5k	8	4	2	3
£5k-£6k	4	5	5	4
£6k-£7k	2	1	1	2
£7k-£8k	1	1	1	1
£8k-£9k	2	0	0	0
£9k-£10k		3	3	3
£10k-£11k	1	1	2	4
£11k-£12k		0	0	0
£12k-£13k		0	0	0
£13k-£14k		0	0	1
Total	**29**	**27**	**25**	**28**

Unregulated placements are where the Local Authority are unable to secure a suitable placement with a provider to meet the needs of the young person. In these instances, the LA has to develop a package of support around the child and seek judicial approval until a regulated place can be provided. By nature, these placements are highly complex and costly. Thurrock currently have 5 such placements an increase of 1 at a cost implication of £2.305m. Ofsted registration is being progressed. There are currently 10 high-cost placements with a total forecast of £4.574m		
Complexity of care	**Children's Legal proceedings**	**453**
The forecast is based on the current case level of 28 with 6 to issue, a total of 34 cases. Average case cost is £0.016m and a contingency for legal fees of £0.090m for ad-hoc other and new cases has been included. In addition, included for assessments is a contingency of £0.070m In 2021/22 Children Services incurred legal costs of £0.965m in fees and assessments based on 58 cases at its highest point. With the introduction of the new Think Family Team, it is anticipated that the costs of assessments will be lower in 2022/23 but will still exceed the budget allocated.		
Delay to savings	**Capitalisation of staff**	**487**
Due to delays in approving significant regeneration schemes such as Towns Fund and Thames Freeports we have not been able to allocate costs to those schemes to the levels envisioned at the time of budget setting.		
Delay to savings	**Ground maintenance saving**	**130**
£0.150m target was set for income generation in relation to the Commercial Grounds Maintenance service, work continues expanding the service offer to external businesses with the support of the Business Development & Innovation Team.		
Delay to savings	**Waste Collection**	**636**
The decision to delay the fortnightly waste collection plan has led to an in-year pressure. There have also been several staffing and operational issues which have required additional resource to manage and ensure continued service delivery.		
Delay to savings	**Asset Rationalisation**	**128**
Revenue savings of £0.850m were assumed in the 22/23 base budget in relation to the disposal of operational buildings and the corresponding reduction in running costs and/or increased income through rent review on commercial properties. Outstanding decisions on key buildings has delayed the deliverability of this saving.		
Inflation	**Utilities**	**995**
The global energy crisis has impacted the cost of gas and electricity; market prices for gas and electricity are extremely volatile with prices peaking at new highs in September 2022 before falling back. The current estimates are reflective of information from our suppliers regarding price per k/w and our local usage levels.		

Subjective Description	2022/23 Budget £'000	Quarter 2 Forecast £'000	Forecast Variance £'000
Electricity	1,691	2,304	613
Fuel and Oil	909	1,110	201
Gas	123	304	181
	2,723	**3,718**	**995**

The main area of Thurrock's fuel spend is incurred within the Public Realm waste collection service and the indicative impact of transitioning from red to white diesel per litre is shown below:

Date	Average cost red diesel (pence per litre)	Average cost white diesel (pence per litre)	Increase (pence per litre)	Increase (%)
Oct-22	100.99	181.74	80.75	80%

Inflation	**Other income/expenditure**	**499**
Inflation is currently more than 10% which is impacting the general supply of goods and services across the Authority.		
Income generation	**Parking charges**	**327**
Changes to working practices and continued agile working have impacted parking income levels, particularly within the Grays Central location.		
Income generation	**Counter Fraud**	**(1,123)**
The Counter Fraud and NATIS operating model is set to deliver a surplus position in the current financial year.		
Income generation	**Planning fees**	**463**
Income is below expected levels for the year and the loss is assumed to be linked to the wider economic uncertainty affecting the number of requests for improvements to property.		
Corporate Costs	Pension costs & Audit fees	(786)
	Estimated cost of intervention & Best Value Inspection 2022/23	1,500
General Fund pressures before mitigation		**10,092**

Full current 2022/23 budget allocation is shown below for completeness:

Directorate	2022/23 Budget £'000

Adults; Housing and Health	50,966
Children's Services	40,844
Housing General Fund	1,581
Housing Revenue Account	0
HR; OD and Transformation	8,924
Public Realm	35,122
Resources & Place Delivery	13,967
Strategy; Engagement & Growth	3,450
Corporate Costs	1,819
Vacant post saving	(3,000)
Total Service Budgets	**153,672**
Treasury & Central Financing	(134,295)
Planned use of FR & Transf reserves	(3,300)
Application of c/f balances	(12,887)
Planned use of Capital Receipts	(3,190)
Grand Total	**0**

Appendix 2 Three-year MTFS

Narrative	2023/24		2024/25		2024/25	
	£000's		£000's		£000's	
Net Resources						
Council Tax LA Element 2.99% increase	(2,266)		(1,566)		(1,624)	
Increase in the Council Tax Base @ 1.6% then 0.7%	(1,191)		(564)		(547)	
Adult Social Care Precept 2% - not agreed beyond 2022/23 at this stage	(1,513)		(785)		(814)	
Business Rates Position	(2,166)		(3,165)		(665)	
Government Resources Position	(700)		(148)		(151)	
Net Additional (Reduction) in resources		**(7,836)**		**(6,227)**		**(3,802)**
Inflation and other increases						
Pay award @ 4%	7,292		3,708		3,851	
Fuel inflation	350		175		175	
Waste Inflation	1,164		1,164		1,164	
Energy Inflation	2,252		563		563	
		11,058		**5,610**		**5,753**
Social Care Growth						
Adults	4,013		3,026		3,174	
Children's	1,250		863		906	
		5,263		**3,889**		**4,080**
2022/23 Budget Monitoring Pressures		**8,090**		**0**		**0**
Intervention Costs		**2,000**		**0**		**0**
Core Budget Deficit before intervention		**18,575**		**3,273**		**6,031**
Other funding (not affecting baseline)						
Utilisation of Capital Receipts	3,300		0		0	
Pension Deficit Adjustment	1,000		0		0	
Use of reserves 2021/22	4,482		0		0	
		8,782		**0**		**0**
Total Gross Budget Pressure		**27,357**		**3,273**		**6,031**
Savings Departmental						
Total Departmental Savings		**(8,315)**		**2,578**		**(422)**
Savings to be agreed by Members		**(1,403)**				
Savings for further consideration		**(1,226)**				
Core Budget Position (Surplus) / Deficit		**16,413**		**5,851**		**5,609**
Treasury						
Interest Costs	35,829		2,568		3,046	

Investment Income	30,847		3,462		0	
TRL	154		0		0	
MRP on Capital	178		274		117	
		67,008		**6,303**		**3,163**
Overall Budget Working Total		**83,421**		**12,154**		**8,772**
15. Prior years capitalisation						
MRP	22,619		9,219		1,224	
Interest	3,385		5,111		1,002	
		26,004		**14,330**		**2,227**
MRP on investments		**74,956**		**(2,000)**		**(1,000)**
Total Budget Variance		**184,381**		**24,484**		**9,999**

Appendix 3 MTFS assumptions

Summary	
Narrative	**2023/24 £000's**
	Current Approach
Net Resources	
CT increase	CT increase 2.99%
CT Base Increase	1.60% increase to CT Base
Adult Social Care Precept increase	ASC precept 2%
Business Rates Position	Additional income from growth £1.5m and £0.665m from increase in the multiplier
Government Resources Position	Core spending grants within LG finance settlement
Inflation and other increases	
Pay award	4% pay award and 1.8% adjustment for increments. Removed Health & Social Care NI Levy and employer NI at 13.8%
Fuel inflation	10% increase in prices compared to 22/23
Waste Inflation	10% inflation, increase for demographic growth (2.9% or 1.6% linked to CT base increase) and additional waste collection.
Energy Inflation	60% increase in prices compared to 22/23
Social Care Growth	
Social Care Growth - Adults	Uplift for care providers
	Application of estimated market sustainability funding
	Increasing demographic changes
	Transitional to adulthood for Children's social care service users
Social Care Growth - Children's	5% growth for Children social care placement prices and transport costs
2022/23 Budget Monitoring Pressures	22/23 budget pressures reported as per budget monitoring (see appendix 4)
Other funding (not affecting baseline)	
One off funding 22/23 - Capital Receipts	Removal of one-off funding in the base - use of capital receipts £3.3m
One off funding 22/23 - Reserves	Removal of one-off funding in the base - use of reserves £4.482m
Savings	
	Savings identified in 22/23 MTFS for 23/24

April 2022 Budget Review - Savings Agreed	2023/24 Identified operational savings £7.862m.
April 2022 Budget Review - To be considered by Members	2023/24 Savings subject to further review £1.843m excluding Business Rates Pooling of £2.5m
April 2022 Budget Review - Savings Agreed - digital and cross cutting	Savings identified in 22/23 MTFS for 23/24
Treasury	
Interest Costs	Loan refinancing at 4.75%
Investment Income	Loss of investment income – current known position
TRL	Net interest income based on loan for development costs for 2 schemes - Belmont Rd and Culver Centre
MRP	Provision applied to write down investment assets values over shortest period within relevant guidance.
Capitalisation Direction	Assumes full impact is spread over 20 years with interest costs on the borrowing arising (at 1% above PWLB base rate)

Appendix 4 Capital Programme

Summary of the 2022/23 General Fund Capital Programme	Approved Budget			Projected Outurn			CY Spend	% Spend against
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	(Sep-22)	CY Forecast
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Childrens Service	7,877	3,266	0	4,498	3,379	0	1,277	**28.39**
Adults; Housing and Health								
Community Development	1,245	500	0	845	900	0	0	**0.00**
Provider Services	215	0	0	215	0	0	0	**0.00**
Better Care	2,104	0	0	1,104	1,000	0	251	**23.00**
Housing General Fund	1,963	0	0	355	1,608	0	-4	**-1.00**
	5,527	**500**	**0**	**2,519**	**3,508**	**0**	**247**	**9.81**
Public Realm								
Highways Maintenance	21,269	3,668	170	21,257	3,680	170	3,644	**17.14**
Resident Services	1,498	825	0	1,498	825	0	187	**12.00**
Environment	5,137	62	62	4,862	337	62	2,586	**53.00**
Counter Fraud & Investigation	77	0	0	77	0	0	0	**0.00**
	27,981	**4,555**	**232**	**27,694**	**4,842**	**232**	**6,417**	**23.17**
Resources & Place Delivery								
Corporate Assets	4,453	0	0	3,703	750	0	462	**12.48**
Highways Major Projects	17,100	5,000	5,000	13,908	11,249	1,943	6,947	**49.95**
Regeneration Projects	18,697	287	444	9,997	8,987	444	1,187	**11.87**
	40,250	**5,287**	**5,444**	**27,608**	**20,986**	**2,387**	**8,596**	**31.14**
HR, OD and Transformation	7,735	160	160	6,988	840	93	1,805	**25.83**
Strategy; Engagement & Growth	279	0	0	279	0	0	107	**38.35**
Total Expenditure - General	**89,649**	**13,768**	**5,836**	**69,586**	**33,555**	**2,712**	**18,449**	**26.51**

Summary of the 2022/23 Housing Revenue Account Capital Programme	Approved Budget			Projected Outurn			CY Spend	% Spend against
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	(Sep-22)	CY Forecast
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Adults, Health and Housing								
Housing Development	3,130	22,476	132,925	3,130	22,476	132,925	69	
Transforming Homes	57,448	0	0	43,583	0	0	15,806	
Total Expenditure - HRA	**60,578**	**22,476**	**132,925**	**46,713**	**22,476**	**132,925**	**15,875**	**33.98**

Summary of the 2022/23 Housing Revenue Account Capital Programme, by scheme status	Project Status	Approved Budget			Projected Outurn			CY Spend	% Spend against
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	(Sep-22)	CY Forecast
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	Work commenced	54,364	720	0	40,499	720	0	11,638	
	Scheme completed	0	0	0	0	0	0	10	
	Completed retention o/s	178	0	0	178	0	0	-181	
	Feasability Stage	1,872	21,756	132,925	1,872	21,756	132,925	244	
	Demand led	4,164	0	0	4,164	0	0	4,164	
Total Adults, Health and Housing - HRA		**60,578**	**22,476**	**132,925**	**46,713**	**22,476**	**132,925**	**15,875**	**33.98**

Appendix 5 Reserves

Reserve	Opening 2022/23	Use to Finance Base Budget	Used to Fund Specific Expenditure	Used to balance outturn position	Closing Balance
General Reserves					
BS300 - General Fund Balance	(11,000,000)	0	0	0	(11,000,000)
BS370 - Financial Resilience Reserve	(5,144,005)	3,144,005	0	2,000,000	0
BS369 - Transformation Reserve	(3,840,190)	155,995	0	3,684,196	0
BR013 - Treasury Equalisation Reserve	(1,906,804)	0	0	1,906,804	0
	(21,891,000)	**3,300,000**	**0**	**7,591,000**	**(11,000,000)**
Service Reserves	**(9,881,098)**	**1,015,691**	**851,472**	**7,513,728**	**(500,206)**
BS388 - Collection Fund	**(14,707,821)**	**0**	**14,707,821**	**0**	**0**
Ring Fenced or Third party funds	**(10,898,862)**	**0**	**10,898,863**	**0**	**0**
Major Projects / Member initiative					
BS372 - Local Plan Reserve	(1,113,387)	0	1,113,387	0	0
BS366 - Lower Thames Crossing (GF)	(466,138)	0	466,138	0	0
BS371 - Additional police Officers	(406,363)	0	406,363	0	0
	(1,985,888)	**0**	**1,985,888**	**0**	**0**
Needed to support savings generation					
BR002 - ASC - Libraries and Communities	(120,000)	0	120,000	0	0
BR011 - Resource and Place Delivery	(358,935)	0	190,434	0	(168,501)
BS378 - Environment Reserve	(264,921)	0	100,000	0	(164,921)
BS337 - Commuted Sums (GF)	(390,976)	0	0	0	(390,976)
	(1,134,832)	**0**	**410,434**	**0**	**(724,398)**
Total	**(66,342,603)**	**4,315,691**	**34,697,579**	**15,104,728**	**(12,224,604)**

Appendix 6 Dedicated Schools Budget

Dedicated Schools Grant **Appendix 6**

1. Dedicated Schools Grant – Quarter 2 2022/23

1.1 The current projected outturn is a breakeven position as shown below:

DSG 2022/23	Funding Settlement	Academy Recoupment	Funding Block Transfer	Final DSG	Projected Outturn	Variance
	£m	£m	£m	£m	£m	£m
Schools	146.520	(140.961)	(0.700)	4.858	4.388	(0.470)
Central Services	1.688	0.000	0.000	1.688	1.646	(0.042)
High Needs	33.274	(6.500)	0.700	27.474	27.986	0.512
Early Years	12.880	0.000	0.000	12.880	12.880	0.000
Total	194.361	(147.461)	0.000	46.900	46.900	(0.000)

1.2 The outturn position reflects the following key areas:

- Schools Block – Pupil Growth, in line with projections, has an underspend of £0.470m.
- Central Services Block – Staffing underspends and maximisation of external funding.
- High Needs Block – An overspend of £0.512m. The overspend relates to post-16 funding and Out of Authority specialist placements.

1.3 The DSG has a carried forward deficit of £1.705m into 2022/23. No change to this is currently forecasted in 2022/23.

1.4 Thurrock with a DSG deficit of £1.705m, is part of the Delivering Better Value in SEND programme that aims to support LA's to improve delivery of SEND services for children and young people while ensuring services are sustainable. The programme will provide dedicated support and funding to 55 local authorities. It is expected that this will start in March 2023.

2. Dedicated Schools Grant 2023/24

1.5 In July, the Secretary of State for Education announced details of the provisional Dedicated Schools Grant (DSG) allocations for 2023/24.

The table below shows the provisional information received and includes the 2022/23 allocation for the Schools Block Growth fund and the Early Years Block. These amount along with the final DSG allocations, updated to reflect the Oct-22 School census, will be published in December 2022.

Dedicated Schools Grant	Funding Settlement 2022/23	Provisional Settlement 2023/24	Provisional Increase 2023/24
	£m	£m	£m
Schools Block	146.520	154.321	7.801
Central School Services Block	1.688	1.617	(0.070)
High Needs Block	33.274	35.285	2.011
Early Years Block	12.880	12.880	0.000
Total	194.362	204.103	9.742

1.6 The key changes made by the ESFA to the National Funding Formula (NFF) in 2023/24 are:

- The schools supplementary grant 2022/23 has been rolled into 2023/24 funding formula baselines.
- Increasing NFF factor values (on top of the amounts added for the schools supplementary grant) by:
  - 4.3% to FSM6 and income deprivation affecting children index (IDACI)
  - 2.4% to the basic entitlement, low prior attainment (LPA), FSM, English as an additional language (EAL), mobility, and sparsity factors, and the lump sum.
  - 0.5% to the floor and the minimum per pupil levels (MPPL). This will mean that, next year, every primary school will be allocated at least £4,405 per pupil, and every secondary school at least £5,715.
  - 0% on premises factors.

1.7 This means that the schools NFF is targeting a greater proportion of funding towards deprived pupils; 9.8% of the schools NFF will be allocated according to deprivation in 2023/24. In 2023/24, schools in the highest quartile of deprivation (measured by the percentage of pupils who have been eligible for free school meals over the past 6 years) will, on average, attract larger per-pupil funding increases than less deprived schools.

1.8 In 2023/24, each local authority will continue to set a local schools funding formula, in consultation with local schools. The ESFA have confirmed, 2023/24 will also be the first year of transition to the “direct” schools NFF. The NFF policy document published sets out the requirements on local authorities to move their formulae closer to the NFF:

- In 2023/24 LA’s will only be allowed to use NFF factors in their local formulae and must use all NFF factors.
- LA’s will also be required to mover their local formula factors 10% closer to the NFF values, compared to where they were in 2022/23, unless local formula is classed as mirroring the NFF.

Thurrock is within 2.5% of NFF values and deemed to be mirroring the NFF.

1.9 Thurrock’s funding formula will implement the following principles consistent with the decision made by Cabinet from 2020/21:

- National Funding Formula including Area Cost Adjustment values to be applied.
- Where this is unaffordable the Basic Entitlement value, to be included, will be reduced to contain within the funding available. The reduction to be applied will be weighted, consistent with the distribution of funding between Primary and Secondary.
- Growth fund to be retained to support sufficiency of school places.

These principles have been discussed with Schools on the 11 October and the Schools Forum on 17 November 2022.

2. Decision Required

2.1 Agree that Thurrock's 2023/24 Schools funding formula to be implemented as stated in 1.5 above. This being consistent with previous Cabinets decisions made since 2020/21.

Appendix 7 Flexible Use of Capital Receipts

Flexible Use of Capital Receipts Strategy

Executive Summary

In the 2022/23 Provisional Local Government Finance Settlement, Government announced:

"Extension of the flexibility to use capital receipts to fund transformation projects

We are announcing a 3-year extension from 2022-23 onwards of the existing flexibility for councils to use capital receipts to fund transformation projects that produce long-term savings or reduce the costs of service delivery".

On 4 April 2022, the Department of Levelling Up, Housing, and Communities confirmed this extension and published Guidance and a Direction.

This strategy is intended to set out plans to apply the above flexibility in financial year 2022-23. This approach is considered in conjunction with the Medium-Term Financial Strategy and the draft Strategic Transformation Plan. A longer-term strategy will be developed following the outcome of the Best Value Inspection being led by Essex County Council.

The Council intends to use capital receipts to fund £3.190m of qualifying expenditure which supports planned transformation projects in 2022/23.

1. Background

The Direction issued by the Secretary of State under Sections 16(2)(b) of the Local Government Act specifies that Local Authorities can treat as capital expenditure, expenditure which:

"is incurred by the Authority that is designed to generate ongoing revenue savings in the delivery of public services and/or transform service delivery to reduce costs and/or transform service delivery in a way that reduces costs or demand for services in future years for any of the public sector delivery partners".

"is properly incurred by the Authority for the financial years that begin on 1 April 2022 to 31 March 2023"

It is a condition of the Secretary of State's direction that the flexible use of capital receipts in accordance with the direction only applies to capital receipts which have been received in the years to which the direction applies.

When applying the direction, Authorities are required to have regard to Guidance on Flexible Use of Capital Receipts issued by the Secretary of state under Section 15(1)(a) of the Act.

In using the flexibility, the Council will have due regard to the requirements of the Prudential Code and to the CIPFA Local Authority Accounting Code of Practice. The Council is also required to prepare a Flexible use of Capital Receipts Strategy before the start of the year to be approved by the Council.

The Council referred to a Use of Capital Receipts in its 2022/23 Budget Report, but has not, until now, prepared such a strategy.

In the future, a Flexible Use of Capital Receipts Strategy will be included within the budget report presented to Full Council in February each year.

2. Capital Receipts 2022/23

To date, the Council has £8.879m capital receipts in 2022/23 generated through a range of asset disposals and anticipates further substantial capital receipts in the remainder of the year.

3. Impact on Prudential Indicators

The guidance requires that the impact on the Council's Prudential Indicators should be considered when preparing a Flexible Use of Capital Receipts Strategy. As it is Council policy not to rely on capital receipts until they are realised, these capital receipts have not been factored into the Council's Capital Financing Requirement (CFR) by way of either reducing debt or financing capital expenditure. Consequently, the use of these receipts under this flexibility will have no effect on the Council's Prudential Indicators.

4. Transformation projects funded by capital receipts plan 2022/23

The General Fund Budget Proposals report presented to Full Council on 23 Feb 2022 includes the below plan under paragraph 6.33:

"As required under the terms of the flexibility offered the funding will be applied to transformational activity that generates ongoing savings to the Council. There is a planned use of £3m and this investment will be specifically allocated to support savings programmes that will address the funding gap in 2023/24."

Added to this is a further £0.190m as per appendix 2 Medium Term Financial Strategy included in the same report.

The below table sets out the 2022/23 savings targets for each directorate:

Directorate	Specific Directorate savings	Additional Cross-cutting savings	Total 2022/23 Directorate Savings
	£'000	£'000	£'000
Adults, Housing and Health	(2,264)	(117)	(2,381)
Children's Services	(2,859)	(140)	(2,999)
Housing General Fund	(1,495)	(24)	(1,520)
HR, OD and Transformation	(275)	(341)	(616)
Public Realm	(1,707)	(126)	(1,832)
Resources & Place Delivery	(1,963)	(945)	(2,908)
Strategy, Engagement & Growth	(355)	(94)	(449)
Wider Corporate Savings	(1,500)		(1,500)
Total	(12,418)	(1,787)	(14,206)

The Council intends to use capital receipts to fund works across the following key areas to implement and embed transformational changes required to achieve the £14.2m savings targets:

Work Stream	2022/23 Estimated Cost £'000
Asset Review	189
Digital	284
Access to Services	51

Strategic Planning	140
Direct Service transformation	2,526
	3,190

Costs have been identified in the form of staff time, additional external expertise, ICT development, one-off redundancy costs and other expenditure deemed appropriate to works required to achieve the ongoing savings proposals.

Asset Review

- *The Three R's* - Optimise the scale and use of Thurrock's real-estate through a **R**etain, **R**e-use or **R**elease strategy.

Digital

- *Digital Efficiency/Smarter Working* -To ensure that business functions are optimised digitally (using RPA where possible) and are efficient through challenging existing business processes and support activities relative to transactional activity.

Access to Services

- *Alternative Delivery Models* - To establish a mixed portfolio of provision, involving delivery models that operate across multiple services to deliver efficiencies, economies of scale whilst giving us the flexibility to innovate. This will include the Custer Services and Face to Face offer to residents.

Strategic Planning

- *Smarter Working* - To deliver our services more efficiently and in more innovative ways. This means considering the best place to work (the workspace), how we approach our work (the culture) and the equipment we use (the technology).
- *Culture Change Programme* - A programme of Organisational development that raises the awareness for the need to change and improve how we deliver our services to support our residents and businesses.

Direct Service Transformation

- A series of Service Improvement activities that are specifically local to a particular Directorate or business function:

Directorate	**2022/23 Estimated cost £'000**
Adults, Housing & Health	934
Children's Services	666
HROD	371
Public Realm	485
Resources & Place Delivery	70
	2,526

Key workstreams are set out below:

Adults, Housing & Health

- Better Care Together Thurrock: The Case for Further Change (Adult Integrated Care Strategy) - a collective plan for transforming, improving and integrating local services to improve the wellbeing of the borough's adults and older people.

Children's Services

- Review of Out of Hours Social Work service
- Review of Local Authority nursery provision
- Review of Social Care and Early Offer of Help
- Review of School Transport service

Human Resources, Organisational Development

- Centralisation of ICT services, roll out of MS365
- Staff reorganisation and streamlining of support services

Public Realm

- Waste strategy – route optimisation, vehicle capacity/efficiency, recalibration of waste collection service
- New income streams for commercial work to external customers
- CCTV/The Hub -

Resources & Place Delivery

- Business Development & Innovation team - SLA Online portal and services to schools and external clients
- Corporate finance – Beyond Forecasting Tool implementation and training for budget holders

5. Monitoring the Strategy

The Strategy will be monitored throughout the financial year as part of regular budget monitoring arrangements and be reported accordingly as part of the current quarterly budget monitoring reports to Directors.

The Strategy may be updated and replaced as proposals are developed and expenditure is incurred. The legitimacy of the use of the Strategy will be determined by the Council's s151 Officer in order to ensure that it meets the requirements set out by the Secretary of State.

7 December 2022	ITEM: 11 Decision: 110629
Cabinet	
Thames Freeport: Governance Structure	
Wards and communities affected: All	**Key Decision:** Key
Report of: Councillor Mark Coxshall, Leader and Cabinet Member for Growth	
Accountable Assistant Director: Gerard McCleave, Assistant Director for Economic Growth & Partnerships	
Accountable Director: Mark Bradbury, Interim Director of Place	
This report is Public	

Executive Summary

Thames Freeport is a key feature of Britain's Trading Future and will drive economic growth across the Thames Estuary. It will deliver regeneration and job creation in areas in urgent need of levelling-up and will be a transformational game-changer for Thurrock communities.

Thames Freeport is private sector led (Forth Ports, DP World and Ford). Thurrock Council is the Lead Authority and the Accountable Body for Thames Freeport. Lead Authority main responsibilities include managing and being accountable for public money, participation in the Freeport governance arrangements, liaison with Government and public sector leadership. As Lead Authority for Thames Freeport, the Council had a principal role in ensuring the completion of the business case and submission to Government for approval.

At the reconvened meeting of Cabinet on 23 March 2022, it was agreed that further report would be brought back to Cabinet relating to the Thames Freeport governance structure and following conclusion of the government's review. The government's review of the Thames Freeport Full Business Case (FBC) remains ongoing however, it is timely and appropriate for Cabinet to consider the proposed governance structure before a final Thames Freeport response is presented to government.

Business case guidance requires development of a management case which sets out the long-term governance structure and arrangements (Board membership, powers, delegations, accountabilities and responsibilities etc.), delivery team structure, stakeholder management and engagement, shared learning and building expertise, risk management, arrangements for dealing with security and illicit activity,

key milestones, the role of the accountable body, and monitoring and evaluation arrangements.

As part of government's due process Thames Freeport has considered a range of governance structure options reflecting Freeport policy objectives, potential implications from the introduction of new government policy such as Investment Zones as well as considering any implications from the decision by the Local Government Secretary to introduce intervention measures in Thurrock Council.

Thames Freeport will be governed by a Board, the Thames Freeport Governance Board (TFGB), established for the purpose and duration of delivering the Freeport. The TFGB will have overall responsibility for all Thames Freeport activity and will be accountable to Government for the achievement of the Freeport strategic objectives. This report seeks to appoint the Thurrock Council representative to the TFGB, as well as endorsing the Council's role in future sub-committees.

1. Recommendation(s)

That Cabinet:

1.1 Considers and approves the Thames Freeport proposed governance structure (Section 4).

1.2 Approves the appointment of the Leader of the Council or nominated representative to the Thames Freeport Governance Board (Section 4.4, 4.5 & 5.3).

1.3 Endorses that relevant Officers support the Leader of the Council or nominated representative at the TFGB to participate in and represent the Council on the various Thames Freeport Sub-committees as necessary, delegating authority to the Acting Chief Executive to appoint Officers to appropriate sub-committees e.g. Skills, Levelling Up and Regeneration (Section 4.10).

1.4 Delegates authority to the Acting Chief Executive, in consultation with the Leader of the Council to enter any Memoranda of Understanding with government and Freeport bodies to deliver the activities of Thames Freeport (Section 4.2, 4.13 & 5.4).

1.5 To note the approach to investing retained business rates in regeneration and infrastructure projects as the rates become available to Council (Section 2.4).

2. Introduction and Background

2.1 Thames Freeport is a catalyst for change in Thurrock. It will deliver more productive jobs, initiatives to support inclusive and sustained economic growth, reduce inequalities and enable growth to meet local need and attract more talented people, more investment, innovative employers, and

businesses. The TFGB will formalise the strong public-private relationships, with a relentless focus on local impact and putting local stakeholders and communities at the heart of delivery.

2.2 The core economic strengths of the Thames Freeport geography are logistics, low carbon energy, transport and storage, construction and advanced light manufacturing. The Freeport is the correct regeneration and policy response because it is directly aligned to and builds on Thurrock's strengths and can deliver greater economic growth than could be achieved with traditional economic development policy. In particular, time bound tax incentives will increase the rate of return to new investment which occurs over the short-medium term. This will de-risk, accelerate and increase the volume of investment occurring, particularly important as the economy continues to experience turbulent headwinds. Businesses investing in the tax sites will continue to benefit over the longer-term because of the strong clustering / agglomeration impacts the Freeport is aiming to create through its selection criteria of supportive businesses, the delivery and focus of the Thames Freeport Innovation Strategy, bespoke skills and labour market pipeline, alignment with initiatives of local, regional and national significance, increased trading opportunities and the quality infrastructure on offer on the port sites.

2.3 Greater public and private investment in the region will allow it to close the gap in employment opportunities and incomes with the rest of the nation, whilst the retention of additional business rates will allow investment in social and economic infrastructure which boosts the productivity and well-being of Thurrock residents, aligning to wider regional and national policy, for example regeneration, levelling up and net zero.

2.4 In line with the governments Freeport Prospectus the Thames Freeport business case originally proposed borrowing to invest in regeneration and infrastructure support to further growth. The intention is that any investment in regeneration and infrastructure through retained business rates will be planned as the rates become available and accrue to the Council. Thames Freeport has confirmed that this approach is not critical to the overall Freeport proposition and no further debt will be accrued by the Council because of the Thames Freeport which is in line with the DLUHC Directions / intervention measures.

2.5 The Outline Business Case (OBC) for Thames Freeport was submitted in July 2021 and, following an extensive review period with relevant government departments, was approved by Government at the Autumn Statement and Spending Review in October 2021. Following the approval of the three tax sites and the primary customs site by HM Treasury and HMRC, Thames Freeport was fully approved by government to operate on 15 December 2021.

2.6 The Full Business Case was submitted to government on 28 January 2022, where it was assessed by the relevant government departments, led by the Department of Levelling Up, Housing and Communities (DLUHC). Approval of the FBC allows for the release of funding from government, including seed

capital funding to accelerate investment that supports the tax sites and wider public good, and the future use of retained business rates to the ratings authorities (as set out in the freeport bidding prospectus, the Council in which the freeport tax sites are located will retain the business rates growth for that area.) Partners have received feedback from DLUHC and are working through responding to their comments and requests for further information. The response from Thames Freeport will be formally submitted via an addendum to the FBC to government following approval of the proposed governance structure by Thurrock Council's Cabinet.

3. Economic Benefits for Thurrock

3.1 Thames Freeport has the potential to bring substantial economic benefits to Thurrock residents and businesses through direct investment in new infrastructure, employment opportunities, skills development as well as supporting the regeneration and levelling up of Thurrock through investment in physical and social infrastructure.

3.2 Freeport status, and importantly the businesses that locate here will be a 'pull' factor drawing in future inward investment and talent to Thurrock, creating industrial clusters around our ports and logistics sector, with new technology led logistics opportunities, further strengthening Thurrock's position as a national and international hub for global trade. The investment into Thurrock will also help boost the productivity and competitiveness of existing and new Thurrock supply chain businesses through upskilling and reskilling the existing workforce, innovation in production processes as well as exporting opportunities through agglomeration effects.

3.3 The Thames Freeport headline economic impact points are:

- Deliver an increase in gross value added (GVA) of £2.6 billion per annum into the economy
- Over £4.56 billion in new public and private investment with 68% (£3.15bn) in Thurrock
- 21,000 net additional jobs – with 89% of the employment opportunities located in Thurrock through Port of Tilbury and London Gateway. Economic case modelling suggests that the new jobs will earn higher wages than the average sectoral salaries in the Thames Freeport region
- 1,700 acres of development land – much with planning consent
- Funding of retained business rates generated from new Thurrock business investment in projects to accelerate levelling-up outcomes, including:
    - **Sustainable Multi-Modal Transport Initiatives** – such as enhanced public transport, improvements to rail and river infrastructure, as well as walking and cycling lanes between existing communities, new communities and across South Essex to provide sustainable access to Thames Freeport employment locations.
    - **Social Development Investment** – for example new health, well-being and cultural facilities, aimed at health and wellbeing improvements, as well as skills investment through the Thames

Freeport Skills Plan to ensure residents have access to new high-quality jobs, and supporting young people through investment in community-based youth programmes and better targeted youth facilities, including a £3m skills levy which Thurrock residents will benefit from.

- **Infrastructure to Unlock Growth** – new roads and upgrades to existing network.
- **Digital and Green** – expansion of Gigabit speed internet to tackle digital exclusion and enabling the hydrogen opportunity across the Estuary including supporting development at Thames Enterprise Park (TEP).

3.4 Overall, it is anticipated that the Thames Freeport will contribute £65 billion to the UK economy over the next 25 years.

3.5 In addition to the quantifiable economic benefits, there will be a number of qualitative economic benefits for Thurrock. These benefits include reducing unemployment and economic inactivity, tackling inequality through investment in physical and social infrastructure, increased skills and improved environment and more green space for local people. For example, investment in the South Essex Estuary Park (SEEPark) will deliver for example new coastal walking and cycling paths, achieve carbon offsetting, and improved biodiversity, with the first pathfinder projects and first investment in Thurrock. Similarly, investment in wider region projects such as the South Essex Technical University will directly support Thurrock businesses such as TEVVA and their supply chain businesses providing bespoke training and skills development through graduate apprenticeship programmes for Thurrock's young people and continuous professional development for the existing workforce.

4. The FBC Management Case – Proposed Governance Structure

4.1 The revised FBC Management Case sets out the main governance structures and arrangements for delivering Thames Freeport including areas of responsibility, accountabilities, the role of the accountable body and the executive team, led by the Executive Director.

The composition of the Thames Freeport Governing Board has been mainly framed by guidance from Government including an expectation that it would include representation from:

- the tax site owners and operators;
- the three local authorities that form the Freeport outer boundary;
- regional stakeholders e.g. TEGB, PLA
- DLUHC

There was also guidance that the Board should be limited to a maximum of 12 members. Thames Freeport has considered a range of governance structure options to provide flexibility reflecting Freeport policy objectives, potential

implications from the introduction of new government policy such as Investment Zones as well as considering any implications from the decision by the Local Government Secretary to introduce intervention measures in Thurrock Council.

4.2 Thames Freeport will be governed by a Board, the Thames Freeport Governance Board (TFGB), an unincorporated body established for the purpose and duration of delivering the Freeport. The TFGB is charged with accountability for delivering the Freeport objectives and will have overall responsibility for all Thames Freeport activity. As such it will take decisions on matters such as, the Innovation and Net Zero strategies for the Freeport; the associated delivery plans, its annual business plan and the resources required for delivery. It will be accountable to Government for the achievement of the Freeport's strategic objectives and will agree a Memorandum of Understanding (MoU) with Government for this purpose and it will serve as a shared commitment from all parties and members of the Board.

The TFGB's key objectives are aligned with the Government's policy objectives for Freeports and are to:

- Establish the Thames Freeport as a hub for global trade and investment;
- Enable regional regeneration, improving access to quality jobs and infrastructure;
- Create a centre of regional innovation; and
- Be a leader on transition to net zero within the Freeport Tax and Custom sites.

4.3 The TFGB main areas of responsibility will include Freeport strategy; setting strategic goals, overseeing tax site delivery, approving annual business and delivery plans; overseeing the use of public funds[1], reviewing the strategy and projects funded by retained business rates in line with Freeport policy objectives, stakeholder engagement and monitoring and evaluation of Thames Freeport activities in line with key performance indicators (KPIs) to be agreed with Government.

4.4 During the process of developing the original Freeport bid, OBC and FBC, Thames Freeport had in place an Interim Board comprising executive officers from each of the private sector partners, Thurrock Council and the London Borough of Barking and Dagenham (LBBD). A new Board will be established (target date January 2023) post approval by Government of the Thames Freeport FBC, including Thurrock Council as the lead local authority and accountable body will be a core member of the TFGB alongside the private sector tax site operators. The TFGB will also include LBBD and the London Borough of Havering (the local authorities making up the Thames Freeport geographic boundary) with representation from the Port of London Authority as well as a 'skills champion' and non-executive members. In total, the Board

[1] Subject to final approval by the Accountable Body – Thurrock Council

will comprise 12 members including an independent Chair, Rt. Hon Ruth Kelly (appointed in November 2021) and a space will be held available for any new tax site operator to join the Board at a point when their proposition is approved by government.

4.5 As a private sector led proposition the make-up of the TFGB reflects the roles of the key partners. All members of the Board will play a full role in the further development of its strategy, determining the areas of focus and in making recommendations on investment. This includes the Leaders or nominated representatives e.g. portfolio holder of Thurrock Council, LBBD and LBH who will all have a central role in the delivery of the freeport. Local Authority representatives will be free to invite their Chief Executives or senior Directors to join the Board to provide advice, but not to exercise any formal role such as voting on any matter. Thurrock Council will also act as the Accountable Body and lead local authority. TFGBs overall composition also includes regional stakeholders and those who bring wider expertise and value. The Regional Growth Partners on the TFGB have been selected on the basis of:

- Those who are most aligned to the main objectives of the Freeport
- Those who can most effectively enable the delivery of the strategy, bringing wider experience to bear
- Those who are key stakeholders in the priority delivery programmes – Trade and Investment; Innovation and Net Zero; Skills and regeneration

4.6 Member of Parliament will have an observer role on the Board providing a link to wider government policy.

4.7 The roles of Chair, Skills Champion, and Non-Executive Strategic Advisor will all be appointed through a recruitment process. This approach will ensure that the TFGB will be inclusive and actively seek diversity in its membership and has been successfully followed to recruit the TFGB's independent Chair. Membership of the TFGB shall be reviewed regularly in line with best practice for good governance.

4.8 The management case makes clear that the TFGB is committed to transparency and adhering to the Nolan Principles of public office. It will publish all Board papers and minutes. Its governance arrangements emphasise openness and transparency, with detailed guidelines on the Conflict of Interest and Subsistence and Hospitality policies. It will also publish a register of member's interest recording any conflicts of interest. These will all be made available on the Thames Freeport website. There will be an annual review of the TFGB's operation.

4.9 In order to provide appropriate transparency, one meeting of the full TFGB every calendar year will be a public meeting. This will allow for general questions to be put to the TFGB on its strategy and delivery plans. In addition, the TFGB Chair and Executive Director will attend, at the invitation of the Council Leader, a full council meeting of the three Local Authorities in the

Freeport outer boundary and the Joint Committee of the Association of South Essex Local Authorities, each calendar year.

4.10 The TFGB will be supported by four sub-committees in the areas of:

- Trade and Inward Investment
- Skills, Levelling Up and Regeneration
- Investment, Innovation and Risk Management
- Tax and Custom Site delivery (including net zero and security)

The number and purpose of the sub-committees will be reviewed annually and agreed by the TFGB. Members of each sub-committee will be appointed annually. It is expected that each sub-committee will comprise of a small core group, of potentially three to five members. This will include a TFGB member acting as Chair. The sub-committees will reflect a subset of the Board, picking up detailed work streams and making recommendations to the TFGB. They will be responsible for engaging with key stakeholders, who can directly support the delivery of agreed projects and/or support the further development of strategy and interventions to meet the Freeports objectives. The sub-committees and stakeholder groups will be considered and confirmed at the first full meeting of the TFGB and after the FBC has been approved. An indicative membership of each of the sub-committees and stakeholder groups is described below:

Strategic Area	**Indicative Subcommittee membership**	**Indicative stakeholder group**
Trade and Inward Investment	DP World; Port of Tilbury; Thames Estuary Growth Board; Non-Ex Board member	Thames Enterprise Park; Department for Trade and Investment; GLA
Skills, Levelling up and Regeneration	Thurrock Council; LB Barking and Dagenham; LB Havering; DP World; Port of Tilbury; Ford; TFGB Chair; Skills Champion	Opportunity South Essex; DfE; IOT's; South Essex College; Local London
Innovation, and Net Zero	Ford; DP World; Port of Tilbury; Thames Estuary Growth Board; Port of London Authority; Non-Ex	National Infrastructure Bank; BEIS; Catapult

	Board member; Thurrock Council; LB Havering	
Tax and Custom Site delivery	Ford; DP World; Port of Tilbury; Thurrock Council; LB Barking and Dagenham; LB Havering	Thames Enterprise Park, HMRC; Police

Accountable Body

4.11 Thurrock Council also holds the role of Accountable Body for the Thames Freeport in relation to the use of public funds.

4.12 During the period of intervention by DLUHC, Essex County Council as the Government appointed Commissioner will provide an oversight role, mirroring its wider remit and responsibilities in relation to Thurrock Council, providing a more comprehensive model of governance and assurance.

4.13 The Accountable Body will agree and be a co-signatory with the TFGB to the Memorandum of Understanding with government. As set out in the FBC, it is expected that the role of the Accountable Body will include, but not limited to the following functions:

- Establish and maintain a financial system to account for all funding received and disbursed on behalf of the Freeport;
- Review and approval of business cases for seed capital projects;
- Receive funding on behalf of the Freeport and be responsible for its proper administration;
- Ensure, that funding is used appropriately in accordance with the law, good financial management any applicable grant conditions and Freeport objectives;
- Ensure the decisions and activities of the Freeport are taken transparently, are evidence based and represent value for money, and compliance with the Nolan principles, the National Assurance Framework; legal requirement; the principles of probity or sound financial practice; applicable funding terms and agreement on scrutiny arrangements;
- Ensure that the checks and reporting requirements of Thurrock Council's Section 151 Officer are met; this includes retaining appropriate documentation on decisions around funding;
- Ensure appropriate control and reporting mechanisms are in place and that all required information on expenditure, activities, outputs and outcomes are properly recorded and reported to the Freeport;
- Retaining necessary information and ensuring all required information on expenditure, activities and outcomes are properly recorded and reported;

- Escalating in the first instance concerns around non-delivery and/or mismanagement to TFGB;
- A support function: providing technical advice on the relevant law, identifying risks associated with pursuing a particular course of action for the TFGB to consider; and
- Responsibility for assessing the overall delivery risk and associated financial risk (up to an agreed level) on behalf of the Freeport.

4.14 The Accountable Body is not required directly to exercise assurance over the tax sites and customs sites – this is a function of the TFGB of which the Accountable Body is a member. The draft MoU sets out the Accountable Body role as:

1. Accountability for any HMG Freeport specific grant funding, including monitoring and reporting against the use of these funds. The intention is that this is exercised through arrangements put in place between the Accountable Body and the Freeport Operating Company;
2. Maintaining appropriate records relating to Freeport delivery, including project plans and risk registers for HMG funded activity. Again, this can be serviced through a mechanism between the Accountable Body and the Freeport OpCo;
3. Ensuring the Governing Body operates in line with appropriate levels of transparency, propriety etc.

These functions are part of ongoing discussions with government and are subject to a decision and approval of the FBC by the DLUHC Secretary of State and the report of the Best Value Inspection underway in Thurrock Council as regards the role of Accountable Body.

5. Reasons for Recommendation

5.1 Cabinet previously (January 2021) endorsed submission of the private sector led Thames Freeport bid and subsequently endorsed (July 2021) the continued engagement of officers with partners to development the Outline Business Case (OBC) and Full Business Case (FBC) and delegated authority to the Chief Executive (in consultation) to sign-off and submit the final OBC and FBC to Government for approval. In March 2022 Cabinet approved the Thames Freeport retained business rates policy.

5.2 During the development of the Thames Freeport bid, OBC and FBC processes an interim board was in place to oversee and drive forward these different processes. Specifically, the role of the interim board was to provide leadership, strategy and oversight / coordination of activities to ensure the successful set-up, formal designation and transition to full operation of the Thames Freeport. This included leading the development of the OBC and FBC processes; developing relationships with the DLUHC Freeport team and leading discussions on wider Freeport economic strategy; coordinate the development of the investment proposition; appoint an independent Chair as well as to evolve the governance arrangements for Freeport operations and

delivery. The interim arrangements comprised executive officers from each of the private sector partners, Thurrock Council and LBBD.

5.3 As outlined above, Thames Freeport is a catalyst for change in Thurrock and can deliver significant economic benefits for the Council area and wider geography through the creation of more and better jobs, substantial increases in investment and GVA into the local economy, initiatives to support inclusive and sustained economic growth, reduce inequalities and enable growth to meet local need and attract more talented people, more investment and more businesses. The potential of the Thames Freeport impacts across a wide range of Council services, strategy and policy areas and longer-term ambitions for example in economic development, skills, health and well-being, engagement and communications, regeneration, planning, community development, finance and legal services. Given this breadth and depth of potential impact and benefit across Thurrock and the Council, it is recommended that the Leader of the Council or nominated representative be appointed to the TFGB and relevant officers participate in and represent the Council on the various Thames Freeport sub-committees as appropriate.

5.4 The freeport partners are committed to building local expertise, leveraging the capacity of both the public and private sectors through knowledge transfer, shared learning and investment from the private sector in helping to grow public sector capacity where appropriate. Furthermore, capacity and activity undertaken by Council to support the operational delivery of the Freeport will be recoverable from retained business rates funding. This has been factored into the retained business rates modelling based on a provisional project staff model for the increased capacity required to deliver the freeport objectives.

5.5 As outlined in Section 4, Thurrock Council as the Accountable Body will agree and be a co-signatory with the TFGB to the Memorandum of Understanding with government. A draft MOU generic to all eight freeports has been received from DLUHC with comments submitted from Thames Freeport. The final Thames Freeport specific MOU will be agreed post FBC approval and based largely on the content of the FBC Management Case. This is expected to be early in 2023 (Jan / Feb) and Cabinet is asked to delegate authority to the Acting Chief Executive to enter the MOU with Thames Freeport and government. As the Accountable Body the Council will provide local assurance for all seed capital projects. The Accountable Body will also act on behalf of the Freeport to manage the financial arrangements in relation to the capacity funding provided by Government. It is expected that the role of the Accountable Body will include review and approval of business cases, financial management, accountability and monitoring for all funding received e.g. seed capital, as well as ensuring decisions and activities represent value form money.

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

6.1 Thames Freeport partners, Forth Ports, DP World, Ford, Thurrock Council, LB Barking and Dagenham and LB Havering have engaged with a wide range of

stakeholder groups throughout the Freeport process including businesses and regional bodies such as South East Local Enterprise Partnership (SELEP), Opportunity South Essex (OSE), the Association of South Essex Local Authorities (ASELA) and the Thames Estuary Growth Board. This engagement is continuing and will intensify as Thames Freeport moves into its operational phase, for example through the DLUHC Freeports Forum, membership of the Thames Freeport Sub-committees, development and delivery of projects, and implementation of the Thames Freeport strategies to support economic growth e.g. skills and innovation. In particular, the connected work by ASELA on the growth agenda has been a key element of the Freeport processes which has demonstrated that the Thames Freeport has understood the wider geographical impact expected of the policy and investment beyond the boundaries of the actual designated area.

6.2 Over the last few months we have engaged the Commissioners, DHLUC and kept private sector partners informed of the intervention and Best Value process currently underway. This report will also be considered at an extraordinary meeting of Corporate Overview and Scrutiny Committee on 29th November. A verbal update of the discussion will be provided.

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

7.1 The vision for Thurrock is: **An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.**

7.2 The opportunity created by the Thames Freeport to further support the delivery of this vision and corporate priorities is significant. The government's policy objective to promote regeneration and job creation through the Freeport model is directly aligned to the Council's ambitions and place shaping agenda.

7.3 Under the corporate priority banner People, Place, Prosperity, the council is creating a place where people want to live and are proud of, and where businesses want to stay and thrive, and where investors and talent want to locate.

7.4 The successful delivery of the Thames Freeport can support a number of the Council's Place and Prosperity priorities:

- 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
- A borough ambitious for its future – clean environments, roads, housing and public spaces that connect people and places

7.5 The successful delivery of the Thames Freeport in Thurrock will also significantly contribute to achieving wider place agenda ambitions by bringing together physical, economic, social and environmental renewal to improve the well-being of communities, provide opportunities and help ensure places are fit for the future. This will be reflected in the Council's overall corporate strategy and priorities for growth under the Improvement and Recovery Plan. It also relates to the development of the Local Plan and the implementation of the Economic Development Strategy, Backing Thurrock as well as the health and well-being strategy.

8. Implications

8.1 Financial

Implications verified by: **Jonathan Wilson**

Interim Director of Finance

The development of a Freeport in the borough enables access to additional funding sources including grants for businesses and for Council the retention of business rates relating to new business that locate within the Freeport Tax Sites. This funding can then be utilised to support the wider development of the Freeport area.

As outlined in Section 3 above, Thames Freeport has the potential to bring substantial economic benefits to Thurrock residents and businesses. The economic growth from the Freeport is a critical part of the long-term recovery for the Council, providing greater financial sustainability for example through providing long term future funding in the form of retained business rates enabling direct investment in new infrastructure, employment opportunities, skills development as well as supporting the regeneration and levelling up of communities through investment in physical and social infrastructure.

The Council has submitted updated projections of the potential funding streams to identify the level of investment available to deliver the outcomes of the Freeport. The FBC under the 'Financial Case' strand assesses all monetary costs and benefits associated with Thames Freeport including capital and revenue requirements. This includes an assessment of the financial risks associated with the capital programme and a sensitivity analysis of the projections of the additional retained business rates income. This income requires the implementation of the Freeport business rates policy, approved by Cabinet in March 2022. It is reiterated that, while the policy enables the Council to retain 100% of new business rates within the designated tax sites, this funding is specifically required to support the delivery of the objectives of the Freeport. Government requires that this funding be largely used for additional activity such as infrastructure and environmental enhancements and other "levelling up" activity including investment in skills, as it relates to the Freeport objectives. In line with the

DLUHC Directions / intervention measures no further debt will be accrued by the council because of the Thames Freeport.

Subsequent investment decisions for which the Council will be responsible will be subject to a business case process and will follow the Council reporting and decision-making processes.

The role of the Accountable Body also means the Council will have wider responsibility for the Seed Capital Funding (totalling £25m) which supports the delivery of agreed projects by DP World, Forth Ports and Ford. As noted in the report, arrangements will be setup to support the approval of projects, the release of funding and the ongoing monitoring of the project delivery.

8.2 **Legal**

Implications verified by: **Gina Clarke**

Corporate Governance Lawyer and Deputy Monitoring Officer

The Government has not laid out the rules for Freeports in a single Freeports Act. The relevant legislation is spread across a range of different Acts and secondary legislation which enables the Council to participate in the Government's Freeport programme.

Powers set out in section 1 Localism Act 2011, the general power of competence, enables the Council to do anything a private individual may do provided it is not otherwise prohibited by law. The proposed activities of Thames Freeport will bring jobs, investment, enabling regeneration and facilitating construction and upgrading infrastructure.

The recommendation to appoint the Leader of the Council or nominated representative to the Thames Freeport Board (TFGB) is consistent with the powers set out in the 2011 Act. The Council's Constitution enables Cabinet to make the appointment. The legal nature of the TFGB is an unincorporated association, to be set up through an agreement between the members of the Freeport to further the Freeport objectives. This governance structure does not have limited liability, therefore arrangements for insurance or indemnity cover will need to be in place for the Leader or nominated representative acting as the Council's representative on the TFGB.

The proposed appointment of Council Officers to sub committees of the TFGB, is also a function, which Cabinet is able to exercise. Section 9E(5)(b) of the Local Government Act 2000 provides that where any executive functions may be discharged by Cabinet, then unless the Leader directs otherwise, Cabinet may arrange for the discharge of any of those functions by an officer to the authority. The delegation to the Acting Chief Executive to undertake this function is consistent with the provisions of the 2000 Act.

Insurance cover/ an indemnity for Council officers appointed the TFGB sub committees will need to be in place.

Subject to the terms of a memorandum of understanding the Council will act as the accountable body to the Government, to oversee and support the use of public funds to ensure good financial management, grant condition compliance and appropriate spend. The section 151 Officer will be responsible, for overseeing the proper administration of financial affairs in respect of the Thames Freeport. This is consistent with the powers available to the Council to deliver the Thames Freeport objectives.

8.3 **Diversity and Equality**

Implications verified by: **Becky Lee**

Team Manager - Community Development and Equalities

A full Equalities Impact Assessment (EQIA) has been completed as part of the FBC process for consideration by Government.

The EQIA was developed in line with Council's Community Equality Impact Assessment process with a focus on both the construction (initial) and fully operational phases and considered the extent to which Thames Freeport can positively impact on reducing inequalities overall, not least employment, income and health and well-being.

The EQIA predominately identifies positive equalities benefits for the borough's residents, including those with protected characteristics. The EQIA will continue to evolve as the Freeport develops and new opportunities for investment are brought forward and will be the subject of an ongoing cycle of monitoring and review by the TF Programme Manager in conjunction with the TFGB who will identify any new considerations. Where applicable, new programme elements will be incorporated into future versions of this EQIA including identifying mitigations to minimise the potential of any negative impacts.

Aligning the equality impact of Thames Freeport to the Council's Community Equality Impact Assessment process also supports the Council in meeting our duties under the:

- Equality Act 2010
- Public Sector Equality Duty
- The Best Value Guidance
- The Public Service (Social Value) 2012 Act

8.4 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children

Freeport policy is also a significant part of the government's goal of net zero carbon emissions and will be used to develop new technologies and advanced manufacturing to bring forward decarbonisation.

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

Cabinet Report – 13 January 2021
https://democracy.thurrock.gov.uk/documents/s29328/Thames%20Freeport%20Bid%20to%20Government.pdf

Cabinet Report – 7 July 2021
https://democracy.thurrock.gov.uk/documents/s30973/Thames%20Freeport%20Outline%20Business%20Case%20OBC%20and%20Full%20Business%20Case%20FBC%20to%20government.pdf

Cabinet Report – March 2022
https://democracy.thurrock.gov.uk/documents/g5958/Public%20reports%20pack%2009th-Mar-2022%2019.00%20Cabinet.pdf?T=10

10. Appendices to the report

None

Report Author

Gerard McCleave
Assistant Director for Economic Growth & Partnerships
Place Directorate

7 December 2022	ITEM: 12 Decision: 110630
Cabinet	
Digital and Customer Experience Strategy	
Wards and communities affected: All	**Key Decision:** Key
Report of: Councillor Jack Duffin, Cabinet Member for Central Services	
Accountable Assistant Directors: Tracie Heiser, Assistant Director - Customer Services Andy Best Strategic Lead - IT	
Accountable Directors: Jackie Hinchliffe, Director of HR, OD and Transformation Karen Wheeler, Director of Strategy, Engagement and Growth	
This report is public	

Executive Summary

Digital technology has moved on at an incredible pace and customer expectations continue to change, the local population is growing and changing, and in response the Council is increasingly required to adapt and strengthen the customer focus, use innovative technology, and build integrated service delivery models within the resources available.

The draft Digital and Customer Experience Strategy is intended to provide a strategic framework that sets out the Council's digital ambitions, the direction of travel and expected outcomes. The strategy is part of a wider strategic programme that brings together a programme of interventions designed to transform service delivery, ways of working and customer access channels. Once agreed the strategy will be supported by a prioritised delivery plan.

The strategy acknowledges that in order to deliver the standard of customer services that will meet the expectations of the Council's residents, staff and other stakeholders, the Council needs to address issues of people, process, technology, and organisation, managing our resources to optimum effect. It is acknowledged through the health and wellbeing study that not everyone has access to digital solutions. To succeed it will be necessary to create a culture supported by the right operational procedures and infrastructure that will deliver good quality customer

service, listening to the voice of the customer and employees, measuring satisfaction, embracing change and technology, and striving to continuously improve.

Throughout the strategy there is a strong emphasis that digital technology will enable 24/7 self-service for customers that are able to utilise these methods whilst recognising a mixture of methods are required to ensure inclusivity for all.

1. Recommendation(s)

1.1 That Cabinet agree the Digital and Customer Experience Strategy at Appendix 1.

2. Introduction and Background

2.1 The Council previously had a separate strategy for both Digital and Customer Services, both were developed in 2017 and have now expired. As part of the way we have changed and adapted how we work in the past two years, the Council has a number of digital projects and initiatives that are currently in delivery. This combined strategy is designed to build on the digital foundations that have already been implemented and to deliver fit for purpose technology that will enable the Council to deliver its services in an efficient way. The Customer services team have become increasingly reliant on digitally based solutions to enhance their offering and meet the changing demands of our customer base. In response to this and the financial challenges the council faces, it has been agreed that the development of an overarching combined Digital and Customer Experience strategy would be a beneficial way forward .

2.2 We are not at the start of our digital journey. The previous separate strategies achieved much but there is more that remains to be done and this is about continuing that journey, over the next three years. In publishing our first combined Digital and Customer Experience Strategy we will have a framework for how the whole council can work together with its partners and customers to reshape how we deliver services and how people request and use them. This strategy is about adapting to customer needs, not confining how people interact with us but finding the most effective way. This is about helping those who can to self-serve but being mindful that some residents will still need our help and assistance.

2.3 The outcome aims of the strategy are as follows:

- an improved customer journey, through a single access approach and user-centred design principles. These will be designed to get interactions with customers right first time
- an enabled workforce, using a modern resilient infrastructure, equipped with the technology they need to do their jobs more effectively – a reduction in manual processes, automation of repetitive tasks, and improving processes, this will enable services to focus on complex and specialised work, adding additional value

- a more sustainable financial model for the council, where we can improve service delivery while maintaining or reducing costs
- a positive impact on our climate commitment through a reduction in the use of paper and changes to our mailroom and processes. Where practical we can use digital technology to support us a more cohesive and joined-up council through the use of digital tools, increasing cross-functional project work, sharing budgets and goals and being more transparent
- to assist in delivering and improving services we will make training available to all staff and put in place public courses to assist our customers in become more digitally capable
- a better understanding of our customers through the smarter use of joined-up data. We will use data and analytics to inform decision making and gain insights into our customers to make more timely interventions and gain an overview of households, not just individuals
- a vibrant digital business sector that contributes to the economic growth of the borough and new developments will be designed with the use of digital technology to improve the public realm environment

2.4 Over the last three months colleagues in Thurrock have been consulted and engaged and their views have shaped the development of the combined strategy. Feedback was also received from Corporate Overview and Scrutiny Committee in October 2022.

2.5 It is expected that the various programmes to support the strategy will be funded from existing approved capital budgets or from future programmes as identified subject to the Council's overall financial position following recent Government intervention. Any scheme that is likely to create additional pressures on operating budgets will be mitigated primarily through ensuring all business cases yield a positive return on investment through efficiency and transformational impact and are in line with our strategic priorities of People, Place and Prosperity.

3. Issues, Options and Analysis of Options

3.1 There are a number of challenges that the Council faces including:

- an increasing population, increasing demand - 11.6% population increase since 2011 and projected to continue to increase
- an ageing population, increasing demand on our care services - there has been an increase of 19.4% in people aged 65 years and over since 2011
- an ambitious growth agenda that will impact on our existing infrastructure
- a severe financial challenge following COVID and increased social care demand and investment shortfalls
- a new national focus on Levelling Up and a review of local government structure / functions
- meeting current service levels with fewer resources
- an expectation of excellence from our customers
- Increased scrutiny on spending and best value following intervention

- harnessing the improved digital skills and literacy that the pandemic has influenced within our customer base.

3.2 To meet the challenges ahead we have focused on 4 main themes and actions within these to support delivery, Digital Thurrock, Digital Customer, Digital office, and Digital Foundation.

3.3 The **Digital Foundation** will build a resilient and reliable infrastructure. On top of this sits the **Digital Office** layer which is about enhancing our efficiency and enabling people to work in the best way, so to ensure the best outcomes for key customers. The next layer is **Digital Customer** which is where we will create an environment that enables residents, businesses, and partners to interact with the council and access information and services easily when they need them, through the most appropriate channels, 24/7, and through various mediums. The final layer **Digital Thurrock** which is about enhancing the lives of residents and compliments the work being undertaken to develop Thurrock as a 'smartplace'.

4. Reasons for Recommendation

4.1 Cabinet are asked to approve the Digital and Customer Experience Strategy at Appendix 1.

4.2 The strategy sets out how the technology will underpin the Council's future needs to drive efficiencies, deliver services and savings and how it delivers the future state of the services to our customers. If approved it will be supported by a full action plan which will be monitored via the cross-council Digital and Demand Board, jointly chaired by the Director of HR and OD and Strategy, Engagement and Growth.

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

5.1 Consultation and development of the strategy has taken place through the cross-council Digital and Demand Board, Directorate Management Teams , Leadership Group, and other internal customers including Directors Board. A full Communities and Equalities Impact Analysis will also be carried out as part of the process.

5.2 Corporate Overview and Scrutiny Committee held on 6 October 2022, has also commented on the strategy as part of the consultation process ahead of this final strategy being presented to Cabinet. The main feedback was to ensure that vulnerable and digitally excluded customers are fully considered, and reassurance was provided that this is high in focus as part of the strategy with recognition of the need to ensure digital inclusivity.

5.3 Financial implications within this document have also been revised in light of the recent intervention.

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

6.1 Delivering the themes and actions along with adhering to the principles within this strategy will help us transform our customers' and employees experience. Our customers will have improved access to services, receive regular updates on service areas that are of interest to them and proactive contact to avoid them having to contact us at all were appropriate . We will have a workforce with the right skills and digital technology for the future and with the ability to guide our customers to the right services for them. We will be working closely with our communities to increase access and support and have strong partnerships in place that allow us to have local ambassadors to support local people.

7. Implications

7.1 Financial

Implications verified by: **Jonathan Wilson**

Interim Director of Finance

There is currently £7.9m allocated to support Digital activity and projects. £2.3m relates to essential infrastructure, equipment, security and compliance to keep key functionality operational and at a supported level. £2.1m is committed to existing projects which are in flight. The remaining £3.5m are capital bids which have been approved but have not yet been through the internal governance to release the funds, these are being reviewed and reprioritised in line with the strategy to ensure the projects which are approved provide an acceptable ROI.

7.2 Legal

Implications verified by: **John Jones**

Director of Law and Governance, and Monitoring Officer

There are no legal implications.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**

Community Development & Equalities Manager

As noted at 5.1 a full Community Equality Impact Assessment will be completed to inform the final strategy. This will consider the impact of the strategy proposals on communities and those with protected characteristics.

7.4 **Other implications** (where significant) – i.e., Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children

- None

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

- None

9. Appendices to the report

- Appendix 1: Digital and Customer Experience Strategy

Report Author

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Andy Best Strategic Lead - IT

Thurrock Council

Digital and Customer Experience Strategy

2022 to 2025

Focusing on our digital future, connecting technology and knowledge to deliver a Digital Council and a Digital Place. Further improving our customer access and staff experience and opportunities through digital transformation, better services, and tools.

Introduction

In recent years there have been significant advances in the way digital technology can assist with modernising the way the council can deliver services. Digital is transforming the way people live their lives - from the way we communicate to the way we purchase goods and services. The restrictions during the COVID pandemic have, at pace, brought about a new understanding of digital engagement and interaction which can be further harnessed.

Digital technologies enabled the council to continue to operate during the lockdown and we will increase their use to help us improve accessibility for staff, businesses and residents as well as reduce the cost of our services through increased efficiency and automation. These savings can be reinvested into front line service delivery.

We are not at the start of our digital journey. We developed our first digital strategy in 2017. That strategy achieved much but there is more to be done. This is about continuing that journey, over the next three years. In publishing our first combined Digital and Customer Experience Strategy we will have a framework for how the whole council can work together with its partners and customers to reshape how we deliver services and how people request and use them. This strategy is about adapting to customer needs, not confining how people interact with us but finding the most effective way. This is about helping those who can to self-serve but being mindful that some residents will still need our help and assistance.

Our People, Digital and Customer Experience and Data Strategies

Our People Strategy and Digital and Customer Experience Strategy together set out the key outcomes, activities and behaviours needed to support the delivery of our corporate priorities. We are also currently developing a new Data Strategy defining how we will collect, store, manage, share, and use our data to design, deliver and transform public services to improve outcomes and drive efficiencies.

About the Digital and Customer Experience Strategy

Our vision is to provide a consistent service offering that will enable our customers to be more engaged through the use of modern technology and data, on a 24/7 basis where possible. We will build on the changes that have been made as a result of the pandemic and deliver transformational change to services and smarter working for the council itself.

What is digital?

Digital is not just one thing. To truly transform our organisation, we need to evolve our thinking, the way we work, the systems we use and how effective and efficient we can become to meet the needs of our customers. 'Digital' is not a set of activities – as much as anything it is a mindset of being service-oriented and adaptive and having an absolute focus on improving people's lives. Digital encompasses:

- technology
- systems thinking
- data
- behaviour change
- enabler

Now is the time to enhance our delivery capability.

What do we mean by customer experience?

Customer experience is the impression people have of the council when they contact us or use a council service. This includes their perception of our brand and their experience of interaction with our digital / non-digital channels, along with their whole journey through the customer lifecycle. Our customers vary including residents, businesses, students, partners, members, and employees.

Vision and guiding principles

We will transform our service interventions and further enable self-service access to our services through the use of modern digital technology. We will simplify the ways of communicating and doing business with the council.

To ensure we utilise the benefits from new digital capabilities the council will improve processes and make them more efficient, ensure they add value and improve the customer journey for residents and businesses to create a better customer and user experience.

Our guiding principle will be customer usability. Apps and processes will be designed around that - there should be no difference in the quality-of-service customers receive whether they use an online app, phone, an appointment, or switch between any of these channels. This is known as an Omni-Channel solution.

Our Challenges

The council faces many challenges over the lifetime of this strategy including:

- an increasing population, increasing demand - 11.6% population increase since 2011 and projected to continue to increase
- an ageing population, increasing demand on our care services - there has been an increase of 19.4% in people aged 65 years and over since 2011
- an ambitious growth agenda that will impact on our existing infrastructure
- a financial challenge following COVID and increased social care demand
- a new national focus on Levelling Up and a review of local government structure / functions
- meeting current service levels with fewer resources
- an expectation of excellence from our customers and members
- increased scrutiny on spending and best value following intervention
- harnessing the improved digital skills and literacy that the pandemic has influenced within our customer base

These challenges mean the council must take advantage of advances in digital technologies to enable it to deliver more efficient services and streamline our processes.

What we aim to achieve

The outcomes of this strategy over the next three years will be:

- an improved customer journey, through a one front door approach and user-centred design principles. These will be designed to get interactions with customers right first time
- an enabled workforce, equipped with the technology they need to do their jobs effectively – a reduction in manual processes, automation of repetitive tasks and improving processes. This will enable services to focus on complex and specialised work, adding additional value
- a better understanding of our customers through the smarter use of joined-up data. We will use data and analytics to gain insights to improve and make informed decisions
- a more sustainable financial model for the council, where we can improve service delivery while maintaining or reducing costs
- a positive impact on our climate commitment through a reduction in the use of paper and changes to our mailroom and processes. Where practical we can use digital technology to support us deliver a more cohesive and joined-up council through the use of digital tools, increasing cross-functional project work, sharing budgets and goals and being more transparent
- a vibrant digital business sector that contributes to the economic growth of the borough and new developments will be designed with the use of digital technology to improve the public realm environment

Thurrock Digital and Customer Experience themes

Our digital and customer model consists of four themes that aggregate to provide an overall solution that will enable us to harness the potential of digital design, data, customer focus, collaboration, and technology.

The four themes that will enable us to achieve this are:

- **Theme 1 – Digital Thurrock**

We will create a connected place where technology supports and enables - bringing people together, driving economic growth, improving the quality of life, and contributing to Thurrock being a digitally connected place where residents and businesses can thrive.

- **Theme 2 – Digital Customer**

We will create an environment that enables residents, businesses, and partners to interact with the council and access information and services easily when they need them, 24/7 where possible, through the most appropriate channels.

- **Theme 3 – Digital Office**

We will adopt a digital culture and ways of working that lead to service improvements and enhanced operational delivery, equipping our agile workforce with the technology and training they need to deliver where it needs to be delivered.

- **Theme 4 – Digital Foundation**

We will create an environment where our services are always reliable by maintaining a highly available, efficient, integrated and secure infrastructure.

Our approach

We will follow five principles to guide our digital, customer, technology, and data work:

1. Customer Focused

Transformation of our services will focus on meeting the needs of our customers, particularly those who are vulnerable. We will use data to improve our understanding of their needs. developing and planning our services to meet those needs**.**

Our services will be digitally inclusive and simple to use, supporting those who are unable to use digital technologies. We will ensure we provide value for money by measuring success, managing our current performance, and continuously improving. The customer will be at the heart of everything we do, and we will always strive to get it right first time

2. Designed based on data

The data we collect will help inform us about our service users' needs and will be supported by all aspects of this strategy. We will utilise data analysis techniques to manage demand for services, using methods to forecast and predict future events where possible, making us more agile and responsive.

Our solutions will be secure by design, protecting people's personal and identifiable data through robustly applying GDPR (General Data Protection Regulations) principles and cyber security will be designed in to all our systems, changes, and processes.

3. Collaboration

Our staff and customers will be able to securely use our platform and services at any time from any location using their device of choice. We will give people the space they need to deliver, sharing knowledge and working in an open and transparent way with our partners and with other sectors e.g., community, faith, and voluntary organisations.

4. Continual service improvements

We will design cost effective solutions, ensuring these are cloud based to enable Thurrock Council to become more sustainable and resilient. We will continually improve our processes, taking advantage of advances in technology. We will aim to make our digital channels so good that our customers prefer to use them.

5. Digitally and customer focused, empowered workforce

Our workforce will be digitally skilled. We will invest in their development and enable them to be creative and innovative. We will work with them to understand what they need to provide the best possible service.

Theme 1 – Digital Thurrock - We will create a connected place where technology supports and enables - bringing people together, driving economic growth, improving the quality of life, and contributing to Thurrock being a digitally connected place where residents and businesses can thrive

The outcome aims of this workstream are that:

- more people in Thurrock have better access to information via technology
- Thurrock has a digitally capable population who can access the jobs of tomorrow and employers can access a locally grown, technology-savvy workforce
- Thurrock develops a vibrant digital business sector that contributes to the economic growth of the borough
- businesses choose to stay and grow in Thurrock
- new developments are designed for a digital future

To do this we will:

- deliver a council-wide transformation programme enabled by technology to meet our customer needs through User-Centred Design and a Human Learning Systems approach
- support services, existing community groups and strategic partners to put digital enablement and skills where people can find them easily
- support development of assistive technology to improve the quality of life for our older and more vulnerable customers and leverage the benefits of AI (Artificial Intelligence)
- review our websites, making them more accessible where appropriate
- review all current digital services, technologies and platforms giving us the solid-data and platform we need to plan effectively for future service provision
- improve the connectivity and access to the internet by deploying enabling technologies such as a new WAN, 5G, LoRa WAN and public access Wi-Fi
- develop ways to improve the management of public assets for services such as smart parking, smart benches, and digital signage
- improve our use of data to provide more intelligent analytics to better predict needs and requirements for social care, health, housing, and planning
- support technology delivery for integrated medical centres
- support delivery of new digital services to improve customer and user experience
- design new developments and infrastructure to encompass digital technologies by default
- develop new testing regimes to ensure that contractors charged with designing software deliver on design specifications, and user-friendliness is verified through ‘mystery shopper’ style exercises.

Digital Thurrock - Progress so far:

- successfully secured £4m of Government funding to deliver a Local Full Fibre Network, significantly improving access to the internet for Thurrock and surrounding areas. We have also secured a further £2.5m to increase the coverage across Essex
- implemented a £400k technology modernisation programme at all our libraries. As a result, people can access our services via tablet kiosks, access the internet, undertake personal computing and printing, attend coding clubs with the introduction to IT taster sessions
- hosted the GovRoam service, enabling other local authorities in Essex to work seamlessly at other Essex sites

Theme 2 – Digital Customer - We will create an environment that enables residents, businesses, and partners to interact with the council and access information and services easily when they need them, 24/7 where possible, through the most appropriate channels.

This theme builds on the progress and success from our previous Customer Services Strategy for 2017-2020 which had a high focus on improving customer service and enabling our customers to transact with us digitally wherever possible. It also included many new initiatives such as a customer services modular training programme, development of a customer promise and extensive face to face support to help our residents utilise our online services. These things along with the necessity to do things differently throughout COVID-19 have created the foundations for the next steps of our digital and customer experience journey. In a modern world, we believe that most who can, will opt to access self-service systems, at a time that suits them, however, we will commit to ensuring that face-to-face is available in a timely manner, when help is needed to use self-service technology, or when issues of a sensitive or complex nature need more urgency and attention than a digital interaction.

The outcome aims for this workstream are:

Customers

- will have the best possible experience whatever channel they decide to use
- will find it easy to contact us when it is convenient for them and will get a response which resolves their issue, query or need right first time
- will find the service they receive digitally is good enough to confirm our belief that residents who are digitally literate do choose to contact us in this way all the time, where appropriate
- will be engaged in the development of services, involved in testing new and changing ways of contacting us and see their feedback acted upon
- will benefit from proactive action by our teams and our partners to increase digital skills, access to digital equipment and better digital connectivity around the borough
- will see that we have a better understanding of their needs and are able to personalise services, both through increased levels of engagement and better use of data
- will have confidence that we are an organisation that is committed to ensuring the best possible customer experience, having the staff support and culture to achieve this
- will see us taking a proactive approach to resolving issues in the borough which affect them, before they need to contact us
- will understand we protect our telephone and appointment services to enable focus for these to be given to our most vulnerable residents
- will find our information accessible and easy to understand

Partners

- we will make contacting us and transactions as simple as possible for them
- we will work collaboratively to ensure we are delivering joined-up services where possible
- close collaborative working will allow us to share our data and access each other’s open data more easily, to help us ensure we are using what we know about our customers to better meet their needs
- our partnership working will benefit from us having a clear strategy in place

Employees

- will have the skills, data, and technology they need to deliver the best possible customer experience
- will be supported to turn ideas for improving the customer experience into action
- will feel supported to engage with their customers when developing a new service or way for residents to contact us

To do this we will:

- review and agree service response times for service requests and emails for all services to ensure consistent standards and that customers' expectations are set
- increase the number of services that can be purchased via our online payment platform
- review our customer access operating model, aiming to reduce unnecessary contact channels wherever possible, such as generic email addresses
- explore how technology can enhance our contact centre offering through the provision of Omni-Channel, service automation and artificial intelligence
- improve our knowledge of our customers by continuing to develop our “single view of” technology
- continue with our Right First Time customers service training for our employees, adapting this to continuously meet the needs of our constantly changing digital climate
- develop additional mechanisms to involve and engage with our customers
- continue with our customer services quality framework across council services to ensure a consistent level of service is being provided across all teams
- utilise new methodology for designing customer solutions such as Human Learning systems, which will encourage us to work with people listening to them, understanding what matters to them, learning from them, and working together
- prioritise completion of our Data Strategy and utilise our data effectively
- continue to review feedback from our customer satisfaction surveys and compliments, explore technology for customer visibility of complaints, and ensure appropriate learning mechanisms remain in place for complaints and elected member enquiries
- continue to join up across the council to share information digitally such as Tell Us Once so that customers don’t have to contact several departments
- continue to benchmark across local government and with the private sector to identify opportunities to improve further
- support our residents to access our services through their free entitlement to digital skills training
- continue to monitor high call volumes outside of the contact centre to identify online development opportunities to remove the need for customers to call, or, if not, move some transactions into the contact centre. This may help free up time in the back-office to focus on those tasks that often require a distinct set of skills
- work closely with colleagues in our communications team to make sure that our customers get the right messages, at the right time, using the multiple communications channels open to us. We will utilise feedback to improve the way we communicate and make better use of existing tools to market new opportunities as well as providing improved service updates that are targeted to individual’s needs
- ensure our online information is accessible, up to date, accurate, easy to understand and designed with our customers in mind
- ensure we have the right metrics and processes through which customer satisfaction, demand and digital take up can be measured and evaluated
- ensure that appropriate digital employee feedback mechanisms are in place

- review our contact centre opening hours to ensure the most effective use of resource
- consider if additional transactions should be online only, to enable additional resource to focus on supporting our digitally excluded and vulnerable customers
- create a new business plan for our registration service to enhance the offering to our customers within our new premises, including live streaming of ceremonies
- continue to operate Language line and Sign video to support customers with language and hearing difficulties

Digital Customer – Progress So Far

- We have invested in a new 24x7 payment platform that enables people to make a secure payment at a time that is convenient to them.
- As of July 2022, over 72% of residents pay their Council Tax via direct debit. We are looking to further increase the number of services through more webforms that are available online.
- Our online self-service platform MyAccount has over 45,000 people signed up to it with over 13,000 people managing their Council Tax accounts via the Thurrock MyAccount. Residents can also report environmental service requests, such as fly tipping, although it is recognised more needs to be done to build trust and faith that when this system is used, that users are able to check the status of their case, and they see a tangible outcome that matches reasonable expectations and requests. 95% of all bulky waste requests are now done online. Our residents can also use MyAccount for services such as housing benefits and reporting missed bins.
- Approximately 900 employees have already attended our Customer Services Modular training programme
- Our Customer Services Quality Framework, which was recognised by the Customer Contact Association as leading practice, has been completed in several departments already, highlighting areas for improvement and associated action plans
- New customer service delivery model developed to ensure assistance is provided to our vulnerable residents, building on delivery model changes implemented during COVID-19.
- Developed a single view of debt to enable specific support for vulnerable service users
- Achieved global standard accreditation from the Customer Contact Association for our Customer Services Team
- Supported thousands of customers to move from traditional contact methods such as face to face to utilise our digital channels
- Libraries have supported digital inclusion with free PC usage, reduced printing rates, free electricity usage for their devices, staff and volunteers assisting and supporting people to get online
- Over 16000 residents have attended Wiser4IT sessions
- Job seekers training is offered which includes training on how to use Zoom and Teams
- Basic IT, iPad, tablet, and smartphone training is provided for internet searching, online safety, shopping, price comparison, social inclusion, keeping contact with family and friends, etc.
- Successfully bid and won the good Things Foundation National Databank allowing us to examine each area of Thurrock in detail, its level of digital literacy and poverty levels to better direct our services . From this bid libraries have also secured a number of Gifting Virgin02 , Vodaphone and 3mobile SIM cards /Data and text/call minutes that can be given out freely to residents who cannot afford Broadband.

Theme 3 – Digital Office - We will adopt a digital culture and ways of working that lead to service improvements and enhanced operational delivery, equipping our agile workforce with the technology and training they need to deliver where it needs to be delivered. We will embrace smarter working and create a digitally enabled workforce that is focused on delivering outcomes with bureaucracy minimised through automation.

Our staff are passionate about their work. They want to do the best job possible for our customers and to enable them to do that our technology offer will match that ambition. To create our digital office, we will use management information more effectively, further embrace smarter working, provide a wider range of devices to work from, embed our digital skills programme and improve and streamline our estate of business applications.

The outcome aims of this workstream are that:

- performance is better managed across the council, its partnerships, and contracts
- staff can focus on complex decisions, as repetitive and time-consuming tasks become automated
- our staff can work in the most appropriate location for the tasks they are doing rather than in a fixed office location, with the requisite that location of work creates the best possible outcome for the service user
- our staff are digitally capable of performing the roles expected of them
- our technology enables our staff to be more collaborative and resilient
- our staff become more efficient due to their use of improved devices and applications that meet their business needs

To do this we will:

- enable our staff to focus on higher value activities through embracing the use of Robotic Process Automation (RPA) and digitising forms and business process through our Digital Efficiencies programme
- build on our use of digital meetings and associated technology to increase collaboration between teams, increase efficiency and reduce the level of printed paper
- ensure that our staff are equipped to do their jobs effectively by regularly reviewing their needs and refreshing the equipment they use, when required
- review the applications used by our services and consolidate where appropriate.
- continue our digital skills programme to ensure that our workforce is digitally capable of delivering the tasks that are expected of them
- standardise and automate our approach to cross-functional using, sharing, and enhancing the value of data by standardising data sets, the use of automation and streamlined processes
- create and utilise management dashboards to make virtual real-time information available to support better and quicker decision making

Digital Office – Progress So Far

- We have equipped our staff, so they can work at the best location for them to ensure that the services they provide meet the highest possible outcome expectations. Through our smarter working programme, we are aligning our accommodation to enable our staff to work more collaboratively, reduce silos and create a platform of openness through ensuring adequate physical 'team time' to ensure creative value and innovation generation which can be lost via purely digital means
- We have launched our Digital Academy to help upskill our employees at all levels, so they can utilise our new technology and apply it in the workplace
- To enhance our Smarter working credentials, we have implemented Oracle Cloud platform and are currently implementing the Microsoft 365 suite of applications. To ensure these new digital technologies are embedded within the organisation our Digital Academy and skills training syllabus is embedded in the Corporate Training programme
- To provide a better online computing experience for all our staff and visitors we have built a new high quality Wi-Fi service. We are also investing in a new future proofed Wide Area Network to ensure we have the same digital capability at all council sites.
- In order to achieve savings and efficiencies, by freeing our staff to focus on more complex work, we have invested in a robotic process automation platform that will automate some less complex, labour-intensive processes
- We have introduced the 4Me enterprise service management tool for seamless collaboration between internal customers and the IT Service. This enables staff to self-serve their requests and has removed the need for paper forms. This migration to self-service is reducing the number of telephone calls to the service desk which is freeing staff time up to focus on other tasks.

Theme 4 – Digital Foundation - We will create an environment where our services are always reliable by maintaining a highly available, efficient, integrated and secure infrastructure.

The outcome aims of this workstream are that:

- at least 50% of our people can carry on working in the event of a disaster to allow services to continue
- the information we hold about people is secure
- our network is available 99.9% of the time
- more staff say our IT platform meets their needs

To do this we will:

- continue to expand on our M365 platform to enable smarter working, application rationalisation and greater collaboration within the council and our partners
- deliver a consistent, fit for purpose IT experience for all our staff by upgrading our LAN and WAN offerings, deliver an improved Wi-Fi experience from all our settings
- provide the latest digital solutions in line with business requirements to ensure we deliver a consistent approach
- develop a fit for purpose IT service model that meets the requirements of our workforce
- develop our use of automation technologies to drive efficiencies in our processes
- improve our resilience by removing the remaining single points of failure from within our technology infrastructure

- Ensure an annual review of our IT Infrastructure Backup and Security Resilience Risk Assessment is completed, with reasonably practicable mitigation actions executed as identified.

Digital Foundation – Progress So Far

- We have designed and built a new state of the art Data Centre. This has removed a significant risk for the council and enhanced our disaster recovery capability whilst also reducing our carbon footprint. We have identified and removed single points of failure within our infrastructure to make it highly available
- We have responded to the change in working practices by investing in laptops for our staff and the introduction of “Always On” VPN technology. In addition, we have invested in our virtual desktop by building our new ‘Connected Workspace’ platform capable of providing staff a high-quality computing experience which is available 24 hours a day.
- We have started our migration to Microsoft 365 by delivering a new online email service and implementing MS Teams across the organisation.
- To provide a better online computing experience for all our staff and visitors we have built a new high quality Wi-Fi service. This is now being rolled out to key council sites and over the lifetime of this strategy all council sites will be provisioned with this service.

Next steps and measuring success

To ensure delivery of the vision and outcomes outlined within this strategy, an action plan is in progress including all actions listed within this document along with owners and timescales. This will be monitored via Digital and Demand Board and as part of our overall transformation programme.

The board includes representatives from across the organisation and provides the governance for projects and new initiatives to ensure a collective, digital-first approach and continuous assessment against this strategy and the required outcomes.

7 December 2022	ITEM: 13 Decision: 110631
Cabinet	
Housing Allocations Scheme Update 2022-23	
Wards and communities affected: All	**Key Decision:** Key
Report of: Councillor Luke Spillman – Cabinet Member for Housing	
Accountable Assistant Director: N/A	
Accountable Director: Ewelina Sorbjan – Interim Director of Housing	
This report is Public	

Executive Summary

This report outlines the reasons why local authorities are required to have an up-to-date Housing Allocations Scheme – referred to locally as the Housing Allocations Policy.

It goes into further detail to set out the context surrounding several areas of the existing policy where engagement feedback indicated needed updating.

Finally, the report recommends changes that the council should make to the Housing Allocations Policy. These will ensure that the document adapts, remains fit for purpose, meets the needs of residents seeking to access the Housing Register and supports the delivery of the aims, objectives and principles of the Housing service and wider organisation.

1. Recommendation(s):

1.1 Cabinet are asked to agree the recommended changes to the Housing Allocations Policy as set out in sections 3.2, 4.2, 5.2, 6.2, 7.2, 8.2, 9.2, 10.2, 11.2, 12.2 and 13.2.

2. Introduction and Background

2.1 Thurrock Council has a legal obligation to allocate properties in line with a Housing Allocations Scheme formally adopted by the council. The scheme has to comply with current legislation, regulation and case law. The council implemented the current scheme in 2013 in response to the Localism Act 2011, which gave increased powers to determine local priorities when defining how properties should be allocated.

2.2 Since 2013 the policy and procedure have been reviewed frequently; however, the council completed the most recent update in April 2019. It was necessary to review the Housing Allocations Policy again to ensure it remains fit for purpose, delivering against the aims and objectives of the Housing Strategy 2022-27.

2.3 In Thurrock, as with most boroughs, the demand for housing exceeds availability. There are increasing numbers of people in Thurrock who are in need of a home, and many more existing tenants with a priority need to move.

2.4 With a limited amount of properties available through the council and increasing house prices in the private and owner-occupied sectors, the reality is that many households face long waits for suitable and affordable settled accommodation that is fit for purpose. The shortage in the supply of affordable homes is becoming an acute problem across the region, and these pressures are expected to intensify over future years.

2.5 As a result, the current Housing Allocations Policy has to be revised to ensure that local people with the highest need for settled accommodation in Thurrock are supported appropriately.

2.6 Below is a snapshot of the current Housing Register, which comprises two lists: the 'Housing Waiting List' (including Bands 1 to 5) and the 'Transfer List'.

Band	Number of applicants	% of overall housing register
1	4	0.1%
2	148	2.2%
3	543	8.1%
4	4007	59.9%
5	425	6.4%
Transfer List	1560	23.3%
Total	**6687**	**100%**

2.7 Those in Band 1 have the highest priority to be rehoused, such as those experiencing violence or threats of violence (including domestic and sexual

abuse). It also features council tenants whose properties require demolition or major refurbishment where the tenant would no longer be able to remain at the property.

2.8 Applicants awarded a Band 2 priority include those with an urgent medical or care need to be rehoused, tenants who are under-occupying by more than one bedroom or succeeding to an under-occupied tenancy.

2.9 Those awarded a Band 3 priority include homeless applicants who are owed a homeless duty, those who have a medical or care need to move, those moving on from care or supported housing, those who are overcrowded by two or more bedrooms and those who are under-occupying by one bedroom.

2.10 The Band 4 priority is awarded to applicants who are not adequately housed but do not meet other priority criteria. It is also awarded to applicants who are adequately housed with a valid notice to quit and non-statutory homeless applicants.

2.11 Lastly, applicants placed in Band 5 on the 'Housing Waiting List' are considered adequately housed and have no priority need to be re-accommodated. This banding is now only used for those eligible for Sheltered Housing.

2.12 The ‘Transfer List’ is specifically for current Council and Registered Provider tenants in the borough with no priority need but who wish to move to a different property.

3 Financial Qualification Thresholds

3.1 Context

3.1.1 To qualify for the 'Housing Waiting List' and then to be offered a property at the point of successfully bidding on a property, the savings, assets or annual income for the application must be below the set financial threshold. The paragraphs below set out the approach to calculating the proposals as defined in the above table.

3.1.2 According to the Joseph Rowntree Foundation, the maximum Housing Cost to Income Ratio (HCIR) for accommodation to be considered to be affordable would be 1:3. This means that if a household is spending more than a third of its net income on accommodation costs, that accommodation would not be deemed to be affordable.

The methodology for calculating the above financial thresholds considered the borough's average private rents and average property purchase prices. The data was provided by a release from the Hometrack market intelligence system with up-to-date data in October 2022.

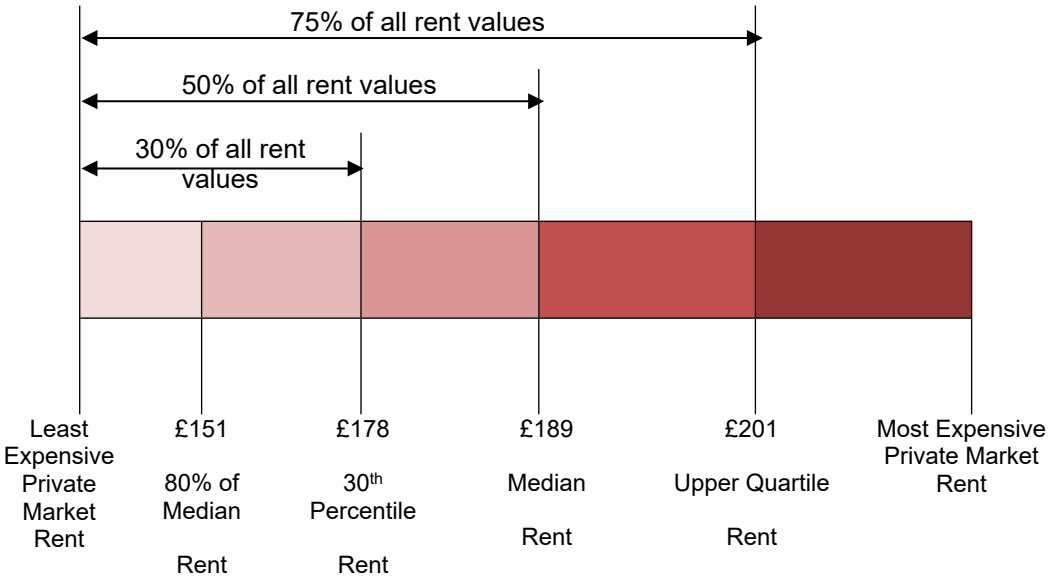
3.1.3 Whilst only one measure for the average property purchase price was included within the available data, a range of private rent statistics was provided by Hometrack. These were:

- 30th Percentile – this statistic indicates the rental amount that 30% of private market rents fall below.

- 80% Median – this statistic indicates 80% of the value of the average market rent, used for calculating 'affordable rent' in line with the Government definition.
- Median – this statistic indicates the value in the middle of the range of private market rents and can be identified as the average market rent.

- Upper Quartile – this statistic indicates the value that 75% of private market rents fall below.

The below chart puts these definitions into context, displaying these statistics concerning the least and most expensive private market rent amounts for one-bed properties.



3.1.4 In calculating rental affordability, the calculation took the weekly accommodation cost, multiplied by 52 to give an annual accommodation cost, and then multiplied by 3 to determine the affordability threshold in line with the maximum recommended HCIR.

3.1.5 For determining property purchase affordability, the calculation simulated a scenario where a first-time buyer was attempting to join the housing ladder. Therefore, the calculation assumed that a first-time buyer would purchase a property with a 95% mortgage.

Repayments were to be made over 35 years with an interest rate of 5,33%, as the average standard variable rate was approximately that amount at the time of the calculation. This calculation gave the monthly repayment amount before

being multiplied by 12 to establish the annual cost of the mortgage and then by 3 to determine the affordability threshold according to the maximum recommended HCIR.

3.1.6 The table below shows the result of the calculations to determine the net income required for rental and property purchase affordability.

	1 bed		2 bed		3 bed		4 bed	
	Average cost per week	Annual Net Income Required	Average cost per week	Annual Net Income Required	Average cost per week	Annual Net Income Required	Average cost per week	Annual Net Income Required
Private rent - 30th Percentile	**£178**	**£27,768**	**£225**	**£35,100**	**£300**	**£46,800**	**£390**	**£60,840**
Private rent - 80% Median	£151	£23,556	£194	£30,264	£258	£40,248	£314	£48,984
Private rent- Median	£189	£29,484	£242	£37,752	£322	£50,232	£392	£61,152
Private rent - Upper Quartile	£201	£31,356	£276	£43,056	£345	£53,820	£431	£67,236
	Average Purchase Price	Annual Net Income Required	Average Purchase Price	Annual Net Income Required	Average Purchase Price	Annual Net Income Required	Average Purchase Price	Annual Net Income Required
Property Purchase	**£160,189**	**£29,721**	**£302,909**	**£56,201**	**£350,003**	**£64,938**	**£466,262**	**£86,509**

3.1.7 The most recent earnings by place of residence dataset published by the Office for National Statistics gives the below median and mean gross salaries for Thurrock. A calculator has been used to show the net income based on deductions for income tax and national insurance for the 2023/24 financial year. This calculation does not include any student loan or employee pension contributions. The net income is considered against the financial thresholds as set out in the Allocations Policy.

	Gross	Net (2023/24)
Thurrock Median Salary	£29,355	£24,153
Thurrock Mean Salary	£33,139	£26,764

3.1.8 Related activity has also been carried out to calculate the maximum gross annual income for each proposed financial threshold, which can be seen in the table below. The column for joint income displays two equal joint incomes with a combined total below as an example.

Property Size	Net (2023/24)	Gross (single income)	Gross (joint income)
Single person	£27,700	£34,496	N/A
1 bedroom	£29,700	£37,395	2x £15,872 (£31,744)
2 bedroom	£56,200	£80,638	2x £35,075 (£70,150)
3 bedroom	£64,900	£95,638	2x £41,380 (£82,760)
4+ bedroom	£86,500	£141,555	2x £58,311 (£116,622)

3.1.9 As evidenced in the tables above, both the net median income and net mean income for the borough are lower than the proposed financial thresholds. This information, in conjunction with the approach taken to calculate the financial thresholds, significantly reduces the likelihood of a household's income is too high to qualify for the Housing Register but below the income required to find affordable accommodation in the private market.

3.2 **Recommended Change**

3.2.1 The table below sets out the current and proposed thresholds and the rationale for reaching each figure. The general approach to set the Housing Register financial qualification thresholds was to take whichever was the highest required net annual income between the 30th percentile private rent and the property purchase price by bedroom size.

3.2.2 It is recommended that the below-proposed thresholds are adopted.

Property Size	Current Threshold	Proposed Threshold	Rationale for proposed threshold
Single Person	£24,000	£27,700	1 bed need, but reflects the £2k variation between single person and 1 bed thresholds from current criteria
1 Bed	£26,000	£29,700	£29.7k required for property purchase
2 Bed	£37,000	£56,200	£56.2k required for property purchase
3 Bed	£47,000	£64,900	£64.9k required for property purchase
4 Bed	£60,000	£86,500	£86.5k required for property purchase
Sheltered Housing	£179,000	£203,600	Market rate for leasehold purchase of retirement property (£180,000) plus allowance for 10 years of service charges (£23,600)
Extra Care	£229,000	£284,000	Market rate for leasehold purchase of extra care property (£230,000) plus allowance for 10 years of service charges (£54,000)

3.2.3 It is recommended that the financial thresholds are included in the Housing Allocations Policy as a separate appendix. This approach will allow for these to be updated annually, even if the overall policy is not revised, to ensure they remain accurate and reflective of the cost to secure suitable private sector accommodation in Thurrock.

4 Sheltered Housing

4.1 Context

4.1.1 Sheltered housing is designed and built with the needs of older people in mind. Most sheltered housing schemes are made up of one-bedroom flats or bungalows, although there are a very limited number of two-bedroom properties. Sheltered housing enables people to live in their property with the security of a sheltered housing officer in case any assistance is needed. The sheltered housing officer also makes a courtesy call to every tenant each morning and is there to provide support.

Most sheltered housing schemes have communal halls where activities take place daily, so there are opportunities to socialise with others.

4.1.2 To be eligible for these schemes, applicants must be:

- 60 years and over, or
- aged 55 to 59 years for people with significant health and/or mobility challenges (in receipt of Higher Rate Disability Living Allowance (Mobility or Care element) or Enhanced Rate of Personal Independence Payments (PIP)

On a case-by-case basis, the council may allocate a sheltered property to an applicant below the age ranges outlined above if there is a need for housing-related support, and the environment of a Sheltered Housing complex would allow the applicant to live independently.

4.1.3 Although the eligibility criteria have been established for some time, there are benefits that the council and applicants can realise through a reduction of qualifying ages. Following a person-centred approach, more offers are being made to applicants below the current age criteria where Sheltered Housing offers the most appropriate route to suitable housing.

4.2 Recommended change

4.2.1 It is recommended that a change is made to the age eligibility criteria. The proposal is that to be eligible for these schemes, applicants must be:

- 55 years and over, or
- aged 50 to 54 years for people with significant health and/or mobility challenges (in receipt of Higher Rate Disability Living Allowance (Mobility or Care element) or Enhanced Rate of Personal Independence Payments (PIP)

On a case-by-case basis, the council may allocate a sheltered property to an applicant below the age ranges outlined above if there is a need for housing-related support, and the environment of a Sheltered Housing complex would allow the applicant to live independently.

5 High-Rise Allocations

5.1 Context

5.1.1 The housing service has been undertaking significant work to understand the support needs of residents living within the council-owned high-rise residential tower blocks in the borough.

5.1.2 Other factors, such as the disproportionate impact of the Grenfell Tower fire on residents with disabilities and new building and fire safety regimes introduced through the Building Safety Act 2022, have led the housing service

to consider the suitability of high-rise residential tower blocks for residents unable to self-evacuate if necessary in the event of an incident or emergency.

5.1.3 It is important to note that the 'Stay Put' policy remains in place in the event of a fire at blocks of flats, meaning that residents should not evacuate unless the fire is inside their flat or they are affected by heat or smoke.

5.2 Recommended Change

5.2.1 It is recommended that the housing service will no longer make allocations of high-rise properties for those with a medical condition or disability, which would mean that the resident is unable to self-evacuate safely from their property in the event of an incident or emergency, if necessary.

5.2.2 It is also recommended that a priority banding is created to support those already living in high-rise properties but, due to a medical condition or disability, are identified as being unable to self-evacuate safely from that property in the event of an incident or emergency if necessary.

It is proposed that this new priority is awarded under Band 2.

6 Band 4 Cumulative Need

6.1 Context

6.1.1 Band 4 of the Housing Register exists for applicants with a general housing need but who do not meet the criteria for a higher priority. Examples of the housing needs considered under this band are listed below:

- Applicants who are adequately housed but who have been issued a valid notice to quit
- Applicants who are not adequately housed – applicants living in privately rented or other non-social housing accommodation and
- Applicants who are not adequately housed in terms of size, suitability or affordability but who do not meet the criteria for the reasonable preference groups
- Non-statutory homeless applicants – homeless or threatened with homelessness
- Applicants with rent arrears on a current tenancy or council tenancy within the last six years

6.1.2 Where there is a combination of these needs within a household, or where there may be multiple reasons why a household is considered not adequately housed under band 4, the need to be rehoused becomes more urgent.

6.1.3 The Housing Allocations Policy makes provision to award a band 2 priority where a household has two or more ‘band 3’ priority needs in recognition of a more severe or urgent requirement to secure alternative accommodation.

6.2 Recommended Change

6.2.1 It is recommended that when an applicant or their household has two ‘Band 4’ priority needs, the effective date on the application is backdated to reflect this additional level of need by six months. For each additional ‘Band 4’ priority need identified, the application effective date can be backdated by a further six months.

6.2.2 This change aims to increase the likelihood of such an application being successful when bidding on a property without significantly changing the overall banding structure of the Housing Register.

7 Identity and Eligibility Verification

7.1 Context

7.1.1 If an applicant is successful in bidding for a property and has been shortlisted as one of the top six bidders, the Housing Allocations Policy outlines that they must provide documents to support their application.

7.1.2 Only original documents will be accepted at the point of offer. Except in exceptional circumstances, applicants who cannot provide the correct documentation to support their application within two working days of the accommodation offer will be bypassed for that offer.

Evidence can include photo ID, such as a passport or driving licence, or in some circumstances, a birth certificate.

7.1.3 In some cases, applicants may not have the required documentation for one of a variety of reasons. In the case of an applicant fleeting domestic abuse, it may be unsafe for them to return to their usual place of residence to collect documentation, or applicants may not always have access to or know the whereabouts of identity documentation, such as in the case of care leavers.

7.1.4 Due to the time pressures of reletting void properties, the two-day deadline could cause undue stress and worry to vulnerable applicants if they cannot obtain or gain access to their documentation.

In such cases, the applicant (and their household, if applicable) may be known to another service or professional within Thurrock Council, perhaps for an extended period.

7.2 Recommended Change

7.2.1 It is recommended that when formal documents are not available to prove identity, such as a birth certificate or passport, professional verification of

identity will be accepted, particularly for care leavers, but also at the discretion of the Housing service.

8 Reciprocal Offers

8.1 Context

8.1.1 A reciprocal housing scheme enables individuals and families at risk of domestic abuse or violence and with a social tenancy to move to a safe area whilst retaining their tenancy. It is a formal collaboration between social housing providers.

8.1.2 A reciprocal scheme ensures survivors do not have to approach a local authority as homeless and potentially be offered private rented accommodation without any security of tenure when they had to flee their secure tenancy through no fault of their own.

8.2 Recommended Change

8.2.1 It is recommended that a position statement is included within the Housing Allocations Policy to clarify the position of Thurrock Council in its approach to accepting requests for reciprocal arrangements and the aims for the types of properties offered.

8.2.2 It is recommended that within the statement, it is clarified that the council will seek to offer an alternative property in Thurrock on a like-for-like basis, intending to match as closely as possible to the property size and type that the survivor of domestic abuse or violence has left for their safety.

9 Direct Offers for Homeless Applicants

9.1 Context

9.1.1 Under the current Housing Allocations Policy, homeless applicants who have been awarded a priority under Section 10.7.1 (homeless applicants owed the main housing duty) will be given four weeks to bid for suitable properties.

9.1.2 If the applicant fails to bid for suitable properties within the priority time limit, the Housing Allocations Team may make a direct offer of suitable accommodation to meet its statutory duty and to minimise the use of temporary accommodation.

9.2 Recommended Change

9.2.1 It is recommended that the four-week priority time limit is removed. In practice, this policy element prevents direct offers from being made until the period expires. It can cause unnecessary delays and increase temporary accommodation usage, especially when making a direct offer could be the most suitable action to support such an applicant to move into secure, stable accommodation.

10 Priority Banding for Foster Carers

10.1 Context

10.1.1 The Housing Allocations Policy makes provision for applicants who have been assessed and approved by the council to foster or adopt a child but cannot do so until larger accommodation is provided, to be awarded a band 3 priority.

10.1.2 There is, however, a conflict between how this priority is awarded and the approval process for foster carers within Children's Services, which risks causing the application to become a foster carer to stall.

10.2 Recommended Change

10.2.1 It is recommended that those in advanced stages of being accepted as foster carers be awarded a band 3 priority for being rehoused in a larger property (if an extra bedroom is required). The recommended change will allow their application to become a foster carer with Children's Services to progress to completion.

11 Extra Care

11.1 Context

11.1.1 The council can make offers of accommodation or nominations for vacant extra care properties at two schemes in the borough – the council-run Piggs Corner and the Anchor Hanover operated Elizabeth Gardens.

Eligibility criteria for these properties include the need for extra care support. However, applicants must also be eligible for a nomination of social housing, which means they must qualify in the usual manner for an allocation, i.e. they must have the appropriate local connection in line with the Council's Allocations Policy.

11.1.2 Applicants are also assessed for the number of bedrooms they require according to their household size. A single person or couple would typically be eligible for a one-bedroom property; however, there may be situations where two bedrooms are required - for example, where there is a need for a live-in carer or to accommodate large medical equipment.

11.1.3 The council has no difficulty nominating applicants for the one-bedroom flats but often cannot find applicants who qualify for the two-bedroom flats. Many applicants who qualify for a one-bedroom flat would like a two-bedroom property but do not qualify for a property of this size under the Housing Allocations Policy.

Subsequently, there have been several occasions when the council do not have nominees for two-bedroom flats, and Anchor Hanover has allocated properties to people on their waiting list. This has been possible as their waiting list has different criteria, meaning that allocations to applicants from

outside the borough could be made without the six-year local connection required by Thurrock Council.

11.2 **Recommended Change**

11.2.1 It is recommended that where no waiting applicants meet the criteria for a two-bedroom property specifically designed for older people, the property can be offered to a couple or single person (still subject to the other eligibility criteria for social housing as outlined).

12 Working Households

12.1 **Context**

12.1.1 Thurrock Council allocates a maximum of 20% of its advertised properties for applicants with a member of the household who is working.

The 20% would include properties advertised for the Housing Waiting List and the Transfer List, and only those with 'working household' status can bid for these properties.

This represents:

- maximum of 15% of all properties advertised – only for working Waiting List applicants
- maximum of 5% of all properties advertised – only for working Transfer applicants

12.1.2 For an applicant to be eligible for ‘working household’ status under the current criteria in section 5.8 of the Housing Allocations Policy, employment must currently be permanent and for at least 16 hours per week.

12.1.3 How people access work and the types of contracts held are increasingly different from when the Housing Allocations Policy was last updated. It is increasingly common for people to hold zero-hour contracts over extended periods; however, the current policy would not recognise such applicants as 'working households'.

12.1.4 The Housing Allocations Policy does not explicitly refer to self-employed applicants seeking to secure ‘working household’ status. This omission makes it difficult for officers to best support those who are self-employed and want to make an application as a ‘working household’.

12.2 **Recommended Change**

12.2.1 It is recommended that the reference to “permanent employment” is removed from the Working Household section of the Housing Allocations Policy. It is also recommended that applicants with zero-hour contracts be awarded 'working household' status. Applicants can provide payslips confirming that a minimum of 16 hours have been worked per week, averaged over 12 months.

12.2.2 It is recommended that the Housing Allocations Policy makes specific reference to those who are self-employed and agree to an acceptance of tax returns being provided to prove the business has been operational for a minimum of 12 months as eligibility to apply for ‘working household’ status.

13 Other Changes

13.1 Context

13.1.1 The Housing Allocations Policy currently has the phrase “exceptional circumstances” featured throughout the document when referring to the ability of the council to exercise discretion in decision-making. This wording presents challenges as it can be considered too ambiguous as there is no definition of what constitutes “exceptional”.

The word "exceptional" also does not support the person-centred approach the Housing service, and wider organisation aims to support, as circumstances should not need to be “exceptional” to make a decision that best helps the applicant and their household.

13.1.2 The Housing Allocations Policy does not currently have specific sections that relate to areas which can be relatively complex and where the council has statutory obligations to provide additional support, such as:

- Members of the armed forces
- Care leavers / looked after children
- Victims of domestic abuse
- Medical referrals

13.1.3 The Housing Allocations Policy currently states that applicants will be expected to pay four weeks' rent in advance unless they are already in receipt of housing benefits (or can prove that they are eligible for housing benefits).

13.2 Recommended Change

13.2.1 It is recommended that the phrase “exceptional circumstances” is removed from the Housing Allocations Policy and replaced with appropriate alternative wording which reflects the focus on a person-centred approach.

13.2.2 It is recommended that the Housing Allocations Policy has specific sections written for the following to provide clarity on how the council will handle applications and any statutory obligations it must fulfil, as well as empowering officers to look at a person-centred approach:

- Members of the armed forces
- Care leavers / looked after children

- Victims of domestic abuse
- Medical referrals

13.2.3 It is recommended that the Housing Allocations Policy be updated to reflect operational changes, stating that only one week of rent will be required in advance by all applicants, regardless of receipt of housing benefits or proving they are eligible for housing benefits.

14 Reasons for Recommendation

14.1 The changes recommended within this report have been designed following significant and detailed levels of stakeholder engagement. A broad range of topics has been covered throughout these sessions.

14.2 The recommended changes within this report will ensure that the Housing Allocations Policy adapts, remains fit for purpose, meets the needs of residents seeking to access the Housing Register and supports the delivery of the aims, objectives and principles of the Housing service and wider council.

15 Engagement (including Overview and Scrutiny, if applicable)

15.1 Engagement to review changes that the Housing Allocations Policy may require started in January 2022 with internal stakeholders from the Housing Solutions service. A plan was developed to determine how best to approach the review, whom the council should engage, and how.

15.2 This plan led to a series of one-to-one sessions with frontline officers within the overall Housing Solutions service to understand how the policy could better support the delivery of positive outcomes for applicants from the perspective of officers but also based on feedback provided by applicants through day-to-day operations. It was an open forum to provide feedback on what currently works well in the policy, areas that could be changed or improved, or where further clarity was needed.

15.3 Following the initial internal engagement, a series of sessions were set up to consult further within the organisation, including those working in the extra care facility, hospital discharge teams, children's services, and external partners such as local housing associations and health partners.

15.4 The council also established a resident-facing engagement portal to gather further evidence and information on what worked well or did not work well in the Housing Allocations Policy, as well as feedback around specific priority areas identified from the initial internal stakeholder engagement.

15.5 Once the council had collated all of the feedback, analysis and assessment of the engagement findings were carried out. Applicable and appropriate changes to the Housing Allocations Policy have been presented within this report. Engagement feedback related instead to internal processes,

procedures or practices that needed to be reviewed or updated has been recorded separately to deliver through subsequent improvement projects.

15.6 The proposed changes have been presented to the Housing Overview and Scrutiny committee for feedback in November 2022 along with a development draft of the revised Housing Allocations Policy.

15.7 Feedback from members of the Housing Overview and Scrutiny Committee included support for the proposed changes. Questions were asked about the contents of the report and other related matters, such as the 'stay put' policy, the services offered within Sheltered Housing, the council's approach to supporting tenants to downsize, and the possibility of renaming the existing 'Band 5' for clarity. A conversation was also held regarding the possibility of fixed term tenancies, however it was shared that the national direction for social housing was to move away from this type of approach.

15.8 The feedback from this meeting has been considered in this report to Cabinet for approval in December 2022 alongside a further development draft of the Housing Allocations Policy.

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

- None

17 Implications

17.1 **Financial**

Implications verified by: **Mike Jones**

Strategic Lead – Corporate Finance

A number of the recommended changes to the Housing Allocations Policy seek to reduce the time which properties remain vacant whilst suitable applicants are identified.

The changes to the age at which applicants become eligible for Sheltered Housing will increase the pool of suitable applicants, targeting a strategic area for improvement by improving reletting times and driving down the void loss in the Housing Revenue Account.

The proposal to remove the four-week waiting period for homeless households before a direct offer of accommodation can be made is anticipated to see a reduction in the use and duration of temporary accommodation placements in the private sector.

The total cost to the HRA in respect of income loss as a result of property voids was estimated to be £0.256m for the financial year to date. This is an average as £90.74 of rent loss per vacant property per week. The £0.256m

anticipated income loss is included as part of the HRA dwelling rent income budget, which equates to £46.547m

In the current financial year, it is estimated that top-up payments though the general fund temporary accommodation for such placements cost an average of £111 per placement per week.

Where appropriate, if a direct offer of accommodation can be made as a result of the proposed change in the policy, the General Fund will save the average top-up cost of £444 through the avoidance of the use of temporary accommodation for the initial four-week waiting period. In addition, the top-up costs for any further time the applicant would otherwise have spent temporary accommodation while alternative permanent accommodation is identified will also be avoided.

The HRA will also benefit from reduction in the level of lost income as a result of voids, with the allocation process being expediated.

These saving will be ratified and considered as part of the 2023/24 budget setting process.

17.2 **Legal**

Implications verified by: **Simon Scrowther**

Principal Lawyer, Litigation

The allocation of housing by local housing authorities is regulated by Part 6 of the Housing Act 1996 (HA 1996). A local housing authority (LHA) must comply with the provisions of Part 6 when allocating housing accommodation (section 159(1), HA 1996). However, subject to this compliance, authorities may otherwise allocate housing in any manner they consider appropriate (section 159(7), HA 1996).

Section 166A(1) of the HA 1996 provides that every LHA must have an allocation scheme for determining priorities between qualifying persons. In formulating or amending its allocation scheme, a LHA must have regard to its current homelessness strategy under section 1 of the Homelessness Act 2002. An allocation scheme may be framed to give additional preference to particular descriptions of people (section 166A(5), HA 1996). However, a LHA must not allocate housing accommodation except in accordance with its allocation scheme (section 166A(1), HA 1996).

As a result of changes made by the LA 2011, with effect from 18 June 2012, LHAs have been able to decide who “qualifies” for an allocation. Accommodation can therefore only be allocated to someone who qualifies under those local criteria (section 160ZA(6), HA 1996). Who qualifies is largely a matter for the LHA (section 160ZA(7), HA 1996). The Secretary of State does however have the power to prescribe classes of persons who are, or are not, to be treated as qualifying persons (section 160ZA(8), HA 1996).

Where changes are to be made to an allocation scheme it is a requirement to consult with those affected by the changes (s105 HA 1985), including Registered Providers.

17.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**

Community Engagement and Project Monitoring officer

Extensive engagement activity has taken place in the process of setting out the proposals included within this report.

17.4 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children

Not applicable

18 Appendices to the report

None

Report Author

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Business Improvement - Housing

7 December 2022	ITEM: 14

Cabinet

Blackshots Estate – Proposals for the Way Forward

Wards and communities affected:	Key Decision:
All	N/A

Report of: Councillor Luke Spillman – Cabinet Member for Housing

Accountable Assistant Director: N/A

Accountable Director: Ewelina Sorbjan - Interim Director of Housing

This report is Public

Executive Summary

This report seeks approval for the development of proposals for the Blackshots estate for consultation with residents.

1. Recommendation(s)

Cabinet are asked to comment and agree on:

1.1 The proposed approach to developing proposals for the future of the Blackshots estate.

1.2 The requirement to carry out essential remedial works to the Blackshots tower blocks.

1.3 The principal of redeveloping the estate to deal with the issues affecting the existing blocks, to provide good quality housing and to enhance the available stock of housing in Thurrock.

1.4 Note that a consultancy budget of £200,000 has been identified from within the existing Housing Revenue Account feasibility reserve to develop proposals for the future of the estate including appointing Independent Tenant Advisers.

1.5 The proposal to commence detailed design and planning for a proposed scheme to consult on with residents and the proposed approach to consultation.

2. Introduction and Background

2.1 This report considers the future of the Blackshots estate in light of the fact that the tower blocks at Blackshots are in need of significant repair.

2.2 Initial consultation has been carried out with residents resulting in a significant majority in favour of the redevelopment of the blocks.

2.3 Early work has been carried out by Council officers from a range of disciplines across the Council to consider potential redevelopment options. This included examination of the relationship with other facilities in the area, including the Leisure centre and to examine constraints and challenges on redevelopment.

2.4 This report examines the work to date and sets out a proposed way forward.

3. Issues, Options and Analysis of Options

Why are Blackshots Tower Blocks a Housing priority?

3.1 Blackshots tower blocks have considerable problems with damp and mould. Complaints about damp and mould across all three blocks are the highest of all tower blocks. As well as resident's understandable complaints, this is an area of political concern, has been the subject of comment at Housing Overview and Scrutiny Committee, and has received focus in the media.

3.2 The Housing department has been clear on the requirement to undertake external refurbishment of the blocks and has procured a contract to undertake these works in the coming months. The current proposals for the Blackshots tower blocks will address some immediate issues at the three blocks in respect of the existing external cladding system, the ventilation of the communal areas and weatherproofing of the structure. It will not however address the overall design and layout of these properties which does not meet the requirements of today's modern living. For example, the kitchens cannot accommodate all modern-day appliances and there is no separate clothes drying space within the blocks.

3.3 The tower blocks last underwent major external refurbishment in the late 1990's with the application of a new thermally insulated cladding system and UPVC double glazed windows being installed. Additional fixings were installed in the panels around 2012 with a five-year projected lifespan. Major works are now required to remedy this permanently.

3.4 Additionally it has been identified that the existing external wall system that has been in place for around 20 years does not conform to current building regulations. The current smoke ventilation system to the individual landings also requires improvements. Other building elements including the roof covering and windows are reaching the end of their technical life expectancy. This situation combined with the latest regulatory framework that has recently been enacted through the parliamentary process forms the fundamental driver for the current tower block refurbishment project.

3.5 The contract for remedial works for the nine Grays Council tower blocks is now in progress. Over the past few months, the Council have been undertaking intrusive investigation of the Blackshots towers to allow for detailed designs of the new system to take place, alongside this the Council commissioned an independent review of the blocks by a consultant to inform the required intermediate approach in view of regeneration taking place.

3.6 The intrusive investigations, and review, have identified that only certain types of new external wall systems can be utilised on the blocks due to the structural design of the blocks and reinforcement strapping that is present under the current cladding system on all three blocks. Whilst the solutions remain entirely possible from a technical aspect, costs associated with a project for new systems on high rise residential buildings are prohibitively expensive to be undertaken as a short- term measure ahead of protentional regeneration, as a result of demand and challenges on that part of the construction sector.

3.7 Therefore, the council are now in a position whereby to undertake intermediate works ahead of pending regeneration to the three blocks, would still mean spending in excess of circa £10m across the three blocks, whilst not upgrading essential items such as windows, and roof coverings. This is clearly not recommended and is not value for money.

3.8 The department is not able to continue to leave the blocks as they currently stand for any protracted amount of time because of the inherent defects. Additionally, it is not possible to remove the existing system and leave the blocks exposed because we are clear this would make the blocks untenable, and conditions unliveable, in a very short period of time.

3.9 Based on the above, the Council needs to establish clarity on the future of the blocks; the need and rationale to undertake the works is very clear. However, these works should only be undertaken as a full building retrofit that will enhance the buildings and their performance and provide better accommodation for our residents for a minimum period of 25 years. This aspect cannot be achieved without significant investment.

3.10 If the clear decision is taken to allow the regeneration approach to proceed, the Council will look at all service led management options at its disposal to ensure these buildings remain safe and secure for the residents in the next few years until the blocks are replaced under the regeneration scheme. This approach would seek to avoid major investment into the tower blocks and works would be limited. Whilst money would need to be spent it would be significantly less than the costs associated with the external wall replacement works. However, this approach can only be considered if we have a set defined period in which we can justify our approach to our residents and the Social Housing and National regulatory bodies.

3.11 Whilst the Council continues to maintain the buildings to safeguard the residents in respect of building and fire safety the new building safety

regulations coming into force from early 2023, will potentially place the Council in a position of self-referral with the new regulatory framework because the existing system on the building does have inherent defects because of the age and condition of the external wall system. Failure to undertake these works or have a demolition and rebuilt option in the near future, will lead to adverse scrutiny and the potential to have interim measures dictated by the regulator.

Establishing the principle of demolition and redevelopment is therefore critical at this time, with a need to progress the development of a solution.

Initial Resident Consultation

3.12 Because of the condition and the standards of these blocks, it is clear that even with a full refurbishment giving a 25-year life span these blocks will no longer meet residents' aspirations.

3.13 Accordingly, an initial survey of residents' wishes was carried out. The results are attached as Appendix 1.

3.14 72 responses were received of which 51 or 71% expressed a preference for demolition, re-planning and redevelopment of the estate.

In light of this, and the condition issues referred to above it is now critical that the principal of redevelopment is established, and that detailed design and development of proposals is commenced in order that residents can be further consulted on the future of their homes and the wider estate.

Redevelopment of the Tower Blocks

3.15 The three existing tower blocks provide 168 homes, 155 council rent and 13 leaseholders in total. Any redevelopment should ensure we replace at least a similar number of rented properties with an affordable product.

3.16 A number of indicative options have been examined by the Council's advisers and concept schemes considered. All the options provide circa 240 units, with apartments and a varying proportion of houses. The schemes would have a maximum height of six storeys. The indicative plans demonstrate the options would create walkable, liveable blocks with attractive amenity spaces with good pedestrian/cycle links.

There may be some aspiration on the part of residents or members to achieve lower storey heights on the replacement buildings. It is important to remember that the existing blocks are 11 storey and quite high density. To achieve the requisite replacement numbers at lower heights and densities will require the use of more additional land, than the footprint of the existing blocks. This challenge is discussed below.

Planning challenges

3.17 Clearly the redevelopment of the tower blocks, the facilitation of swift and comfortable moves for residents and the provision of additional housing are key priorities. However, a number of issues will need to be considered during the design and development process. The proposals will need to be worked through in conjunction with the planning department.

Green belt

3.18 Depending on the final footprint of the proposed scheme, it is possible that it will require the use of an area currently designated as Green Belt, and subject to the progress and outcome of the green belt review associated with the local plan, this would require the demonstration of the Very Special Circumstances required to permit development in the Green Belt. Given members previous concerns about this, work will be done to obviate or minimise this need. However, the lower the storey heights and density sought the greater the pressure on the green belt.

3.19 However, the urgent imperative of dealing with the challenges- faced by residents and the requirements of the Building Safety Act will support the case for Very Special Circumstances in so far as this is necessary.

3.20 The design will also need to deal with the impact of the proposed development on neighbouring housing, particularly with regard to height and massing. There may be a need to strike a balance between the use of land currently designated as Green Belt and the impact on adjacent property. It is important that this is worked up with the planners during the design development process.

Fields in Trust - King Georges Field Blackshots

3.21 Use of the Green Belt and playing field land at Blackshots may change and increase the footprint of the existing buildings. The whole of Blackshots site is dedicated to Fields in Trust and protected through that dedication. Any changes to the use of Blackshots need to be approved and consented by Fields in Trust.

3.22 Fields in Trust usually require replacement land for any land it releases from its current protection. In initial discussions with Fields in Trust, it has been confirmed that in this case replacement land would be required.

3.23 Three parcels of land have been identified as potential options for replacement of land required for the Blackshots redevelopment as follows:

- Chapel Farm
- Land south of Stanford Road
- Horndon Recreation Ground

Alternative suggestions from members or from the public can of course be considered.

Considerations

3.24 Both plots of land close to Blackshots are currently unavailable as they are both implicated in the Lower Thames Crossing and Highways England projects which currently have no fixed deadline. These sites have been initially discussed with Fields in Trust who have indicated that they would consider either as replacement land. Fields in Trust also confirmed that they may be willing to accept a deed of grant that when one or either of these parcels becomes available that they will be granted to Fields in Trust to enable the release of land at Blackshots.

3.25 Fields in Trust will require that any replacement land be sustainable in terms of size and access to be of use in its own right. Essentially any new grant of land would need to be substantial enough to be of use in its own right as amenity space. Any additional land granted to Fields in Trust will likely be substantially larger than land being released at Blackshots.

3.26 While Fields in Trust has indicated they may consider the protection of Horndon Recreation Ground they have a requirement that any replacement land needs to be of use to the local Community who are losing amenity land. While Horndon Recreation Ground is geographically close it serves a distinct community and the Council would need to consider how it would demonstrate that its dedication would benefit the same community which currently uses Blackshots.

3.27 Fields in Trust have indicated that they would consider all three of the above options but would preferably like the opportunity to consider them all together on their merits. On that basis Fields in Trust have requested that any application from the Council presents all three options.

4. Financial Commitments

4.1 At this stage the sole financial commitment is the £200,000 for the design and development of the scheme and the appointment of an Independent Tenant Adviser for the residents.

4.2 Key issues to address during the design and development process will be the level of build costs, financing costs and rent levels. It is fair to say that the very indicative schemes produced so far present viability challenges, which will need to be addressed, but the key issue is to agree a principle of redevelopment and progress towards a viable scheme.

5. Options Considered

5.1 A range of development scenarios have been tested with prime objectives being the redevelopment of the tower block sites, reducing risk of

development within the Green Belt where possible and maximising new housing provision.

5.2 Appendix 2 shows the location of the tower blocks. Keir Hardie House is located in the northern end of Blackshots and the appendix currently shows a red line drawn around the existing residential tower together with the adjoining area for play and garage blocks. An electric sub-station is also at this location.

5.3 Bevan House and Morrison House are located together at the southern end of the estate with the red line drawing shown at the Appendix currently capturing the footpaths entering the access road, the electric substation, and a number of adjoining garage blocks. The nearby dwellings on Laird Avenue are fully excluded from this area.

5.4 The drawings at Appendix 2 are intended to show the location of the existing towers and their immediate vicinity as potential development sites but are not put forward in this report as a boundary line to be agreed. The testing and definition of the development boundary would be considered under the further work described at paragraph 1.4 and form part of future reports.

5.5 Under the scenarios already considered Option 1 showed no Green Belt incursion and options 2 and 3 had minor incursions just south of Morrison House and Bevan House tower blocks. Option 3 showed greater density in the northern site than Option 2. The fourth option tested greater Green Belt incursion at this location in order to reduce densities and provide a broader mix of housing and new homes.

5.6 The approach to parking provision has been to ensure policy compliance typically with 1.5 to 1.7 spaces per dwelling on average with option 4 eliminating the need for undercroft parking, and limited undercroft parking for options 1 to 3.

5.7 Each option has a maximum height of 6 storeys and as noted above aim to improve active surveillance of the adjacent King George's field and create walkable, liveable blocks with attractive amenity spaces.

5.8 Detailed work to arrive at a viable and planning acceptable option is now required. Achieving this optimum solution is now a critical task and will necessitate careful consideration, potentially some difficult choices and compromise. However, as noted elsewhere the principle of development and progressing a scheme is now of the utmost importance.

6. Next steps for resident engagement

6.1 As indicated above, an initial survey and engagement on residents' views on the future of the blocks has taken place. It would now be necessary to appoint an Independent Tenant Adviser to advise tenants as the scheme develops. An indicative timetable is shown below.

6.2 Proposed Milestones are:

- Decision on extent of Towers cladding – Autumn/Winter 2022
- Feedback to tenants - Autumn/ Winter 2022
- Procurement of Resident engagement consultancy – Autumn/Winter 22
- Development of scheme and engagement with residents – Winter 2022
- Cabinet Decision on proposed scheme – Q1 of 2023

7. Public Health Implications

7.1 The demolition and redevelopment of the blocks and the development of new housing will provide a significantly healthier environment for residents and will be in accordance with the recommendations of the Council's emerging public health and wellbeing strategy.

7.2 Public health specialists will be consulted on the design of the redevelopment to ensure the provision of healthy housing and associated space.

8. Reasons for Recommendation

8.1 The report provides an update on proposals for the Blackshots Estate and seeks agreement to carry out essential remedial works and further design and planning work for the proposed scheme.

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

9.1 A report on this matter was prepared for Housing Overview and Scrutiny Committee on 21 November 2022. Due to the timing of publication a verbal update of that Committee's comments will be made at Cabinet.

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

10.1 The development of housing aligns closely with the Council's Vision and Priorities adopted in 2018. In particular it resonates with the "Place" theme which focuses on houses, places and environments in which residents can take pride.

11. Implications

11.1 Financial

Implications verified by: **Mike Jones**

Strategic Lead – Corporate Finance

The direct financial implications of the report are in relation to the required £0.200m expenditure for consultancy service. This expenditure will be contained within the Housing Revenue Account, and the funds have been ear-

marked as part of the existing feasibility reserve. The reserve forms part of the overall HRA funding position and contained an opening 2022/23 balance of £1.274m on the Councils balance sheet.

The output and finding of the consultancy work detailed with the body of the report will, for all options, require significant capital expenditure in future years. This will be considered as part of the HRA business plan and budget setting process. Given the nature of the scheme, a do nothing option will not be viable. The investment required in the assets will be contained and financed within the HRA and will need to be considered as part of the borrowing strategy.

Pending the review of the options, it is not possible at this stage to quantify the required level of investment needed to achieve the preferred option, however, this will be developed as part of the project.

11.2 **Legal**

Implications verified by: **Deidre Collins**

Principal Housing, Litigation and Prosecutions Barrister

The Council has a responsibility under the Landlord and Tenant Act 1985 as amended by the Housing (Fitness for Human Habitation) Act to ensure that their properties are maintained in repair and are fit for human habitation at the beginning of the tenancy and for the duration of the tenancy; and where a landlord fails to do so, the tenant has the right to take action in the courts for against the Council breach of contract on the grounds that the property is unfit for human habitation.

To address this duty the council needs to have a planned maintenance programme with periodic inspections and an effective responsive repairs service.

As this report is an information item there are no direct legal implications.

11.3 **Diversity and Equality**

Implications verified by: **Becky Lee**

Team Manager – Community Development and Equalities

An extensive consultation and engagement exercise has been completed with residents of Blackshots Estate with the results outlined in Appendix 1. An initial analysis of feedback received highlights the redevelopment of the estate is expected to have a positive impact for the health and wellbeing of residents. A full Community Equality Impact Assessment will be completed to

account for the proposed redevelopment and will be the subject of an ongoing cycle of monitoring, review and refreshing by the project team.

Any contractor or consultant appointed by the council to fulfil works associated with the proposals will be directed to the council's CEIA and will be required to fulfil legislative requirements arising from the Equality Act 2010 and Public Sector Equality Duty as standard. Contracts for services and works will include social value measures to be delivered by the provider/contractor and will be directed in line with the council's social value framework and supporting priorities for communities

11.4 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children

None

12. Background papers used in preparing the report

Blackshots Estate – Proposals for the Way Forward; Housing Overview and Scrutiny Committee; 21 November 2022

13. List of Appendices

Appendix 1 – Initial Resident Consultation Summary
Appendix 2 – Plans of proposed redevelopment area.

Report Author

Ewelina Sorbjan

Interim Director of Housing

Blackshots Towers

Consultation Report
November 2021

CONSULT ENGAGE PROMOTE

counter context

Contents

Introduction and objectives

This Consultation Report has been produced by Counter Context Ltd, which was commissioned by Thurrock Council to design and deliver a programme of consultation with the residents of the Blackshots Towers about the future of the tower blocks.

Kier Hardie House, Bevan House and Morrison House are located in the Blackshots area of Grays, Essex. The three tower blocks provide 168 homes (155 Council rent and 13 leasehold).

Ahead of carrying out a comprehensive programme of improvement works, Thurrock Council wanted to consult the residents of the tower blocks about the long term future of the buildings. This included asking residents whether they thought Thurrock Council should invest to prolong the life of the tower blocks for another generation, or whether the Council should instead explore the potential to demolish the tower blocks and re-provide housing through a larger regeneration programme.

The objective of the consultation was to deliver an accessible and inclusive consultation process which generated a high response rate from the Blackshots Towers' residents in order to provide Thurrock Council with a clear understanding of the residents' views.

In order to deliver this accessible and inclusive consultation, a number of key consultation principles were established:

- A commitment to present consultation information simply and clearly, ensuring the residents understood what they were being asked and why.
- Making it as easy as possible for residents to respond to the consultation, by providing a variety of ways for residents to provide their views.
- Providing a variety of options for residents to engage with the consultation process (online, in person, via post).

This Consultation Report provides an overview of the consultation process and a detailed summary of the consultation findings.

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Consultation methodology (1)

The consultation with Blackshots residents ran for six weeks, from 4 October to 14 November 2021. A number of different methods were employed to raise awareness of the consultation and encourage residents to provide their views.

Consultation leaflet, letter and questionnaire

On 4 October 2021, consultation material was distributed to all properties within the three tower blocks. This pack of information included:

- A covering letter which introduced the consultation process and encouraged residents to provide their views.
- An A5-sized leaflet which provided residents with more background information about the consultation and why residents were being asked to provide their views.
- A printed copy of the consultation questionnaire alongside a FREEPOST envelope so that residents could return the questionnaire at no cost to themselves.

In addition to the consultation materials issued to the tower block residents, a letter about the consultation process was issued to neighbouring residents who did not reside in the towers. This letter explained that neighbouring residents were not being asked to provide their views at this time, but would be consulted in the future if a wider regeneration programme was to be pursued. All of these consultation materials are provided in the appendices.

Consultation content made available online

A Blackshots Towers consultation page on the Thurrock Council consultation portal went live on 4 October 2021. The webpage provided the content from the consultation leaflet, a timeline of the consultation process and a link to the online questionnaire, as well as contact details in case anyone had questions about the consultation process.

Front cover of the consultation leaflet

Consultation methodology (2)

In-person consultation events

In-person consultation events were seen as a crucial part of the consultation programme: providing an opportunity for residents to discuss the future of the tower blocks with members of the team from Thurrock Council and Counter Context and to ask questions they had.

The consultation event was originally due to take place on Wednesday 20 October 2021, but was postponed until Wednesday 3 November 2021 as a mark of respect following the death of David Amess MP.

To make the consultation event as easily accessible as possible for the residents – and to minimise the risks associated with Covid-19 – the consultation event took place outside. Two sites were set up, one directly outside the entrance to Kier Hardie House and one on the grassed area in between Bevan House and Morrison House.

Each site included a consultation gazebo staffed by members of the team from Thurrock Council and Counter Context, with hot refreshments and copies of the consultation questionnaire for residents to complete.

The consultation event was open from 3pm to 7pm. 73 residents visited the event and engaged with the consultation representatives across the two sites.

Other methods to provide feedback

A consultation email address (consult@blackshots-towers.co.uk) was publicised on all consultation materials, including the website and leaflet, allowing people to submit feedback and ask additional questions.

A telephone information freephone line (08081963996) was available during the public consultation and open Monday-Friday, 9am-5pm, with an answer phone facility to take calls outside these hours. Members of the consultation team managing the information line were on hand to answer questions about the consultation and receive feedback.

Photos from the consultation event on 3 November 2021

Consultation feedback

Summary of consultation responses

In total, the consultation generated 72 completed questionnaires from residents. Within the questionnaire, respondents were asked to identify which tower block they lived in, and the breakdown of responses was as follows:

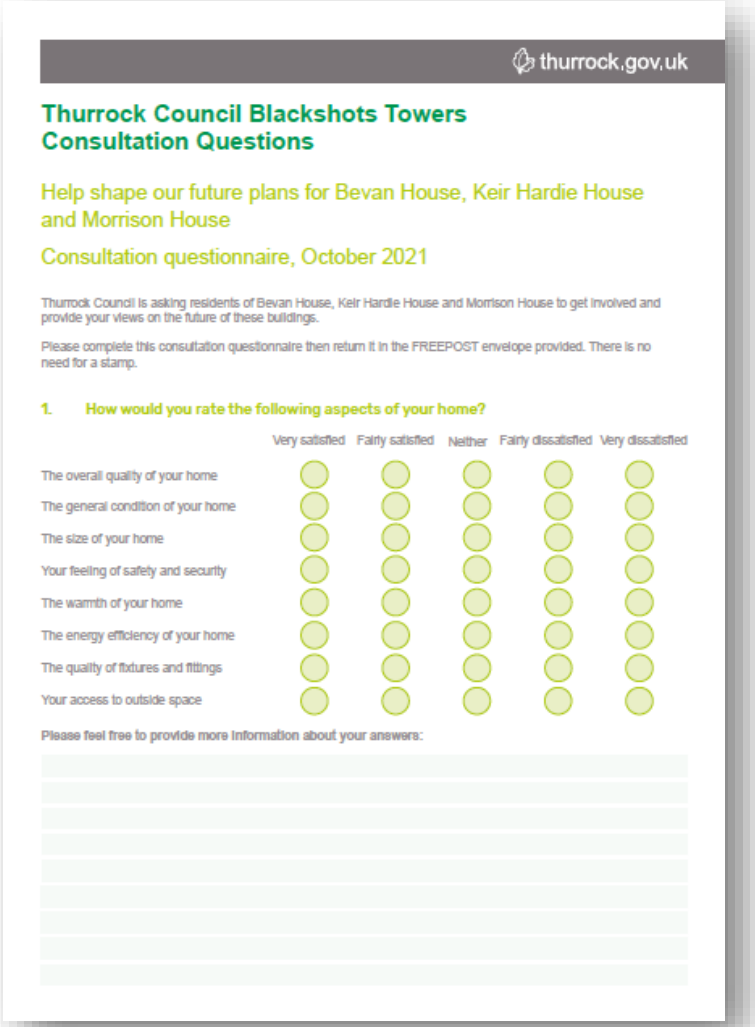
- 22 completed questionnaires from residents of Bevan House, out of a total of 56 flats (39% response rate)
- 20 completed questionnaires from residents of Morrison House, out of a total of 56 flats (36% response rate)
- 30 completed questionnaires from residents of Keir Hardie House, out of a total of 56 flats (54% response rate)

Analysis of consultation responses

The consultation questionnaire included a series of closed and open questions, asking residents to provide views on their satisfaction with their home, whether it meets their needs now and into the future, as well as their feelings about the wider neighbourhood.

At the end of the questionnaire, residents were asked what they thought Thurrock Council should do with the tower blocks: whether they should invest to prolong the life of the tower blocks or instead look to demolish the tower blocks and re-plan this area.

Pages 7 to 17 of this report summarise the consultation questionnaire feedback, providing a quantitative analysis of the closed questions and a qualitative analysis of the open responses.



thurrock.gov.uk

Thurrock Council Blackshots Towers Consultation Questions

Help shape our future plans for Bevan House, Keir Hardie House and Morrison House

Consultation questionnaire, October 2021

Thurrock Council is asking residents of Bevan House, Keir Hardie House and Morrison House to get involved and provide your views on the future of these buildings.

Please complete this consultation questionnaire then return it in the FREEPOST envelope provided. There is no need for a stamp.

1. How would you rate the following aspects of your home?

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied
The overall quality of your home					
The general condition of your home					
The size of your home					
Your feeling of safety and security					
The warmth of your home					
The energy efficiency of your home					
The quality of fixtures and fittings					
Your access to outside space					

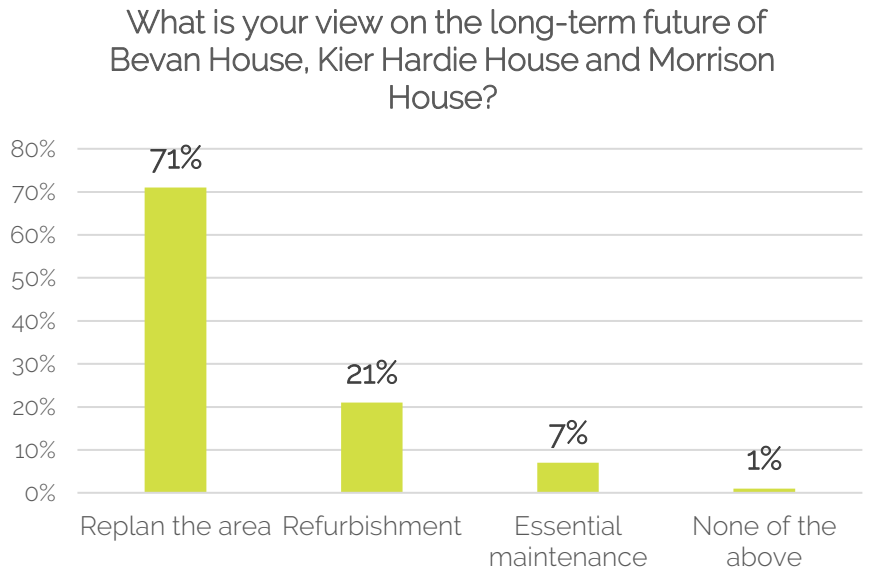
Please feel free to provide more information about your answers:

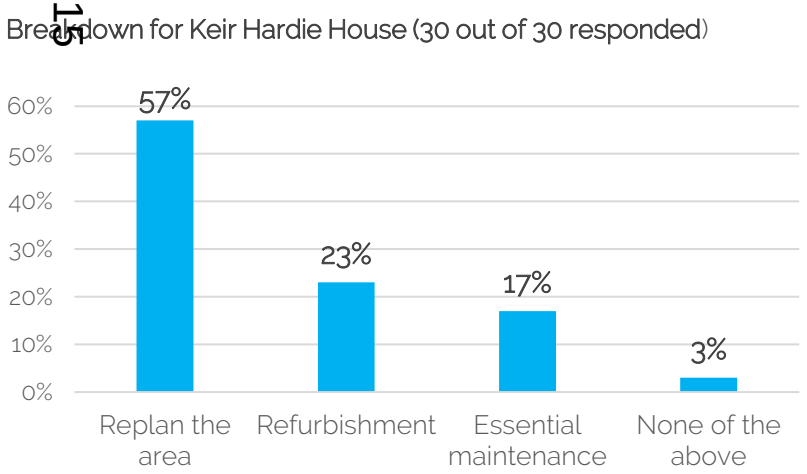
Questionnaire analysis: Future of the tower blocks

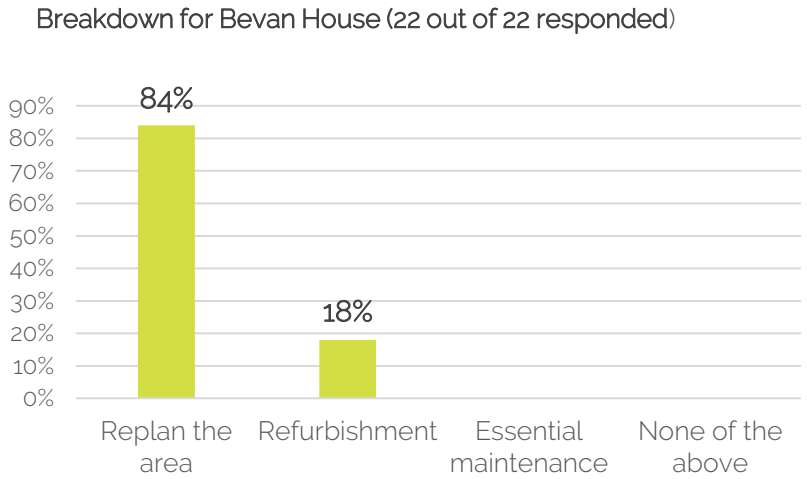
'What is your view on the long-term future of Bevan House, Kier Hardie House and Morrison House?'

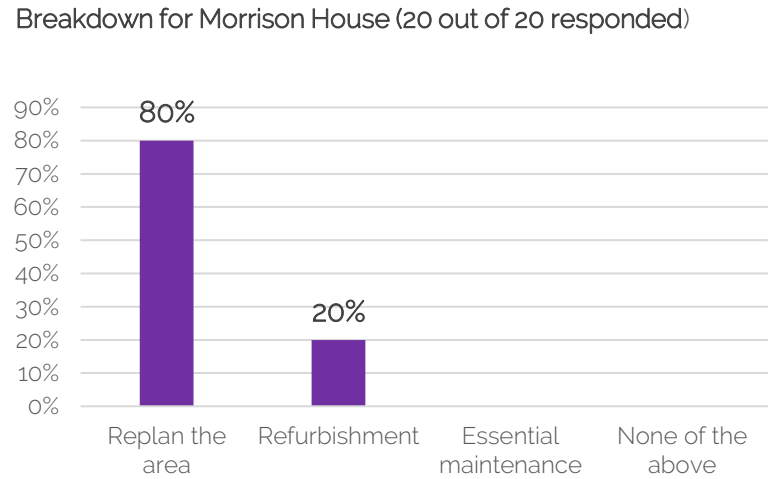
72 of the 72 respondents answered the question.

- **71%** (51 responses) - I think the buildings are coming towards the end of their life. Thurrock Council should look to replan the area with lower height homes with better energy efficiency and access to gardens and green spaces.
- **21%** (15 responses) – I think the buildings provide good quality homes, but Thurrock Council should invest in a bigger refurbishment programme to address current problems.
- **7%** (5 responses) - I think the buildings provide good quality homes and they should stay as they are, with essential maintenance and improvement works undertaken when needed.
- **1%** (1 response) - None of the above.









Future of the tower blocks: Examples of open feedback

Summary of open response feedback

71% of residents stated they would like the tower blocks to be demolished and this weight of sentiment was reflected in the open response feedback, with multiple comments that the tower blocks had serious problems:

- 43 mentions of mould
- 42 mentions of heating issues/cost
- 25 mentions of damp

Significant strength of feeling could be discerned from the open response feedback, with respondents taking the opportunity to explain how the poor quality of their homes was impacting on their lives.

From those who expressed a preference for refurbishment, the open response feedback demonstrated concern about uncertainty around rehousing; several were concerned that they would be made to move much further away, or into much smaller properties which wouldn't be suitable for them.

"These flats are a huge burden to the tenants. They are extremely expensive to heat and purchase electricity. They cause severe health problems from damp and mould. They are not large enough for families with limited storage and space."

"High rises are not suitable family homes. They should be replaced with LOWER buildings."

"It would be interesting to see any other plan for homing if we was to be rehomed which would be a major step and stressful."

"The buildings are 100% at the end of their life and is about time they came down."

"I just want to have a nice home with nice belongings which is impossible being in this building."

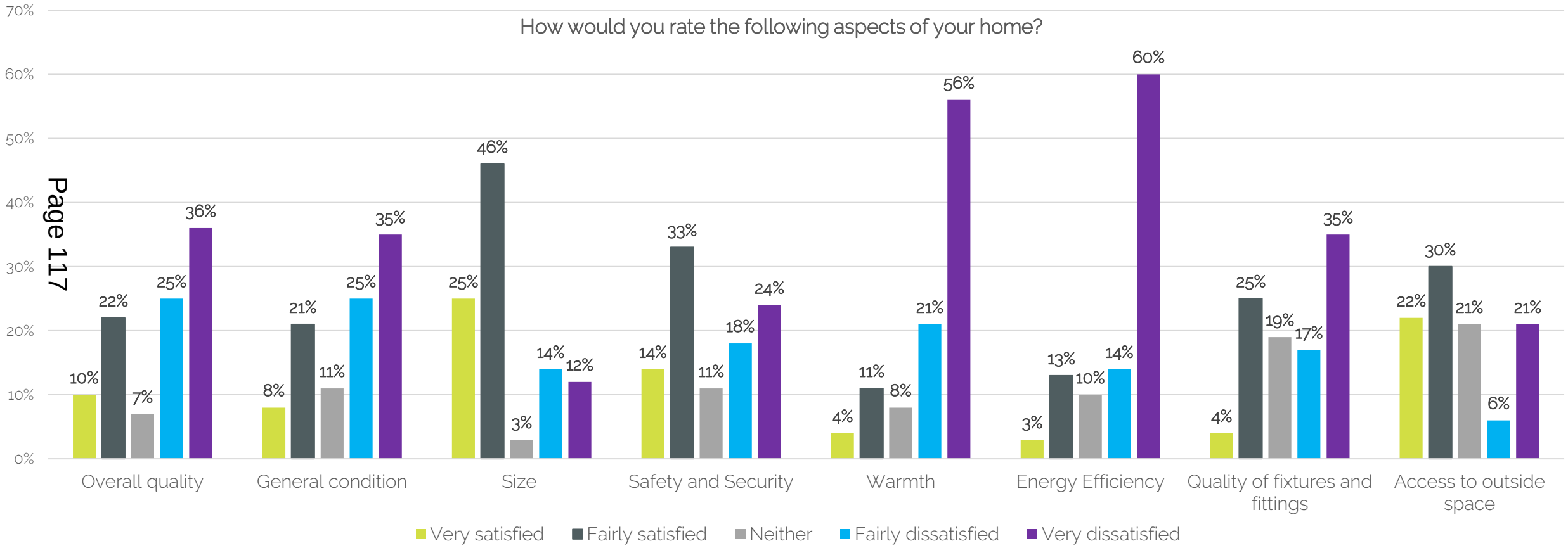
"Problems will not go away with upgrades it will just make it take longer for them to show."

"Having to relocate would raise many issues for me in terms of health issues and logistics of moving and also the cost.."

Questionnaire analysis: Quality of your home

'How would you rate the following aspects of your home?'

72 of the 72 respondents answered the question.



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Quality of your home: Examples of open feedback

Summary of open response feedback

Mould and damp were the most prevalent issues for respondents, with many comments that their belongings are consistently damaged and repairs only entail painting over the mould rather than rectifying the issue.

Windows and heating were also key issues, with complaints about poor windows that let in draughts and expensive heating costs.

Concerns about anti-social behaviour, especially in common areas, were raised, particularly the issue of younger people smoking cannabis in the stairwells.

There were also comments that the lifts in the buildings cause issues as they are quite often out of order.

Whilst the access to outside space was generally the most positive aspect, respondents often stated they wanted private gardens or a balcony, especially if they had younger children.

"The block suffers from severe mould, when you call the Council they send a surveyor out but only tell you constantly to clean it."

"We have had damp and mould problems for years, The block is constantly in disrepair (doors broken, paint/graffiti, stained floors, lifts breaking) Windows don't fit correctly, no cameras in car parks."

"The mould in this property is a joke. Windows are ridiculous ."

"Paid out hundreds of pounds for bedrooms to be replastered, and new furniture just to have it all covered in mould again. Also paid £300 on a dehumidifier and STILL have mould."

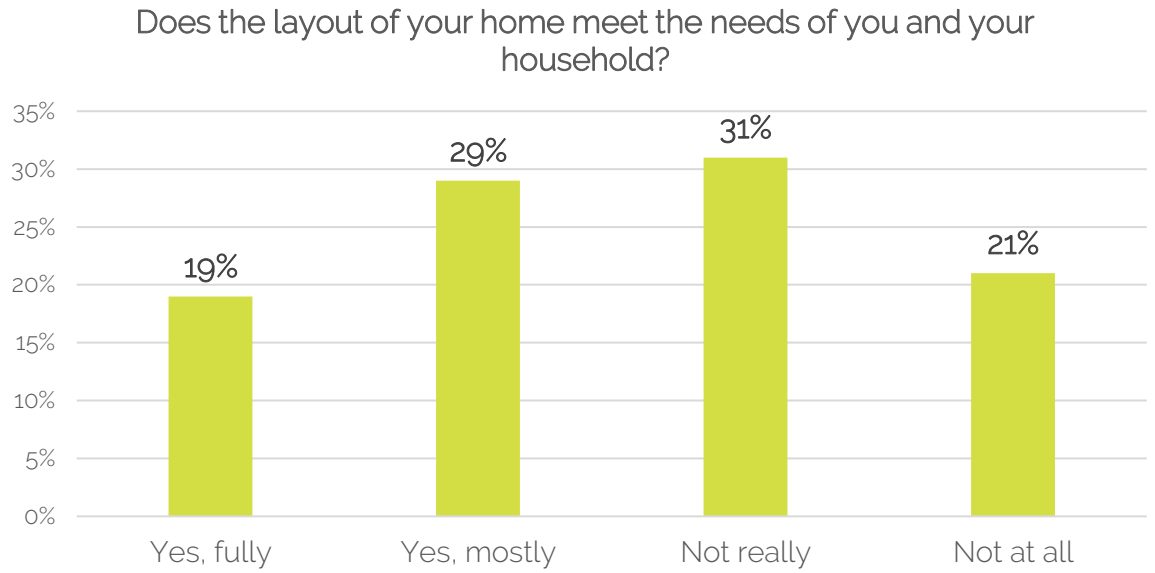
"The energy cost is far too expensive. The storage heaters is far too expensive to run. There isn't enough outside area for children in the block and the park doesn't have enough child friendly equipment. The mould issue is ongoing and doesn't seem to get any better."

Questionnaire analysis: Layout of your home

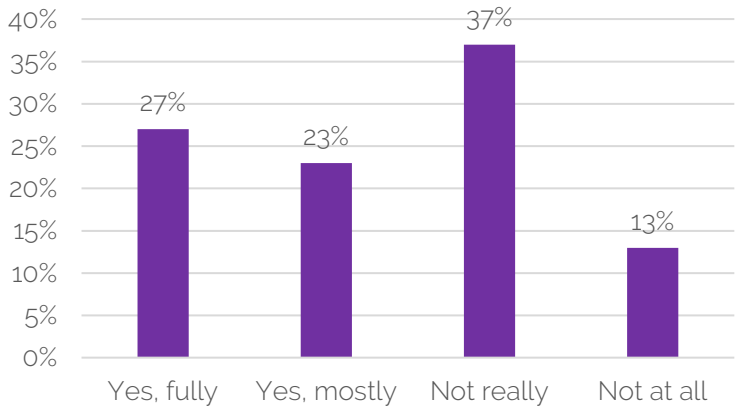
'Does the layout of your home meet the needs of you and your household?'

72 of the 72 respondents answered the question.

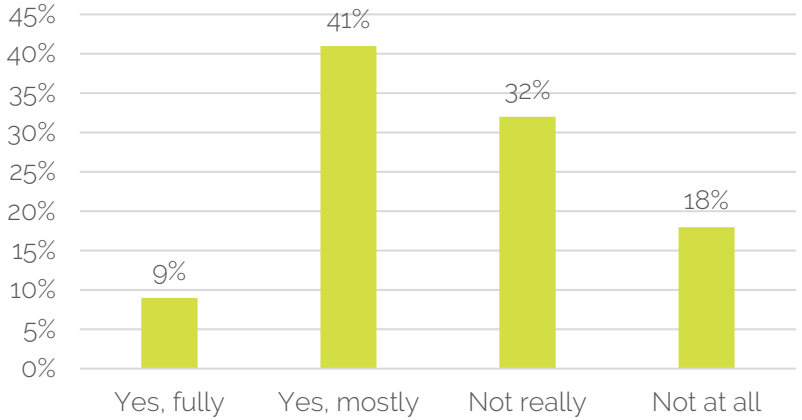
- **19%** (14 responses) – Yes, fully
- **29%** (21 responses) – Yes, mostly
- **31%** (22 responses) – Not really
- **21%** (15 response) – Not at all



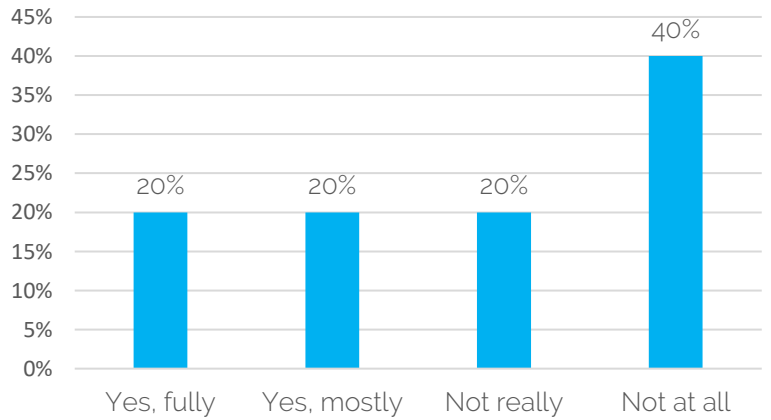
Breakdown for Keir Hardie House (30 out of 30 responded)



Breakdown for Bevan House (22 out of 22 responded)



Breakdown for Morrison House (20 out of 20 responded)



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Layout of your home: Examples of open feedback

Summary of open response feedback

Generally, respondents were positive about the large sizes of the flats, with many concerned that if they are rehomed, they would have to move into smaller accommodation.

There were some complaints that there isn't enough storage space in the flats, especially if people have young children. There were also a number of complaints about siblings having to share a bedroom when they have a large age gap.

In terms of room size, the kitchen regularly came up in comments, with complaints that they are too small and they lack cupboard space, and that the drying cupboard is out of date and gets in the way.

"I currently have children in one bedroom and a baby on the way so it is no where near big enough now even though the rooms are a nice size."

"There isn't enough storage space and cupboards available. The rooms aren't large enough or even laid out well enough to fit wardrobes in."

"One bedroom is on the other side of the flat, this is my toddlers room, he is near the front door so I had to put on extra locks."

"Myself, partner and 2 babies in a studio flat isn't a big enough space."

"The rooms are brilliant sizes other than the kitchen."

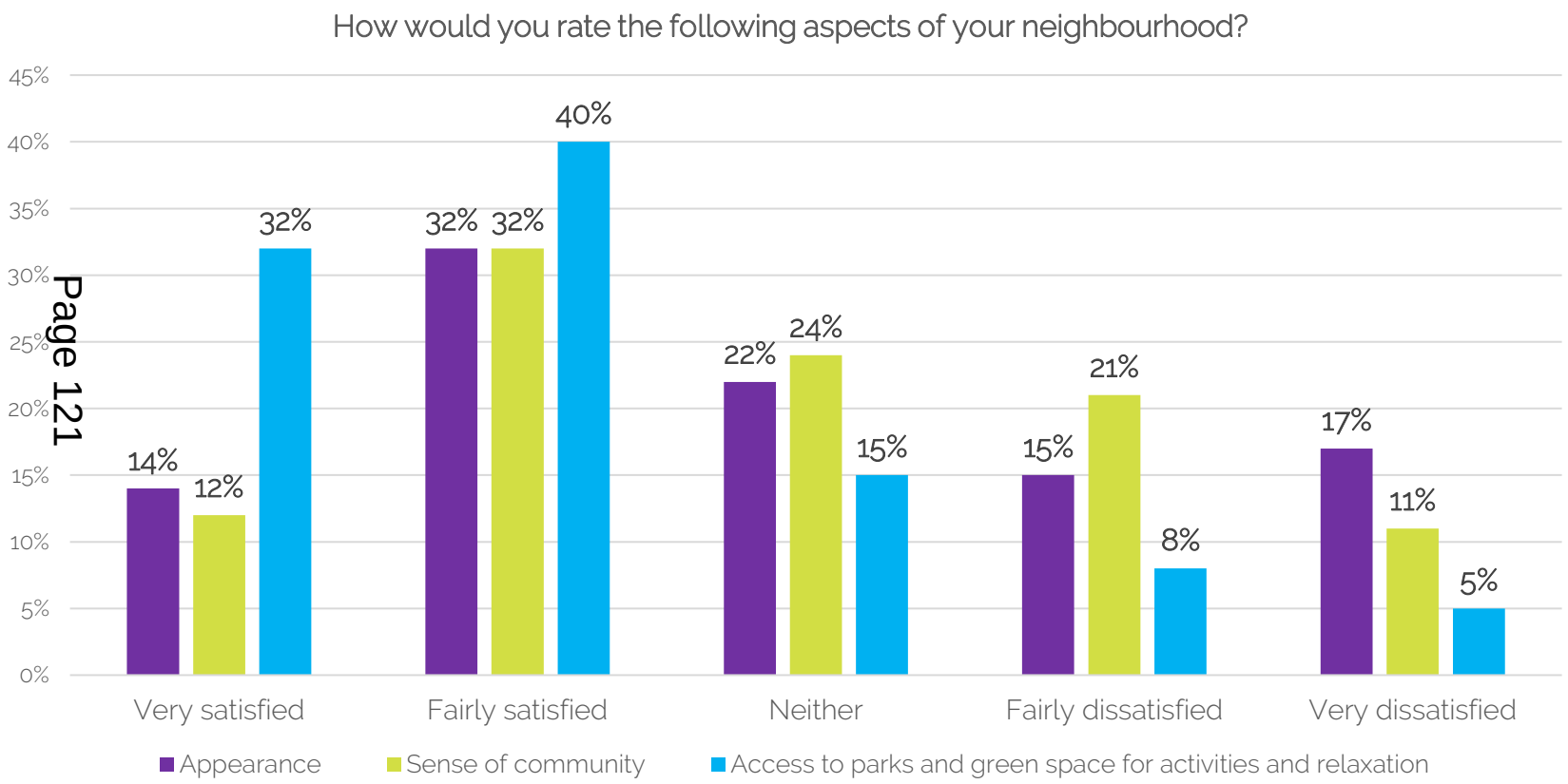
"Due to the layout with the smaller bedroom right by the front door and lifts it can be very noisy. Also don't feel safe having child in that bedroom so close to front door."

"Its perfect size for 1 or 2 people. No issues about space."

Questionnaire analysis: Views on the neighbourhood

'How would you rate the following aspects of your neighbourhood?

72 of the 72 respondents answered the question.



Appearance:

- 14% (10) – Very satisfied
- 32% (23) – Fairly satisfied
- 22% (6) – Neither
- 15% (11) – Fairly dissatisfied
- 17% (12) – Very dissatisfied

Sense of community:

- 12% (9) – Very satisfied
- 32% (23) – Fairly satisfied
- 24% (17) – Neither
- 21% (15) – Fairly dissatisfied
- 8% (11) – Very dissatisfied

Access to parks and green space:

- 32% (23) – Very satisfied
- 40% (29) – Fairly satisfied
- 15% (11) – Neither
- 8% (5) – Fairly dissatisfied
- 5% (4) – Very dissatisfied

Views on the neighbourhood: Examples of open feedback

Summary of open response feedback

There were concerns about the safety of the area, both inside the communal areas of the buildings, and outside, especially on the field behind Bevan House and Morrison House. Issues raised included drug use, noise, litter, vandalism and motorbike usage.

A number of comments were made about the buildings looking like an eyesore within the area.

Respondents had positive comments about the sense of community in terms of getting on with their neighbours, but others commented that there was a lack of community cohesiveness.

The lack of parking spaces was raised several times as an issue, as was the safety of the parking areas, with complaints of cars being damaged.

.

"The location of the flat is good as it backs on to Blackshots field and has the park close by. The safety of the area has gone downhill over the years and there are always teenagers hanging around the flats, smoking and littering. It would be very nice to have somewhere safe and private for the families with young children to play, even if that were a communal garden."

"There is a field outside I don't see this as beneficial when there is nothing but litter, dog mess and motorbikes, teenagers hanging around bottom to smoke weed."

"I feel the neighbourhood is fairly nice and quiet barring the constant motorcycles, plus the outside of the building is a bit of an eyesore."

"The car park is not very secure, over the years many cars have been damaged/vandalised and even stolen."

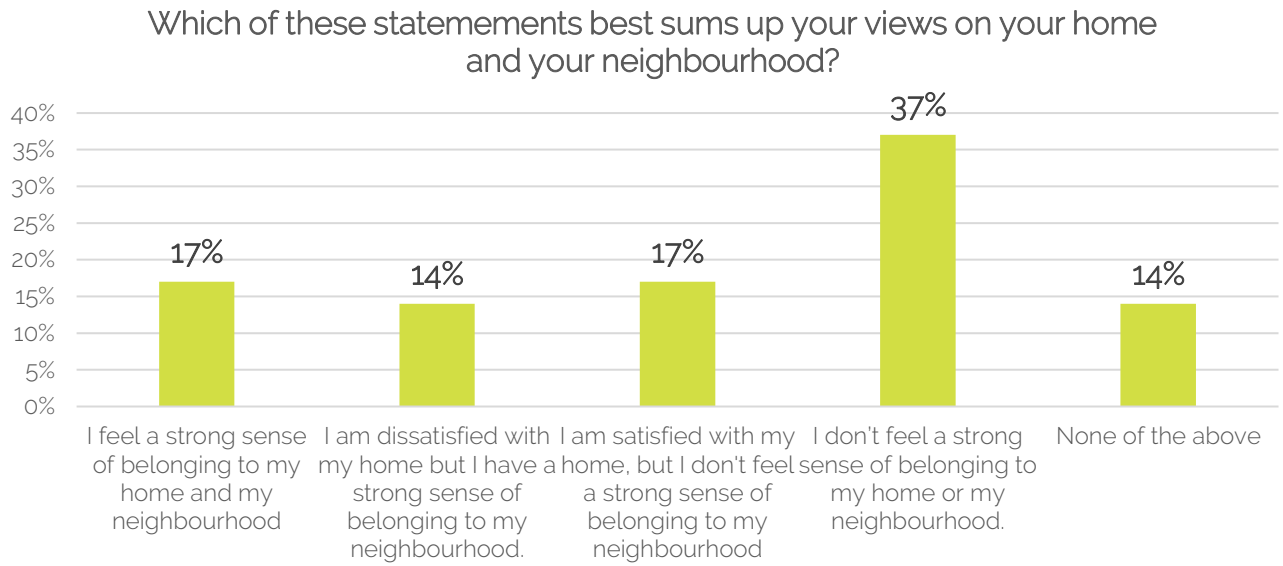
"In the winter the stairwells become a breeding ground for teens drinking and doing drugs."

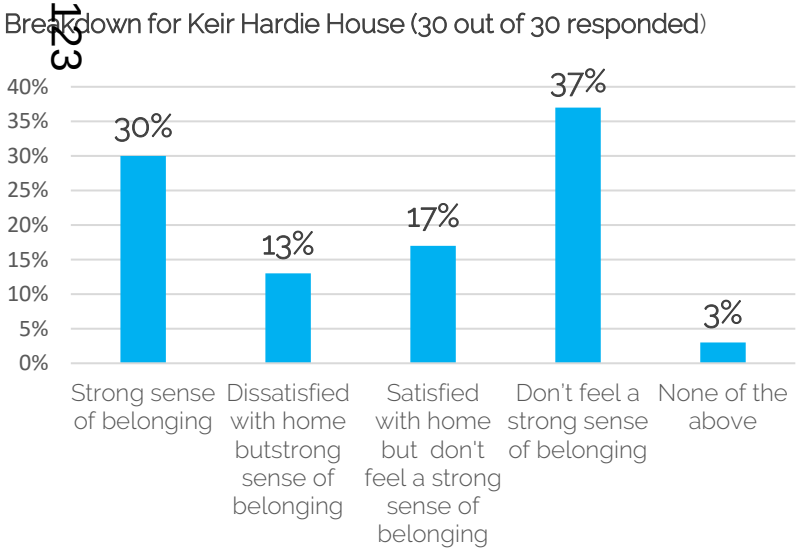
Questionnaire analysis: Homes and neighbourhood

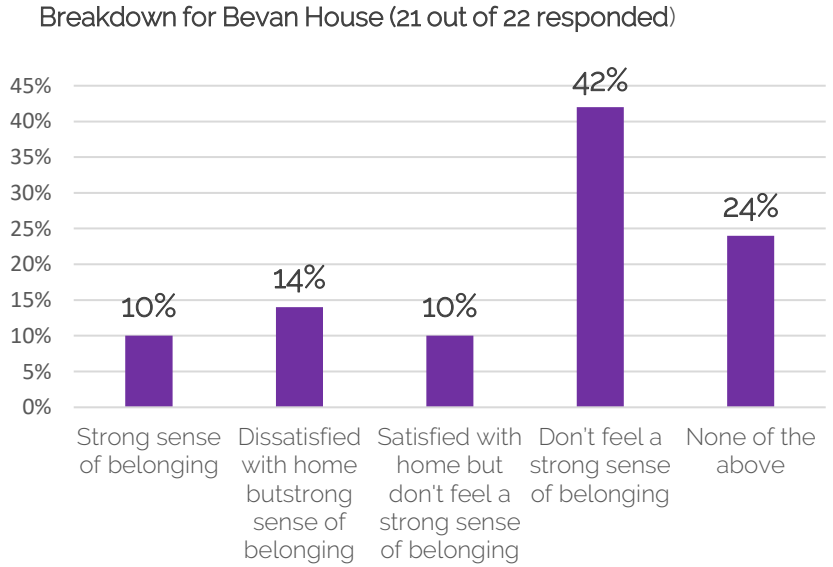
'Which of these statements best sums up your views on your home and your neighbourhood?'

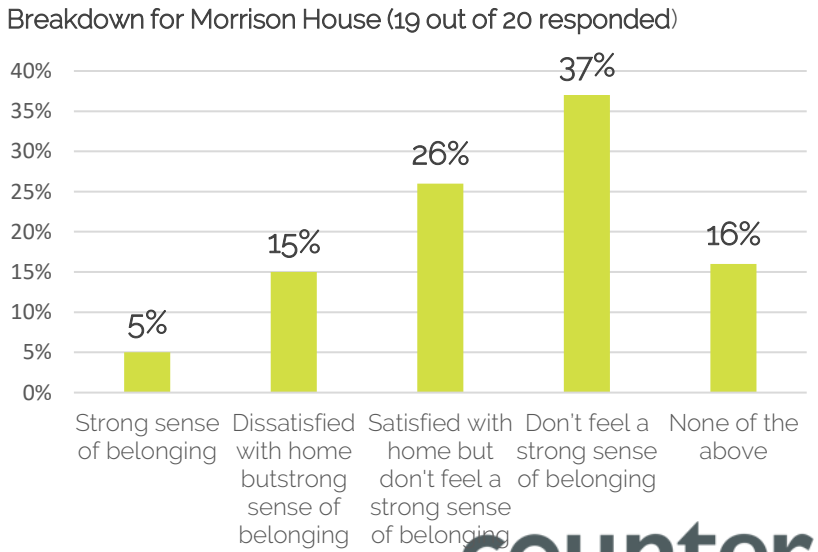
70 of the 72 respondents answered the question.

- **17%** (12 responses) – I feel a strong sense of belonging to my home and my neighbourhood.
- **14%** (10 responses) – I am dissatisfied with my home but I have a strong sense of belonging to my neighbourhood.
- **17%** (12 responses) – I am satisfied with my home but I don't feel a strong sense of belonging to my neighbourhood.
- **37%** (26 response) – I don't feel a strong sense of belonging to my home or my neighbourhood.
- **14%** (10 response) – None of the above.









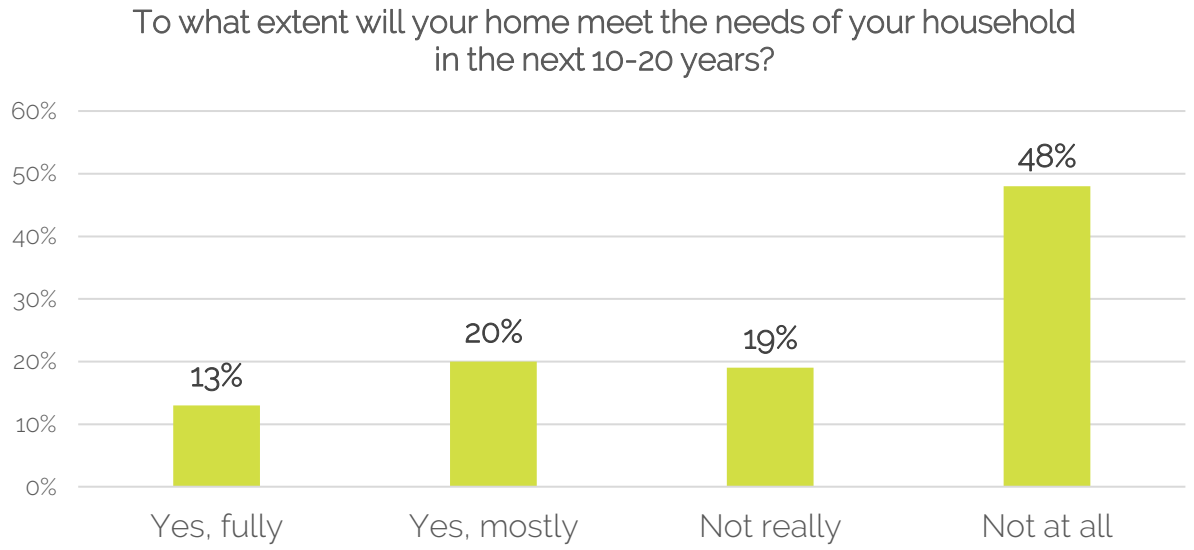
counter context

Questionnaire analysis: Future needs of household

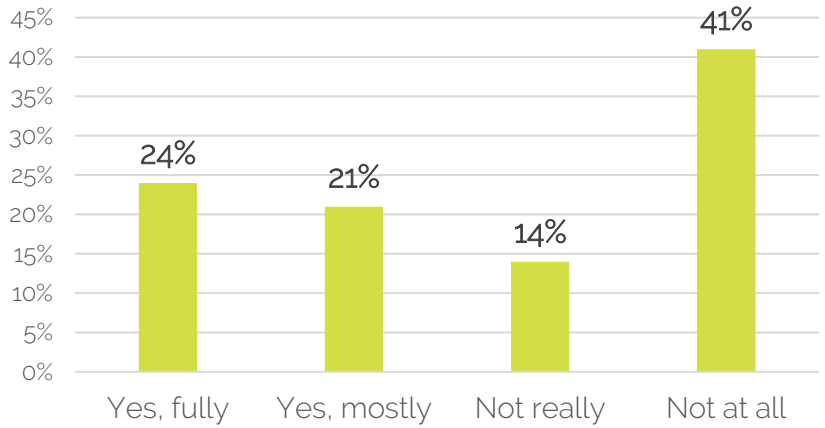
'To what extent will your home meet the needs of your household in the next 10-20 years?'

66 of the 72 respondents answered the question.

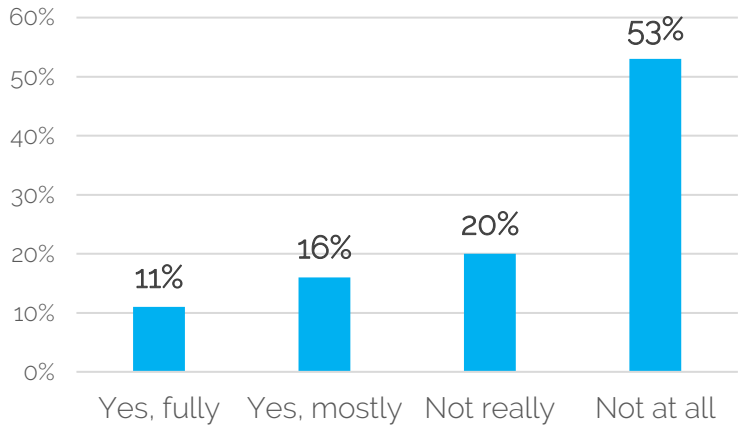
- **13%** (9 responses) – Yes, fully
- **20%** (13 responses) – Yes, mostly
- **18%** (12 responses) – Not really
- **48%** (32 response) – Not at all



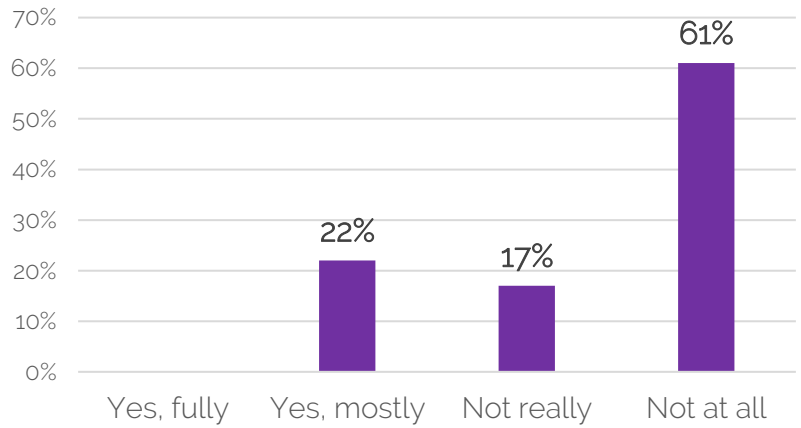
Breakdown for Keir Hardie House (29 out of 30 responded)



Breakdown for Bevan House (19 out of 22 responded)



Breakdown for Morrison House (18 out of 20 responded)



Views on future needs: Examples of open feedback

Summary of open response feedback

Many respondents stated that the flats will not meet their future needs, with the majority stating that they will need to move into a larger flat, often due to growing family size.

People commented that the flats are not suitable for young children, as children should have access to a garden. Furthermore, concerns were raised over safety for children, especially due to the damp and mould, and low-quality windows.

A small number of people stated that they would like to remain in their flats, this was generally due to them having lived there a long time (10+ years), or due to them having medical issues that would make the moving process particularly challenging.

A number of respondents stated that they do not want to have to keep living in the flats, especially as it is getting colder, which exacerbates the damp and heating cost issues.

"Please knock down the building. Please."

"I do not plan to stay in an 11 storey flat my whole life. I also plan to have more children so will need more room. There's not much space and its not practical.."

"I would love to buy my flat, I love it, it is my home."

"I plan to do the right to buy scheme and I wouldn't want to buy the current property."

"I would like an ant free property with no mould or damp problems, my kids would need their own rooms, kids shouldn't be in high rise flats its dangerous."

"Want to move out the area close to family. Need a 3 bed house with garden."

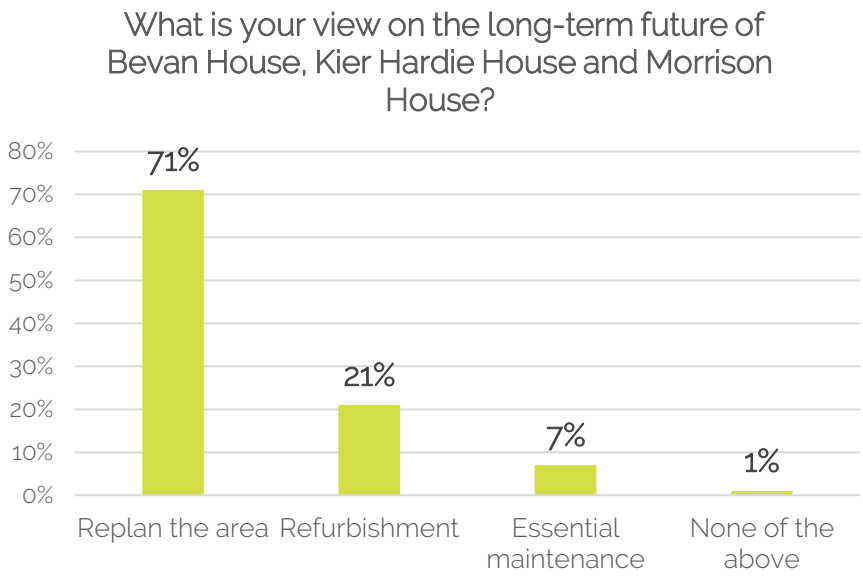
"Due to my mobility issues I need a ground floor property as I wouldn't be safe if there was a block fire."

Conclusions

A clear majority of the Blackshots residents who responded to this consultation stated a preference for Thurrock Council to explore the demolition of the tower blocks.

Out a total of 72 responses to the consultation questionnaire, 51 respondents (71%) stated that they believe the buildings are coming towards the end of their life, and that Thurrock Council should look to replan the area with lower height homes that are more energy efficient and have access to gardens and green space.

The points raised in the consultation questionnaire and in person at the consultation event provide further explanation of these views, with multiple comments about the poor condition of the tower blocks and the associated problems with mould, damp and drafts. Other comments about feelings of safety and anti-social behaviour were factors among those in support of demolition.



Of those who expressed a preference for the tower blocks to be refurbished, some stated that they were satisfied with the quality of their home, but others were concerned about how the relocation process would be managed and the element of the "unknown". From this group, residents had a number of key questions and concerns:

- Would they have any say about where in the borough they would be relocated to, and could they turn down any options they felt did not meet their needs?
- Would they have an automatic right to return to one of the new properties being built as part of the regeneration programme?
- Would they be entitled to a new home of the same size as their existing property? This was especially the case for residents whose children may have grown up and left home but who returned to stay, meaning that additional bedrooms were considered necessary.

Should Thurrock Council move ahead with a regeneration programme, it will be important to provide residents with answers to these key questions around the relocation process.

Finally, at the in-person consultation event, many residents requested that Thurrock Council moves as quickly as possible following the consultation to confirm its plans and to keep residents updated on a regular basis.

Appendix

Leaflet

Get involved

This consultation will run for six weeks until Sunday 14 November 2021. It is an opportunity for you to provide your views about where you live.

There are several ways you can have your say:

Residents' questionnaire
Enclosed with this leaflet is a questionnaire for you to complete and then return to us via the FREEPOST envelope provided. You can put this directly in the post and you do not need a stamp. If you have more you would like to tell us, please feel free to enclose additional sheets.

Provide your views online and ask a question
If you prefer to provide your views online, you can also access the residents' questionnaire by going to thurrock.gov.uk/say

Call us to share your views
If you would like to tell us what you think over the phone, please call our freephone number on 08081 963 996. The telephone line is open Monday to Friday, 9am to 5pm, with an answerphone facility outside of these hours.

Come and meet us

As part of this consultation, we are holding a consultation event so that you can talk to members of our team, ask questions and provide your feedback directly.

Consultation drop-in event.

We will be holding a drop-in event outside the entrances of Keir Hardie House, Bevan House and Morrison House at the following time:

Wednesday 20 October, 3pm to 7pm

We are holding an on site outside consultation event to help with social distancing and to ensure you don't need to travel to come and speak to us. To find us, please look out for our consultation gazebos and members of our team on the day.

Get in touch

If you have any questions about the plans for Bevan House, Keir Hardie House and Morrison House or would like to find out more about this consultation process, please get in touch as we will be happy to help.

08081 963 996

Email: consult@blackshots-towers.co.uk

Freepost: Blackshots Towers

Thurrock Council
TRANSFORMING
Thurrock Live Work Play Learn

Help shape our future plans for Bevan House, Keir Hardie House and Morrison House

Your home, your future

October 2021

thurrock.gov.uk

Appendix

Leaflet

Help shape the future of your community

Thurrock Council is asking residents of Bevan House, Keir Hardie House and Morrison House to get involved and provide your views on the future of these buildings.

You will recently have received a letter about upcoming external refurbishment works to your building and the appointment of a contractor to undertake these works.

These essential works are needed to improve insulation and ventilation, and to replace parts of the buildings that have reached the end of their life. More information about these refurbishment works will be provided in the coming months, after surveys have been completed.

Separate to these refurbishment works, Thurrock Council would like to engage with residents of Bevan House, Keir Hardie House and Morrison House about the longer-term future of the buildings.

We would like to know whether you think we should invest more to extend the life of the tower blocks for another generation, or if you think we should start to consider wider regeneration of the area, including options to demolish the tower blocks and build new homes.

What this consultation is about

We want to know your experiences of living in Bevan House, Keir Hardie House and Morrison House. What do you like about living there and what improvements would you like to see? Does your home meet the needs of your household?

High-rise buildings have a different set of challenges to other types of homes. We know from speaking to residents that there have been issues with condensation and damp.

The upcoming refurbishment and any future works should help improve the overall weatherproofing of the buildings, as well as the outside appearance, but they won't improve the overall layout of the buildings or the inside of your properties.

A regeneration project could look to replan this area and provide lower height homes with easier access to gardens and green spaces. Brand new homes also have much better energy efficiency standards, helping to reduce fuel costs. All essential maintenance works will still take place but non-essential works could be replaced with wider regeneration plans if feedback suggests this is the preferred option.

We want to hear from as many residents as possible to understand your thoughts before any plans are developed.

Have your say

This is your opportunity to help shape the future of your community. We want to have an open conversation with you to understand what matters most to you and your aspirations for the future. We are keen to hear from as many existing residents as possible.

The feedback received during this consultation will help to inform our future decisions about Bevan House, Keir Hardie House and Morrison House.

To be clear, this is a conversation about the long-term future of the area and does not affect the essential refurbishment works we will start this year.

If we do decide to consider options for a regeneration project, we will want to work very closely with existing residents so that we can develop plans together. There would be more consultation before any plans move forward and, whatever the outcome of these discussions, we would like to reassure residents that your tenancy is secure.

Appendix

Letters to residents

Thurrock Council, Civic Offices
New Road, Grays
RM17 6SL

1 October 2021

Dear resident,

Consulting you on the future of Bevan House, Keir Hardie House and Morrison House

Thurrock Council is seeking feedback from the residents of Bevan House, Keir Hardie House and Morrison House to help shape plans for the long term future of these buildings.

We want you to tell us what it's like to live in these buildings and what you think we should do with them in the long term. Should we invest to extend the life of the buildings for another generation, or should we explore options to demolish the tower blocks and replace them with new homes?

No decisions about the future have been taken and we want to use this consultation process to understand the views of residents.

Please find enclosed a leaflet which introduces the background to this consultation, as well as a feedback questionnaire for you to complete. The feedback questionnaire can be returned to us in the FREEPOST envelope provided.

We will be hosting a drop-in session during the consultation, and we would encourage you to attend so that you can talk to us and ask questions. The outdoor session will be held outside the entrances of Bevan House, Morrison House and Keir Hardie House and is open for all residents to attend:

Wednesday 20 October 2021, from 3pm to 7pm

If you have any questions about the content of this letter or would like to find out more about the consultation process, please get in touch with us and we would be happy to help.

Phone: 08081 963 996
Email: consult@blackshots-towers.co.uk

Yours sincerely,

Ewelina Sorbjan
Thurrock Council

thurrock.gov.uk

Thurrock Council, Civic Offices
New Road, Grays
RM17 6SL

1 October 2021

Dear resident,

Consultation on the future of Bevan House, Keir Hardie House and Morrison House

Thurrock Council is seeking feedback from the residents of Bevan House, Keir Hardie House and Morrison House to help shape plans for the long term future of these buildings.

As part of this consultation, we are asking the tower block residents to tell us what it's like to live in these buildings and what they think we should do with them in the long term. One of the options being considered, subject to the feedback received as part of this consultation, is the potential to demolish the tower blocks and undertake a wider regeneration project to deliver new homes and facilities.

As someone living close to these buildings, we wanted to let you know that we are undertaking this consultation with the residents of the tower blocks. No decisions about the future have been taken and we want to use this consultation process to understand the views of those who live in these buildings.

Should the option to explore a wider regeneration be preferred, an extensive consultation programme would follow. At that point, you would be invited to share your views as part of a consultation on a wider regeneration project.

Although we are not specifically seeking your feedback as part of this consultation, we appreciate that you might have questions at this stage. As part of this consultation, we are hosting an outdoor drop-in session outside of the entrances of Bevan House, Morrison House and Keir Hardie House, so that local residents can talk to us and ask questions. Please feel free to come along if you would like to talk to us:

Wednesday 20 October 2021, from 3pm to 7pm

If you can't attend the event and would like to ask a question, please get in touch with us via phone or email and we would be happy to help.

Phone: 08081 963 996
Email: consult@blackshots-towers.co.uk

Yours sincerely,

Ewelina Sorbjan
Thurrock Council

Appendix

Distribution area

Appendix

Website

Blackshots Towers

As a mark of respect for Sir David Amess MP following his tragic death on Friday 15 October, political group leaders at Thurrock Council have together agreed to postpone all public committee meetings and other meetings involving external groups and partners due to take place this week (Monday 18 October to Friday 22 October 2021).

The outdoor drop-in session taking place on Wednesday 20 October has been postponed. This will now be held on Wednesday 3 November.

Help shape our future plans for Bevan House, Keir Hardie House and Morrison House

October 2021

Thurrock Council is asking residents of Bevan House, Keir Hardie House and Morrison House to get involved and provide your views on the future of these buildings.

We would like to know whether you think we should invest more to extend the life of the tower blocks for another generation, or if you think we should start to consider wider regeneration of the area, including options to demolish the tower blocks and build new homes.

This consultation is running separately to the upcoming external refurbishment works on the buildings. These essential works are needed to improve insulation and ventilation, and replace parts of the buildings that have reached the end of their life. More information about these refurbishment works will be provided in the coming months, after surveys have been completed.

Image courtesy of Google Earth

What this consultation is about?

We want to know learn from residents what it is like to live in Bevan House, Keir Hardie House and Morrison House.

High-rise buildings have a different set of challenges to other types of homes. We know from speaking to residents that there have been issues with condensation and damp.

The upcoming refurbishment and any future works should help improve the overall weatherproofing of the buildings, as well as the outside appearance, but they won't improve the overall layout of the buildings or the inside of your properties.

A regeneration project could look to re-plan this area and provide lower height homes with easier access to gardens and green spaces. Brand new homes also have much better energy efficiency standards, helping to reduce fuel costs. All essential maintenance works will still take place but non-essential works could be replaced with wider regeneration plans if feedback suggests this is the preferred option.

Who's listening?

Housing Development Project Manager
Housing Development Team
Thurrock Council

Phone 08081 963 996
Email consult@blackshots-towers.co.uk

Document library

Blackshots Towers Leaflet (242 KB) (pdf)

Project timeline

Monday 4 October: Consultation open
This consultation is open for feedback.

Wednesday 3 November: Public drop-in session
Public drop-in session at the site on Wednesday 3 November from 3pm to 7pm

Wednesday 15 November: Consultation closes
Feedback will be analysed and key themes will be identified, to allow the Team to continue to consider options based on the feedback received.

Appendix

Feedback form

thurrock.gov.uk

Thurrock Council Blackshots Towers Consultation Questions

Help shape our future plans for Bevan House, Keir Hardie House and Morrison House

Consultation questionnaire, October 2021

Thurrock Council is asking residents of Bevan House, Keir Hardie House and Morrison House to get involved and provide your views on the future of these buildings.

Please complete this consultation questionnaire then return it in the FREEPOST envelope provided. There is no need for a stamp.

1. How would you rate the following aspects of your home?

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied
The overall quality of your home	○	○	○	○	○
The general condition of your home	○	○	○	○	○
The size of your home	○	○	○	○	○
Your feeling of safety and security	○	○	○	○	○
The warmth of your home	○	○	○	○	○
The energy efficiency of your home	○	○	○	○	○
The quality of fixtures and fittings	○	○	○	○	○
Your access to outside space	○	○	○	○	○

Please feel free to provide more information about your answers:

counter context

Appendix

Feedback form

thurrock.gov.uk

2. **Does the layout of your home meet the needs of you and your household?**

Yes, fully ◯ Yes, mostly ◯ Not really ◯ Not at all ◯

Could you tell us more about this? What do you like and what improvements would you like to see?

Neighbourhood

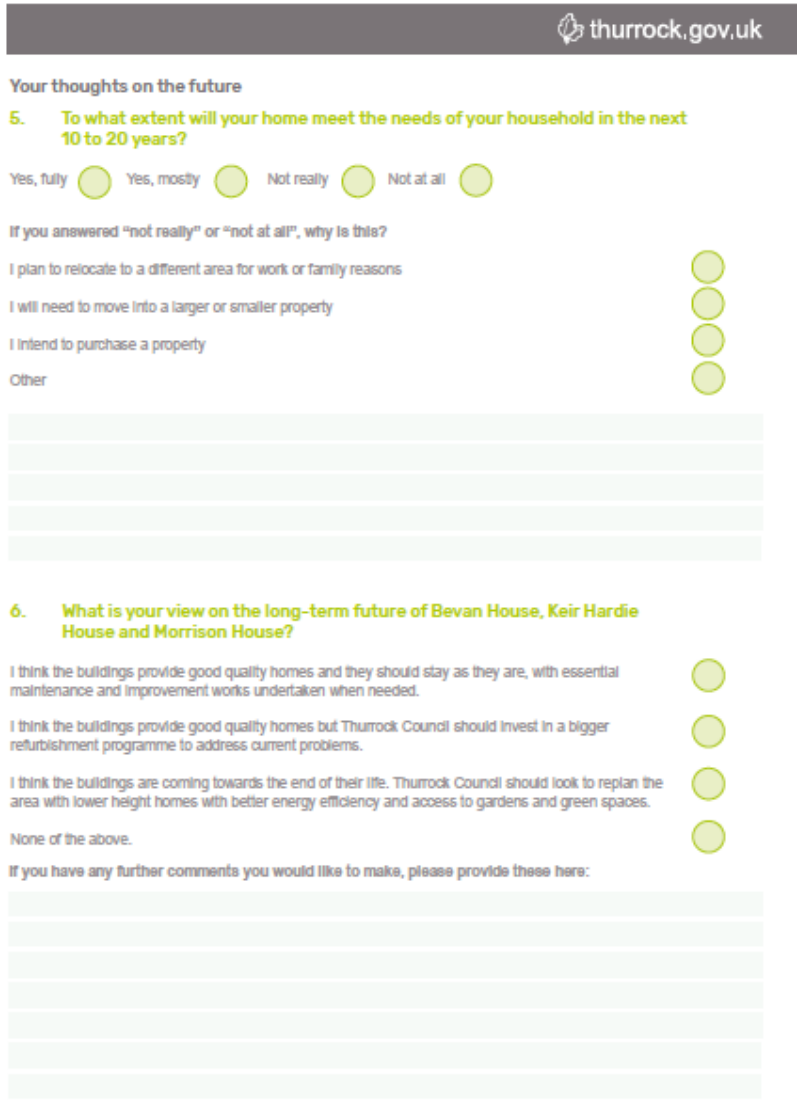
3. **How would you rate the following aspects of your neighbourhood?**

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied
The overall appearance of your neighbourhood	◯	◯	◯	◯	◯
The sense of community	◯	◯	◯	◯	◯
Access to parks and green space for activities and relaxation	◯	◯	◯	◯	◯

Please feel free to provide more information about your answers:

4. **Which of these statements best sums up your views on your home and your neighbourhood?**

- I feel a strong sense of belonging to my home and my neighbourhood. ◯
- I am satisfied with my home, but I don't have a strong sense of belonging to my neighbourhood. ◯
- I am dissatisfied with my home, but I have a strong sense of belonging to my neighbourhood. ◯
- I don't feel a strong sense of belonging to my home or my neighbourhood. ◯
- None of the above. ◯



thurrock.gov.uk

Your thoughts on the future

5. **To what extent will your home meet the needs of your household in the next 10 to 20 years?**

Yes, fully ◯ Yes, mostly ◯ Not really ◯ Not at all ◯

If you answered "not really" or "not at all", why is this?

- I plan to relocate to a different area for work or family reasons ◯
- I will need to move into a larger or smaller property ◯
- I intend to purchase a property ◯
- Other ◯

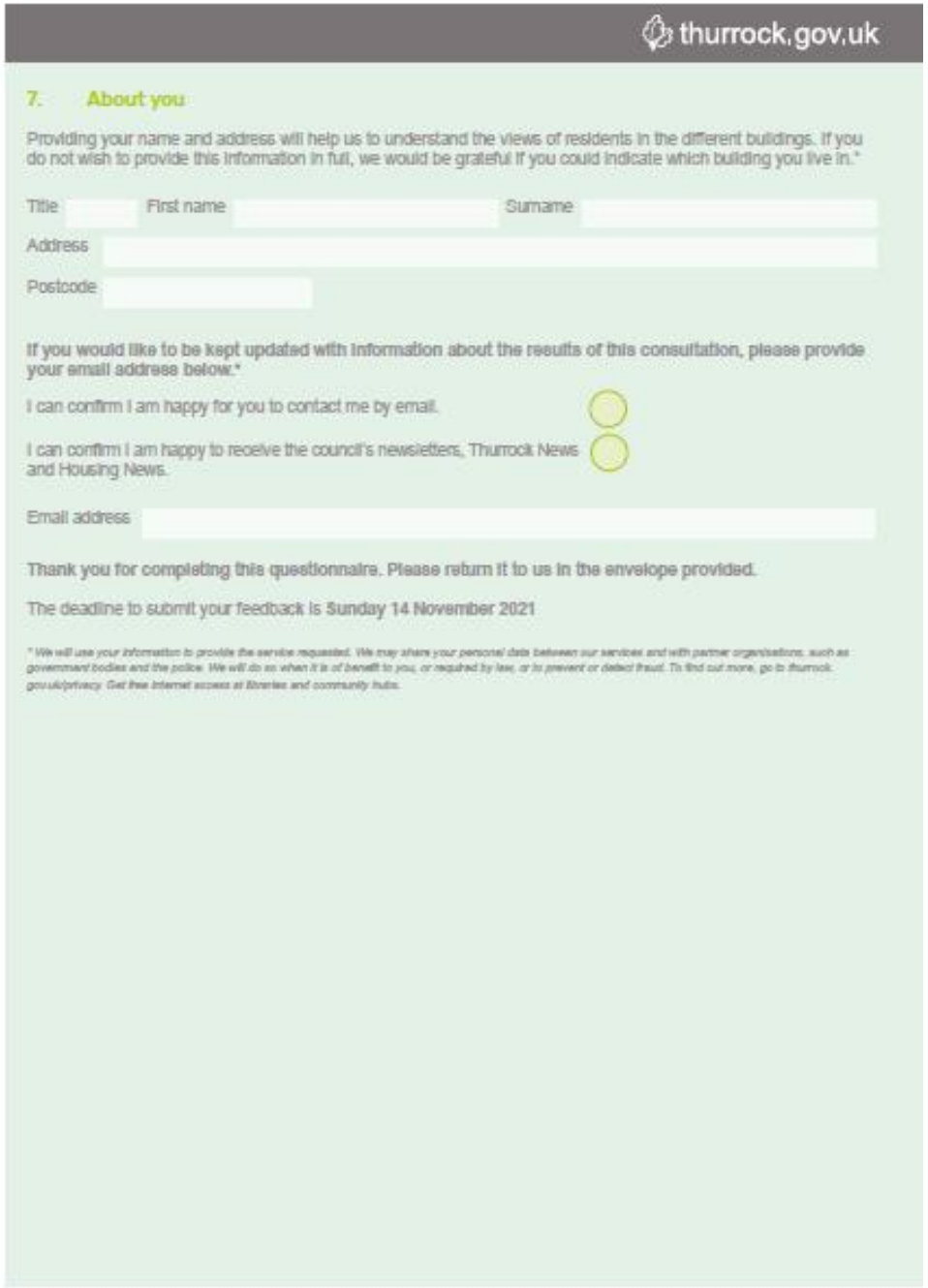
6. **What is your view on the long-term future of Bevan House, Keir Hardie House and Morrison House?**

- I think the buildings provide good quality homes and they should stay as they are, with essential maintenance and improvement works undertaken when needed. ◯
- I think the buildings provide good quality homes but Thurrock Council should invest in a bigger refurbishment programme to address current problems. ◯
- I think the buildings are coming towards the end of their life. Thurrock Council should look to replan the area with lower height homes with better energy efficiency and access to gardens and green spaces. ◯
- None of the above. ◯

If you have any further comments you would like to make, please provide these here:

Appendix

Feedback form



thurrock.gov.uk

7. About you

Providing your name and address will help us to understand the views of residents in the different buildings. If you do not wish to provide this information in full, we would be grateful if you could indicate which building you live in.*

Title First name Surname

Address

Postcode

If you would like to be kept updated with information about the results of this consultation, please provide your email address below.*

I can confirm I am happy for you to contact me by email.

I can confirm I am happy to receive the council's newsletters, Thurrock News and Housing News.

Email address

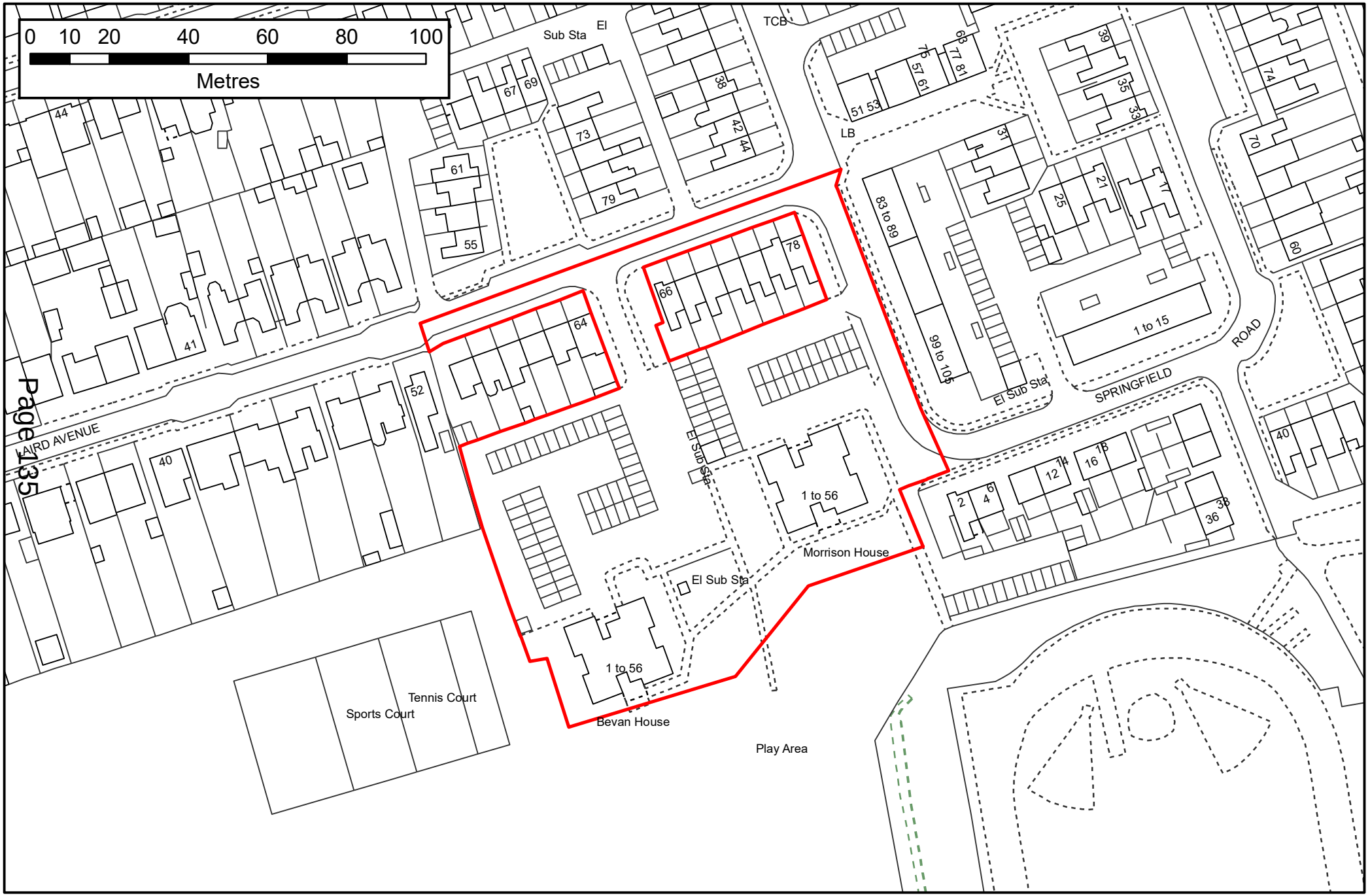
Thank you for completing this questionnaire. Please return it to us in the envelope provided.

The deadline to submit your feedback is Sunday 14 November 2021

* We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to thurrock.gov.uk/privacy. Get free Internet access at libraries and community hubs.

thurrock.gov.uk

Appendix 2



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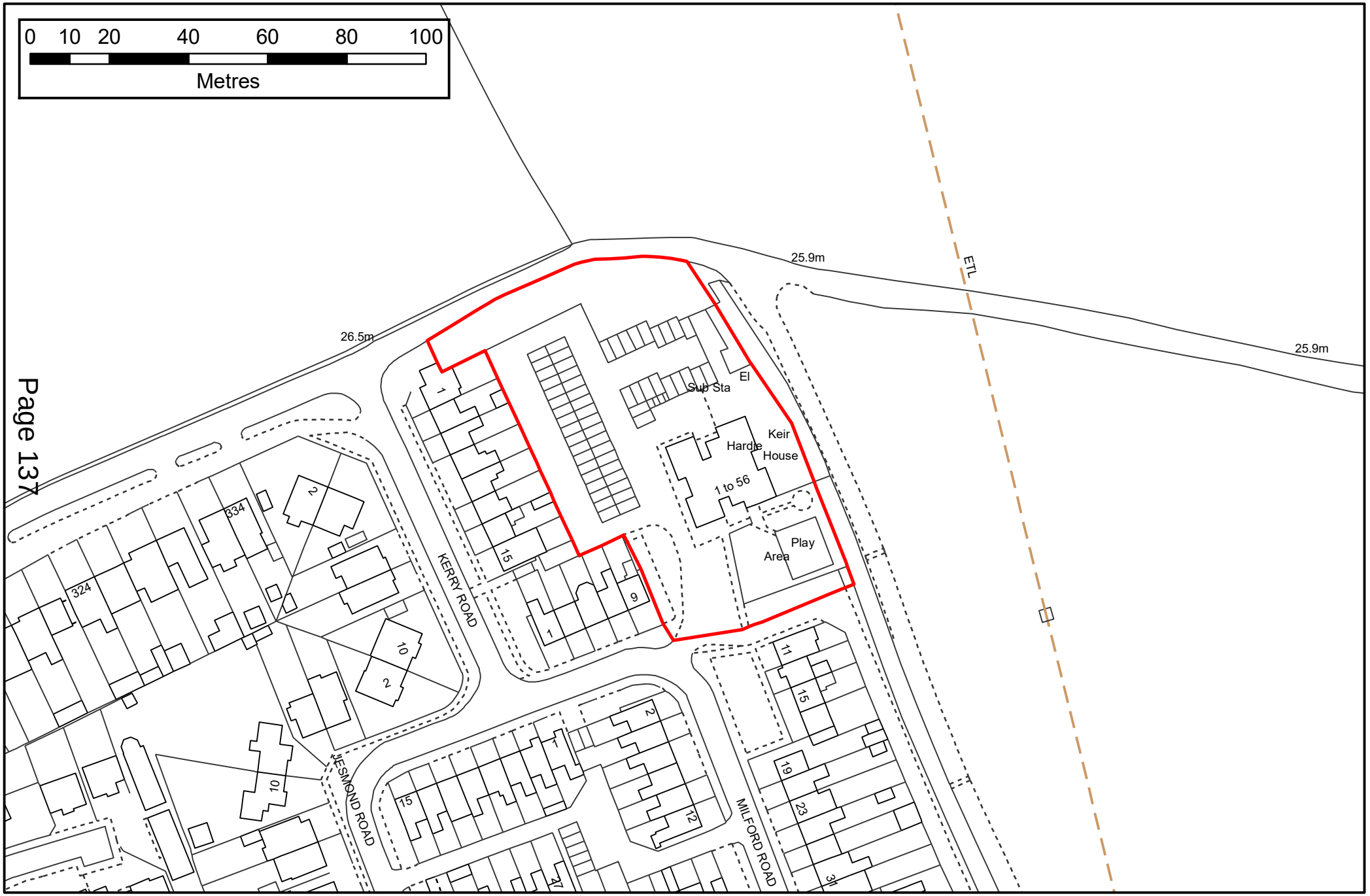
thurrock.gov.uk

Appendix 2



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7 December 2022	ITEM: 15
Cabinet	
Annual Public Health Report 2022	
Wards and communities affected: All	**Key Decision:** None
Report of: Councillor Deborah Arnold, Deputy Leader and Cabinet Member for Adults and Health	
Accountable Assistant Director: N/A	
Accountable Director: Jo Broadbent, Director of Public Health	
This report is Public	

Executive Summary

This paper presents the following report: Reducing the Impact of Cardiovascular Disease in Thurrock, Annual Report of the Director of Public Health, 2022.

1. Recommendation(s)

1.1 That Cabinet note the contents of the Annual Public Health Report 2022 and approve its publication.

2. Introduction and Background

2.1 Directors of Public Health in England have a statutory duty to write an Annual Public Health Report (APHR) to demonstrate the state of health within their communities. The Association of Directors of Public Health describes the core purpose of the Director of Public Health as independent advocate for the health of the population and system leadership for its improvement and protection. The DPH Annual Report is an important vehicle for providing advocacy and recommendations on population health to both professionals and public.

2.2 The APHR can focus on any topic of key relevance to improving the public's health, and in recent years, topics of focus have included Youth Violence & Vulnerability and Improving Older People's Health Through Housing. Previous reports can be found here https://www.thurrock.gov.uk/public-health/other-public-health-reports .

3. Overview

3.1 The attached APHR 2022 is a follow-up to the APHR 2016, which explored the sustainability of health and social care systems in Thurrock, with particular reference to Long Term Conditions (LTCs) amongst adult residents. The 2022 report demonstrates the progress that has been made in terms of LTC care as a result of the recommendations in that report. It also makes recommendations to the wider Thurrock health and care system to further improve LTC outcomes, looking through the lens of improving outcomes for cardiovascular disease (CVD).

3.2 CVD conditions covered in the report are -

- Hypertension (High blood pressure)
- Atrial fibrillation (a heart rhythm problem, characterised by a rapid, irregular heartbeat)
- Raised cholesterol (Coronary Heart Disease; CHD)
- Familial hypercholesterolaemia
- Stroke or TIA (transient ischaemic attack, also known as a mini-stroke)
- Diabetes – CVD related risk only (people with diabetes are at increased risk of CVD and other complications)

3.3 Improving CVD outcomes is important to the health of the population in Thurrock because –

- CVD is the main clinical cause of premature mortality, with 1 in 4 premature deaths (<75) in the UK being due to CVD
- CVD is the main clinical driver of health inequalities – premature mortality from CVD is higher in more deprived groups, and people living with Severe Mental Illness (SMI) and Learning Disability
- Focusing on CVD prevention provides the greatest potential to reduce health inequalities and reduce premature mortality in Thurrock
- Thurrock has the second highest premature (<75) CVD mortality rate in Mid & South Essex ICS
- For mortality attributable to socio-economic inequality, CVD is the greatest contributor in Thurrock, accounting for 35% of excess deaths
- For people living with Severe mental Illness, Thurrock has the second highest premature CVD mortality rate in England

3.4 The recommendations will be taken forward through the Better Care Together Thurrock (BCTT) working group on Population Health and Inequalities, chaired by the DPH. Actions fall into three categories covering workforce, service targeting to maximise impact on CVD outcomes and enhancing the LTC service model, and include:

- Continued quality improvement in primary care services for CVD
- Embedding a more holistic, co-produced approach to long term conditions care

- A focus on reducing inequalities in CVD outcomes, particularly for people from a minority ethnic background, people with serious mental illness and people with learning disabilities.

4. Reasons for Recommendation

4.1 Directors of Public Health in England have a statutory duty to write an Annual Public Health Report to report on the state of health within their communities.

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

5.1 This report is being presented to Health Overview & Scrutiny, the Health & Wellbeing Board and the Cabinet. It has also been shared for comment with Thurrock Integrated Care Alliance (TICA).

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

6.1 This report adds further detail and granularity to the aims of the Health & Wellbeing Strategy to Level the Playing Field and reduce inequalities in Thurrock, specifically the aims of Domain 1 – Staying Healthier for Longer. This includes a specific Goal to –

Continue to enhance identification and management of Long Term Conditions (LTCs) to improve physical and mental health

6.2 The report also sets out some specific actions to support the Better Care Together Thurrock adult health and care strategy, in particular Chapter 6 – Improved Health & Wellbeing through Population Health Management. This sets specific Goals as follows –

The Public Health Team will co-design with PCN, NELFT and EPUT clinical leaders, a more detailed case-finding strategy setting out revised protocols for hypertension, AF and depression, targets, training requirements and required resources

We will embed lifestyle modification services, social prescribing and ASC support within the multi-morbidity care models, ensuring that they are holistic, can respond to the individual context of residents including addressing wider determinants of health, self-care and in-depth motivational interviewing, creating a new blended coach role

7. Implications

7.1 **Financial**

Implications verified by: **Mike Jones**

Strategic Lead – Corporate Finance

Expenditure relating to the provision of public health services is contained within the ring-fence of the public health grant.

The report will influence transformation of NHS and public health services and will be used as part of the basis for the allocation of the funding and will be contained within the overall allocation. This will be addressed as part of the medium term financially planning for the public health service.

7.2 **Legal**

Implications verified by: **Gina Clarke**

Corporate Governance Lawyer & Deputy Monitoring Officer

This report fulfils the statutory obligation of the Director of Public Health to produce an Annual Public Health Report on the health of the population in the Council's area. The content and the structure of the report is a matter to be determined locally. However, the Council has a statutory duty to publish the Annual Public Health Report.

7.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**

Community Engagement and Project Monitoring Officer

The report makes a number of recommendations aimed at reducing health inequalities from LTCs, including inequalities in service access, condition diagnosis and quality of care, all of which contribute to inequalities in outcomes. Community groups identified as experiencing such inequalities include minority ethnic groups, people living in deprived areas, people living with serious mental illness or learning disability.

7.4 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

This report aims to influence activity in the local NHS, particularly primary care and will be used to support TICA in NHS service quality improvement.

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

- None

9. Appendices to the report

- Appendix 1: Executive Summary
- Appendix 2: Reducing the impact of Cardiovascular Disease in Thurrock, Annual Report of the Director of Public Health 2022; Full Report

Report Author

Dr Jo Broadbent

Director of Public Health

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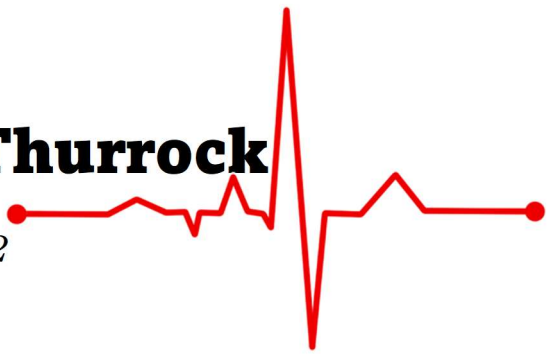
Reducing the Impact of Cardiovascular Disease in Thurrock

Annual Report of the Director of Public Health, 2022



Thurrock Public Health

Reducing the Impact of Cardiovascular Disease in Thurrock

Annual Report of the Director of Public Health, 2022

AUTHORS:

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To read the full report and for references, please visit https://www.thurrock.gov.uk/public-health/other-public-health-reports

Reducing the Impact of Cardiovascular Disease in Thurrock

Annual Report of the Director of Public Health, 2022

Foreword

In my first Annual Public Health Report for Thurrock, I have chosen to look back at the impact of the report from 2016, with a view to identifying further improvements in care for long term health conditions, looking through the lens of improving outcomes for cardiovascular disease (CVD).

The COVID-19 pandemic has highlighted the impact of profound and enduring inequalities in health across the country and CVD remains the clinical condition that contributes most to inequalities in premature mortality across the community. A relentless focus on improving quality of care for and reducing inequalities in CVD should not just improve CVD outcomes but also identify broader improvements in health and care services.

Much CVD care happens in General Practice, and many recommendations from 2016 were directed at this element of care. Despite the disruptive impact of the COVID-19 pandemic on General Practice, measurable improvements in quality of care for CVD since 2016 can be identified in Thurrock. However, we have also identified inequalities in CVD outcomes that can and must be addressed, including for people from a minority ethnic background, people living with serious mental illness and people with learning disability.

Thurrock Public Health Team will continue its close partnership working with local GPs to build on the gains made since 2016 and close the inequality gaps we have identified.

Dr Jo Broadbent

Director of Public Health

Reducing the Impact of Cardiovascular Disease in Thurrock

Annual Report of the Director of Public Health, 2022

Executive Summary

The 2016 Annual Public Health Report for Thurrock[1] explored the sustainability of health and social care systems in Thurrock, with particular reference to Long Term Conditions (LTCs) amongst adult residents. A number of issues were highlighted, including variable access to primary care, differences in the quality of care between practices, and associated impacts on patients and consequent hospital admissions. The report made a series of recommendations to increase the effectiveness and cost-effectiveness of care in Thurrock across a range of health conditions. Much has changed since 2016, both proactively in terms of national health policy and local health systems, and reactively as a consequence of the Covid-19 pandemic. This report reviews progress since then for one of the LTC clusters outlined in the 2016 report: Cardiovascular Disease (CVD).

Why focus on Cardiovascular Disease?

Of all the disease groups, CVD causes the highest levels of premature mortality: 1 in 4 premature deaths (before age 75) in the UK are due to CVD and it is the leading contributor to health inequalities[2]. Analysis of local data shows that for mortality attributable to socio-economic inequality, CVD is also the greatest contributor in Thurrock, accounting for 35% of excess deaths[3]. Yet if risks are detected and managed in line with NICE guidance, focusing on CVD provides the greatest potential to reduce health inequalities and reduce premature mortality. As outlined by the World Health Organisation (WHO), the key behavioural risk factors for CVD are smoking, unhealthy diet/obesity, lack of physical activity, and harmful use of alcohol[4], all risks which can be ameliorated with support and appropriate policies.

What has changed since 2016?

Both national and local drivers of CVD care have developed since 2016. The NHS Long Term Plan, published in 2019, set out a range of goals for reducing the number of strokes and heart attacks and reducing the inequalities associated with CVD by 2029, with a particular focus on high blood pressure (hypertension).

Improvements in clinical pathways for CVD in Thurrock have been seen since 2016[2]. However, part-suspension of QOF during the pandemic has made it difficult to make direct comparisons with the findings of the 2016 report. (Moreover, exact comparison with the 2016 report is not appropriate due to nationally driven organisational change in primary care with the establishment of Primary Care Networks). Measurable quality improvements do include:

- Whilst it is not possible to attribute success to individual initiatives, overall analysis does show that numbers of diagnoses for hypertension across Thurrock have increased from 1,321 in 2016/17 to 2,567 in 2021/22. There is still a gap between current register numbers for cases of hypertension and the national target that 80% of expected cases be detected by 2029, but the gap is smaller in Thurrock than in other areas of MSE. When it comes to treatment of patients on the hypertension register, all four Thurrock PCNs are working beyond the national target for those aged over 80, and close to target for those below 80, and again are achieving higher rates of treatment to target than neighbours in MSE.

- There have also been improvements locally in the treatment of patients with atrial fibrillation, where Thurrock is already exceeding the national target, though when it comes to detection there is still a gap (of around 260 cases) between the current recorded prevalence and national target.
- There is still a significant gap between expected and diagnosed prevalence of high cholesterol, with fewer than one third of the expected numbers having a formal diagnosis but the quality of care for those on Coronary Heart Disease (CHD) registers is high.

Key Findings and Recommendations

More detail on each of the findings, references and recommendations can be found in the full report.

	Key Findings	Recommendations
1	Most of Mid and South Essex is in the quartile in England with the most patients per GP, and the situation is worst in Thurrock, with 2,296 patients per GP (increased from 2,110 per GP in 2016), which is the third highest list size per GP in England.	Thurrock Integrated Care Alliance (TICA) should work with Mid and South Essex ICS to prioritise support for new models of working and additional workforce capacity to practices within Thurrock PCNs, to avoid increasing health inequalities associated with access and quality in primary care.
2	The COVID-19 pandemic has exposed and worsened health inequalities. It has had adverse effects on people's physical and mental health, and on demand and access to health and care services, including prevention and management of CVD.	Refresh the focus on primary prevention of CVD post-COVID-19, including: • Tobacco control • Reducing obesity • Focusing on healthy behaviours in early years
3	The development of Integrated Medical and Wellbeing Centres (IMWCs) is an opportunity to deliver: • More personalised, proactive care, with a more collaborative and flexible approach • An integrated service bringing together health, wellbeing and social care services in multi-disciplinary LTCs teams.	Promote personalised, collaborative and holistic care planning, for example the House of Care using an evidence-based model, alongside instigating long term condition specialists and multi-disciplinary working within the IMWCs. New models of working should include maximising potential for risk behaviour services to target support to patients, including those at higher risk of CVD, through joint working within the new IMWC model.
4	The evidence base shows that: • Focusing on the processes and tools of transformation is not sufficient	In designing new holistic care models, TICA should specifically consider:

	when seeking a shift to co-production • Goals linked to the patient's starting point will be more successful • The Patient Activation Measure (PAM) can assist in segmenting and prioritising patients with multi-morbidities and/or complex needs for care-coordination and support • Health Coaching can support outcome improvement through motivational techniques and focusing on the individual's starting point	• That transformation programmes need to be built around how to achieve cultural shifts in practice • The benefits of health goals being contextualised within the patient's life and personal priorities • Adopting the Patient Activation Measure (PAM) • Training a range of staff in primary care, integrated teams in Health Coaching, prioritising patients identified through PAMs at the lowest levels of engagement
5	Whilst it is not possible to attribute success to individual initiatives, joint working between public health and primary care, such as Stretch QOF, have produced measurable improvements in quality of care for hypertension, CHD and atrial fibrillation since 2016.	Continue to strengthen the links between public health and primary care, using data to inform improvements. Use Stretch-QOF and other approaches to promote case-finding and a strengths-based approach to improving outcomes, taking into account multi-morbidities, to promote holistic management of LTCs.
6.1	Case studies of best practice consistently demonstrate the potential for the wider community health and care workforce to contribute to CVD prevention and diagnosis.	In seeking further improvements in care for specific CVD conditions (and other LTCs), services should consider developing Community and Allied Health Professional roles (e.g. Podiatrists, Physiotherapists, Community Social Care roles) and considering how broader roles might enhance LTC services for patients.
6.2	Given the high quality of primary care for those on CVD registers in Thurrock, the greatest improvements in population health through improving CVD outcomes are likely to be gained by a focus on reducing gaps in diagnosis.	Implement systematic and targeted case finding for atrial fibrillation, CHD and hypertension, including targeting over 65s, those who are housebound, those with higher BMIs.
6.3	Evidence suggests that the NHS Health Checks programme needs to be more targeted in order to increase uptake in those with most to benefit – which includes people living in more deprived areas and/or those from BME groups at the younger age limit.	Target NHS Health Checks for people at the younger age limit in groups known to be at higher and earlier CVD risk. This includes those in certain minority ethnic groups, smokers and people on obesity registers, as well as residents in areas of higher deprivation.

6.4	Thurrock has the second highest premature mortality rate in England due to CVD in people living with SMI in 2018-20. Heart disease is the second highest cause of death amongst people with a learning disability. Despite, this follow-up of risks identified during physical health checks is low – for example, fewer than 1/3 of those with SMI having high cholesterol were followed up in primary care in 2021/22.	Maximise uptake and associated follow-up of physical health checks for people living with SMI and who have a learning disability.

Conclusions

Assessing the impact of initiatives put in place since 2016 to improve CVD outcomes is hampered by the impact of the COVID-19 pandemic on implementation, changes in access to primary care, the primary care workforce and data-capture, but there is evidence of measurable improvement in the quality of care for CVD in Thurrock since 2016. Given the impact of the pandemic, however, on widening inequalities, the case for improved identification and management of CVD is even more pressing.

The most recent Marmot review[3] stresses the need to re-focus on prevention in order to reduce the inequalities exacerbated by COVID-19. Given the high rates of smoking and obesity in Thurrock, increased identification and improved management of cardiovascular conditions will not alone address the inequalities currently associated with CVD in the borough; prioritising wider action to increase access to healthy foods, provide support for individuals to manage their weight, increase physical activity and reduce smoking is required. In addition, opportunities to identify those at increased risk of CVD, through NHS Health Checks and other case finding programmes, need to be targeted in areas of higher deprivation and for population groups with most to gain.

There have been some positive changes in primary care staffing since the 2016 report, but these are set against local and national concerns about ongoing workforce pressures, and Thurrock remains significantly under-doctored. The first IMWC to open has been in Corringham, where innovative practice in obesity can already be found. However, in Thurrock there is greater need in Tilbury & Chadwell and in ASOP, both in terms of constraints on primary care capacity and greater levels of patient need. These areas should therefore be prioritised for additional workforce capacity and adoption of new models of care, in order to avoid widening health inequalities further.

Despite the challenges of workforce pressures and the pandemic, there have already been improvements through initiatives implemented and developed since the 2016 report, notably the use of public health data to support practices, Stretch-QOF, and generation of additional workforce capacity with new roles in primary care.

Looking through the lens of CVD care, this report makes further recommendations on how holistic care activity could be directed to support different patient groups. The literature on changing models of care is clear that care for people with multiple needs requires to become more personalised, more coordinated and more collaborative if patients are to be engaged in optimising their health, and if both demand on the system and health inequalities are to be reduced. This means, for example, that Stretch QOF needs to be more holistic, focused on patient outcomes overall rather than individual disease targets. However, a shift towards more collaborative, co-produced care requires fundamental shifts in culture, investment in staff (for example training) as well as time to embed. Achieving this at the same time as seeking to reduce variation between and within PCNs and manage workforce constraints is a significant challenge. Time, training and opportunities for co-production and shared reflection on cultural change, in addition to continued collaboration between public health and primary care to understand the data driving and measuring this work, are needed to support this shift.

Long Term Conditions covered in this report

- Hypertension (High blood pressure)
- Atrial fibrillation (a heart rhythm problem, characterised by a rapid, irregular heartbeat)
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3	The development of Integrated Medical and Wellbeing Centres (IMWCs) is an opportunity to deliver: • More personalised, proactive care, with a more collaborative and flexible approach • An integrated service bringing together health, wellbeing and social care services in multi-disciplinary LTCs teams.	Promote personalised, collaborative and holistic care planning, for example the House of Care using an evidence-based model, alongside instigating long term condition specialists and multi-disciplinary working within the IMWCs. New models of working should include maximising potential for risk behaviour services to target support to patients, including those at higher risk of CVD, through joint working within the new IMWC model.
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	motivational techniques and focusing on the individual's starting point	• Training a range of staff in primary care, integrated teams and preventative services in Health Coaching, prioritising patients identified through PAMs at the lowest levels of engagement
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The most recent Marmot review[3] stresses the need to re-focus on prevention in order to reduce the inequalities exacerbated by COVID-19. Given the high rates of smoking and obesity in Thurrock, increased identification and improved management of cardiovascular conditions will not alone address the inequalities currently associated with CVD in the borough; prioritising wider action to increase access to healthy foods, provide support for individuals to manage their weight, increase physical activity and reduce smoking is required. In addition, opportunities to identify those at increased risk of CVD, through NHS Health Checks and other case finding programmes, need to be targeted in areas of higher deprivation and for population groups with most to gain.

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Reducing the Impact of Cardiovascular Disease in Thurrock

Annual Report of the Director of Public Health, 2022

1. Introduction

The 2016 Annual Public Health Report for Thurrock[1] explored the sustainability of health and social care systems in Thurrock, with particular reference to Long Term Conditions (LTCs) amongst adult residents. The report, which was extensive, highlighted a number of issues including variable access to primary care across the Borough, differences in the quality of care between practices (affecting both the detection and management of LTCs), and associated impacts on patients, their health status and consequent hospital admissions. The report made a series of recommendations to increase the effectiveness and cost-effectiveness of care in Thurrock. These included:

- A new model for Primary Care to address under-doctoring (lower than average ratio of GPs to residents), especially in the Tilbury and Chadwell area
- Mechanisms to case-find and diagnose patients
- Recommendations to reduce avoidable demand on secondary (hospital and community specialist) care
- Support to improve the management of LTCs in primary care

Much has changed since 2016, both proactively in terms of national policy and local health developments, and reactively as a consequence of the COVID-19 pandemic. The 2016 report examined the identification and management of a wide range of LTCs and disease groups. This report, the 2022 Annual Public Health Report for Thurrock, considers progress in improving LTC care through the recommendations of that report by reviewing one of the LTC clusters outlined in the 2016 report: Cardiovascular Diseases (CVD). Of all the disease groups, CVD causes the highest levels of premature mortality and health inequalities, and detecting and treating CVD, in accordance with NICE guidance, has the greatest potential to reduce health inequalities and reduce premature mortality.

One in four premature deaths (death before the age of 75) in the UK are due to cardiovascular disease, and it is the leading clinical contributor to health inequalities. However, if risks are correctly identified and managed, CVD is also the most preventable cause of premature mortality. As set out by the World Health Organisation (WHO), the key behavioural risk factors for CVD are smoking, unhealthy

What is Cardiovascular Disease?

Cardiovascular disease (CVD) is a set of conditions that affect the heart or blood vessels. They include, most commonly:

- Coronary heart disease
- Heart attack
- Heart failure
- Stroke

People with certain Long Term Conditions (LTCs), including atrial fibrillation, high blood pressure, and raised cholesterol, are at higher risk of ill-health or death from CVD, but this is reduced if these conditions are identified and treated. The risk of developing these conditions increases with age, for people with a family history of heart disease, people with Diabetes, and for people from south Asian, Black African or African Caribbean backgrounds. However, healthy behaviours and effective treatment reduce the risk of acquiring these long-term conditions.

Reducing health risk behaviours– not smoking, maintaining a healthy weight and diet, being physically active, and moderate alcohol consumption – reduces the risk of developing these conditions in the first place.

diet/obesity, lack of physical activity, and harmful use of alcohol, all risks which can be ameliorated with support and appropriate policies. The 2017 Global Burden of Disease study[4] found that whilst there have been reductions in smoking rates over the last 30 years, England is in the worst performing group of the 22 countries studied for levels of physical activity, Body Mass Index (BMI – an indicator of healthy weight) and diet.

After outlining the population of interest, this report first provides an overview of national and local contextual changes since 2016: those originating from national policy, and those arising due to the pandemic. It then briefly outlines the findings of the 2016 report relating to primary care workforce, and to prevalence and admissions due to CVD. Next it considers the impact of the 2016 report through summarising current data on CVD along with data on health inequalities in Thurrock, and initiatives on CVD put in place after the 2016 report. A literature review (presented here in summary but full text available) then sets out additional areas for potential improvement in the detection and management of CVD LTCs. The report concludes with a range of recommendations for building on the 2016 report and further improving CVD prevention and management locally.

Why focus on CVD risks?
One in every 20 people with untreated high blood pressure will have a stroke in the next three years

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

BUT

For every 1% increase in patients identified and registered as at risk, 65 strokes could be prevented over 3 years.

2. Why Focus on Cardiovascular Disease?

With a rate of 74.5 per 100,000 residents, Thurrock has a higher rate of premature (ie under age 75) mortality from cardiovascular diseases than the East of England (62.9/100,000) and England (70.4/100,000) (PHE, 2017-19 data). In 2020, CVD accounted for 18.5% of deaths in Thurrock in 2020 and 13.8% of deaths in those aged under 75. CVD is also the most significant contributor to mortality attributable to socio-economic inequality in Thurrock, accounting for 35% of excess deaths[5].

However, much CVD is preventable, and as outlined below there are significant opportunities to save lives, improve quality of life for patients, and reduce health inequalities associated with poor CVD outcomes. The national ambition, set out in the NHS Long Term Plan in 2019 and further detailed by Public Health England[6], is to prevent 150,000 CVD events (in England) over the 10 years to 2029, through increased detection of risk factors and a higher quality approach to the management of CVD conditions. Locally, if the health of adult Thurrock residents were typical of that in the national population, this would translate to preventing 370 CVD events by 2029 (equivalent to 1.1% of non-elective CVD admissions per year). However, as rates of mortality and morbidity in Thurrock from CVD are already higher than nationally, this should be very much a minimum target.

Addressing CVD requires a multi-layered approach that can be best conceptualised as a pyramid (see Figure 1). At the base are universal actions also termed ‘primary prevention’ (e.g. local and national policies such as easy access to affordable fruit and vegetables), then actions that promote and sustain healthy behaviours (such as support to stop smoking). Further up the pyramid is increased activity to identify risk factors and early diagnosis of CVD LTCs, some of which needs to be targeted to groups or areas where prevalence is

higher than average, and finally the smallest number of people require effective clinical management of LTCs and secondary prevention to prevent adverse outcomes. When opportunities for primary prevention are maximised, fewer people need complex and costly clinical intervention, as shown in the 2022 report from the Thurrock Integrated Care Alliance: Better Care Together Thurrock: The Case for Further Change[7]. That strategy (BCTT Strategy) includes analysis of the extent of avoidable admissions and associated costs from increased CVD prevention, and sets out in more detail the plan to transform and integrate adult health, care and third sector services across the district. This APHR report complements that BCTT report by focusing on the actions taken since 2016 to reduce the burden associated with CVD in Thurrock and the changes in healthcare since then, and the potential for further action, with the aim of reducing the health inequalities associated with CVD in Thurrock.

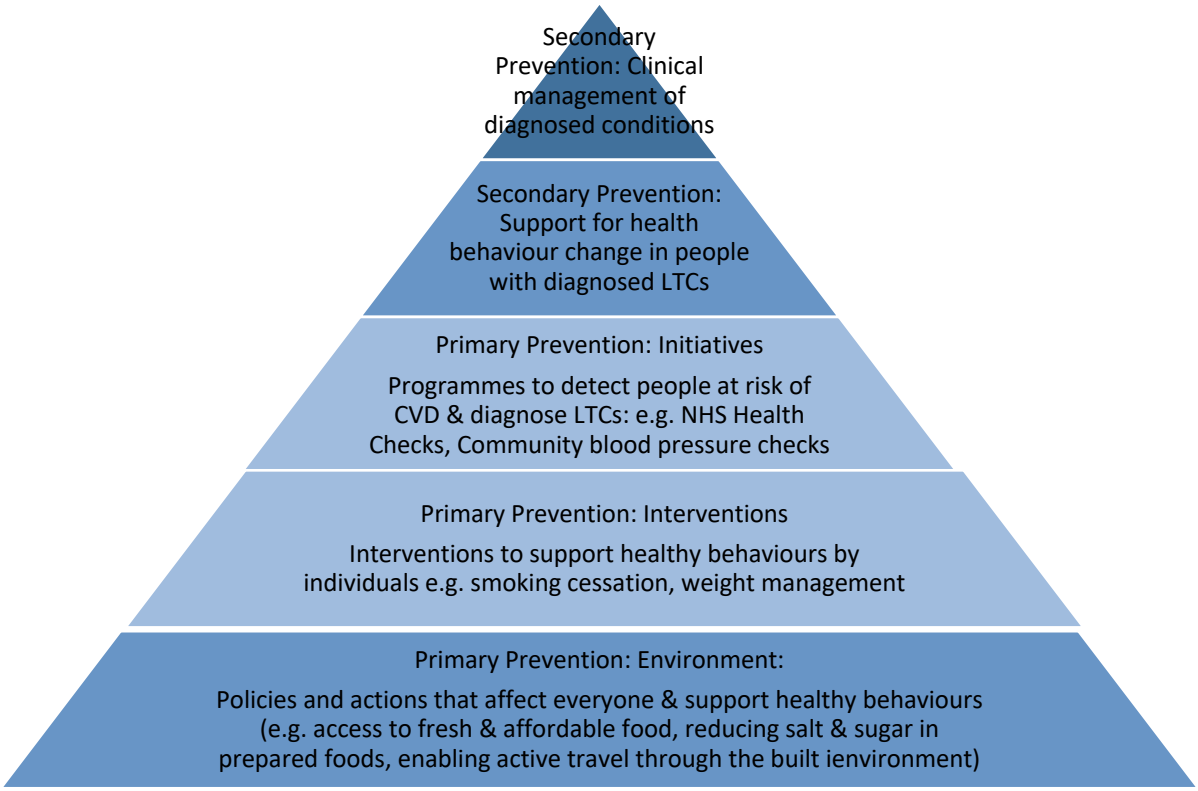


Figure 1: Actions required to reduce the impact of cardiovascular disease

Healthy behaviours are key to both preventing and reducing the risk of cardiovascular conditions (primary prevention), and to limiting the impact of diagnosed CVD conditions (part of secondary prevention). Moreover, risk factors for CVD, and prevalence of CVD conditions, are higher amongst people living in the most deprived areas where residents have poorer access to health care – a situation known as the Inverse Care Law. The 2016 report found evidence of this in Thurrock, with fewer available healthcare appointments per head than in the least deprived parts of the district. However, since then the former Thurrock CCG (whose functions have since July 2022 been subsumed by the Mid & South Essex Integrated

Care System: MSE ICS) has taken action to address this by increasing the number of clinicians available in primary care (See section 5.6 for further information).

Figure 2 provides a schematic overview of the categories of patients who may benefit from a more systematic approach to CVD identification management. Patients most at risk of poor health outcomes, but with most to gain, are those with undiagnosed conditions (shown in in red), and those whose conditions are not adequately managed (shown in orange). Our analysis of hospital data in the 2016 APHR – refreshed for this report, is that these patients experience avoidable hospital admissions, along with those patients in the buff circle, whose condition/s are recorded in primary care but whose condition/s are poorly controlled (for example whose blood pressure is not at or below the NICE-recommended minimum levels), and those in the amber circle whose conditions are not only poorly managed but not recorded in primary care records. This focus on improved detection and treatment of risk factors aligns with the goal in the NHS Long Term Plan to prevent 150,000 CVD events nationally by 2029[8].

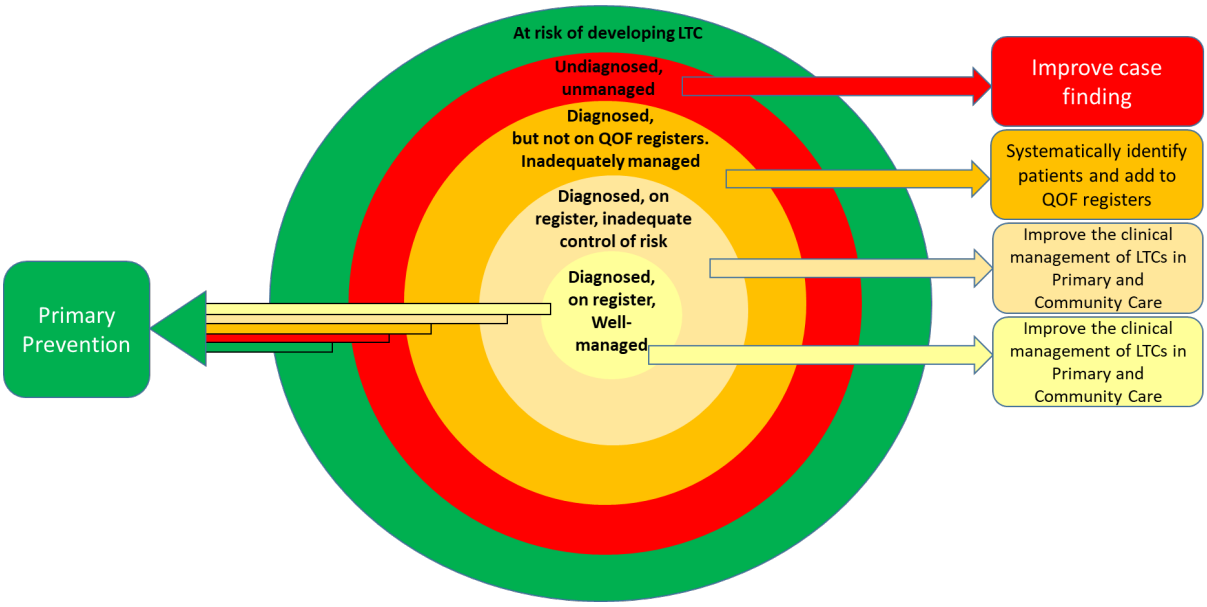


Figure 2: Segmentation of patient groups relating to CVD

Improving outcomes for patients with known or hitherto un-identified CVD risks not only benefits individuals, it also reduces pressures in both primary and secondary care. The majority of adults in Thurrock, as elsewhere, make very limited use of health services.

Analysis for the BCTT[7] has identified that in Thurrock, greater use of health care is associated with age and increased morbidities. In Thurrock, just 1% of the population, typically aged over 65 and with high levels of frailty and/or LTCs, account for 8.8% of the spend on A&E attendances and 26% of the spend on hospital admissions. Moreover, circulatory diseases (including CVD and diabetes) account for the highest proportion of hospital costs compared with other types of disease such as cancers: £5.23M in 2019-20. (This situation is not unique to Thurrock: evidence on healthcare utilisation in England suggests more than a quarter of the population accounts for more than half of all primary and secondary healthcare use[9].) As the 2016 APHR

outlined, many of these admissions could be avoided with better identification and management of cardiovascular conditions, as well as through increased identification of those at risk, benefitting both residents and the local health system.

3. Context

3.1 National Policy Changes

Since 2016 there have been significant developments in national healthcare policy, with the publication of the NHS Long Term Plan [2] in January 2019. This acknowledges the challenges facing the health care system in relation to access, the workforce, increasing demand, joined-up care, quality of care and health inequalities, and outlines how these challenges may be addressed locally and nationally. Organisationally it has led to the creation of Integrated Care Systems, which bring together not just healthcare organisations (including hospital Trusts) but Local Authorities and the Voluntary & Community sector at sub-regional level. A system priority for the NHS Long Term Plan is digital transformation, though it should be noted that the pandemic has led to rapid developments in this area, arguably faster than would perhaps have been achieved otherwise.

The NHS Long Term Plan focuses on a number of clinical priorities, two of which are Cardiovascular Disease and Stroke, with the overall goal of preventing 150,000 strokes, heart attacks and dementia cases and reducing the inequalities associated with CVD by 2029. To achieve this, national objectives include:

Cardiovascular Plan

1. Improving the effectiveness of approaches such as the NHS Health Check
2. Supporting people with heart failure and heart valve disease to access increased testing including in primary care
3. Working with partner organisations to increase the number of people who know their AF, high blood pressure and high cholesterol (ABC) status
4. Increasing access to cardiac rehabilitation
5. Improving community first response and defibrillator access
6. Expanding access to testing for familial hypercholesterolaemia to increase identification from 7% to 25%

Stroke Plan

- Prevention through increased identification and support for ABC Increased access and quality of rehabilitation services (including working with partners such as the Stroke Association)

Building on these objectives, the National CVD Prevention System Leadership Forum[6] has determined a set of specific ambitions to reach the NHS LTP goal:

- Detection of atrial fibrillation to increase from 79% to 85% of those expected to have the condition; Management (those at high risk of stroke to be anticoagulated) to rise from 84% to 90%.

Does this report align with other strategies and plans for Thurrock?

Thurrock's Health & Wellbeing Strategy (2022-26) has recently been refreshed. With the vision "Levelling the Playing Field" it endorses a whole systems approach for addressing inter-generational health inequalities and variation in service access and outcomes. A statutory document (which must therefore be taken into account by Mid & South Essex ICS when planning health services locally), it covers 6 domains encompassing health outcomes and wider determinants of health. Priorities include creating the four Integrated Medical Centres (priority 3B), improvements in the identification and holistic management of LTCs (priority 1C) and primary prevention of chronic diseases through reducing smoking, obesity, lack of physical activity and substance misuse (priority 1A).

The Better Care Together Thurrock: Case for Further Change strategy sets out in more detail the plan to transform and integrate adult health, care and third sector services across the district. This strategy endorses the Human Learning Systems (HLS) approach, which recognises the dynamic nature of complex systems like healthcare. It describes how HLS principles, which include co-design and co-production, continuous learning and refinement, supported by quantitative and qualitative data, will be adopted and used to ensure that care is built around outcomes for individuals, not inputs.

Thurrock's Brighter Futures Strategy concerns the wellbeing of children & young people in the district.

- Detection of hypertension cases to increase from 57% to 80% of those expected to have the condition; management (treated to target as per NICE) from 56% to 80%.
- Detection of raised cholesterol to increase from 49% to 75% of those expected to have the condition; management of high cholesterol from 35% to 45% (focused first on increasing initiation of statins to people with a ≥20% risk of developing CVD within 10 years).

What is your ABC?

Knowing three things:

- If you have atrial fibrillation
- Your Blood pressure
- Your Cholesterol level

The local implications of these targets are explored in section 5.4 below.

In order to meet its stated aims, the NHS Long-Term Plan signalled further development and diversity in the primary care workforce, with an expansion of roles in primary care. These include Paramedics, Pharmacists (of particular relevance to people with LTCs to support adherence to medication) and Physician Associates (who provide diagnostics under the supervision of a GP, with the aim of freeing up clinical capacity and reducing GP workload). Other roles are more holistic, such as Social Prescribers, and aim to address specific wellbeing and social needs which impact health. Alongside these workforce developments, the Primary Care section of the NHS LTP aims to bring together mental and physical health, focusing on 'person' and 'place', with outpatient clinics brought to the community, and more community teams providing support in the home. This is to be achieved in part through the creation of Primary Care Networks (PCNs). These are informal organisations (i.e. not legal entities) that encourage collaboration between GP Practices, Dentists, Pharmacists and other healthcare providers including mental health.

3.2 Changes to Health & Care Services in Thurrock

Organisationally, Thurrock CCG is now one of four Alliances within Mid & South Essex Integrated Care System (formerly Mid & South Essex HCP), which, alongside Thurrock Health & Wellbeing Board and Thurrock Integrated Care Partnership, make strategic decisions about funding and commissioning of healthcare services.

Locally, GP practices have grouped into four PCNs:

- ASOP: 6 practices with c. 40,000 patients from Aveley, South Ockendon & Purfleet)
- Stanford-le-Hope & Corringham (SLH): 6 practices with c. 33,000 patients
- Tilbury and Chadwell: 5 practices with c.37,000 patients
- Grays: 10 practices with c.73,000 patients

Practices within PCNs are expected to collaborate to make best use of staffing and practice across the PCN and to work together to share good practice and address quality concerns. In 2021, Mid & South Essex HCP published a new Primary Care Strategy which commits to supporting both the leadership and management within PCNs and the increased collaboration and integration between community services and primary care that the locality focus brought by the introduction of PCNs in the NHS Long Term Plan makes possible. An example is the Integrated Mental Health Team set up in ASOP in 2020, in which mental health specialist staff (employed by EPUT) work alongside primary care staff. This team provides support to people who need more specialist care than can be provided in primary care, but who do not meet the threshold for secondary care services; the team also supports people with severe mental illness to manage their physical health.

Even before the national and MSE strategies were introduced, Thurrock had already made progress in some of these areas. As outlined in chapter 2 of Thurrock CCG's Adult Place Based Strategy[10], Physician Associates and Paramedics were recruited in 2017 to address pressures and quality concerns in Tilbury & Chadwell PCN, and Thurrock CCG took responsibility for primary care planning locally. Thurrock Council had already brought in Local Area Coordinators, providing social support to individuals and communities – for example helping with entitlement to benefits, dealing with debt and money problems, and connecting people to volunteering schemes. The next steps are to build on this progress across all four PCNs locally.

3.3 The COVID-19 Pandemic

This report is concerned with CVD specifically, rather than the impact of the pandemic on the health of Thurrock residents overall. However, it is clear that some common general themes arising from the pandemic will have further exacerbated the gap between health demand and supply, including for the prevention and management of CVD, as follows:

- There have been changes to the way healthcare is provided, and to how patients access support, with growth in 'virtual' appointments; difficulties or perceived difficulties accessing healthcare during lockdowns; and increased waiting lists for secondary care which may in turn impact on

demand for primary care. As an example, May 2020 saw the lowest number of primary care appointments provided (53,242) and within this, the lowest proportion of face-to-face appointments (52.5%) and home visits (< 10). It is important to note that whilst the increase in virtual appointments may be positive for many patients, many others are digitally excluded, which risks exacerbating health inequalities associated with age and deprivation. As of autumn 2021, 100% of Thurrock practices responding to the Practice Access Survey were open core hours. However only 42% were providing same day appointments face-to-face against a target of 100%. A fifth of clinicians were still working from home, limiting the availability of face-to-face appointments.

- There have been adverse effects on people's physical and mental health. These include worsening of health due to reduced (or perceived reductions in) access to health care, fear of contracting COVID-19 reducing help-seeking, capacity constraints leading to longer waits for treatment and elective surgery, and Long COVID[1]. The pandemic is also likely to have had an adverse impact on the number of people with long term conditions managed to clinical targets, further widening the health inequalities associated with CVD. Children are also affected, with NCMP data showing increased rates of obesity amongst children in reception class and year 6.

- In order to ensure that the COVID-19 vaccination programme could be rolled out as fast as possible, Government released General Practice from many of the requirements associated with QOF (primary care Quality Outcomes Framework[2]), firstly to manage capacity during the first part of the pandemic, then to release capacity for the COVID-19 vaccination programme. In practice, this has meant delays to the usual schedule of reviews for people with CVD conditions on the QOF disease registers. In addition, practices were twice directed to suspend locally commissioned services not related to COVID-19, affecting delivery of services such as NHS Health Checks.

- Finally, but significantly, the pressure of meeting the increased demand for healthcare at the same time as having to adapt practice or service delivery on an ongoing basis, has had an impact on the health and wellbeing of healthcare staff.

Most importantly, COVID-19 has exposed and worsened health inequalities. People living in more deprived areas, people with learning disabilities (LD) and people from Black, Asian and other minority ethnic groups have experienced higher mortality from COVID-19. This is related to a variety of factors such as housing conditions, but also in part to the severity and mortality of COVID-19 being increased amongst individuals

[1] Long COVID is described by the NHS as experiencing symptoms 12 or longer after having COVID-19. See https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/

[2] QOF (Quality Outcomes Framework) is a primary care incentive scheme set up in the mid 2000s to improve the quality of care. QOF targets focus attention on detection of patients with particular risks (e.g. smoking) and improved management of a wide range of long term conditions including those covered in this report.

with diagnosed CVD or risk factors. Research[11] has identified, for example, that amongst people admitted with COVID-19 before November 2020, hypertension was associated with 2.6x higher risk of severe COVID-19 and 2.5x higher odds of mortality, odds were highest for people with coronary heart disease (CHD; 3.6x higher mortality). Severe COVID-19 was associated with smoking and mortality with obesity (odds 1.8x higher and 2.2x higher respectively). (The research also identifies the incidence of acute cardiovascular events and cardiac complications that follow admission with COVID-19.)

The pandemic has also worsened and exposed structural inequalities associated with low income, insecure or low-paid employment, with associated increases in food and fuel poverty. Other factors which contribute to health inequity have also worsened including increased caring responsibilities and domestic abuse[12]. Some COVID-19 impacts are already evident – such as the increase in complexity of illness for patients who did not, or could not, access health care during lockdowns. Other impacts may be yet to emerge, particularly those relating to changing health behaviours, changed economic or family circumstances, and to Long COVID.

RECOMMENDATION: Refresh the focus on primary prevention of CVD post-COVID-19

4. The 2016 Report – a summary of issues relating to CVD

In the 2016 Annual Public Health Report for Thurrock, the authors set out a vision and plans for a sustainable adult and social care system in the Borough. The report outlined a number of challenges within health and care system, considering staffing issues, financial pressures on secondary care, increases in demand for emergency care and the impact of all these on the health of Thurrock residents with long term conditions (including but not restricted to CVD). The report presented a number of ways in which health and care could be improved for Thurrock residents whilst making financial efficiencies. These included a specific focus on the detection and management of long-term conditions including CVD.

4.1 Primary Care Workforce

One of the areas explored in the 2016 report was access to appointments in primary care. In common with many parts of the country, Thurrock experiences 'under-doctoring'- a lower ratio of clinicians to residents than average. Across Thurrock and the UK as a whole, there are variations in the ratio of patients to clinicians, a situation which is often exacerbated in the most deprived areas (an example of the inverse care law in action)[13]. It is important to note that this is not a reflection on individual practices, but a result of the way in which primary care has traditionally been funded, as well as a consequence of staffing pressures resulting from the age profile of GPs and Thurrock's proximity to London. In 2016, Thurrock was the 4th most 'under-doctored' CCG in England, with 2110 patients to every full-time equivalent GP compared with the England average (mean) of 1321, with the practice under most pressure having a ratio over five times that of England. In addition, all but five Thurrock practices in 2016 had a lower ratio of nurses than the England average. As the 2016 report makes clear, the ratio of doctors to patients is not the only factor affecting the availability of appointments. Nonetheless, as the 2016 Thurrock report outlines, difficulty accessing appointments in primary care is associated with increased hospital admission for CHD and Heart Failure, and under-capacity in primary care has impacts not just on patient care but also increases otherwise avoidable

clinical exacerbations resulting in pressure elsewhere in the health system. As an example, it was estimated in the 2016 report that every 1% increase in availability of GP appointments would lead to a reduction of 109 emergency admissions for heart failure.

4.2. Prevalence and Management of CVD in Thurrock in 2016

Public Health England (PHE) used a range of data to predict the prevalence rates of long-term conditions at General Practice, and now PCN, level. These could then be compared with the diagnosed rates reported through the QOF framework.

Analysis of QOF data in 2016 (comparing individual practice data from 2014-15 with 2016 PHE estimates) found significant gaps between the reported numbers of patients on disease registers for hypertension, stroke/TIA and CHD and the numbers that would be expected using PHE prevalence estimates (these take into account demographical variations between practices and PCNs). For example, in 2016 hypertension registers were on average 68% complete versus expected prevalence, with significant variation between practices. Table 1, from the 2016 Report[14], shows the recorded and expected prevalence for certain conditions (the original table included COPD), and the estimated number of patients yet to be diagnosed.

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

Table 1: Estimated gap between expected and recorded prevalence of CVD conditions (adapted from the 2016 APHR)

Analysis of QOF data for the 2016 report also suggested concerns around the management and quality of care for many patients diagnosed with CVD conditions. There were significant gaps recorded for the number of patients treated to NICE-recommended clinical thresholds. For example, the number of patients diagnosed with atrial fibrillation with a CHA2DS2-VASc score >1 but not prescribed (or exception-reported) an anti-coagulant was 247. This is significant because 50% of these patients were estimated to be at risk of having a stroke within 3 years.

4.3 Recommendations of the 2016 Report Relating to CVD

The 2016 APHR calculated the number of hospital admissions and A&E attendances that might be avoidable, if Thurrock patients were diagnosed and treated to target, and the potential cost-savings associated with the reduction in admissions, leading to the following recommendations:

- Further investigation of the GP practices with the highest rates of admission for 'ambulatory care sensitive' conditions (angina, congestive heart failure and diabetes), with the implementation of a practice scorecard and facilitating the sharing of best practice.
- Redesign and procurement of a healthy lifestyle service with a focus on those patients with LTCs
- Support for a whole system approach to reduce obesity prevalence

- Implementation of a hypertension case-finding and Clinical Management Improvement Programme
- Treat more heart failure patients with effective medication, with support from the Public Health team via further analyses and the creation of bespoke SystmOne reports.
- Support more patients with effective blood pressure control (e.g. as above)
- Significantly increase primary/community care capacity in Thurrock including better skills mix of staff with GP surgeries
- Expediate building the four Integrated Healthy Living Centres (now Integrated Medical & Wellbeing Centres) in Purfleet, Tilbury & Chadwell, Grays and SLH

5. Thurrock in 2022

5.1 Health Inequalities in Thurrock, 2022

There is variation in health outcomes across Thurrock and between Thurrock and neighbouring areas, driven by broad and complex factors. Health inequalities between populations manifest as differences in life expectancy. In 2020, life expectancy was significantly lower in Thurrock than average across England for both men (78.3 years vs 79.4 years) and women (82.6 years vs 83.1 years), and the lowest in MSE ICS (see Figure 3)

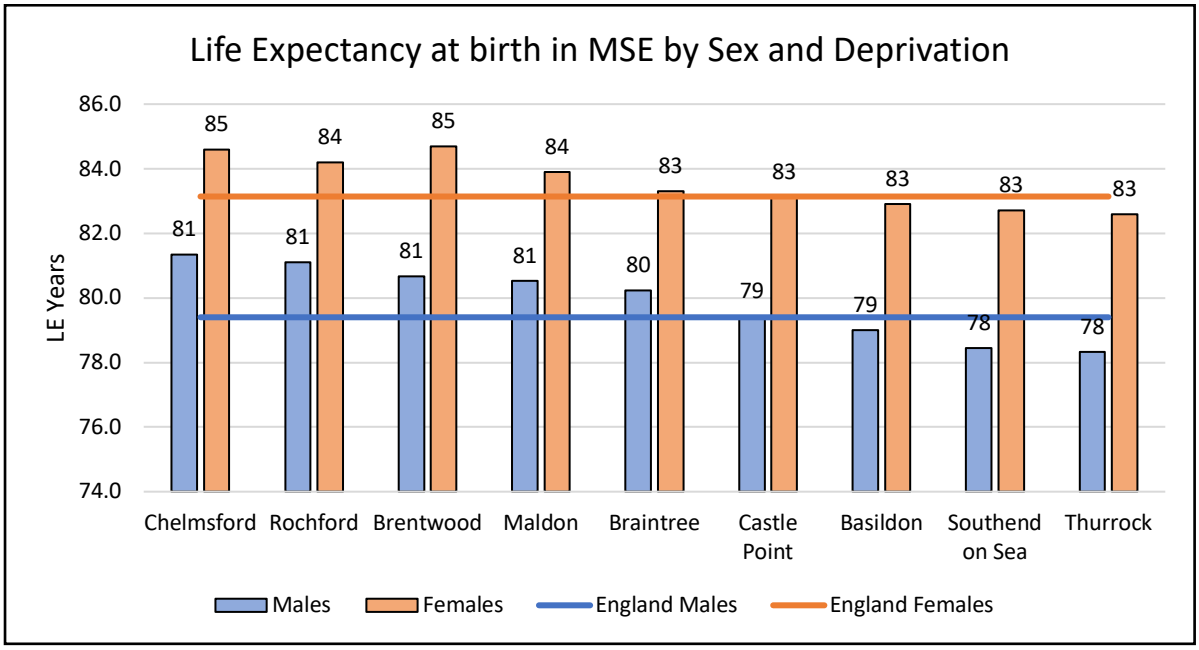


Figure 3 – Life expectancy at birth in MSE ICS at district level (ONS, 2020; Fingertips)

Healthy Life Expectancy (HLE) is how long an individual can expect to live in good health. Variation in HLE is a measure of the health inequity that exists within and between populations. HLE in Thurrock is 63 years for males and 61 years for females, but this hides considerable variation within the local community. Individuals in the least deprived parts of Thurrock can expect to live between 6.4 to 8.7 years longer than those in the most deprived areas. In terms of HLE, people in the most affluent areas of Thurrock experience 8 years more

healthy life than those in the most deprived, with women in the most deprived areas experiencing 22 years in poor health.

In terms of socio-economic inequality, Thurrock has a larger proportion of its population clustered around the England average deprivation level than is typical for the country as a whole: around 11% of the Thurrock population live in the 20% least deprived areas nationally, and around 11% live in the 20% most deprived[15]. Overall, local data show that the local authority district of Thurrock has the 3rd worst mortality rate attributable to socioeconomic inequality in Mid & South Essex, with circulatory conditions being the greatest clinical driver[15]. Detailed information about the impact of socio-economic inequality on health in Thurrock can be found in the Thurrock Health & Wellbeing Strategy 2022-26[16].

Figure 4 shows the populations covered by the four PCNs in Thurrock, and their relative deprivation, clearly showing the difference in area-level deprivation for Tilbury & Chadwell and ASOP patients, and those in SLH and Grays.

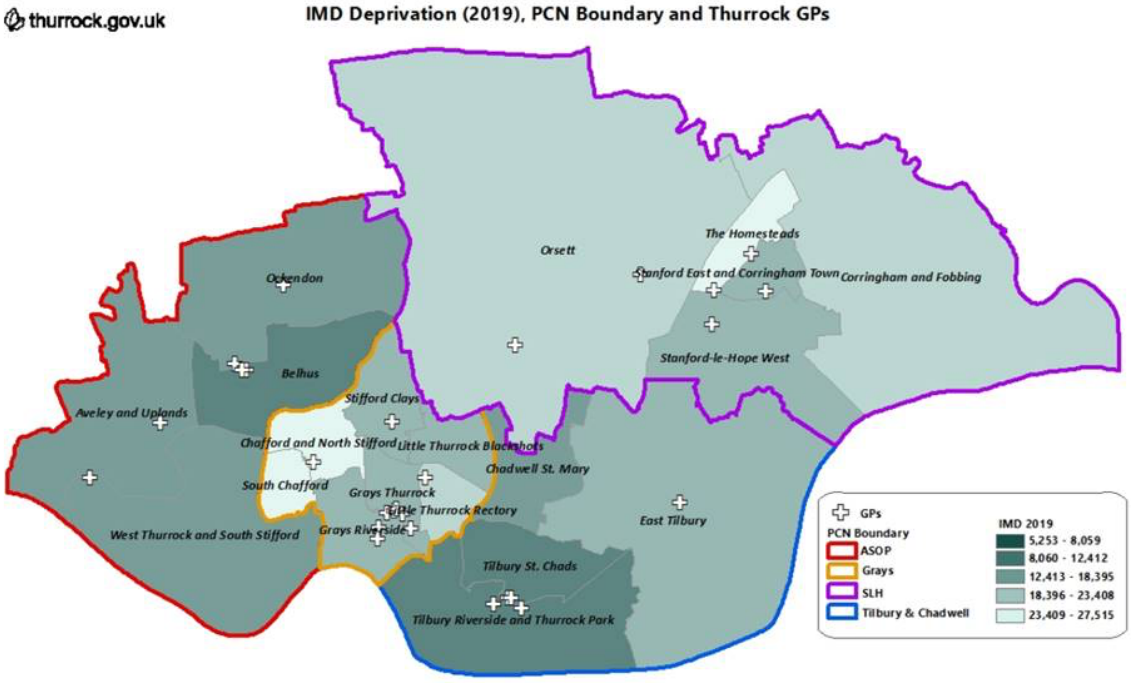


Figure 4: Map of Thurrock District, showing PCN boundaries and IMD 2019 scores. A higher IMD score indicates a higher level of deprivation.

5.2 Prevalence and Management of CVD Risks in Thurrock in 2022

As noted above, QOF reporting found under-diagnosis of CVD and variation in care quality across Thurrock practices in 2016; addressing this variation in quality between practices was a key reason for implementing the initiatives outlined above. The key question, therefore, is what difference this focus and activity has made to the detection and management of CVD conditions in Thurrock. For methodological reasons (including the fact that the earlier report analysed data by practice, but data are now presented by PCN, and

the impact of COVID-19 on QOF data collection) direct comparisons are not made with the data in the 2016 report. Available data are used to assess trends, and to explore the situation now for three key areas of focus in the national CVD plan: hypertension, atrial fibrillation and familial hypercholesteremia.

5.3 Prevalence of CVD Conditions

Figure 5 below shows recorded prevalence of diagnosed CVD conditions across the four PCNs for the last period with full QOF data (2019/20 as reporting was paused for some indicators during the COVID-19 pandemic). Given the higher levels of socio-economic deprivation in the areas covered by the ASOP practices compared to Grays or SLH, true prevalence of CVD LTCs would be expected to be higher. As the comparison in Table 2 shows, the gap between estimated and recorded cases is highest in ASOP, representing a higher proportion of residents undiagnosed and untreated.

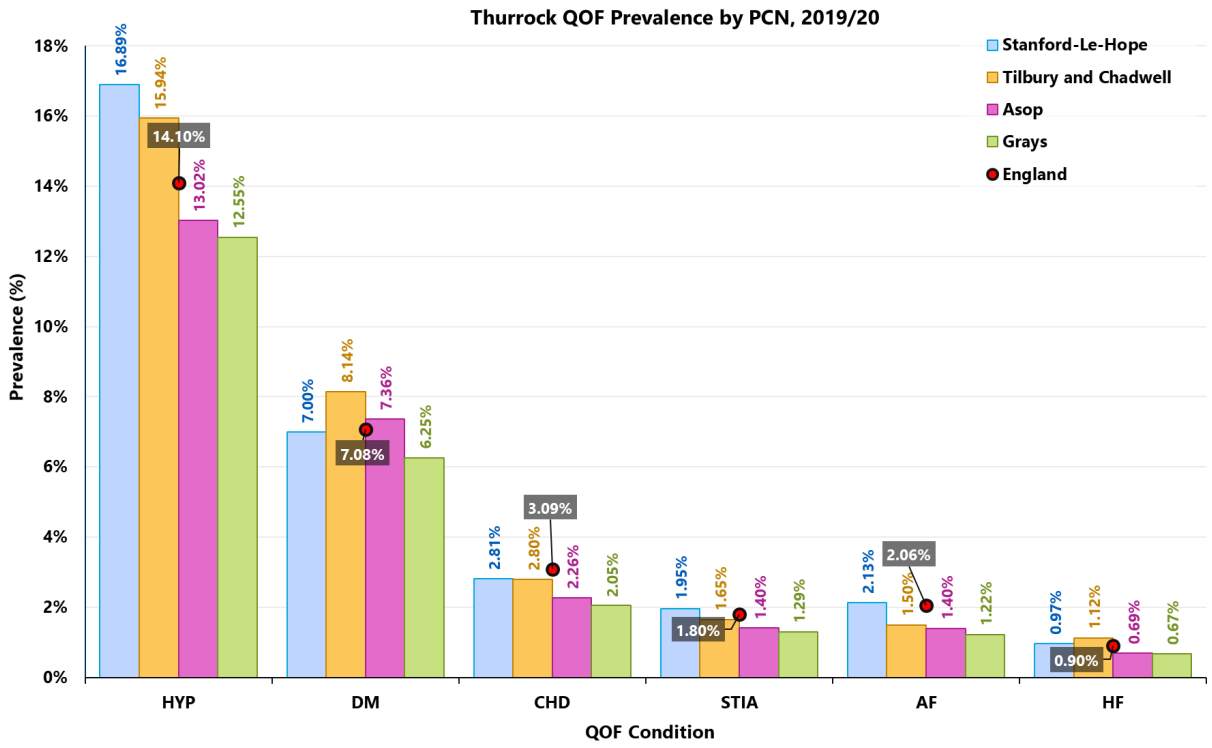


Figure 5: Prevalence of CVD long term conditions by PCN (2019/20 data, the latest available)

PCN	PHE Estimated Prevalence	Recorded PCN Prevalence 19/20
ASOP	20.20%	13.02%

Grays	18.95%	12.55%
SLH	22.32%	16.89%
Tilbury and Chadwell	21.80%	15.95%

Table 2: Estimated Hypertension prevalence by Thurrock PCN (Source PHE)

In all four PCNs, hypertension is the CVD condition with highest recorded prevalence locally. It is also the most common risk condition for CVD mortality and morbidity in England, the most common morbidity across all LTCs amongst patients on primary care disease registers[9], and significantly associated with health inequalities. However, many residents have more than one CVD condition (with or without other LTCs). Figure 6 provides an illustration of the overlap between CVD conditions.

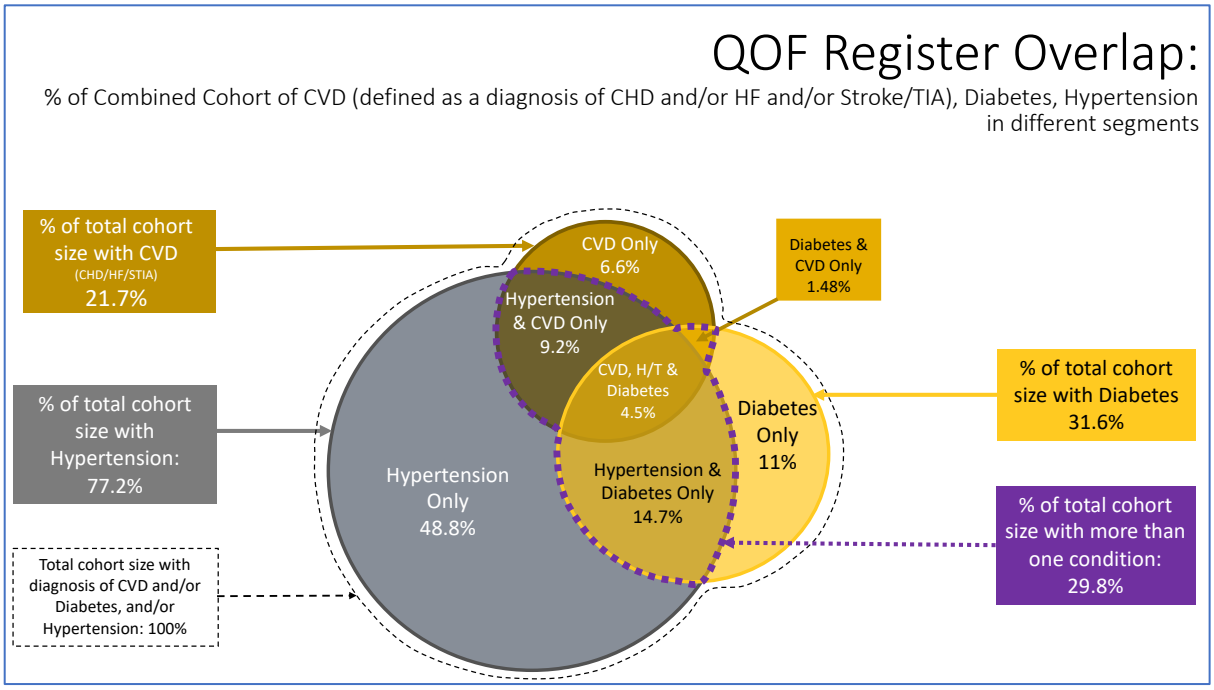


Figure 6: Overlap of recorded CVD conditions for patients on primary care registers

The more conditions a person lives with, the more frequent appointments and interactions they have with health professionals. However, initiatives implemented to improve prevention and management of CVD can lead to improvements for other disease groups (and especially for individuals with multiple LTCs) and inform actions to be taken across health and wellbeing services. In Thurrock, the highest rate of multi-morbidities is found in Tilbury & Chadwell PCN, consistent with higher socio-economic deprivation levels, with 45% of

patients on a register having more than one LTC. Using the number of LTCs to signify complexity of health care need, table 3 shows the relative complexity of need in each PCN.

PCN	% of LTC individuals with more than 1	% of LTC individuals with more than 2
Grays PCN	40%	14%
Tilbury and Chadwell PCN	45%	17%
ASOP PCN	39%	14%
Stanford-Le-Hope PCN	42%	15%
Total	41%	15%

Table 3: Patients with multiple Long Term Conditions in Thurrock PCNs

5.4 Measures of quality in the diagnosis and treatment of CVD conditions

PHE calculations show that the expected number of patients on primary care registers by April 2020 increased due to the increase in population. As in 2016, there are gaps between reported and expected prevalence for CVD conditions, as shown in Figure 7.

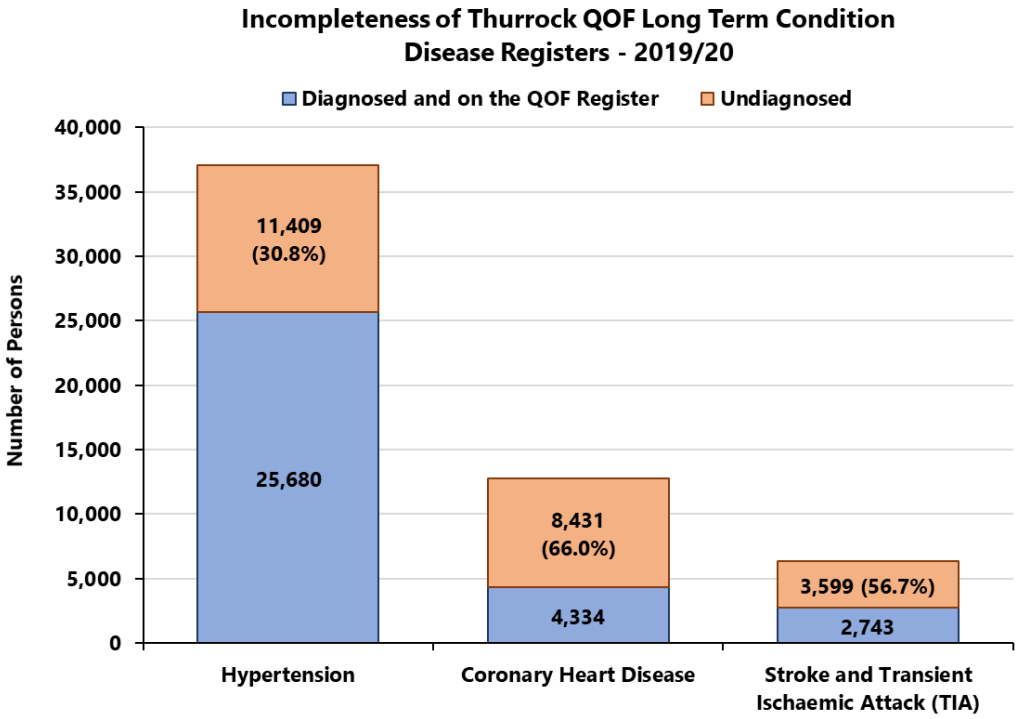


Figure 7: Difference between actual and expected numbers of patients recorded on primary care CVD registers

Further analysis, using 2019/20 data on hospital admissions data and QOF registers has suggested that some patients admitted to hospital due to a LTC or with stroke/TIA were not subsequently added to the relevant register in their practice. This is important because the purpose of primary care registers is to ensure

patients with known CVD risks receive the correct treatment, and the analysis suggests an opportunity to improve clinical management for these patients.

Once patients are listed on QOF registers, practices are required each year to treat a set percentage of them to NICE-identified clinical treatment targets in order to attract payment. As with case-finding, there are gaps between the number of people recorded on QOF registers, and the number or percentage of those who are treated to target. Comparison with Thurrock's CIPFA neighbours (areas with similar demographics to Thurrock) does suggest that there are individual indicators where all the CIPFA neighbours struggle to reach target, for example two concerning blood pressure measurement (HYP007 and STIA010), others where most (including Thurrock) succeed, and a limited number where there may be some potential to close the treat to target gap, as for instance with the atrial fibrillation target shown in Figure 8.

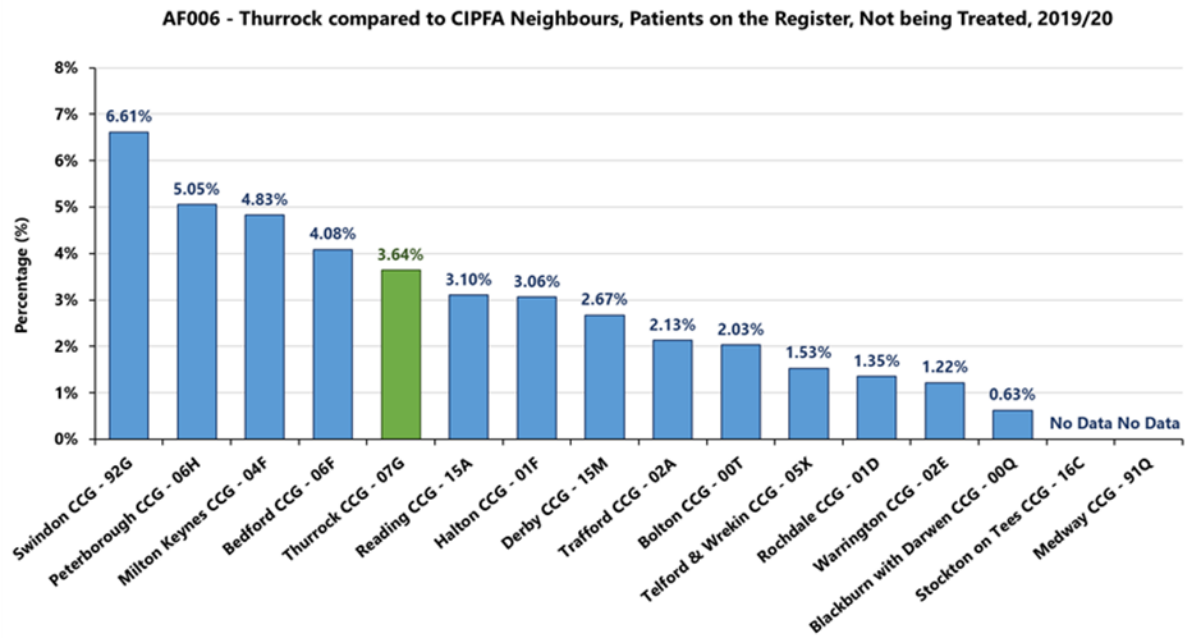


Figure 8: Comparison of Thurrock with similar authorities for the percentage of patients with atrial fibrillation not assessed using the CHA_2DS_2-VASc score

In general, quality of care for those on CVD primary care registers, as measured by QOF, is high and compares favourably to England averages and CIPFA neighbours (see below). This suggests that further improvements in population health are likely to be gained by a focus on reducing the gaps in diagnosis in particular.

Hypertension

Since 2016/17, diagnosis of hypertension has (with the exception of 2020/21, which was likely affected by COVID-19 restrictions) increased annually from 1,321 in 2016/17 to 2,567 in 2021/22. Attribution to individual elements of interventions to increase hypertension case-finding is unclear, but the combined result of measures implemented overall are positive. This is, however, balanced by individuals who leave the register, due either to the higher rates of CVD mortality in Thurrock or to resident mobility out of the area. Adjusting for population increase, this has resulted in a relatively constant estimated register completeness

of between 67.6% and 70.0% in the period 2016/17 to 2020/21. Within Thurrock there is some variation present, with the highest underdiagnosis rate in ASOP, and the lowest in SLH.

Without these initiatives, it is likely that the percentage register completeness would have fallen. Population Health Management data shows that in 2019/20, the estimated completeness of hypertension registers was higher in Thurrock than in the other areas of MSE[15], suggesting that Stretch QOF and detection efforts applied in Thurrock have had an impact on clinical practice, despite the constraints of the pandemic.

There is a national target to reduce the current gap to 20% by 2029. This would require a further increase in case finding of around 650 individuals per year (over and above the 2,567 currently identified annually).

Data from 2020/21 reveals inequalities in blood pressure testing in primary care by age in particular (younger age bands being much less likely to be checked), with some inequality also persisting by sex and ethnicity, but not by deprivation [12]. Analyses also show an inequality in under-diagnosing in certain ethnic groups.

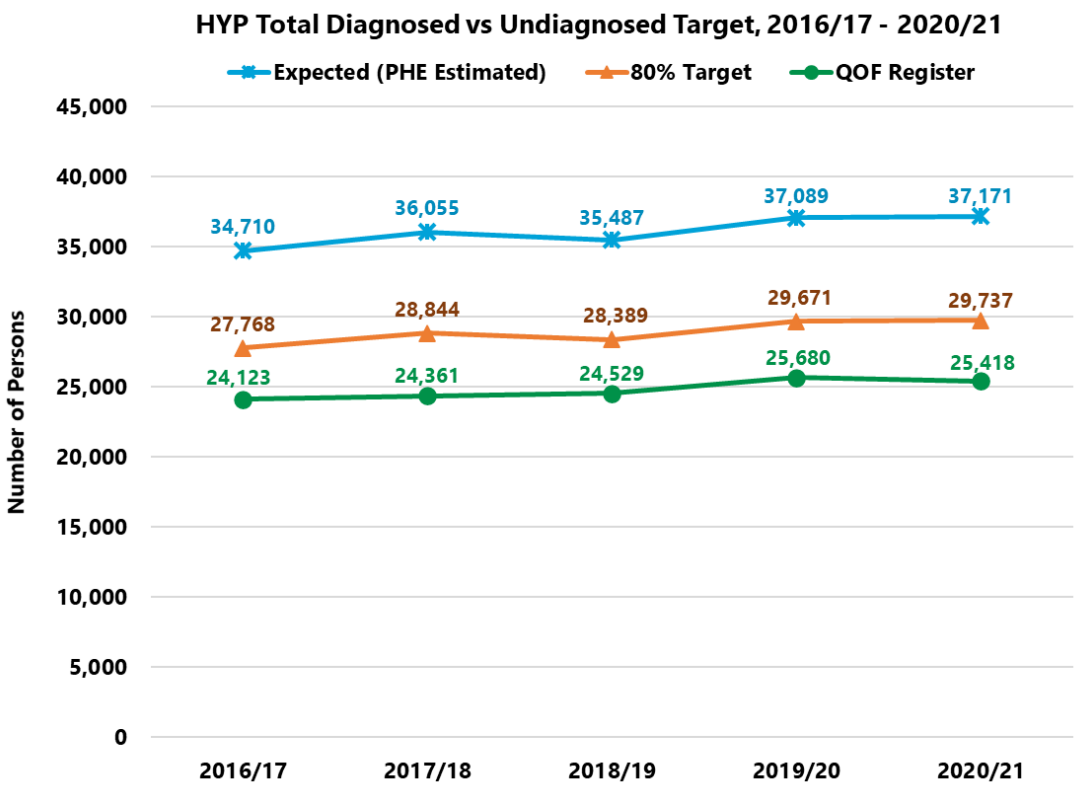


Figure 9: Increases in diagnosed cases of Hypertension between 2016-17 and 2021-2022

For treatment to hypertension targets (a measure of quality of clinical care), all four Thurrock PCNs are working beyond the national target for those aged over 80 (HYP007), and close to target for those under 80 (HYP003), as shown in Figure 10 below[2]. All PCNs are performing better on treatment to target than average for England for both age groups. Similarly, QOF treatment to target indicators were also higher in

2020/21 in Thurrock than other areas of MSE, again suggesting that the combined initiatives in Thurrock have had a positive impact on clinical care.

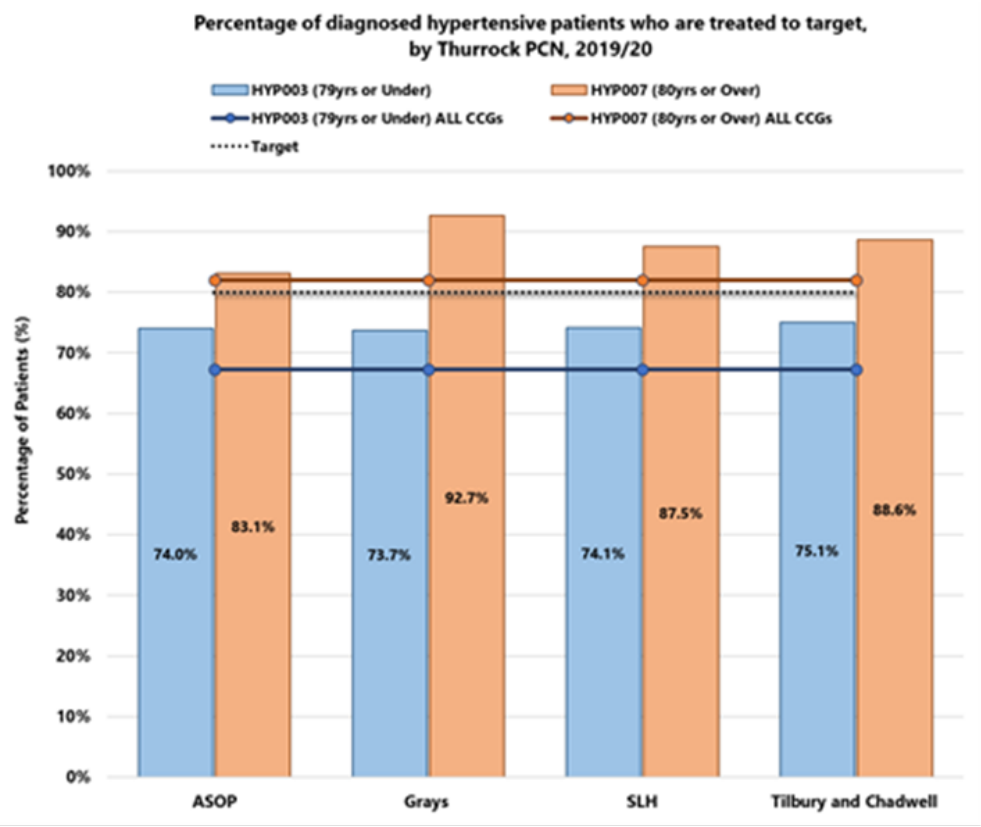


Figure 10 Thurrock patients on the hypertension register being treated to target

Coronary Heart Disease and Hypercholesterolaemia

Total blood cholesterol is an important predictor of CVD events, particularly coronary heart disease. QOF registers for CHD include patients prescribed statins for atherosclerosis, and the national ambition is that 45% of adults aged 40-74 identified as having a significant risk of CHD are treated with statins. In Thurrock in 2016, 36.7% of the estimated prevalence of CHD was diagnosed. Unlike for hypertension, data from 2021/22 suggests that diagnosed prevalence has decreased to 30.7% with an estimated 9,615 residents having undiagnosed CHD. Whilst some of this decrease in detection rate is associated with increase in population, it is likely that factors related to COVID-19 (including access to primary care and the suspension of some QOF measures) will have had an adverse effect in this area.

For those who are on the CHD register, measures of therapeutic treatment and blood pressure management (QOF CHD005, 008, 009; 2019/20) show that Thurrock performs better than average for England and compares favourably to CIPFA neighbours, being the best performer in the group for blood pressure management in CHD[2].

Around 100 more Thurrock patients with familial hypercholesterolaemia have been identified since the 2016 report. The national target (25% of predicted prevalence range to be detected by 2024), applied to Thurrock is for 225 patients (at the upper end of the predicted range) with the condition to be identified. This target

has already been exceeded. It is important to note that around 50% of men and 30% women with this condition will develop heart disease before the age of 55 so early detection through NHS Health Checks and practice screening could have significant impact on both morbidity and premature mortality.

Atrial fibrillation

One of the concerns in the 2016 report regarding the detection and treatment of atrial fibrillation was the number of patients known assessed as at risk (using CHA2DS2-VASc) but not being treated with anti-coagulants (AF006). The number in 2016 was 247 patients, assessment using 2019/20 data finds that this has reduced, with 182 patients yet to be treated [2](out of 2,230, allowing for the number locally exempted due to personalised care adjustments). Thurrock is thus already exceeding the national target of 90% in this area and has made improvements in treatment since the 2016 report.

The other national plan target relating to atrial fibrillation is detecting 85% of predicted prevalence. Analysis of local data from 2019-20 suggests that 77% have been identified (are recorded on registers) so far, and around 260 cases are yet to be detected to reach the 85% target.

5.5 Inequalities and CVD

Nationally, premature mortality for all causes (deaths under 75 years) correlates with increasing deprivation, a pattern also found in premature mortality from CVD specifically. CVD is also one of the 5 key clinical pathways in the NHS Core20Plus5 approach to health inequalities[3]. Analysis of local data shows that Thurrock has the highest level of premature mortality in MSE ICS, with CVD being the largest underlying clinical cause. For mortality attributable to socio-economic inequality, CVD is the greatest contributor in Thurrock, accounting for 35% of excess deaths [12].

Whilst this report primarily concerns CVD, it is important to note the high health inequalities and lower life expectancy due to CVD associated with serious mental illness (SMI) such as schizophrenia or bipolar disorder, and the often complex interactions for those with multiple physical and mental morbidities[9]. For people with SMI, increased prevalence of smoking, diabetes and obesity contribute to increased risk of CVD and a three-fold excess death rate from CVD in those aged under 75 compared with the general population[17]. In Thurrock, this appears to be particularly acute, with the borough having the second highest premature mortality rate in England due to CVD in people living with SMI in 2018-20[18].

In addition, whilst rates of smoking and drinking are lower for people with learning disabilities than for the general population, other risks – notably poor diet, high rates of obesity, and low levels of physical activity – are higher [19] and heart disease is the second highest cause of death amongst people with a learning disability.

[3]See https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

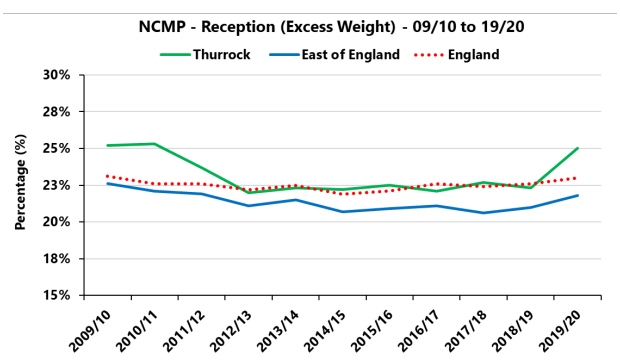
Inequalities exist not just in CVD rates and outcomes between different community groups, but also in CVD diagnosis and quality of care. Primary care data extracted by the Public Health team in 2022 shows that for all CVD conditions, the diagnosis rate in Thurrock for all non-White ethnic groups is lower than for White groups, despite the higher prevalence of CVD among certain minority ethnic groups, particularly South Asian and Black Caribbean communities, compared to the general population[20].

5.6 Health Behaviours and Health Inequalities

The behavioural risk factors for CVD are more prevalent in areas of higher deprivation and amongst certain population groups. People living in the most deprived areas of England are known to be 30% more likely to have high blood pressure, and four times more likely to die prematurely from CVD than those in the least deprived areas (pre-COVID).[6] The Global Burden of Disease study identifies that in 2019, tobacco use, high blood pressure and a variety of dietary risks are the greatest cross cutting health risk factors in Thurrock[21]. These are the factors that will have the greatest impact on population health and health inequalities as well as health and social care demand in future. Smoking and obesity are key modifiable risk factors for CVD that are strongly correlated with deprivation. This is borne out locally; estimates from PHE suggest smoking rates are highest in Tilbury & Chadwell PCN (22.0%) and lowest in Grays (16.6%), and at 17.5%, overall smoking prevalence in Thurrock in 2020 is significantly higher than both the England (13.7%) and Essex (13.2%)

averages. In 2022, primary care records indicated that 18.2% of adults in Thurrock were smokers. Rates of adult obesity are also higher, at 69.4% for Thurrock compared with 62.3% for the East of England. QOF data show variations between PCNs for obesity; again this shows the rate as lowest in Grays (9.5%). The highest rate is reported in SLH (11.8%), though this may be an anomaly due to higher quality of QOF reporting; rates in Tilbury & Chadwell and ASOP are both over 10%.

Rates of childhood obesity have also increased. The National Childhood Measurement Programme (NCMP) measures children's weight in reception and year 6. Due to the pandemic, data for 2020-21 is not yet available, but as shown in figure 11, rates of childhood obesity in Thurrock have been consistently higher for Year 6 children than either national or East of England for several years and show a sharp increase for reception children.



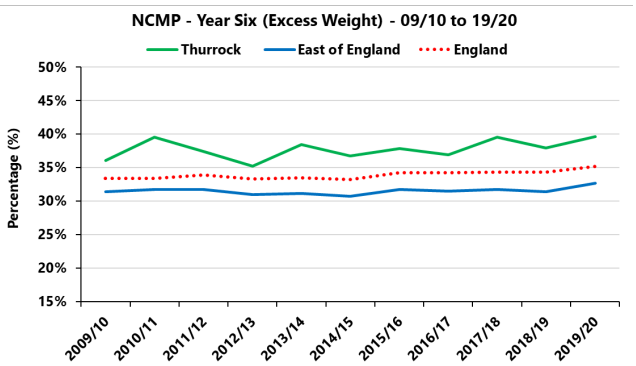


Figure 11: Childhood Obesity in Thurrock (NCMP data)

5.7 NHS Health Checks

Local Authorities are required to commission or provide NHS Health Checks as part of the national programme, which is the only mandated population-level provision for primary prevention, promotion of healthy behaviours, and identification of CVD risks. In Thurrock, NHS Health Checks are provided partly in general practice and partly by the Thurrock Healthy Lifestyles Service (THLS). (Checks are offered every five years to people aged between 40-74 who are not already on CVD registers but may have other LTCs such as asthma). Where CVD risk is found to be high, residents are given lifestyle advice, and referred to their GP for follow-up and clinical management as required (for example prescribing for hypertension or high cholesterol, or referral to the NHS pre-diabetes programme).

Local data, see figure 12 below, shows that of 22,132 health check invites sent in the five years 2016/17-2020/21, 14,016 health checks were conducted (based on 2022 GP registers).

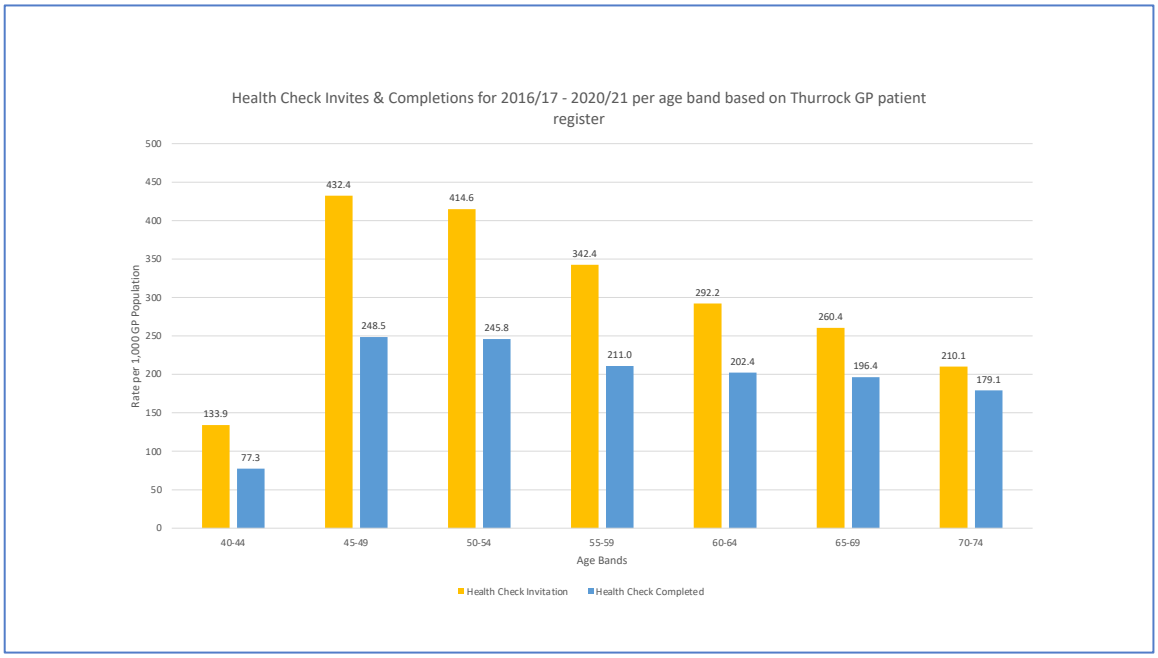


Figure 12 Invitations and Uptake of NHS Health Checks by eligible age band, Thurrock 2016-2021

Completed checks are higher amongst the older age groups, suggesting higher levels of engagement amongst older eligible residents. However, increasing engagement with younger age groups would enable more people to be supported to make changes at an earlier age, with potentially more impact on CVD in the long term.

Nationally, evidence (see summary literature review in section 9 below) suggests that the NHS Health Checks programme needs to be more targeted in order to increase uptake in those with most to benefit – which includes people living in more deprived areas and/or those from BME groups at the younger age limit – in order to contribute to a reduction in health inequalities. Currently, follow-up for those people identified as

having higher CVD risk (for example requiring statins or blood pressure management) is dependent on individuals making contact themselves with their GP practice – a potential barrier.

RECOMMENDATION: Target NHS Health Checks for people at the younger age limit, in groups known to be at higher and earlier CVD risk. This includes those in certain minority ethnic groups, smokers and people on obesity registers, as well as residents in areas of higher deprivation.

5.8 Serious Mental Illness and Learning Disability Health Checks

Patients with a diagnosis of SMI or who have an LD should receive an annual health check covering various aspects of their physical health. Both of these checks differ to the NHS Health Check in that they are completed by different professionals (the PCN Mental Health Practitioners complete the SMI Health Checks and the LD nurses complete the LD Health Checks), and performance/uptake statistics are reported separately. Improving outcomes for people with SMI and LD is a shared responsibility; the checks are commissioned to ensure that the specific needs of these patient groups are identified and can be followed up in primary care and by other appropriate services.

In the case of the SMI Health Checks, there are a number of mandatory components (six), which must all be completed within the 12 month period in order to count as a complete check; along with a number of other components that, whilst they are not mandatory, they are recommended. Performance for the SMI Health Checks has traditionally been viewed as successful in that overall uptake of the check has increased, now 56%, close to the national target of 60% uptake; but less focus has been given to the follow up elements – i.e. the onward referrals/care that is given when a need is identified. This is particularly important for SMI patients, who already suffer from poorer cardiovascular health and subsequently have high rates of premature mortality due to cardiovascular health problems. Analysis of local data from 2021/22 has indicated that, for example, whilst the majority of SMI patients had their BMI recorded and a discussion logged about their weight, a low proportion of them had a record of onward support or advice (only 345/787 or 44% in 2018-20), and this is corroborated by low numbers of referrals received by weight management services following on from these checks. Similarly, out of 1,242 SMI patients eligible for blood lipid (cholesterol) interventions, only 383 had a follow up offer recorded (31%). This therefore could mean that preventative opportunities for early intervention are being missed in this higher risk group. Even within the SMI cohort, there are certain groups who are even less likely to have had the full checks completed, nor the onward interventions undertaken. The MSE ICS Population Health Management (PHM) team identified these to be younger adults (30-39 year olds), and those with an ethnicity record of Asian, Mixed or Unknown.

LD Health Checks also cover a number of questions about cardiovascular health, but the follow up activities/interventions are not routinely reported in the same way. So although it is reported that Thurrock performs well with LD Health Checks compared to other areas, it is unknown how successful they are in prevention of onset of further cardiovascular complications. A pan-Essex thematic review was undertaken of the LD deaths in 2021-22, and there were a number of recommendations posed relating to changing

processes, improving partnership working, staff training and data validation, all of which should contribute towards improved physical health outcomes in the future. In particular the recommendations include:

- Annual Health Checks should be face to face and should cover all items specified so as to be a comprehensive check of physical and mental health, (not just height, weight and blood pressure) including a medication review and a review of any known conditions.
- Annual Health Checks must result in a Health Action Plan which is shared with the adult and anyone supporting them.

A Southend, Essex and Thurrock (SET)-wide LD forum, comprising of representatives from Local Authorities, NHS commissioners, providers and clinicians, is developing a programme of work aligned to delivering on these recommendations. Close working between this SET-level forum and Thurrock colleagues should ensure that prevention initiatives are prioritised and that there is no duplication. The forum colleagues have recently reviewed the paperwork around the LD Health Check for example to ensure the same easy read information is given out to all patients.

RECOMMENDATION: Maximise uptake and associated follow-up of physical health checks for people living with SMI and people who have a learning disability. A targeted approach to SMI physical health checks across younger age groups and lower uptake ethnic groups should be a priority.

5.9 Support with Healthy Behaviours

Many residents, both those known to have CVD conditions and therefore requiring support with secondary prevention, or those at greater CVD risk due to lifestyle factors (primary prevention), could benefit from support to manage healthy behaviours. Locally, THLS provides access to Weight Management programmes and support to stop smoking for residents of Thurrock. The 2016 APHR report included a recommendation that the service (at that point known as Vitality) be redesigned and procured with greater focus on lifestyle support for those with established LTCs. Changes were made to service management during 2017-18, including establishing a single point of access, but delivery remains largely as before. Redesign is still required in order to increase focus on delivery to those experiencing the greatest health inequalities - whether related to areas of deprivation or protected characteristics such as people with severe mental illness. Work is however underway to engage and train a wider group of staff such as social prescribers in delivering brief advice to support smoking cessation, but there could be opportunities to target and expand the provision of advice to people with LTCs through providing training to the new primary care roles within the four PCNs. Currently, services are as follows:

- The Stop Smoking service provides access to CBT with and without Nicotine Replacement Therapy or Vaping; it continues to operate as a telephone-based service since the pandemic in response to client demand. Clients can self-refer or be referred by a member of the primary care team including Social Prescribers, Local Area Coordinators and other Council Officers. Thurrock Public Health Team

completed a Whole System Tobacco Control JSNA in 2021[22]. This recommended enhanced targeting of smoking cessation support to address inequalities. To address this during 2022-23 one practitioner is providing smoking cessation training and support to staff in GP practices in the 8 most deprived wards (funded through funds provided to help authorities manage and reduce the impact of COVID). MSE ICS Health Inequalities funding will also enable a further practitioner to offer support via employers, targeting those in routine and manual occupations, who have higher rates of smoking nationally.

- Limited support to lose weight for people above certain BMI thresholds is available, on referral from primary care, either via Slimming World or the Exercise on Referral programme with local leisure providers Impulse Leisure. The NHS in south Essex has also commissioned tier 3 obesity services. The review of the Whole System Obesity programme gives an opportunity to enhance alignment along the obesity pathway. Support for families with overweight and obese children continues to be offered in 2022/23 through BeeZee Bodies.

- There is some access to support through the Exercise on Referral programme with Impulse Leisure for residents with diagnosed LTCs needing targeted support to increase their level of physical activity, although this is only available in part of the district and on referral from a clinician. Capacity for enhanced access to free physical activity classes was expanded and diversified (for example including Zumba and Bootcamp) during 2021-22 using central government funding, however this funding stream has not been extended.

- There are a range of community and grass-roots physical activity offers and schemes in Thurrock, funded through a variety of routes. Active Thurrock [4] is a community activity network with representatives from Active Essex, Thurrock Council and local organisations within the statutory, voluntary and private sectors. Its recent *Find Your Active* campaign has provided universal encouragement and information about physical activity as we emerge from the COVID-19 pandemic.

- A number of pilots are underway to address obesity locally. These include the Corringham IMWC obesity pilot to deliver a holistic and personalised response to residents at high risk of obesity (see box below) and Active Minds, a pilot between Active Essex and Thurrock & Brentwood MIND to provide service users with free exercise opportunities to increase their confidence and better their physical and mental health. These pilots will be critically evaluated to determine the appropriateness and feasibility of future expansion.

- An integrated drug and alcohol misuse treatment service for adults is provided by Inclusion Visions Thurrock (IVT), an NHS service which is part of the Midlands Partnership NHS Foundation Trust. The service provides a single point of contact and a range of interventions focussed on the recovery of adults from illicit and other harmful drug and alcohol misuse for residents registered with a Thurrock

[4] https://www.activeesseximpact.org/thurrock

GP. Access to the service is via referral, self-referral and engagement with outreach initiatives undertaken by IVT. A young person's substance misuse treatment service is provided by Change Grow Live (CGL) Wize up.

Thurrock Public Health Team are leading on refreshing local health risk behaviour support programmes in order to reach their full potential to improve local health outcomes. This will include:

- Public Health will provide strong strategic leadership to engage with stakeholders across the system to reinvigorate the Making Every Contact Count (MECC) programme, incorporating a number of healthy behaviours, including smoking, alcohol, healthy weight and physical activity.

- The forthcoming Whole System Tobacco Control Strategy, based on the Tobacco Control JSNA, will consider both whole population and targeted approaches to reduce inequalities to meet the national smoking rate ambition of 5% by 2030. We already know that minority ethnic communities have been under-represented in the Stop Smoking service over the last 5 years, with 'White British' residents representing 85-92% of service users despite representing 80.9% of the Thurrock population. Targeted groups will include routine and manual workers, people living with mental health problems, and people from minority ethnic groups under-represented in the current service profile.

- Public Health are currently undertaking a refresh of the Thurrock Whole Systems Obesity Strategy, as the previous one is now out of date. The new strategy will have a key focus on reducing obesity related health inequalities, for example through expanding the Healthy Start scheme. Targeted consultation will be undertaken with groups at highest risk to ensure future delivery meets their needs. A review of the commissioning of local weight management and physical activity services will also be undertaken.

- Alongside the commissioning of weight management services, we will implement a 'Health in All Policies' approach to ensure that Whole Systems Obesity is everybody's business. There are also plans to implement a Thurrock pilot similar to the London Superzones programme. We will do this through the Planning for Healthier Places JSNA that is currently in development, which will form a key part of evidence for the Local Plan and influence relevant planning, development, and regeneration decisions.

5.10 Primary Care Capacity

5.10.1 Appointment Availability

Ease of access to primary care is key to patient engagement and thus to effective management of LTCs. The pandemic led to rapid changes in access to, and availability of primary care. Overall, although there has been an increase in primary care capacity since the 2016 report, there are still significant concerns about the number of GPs in Thurrock- for example, the recent engagement exercise on Thurrock's Health and Wellbeing Strategy 2022-26 identified concerns about access to primary care as a key theme from the engagement[23]. This was also a recurring theme in recent conversations recorded by Thurrock CVS'

Community Builders and aligns with national analysis which shows increasing workforce pressures for GPs, especially in areas of deprivation, with 1.4 fewer GPs per 10,000 patients in the most deprived areas than in the least deprived areas and associated risk of widening health inequalities[24]. Whilst the total number of appointments available in Thurrock has increased, with the number of appointments provided April-November 2021 exceeding that in the equivalent period in 2019-20 (pre-pandemic) by 6,791 (1.1%), this is a lower increase than for the other CCGs in Mid & South Essex (source: NHS Digital). Basildon & Brentwood CCG, by comparison, has seen an increase in appointments of 10.5% over the same periods.

Over the last two years there have been changes in the type of appointments offered and the staff providing them. A continued legacy of the pandemic is an ongoing lower proportion of face-to-face and home visits than pre-pandemic, with the proportion of face-to-face appointments provided in Thurrock between April-November 2021 being 26.3% lower than for the same period in 2019. As changes in staff roles and workforce constraints have coincided over the pandemic any perceived impact from changes in appointment type should be viewed with caution. It is known that the change in appointment types has, for instance, led to frustrations for patients having to access general practice via old telephone systems. However it is important to note that for some patients, increased flexibility in appointment types may be positive, enabling people to attend a telephone appointment during the working day; research from The Health Foundation in 2018[25] found that 30% of people with four or more LTCs (out of a list of 36 conditions) were of working age. Shifts in the type of staff providing primary care appointments in Thurrock appear to reflect the expansion of roles within the PCNs. Figure 13 provides an illustration, showing an increase in the number and proportion of appointments offered by nursing and 'other' staff compared with GPs.

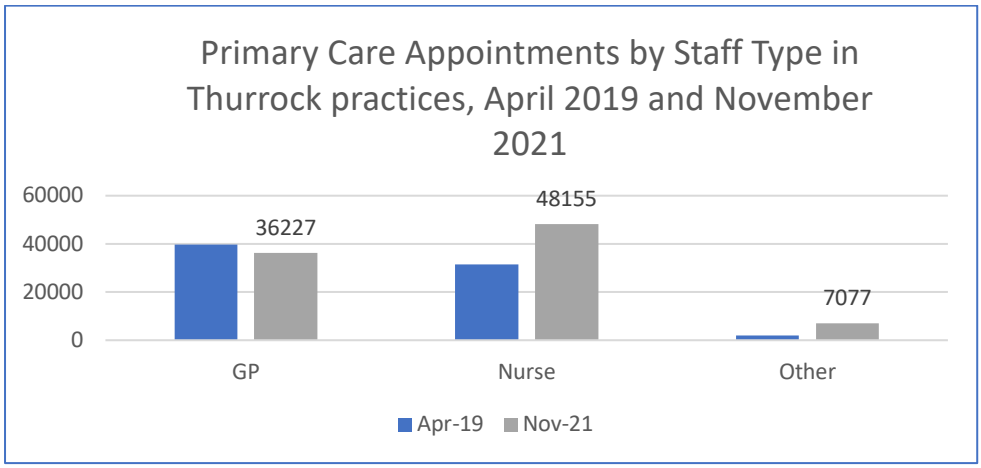


Figure 13: Change in primary care appointments by staff type

Data on types of appointment and type of professionals involved is not available at PCN level, but additional CCG provision in Tilbury & Chadwell since 2016 has improved capacity in that PCN. It is important to note that despite the improvements in Tilbury & Chadwell and the expected increase in additional roles due to the NHS LTP, Thurrock remains significantly 'under-doctored'. Analysis by the Nuffield Trust in April 2022[26] shows that most of Mid and South Essex is in the worst quartile for the number of patients per GP, but that the situation is worst in Thurrock, with 2296 patients per GP (increased from 2110 per GP in 2016), which is the third highest list size per GP in England.

Early analyses by the PHM team suggest that primary care resources are not currently distributed equitably in relation to need, across Thurrock and beyond. Work is being undertaken to look at the impacts of this inequity and to estimate how we would "close the gap" to bring all areas in line with SLH – the PCN which currently has the most generous provision compared to population characteristics.

5.10.2 Skill mix in primary care

The Kings Fund, in their report on Innovative Models of General Practice[27] (which preceded the publication of the NHS Long Term Plan), stress that new roles in primary care should *supplement,* not *substitute*, traditional clinical roles. The 2016 APHR highlighted particular pressures in primary care in the practices that now form Tilbury & Chadwell PCN, which led to additional capacity being commissioned by the CCG. Analysis of the primary care workforce in Thurrock in November 2021 suggests a modest expansion in the number of full-time-equivalent pharmacists employed across the four PCNs (from 4.9 FTE in 2016 to 6.8 in November 2021), but a very limited increase in Allied Health Professionals or paramedics (0.5 and 1.0 respectively across all four PCNs). The largest increase in staffing since 2016 has been in the new role of Physician Associate, the largest number of whom work within Grays PCN. Overall, as shown in Figure 14 below, despite an increase in GPs and substantial reduction in locum doctors, the number of GPs across the four PCNs is lower (by 3.3 FTE) than in 2016.

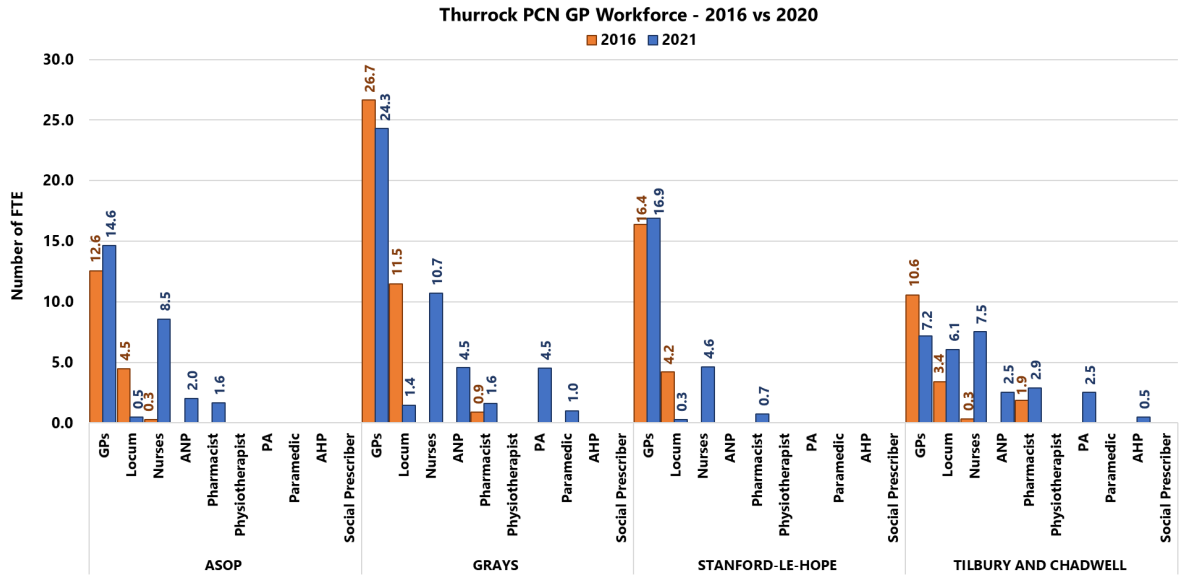


Figure 14: Primary Care workforce in Thurrock by PCN, 2016 to 2021

The published literature (see section 8 below) suggests opportunities for a broader health and care workforce in providing more personalised care in order to address both outcomes and health inequalities associated with CVD. This suggests there is still significant opportunity to increase staffing in the roles

RECOMMENDATION: Thurrock Integrated Care Alliance (TICA) should work with Mid & South Essex ICS to prioritise support for new models of working and additional workforce capacity to practices within Thurrock to avoid increasing health inequalities associated with access and quality in primary care.

outlined in the NHS LTP, in particular Allied Health Professions (AHPs) and Social Prescribers, within all four PCNs, providing that recruitment challenges for AHPs (an outer-London effect) can be overcome. However, whilst the new roles funded through the NHS Long Term Plan provide permanent additional appointment capacity, they are funded on a population basis, not taking account of issues of equity of access or health inequalities, and thus risk perpetuating the inverse care law in Thurrock.

5.10.3 Patient views on primary care in Thurrock

The GP Patient Survey provides an annual snapshot of patients' experiences relating to access and quality of GP care. The 2021 survey was sent out in July to 6% of the practice population in Thurrock. Return rates varied across the 27 practices in Thurrock, from 21% to 48% (the national average being 35%). Whilst responses are higher than in the two previous years, it is important to note that the results are based on responses from only 2% of the total GP registered population in Thurrock. Respondents with a positive or negative bias may be more likely to respond, as may higher users of primary care services. However, the results serve as a snapshot on patient access and highlight issues of concern as well as areas of good practice.

In 2020, the first year of the pandemic, with associated changes to access and delivery of primary care, the survey showed lower satisfaction rates than in 2019 both nationally and in Thurrock. By 2021, patients appear to report improved ease of access, most notably in satisfaction with the type of appointment offered (75% locally and 82% nationally). Ease of access via phone in Thurrock remained much lower than the national average at 55% compared with 68%, but there are plans in the 2022 BCTT strategy for upgrading GP telephony and online systems[28].

The 2021 survey shows that Thurrock patients continue to score their experience of primary care below the national average, with 72% for 'overall experience' compared to 83% nationally (though the lower average score for Thurrock reflects a wide range of individual practice ratings, which range from 27% to 96%). At PCN level, SLH attracts the highest ranking and Tilbury & Chadwell the lowest. Analysis suggests that when a practice performs well or poorly in one area of the survey, this is likely to be indicative of performance (on the survey) overall. That said, whilst ease of use of online services shows a slight downturn both locally and nationally, Tilbury and Chadwell PCN shows as an exception, achieving the highest increase (11% improvement on 2020) across the four PCNs for this item. This is relevant because if the ambitions in the NHS Long Term Plan for reduction in cardiovascular disease and associated reductions in health inequalities are to be realised, additional staff, increased accessibility for patients, and changes in ways of working are essential.

6. From 2016 to 2022: Progress against the recommendations in the 2016 report

6.1 Integrated Medical Centres

One of the recommendations of the 2016 APHR report was to expediate development of the Integrated Medical & Wellbeing Centres (IMWCs). Four are planned for Thurrock, in Corringham, Grays, Tilbury & Chadwell and Purfleet[5] by 2025. The geographical reach of these centres aligns with those of Thurrock's four PCNs, with some practices relocating into the new IMWCs. The four IMWCs are at different stages of development, with that in Corringham having opened during summer 2022. The timeline and site for Grays IMWC is yet to be determined. Outline business cases are being produced for Purfleet and Tilbury & Chadwell, with the latter expected to be a new build in Civic Square as part of wider regeneration in the town, and with funds confirmed (subject to commercial arrangements) by Thurrock Borough Council. Purfleet IMWC will also be a new build as part of regeneration of the area into a riverside destination by Purfleet Centre Regeneration Limited, for which outline planning consent has been given.

Creation of these IMWCs will be fundamental to the success of the BCTT plans for more integrated care, and aligns with both Mid & South Essex and Thurrock strategic plans. Once developed, these hubs will contribute substantially to effective management of LTCs as each will provide not just a core offer bringing together health, wellbeing and social care services in multi-disciplinary LTCs teams, but also have a specific focus on a particular set of conditions and diseases. Two IMWCs will focus on diabetes and on CVD, with access to co-located diagnostics and cardiology clinics. The expectation is that delivery of health, social and wellbeing services in a person-centred way within IMWCs will improve both efficiency and effectiveness of care for both individuals (for example reducing the need to attend additional hospital appointments) and the health system. The BCTT strategy envisages that THLS services will be aligned within the IMWC clinical model.

Corringham Integrated Medical & Wellbeing Centre Obesity Pilot

This project aims to recognise obesity as a LTC to be addressed through a holistic way of working to address the relapsing nature of this condition that existing time limited models are unable to resolve. The project will use proactive case finding and personalised care planning to focus on clinical factors beyond BMI, plus impact of social and wider determinants of health.

The multi-disciplinary LTC teams are expected to provide co-ordinated care for patients with one or more LTCs, led by the most appropriate clinician for the person (this could for example be a pharmacist, nurse or GPs). Teams will include specialist support for patients with more complex needs (e.g. housebound), mental health support (through IAPT or through NELFT for those with more complex needs), social prescribing/local care coordinators and healthy lifestyle practitioners able to provide health coaching.

[5] For further details see Thurrock Integrated Medical Centres Model of Care, Version 6.0 December 2021

When considering the care that will be provided from IMWCs, it is important to note that evidence on new models of care, such as the Primary Care Home (set out by the Kings Fund[27]) and the House of Care explored in the literature review below, and the Human Learning Systems approach as outlined in the BCTT[29], clearly suggest that more personalised, proactive care requires a shift in mindset as much as it does the implementation of new processes and systems. To be effective, personalised care requires a more collaborative and flexible approach that is community-focused, with patients and clinicians sharing decision-making, aided by continuity of care, coordinated care and associated information flows. This takes time, support and often training to adopt.

RECOMMENDATION: Promote personalised, collaborative and holistic care planning, using an evidence-based model, alongside long term condition specialists and multi-disciplinary working within the IMWCs. Maximise potential for risk behaviour services to target support to patients, including those at higher risk of CVD, through joint working within the new Integrated Medical Centre model.

6.2 Initiatives for increasing detection and management implemented after the 2016 Report

Estimates of identified versus anticipated prevalence could be taken as suggesting that *all* anticipated cases can be detected, diagnosed, and treated. This is unlikely to be the case, for a variety of reasons including onset of other disease and patient choice when it comes to population level screening. However, what is clear is that, although the modelled prevalence is only a guide, identification and management of CVD and health behaviours influencing CVD outcomes can be improved, and that improvements not only benefit patients but introduce efficiencies into the healthcare system, as set out in the 2016 report. As a result of the 2016 report, a number of initiatives were put in place, funded by the Public Health Grant (to Local Authorities) and Better Care Fund (funded by Local Authorities and NHS). However, further work is needed to ensure that the aims of the Better Care Fund align with the priorities set out in the BCTT strategy.

6.2.1 Stretch QOF

Payments through the national QOF scheme are capped (with the cap on what each practice can earn from each indicator varying across indicators), and practices generally achieve the level required to reach maximum payment. In Thurrock, 'Stretch-QOF' was implemented in 2017-18 and applied to a sub-set of individual indicators to support detection and referral for support managing behavioural risk factors (such as smoking) and higher quality management (to established clinical thresholds) for conditions including hypertension, atrial fibrillation, CHD, stroke and diabetes. Stretch QOF in Thurrock uses some of the existing QOF indicators and provides support and equipment, extending the threshold for payment to 100% of those eligible in order to promote and sustain practice beyond the national standard and thereby address inequity

experienced by those not commonly included in activity to meet QOF payments. The scheme has been renewed annually since to reflect priorities and needs of the area.

6.2.2 Long Term Condition Practice Profile Cards

In order to ensure that improvements in primary care are informed by, and reflected in, practice data, from 2017 public health staff devised Practice Profile cards (updated annually) to support quality improvement visits to practices. The profile cards bring together detailed information on a range of health data for each practice including QOF performance, attendances at A&E, and patient experience. Each practice was offered an annual visit; although practices were prioritised for visits according to health needs, these were scheduled according to practice availability and ability to engage in the process. Practice quality visits were disrupted by the pandemic, but the profile cards have been updated and are in the process of being shared. In 2021 additional "deep dive" analyses such as for AF as shown in Figure 15 were also shared. These deep dives will resume shortly. The first one is suggested to be around stroke prevention.

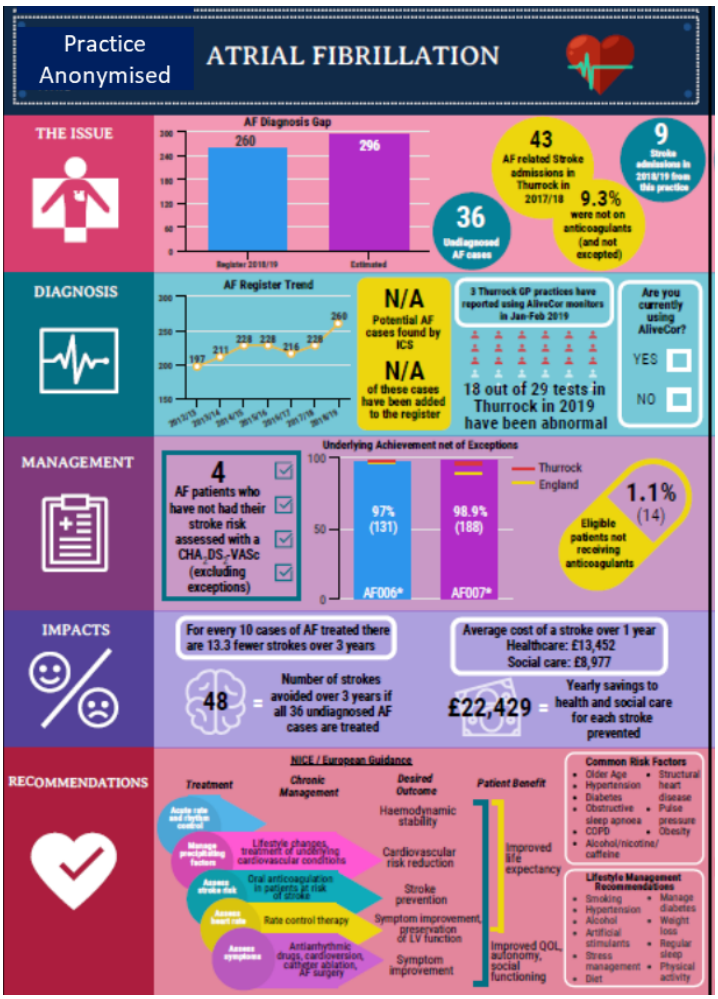


Fig. 15: A sample 'Deep Dive' practice profile card, showing the information typically shared with practices in Thurrock

RECOMMENDATION: Continue to strengthen the links between public health and primary care, using data to inform improvements. Use Stretch-QOF and other approaches to promote case-finding and a strengths-based approach to improving outcomes, taking into account multi-morbidities, to promote holistic management of LTCs.

Given the high quality of primary care for those on CVD registers in Thurrock, the greatest improvements in population health are likely to be gained by a focus on reducing gaps in diagnosis.

6.2.3 Diabetes in dentistry evaluation

Although not a cardiovascular disease in itself, diabetes is a risk factor for CVD. This pilot project is included here as an example of innovative work undertaken in the borough since the 2016 report to improve case-finding that appears replicable if time and resource constraints in dental practices (since amplified by changes due to the pandemic) can be addressed.

There is a known relationship between the prevalence and severity of periodontal (gum) disease and diabetes (and between treatment of periodontal disease and improvements in glycaemic control in diabetes). This suggests an opportunity for screening people attending dental appointments who may be at high risk of having undiagnosed diabetes. To test this, a pilot took place in 2017 with three dental practices in Thurrock- two for 12 months, one for 1 month. Adult patients attending appointments were first offered a diabetes risk survey then risk assessed as part of their dental appointment for periodontal disease. Those with BPE scores (measuring periodontal disease) over 3 were offered a HbA1c test (used for diabetes screening) and referred on to the National Diabetes Prevention Programme (NDPP) if the result was in the pre-diabetic range, or to their GP if in the diabetic range.

Overall, 262 people took part in the pilot, of whom HbA1c results suggested 26 were pre-diabetic and 5 diabetic, with onward referral to NDPP or GP for further investigation as indicated. Surveys of practice staff found that, whilst enthusiastic about the project, time constraints in dental services limited potential to implement it. Analysis suggests that screening is generally cost-effective especially when dental practices target only those patients likely to be at higher risk.

6.2.4 Self-testing of Blood Pressure in GP surgeries and community hubs.

Blood pressure monitors were put into waiting areas in GP surgeries in 2018 and patients encouraged to test themselves and report the result to reception in order to improve case-finding. Despite fewer patients accessing surgeries in person during the pandemic, patients (including those already on hypertension registers) appear to have made use of the testing facility in Tilbury & Chadwell and Grays PCNs, during 2021 in particular. It would be interesting to explore reasons why patients in the other two PCNs have made less use of self-testing, or been less aware of the machines.

This project is distinct from the Blood Pressure at Home project managed by the ICS, which is a national pilot where initially patients meeting certain conditions were given a blood pressure monitor to monitor and better control their blood pressure at home. (Evidence suggests that people who are enabled to check their own blood pressure are also more likely to manage it well.) The criteria have since been relaxed and now anyone for whom their GP feels that this would benefit them can now receive a free blood pressure machine. The total number of Thurrock patients who have been given a device for home testing between March 2021-May 2022 to date is 8817. The expectation is that regular blood pressure readings will be provided to the surgery either through an app or by phoning the practice.

6.3 Summary of progress against 2016 Recommendations

2016 Recommendation	Status in 2021	Comment
… implementation of a practice scorecard and facilitating the sharing of best practice.	Practice profiles (scorecards) and linked quality visits established, though limited for past two years by pandemic pressures on both Public Health and Primary Care. Profiles have been updated in late 2021 to include deep dive on AF.	Practice profiles support delivery of Stretch QOF, which for 2022-23 has been redesigned to focus on a more personalised holistic approach (focusing on achieving collective not single indicators for each individual). Elements of national QOF were suspended twice during the pandemic, interrupting delivery on SQOF over the past two years.
Redesign and procurement of a healthy lifestyle service with a focus on those patients with LTCs	Service now provided in-house (known as Thurrock Healthy Lifestyles Service) with some improvements regarding access, but not redesigned	When capacity allows, the Public Health team are planning an options appraisal for sustainable future delivery of the health improvement services delivered by THLS.
Support for a whole system approach to reduce obesity prevalence	JSNA in 2018 led to a 3-year Whole Systems Obesity strategy including a goal to improve the identification and management of obesity (of particular interest for CVD). Analysis of any impact of 2018 targets and goals is currently underway. Refreshed WSO strategy to be approved during 2022, with a renewed focus on targeting inequalities. Combating Obesity project providing personalised care now underway in Corringham PCN, supported by the MSE ICS Population Health Management team.	Obesity is associated with poor COVID outcomes. Action plans in the strategy being reviewed and refreshed following COVID-19 pandemic. Lack of face-to-face primary care appointments is likely to have reduced opportunities to record BMI in primary care (and thus to offer brief advice and onward referral). Children and family interventions on obesity reduction are being linked to Family Hub development in Thurrock.

Implementation of a hypertension case-finding and Clinical Management Improvement Programme	Hypertension case-finding implemented and additional patients identified between 2017-18 and 2019-20.	Changes in access to surgeries due to the pandemic will have impacted results since 2019-20. The BCTT strategy includes plans to develop a Case Finding Strategy building on gains since 2016.
Treat more heart failure patients with effective medication, with support from the Public Health team via further analyses and the creation of bespoke SystmOne reports.	Stretch QOF implemented in 2018, with practices paid for activity above QOF thresholds up to 100% of target, and reviewed annually since	Stretch QOF for 2022-23 has been redesigned to focus on a more personalised holistic approach (focusing on achieving collective, not single indicators for each individual).
Support more patients with effective blood pressure control (e.g. as above)	As above	As above
Significantly increase Primary/Community care capacity in Thurrock including better skills mix of staff with GP surgeries	Limited progress, but enhanced capacity in place in the PCN with most need (Tilbury & Chadwell)	Implementation of wider skill mix as set out in NHS LTP should add further capacity
Expediate building the four Integrated Healthy Living Centres in Purfleet, Tilbury & Chadwell, Grays and SLH	**Corringham IMWC** Building completed during 2022. **Tilbury IMWC** Outline Business Case under review by NHS. Aim is to have this IMWC completed by 2025. **Purfleet on Thames IMWC** Completion is expected by 2024. **Grays IMWC**	NELFT lead Thurrock Council lead Being developed by Purfleet Centre Regeneration Ltd MSEFT lead

	The aim is to have Grays IMWC completed by 2025.	Timeframe is dependent on the extent to which the existing buildings on the Thurrock Community Hospital site can be repurposed.

In summary, a combination of local developments in the last 5 years have sought to improve case-finding and management of CVD in Thurrock. There has been more success to date in some domains than others. Data from 2019/20 in the key areas provide a benchmark, but the part-suspension of QOF over the last two years has made it difficult to quantify the impact of the pandemic on the management of CVD in primary care, or to make adequate comparisons with the findings of the 2016 report. However, it is known that the pandemic has led to reduced opportunities for primary prevention, reduced access to primary care and a widening of systemic inequalities that may influence health behaviours and health service access, so the targets for detection and management of key CVD conditions remain highly relevant, and progress in these areas is essential if health inequalities are not to be widened further.

Thurrock continues to be under-doctored overall, as reflected in patients' experience of primary care in the borough. Although capacity constraints have eased in Tilbury & Chadwell PCN as a consequence of additional roles being commissioned, the higher levels of complexity in that population still leave a healthcare deficit. It is likely that in the other PCN areas there is still an equity deficit. Further analysis needs to be done to understand this and identify solutions. The additional roles proposed by the NHS LTP and MSE Primary Care strategy could go some way to addressing the ongoing workforce constraints in primary care if implemented in full and if time is given to building teams and organising care according to complexity of need not existing levels of engagement.

Viewed overall, there appears to be a gap between the system-level work underway on holistic approaches to obesity, smoking, development of community assets and integrated care (the IMWCs), and the focus on individual indicators through Stretch QOF. The proposed multi-disciplinary teams within the IMWCs bring opportunities to start closing that gap for people with CVD or at risk of CVD, particularly in ASOP, but only if care is personalised, holistic, coordinated and segmented to provide the most support to those with the highest needs. Practice quality visits and Time to Learn practice shut-down sessions could be used to identify best performance and promote peer to peer learning opportunities within and across PCNs.

7 Summary Literature Review

This literature review sought to identify evidence for improving both the detection or diagnosis of CVD LTCs, for improving the management and of these LTCs in primary care, and for primary and secondary prevention of CVD risk factors. The review is based largely on evidence identified by searches undertaken by NELFT

library, with additional web searching and citation screening. The majority of studies reviewed for this report were UK studies of NHS provision.

The evidence used is a mix of policy documents, primary and secondary research, and case studies used to exemplify policy developments. The literature falls broadly into four subject areas:

- Models of care for primary care (with LTCs used as one of the drivers for change), typically policy papers or evaluations of NHS initiatives;
- Approaches to the management of LTCs: QOF and alternatives, often longitudinal cohort studies;
- Interventions for better management of LTCs and secondary prevention: principally ways of engaging patients in their care, drawn from a mix of research and case studies reported in policy papers; Primary Prevention and case-finding/detection: reviews of NHS Health Checks, reported case studies and research looking specifically at atrial fibrillation and hypertension.

Primary and secondary prevention, and management of conditions, is a wide-ranging area of enquiry in which definitions can vary or be loosely defined across studies (Health Coaching being an example). However, exploration of epistemological differences in models of care, behavioural or person-centred approaches to interventions are beyond the scope of this report. Measures of success also vary widely, from physiological outcomes, to health behaviours and health services use. Much of the evidence relating to primary and secondary prevention is observational case reports and/or relies on self-reports, which may not be generalisable. Very few qualitative studies were found for this report.

Management of long-term health conditions itself is a broad topic, covering a wide range of physical and mental health conditions. Much of the research focuses on LTCs generically, or on specific LTCs (notably diabetes, COPD and Mental Health). Arguably, this is as it should be, given the clearly acknowledged requirement in the literature that a shift is needed from managing individual conditions, as required by the QOF to a more holistic approach, as encapsulated in Thurrock's BCTT strategy. Aspirations are clearly expressed, both in terms of potential benefits to patients (improved health outcomes, improved agency leading to better engagement with treatment and adoption of health behaviours), and to health care systems (improved efficiency in primary care and less demand on the system). However, evidence of how long approaches or new systems should be trialled for, or of the practical and cultural factors associated with implementing new systems in primary care and how to address them, is lacking.

Policy papers from the Kings Fund [27], Nuffield Trust [30] and IPPR [31] present the theory for new models of care, clearly articulate the characteristics associated with good care, and provide examples of good practice. But whilst they identify some of the requirements for success (time to build relationships, training, and support in new ways of working – as opposed to new processes – increased skill-mix and so on), they lack detail on *how* to achieve cultural shifts in practice especially when change is to be implemented across an area rather than developed by individual practices which already have a strong drive for innovation. Roberts et al [32], in their report on a new cyclical approach to care and support planning for people with LTCs (the 'Year of Care' approach) which was first tested with patients with diabetes then extended to include people with CVD, articulate the steps in the care planning cycle and emphasise the co-produced nature of this approach. But they are clear that what is required is not new systems but a change in culture from the traditional medical model to a social model of care. The Thurrock BCTT strategy to transform adult

health and social care draws heavily on the Human, Learning, Systems (HLS) approach to system transformation[33]. The HLS focus on cultural change and empowering the workforce to adopt a strengths-based approach, a learning culture and act as system stewards, offers opportunities to develop sustainable approaches to delivering holistic care.

Studies by Close et al [34] and Lugo-Palacios[35] et al explored the impact of an alternative, more holistic approach as an alternative to QOF in general practices in the south-west and north-west of England, but were unable to provide evidence of positive effect on health service use, clinical or patient outcomes. However, both were measuring success within a short timeframe, and one experienced difficulties in implementation. Close et al did however identify organisational changes in the participating surgeries that could be beneficial in the longer term, including time-savings and increased informal networks.

A common starting point for the literature on more personalised and holistic care planning for people with LTCs is the recognition that even those patients with multi-morbidities spend a very small proportion of their time with health professionals. Discussions about health goals therefore need to be contextualised within the patient's life, not just the time spent in the surgery.

Several of the studies in a Cochrane review from 2015[36], assessing the effect of personalised care planning, found that whilst results were mixed, factors increasing positive effects included more frequent contact and care from the patients' usual clinician. Several of the studies in that review used Patient-reported Outcome Measures (PROMs). More recently, there has been a shift towards 'Patient Activation', where instead of being *educated and informed by* health professionals (the 'expert patient' model), the patient is *collaborating with* them to identify goals which are personally relevant, and strategies to meet those goals. This approach requires prior assessment of the patients' level of engagement in managing their health needs; as set out by the Health Foundation. (Deeny, et al., 2018). Crucially, they identified associations between level of activation and health service use: out of the 9,348 patients studied, the 13% scoring at the highest level of activation had 38% fewer admissions, 32% fewer A&E attendances, and 18% fewer appointments in primary care. There is potential for bias in the research towards engaged patients (PAMs were assessed by survey with the 9,348 patients studied representing a 25% response rate), but the results are promising. Interestingly, the results also challenge traditional expectations about the association between deprivation and patient engagement – only half of those scoring at the lowest level were from the most deprived areas. The researchers then identify strategies such as health coaching which can be used to assist patients to move to a higher level of activation. In summary, PAMs appear to offer promise both at an organisational level, for stratifying and prioritising those patients needing most assistance to manage their care, and at an individual level as understanding the patient's starting point informs the work between healthcare provider and patient.

Turning to clinical management of individual LTCs, a number of case studies showcasing innovative approaches to management or secondary prevention are cited by NICE and NHSE. These include incentivising blood pressure management by pharmacists [37], and a Quality Improvement support package for primary care nurses in Cheshire [38]. Most recently, the Academic Health Sciences Network has developed (in collaboration with partners) a set of free, digital Proactive Care Frameworks for stratifying and prioritising patients already on CVD registers in order to optimise management of those most at risk post

COVID [39]. The resources include search tools for SystmOne and guidance on the allocation of related tasks within the primary care workforce.

Some good practice examples focus on the development of systems and guidelines within primary care, such as an audit to identify patients at risk of familial hypercholesterolaemia in Kent[40]. Others showcase opportunities for both primary and secondary prevention amongst Allied Health Professionals such as Podiatrists and Physiotherapists, as well as in pharmacies. For example, providing MECC training to AHPs in Newcastle to enable them have more effective conversations about health behaviours [41], and AF screening at community podiatry clinics [42]. What these examples typically demonstrate is the potential for the wider community health and care workforce to contribute to CVD prevention, providing that some additional resource – be that financial, training and/or short-term support – is available to support implementation.

For individual patients, CVD conditions can be managed once diagnosed, but there appear to be gaps when it comes to strategies and programmes aiming to target and identify those at greatest risk of having these conditions. Research and reports of projects for detecting atrial fibrillation and hypertension in particular do suggest opportunities for rolling out programmes in a range of community settings from fire services to community nursing teams visiting housebound patients, but issues of generalisability and transferability will apply so local evaluation would be needed. Higher quality evidence for population screening appears limited and mostly confined to AF (screening being considered cost-effective for those over 65, see for instance Welton et al[43] and Lowres et al [44]). Katsoulis et al [45] and Iyen et al [46] used primary care records in longitudinal cohort studies to explore long-term outcomes for patients on obesity registers. Iyen et al found a small but stable increase in BMI over all groups (mean age 49.5, mean BMI 33.8 kg/m^2) with those in the highest categories of obesity having the highest risk for CVD, heart failure and mortality. Katsoulis et al examined a wider age range and found that younger patients identified as overweight or obese were at significantly higher risk of moving to a higher BMI than older patients, moreover that age was a more important predictor of obesity than ethnicity or deprivation.

More generally, national policy and NICE guidance continues to promote the NHS Health Check for assessing CVD risk in people aged 40-74 and identifying people at greater risk of CVD, but evidence on uptake and impact is at best mixed. Recent systematic reviews of the NHS Health Checks programme present equivocal findings, especially in relation to Health inequalities, but do propose a more targeted approach in delivery going forward.

Adopting healthy behaviours is key to both prevention and management of cardiovascular risks, but many studies suggest mixed or limited effects in initiatives designed to support behaviour change. For those without currently identified CVD risk, the NHS Health Checks programme seeks to promote positive health behaviours and to refer individuals to local support and lifestyle services in order to reduce risks associated with obesity, smoking and low physical activity. However, the success of the programme at engaging those with most to gain and prompting health behaviour change appears limited. That said, there is much variation in the content and delivery of the NHS Health Checks programme across the country, so the generalisability of outcomes from NHS Health Check research needs to be assessed at a local level if targeted approaches are in place.

Once individuals have been identified as at risk, however, some studies have investigated the effect of Health Coaching as an alternative to traditional patient information and education. Although different definitions are in use, the common elements are that coaching applies motivational techniques and is more focused on the patient's starting point – linking therefore to patient activation. (For exploration of the term Health Coaching see NHSE/I technical guidance [47]) Studies of health behaviour change rely typically on self-reporting and are therefore often considered subject to bias, with associated concerns over quality; moreover they are not usually specific to patients with CVD risk. A recent systematic Korean review [48] sought to address these methodological concerns, and pooled results from 15 RCTs of health coaching on health behaviours for adults with established cardiovascular risks, measured using a range of tools specific to each domain (Physical activity, Dietary behaviours, Health responsibility, Stress management and Smoking). Health coaching was provided by a range of staff within and outside healthcare (e.g. dieticians, fitness professionals), all of whom had received training. They identified small but significant effects for health coaching in all areas except smoking (which had the fewest studies). They found that coaching was easily implemented (much of the coaching in the included studies was delivered by telephone), with an 'optimal dose' of 30 or more sessions over a period of 6-12 months.

Conclusions

Whilst acknowledging the early gains in quality of care associated with QOF, the literature over the last five years clearly identifies the limitations of QOF from both a primary care and a patient perspective, turning instead to more holistic models and approaches for managing LTCs and prompting positive health behaviours. However, these are not always clearly defined, or evaluated over the long term; moreover, there is a lack of detail on implementation and addressing problems which could be aided by more qualitative research, particularly when change is required to address quality concerns, rather than generated by motivated innovators.

There are positive initiatives for detection and screening of atrial fibrillation and hypertension, though these may be dependent on resources being available to support implementation. NHS Health Checks may need to be targeted quite specifically in order to increase detection of those at risk and support behaviour change. Studies of patient activation levels and support to increase activation through interventions such as Health Coaching suggest promise for both individuals, primary care providers and health system use overall; however, the literature is also clear that these depend on a cultural shift towards co-production and a more social model of health care.

RECOMMENDATIONS: In designing new holistic care models, Thurrock Integrated Care Alliance should consider learning from the evidence base, and specifically consider:

- That transformation programmes need to be built around *how* to achieve cultural shifts in practice;
- The benefits of health goals being contextualised within the patient's life and personal priorities;
- Adopting the Patient Activation Measure (PAM) to assist in segmenting and prioritising patients with multi-morbidities and/or complex needs for care-coordination and support;

Training a range of staff in primary care, integrated teams and lifestyle services in Health Coaching. Roll-out Health Coaching within multi-disciplinary teams, prioritising patients identified through PAMs at the lowest levels of engagement.

In seeking further improvements in care for specific CVD conditions, services should consider:

- Further developing Community and Allied Health Professional roles (e.g. Podiatrists, Physiotherapists) and considering how broader roles might enhance LTC services for patients e.g. MECC, opportunistic atrial fibrillation and hypertension screening in community clinics
- Implementing systematic and targeted case finding for atrial fibrillation and hypertension, including targeting over 65s, those who are housebound, those with higher BMIs, and those living in more deprived circumstances
- Maximising uptake of NHS Health Checks, targeting higher risk groups such as those at lower ages in higher risk minority ethnic groups

8. Conclusions

The 2016 APHR report highlighted concerns about workforce capacity in primary care, variations in the quality of care and the impact of poor identification and management of CVD and other long-term conditions. It quantified the potential benefits of action on these factors for the health system. Assessing the impact of initiatives put in place to address these concerns is difficult given the impact of the COVID-19 pandemic on implementation, changes in access to primary care, the primary care workforce and data-capture, but where impact is measurable, indicators show an improvement in quality of care for CVD in Thurrock since 2016. Given the impact of the pandemic, however, on widening inequalities, the case for improved identification and management of CVD is even more pressing.

The most recent Marmot review[3] stresses the need to re-focus on prevention in order to reduce the inequalities exacerbated by COVID-19. Given the high rates of smoking and obesity in Thurrock, increased identification and improved management of cardiovascular conditions will not alone address the inequalities currently associated with CVD in the borough; prioritising wider action to increase access to healthy foods, provide support for individuals to manage their weight, increase physical activity and reduce smoking is required. In addition, opportunities to identify those at increased risk of CVD, through NHS Health Checks and other case finding programmes, need to be targeted in areas of higher deprivation and for population groups with most to gain.

There have been some positive changes in primary care staffing since the 2016 report, but these are set against local and national concerns about ongoing workforce pressures, and Thurrock remains significantly under-doctored. The introduction of new roles such as Physician Associates and Social Prescribers is positive, and appears to have increased availability of appointments as well as providing more tailored support in areas such as mental healthcare. However, the funding that supports these roles is population based, not weighted to deprivation, so care should be taken to ensure that such innovations do not inadvertently widen health inequalities between higher performing practices with more capacity, and those facing greater challenge due to higher health needs and workforce pressures. Moreover, learning from these roles must be shared within and between PCNs.

Despite the challenges of workforce pressures and the pandemic, there have already been improvements through initiatives implemented and developed since the 2016 report, notably the use of public health data to support practices, Stretch-QOF, and generation of additional workforce capacity with new roles in primary care. Figure 16 shows how activity could now be directed to support different patient groups.

More generally, the literature on changing models of care and approaches to the management of LTCs is clear that care for people with multi-morbidities needs to become more personalised, more coordinated and more collaborative if patients are to be engaged in optimising their health, and if both demand on the system and health inequalities are to be reduced. This means, for example, that Stretch QOF needs to be more holistic, focused on patient outcomes overall rather than individual disease targets. However, a shift towards more collaborative, co-produced care requires fundamental shifts in culture, investment in staff (for example training) as well as time to embed – as has already been recognised in the BCTT strategy in regard to the adoption of a Human Learning Systems approach. Achieving this at the same time as seeking to reduce variation between and within PCNs and manage workforce constraints is a significant challenge.

Review of the literature suggests that the principles underpinning the roles of long-term condition specialists in Thurrock needs to be articulated, understood and shared within and across the four PCNs if the ambitions for patient outcomes and health system savings are to be realised. Time, training and opportunities for co-production and shared reflection on cultural change, in addition to continued collaboration between public health and primary care to understand the data driving and measuring this work (not least the segmentation of patient groups), are needed to support this shift.

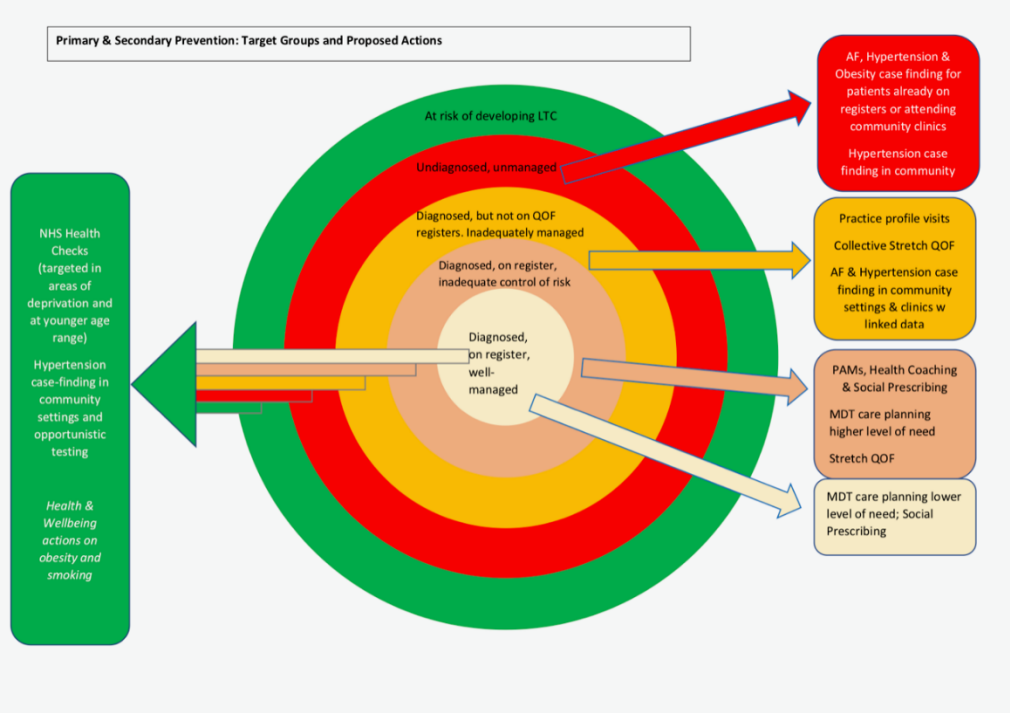


Figure 16: Proposed actions for patient groups to reduce impact of CVD

There is now a national drive for CVD prevention, particularly through improved identification and treatment of hypertension and atrial fibrillation, as part of the NHS Long Term Plan. Over the last 5 or so years, there has been a shift in evidence towards more collaborative and holistic models of care, and greater understanding of how to engage patients in managing their health and associated health behaviour changes (away from the expert patient and educational model) towards, for example, PAMS and Health Coaching, and an increase in innovative projects in the community for identifying those at risk of CVD. This knowledge, together with alignment with the national CVD plan, offer opportunities for both primary and secondary prevention in Thurrock, subject to robust evaluation. Much may rest on the development of the IMWCs for those patients with multi-morbidities and complex health and social care needs, especially those for whom the co-location of community services and mental health services with primary care may improve engagement. The first IMWC to open has been in Corringham, where innovative practice in obesity can already be found. However, in Thurrock there is greater need in Tilbury & Chadwell and in ASOP, both in terms of constraints on primary care capacity and greater levels of patient need. These areas should

therefore be prioritised for additional workforce capacity and adoption of new models of care, in order to avoid widening health inequalities further.

9. Recommendations

1. **Thurrock Integrated Care Alliance (TICA) should work with Mid and South Essex ICS to prioritise support for new models of working and additional workforce capacity to practices within Thurrock PCNs, to avoid increasing health inequalities associated with access and quality in primary care.**

2. **Refresh the whole-system focus on primary prevention of CVD post-COVID-19.** To reduce inequalities, particularly given the widening of inequalities due to COVID, more resource and effort should be directed to primary prevention as well as addressing wider issues such as debt and fuel poverty

   Thurrock has significantly higher rates of smoking and obesity than average for England; and smoking is the largest single modifiable factor contributing to health inequalities and preventable deaths. Specifically, as set out in Goal 1A of the 2022-2026 Thurrock Health & Wellbeing Strategy:

   - Develop a Whole System Tobacco Control Plan for Thurrock. Through this, reduce the proportion of people in Thurrock who smoke, and the variation between community groups - focusing on residents in areas of higher deprivation and those with severe mental illness, with the aim of reducing smoking prevalence to 5% or less by 2030. Continue to train staff working with people in higher risk groups in smoking cessation.
   - Implement the refreshed Thurrock Whole System Obesity Strategy (to be agreed 2022), again reducing both the proportion of people (children and adults) who are obese and with an increased focus on health disparities, both of place and protected characteristics, with an additional focus on obesity in pregnancy and early years. As part of this strategy, improve the food environment, leveraging positive community influences, to assist people in making healthy food choices and improve the physical environment to promote physical activity. The age profile of Thurrock is younger than the England average, and the risks associated with obesity increase with age. Ensure that the refresh of the Whole System Obesity Strategy identifies and promotes opportunities to identify and manage obesity and low levels of physical activity in younger adults, including during and after pregnancy before the risk of LTCs associated with obesity is exacerbated.
   - Leverage opportunities within the new Family Hubs to implement activities promoting and supporting health behaviours in the early years, especially to reduce high levels of childhood obesity at age 5 and 11 in the district.

3. **Promote personalised, collaborative and holistic care planning, for example the House of Care using an evidence-based model, alongside long term condition specialists and multi-disciplinary working within the IMWCs. New models of working should include maximising potential for risk behaviour services to target support to patients, including those at higher risk of CVD, through joint working within the new Integrated Medical Centre model.**

The integration of risk behaviour & wellbeing support services with the four IMWCs provides an opportunity to target NHS Health Checks to residents using social care and housing services, increasing uptake amongst groups who may not currently respond to invitation letters from GP practices.

Similarly, improved access to health risk behaviour support and coaching for residents attending mental health and community support services, as part of the long-term condition model of care, offers an opportunity to address some of the health inequalities associated with having learning disabilities or poor mental health. This will depend on effective collaboration between IAPT/NELFT, PCN Mental Health, THLS and the Voluntary and Community Sector to identify patients at highest risk. Designated Learning Disability support roles, that are able to support people at times of crisis, admission to hospital etc, could also help reduce avoidable health impacts for this cohort.

Transformation of care should centre around a change in culture from the traditional medical model to a social model of care. This should ideally be co-developed, for example using Human Learning Systems (as outlined in the Better Care Together Thurrock strategy). To support this and the following two recommendations, re-establish the Better Care Together LTC & Inequalities group to steer and support adoption of new ways of working to steer cultural change.

4. **In designing new holistic care models, Thurrock Integrated Care Alliance should consider learning from the evidence base, and specifically consider:**
   - **That transformation programmes need to be built around *how* to achieve cultural shifts in practice**;

     Focusing on the processes and tools of transformation used by innovators is not sufficient when seeking a shift to co-production and towards a more social model of care across all partners in a system.

   - **The benefits of health goals being contextualised within the patient's life and personal priorities**;

     Evidence suggests that goals linked to the *patient's* starting point will be more successful.

   - **Adopting the Patient Activation Measure (PAM)** to assist in segmenting and prioritising patients with multi-morbidities and/or complex needs for care-coordination and support;

     Evidence suggests that using the PAM to determine patients' engagement in managing their conditions can benefit both individual patients (by helping them identify goals which are personally relevant) and health professionals (by determining which patients have the most complex care-coordination needs and would benefit from interventions to help them manage their health condition). As a collaborative tool, PAM differs substantively from patient-reported outcome measures or patient education. Patient activation measures should not be limited to areas of higher health inequality only, as all levels of engagement are found across all socio-economic groups. Use of the PAM has also been recommended in the Mid & South Essex Self-Care JSNA (2021).

- **Training a range of staff in primary care, integrated teams, prevention and risk behaviour services in Health Coaching.** Roll-out Health Coaching within multi-disciplinary teams, prioritising patients identified through PAMs at the lowest levels of engagement.

  Health Coaching differs from traditional patient information and education as it is based on motivational interviewing approaches, and a collaborative process between patient and professional. Health Coaching can be offered in a range of settings, including by telephone. Evidence suggests Health Coaching can deliver positive changes in health behaviours, especially when targeted at patients identified as having low levels of activation.

  Health Coaching and PAMs are new approaches built on a more collaborative, holistic approach to LTC management. Ensure opportunities to share learning between health coaches and other members of the primary care workforce, informally and at Time to Learn practice shut-downs.

5. **Continue to strengthen the links between public health and primary care, using data to inform improvements. Use Stretch-QOF and other approaches to promote case-finding and a strengths-based approach to improving outcomes, taking into account multi-morbidities, to promote holistic management of LTCs.**

   Given the high quality of primary care for those on CVD registers in Thurrock, the greatest improvements in population health are likely to be gained by a focus on reducing gaps in diagnosis.

   A case finding strategy is, as recommended in the BCTT strategy, is warranted to further build on gains in CVD diagnosis and management since 2016. This should include processes to identify patients diagnosed but not on QOF registers. Holistic approaches should be considered to reduce the risks of siloed practice that could flow from addressing CVD prevention targets in the NHS LTP individually, including for example through implementation of PAMs.

   Practice Profile cards and other data should be provided at practice level within PCNs, to assist PCNs in recognising and addressing variation in practice. These could include a focus on levels of reported Personal Care Adjustments (previously QOF exceptions) to ensure that these do not contribute to health inequalities. Refresh the plan for quality visits to practices in order to prioritise reduction of health inequalities.

   Use practice quality visits and Time to Learn practice shut-down sessions to identify best performance and promote peer to peer learning opportunities within and across PCNs.

6. **In seeking further improvements in care for specific CVD conditions, services should consider:**
   - **Developing Community and Allied Health Professional roles (e.g. Podiatrists, Physiotherapists, Community Social Care roles) and considering how broader roles might enhance LTC services for patients** (eg MECC, opportunistic atrial fibrillation and hypertension screening in community clinics.

As part of the IMWC clinical model, make more use of community roles including AHPs for atrial fibrillation and hypertension case finding in community clinics, as well as new roles in primary care such as Social Prescribers and ARRS roles. Ensure that AHPs, Pharmacists and new primary care roles have received training in MECC and are well informed about access to health coaching and lifestyle support services, and the relevance of these approaches for supporting their patients. The role of Community Pharmacies in CVD prevention warrants further consideration in Thurrock, with the potential contribution of pharmacists to primary and secondary prevention being reflected in future Pharmaceutical Needs Assessments.

- **Implementing systematic and targeted case finding for atrial fibrillation and hypertension, including targeting over 65s, those who are housebound, those with higher BMIs**
  Consider use of portable devices such as AliveCor by community teams, as set out in the Health & Wellbeing Strategy. Ensure that training and support is available to assist with implementation of screening / case finding and that data on patients identified as requiring further investigation can be shared directly with general practice.

- **Targeting NHS Health Checks for people at the younger age limit, in groups known to be at higher and earlier CVD risk. This includes those in certain minority ethnic groups, smokers and people on obesity registers, as well as residents in areas of higher deprivation.**
  Targeting NHS Health Checks as above should build on evidence of how best to engage those groups. Expanding delivery of health checks should include workplaces, collaboration with other community services (e.g. fire service) and a variety of venues and different days and times.

  The principle of Universal Proportionalism which drives the NHS Health Checks programme provides authorities with the freedom to target invitations for checks at those at greater risk, whilst still enabling the general eligible population to access the health check on invitation. THLS should work with PCNs and individual practices, using software currently available to the team, to secure agreement to stratify and target health check invitations using primary care registers. In addition, consider with MSE partners how best to work within the constraints of the NHS Health Checks programme regarding the provision of checks for people working, but not resident in, Thurrock.

- **Maximising uptake and associated follow-up of physical health checks for people living with SMI and who have a learning disability.** A targeted approach to SMI physical health checks across younger age groups and lower uptake ethnic groups should be a priority.

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Appendix 1: Literature Review

Identification and management of cardiovascular long-term conditions in primary care

Available from: https://www.thurrock.gov.uk/public-health/other-public-health-reports