28 June 2017	ITEM: 12				
Council					
Report of the Cabinet Member for Education and Health					
Report of: Councillor James Halden, Cabinet Member for Education and Health					
This report is Public					

# **Executive Summary**

I am honoured to present my annual report regarding the Education Department and the Health Department. It has been a year of immense challenge and progress.

When I presented my annual report to the chamber in July 2016, I did so having inherited a number of challenges, such as having almost twice the amount of primary school places compared to secondary school places for children to progress into, one of the most under doctored populations in the nation with some exceptionally poor examples of care, and services that had been simply maintained opposed to having been reformed.

Today I can report that we will have suitable levels of placements for the new academic year, that we have passed a plan for GP standards and action is taking place to address patient outcomes, and that we have reformed services such as children centres to save significant sums of money while serving more children.

This time last year, I outlined the three key elements which would be actioned by myself and my team of officers, and I can provide updates and reaffirm these elements today;

- 1) We would show leadership to directly address issues. For example, we set up a lobby team to work with our family of schools to bring investment to Thurrock. The greatest achievement of this was winning the funding for the construction for 3 new schools (one special needs, and two secondaries).
- 2) We would raise expectations and ambitions in Thurrock. Too many people have simply put up with poor primary care, but now we have passed a GP standards plan to bring partners together with powerful data to help drive forward improvements. This is one of the most comprehensive approaches being actioned in local government.
- 3) We will break inter-generational issues. It is clear poor educational outcomes begin poor health outcomes, that is why we have merged health and early education services to create a 0-19 children centre model to ensure children get the right care regardless of how and where they enter the system, opposed to

the old and limited 0-5 model where there was limited health functions and referrals would need to be made to separate teams.

The next step is to take a renewed focus on delivery. When I took office, I was dismayed to find that the Purfleet free school delivery was at risk due to the slow regeneration project there, and that the mooted four integrated heath hubs still were a great distance away from the planning phase. Robust action has been required and the free school has been saved and a business plan for new medical facilities will be presented to Cabinet in July.

<u>Delivery is now the fourth key focus of my team with my school lobby unit now overseeing capital plans and a new primary care delivery arm in place across our health partnership.</u>

It should also be pointed out that the two departments are contributing to the wider council priorities such as "clean it, cut it, fill it" by not only coming in on budget, but by making significant savings under the fold mantra of "fewer buildings but better services".

This has been an intense year and I publically thank my Senior Officials for their loyalty, skill, dedication, patience, and, at times, good humour.

#### **Health Brief**

### Standards plan: Our biggest ever initiative to improve standards in Primary Care

In my last Annual Report to full council, I gave a firm commitment to drive up standards in Primary Care. I inherited a situation where our GP surgeries were both underdoctored and where variation in clinical quality was unacceptable with the majority of GP practices who had been inspected by the Care Quality Commission being rated as either "inadequate" or "required improvement".

I am pleased to report that significant progress has been made over the last 12 months in addressing this key health issue, working hand in hand with a great team within the CCG.

Firstly I have established a Primary Care Improvement and Delivery Group to act as a delivery arm to drive up local standards and to <u>deliver our first ever GP Standards Plan I passed through cabinet in October.</u> Chaired by myself and comprised of Chief Officers of Thurrock Council, NHS Thurrock CCG and Thurrock Healthwatch, the group has two key overarching aims:

1. To act as a joint strategic working group between Council and CCG Chief/Senior Officers and The Cabinet Portfolio Holder for Education and Health, with regard

to improving clinical capacity and standards within Primary Care in Thurrock and address clinical variation

2. To improve integration between Primary and Community Care and other elements of the Health and Social Care System

This group is overseeing an innovative set of initiatives that have and will continue to deliver improvement in local health services. I have set out some examples below:

Two new Healthcare Public Health Programme Managers have been jointly appointed by the Council's Public Health Team and NHS Thurrock CCG, to work directly with GP practices within a new Primary Care Development Team based within the CCG. This new Primary Care Development team works closely with our GPs to embed best clinical practice within their surgeries. As a result of close joint working with NHS Thurrock CCG, of those recently inspected we now have 69% of GP practices rated by the Care Quality Commission as "Good".

As our population ages, a greater number of our residents are living with long term health conditions such as high blood pressure, COPD and heart disease. Improving the clinical care provided by our GPs to residents with long term conditions remains one of my top priorities. In order improve the care our local GPs provide to residents with long term health conditions (LTCs) Public Health staff have created a tool to support the development of personalised action plans for Thurrock GP practices. The LTC profile card is a visual overview of each practice, focusing on the LTC diagnosis and management while also including some metrics relating to emergency hospital admission rates for each GP practice population. An additional feature of the tool is the comment box, in which an action plan will be developed jointly by the Practice Manager, Lead GP and Healthcare Public Health manager. Individual profiles have been developed for every GP practice in Thurrock, and Public Health staff are currently beginning a programme of GP practice visits to agree tailored improvement plans with each surgery, based on their profile card results.

For a better understanding of the current situation and possible need of support, practices are compared against a personalised benchmark group. The benchmark group consists of 20 practices from across England which matches the population size, deprivation index and age distribution of the practice. By comparing practices to practices similar to them, we can identify those indicators which stand out as being particularly high or low and also account for any underlying characteristics of the registered population. This provides us with the opportunity to direct our resources towards the area with the highest need and make the maximum impact.

All the important stakeholders have been engaged in the development of the Profile Card and we received remarkably positive feedback from them. Moreover, Thurrock CCG has been promoting the tool for its beneficial impact on demand

management, Public Health England have recognised it as an example of best practice and wish to a similar approach rolled out regionally, and GPs have expressed eagerness to see it and use it in their practice.

My previous Annual Report also highlighted the serious health issue of Learning Disability Health Checks. Historically, delivery of these essential annual checks to some of the most vulnerable residents in our borough has been low, with fewer than 25% of people with learning disabilities receiving a check. Over the past year, Thurrock has adopted a different model, with NHS Thurrock CCG taking over commissioning responsibility for the checks from NHS England, and our Primary Care Development Team performance managing GPs on this programme. I am pleased to report that in 2016/17, as a result of these new arrangements and the efforts of the CCG and other key stakeholders including Thurrock Healthwatch and Thurrock Lifestyle Solutions, over 70% of people with Learning Disabilities in our Borough received a health check. I believe this to be another excellent example of how strong leadership and focused effort at a local level can deliver results and reduce health inequalities.

# Reforming and expanding our assisted technology offer

The use of Telecare and Assistive Technology, such as emergency panic alarms for frail residents falling, is a key Council priority in regards to preventive measures to help older residents stay healthier for longer in their own homes and is reflected within *For Thurrock in Thurrock* – our joint Health and Social Care commissioning strategy with NHS Thurrock CCG. Positive use of Telecare and Assistive Technology promotes independence and supports the Care Act 2014's direction of reducing and delaying the need for care and support.

A review has been carried out of the services delivered by Careline which has resulted in the decommissioning of the pull cord alarm system within our sheltered housing and general needs housing. These pull cord systems will be replaced by dispersed alarms where required which is an alarm system that is contained within a small box utilising a plug socket. The review has also highlighted the need to upgrade the current Careline monitoring system developing a new and enhanced Telecare and Assistive Technology service.

Finally to support positive use of the service <u>Careline</u>, <u>Assistive Technology and Telecare services they will be free of charge to the service user</u>. This is only possible due to sound management of the finances.

This massively supports our preventative agenda. Currently there are 3883 users of alarms and these shall become free across the board from July 1st.

**Creation of new Integrated Medical Centres** 

I was dismayed to discover, upon taking office, that the mooted construction of new "healthy living hubs" had progressed little past rhetoric. No planning applications or business plans were ready. However with other proposed changes in the local health landscape, we saw an opportunity. Basildon Hospital have made it clear that they want to consult on the future of the Orsett Hospital on the grounds that a centralised and old building is not the best way to deliver care in the modern world. We made it clear that we were not content to simply be a passenger on this journey and that historically having not delivered on these hubs gave us an opportunity to bring primary, community and acute care together.

Under my instruction, Chief Council Officers have developed a Memorandum of Understanding between Basildon Hospital, North East London NHS Foundation Trust, Essex Partnership University NHS Trust, NHS Thurrock CCG and Thurrock Council, signed by Chief Officers in all organisations and myself, which sets out our collective intention, subject to the outcome of any formal consultation, to retain clinical services currently provided at Orsett Hospital within Thurrock, and move them closer to our residents by migrating them into four Integrated Medical Centres before any changes take place at Orsett hospital.

This includes an agreement by Thurrock CCG to retain a minor injuries unit within the Borough, and provides an exciting opportunity to deliver better, more integrated health and care, closer to where are residents live. Development of the four new Integrated Medical Centres is now progressing at pace, with a team of consultants appointed both by the Council and NHS CCG to undertake the detailed health and business planning work required to make this concept a reality. I am expecting a full business case to be brought to Cabinet for approval by the end of 2017.

### Improving Standards Across our local NHS and Adult Social Care system.

Although vitally important, Primary Care is one of a number of key health services that constitute our local health and care system, and as such my focus over the last 12 months has been broader than simply GP practices.

In November 2016 the Director of Public Health produced a report that considered all elements of our local health and social care system, and made a series of detailed recommendations on how efficiency and sustainability of the entire system could be improved, both through the programme of Primary Care development set out above, but also through integrating services and bringing care closer to our residents. As a result of this work, our three NHS Foundation Trusts are collaborating with the council's Social Care and Public Health teams, NHS Thurrock CCG and local GPs to pilot an "Accountable Care Partnership" in the locality of Tilbury and Chadwell St. Mary's. This will include a substantially expanded mixed skill Primary Care workforce and a single partnership responsible for the health and care needs of the entire population of four wards in Thurrock. It has been recognised as a model of best practice regionally and

will finally end the fragmentation of the way health and care services have been historically provided, wrapping integrated care around our residents and ensuring that they can access the health and care service they need, when they need it.

Over the last 12 months, I have led a series of strategic initiatives to increase the resilience of our local health and care system, cooperating with other stakeholders across our Sustainability and Transformation Plan footprint of Mid and South Essex where sensible to do so, but also retaining the sovereignty of our local Health and Wellbeing Board as the overarching body for local decision making on health and wellbeing:

- Through robust negotiation with NHS England, I have resolved the historical issue of the status of the Accountable Officer of NHS Thurrock CCG, who has now been appointed into a substantive, permanent post.
- I have led the agreement of a 'key principles' agreement, signed by all three chairs of the Health and Wellbeing Boards of Southend on Sea, Essex and myself, setting out the relationship between the wider STP and local commissioning arrangements for health. This will ensure that local government talks with a united and powerful voice, however the emergence of a new "joint committee" between all the CCG in South Essex, at the direction of NHS England, risks this new body growing and crowding out local determination and reverting back into an old style and centralised PCT. This must be and is being vigorously opposed.

In addition the Public Health Team has led re-procurement of drug and alcohol treatment services, and healthy lifestyle services. The new drug and alcohol treatment contract has been awarded to "Inclusion Thurrock". As stated previously, this provider has been running Increasing Access to Psychological Therapies (IAPT) services in Thurrock for the last 12 months during which they have demonstrated a strong track record in driving up standards, improving access, reducing waiting times, improving recovery rates and partnership working with other NHS providers. The award of the drug and alcohol treatment contract to Inclusion Thurrock is now delivering a seamless service for residents with a 'dual diagnosis' of both mental ill-health and drug/alcohol addiction; health issues that often go hand in hand. In addition the re-procurement has delivered efficiency savings of over £100K on the previous contract, whilst delivering better outcomes for our residents.

#### **Education Brief**

Thurrock Local Authority plays a key role in driving ambition at individual school level and across the borough to sustain improvements in school provision. The council is uniquely positioned to influence the development of schools across the authority by applying its knowledge of regeneration programmes and pupil place planning.

### Success of Free Schools and School Expansion – The Lobby Unit

When I became the Cabinet Member I made it clear that we would show leadership and lead the fight with school partners to attract investment to Thurrock. To this end I put my senior officers to work on making the case for the Thurrock family of schools as a new lobby unit.

For months, myself and my team visited dozens of schools and education partners and helped to encourage their ambitions to grow. We took their bids and backed them up with our support and provided vital data and other resources in a submission to DfE.

Under the Wave 12 Free School scheme, Thurrock has been awarded 2 new secondary schools and one additional special school. <u>This will mean over £60million</u> being invested in Thurrock over the next few years to build three brand new schools.

Under my leadership officers have worked closely with our Academies and the Regional Schools Commissioner to make a strong case for Thurrock Schools. We have used both our influence and strategic knowledge to secure the best deal for the children of Thurrock who need to go to the best schools. We currently have 17,000 pupils in our primary provision with only 9,500 places in the secondary sector. This new announcement is extremely welcome as pupil's transition from Year 6.

Officers will now look to support the orderly construction of these new institutions as well as looking to the next opportunities to attract investment.

Our plan is to build big to provide parents with a real choice; not only does choice breed healthy competition but we will also ensure that family lives are not burdened with a placement crisis as we saw in Chafford a few years ago.

The latest Pupil Place Planning document 2017-2020 has been well received by schools and academies. We have successfully accurately projected pupil need in the borough which enables and gives confidence to our schools and partners who use this document to plan free schools, school expansions and bulge years and to prepare for future years school provision of places.

The previous schools capital programme has now been completed, which delivered 3 expansions, all have been delivered to a high standard and praised by the end users and offer our children a high quality working environment in which to carry out their studies.

A number of meetings have taken place with our MATs and Primary schools to identify opportunities to work with them in partnership to grow the provision of school places in the best schools so that the children of Thurrock are given a good offer of a place in our good and outstanding schools.

The council is investing £7million into the Schools Capital Programme 2017/28 as agreed by Cabinet to meet the increasing demand for primary school places as well as secondary school places. Feasibility studies, which will identify options for expansion in one secondary and one primary, are well underway.

#### A Thurrock Grammar School

This administration wishes to bid for a grammar school for Thurrock young people. We anticipate an opportunity will arise with the release of Wave 13 in the Free Schools Programme. I anticipate the Secretary of State will issue further guidance on the eligibility for applications for grammar school places. This should create opportunities for young people from disadvantaged communities to make application for grammar school places in Thurrock. I am proud that Thurrock has been acknowledged multiple times in the national press for our ambitions in this regard.

Working with a range of supporters, we have already identified a partner, a admissions criteria that will be slanted towards the disadvantaged, and land to accommodate this build. When further clarity is released on the lifting of the ban on new selective schools, Thurrock will be more than ready to proceed.

Meetings are currently happening regarding this work, and I will have further such meetings in September 2017.

### Strengthening our core further education offer with bold new partnerships

Palmers College was once our main beacon college however it has struggled since the proliferation of other 6<sup>th</sup> forms to find its unique place within the market. We want to help improve outcomes and ensure we are preparing our students with the skills to meet the demands in the current and future job markets.

Using our leadership role, we brokered a number of conversations to look to a partner who could increase capacity and resilience. Seevic College has come forward and is now moving towards a full merger.

After months of work and at our request, they signed a Memorandum of Understanding with the council outlining their shared ambition to return Palmers to a great STEM institution and the council outlined its full support to helping them achieve this. This will ensure that Palmers is on path to excel as our premier academic institution once again.

This is a bold new partnership where the council is playing a full part to fight for higher standards and not just allow other to get on with the job because they are not under the statutory control of the LA.

# **Securing our Youth Offer - Inspire**

Cabinet made the decision in March 2017 for our carers and skills offer, "Inspire" to have a clear remit of 'Growing a business within a business'. This is for a simple reason, we value our ability to support students progress from education into work. By giving it the flexibly to commercialise itself, it can generate its own revenue to further invest in Thurrock as a result of its very marketable successes based on the service goals. Cuts are not required if you reform a service so it's own positive work generates revenue.

Over the next three years Inspire will be working to develop services that aim to achieve the following:-

- NEETs to go below 1.5%
- Care Leavers into EET 75%
- Every 16 year old has access to impartial careers advice
- Grangewaters a 5% increase in bookings for the site
- Youth Employment Initiative to deliver to the contract specification
- To continue to seek commercial opportunities to increase our market share of youth related activities across the Opportunity South Essex College
- High Achieving students have access to programmes that can support them into Russell Group Universities and grammar schools
- Unknowns re continue to remain in the top 5% of the country

- To support schools and other partners shape their working based on the demands we see in the employment market
- To lead on the work with partners to support pathways into employment e.g. work undertaken with the Local Enterprise Partnership
- Raising the aspiration of students to not just settle for easily accessed employment opportunities, but stretch to fulfil their potential
- To work with our alternative provision market to ensure we support the reintegration of young people into the mainstream education / employment

The following outlines some key achievements this academic year:

Young people Not in Education, Employment or Training (NEET)

The NEET figure has continued to decrease from 3.6% in April 2016 to 2.7% in 2017 compared with our statistical neighbours in East of England of 3.2% and England 3%.

Inspire Thurrock Careers, as a traded service, has continued to provide award winning career advice to secondary and primary establishments within Thurrock and has generated additional income expanding that service outside of Thurrock in both Basildon and Brentwood.

**Grangewaters Outdoor Education Centre** 

It has broken even for the first time ever! This has been an exciting a challenging year for our outdoor education offer. After a number of years where the provision did not achieve its full cost recovery status – I am pleased to report that this year the centre has made a small profit. Staff's commitment to working in creative ways has ensured that we keep a provision that will meet some of our ambitious targets in relation to health for example reducing the levels of obesity and supporting older people with dementia.

# Learning & Skills

We continue to work with local employers around the recruitment of local staff, we recognise that the regeneration agenda in Thurrock is a fantastic opportunity for our residents and as such we have developed a consortium of learning support to provide practical support with the recruitment of staff – working in partnership with our economic development and skills team.

Our joint work with health has focussed on creating pathways for learning; these include joint work with the Director of Public Health to encourage Higher Education providers to support our clear strategic objective around recruiting more medical professionals into Thurrock. We are working with local schools to identify young people who have registered an interest in the medical profession and will run a number of summer

schools to enable young people to gain a greater understanding of careers in the medical profession.

# Shaping the role of the local authority education department

All councils have been asked to consider the persistent variation that exists across our school system and the role the local authority should play in raising educational standards for all children and young people.

We have published a draft vision for the future document to the Thurrock Education Alliance which was well received, with a completed document to be presented to council later in the year.

As an education service we continue to place high value on:

- knowing our schools and academies well; challenging leaders about rates of pupil progress;
- supporting governors to recruit the best leaders;
- creating opportunities for schools/academies to provide support and challenge to each other;
- identifying risks early so that we can work with schools and academies to address issues quickly;
- ensuring that all schools and academies are using data smartly to drive focused initiatives and promoting the highest expectations within communities for children's well-being and educational aspirations.
- Being our schools advocates within the DFE and EFA to attract resources
- Growing our strategic leadership function to help strong schools expand so every child in the borough has access to the tools to fulfil their potential

Thurrock Local Authority continues to play a key role in supporting ambition at individual school level and across the borough to sustain improvements in school provision.

### **Current performance**

Thurrock has made significant strides in improving provision for all children and young people across the borough. Using the latest Ofsted data almost 96% of our schools and academies are judged good or better. We have two special schools which are both outstanding. In partnership with our Multi Academy Trusts (MAT's) we have built up a strong relationship with the Regional Schools Commissioner and have recently been awarded three new secondary schools and another special school.

# **Thurrock Education Alliance (TEA)**

Excellent progress has been made in developing the strong partnership work between schools, academies and the local authority. Through my chairmanship this body has helped to ensure that schools, academies and early year's providers are working closely with the local authority to create a strong and shared vision to reach excellence everywhere.

Underpinning the approach to ensure improvement, the principle that there is a wealth of expertise across our schools and settings that can be encouraged to support others in their improvement. Some primary schools and academies have put in place plans to share their expertise in groups called Triads supported by regional senior HMI, Tim Bristow, sharing areas of expertise and collaborating on areas for development. HMI have also praised the council for supporting their schools/academies in developing sector-led improvement and reiterated the importance of reviewing the shared vision developed in Thurrock on a regular basis. In my first meeting as Chairman, we agreed further funding for advanced teacher training.

I announced at my first meeting of the TEA that my team will revisit the original education commission questions to consider how much progress has been made and what the next step is as we continue to define our role. Progress has been made but a vital part of political leadership is to forge forward and not allow success today to mean a slowness of pace tomorrow.

#### **Educational Attainment and Ofsted Outcomes.**

Across Thurrock 96% of all schools and academies are now judged good or better, and with both our Special Schools judged outstanding.

Quarry Hill Primary Academy is now in the top 5% of primary schools nationally for their KS2 results last summer. Under the new leadership this school has moved in two years from special measures to outstanding and has outperformed all our primary schools.

No primary schools are currently judged to be coasting and only one secondary academy is in this category, and even with this isolated example there are the clear green shoots of recovery. As part of our plans to move all schools to academy status and support them to broker MAT relationships to make them stronger and more resilient, only 10 schools are maintained, of which one is secondary.

# 30 Hours free early education and childcare

From September 2017 working parents of three and four-year-olds who meet the eligibility criteria are able to claim an additional 15 hours funded early education and childcare on top of the 15 hours universally available to all three and four-year-olds. The early year's team are working hard with providers to ensure there are sufficient, high quality places for all eligible children.

I have instructed officers to work on a market support plan to ensure the Thurrock market place is ready to cater of this new support to support those wishing to return to work.

### **Overall Performance of Thurrock Primary schools**

#### Ofsted outcomes:

There are 52 schools in Thurrock- including 2 special schools and one alternative provision. Of the 39 primary schools, 38 are judged by Ofsted to be good or better (97%). Both special schools are judged to be outstanding. Of the 10 secondary schools, 8 are judged by Ofsted to be good or better (80%) and one currently has no judgement.

Overall 96% of schools in Thurrock are now judged to be good or outstanding. This would place Thurrock first in the East of England and 11<sup>th</sup> nationally based on May 2017 Watchsted figures.

The three teaching schools work well with the LA School Improvement Team to identify schools for which a bid for funding School to School support can be made. This year two bids were made and were successful and the teaching schools are working within those schools to improve teaching and learning.

### Overall Performance of Thurrock Secondary schools

GCSE results will be released in late August 2017. Last year saw an improvement in GCSE results locally following a poor year in 2015. The number of Thurrock young people that achieved the benchmark 5 grade A\*-C including English and Maths improved by 5 percentage points. There has been a continuing range of initiatives from the local authority, from academy trusts, from the three teaching schools and from the Thurrock Education Alliance (TEA) to support schools and academies across the borough.

#### **Admissions Service**

The team have had a very successful year. They have dealt with over 2200 applications for the Reception 2017 round for children starting school in September 2017, with all Thurrock children being offered a school place. Despite the high volume of applications, the percentage of 1st preference offers was a staggering 94% which is a dramatic increase from the previous year's figures.

### **Pupil Attendance**

It has, for some time, been acknowledged that children and young people are unlikely to reach their full potential if they do not attend school regularly. I am pleased to report that data for the academic year 2016/17 shows that the improving trend in Thurrock's persistent absence levels has continued in both the Primary and Secondary sector.

Thurrock's Secondary overall absence has, for three years, been consistently better than the National Average and the overall absence in Primary Schools continues to improve and remains only fractionally behind the National average.

Thurrock continues to support schools to reduce unauthorised leave of absence (term time holidays) and issue Penalty Notices upon request from schools. Until the Isle of Wight versus Platt case was concluded through the Supreme Court all requests for a Penalty Notice were considered on a case by case basis and yet Thurrock still issued 472 Penalty Notices for this offence. 122 notices were withdrawn but of these only 47 were withdrawn as a direct result of the case law following the original court case. 19 notices were not paid and the cases were successfully prosecuted in the Magistrates Court, the remaining 331 were paid in full.

Schools report that the use of Penalty Notices has acted as a deterrent to parents thinking about taking their children out of school during term time.

The Education Welfare Service, which monitors attendance and intervenes where necessary, continues to work closely with staff and families at schools and academies to ensure that good attendance is a top priority for all. Our expectation is that the continued improvements in primary attendance will embed good habits and attendance expectations early on and thus provide a good foundation for attendance in secondary schools.

### Thurrock Trailblazer working with the Royal Opera House (ROH)

For the third year running I have commissioned the Royal Opera House to deliver Thurrock Trailblazer to the schools and academies in Thurrock in order to provide the cultural entitlement for children and young people growing up and going to school in Thurrock. Almost three years into the programme, we are delighted with the impact of the programme so far and have now committed to a further 3 years of joint working. To date, 43 of our schools have taken part in Trailblazer and currently 35 are on the programme.

I am delighted schools are continuing to take part in this programme. Trailblazer provides a unique opportunity to all Thurrock schools and academies, offering world-class arts and cultural learning programmes from some of the best arts organisations in the country, subsidised by both the Local Authority and the Royal Opera House. This programme is unprecedented across the country and is beginning to gather a national profile. Thurrock is currently second in the country for schools signed up to the Arts Council's award of Artsmark, behind only Hull (City of Culture 2017). This is a remarkable achievement and as a local authority we are very proud of this great achievement.

# Statement of Educational Need and Disability

I have long been concerned that councils often simply settle for Ofsted reports to tell us if we are doing a good job. SEND issues cause great stress with families and thus I have asked for a peer review of our SEND service to see where we can improve.

We continue to have an outstanding reputation for high quality places for children and young people with SEND. Both Special Schools in the Borough are rated as Outstanding and places are in high demand with families moving into the borough to access these services. Both of these schools support pupils in mainstream schools through a well-established outreach service. In addition to the special school places, the Local Authority 11 mainstream resources bases for children with SEND have been increased in line with demand. This has included additional staffing and new building works to extend the primary aged hearing impairment base from 12 to 18 pupils and an increase in mainstream outreach services for pupils with visual impairments.

The Local authority has made good progress on the implementation of Education Health and Care Plans and the transfer of Statements of Special Educational Needs to EHC plans in line with the statutory timescales for these transfers. The Local Authority is taking part in a SEND peer review as part of the Regional SEND peer review process in June with a focus on the area of SEN support in school. This will identify and strengthen the LA approaches to ensuring pupils with SEND but not with an EHC plan are having their needs suitably met and are making good progress.

The Local Authority has a highly regarded Educational Psychology service which provides services to children, young people and their families relating to both the statutory SEND duties of the Local Authority, additional services to vulnerable pupils such Children Looked After (CLA) and Excluded Pupils. The service also has a significant amount of commissioned activity from schools and academies to provide additional services to support the children and young people attending these schools.

# The Challenge of Alternative Provision and emotional health

There are significant changes taking place within the Local Authority with regards to the delivery of support for pupils who require alternative provision (AP). Without good AP support you end up with increasing levels of suspension that seriously harms the life chances of children when issues escalate. We have found evidence of this here.

The Pupil Referral Unit (PRU) which is run by the Olive Academy Trust, was graded as inadequate. As soon as we were made aware, I approved a set of robust measures including:

- Closing the Primary PRU
- Engaging the Regional Schools Commissioner to ensure effecting monitoring of rapid improvement plans
- Looking at new ways to support children within mainstream education.

Following the Ofsted Inspection of the Alternative Provision Academy (PRU) new arrangements are being introduced to support primary aged children through close partnership working with local schools and a robust post Ofsted plan is in place through a Progress Board at the Academy.

We have worked decisively with the Academy and the Regional Schools Commissioner to ensure that the provision has a robust improvement plan and that alternative primary provision is sourced.

We are now working with schools and looking at the possible use of capital to build facilities within schools to support children, opposed to having them removed to distant institutions. This goes hand in glove with the new service goals within the Inspire Skills service and 0-19 children centre service to support children staying within the main stream setting where possible.

The above work will also feed into our new focus on mental and emotional health in schools. With our reformed children's centre offer working with a new push for AP provision in schools, we want to start a conversation about getting the earliest intervention with children to curb the use of a PRU provision.

We have launched an education enterprise fund, underneath Inspire, to help pump prime private, faith and other such small local groups as a small sparks initiative, working in schools to raise the aspiration of children and help keep them in the mainstream.

As a part of the Health and Wellbeing strategy, we will also make a major strand of our AP work based around supporting students who "struggle in silence" i.e. with issues that can be hidden because they rarely cause school exclusions such as eating disorders.

We have settled with a growing PRU as a treatment to symptoms for too long and that will now change.

# **Cross cutting Health and Education Initiatives**

# **Launch of Key Worker Housing Scheme**

Like many local authorities, Thurrock has recently struggled to recruit essential key public sector workers especially in light of increasing housing costs across the county.

To help address the situation, The Council has recently implemented a key worker housing scheme to assist with the recruitment of teachers, social workers, nurses and certain health workers in the borough.

The scheme, which was approved at Cabinet in April 2017, provides shared accommodation with other professionals for the first year of employment, allowing workers to share the cost of accommodation, live in a supportive atmosphere, and to build up professional contacts at an early stage of their new employment.

An initial quota of 32 spaces have been secured on the new St Chads site in Tilbury – offering shared accommodation in three and four bedroom houses. The Council is currently offering the incentive as part of its recruitment process and anticipates the initial quota being filled within the next few months.

### **Reform of Children's Centres**

My 2016 Annual Report gave a firm commitment to address the intergenerational education and health inequalities that have existed in Thurrock for far too long, and to seek opportunities to integrate education and health services for our children and young people.

To this end, the Public Health Team and Children's Services Directorate have worked together to design a radical new way of delivering health and wellbeing services to the next generation of Thurrock residents. A new *Brighter Future's*, *Healthy Families* service has been procured and will go live in September of this year. This brings together a number of existing services for children aged 0 to 19 into a single integrated model of working, opposed to the old 0-5 model with separate services with education and other services within health. Simply, we will serve more children in a more comprehensive way.

It includes health visiting and school nursing services, as well as support for young and vulnerable parents and promotion of breastfeeding. The new service will be working closely with schools to help children lead active, healthy lives. By reducing duplication, co-locating staff to make better use of buildings and working in a more integrated we have saved £1.2 million pounds from budget of £5.2 million per year whilst increasing the quality of the service and providing one single point of access for children, young people and their parents.

As a result of the Children's centre restructure and redesign, parent outreach workers will be working with more families; at times these teams where only working with one family at once which was a huge waste of resource. It is too early to show impact of the changes that came into effect from 1 April 2017.

Children's Centre facilitators have a daily target of running four high quality groups per day. There are six full time facilitators who will be delivering up to 4 sessions per day, which will total 440 sessions per month. Currently, across the borough there are 356 sessions timetabled (May 2017) which is 81% of the target. As the work with Brighter Futures Prevention and Support team develops this will increase to by the Autumn term, as another 25 sessions per week are delivered by partners in public health, (midwife/ antenatal etc), as well as commissioned services (changing pathways). There are over 450 sessions/ services on offer across the whole Children Centre service. This will increase as relationships with new partners continue to be developed. The provisional un-validated data for Thurrock indicates a further rise in the percentage of pupils achieving a Good Level of Development (GLD). The performance of Thurrock pupils is 6% higher than the provisional data for England.

- The gap between the lowest and highest performing children has narrowed this year, meaning that the lowest performing 20% did better than the comparable group last year.
- Of the four LAC, 50% reached a GLD.
- 62% of pupils eligible for Pupil Premium reached a GLD

There are 44 private, voluntary and independent early education and childcare settings in Thurrock with a current Ofsted judgement. 100% of these are currently rated as good or outstanding. We have 129 Ofsted registered child-minders – 99% of these are judged to be good or outstanding. This evidences the high quality guidance, advice, support and professional development provided by the early years officers who work with every early education and childcare provider to ensure the best provision for the children in Thurrock.

### Joint Health and Wellbeing Board and Strategy

I have been Chair of Thurrock's Health and Wellbeing Board since 2016 and it's my strong belief that the Board and Health and Wellbeing Strategy's primary purpose is to reduce health inequalities across our Borough and improve outcomes for local people. We want to make sure that people remain healthier for longer and can remain in their own homes, in their own communities for as long as possible.

We recognise that improving health and wellbeing requires action that affects all parts of people's lives. We know for example, that improved educational outcomes increases the likelihood of gaining employment which in turn will help to address child poverty in the future.

That is why our Strategy identifies five strategic goals that focus on the areas within which we can make the most difference to the health and wellbeing of the people of Thurrock.

Whilst the resources available to be spent on Thurrock people have diminished significantly over the years, I am confident that we can continue to make the resource we do have go further by increasing the number of us who stay well and by intervening at the earliest opportunity to stop people reaching crisis point. This means continuing to change the way some of our services operate and how they are focused. It also means we must utilise the strength of our communities and the individuals living in those communities as well as building alternatives to the traditional service responses. The Health and Wellbeing Strategy is one of the key drivers for stimulating those changes and improving the lives of Thurrock's residents.

Figure 1 below sets out the five goals of the strategy, and the four objectives that sit under each goal.

GOALS	1. OPPORTUNITY FOR ALL	2. HEALTHIER ENVIRONMENTS	3. BETTER EMOTIONAL HEALTH & WELLBEING	4. QUALITY CARE CENTRED AROUND THE PERSON	5. HEALTHIER FOR LONGER
OBJECTIVES	1A. All children in Thurrock making good educational progress	2A. Create outdoor places that make it easy to exercise and to be active	3A. Give parents the support they need	4A. Create four integrated healthy living centres	5A. Reduce obesity
	1B. More Thurrock residents in employment, education or training	2B. Develop homes that keep people well and independent	3B. Improve children's emotional health and wellbeing	4B. When services are required, they are organised around the individual	5B. Reduce the proportion of people who smoke
	1C. Fewer teenage pregnancies in Thurrock	2C. Build strong, well- connected communities	3C. Reduce social isolation and loneliness	4C. Put people in control of their own care	5C. Significantly improve the identification and management of long term conditions
	1D. Fewer children and adults in poverty	2D. Improve air quality in Thurrock	3D. Improve the identification and treatment of depression, particularly in high risk groups	4D. Provide high quality GP and hospital care to Thurrock	5D. Prevent and treat cancer better

During the last year, The Health and Wellbeing Board has received and considered detailed action plans relating to each goal. We have also received input from Healthwatch Thurrock, who have undertaken sterling work, consulting our residents on our detailed plans for delivering each objective. We have also developed an "Outcomes Framework" with clear quantitative targets and trajectories against each goal against we which we can measure success.

There is insufficient space in this report to provide a detailed update on every objective, and this will be subject to an independent end of year report on the strategy that will be presented to the HWB Board. However a few highlights of successes are provided below:

#### Goal 1: Opportunity for All

 We have developed strategic programmes to support the recruitment of medical students recognising the need to encourage more of our young people into medicine.

- We have developed a Youth Employment Initiative, which has won accolades from the Deputy Director of the European Union Structural Programme on youth employment following an EU audit.
- Our Inspire Your Future Programme, through our Grangewaters facility now
  offers a wide range of outdoor education activities to support the our residents
  and we are working closely with health partners to develop further programmes
  to support healthy lifestyles

# Goal 2: A Healthier Environment

- Much has already been done to empower local communities to be strong and
  inclusive. The Stronger Together partnership is a ground-breaking initiative
  which promotes community activities that strengthen connections between
  people. It also encourages people to have a greater say in what happens in their
  neighbourhood, taking control over the decisions that affect them. We want to
  build on that work to build strong, well-connected communities.
- Officers in the Public Health and Planning and Environment teams organised a
  joint health and planning summit last year, attracting praise from across the
  region. Our officers across the council continue to work in an integrated way to
  ensure that the regeneration of Tilbury and Purfleet capitalise on opportunities to
  create new physical environments that promote wellbeing, such as making it
  easier to walk and cycle.

### Goal 3: Better emotional health and wellbeing.

- A new IAPT (Increase Access to Psychological Therapies) provider *Inclusion Thurrock* began to offer services to our residents in April 2016 and have quickly settled in Thurrock. *Inclusion Thurrock* has received huge levels of positive feedback from patients/service users as well as health and social care colleagues who work with them. *Inclusion Thurrock* are very forward thinking and have built relationships proactively with the public health team as well as various teams in the CCG, council and secondary care. Inclusion began to work with diabetes and COPD clinics run by NELFT in February 2017, as a way of finding clients who are more likely to require their services
- In October 2016, a recovery college was opened by Inclusion and this will help Thurrock residents improve their mental health, wellbeing and resilience

### Goal 4: Quality Care Centred Around the Person

 We continue to work closely with our key partners in NHS Thurrock CCG and other NHS Providers to ensure health and care for our residents becomes more joined up. Hospitals are under huge pressure but much of that could be avoided if we get better at providing support at an early stage, to stop things progressing. So, instead of waiting for people to develop serious illnesses before we treat

- them, we are implementing a range of services to intervene early to act at an early stage to prevent, reduce and delay the need for care and support.
- We have developed a joint strategic commissioning plan For Thurrock in Thurrock, with our CCG partners and are piloting an Accountable Care Partnership in Tilbury.

### Goal 5: Healthier for Longer

- We refreshed our Tobacco Control strategy for Thurrock in 2016 with a focus
  away from chasing meaningless 'four week smoking quit targets' but offering
  stop smoking support to smokers who are truly motivated to quit. We have also
  shifted the focus to concentrate on groups who are at most risk and most
  motivated to quit including those with mental health problems and long term
  physical health conditions related to smoking including COPD and heart disease.
- We have also commissioned the evidence based ASSIST programme within our schools, to dissuade younger people from becoming addicted to cigarettes in the first place, and delivered a high impact enforcement operation in partnership with our Trading Standards team, that has resulted in thousands of pounds worth of illegal illicit tobacco being removed from sale in our Borough.
- Finally we have brought the ground breaking "Daily Mile" to our schools. This
  simile concept means that every child in the school runs one mile a day during
  the school day. Evidence shows this has a major impact on childhood obesity.
  Over 40% of our schools have already adopted the programme, with more
  coming on line each week.

#### Financial information

### Public Health Funding

Ring fenced public Health funding was introduced to local Authorities for 2014/15, with additional allocations and responsibilities coming in through 2015/16.

The grant relates to services that have transferred from the Department of Health responsibility to Local Authorities, and relate to generic strategies to improve public Health and outcomes.

Much of the Funding is currently committed to commissioned contracts with Health partnerships and there has been little influence the Authority has been able to deliver in the short term, due to the length of the contracts. There have been reductions in the total grant funding since the initial cash transfer from Health to Local Authorities, which has meant the Authority has had to rationalise services.

#### For 2015/16 the Outturn for Public Health is detailed below

	Expenditure	
Public Health - 2015/16		
Sexual health services - STI testing and treatment (prescribed functions)	565	
Sexual health services - Contraception (prescribed functions)	565	
Sexual health services - Advice, prevention and promotion (non-prescribed functions)	564	
NHS health check programme (prescribed functions)	385	
Health protection - Local authority role in health protection (prescribed functions)	1,282	
National child measurement programme (prescribed functions)	30	
Public health advice (prescribed functions)	153	
Obesity - adults	51	
Obesity - children	205	
Substance misuse - Drug misuse - adults	528	
Substance misuse - Alcohol misuse - adults	608	
Substance misuse - (drugs and alcohol) - youth services	78	
Smoking and tobacco - Stop smoking services and interventions	546	
Children 5–19 public health programmes	1,440	
Miscellaneous public health services - Children's 0–5 services (prescribed functions)	1,939	
Miscellaneous public health services	1,569	
TOTAL PUBLIC HEALTH	10,508	

# **Education Funding**

The Dedicated Schools Grant (DSG) was introduced in 2006/07 as a 100% specific grant to fund the schools' budget.

Since 2013/14 the Grant has been split into three blocks: these are Schools Block; High Needs Block; and Early Year Block. Whilst the DSG is ring fenced the separate blocks are currently not ring fenced to each area but any movement from the Schools block would have to be agreed by the Schools' Forum.

The Original allocation of the DSG was calculated based on the 2012/13 spend and there has been no inflationary increase since then. However, during 2016/17, the Department for Education (DfE) has undertaken a base-lining exercise as the first move to a national funding formula for all schools from 2018/19.

The rebased Schools block and the Early Years block are uplifted, based on a multiple of pupil numbers and unit value, whilst there is more limited growth in the High Needs block.

Within the Schools block, the Local Authority (LA) is not permitted to increase the central expenditure beyond the levels of 2012/13 which relates to prior commitments. All other funding is delegated to schools to manage locally.

For 2017/18 the previously separately funded Education Services Grant, for funding central duties, has been transferred to the DSG. This is funding for Council retained duties for Schools and Academies and, with the agreement of the Schools forum, will be allocated to central budgets.

From 2018/19 the Schools block will be split to represent specific central expenditure and that funding will be allocated directly to schools through the National Funding Formula.

The DSG allocation is based on the October pupil count and allocations were given in December for the Schools and High Needs blocks with an indicative allocation of the Early Years block which is updated for actual pupil take up during the year.

The Basis of the October Count has caused some dilution of funding to schools as Thurrock is going through a significant period of pupil growth which means that pupils are being funded in Schools before they are funded through the DSG. This effectively means there is a top slice to all schools' funding rates to cover the increased numbers.

There has been no change to the Thurrock Formula for financing schools this year with the Schools' Forum agreeing that during a time of reducing budgets further turbulence should not be added by changing the method of distribution. Therefore budget allocations are based on the same multipliers as in 2016/17.

The allocation of funding for Special Schools and the Pupil Referral Unit is no longer included as schools funding but is included in the High Needs Block. For 2017/18 the costs of Special Educational Needs transport have been transferred from the Schools to the High Needs block to better represent the cost drivers.

The per pupil rate of Schools block DSG paid to Thurrock is £4,440.54 against an all-England average of £4,618.43. The total value of the DSG paid for 2017/18 is £145.55m (gross before Academy recoupment) made up of:

- a) Schools Block £112.57m
- b) High Needs Block £21.75m
- c) Early Years Block £11.23m

The same base rates are used to fund Academies core services and the same funding reduction will be seen in Academies in the long term, however they all have differing protection rates depending on point of transfer and the reductions may take longer to filter through the system. The government recently announced their National Funding Formula (NFF) which provides equity across all 152 local authorities so that all CYP are funded using the same formula.

The second phase of consultation has been completed with the intention of moving to a national funding formula by 2020. This will mean all Schools and Academies in the Country would be funded on the same formula basis, with only area cost adjustments. Using the most recent data Thurrock gains by £1.3 million overall, with the majority going to the secondary sector.