



THE EXECUTIVE
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THE ASSEMBLY
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**Safer and Stronger Community Select Committee: Anti-Social
Behaviour Scrutiny Review (Pages 1 - 59)**

**Living and Working Select Committee: Supported Housing for Older
People Scrutiny Review (Pages 61 - 103)**

**Health and Adult Services Select Committee: Dementia Services
Scrutiny Review (Pages 105 - 133)**

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LEAD MEMBER'S FOREWORD

Anti-social behaviour (ASB) is a major issue nationally and locally, and our residents tell us it is one of their key concerns. To feel safe and secure in our homes, our streets and our neighbourhoods is a basic need. As Councillors, we are a key contact point for residents when they have concerns, and this review has provided an excellent opportunity for us to explore the issue of ASB in detail.

It is important to acknowledge right at the start of a review such as this that we are not suggesting that all, or even many, of our young people in Barking and Dagenham are engaged in ASB. The vast majority reject such behaviour and are, in fact, engaged in an impressive array of positive leisure activities. It is vital that we remember this and do not allow the important contributions to society being made by so many of our young people to be undermined by the actions of a small number of their peers.

It is all too easy for the reputation of young people in general to be damaged in this way. The media, delighting in the sensational and often playing on fears of readers and viewers, repeatedly gives undue emphasis to youth ASB. It is the job of everyone with the interests of young people at heart to promote a more positive image. It is also essential that we work with partners in the media to encourage them towards more balanced reporting of young people's activities and achievements.

If we help to promote understanding and positive attitudes towards young people, we simultaneously tackle some of the undue anxieties that residents experience. A classic example is the fear of large groups of young people; the vulnerable older resident may perceive a threatening gang, whereas the young people involved have gathered simply to play an innocent game of football in the street. Removing these unnecessary fears through education and shared understanding is just as significant as resolving genuine ASB cases, in terms of improving residents' quality of life.

However, the fact remains that a small number of our young people choose to act in a way that does cause harm or distress to others. This problem is not limited to young people; adults also behave in an anti-social manner, but that is not the focus of this review. Furthermore, young people are not exempt from becoming victims of youth anti-social behaviour themselves, and many report feeling the same concerns as our adult residents about ASB. It is an issue that is not going away and requires our attention.

Throughout this report we consider various agencies and organisations that are working with young people in the borough to raise their aspirations and to encourage positive choices. These organisations range from formal, statutory providers to innovative outreach projects being run by the third sector. Some deliver universal youth provision while others provide targeted support to those committing or at high risk of committing ASB. They are run by professionals and community leaders from a range of backgrounds with a wealth of experience, and they all share a common interest in helping and supporting the young people of the borough. On behalf of the committee, I commend their efforts, and I hope the recommendations contained within this report will help to make their vital and important work a little easier to achieve.

1 INTRODUCTION

1.1 At its meeting on 1 July 2009, the Safer & Stronger Community Select Committee (SSCSC) commissioned an in-depth review on anti-social behaviour (ASB) perpetrated by and against young people in the borough. The Committee wanted to know how young people became involved with ASB, to what extent young people and the wider community saw themselves as victims of ASB, and how the Council and partners, both statutory and non-statutory, were working together to address concerns.

The review was prompted by a number of considerations:

- In 2008, The Campaign Company carried out a consultation on behalf of the Council with local residents, Council staff, the Third Sector, Councillors and other significant stakeholders. A total of 2103 people (1900 of whom were resident in borough) were contacted during the consultation process. The results indicated that ASB was a key concern for many of the respondents.
- ASB indicators drawn from the Place Survey 2008 showed that 59.2% of residents thought that there was “a problem with people not treating each other with respect and consideration in their local area”. This percentage was the highest across England. 45.5% of people also felt that “drunk and rowdy behaviour” posed a problem, putting the borough above the London average of 36%.
- These surveys were supported by Member reports that ASB is a key concern that is raised frequently by constituents, and as such Members were keen to address this issue on behalf of the local community.
- Furthermore, the choice to focus an in-depth review on ASB was strategically linked to the Council’s Community Priority to provide “a safer borough where the problems of anti-social behavior have been tackled and all young people have a positive role to play in the community”.
- The review was also aligned with the aims stated in an open letter from the Leader of the Council to the Chief Executive on 29th April 2009, which stressed the need to reduce fear of crime and increase safety on streets, at homes and in schools.

The terms of reference for the Committee can be viewed in Appendix 1.

1.2 In the 2009-2010 municipal year, the Safer & Stronger Community Select Committee consisted of nine Councillors all of whom supported the review:

- Councillor John White (Lead Member)
- Councillor Mohammed Fani (Deputy Lead Member)
- Councillor Richard Barnbrook
- Councillor Fred Barns
- Councillor Dee Hunt
- Councillor Inder Singh Jamu
- Councillor Terry Justice
- Councillor Milton McKenzie
- Councillor Joanne Rawlinson

The Lead Services Officer for the review was Glynis Rogers, Divisional Director for Community Safety and Neighbourhood Services. The Lead Scrutiny Officer was Paramjit Nijher.

- 1.3 Over the course of the review the Committee held five formal meetings and heard evidence from a wide range of services and organisations involved in addressing ASB in the borough. Members also undertook a number of site visits to observe projects and activities *in situ*. They also ensured that young people had a chance to give their views directly, through a consultation meeting held with approximately fifteen young people living in the borough who had experience of anti-social behaviour. Full details of witnesses and site visits are given in Appendix 2 and 3.

The final report and recommendations of the Committee were agreed at the formal SSCSC meeting on 17 February 2010.

2 BACKGROUND

2.1 WHAT IS ANTI-SOCIAL BEHAVIOUR?

Anti-social behaviour is often described as difficult to define. According to the Home Office, the term is defined as any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life.

In Barking & Dagenham, levels of ASB vary from low-level, sub-criminal behaviour to high-risk criminal behaviour. The LBBB ASB Team defines three types of behaviour that can fall into the ASB bracket:

- Behaviour that would **always** be classed as anti-social – this would be deliberate and possibly criminal, such as drug dealing, violence and harassment (including racial harassment).
- Behaviour that is considered ASB **if it causes nuisance** – this would not necessarily be intentional, but would be deemed as likely to cause nuisance to most people, such as noise, parking issues and congregation. This is the most commonly reported type of ASB in the borough.
- Behaviour that arises from activities of people with different lifestyles or culture, such as reasonable living noise and cooking smells. Although this type of behaviour is **not usually considered to be ASB**, it can cause friction between residents and the ASB team will consider low-level interventions to help resolve issues.

2.2 PUBLIC PERCEPTION OF ANTI-SOCIAL BEHAVIOUR AND YOUNG PEOPLE

2.2.1 A national picture

Tackling anti-social behaviour is a key priority for the government and for local communities across the U.K., a large number of whom regularly identify anti-social

behaviour as one of the most important issues in their area. Problems caused by anti-social behaviour are often challenging and the solutions can be varied and complex.

Nationally, concerns about youth crime appear to be growing. Patterson and Thorpe (2006) report that during 2005/06, 32% of adults surveyed across England and Wales indicated that 'teenagers hanging round on street corners' was a very or fairly big problem in their locality, an increase of 5% from two years previously. In addition, 63% of respondents thought that crime had increased over the previous year, with 30% believing it had significantly increased.

However, national crime rates have actually fallen by 42% over the past 10 years. Since the early 1990s the long-term trend for detected offending in young people has been one of significant decline (Nacro, 2007). Furthermore, 2006-07 police recorded crime rates showed that violent crime fell by 1%, the first fall in that category in eight years.

According to the 2008-09 British Crime Survey on public perception, people tend to have less negative perceptions about crime in their local area than nationally. The proportion of people that perceive an increase in crime nationally (75%) is higher than those that perceive an increase in crime locally (36%).

However, since 2003/04 there has been little real variation in many of the statistics relating to behaviours that together could be seen as a measure of ASB, such as perceived problems with teenagers 'hanging around', vandalism, graffiti and other deliberate damage to property, and noisy neighbours (British Crime Survey, 2008/09). However, there has been an increase in the proportion of people who identify concerns about people being drunk or rowdy in public spaces in their local area, rising from 19% in 2003/04 to 26% in 2008/09.

The 2009 Ipsos MORI survey actually shows a decrease in the percentage of people who believe that ASB is a problem in their area. There was a strong link between people's perceptions and experience of ASB. A high level of ASB was perceived amongst the 16-24 year age group as compared to older age groups.

2.2.2 A local picture

In Barking and Dagenham ASB has been and remains a key concern for residents. According to the Neighbourhood Management Survey in 1997, 40% of residents indicated that ASB was the issue in most need of improvement in their area (highest response). *The Safer Neighbourhood Team Ward Priorities Survey* in 2009 also indicated that 53% of residents' improvement priorities were related to ASB.

The Place Survey in 2008 indicated that 39.3% residents felt that ASB was a problem in their area and that only 29.7% of residents agreed that the Police and Council were successfully dealing with local concerns about ASB and crime.

According to the recent 2008-09 Ipsos MORI survey, *ASB in Barking & Dagenham* is higher compared to the rest of London; in particular, 64% of people felt that teenagers hanging around on streets are a problem in the borough. Furthermore, 59% felt that people don't respect each other in the borough. Interestingly, 61% agreed that parents don't take enough responsibility for the behaviour of their children.

A '*Be Safe, Feel Safe*' Intelligence report was also produced in September 2009 reporting views from 135 Barking & Dagenham 'community communicators' regarding how safe they feel in their local neighbourhood. The consultation for this report was carried out in eight wards in the borough (Becontree, Eastbury, Heath, Parsloes, River, Thames, Valence and Village). Overall, the results indicated that the majority of the people felt safe in the neighbourhoods that they live or work in. However, a number of specific factors contributed to reducing this feeling of safety, mainly; young people, nuisance neighbours, crime and the media. The analysis indicated that people also felt unsafe going out at night and believed that the Police should take primary responsibility for keeping people safe, through the Safer Neighbourhood Teams, but that responsibility for safety should also be placed on other agencies, including the Council, the wider community and individuals themselves.

The majority of the respondents suggested that the following changes were most likely to improve their sense of safety;

- More visible Police on the streets
- More CCTV
- Improved lighting in public spaces, and
- Fewer young people on streets.

2.3 NATIONAL LEGISLATION AND GUIDANCE RELATING TO ANTI-SOCIAL BEHAVIOUR

The Crime & Disorder Act 1998 introduced measures to combat anti-social behaviour. The Act came into force in July 1998 and required Crime & Disorder Reduction Partnerships (CDRPs) to be set up in each district in England and Wales and placed an obligation on local authorities and the police (amongst others) to work together to develop and implement a strategy to tackle crime and disorder in their area. The Act also introduced anti-social behaviour orders (ASBOs), which could be granted by the Court against people who participate in actions that cause or are likely to cause alarm or distress to other people. Breaching an ASBO is considered as a criminal offence and can lead up to five years' imprisonment or a fine. An ASBO can be issued by Local Authorities, the Police and Registered Social Landlords.

The Act also includes provision to extend landlords' powers to deal with anti-social behaviour in social housing. Furthermore, it allows for social landlords to introduce 'demoted tenancies' to reduce the security of tenancy of an existing tenant in cases of anti-social behaviour. The Act also provides the means for schools, local authorities and youth offending teams to work with parents in preventing and tackling anti-social behaviour by their children.

The Anti-Social Behaviour Act 2003 created new powers and incentives to assist Local Authorities in dealing with a range of anti-social behaviours. A national campaign "Together" was launched as an accompaniment to this legislation.

Since then there has been a significant response from local communities determined to tackle anti-social behaviour. The Clean Neighbourhoods and Environment Act 2005 introduced powers to allow Councils to address environmentally-related ASB in a more effective manner. These powers were aimed at deterring graffiti, fly-tipping, animal nuisance and littering, amongst other offences, and included the power to issue fixed penalty notices for environmental offences.

In 2003, the Home Office's Anti-Social Behaviour Unit published an Action Plan, *Tackling Anti-Social Behaviour*, which set out how the responses of public services to anti-social behaviour were to be improved.

In 2005, the Government's Respect Task Force was established, and the following year the Respect Action Plan was introduced. This Plan made provision for supporting or challenging anti-social households, tackling truancy and ASB in schools, providing activities for younger people and strengthening local communities and measures to tackle ASB. In 2007 the Respect Task Force was combined with a newly established Youth Task Force, with the aim of improving delivery of young people's services so that they are designed around their needs (National Children's Plan 2007).

The current three-year crime strategy, *Cutting Crime; A New Partnership 2008 – 2011*, is designed to identify "continued pressure on anti-social behaviour" as a key area for focus over the period 2008-11.

The Government now expects the Local Area Agreement (LAA) Framework to provide a mechanism through which local strategies and interventions to tackle ASB can be introduced.

On 20th November 2009, the Home Office published its Crime and Security Bill. The Bill includes further measures to tackle ASB amongst young offenders, including retaining the DNA of convicted offenders. Simultaneously, the Department for Communities and Local Government (DCLG) also announced £10m funding to train front line and specialist staff across 130 local authorities, including Barking & Dagenham, to fully utilize their existing power to prevent and penalise anti-social behaviour.

2.4 STRUCTURES AND STRATEGIES IN PLACE TO ADDRESS ANTI-SOCIAL BEHAVIOUR LOCALLY

In Barking and Dagenham there is a dedicated Anti-Social Behaviour Team, which sits within the wider remit of Community Safety and Neighbourhood Services. Within the Council, other departments and directorates also play an important role in addressing specific aspects of anti-social behaviour, for example, Integrated Youth Services, through the provision of universal and diversionary youth activities, Housing Services, through supporting tenants and managing problematic behaviour, Environmental and Enforcement Services through work with licensees and the Drugs and Alcohol Action Team who, amongst other service provision, deliver outreach to areas where young people are gathering and where substance misuse is seen to be problematic.

The wider borough partnership also plays a vital role in addressing anti-social behaviour. The police have a dedicated ASB Team, which works in close partnership with the Council ASB Team, to the extent that there is a move towards co-locating both teams at Roycraft House. Issues of ASB specifically relating to young people can be identified and addressed through schools working in partnership with the police through the Safer Schools Partnership, and the YOT is an excellent example of a number of agencies working together to address youth offending.

The third sector also provides invaluable support to young people in the borough, both in terms of universal provision and raising aspirations, and in terms of interventions and diversionary activities. Health services are less directly involved, but still must consider ASB in their planning processes, for example, through referrals, through work to reduce the harm caused by alcohol and through mental health provision.

The Safer Borough Board takes the lead on ensuring a whole borough approach to address ASB as part of its wider remit to reduce crime and disorder in the borough. A number of interlinking strategies and action plans are in place, most notably the ASB Strategy, which is currently being drafted. The ASB Strategy will be monitored by the ASB and Hate Strategic Group which is responsible to the Safer Borough Board.

The Committee noted that the ASB Team are currently developing an annual ASB Action Plan, from April 2010-March 2011, to address ASB more effectively in the borough. The Plan (currently in draft form) has four strategic priorities, which link to the national indicators enabling the team to measure its performance against achieving these aims. It is anticipated that the action plan would reflect the findings of the Select Committee. The four strategic priorities are:

- Ensuring that the partnership is effectively identifying and responding to the concerns of local people
- Taking effective, proportionate action against those acting anti-socially
- Supporting victims and witnesses of ASB
- Preventing ASB from continue from continuing and/or escalating

Each of the strategic priorities has a range of projects in order to enable the ASB Team to achieve its aims and targets. These projects are referred to and discussed throughout this report.

3 FINDINGS AND RECCOMENDATIONS

In compiling the findings, the evidence gathered by the Committee has been grouped into key themes, and recommendations are presented with the relevant themes to provide context. For ease of reference the recommendations can also be viewed as a list in Appendix 4.

3.1 MEDIA

3.1.1 Public Perception

Although evidence from different sources and research indicates that crime levels have reduced or remained constant over a period of time, the perceived level of youth crime remains high. According to the British Crime Survey, crime levels have remained stable throughout 2005/06 and 2006/07. The number of crimes increased in the 1980s and early 1990s, peaking in 1995. The levels then began to decrease, stabilising in 2005/06 (Jansson, 2007).

However, when it comes to public perception of crime and ASB, the statistics paint a different picture altogether. It has been suggested that the 'perceptions of prevalence tend to outstrip direct experience of youth crime' (Anderson et al., 2005). Nayak (2003) explains that the image of the street gangs imprinted in the public's psyche through portrayals in the media is one of intimidation, violence and a generation of crime. However, from the youths' perspective this is usually seen as nothing more than a social gathering of friends.

Findings from the 2008/09 British Crime Survey on perception of crime and anti-social behaviour indicate that problems with 'teenagers hanging around' were frequently mentioned as a main aspect of ASB. According to the 2008/09 Ipsos MORI survey in Barking & Dagenham, 64% of residents agreed that teenagers hanging around on the streets were a problem in the borough.

The results from the youth consultation run by the Committee as part of this review revealed that majority of the young people who attended believed that adults and older people had a negative view of them. As one young participant put it, "when we hang around with our mates people think we are there to cause trouble, when we are just chilling out and socialising". The Committee also took the view that the majority of young people within the community are unlikely to be involved with ASB and that it was important to communicate this message to adults in the community.

The young people participating in the consultation also claimed that they did not feel comfortable communicating with most adults in the community. Members felt that the Council should be doing more to promote a positive image of young people to the wider community and to remove myths about youth crime and ASB.

Recommendation One

The Committee recommends that the Group Manager for Engagement should lead on consulting the Youth Council and the Older People's Forum on ways in which the barriers that exist between generations can be broken down. This consultation could take the form of a joint event for these groups to discuss intergenerational issues.

In recent years we have seen the Flanagan Review (2007), the Neighbourhood Crime and Justice Group's review *Engaging Communities in Fighting Crime* (2008) and the Policing Green Paper (2008) all focus heavily on the need to improve public confidence in policing and the way crime and ASB are being dealt with. The 2008 Ipsos MORI report *Closing the Gaps* also emphasises the importance of effective communication within the community. The report also studies the key drivers of overall satisfaction with the Council and being well informed about public services generally appears to correlate highly with satisfaction.

The National Foundation for Education Research (NFER) carried out a detailed review of *Young People, Crime and Public Perceptions* in 2008. The review highlighted factors that may influence the perception of crime levels and identified the impact of media as one of the main contributors. Other factors included personal characteristics and circumstances; age, gender, location and socio-economic factors). The Council's 2009 "*Be Safe Feel Safe*" report also indicated that media and its reporting of issues around youth crime was a significant contributory factor towards people feeling unsafe in the borough.

Referring to the low satisfaction rate and high levels of perception of crime and ASB in Barking & Dagenham, Members take the view that the Council and the Police need to communicate better with local residents and further publicise the work they are doing to address crime and ASB.

Recommendation Two

The Committee recommends that consideration be given to carrying out a marketing campaign to achieve the following:

- **Promotion of how the Council is working to address ASB in the borough**
- **Raising awareness of what support is available to victims of ASB**
- **Challenging negative perceptions and stereotyping of young people in relation to ASB**

The Committee suggests that this work be led by the Divisional Director of Community Safety and Neighbourhood Services, and requests that a report on progress against this target be brought back to the Committee within six months.

3.1.2 Publicity and Promotion

The Committee was keen to establish how and to what extent young people are kept informed about the leisure and recreational activities and facilities in place for them throughout the borough and to ensure that all groups of young people are equally able to access this information.

Members heard evidence that activities and facilities offered by the Youth Support Services, many of which are delivered through the Vibe Youth Centre, are publicised through social networking sites regularly used by young people, such as the recently formed Street Base website. Street Base is a youth initiative that provides positive activities for young people to develop new skills. The website enables young people access information on the activities available to them, as well as providing advice on a whole range of topics.

The Committee commends the work undertaken by the Youth Support Services in creating an excellent website, but encourages officers to continue to investigate all possible media outlets to publicise youth facilities and activities, including – if appropriate – local radio.

Recommendation Three

The Committee notes the good work being done by the LBBD Integrated Youth Support Services to promote the activities provided for young people. The Committee recommends that the Integrated Youth Support Services gives consideration to incorporating the use of local radio stations into its marketing strategy.

3.2 STATUTORY AGENCIES / ENFORCEMENT

3.2.1 Anti-Social Behaviour Team

The Council's ASB team consists of an ASB manager, one ASB officer and three ASB Caseworkers. The Caseworkers are dedicated to particular wards and also have themed areas of responsibility, such as, licensing and problem solving. The team works with the Police, Safer Neighbourhood Teams (SNTs) and a range of both internal and external partners.

It was noted that the caseworkers had been doing their job for a number of years and had built an excellent relationship with the community. Despite having a small team,

officers have successfully dealt with 1446 cases out of a total of 1554 received between April 2008 and September 2009. Further detail is shown in the table below. The Committee commends their work.

Period	Number of cases reported	Number of cases successfully closed
April 2008- March 2009	983	957 (97.4%)
April 2009- June 2009	287	280 (97.6%)
July 2009- Sept 2009	284	209 (72.8%)

3.2.1.1 Partnership working

Although the majority of ASB is dealt at a low level, cases of consistent behavioural problems are reported on monthly basis to the Standing Case Conference (SCC). The Standing Case Conference was set up to deliver multi-agency action planning through partnership working to reduce anti-social behaviour in ward-based locations. The SCC group consists of the Anti-Social Behaviour team and partners such as the Police, Housing, Integrated Youth Support Services, Youth Offending Services, Enforcement Service and the Legal team.

Other partners are invited when required to resolve specific issues, including the Primary Care Trust (PCT), Registered Social Landlords (RSLs), Transport for London (TfL), the Drugs and Alcohol Action Team (DAAT), Neighbourhood Management, the Probation service, the Fire Brigade and Children's Services. The aim of the SCC is to reduce ASB through a cohesive and co-ordinated multi-agency approach, centred on communication, preventative action, information sharing and problem solving.

3.2.1.2 Martins Corner Project

The Committee visited Martins Corner as an example of successful partnership work in addressing anti-social behaviour. Martins Corner, situated in the Mayesbrook ward, is a transport hub point where a large number of school children congregate after school to wait for buses home. The area had once experienced severe problems of anti-social behaviour by young people, which was described as groups of young people congregating and acting in a disorderly and intimidating manner towards local businesses, customers and residents. Specific behaviours included alcohol misuse and graffiti, and fights and thefts were regularly reported.

These issues were addressed by the Council, the Police, Safer Neighbourhood Teams, local businesses and residents working in partnership. A variety of measures were taken, including the installation of CCTV cameras on Porters Avenue and Wood Lane, fixing thin strips of metal to the tops of kerbside barriers to make them uncomfortable to sit on, and putting unflattering pink lighting in place above the shops to discourage image-conscious youths from gathering there. The partnership also provided shopkeepers with 'alert boxes', which could be used to call and warn each other of problems, such as fighting, abusive customers and shoplifters.

The project was a great success, as more elderly people are now shopping around Martins Corner. Local businesses informed Members that Martins Corner was now a much improved area and incidents of anti-social behaviour had reduced significantly. The alert boxes were referred to as a successful system, in that they provided a sense of security for the businesses.

3.2.1.3 ASB Interventions

In December 2006 the National Audit Office produced a [report](#) that examined the work of the Anti-Social Behaviour Unit, set up by the Prime Minister and the Home Secretary in December 2002, since 2003. This study found that 65% of people stopped behaving anti-socially after one intervention, 86% stopped after two and 93% stopped after three.

In Barking & Dagenham, intervention takes place at three different levels when dealing with ASB cases; low level, medium level and high level.

Low Level	Medium Level	High Level
<p>Mobile overt and covert CCTV</p> <p>Victim support - safer homes mediation to the party and community</p> <p>Diary sheets to quantify the level of problems and referral to specialist agencies, i.e. drugs, mental health, services for young people</p> <p>Environmental Visual Audits to identify and respond to triggers of ASB in certain areas</p>	<p>Written warnings including abatement notices issued by the Nuisance Team</p> <p>Interviews with subject (i.e. young person) and relevant parties such as the police, landlords, Youth Inclusion Support Programme (YISP), parents, etc.</p> <p>Acceptable Behaviour Contracts (ABCs) - individually tailored written agreements for youths to not to carry out certain acts or behaviour.</p> <p>Parental Agreement Contacts between parent(s) and youths and Good Neighbour Agreements</p> <p>Restorative Justice – bringing the person causing harm and the victim together.</p>	<p>Injunctions (including ASBIs) – issued to people over 18 years of age. Social landlords also have the power to issue to tenants.</p> <p>Anti-Social behaviour Orders (ASBOs) – only issued to youths aged ten or over. Breaching of an ASBO is a criminal offence and could lead to up to 5 years’ imprisonment.</p> <p>Tenancy action - demoted tenancy, eviction, suspension of housing applications or Rights to Buy.</p> <p>Partnership powers such as dispersal orders or closure orders, e.g. drugs and property closure orders for premises manufacturing or supplying Class A drugs.</p>

In Barking & Dagenham, a total of eight ASBIs and 14 ASBOs have been issued in the last year. Furthermore, a total of 140 ABCs have been issued from which only four escalated to an ASBO level.

In terms of supporting witnesses and victims of ASB, mediation and restorative justice techniques are employed where appropriate, as can be seen in the table above. However, there is a need to improve data capture relating to ASB witnesses and victims in general. Members noted that the reporting of hate crime in schools and children's centres is relatively low and that further work is required to increase the number of responses received through client satisfaction surveys.

Recommendation Four

The Committee recommends that further effort and resources be identified and dedicated to supporting victims of anti-social behaviour.

3.2.2 The Police

The 2009 Partnership Strategic Assessment found that there was an 11.6% decrease in the number of disorder calls made to the police in the borough. The majority of disorder calls related to rowdy or inconsiderate behaviour (81%). By the time police officers had arrived at the scene of a disorder incident, in 20% of the cases the incident was no longer occurring. No offences were disclosed in 33% of reported disorder incidents.

Members noted that the highest percentage of disorder-related incidents in the borough occurred in Abbey Ward (10.6%), with offences focused around Barking Town Centre and Barking Station. However, there are other hotspots around the borough, many of which are strongly correlated to the locations of offences listed as 'violence against the person'.

Cases of ASB are resolved through a four-stage cycle process called SARA:

- Scanning – identifying the problem, studying data and information obtained from community sources.
- Analysing – defining the problem and establishing the causes and generators.
- Responding – making recommendations based on the information gathered, assessing the short, medium and long term actions to be taken, seeking best practice elsewhere and assessing its success or failure.
- Assessing - what was achieved, whether the problem had been resolved and identifying the weaknesses in the process.

3.2.2.1 Dedicated ASB Team

Members heard evidence from the Chief Inspector Partnerships, Performance and Communication on how the Police address anti-social behaviour in the borough. Members were pleased to note that a dedicated Anti-Social Behaviour (ASB) team has been set up, comprising of an Inspector, an ASB officer, two Problem Solving Advisors and a Borough Intelligence Analyst.

The Borough Intelligence Analyst obtains and collates data on ASB. The Analyst takes difficulties in defining ASB, as discussed earlier in this report, into account when analysing data, and weighs perception against reality, and victimisation against the fear

of victimisation. It was noted that there can be major discrepancies within the community around the reality of ASB and the way it is perceived. However, the Police identify ASB as a consistent problem for every ward in the borough, thus making it a key priority.

The Problem Solving Advisors also play a crucial role in dealing with ASB. Their main responsibilities include monitoring complaints received from ward panel meetings, assessing problems and discussing what actions to take. Problem Solving Advisors also work closely with schools in the borough on issues such as truancy, poor attendance, exclusion and behavioural problems and, along with the Transport for London Officers, attend Citizenship Curriculum classes to educate children about crime and ASB. The Advisors also work with the health partners for children with mental health problems.

3.2.2.2 Police on the streets

The Metropolitan Police Service provides all Local Authorities with a base level of Police Officers. In Barking & Dagenham, there are currently 450 Police Officers.

The response from the Council's 2009 *'Be Safe, Feel Safe'* report indicates that, although the majority of residents feel safe in the neighbourhoods in which they live and / or work, respondents identified a number of factors that detracted from their feelings of safety, including youth crime. In particular people reported feeling unsafe at night, in parks and whilst travelling on public transport.

To address these concerns, people expressed the wish for more police and especially a more visible police presence on the streets. However, recruiting more police officers is expensive and funding is limited. The Metropolitan Police Service (MPS) has identified a tranche of 200 Police Officers, who are available for Local Authorities to part fund, in addition to the existing staffing levels provided by the MPS. The officers are an additional resource and are subject to a two-year contract. It was noted that 24 Local Authorities in London have adopted this and that Barking & Dagenham is one of the eight boroughs that are not part of the initiative.

Recommendation Five

The Committee recognises the need for an adequate amount of police officers to address crime and deliver services effectively in the borough. The Committee requests that the Council investigate the pros and cons of part-funding additional police officers and bring a report back to Committee Members by no later than July 2010.

3.2.2.3 Engaging with young people

Findings from the consultation with young people undertaken as part of this review revealed that young people were reluctant to report crime to the police. The main reasons given were the lack of confidence in the police and the fear of identification when reporting crime.

Members heard evidence from the police that they endeavour to engage with young people through non-threatening and confidential methods, such as a free text service, which enables young people to text their views on what the police should be doing to

reduce crime. Other innovative ways to engage with young people include offering a blue-tooth service, organising information stalls on streets and running events through the Safer Neighbourhood Teams.

In terms of reporting crime, as well as dialling 999 and visiting the police stations, crime can be reported anonymously by filling out a form online. People can also report crime online through the Crimestoppers website, which allows the provision of details of a crime without revealing identity.

Recommendation Six

The Committee recommends that the provisions in place for young people to report crime at a location other than police stations, such as the use of online reporting, should be better publicised to young people.

3.2.3 CCTV

In Barking & Dagenham, a 'CCTV incident' is defined as an activity that requires action from the CCTV Monitoring Officer and does not include routine monitoring. There are currently 90 CCTV cameras deployed around the borough, 16 of which are installed by Transport for London (TfL) as part of the East London Transit Scheme. Under this arrangement, the ownership is transferred to the Council on completion of the installation.

A total of 1,821 CCTV incidents have been recorded between 11 August 2008 and 31 March 2009, and a further 1,868 between 1 April 2009 and 23 October 2009. This activity does not include other services provided within the CCTV Control Room, such as monitoring and responding to intruder, fire and panic alarms.

The overall cost of purchasing and installing a CCTV camera is approximately £25,000 and, due to limited resources, the CCTV cameras are reallocated from one area to another, as appropriate. Before CCTV is installed, an Environmental Visual Audit (EVA) is carried out, which produces detailed community intelligence about the area, in terms of measures that would support crime reduction and improve residents' quality of life. The intelligence is assessed by agencies working together in partnership, for example, the police, the ASB Team, DAAT, Housing Services, Environment and Enforcement Services and so on.

It was noted that, although CCTV has become an integral part of our strategy to address crime and ASB, there is nationally a lack of data and evidence regarding the impact of CCTV on reducing actual crime figures. This is due to the fact that, although incidents of crime and ASB are recorded through the CCTV Services in the Council and then passed onto the police and the Crown Prosecution Services for further investigation, CCTV Services do not regularly receive feedback on actions taken as a result of the information provided.

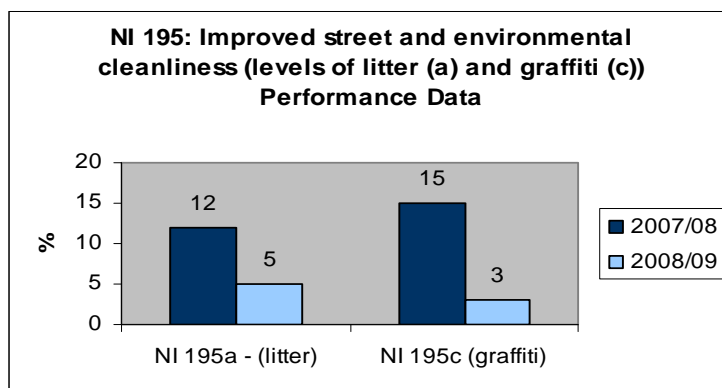
Members feel that this one-way communication process impedes the opportunity for CCTV Services to monitor the impact of CCTV in reducing crime or deterring ASB in the borough.

Recommendation Seven

The Committee recommends that the Police and the Crown Prosecution Services provide regular feedback on the outcome of the incidents recorded on the CCTV in the borough to the CCTV Services in the Council.

3.2.4 Environmental and Enforcement Services

Environmental and Enforcement Services play a key role in ensuring a safer, greener and cleaner borough by providing a range of services. In terms of anti-social behaviour, graffiti, litter, fly tipping and noise nuisance have been identified as the key environmental issues in the borough. Members were pleased to note that there are effective measures in place to address these issues, such as a free graffiti removal service. Local businesses are also encouraged to sign up to a graffiti charter, which includes free graffiti wipes and discount on graffiti removal services. Statistics show that in the last two years, levels of litter and graffiti have reduced significantly.



3.2.4.1 Noise Team

According to the Place Survey (2009), 75% of residents stated that noise is not a significant problem in the borough, despite a five per cent rise in the number of complaints received since 2008. It was noted that during 2008/09, a total of 3317 noise complaints were dealt with, 55 penalty notices were served and 13 prosecutions took place.

3.2.4.2 Street Wardens

The Committee noted the proposed restructure within the Environment and Enforcement Services, in particular to the Area Environmental Services and Environmental Health and Trading Standards. The aim of the restructure is:

- To expand, improve and enhance the street warden service by enhancing the capacity to the service to deal with a greater range of service requests in a more effective manner.
- To tailor services to local needs in such a way as to maximise resources and customer satisfaction in line with the cleaner, safer and greener agenda.
- To improve the local people's perception of the Council by providing services that are more responsive and flexible to local needs.
- To ensure that environmental enforcement services are carried out in an effective and efficient manner.

There is currently a Street Wardens Team responsible for identifying and reducing environmental crime and environmental anti-social behaviour by patrolling on a regular basis. There is currently one street warden per ward in the borough. However, under the new structure the street wardens will be transferred to Area Environmental Services.

The new structure will consist of an amalgamation of the three teams; the street wardens' team, the abandoned vehicle team and the public health team, into an Environmental Crime Unit. This Unit will provide a team of officers to deal with the enforcement of environment and public health issues, including street trading outside of the town centre. The team will be made up of a group of qualified Environmental Health Officers (EHOs) with a high level of generic enforcement skills, supported by a team of street wardens and a specialist warden to deal with dogs.

3.2.4.3 Licensing

The Licensing Act 2003 was introduced to reduce crime and disorder and alcohol misuse through regulating the sale and supply of alcohol. The purpose of the licensing system is to promote four fundamental objectives:

- the prevention of crime and disorder;
- public safety;
- the prevention of public nuisance; and
- the protection of children from harm.

In Barking & Dagenham, there are 159 off-licence premises and 91 on-licences including pubs, clubs and restaurants. The Licensing Team works closely with the Anti-Social Behaviour Team, the police, local businesses and other services to prevent underage sales of alcohol and alcohol-related ASB.

Actions are taken at a local level by the Licensing Board to control sales of alcohol within off-licences, for example, requiring all premises selling alcohol to put stickers on drink containers showing the name and address of the premises. This helps to identify premises selling alcohol to underage young people. An off-watch scheme, similar to Pub Watch but aimed at the off-licence trade, has also been introduced to spot the sale of alcohol by proxy.

The borough also operates the "Challenge 21" policy. Licensees are provided with a 'refusal book' that they use to record occurrences where they have requested identification from young people buying alcohol. A thank you letter is usually sent from the Council's Licensing Team to licensees who record such requests on regular basis.

Members note that active underage test purchases are also carried out in the borough to detect premises selling alcohol to underage young people. A total of 400 test purchases were carried out in 2008 and a further 140 were undertaken between April 2009 and September 2009.

Recommendation Eight

The Committee supports the robust approach to licensing taken in the borough, and encourages the Licensing Team and Anti-Social Behaviour Team to continue

to work together to call problematic licences into review and to support the local community to overcome anti-social behaviour in these areas. The Committee also recommends that a firmer line be taken with regards to the granting of licenses and the withdrawal of licenses from those found to be in breach of the law.

One challenge in identifying underage drinking is that young people often conceal their consumption by adding alcohol to soft drinks. In order to overcome this, the Police Licensing Team have recently purchased 'Alcohol Test Strips'.

The Alcohol Test Strips are a rapid and highly sensitive test to detect the level of alcohol in any liquid. When dipped into a suspected drink, a change in colour on the strip will immediately show whether alcohol is present. Hundreds of strips have been purchased and will be distributed to the Safer Neighbourhood Teams to pilot. The officers will be targeting young people in parks and streets and the impact of the strips will be monitored in approximately six months' time.

Similar initiatives are already being undertaken by a number of local authorities. The London Borough of Bexley introduced alcohol-testing kits in April 2009, carrying out a six-month pilot in three areas within the borough. The pilot proved to be highly successful, showing a 40% decrease in the level of alcohol consumption and a further 28% reduction in overall violent crime since April 2009. The Home Office granted Bexley with further funding to purchase more strips, which are now used by the Safer Transport Teams to identify alcohol consumption on buses.

Recommendation Nine

The Committee supports the Alcohol Test Strips pilot scheme to determine whether young people are consuming alcohol through adding it to soft drinks. The Committee would like a report outlining the results of the pilot from the Police Licensing Team and Safer Neighbourhood Teams in six months' time.

3.2.4.4 Safer Parks Team

Results from the direct Member consultation with young people revealed that the majority of respondents liked to spend time in parks in the borough, socialising with their friends. However, the majority of respondents also said that they did not feel very safe in the parks, mainly due to a fear of being attacked, bullied or mugged by young people from large gangs.

The Committee noted that the Boroughs' Safer Park Team had recently been restructured to maximise the impact of Safer Parks Officers in providing a safer environment for people visiting parks and reducing the fear of crime and ASB in parks. Barking and Dagenham has 25 parks and open spaces spread across the borough, and the Safer Parks Team covers the ten mostly frequently used parks in the borough. The Team consists of nine officers, including a supervisor, and each officer is allocated a park and is responsible for that park, providing reassurance and support to park users.

The Safer Parks Officers help reduce anti-social behaviour and criminal damage in the parks, promoting a visible presence and engaging with users to encourage greater use

of parks and facilities. Since their introduction, there have been some positive reductions in relation to crime and disorder in parks, although problems still exist. Under the recent restructure, put in place in January 2010, the Safer Parks Officer role has been revised and is more focused around the visibility of the officers in the parks and further engagement with the public visiting the parks.

It was noted that the Safer Parks Officers mainly deal with criminal activities and anti-social behaviour at a low level. Children fighting in parks, graffiti and vandalism were reported as the most common types of anti-social behaviour. The officers are required to make a record of all incidents in the parks. The parks are mostly used during the day at the weekends by young children and families and, consequently, the majority of the problems arise during the evenings. The Safer Parks Team works in partnership with the Metropolitan Police and other organisations as part of the wider police network. Work is ongoing across the Council to ensure that all staff work together to promote safety in parks.

Members were pleased to note the vast refurbishment work in a number of parks in the borough. Barking Park was reported as one of the busiest parks in the borough, attracting approximately 70-80 thousand visitors a year. In February 2008, under the Public Parks Initiative, the park secured £3,254,000 funding from the Heritage Lottery Fund restoration and improvement. Mayesbrook Park in Dagenham was one of 11 parks throughout Greater London chosen to receive money for redevelopment by a public vote in 2009. The park received £400,000 towards better footpaths, more lighting, refurbished public toilets and new play areas for children in order to encourage a greater public presence.

3.2.5 Youth Offending Services

The Government's Youth Crime Action Plan (YCAP), 2008, emphasizes the importance of prevention and early intervention when working with young people who offend or are considered to be at the risk of offending. Often this includes targeted work with families in order to reduce the number of young people entering the Youth Justice System. A target has been set by the Government to provide additional funding and expert support to at least 40 families in each local authority where children are known to have behavioral problems and are in need of assistance to prevent them from entering the Youth Justice System (HM Government, 2008).

The Youth Offending Team (YOT) in Barking and Dagenham is a multi-agency operation comprising of staff from the police, probation service, Adult and Community Services (ACS), education, and health. The YOT is based in ACS and works closely with young offenders and their parents / carers as well as with the courts, other criminal justice agencies, organisations and groups that support young people. Other key providers and supporters include the youth service, training and employment providers, accommodation and leisure services and many voluntary sector agencies. The YOT provides various types of support services to young people and their families, and uses a range of intervention methods to reduce ASB. The team also aims to improve victim satisfaction and reduce the fear of youth crime in the borough.

At the time of writing, the YOT was working with 170 young people.

3.2.5.1 Youth Inclusion and Support Panels (YISPs)

The Youth Inclusion and Support Panels (YISP) are a multi-agency planning group offering early intervention based on assessed risks and needs. YISPs are set up to identify and prevent ASB and offending by 8-13 year olds (up to 17 in some areas) who

are considered to be at high risk of offending, ASB, truancy and social exclusion. There are currently 220 YISPs set up across the country. At the time of writing there is a core group of approximately twenty young people involved in the YISP in the borough.

3.2.5.2 Baseline Youth Inclusion Project

The Barking and Dagenham Youth Inclusion Project is one of the 70 projects funded by The Youth Justice Board across England and Wales. The project is based in two centres; one is located in the Gascoigne Estate, Barking, and works with a core group of roughly fifty young people, the second is located at the Jo Richardson Community School, Dagenham, and works with a core group of roughly 25 young people. Crime Concern manages them both in partnership with the Barking and Dagenham YOT.

The project provides a constructive way of involving those young people who are most at risk of offending or reoffending. The programme provides a dynamic, locally based integrated package of activities for more than fifty young people between the ages of 13-16 years. In most cases the young people are known to the police and / or have been truanting from school.

The Youth Inclusion Project also benefits other young people in the area by enabling them to participate in activities through their association with those in the target group. The activities include provision of education and school support, as well as after-school activities, mentoring and life skills, sports (such as football, basketball, dance and outdoor activities), and other leisure activities (including DJ and MC workshops and multi-media and creative arts programmes).

3.2.5.3 Family Intervention Projects

Family Intervention Projects (FIPs) are specifically designed to help families with high levels of ASB and criminal behaviour, who have been evicted or are at the risk of being evicted due to ASB. These families have complex needs and are usually already known to a number of organisations and agencies.

FIPs are intended to address the following issues amongst families:

- High levels of ASB and criminal activities
- Homelessness / risk of homelessness
- Education and learning difficulties
- Physical and mental health problems
- Domestic violence

However, the primary objective of the FIP is to stop ASB within problematic families and restore safety to their homes and to the wider community. Using a twin-track approach, the FIP addresses the root causes of anti-social behaviour, as well as supervising and using enforcement tools to provide incentives for change.

Funding to rollout a national network of FIPs was announced in January 2006 as part of the government's *Respect Action Plan*. Further expansions were announced in the Children's Plan in December 2007 and the Children's Plan *One Year On* in December 2008. Following successful early evaluation, the Youth Crime Action Plan announced that that all local authorities would receive funding for a FIP aimed at preventing youth crime. In addition, the Budget 2008 announced funding for 32 FIPs aimed at tackling

child poverty. The first data on outcomes from the later projects will be published early in 2010.

In Barking and Dagenham there are four dedicated key-workers within the Youth Offending Service providing various types of support through the FIP. The key-workers provide practical and emotional support to motivate families to change their behaviour. Contracts are established between the family and FIP setting out the agreed changes in behaviour. Support is provided to the family to facilitate the changes and sanctions are used when the contract is breached. Key-workers also support families by providing parenting advice and guidance, behaviour management, helping children to get back to school, practical help with the house and arranging activities for families.

FIPs offer a phased service; a model in which the key-worker will engage with a family intensively during the first weeks and months and then gradually reduce their involvement as the contract stipulations are met and the family is enabled to sustain positive changes with less direct support.

3.2.5.4 Parenting Programmes

It is generally accepted that parenting is crucial throughout all stages of a child's development. Every Child Matters (2003) recognises this, stating 'The bond between the child and the parent is the most critical influence on the child's life. Parenting has a strong impact on a child's educational development, behaviour and mental health.'

Professor Stephen Scott's (2006) work focusing on adopted children, *Improving children's lives, preventing criminality: Where next?*, shows that parenting has such an impact that 'better rearing' techniques can cancel out any element of 'higher inherited risk' from birth parents and result in young people significantly less likely to be involved in criminal behaviour.

An Ipsos MORI Survey in October 2006, indicated that majority of people see the quality of parenting as having a significant impact on ASB, both as a cause and as a means of crime reduction. The survey also indicated that 82% of people support the statement that parents should be held responsible for their children's bad behaviour and that it is the parents' responsibility to teach their children positive values and acceptable behaviour. The results from the Ipsos MORI Survey (2008/09) in Barking & Dagenham indicate that 61% of residents felt that parents do not take enough responsibility for the behaviour of their children.

The results from the youth consultation run by the Committee revealed that the majority of consultees believed that parents are largely unaware of the challenges that their children face in terms of crime and anti-social behaviour, and that this often leads to breakdowns in communication and the provision of effective support.

The Parenting Services in Barking & Dagenham provide support to parents in order to help them improve their child's behaviour and enhance the parent-child relationship. Support is also provided to parents to increase awareness about their own attitudes and beliefs around effective parenting, as well as broadening their knowledge about child development, child care and child health. The support is broken down as follows:

- Demonstrating different parenting styles and approaches
- Using a holistic approach in working with parents, children and the family

- Communicating with parents in a friendly style and providing clear information
- Using simple theory-based models for parents to use at home
- Addressing different factors, such as home safety, child development, substance misuse, and so on.
- Recording regular attendances and investigating non-attendance

Tackling ASB is most effective when agencies work in partnership. The Parenting Team works together with other family support services in the borough, i.e. Social Services, Neighbourhood Management, the Family Group Conferencing Team and Children Centres, in order to ensure a cohesive and joined-up approach. Parents are also referred to specialist agencies to deal with other family problems, such as housing, substance misuse and mental health support services. If the problems within the family are so great that a child is thought to be at risk, then a safeguarding concern will be raised, as appropriate.

Parenting contracts are offered to parents requiring a structured approach in dealing with their children's involvement in ASB. Written agreements are produced setting out responsibilities, goals and timescales. Progress is reviewed after a set period of time. Parenting Orders can also be issued to secure the cooperation of parents who are not willing to accept support voluntarily. This can include imposing requirements on parents to attend parenting programmes. Members agree that helping parents / carers improve their parenting skills is crucial in the effort to reduce youth offending in the longer term.

The following parenting programmes are available in the borough:

i) Strengthening Families, Strengthening Communities (SFSC)

The SFSC parenting programme is a community-based programme specifically designed to promote the following factors associated with 'good parenting':

- Developing close and warm relationships between parents and children;
- Using methods of discipline that support self-discipline in children;
- Fostering self-esteem of children;
- Developing strategies to deal with risky situations;
- Managing anger.

At the same time SFSC deals with the factors in parenting that are associated with increased risk:

- Inconsistent parenting;
- Harsh discipline in an overly critical environment;
- Limited supervision;
- Isolation and lack of knowledge of community resources.

Importantly, the SFSC approach emphasises that parenting is impacted by the local environment (for example the availability of good schools) and that parents should play an active role in shaping this environment by engaging with community resources.

SFSC is structured into 13 three hour sessions taught in consecutive weeks and is run for parents of 3-18 year olds. The programme is offered in 16 different languages in the borough. A report on the evaluation of the SFSC programme (2005-07) shows the continuous positive impact it has on parents; 99% of those involved said they would recommend the course to their family and friends.

ii) Speak Easy

The purpose of this project is to provide parents and carers with the information and skills to talk to their children about sex and relationships. Confidential information and advice is provided on contraception, sexually transmitted infections, planning a pregnancy, pregnancy choices and sexual wellbeing. Parents and carers also receive information on family planning clinics, sexual health clinics and other sexual clinics in the borough. The project is delivered through seven group sessions of two hours each.

iii) DPYK – ‘how to drug proof your kids’

This project is intended to give parents the skills to help shield their children from substance misuse. The YOS provides support by developing home-based strategies that influence children’s choices through group sessions run on the weekends.

iv) Pass It On

The Pass It On programme offers support and information to parents on a number of topics, including drugs/alcohol misuse, behaviour management, ASB, the youth justice system, counselling services and careers information. The sessions are available for parents twice a week during the afternoon and evenings.

v) Parenting Wisely (PW)

This parenting skills programme is aimed at parents of adolescents. The programme, available on a CD-ROM, provides interactive training through modelling solutions to potential problem situations that parents might face. Parents work through the scenarios and their actions are then analysed and constructively critiqued through a question and answer session. The programme is available to parents on a one-to-one basis or in groups.

vi) Family Focus Ward (FFW)

FFW is a family-based prevention and intervention programme that has been applied successfully in a variety of contexts to help high-risk young people and their families.

The Committee expressed the view that parenting in today’s society is far more challenging than it was many years ago. Changing family values, a growing emphasis on consumerism and advances in technology have increased pressure on young people, thus making parenting more challenging. Members therefore agree that supporting parents through parenting programmes is necessary as part of the attempt to achieve a longer-term reduction in youth anti-social behaviour.

3.2.6 Housing Services

The borough’s Tenants Status Survey, which is conducted every year, indicated that 72% of tenants were satisfied with their landlords. The survey also highlighted that residents identified services to address ASB as their third highest priority for improving quality of life in the borough. Members noted that the Housing Service Plan for 2010 includes improving ASB as one of its key priorities.

Historically, the overall satisfaction rate for dealing with anti-social behaviour in a housing context has been relatively low. This was due to lack of regular communication between services within the Council. This has improved through recent joint working

sessions with other services such as Adult Social Care, Mental Health Services and so on.

Following a consultation with Members and residents, a new structure for Landlord Services has been established. The Committee noted that, prior to the consultation, the Estate Service Officers were primarily responsible for all tenancy and estates duties (including housing-related ASB). However, under the new structure the role of the Tenancy Services Officers has been revised to focus specifically on issues around tenancy-related ASB and to address these issues more effectively by working closely with the ASB team.

3.2.6.1 Responding to ASB

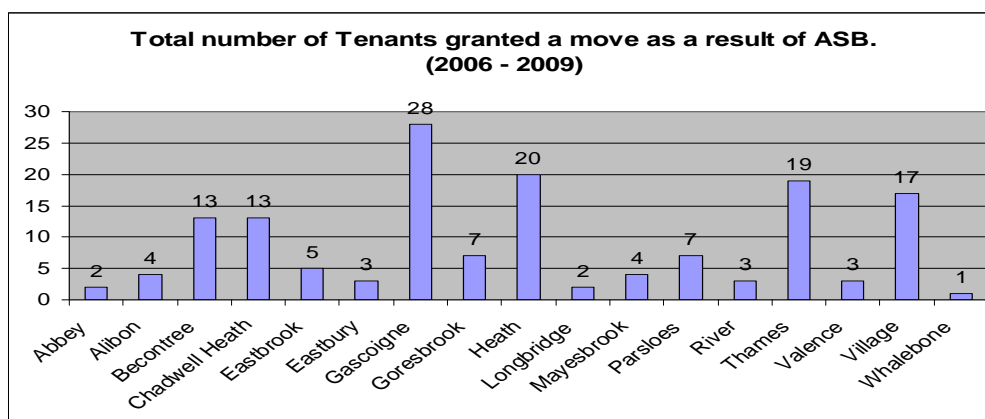
Issues of ASB related to tenancy/Council housing estates are dealt by Landlord Services, working in close partnership with the ASB Team. The Head of Housing Services stated that the key element in dealing with ASB efficiently is through effective partnership work and information sharing. The team already works closely with various partners such as the Safer Neighbourhood Team. Where issues are complex these cases are lead by the ASB Team within Community Safety and Neighbourhood Services.

Prompt action is taken for all ASB cases within agreed timescales. In severe cases the complainants are contacted within one day and interviewed within three days. Examples of severe cases include domestic violence and race/sexual harassment. Noise cases are usually dealt with within on day. Cases of graffiti and abandoned vehicles are designated as non-severe cases and are dealt by contacting the complainants within three days and interviewing within five days.

Members noted the range of interventions used to prevent ASB, such as acceptable behaviour contracts, anti-social behaviour orders, tenancy enforcements, parenting orders, intervention orders and so on. These interventions have resulted in a total of 63 notices served on council tenants for ASB and five eviction orders issued from April 2008 to March 2009. There were also three demoted tenancies and six postponed possession orders. A total of thirteen drug closure orders were successfully applied for since the legislation came into force.

Services also use probationary tenancies to deal with cases of ASB. Probationary tenancies enable landlords (for the first twelve months of a tenancy) to regain possession without having to rely on the discretion of the courts. This applies to all new tenants in the borough. At the end of the probation period, if the tenancy is conducted in a satisfactory manner, it will revert to a secure tenancy after 12 months without the need to issue a new agreement. Powers do exist to extend the probationary period from 12 to 18 months where appropriate. The process enables Housing Services to identify and determine tenants involved in ASB and deal with the issue more swiftly.

It was reported that between 2006-09 a total of 151 tenants were granted a move as a result of ASB in the borough. The table below provides a breakdown of this by ward.



3.2.6.2 Support to victims of ASB and other crime

Housing Services, in conjunction with the ASB Team, offer various types of support to the victims of crime and anti-social behaviour, depending on the circumstances of the case, the needs of the victim and any associated risks. Support for victims and witnesses can take a number of forms, such as:

- With the agreement of the victim, Housing Services can consult with the police and/or other appropriate agencies to determine whether there have been threats of violence or actual violence and whether there is an ongoing risk to the complainant and/or their family. Complainants that do not live in a council property are referred to other appropriate agencies to provide this support.
- Physical security measures to the home: these are offered through Sanctuary Services and Safer Home Services and provide a low-level security, such as fire-safe letter boxes, smoke alarms, film on windows, locks and bolts, and so on. This service is provided in cases where the victim or someone who lives with them has suffered threats of violence or actual violence and a continued threat is perceived. It was noted that a total of 484 properties received this service between April 2009 and November 2009 (about 69 a month) and 38% of people receiving this service were council tenants (184 residents in the period).
- Legal action: consideration is given to initiating legal proceedings to protect the victim and/or any witnesses to anti-social behaviour (for example, through an injunction), if appropriate. This is considered in cases where there have been threats of violence or actual violence and those legal proceedings would enable the complainant to remain in their home.
- Moving the victim/witness: in most cases, action is taken to allow the complainant to remain in their home. However, in cases of very serious anti-social behaviour (where other support has been considered and found not to be appropriate) the victim/witness can be moved to another council property. This option is only available to council tenants, and is called a Management Transfer.
- Professional witnesses and surveillance: in some cases, a professional witness and/or surveillance to monitor anti-social behaviour is used in order to reduce the risk to the complainant. Professional witnesses and surveillance are both governed by legislation and so are not always appropriate. In any case, not every type of anti-social behaviour is possible to verify independently.
- Referral to a support agency or partner agency: in some cases the complainants are referred to appropriate support services such as the Racial

Equality Council or Victim Support, or other agencies (for example, the police) who may be able to offer further assistance. Referrals will only be made with the agreement of the complainant.

3.2.6.3 ASB in Council & Non-Council Housing

Not all housing in the borough is owned by the Council. There is also private rented, owner occupied and housing association rented accommodation. In cases where housing legislation is, therefore, not an option, the ASB Team use all other legal and civil powers to ensure these issues are dealt with.

The Anti-social Behaviour Standing Case Conference looks at the most complex ASB cases and puts in place action plans around these. Between April and October 2009, the ASB Standing Case Conference managed 61 tenancy related ASB cases. 33 of these cases were Council tenants (54%) and 9 were people in temporary accommodation provided by the Council (15%). Four of the individuals were tenants of other Registered Social Landlords (7%) and 15 were either owner occupiers, had no fixed abode or lived in private rented accommodation (2%).

Although the Council has limited authority over private rented housing and Registered Social Landlords (RSLs) in the borough, Housing Services are developing good working relationships with RSLs and private landlords with multiple properties.

Members felt advice or information should be made available for private landlords on how to address tenants with ASB. The Head of Housing Services explained that a voluntary scheme offering advice on being a good landlord is available and private landlords are encouraged to take part in the scheme.

3.2.6.4 ASB by tenants from other Local Authorities housed in the Borough

There is a London-wide agreement that means London Boroughs with extreme shortages of social housing can place households in private rented accommodation in other boroughs, including Barking and Dagenham. There is a criterion in place that governs which authorities can place residents outside their own borough, and also specifies the maximum number of households they can place. If a household placed in Barking and Dagenham by another borough causes antisocial behaviour, the Antisocial Behaviour Team in Barking and Dagenham will liaise with the placing authority to deal with this household. Information about whether a household is placed by another local authority can be found via Council Tax and Housing Benefit records which the ASB Team have access to.

3.2.6.5 Future Developments

In November 2009, a modern housing system called Capita Housing was launched in the borough. The system enables key partners to share resources and have access to housing data. The system also provides an information-sharing facility, including access to information on ASB issues addressed by other services. The Head of Housing Services is confident that this new system will improve the processes around resolving ASB cases as most of them require input from different services across the Council. The system will also provide access to statistical information on ASB by ward in the borough.

Recommendation Ten

The Committee recommends that Housing Services and the Anti-Social Behaviour Team continue to work closely together, using relevant legislation (including possession action) to impact on anti-social tenants, both in the local authority and private sector.

3.3 UNIVERSAL PROVISION

3.3.1 Schools

Safer School Partnerships (SSPs) were introduced in September 2002 by the Department for Education and Skills (DfES), the Home Office, the Youth Justice Board (YJB), the Association of Chief Education Officers (ACEO) and the Association of Chief Police Officers (ACPO) with a view to focusing on early intervention and prevention as a partnership approach to crime prevention, school safety, behaviour improvement and educational achievement. All schools involved in the Safer School Partnerships initiative have a Police Officer or Community Support Officer allocated to their school to work with pupils, staff and other local agencies.

The Committee heard evidence from the management team at Warren Comprehensive School and police representatives affiliated to Warren, All Saints, Eastbrook and Robert Clack Schools through the Safer Schools Partnership. Members heard that the police officers in all nine secondary schools in the borough regularly attend classrooms to engage with and educate pupils on various issues such as anti-social behaviour, knife crime and so on. The police officers assist teachers and school staff in patrolling local shops within the vicinity of the school; both in the morning to ensure children are getting to school on time and after school to deter them from causing any nuisance or behaving in an anti-social manner within the local community. The police officers also regularly assist young people in getting home safely after school by ensuring there is a police presence on school buses. If children from a different school are identified as committing anti-social behaviour, the police officers will report back to their counterpart at the relevant school for further investigation.

In addition, teachers and the school staff regularly supervise and engage with young people during breaks and lunchtimes. As an example, Robert Clack School operates a number of activities and social clubs during lunch times for young children, particularly those with challenging behaviour problems. The Committee commends these initiatives.

The School Partnership Inspector reported that schools are working together in addressing incidents of conflict between young people from different schools. The police officers work in partnership with the Safer Neighbourhood Teams to identify local hotspots for ASB. The police officers also liaise with local shops around the vicinity of the schools, offering assistance in identifying young people involved in ASB.

The various police officers that Members spoke to shared the view that there are insufficient facilities and activities in place locally for children to use after school, hence, children congregate on streets, in parks or on buses to pass their time. It was suggested that further suitable youth provision should be offered outside of schools, in

the forms of youth clubs, youth shelters, play areas or open air cafes for young people to socialise.

It was noted that in January 2009, Children's Services undertook an extensive consultation with young people aged 14-19 years regarding the activities and facilities they were participating in and how they thought these activities should be better publicised. A total of 1,232 young people participated in the consultation and the results indicate that sports were the most popular form of leisure activity. However, engagement with children and young people is an on-going process and the Commissioning Team ensures regular consultation is undertaken.

Members were pleased to hear that Warren Comprehensive School works with parents to prevent students engaging in or becoming victims of ASB. The school organises 'community night' meetings where parents are invited to discuss issues regarding the education or the behaviour of their children. In their role as community leaders, Members take an active role in leading on community safety issues and tackling anti-social behaviour. Therefore, the Committee encourages Warren Comprehensive School and any other schools hosting similar 'community nights' to work more closely with their local ward Councillors to address issues of challenging behaviour by young people.

Members also identified school council meetings as another potential avenue for them to get involved in working with young people and schools to help address ASB. Currently, 57 out of 60 schools in the borough hold school council meetings.

Recommendation Eleven

The Committee requests that a communication be prepared by the Head of Quality and School Improvement to ask schools in the borough to consider extending an invitation to local Ward Councillors when holding 'community night' or school council meetings, as appropriate.

3.3.2 The Vibe

The Youth Service manages a number of projects within buildings such as The Vibe and the Sue Bramley Centre. In addition, the Service is soon to provide youth workers at the Gascoigne Community Centre, who will help to support weekly Youth Clubs. This will include sessions on Fridays and Saturdays. In addition, youth provision extends to school holiday activity programmes, such as the recent summer programme that attracted over 2,400 attendances over a six week period.

The Vibe youth centre was launched in December 2005 and is run in conjunction with Barking and Dagenham Youth Offending Service. The club is open to young people between the ages of 13-19, with access for those with special needs up to the age of 25. The Youth Centre uses a range of projects to help young people with their education and employment prospects. It also seeks to re-engage and motivate young people and members learn to take responsibility, develop social skills and enjoy the benefits of teamwork.

Current User Groups at the Vibe are as follows:

- *Ab Phab Youth Club* – meets at The Vibe on Monday evenings. They are a mixed group of disabled and able-bodied young people who participate in various activities.
- *Move It Aside and Dance* – meets on Monday and Wednesday evenings. They are a dance group of young people who use the space in the studio to practice and develop new routines to perform at various shows and venues in the borough.
- *D of E* – This is a Youth Service provision that delivers the Duke of Edinburgh Award. Currently, young people have the opportunity to work towards gaining their Bronze Award on alternate Wednesdays and the Silver Award on alternate Thursdays. This includes Expedition training.
- *Schools Out* – a youth club provision for looked after young people aged 8-12 that runs every other Thursday at The Vibe.
- *Looked After Young People* – A borough statutory group who meet at The Vibe every other Thursday and participate in various activities. There is another group, Young Care Leavers, who also use The Vibe on different occasions to plan their programme.
- The *Transitions to School (TSS)* project runs every Monday and Wednesday from 4.30 – 6.00pm. The aim of the project is to help Year 6 students have a smooth transition to Year 7.
- *Money Matters* – A Youth Support Service provision in which a group of young people meet every Thursday evening and contribute to decisions on the allocation of the Youth Opportunity and Youth Capital Government Funding to young people who apply to set up projects.
- *BAD Youth Forum* – The BAD Youth Forum helps young people to get involved in the democratic process and is made up of 4 sub groups: Crime and Safety, Equalities, Health and Environment and UK Youth Parliament. Each sub group meets once every two weeks either on a Tuesday or Wednesday from 5-7pm. They also meet in school holidays to take part in the Youth Achievement Awards programme.
- *Volunteering & Leadership Group* – currently working with 16-17 year olds who meet at The Vibe on Monday, Tuesday and Wednesdays between 9.30 am – 2.30 pm. This project helps young people who are NEET to build self-esteem and confidence, in order help them move into education or employment.
- *Youth Action Trust* - A group who meet every other Thursday and are currently working towards an Open College Network (OCN) qualification for young people in Team and Communication Skills.
- *Lifeline* – They use The Vibe every day between 9am – 4pm. This group works with young people who are Year 11 school students who are not currently engaged in mainstream education. They deliver core subjects, i.e. Maths and English along with an Enrichment programme.

- *Open Access* – The Vibe’s generic programme for young people, which operates from 6.30 – 8.30pm on Tuesday, Wednesday and Friday evenings and 12.30 – 4.30pm on Saturday afternoons. Various activities are available, as well as focused sessions around politics, photography, making choices and managing emotions.

3.3.3 Youth Access Cards

According to the Active People survey in 05/06, Barking and Dagenham currently has the lowest physical activity rates in London, and the third lowest in the whole of the country, with 50% of its residents doing no physical activity at all.

The majority of the young people who took part in the consultation with Members indicated that they had become involved with ASB due to an absence of alternative leisure activities. The young people were all very keen to use leisure centres and cinemas, but cited the entrance cost as prohibitively expensive and requested free or discounted access.

The Committee noted that there is a scheme being developed called the Youth Access Card, or to give it its formal brand name, the ‘Streetbase Connect Card’. This card will be available for all young people up to age 19 to access services throughout the borough and will be issued to young people through schools. It is part-funded through the Council and part-funded through the PCT.

The card will reduce the need for young people to register with each individual service they use, while at the same time it will help services to gather accurate demographic and activity data. The card will also ensure young people access age-appropriate services, as well as providing one single form of access for local services, such as leisure services, condom distribution (for young people aged between 11 and 19) and cashless school meals.

The card will be loaded with credits to redeem against various leisure activities and facilities. Young people will be also be able use their credits to rent free DVDs from the library, and to access cinemas and leisure centres, amongst other options. It will also be possible to accumulate credits through making healthy choices. As an example, obese young people using their card to purchase healthy lunch options or access exercise facilities will accumulate credits that they can redeem against fun leisure activities. This will create an incentive for young people to make appropriate choices. This links to London Connect’s work and national work on youth access cards.

Recommendation Twelve

The Committee supports the introduction of the Streetbase Connect Card and welcomes the increase of free or discounted leisure options for young people combined with the incentivised approach for young people to make positive, healthy choices. The Committee urges officers to give consideration to the following issues:

- **How to ensure that all young people, including NEETs, receive a card. This will involve distribution options that are not solely based around schools.**

- **The financial viability of using the card to incentivise a move away from ASB by persistent offenders, either through penalties (such as rescinding the card or credits) or rewards for good behaviour (such as additional credits).**

Members request that report be brought back to the Committee in six months' time outlining progress so far.

3.3.4 Community Halls

The Committee noted that the concept of sharing buildings for youth clubs and community events can be problematic as sometimes it is not clear who has overall responsibility for the building. This can cause conflict between users when they compete for space and time slots within the buildings.

Detached Youth Workers reported that they have tried to find local venues where they can meet young people, especially during winter months. They have approached local community centres, village halls, church halls and schools. The response has been patchy across the borough. A similar response has been received by people trying to set up local voluntary youth clubs.

There are currently 12 halls within the Community Centres and seven school halls available for hire throughout the borough. The Youth Support Services currently have access to only two Community Centres to use as youth clubs, Abbey and Castle Green. Following negotiations with the Community Centre Committee, the Service is also planning to set up a youth club on two evenings per week at the Theresa Green Community Centre. Youth Support Services has also expressed an interest in using the Community Centre in Marks Gate to use as a youth club.

The Community Cohesion Service will introduce new management agreements with Community Associations in early 2010 which will reinforce their role in ensuring all groups of the community can access community halls. Where any concerns are identified, the Community Cohesion Service will help dispel concerns and ensure use of halls by young people and services for them.

The Community Cohesion Service will discuss with Community Associations ways in which they can ensure the voice of young people is heard in relation to the use of the community hall.

Recommendation Thirteen

The Committee notes the importance of making full use of the borough's buildings and community halls in order to enable Integrated Youth Support Services to make more facilities available for young people. The Committee, therefore, recommends that the Community Cohesion Service continue to work with Integrated Youth Support Services and local Community Associations to increase the use of halls as venues for the provision of activities for young people, as appropriate.

3.4 TARGETED AND DIVERSIONARY PROVISION

3.4.1 ASB relating to drug and alcohol misuse

According to the 2008/09 British Crime Survey, 26% of people thought that people being drunk or rowdy in public places was either a very big or fairly big problem in their area. There was no significant change compared with 2007/08.

A qualitative study on binge drinking amongst young people aged between 18 and 24 years old (*Drunk and Disorderly*, 2003) highlighted the effects of drunkenness on mood and behaviour as an explanation of why binge drinking makes risk-taking and anti-social behaviour more likely among young people. Young people were described as being more inclined to act on impulse, thinking less about the consequences of their actions, and losing their tempers more easily when they were drunk.

Barking & Dagenham has encouraged and supported work to counter substance misuse amongst young people and this is recognised as a priority within the Children and Young People's Plan.

In January 2009, the Home Office announced £1.5m of funding for the fifty areas in the country with the highest levels of alcohol-related crime and disorder, as well as high public concerns about drunk and rowdy behaviour. Barking and Dagenham was identified as one of these areas. This money will be used to tackle underage sales, to confiscate alcohol from young people under the age of eighteen and to carry out tougher law enforcements. Furthermore, eleven London boroughs, including Barking & Dagenham, will receive an extra £30,000 to tackle specific local trouble spots of alcohol-related crime and disorder. (Home Office, 2009).

3.4.1.1 Drugs & Alcohol Action Team (DAAT)

The Barking & Dagenham Drugs & Alcohol Action Team (DAAT) is responsible for commissioning drugs and alcohol support services for all residents including young people up to the age of 19 and takes the strategic lead on addressing youth substance misuse.

DAAT officers commission drug treatment services across the borough, including treatment for adults and young people, education and prevention, and criminal justice. The Team has a fully integrated substance misuse treatment system to meet the needs of drug and alcohol users and their families, as well as specific services for young people experiencing problems with drug use.

The Common Assessment Framework (CAF) is used across all services to identify and assess children and young people at risk. This includes young people whose parents are misusing drugs and alcohol. In Barking & Dagenham, there are currently six substance misuse services in place for adults and parents. Through use of a drug use screening tool, if identified for substance misuse, children are then referred to Children's Services. The parents / adults are offered educational programmes for containing or preventing substance misuse.

In terms of young people treatments for substance misuse are provided at four different stages, as seen below:

- Tier one - front line practitioners provide universal services (signposting and onward referrals from schools, GP's, Children Centres, Youth workers, Connexions and so on.)
- Tier two focuses on young people with additional needs and provides a more targeted service (quick interventions and advice on harm reduction).
- Tier three addresses substantial issues and provides specialised treatment (interventions to alleviate harm caused by young people through substance misuse).
- Tier four – highest level (includes moving young people into rehabilitation settings to decrease level of risk). Tier four is a last resort and rarely used in the borough.

3.4.1.2 Local statistics relating to drug and alcohol misuse

The 2007/08 data from the National Drug Treatment Monitoring System (NDTMS) & POPPIE (a software system designed to meet the needs of a wide range of services involved with the treatment and care of people with addictive disorders, including both drugs and alcohol) indicate that the use of cannabis (83%) and alcohol (17%) are the main aspects of substance misuse by young people in the borough. The percentage of substance misuse amongst males (66%) was higher than females (34%). However, compared to 2006/07 data, substance misuse by females has increased by 1%, while male substance misuse has decreased. The 2007-08 data also indicates an overall increase in alcohol misuse by 48% amongst young people in the borough.

According to the Drug & Alcohol Young People Treatment Plan 2010-11 (*Young People's Needs Assessment*), there are potentially 659 young people in the borough with a substance misuse treatment need who are not currently engaged in treatment. This number was derived by completing a 'Treatment Bullseye'; an illustrative tool that has been used as a part of a needs assessment process to help understand young people's drugs and alcohol use based on their level of engagement with treatment services in Barking and Dagenham and other partnership agencies. Although this may seem like a soaring figure, there has not, in fact, been a significant increase from last year. However, due to improved sophistication in data collection methods, there is a marked increase in treatment-naïve numbers being recorded.

The table below provides a further breakdown:

Breakdown of Treatment Naïve by Tier
<p>Tier 3 Treatment Naïve – 79 young people plus 439 hidden harm = 518</p> <ul style="list-style-type: none"> • Young people who required structured specialist interventions who may have already have problematic use • 43 young people known to Youth Offending Services(drugs) • 16 young people via hospital admissions (alcohol) • 20 young people via drug related mental health admissions (drugs) • Hidden Harm: 209 adults known to treatment with under 18's residing in their home. 230 known to treatment with children and young people living with carers.
Tier 2 Treatment Naïve – 141 young people

- Young people who required brief intervention primarily to minimise harm and prevent problematic use.
- 55 young people known to Connexions (drugs/alcohol)
- 27 young people via Merlin PACS (drugs/alcohol)
- 59 Accidents and Emergencies presentations (drugs)

The Treatment Plan also indicates that Barking and Dagenham has a core group of approximately 600-800 young people who fall into one or more categories associated with vulnerability to drug and alcohol misuse. These young people may be Not in Education, Employment Training (NEET) and known to Social Services and/or the Police and Primary Care Trust. It is, therefore, a key priority for the DAAT and the borough's wider partnership to work together to identify strategies to prevent substance misuse amongst this group of young people.

3.4.1.3 Alcohol Consumption by Women

National survey results (April 2002) indicate an increase in the percentage of young women consuming alcohol. A European School Survey Project (2008) on alcohol and other drugs recorded the results of interviews with more than 2,000 young people aged between 15 and 16 years old across 35 countries. The results indicated that 26% of boys and 29% of girls in the UK had indulged in binge drinking at least three times in the previous month (binge drinking was classed as having more than five alcoholic drinks in a row). The study also revealed binge-drinking levels had fallen for boys since the last survey in 1999, while those amongst girls showed an upward trend.

Following a joint strategic assessment by the DAAT and Health partners, it was noted that, although compared to neighbouring boroughs alcohol misuse in Barking & Dagenham is relatively low, there are concerns around increasing alcohol consumption amongst women in the borough. The local data does not confirm this increase amongst women, but anecdotal evidence from frontline practitioners suggests that this has been the case.

Furthermore, the Young People's Needs Assessment Plan 2008-09 undertaken by the DAAT indicates that out of the 76 referrals made to the DAAT, 62% were males and 38% were females. This shows a 5% increase in the number of young women engaged in treatment for drugs and/or alcohol across the board, as compared to data from previous years. This may necessitate further investigation by the DAAT and could be linked to the anecdotal reports of increased alcohol consumption by women. The 2009-10 Young People's Specialist Substance Misuse Treatment plan also highlights the need for more targeted work with young women, as this group is under represented in the treatment system.

3.4.1.4 Prevention and intervention

The Committee heard evidence that the DAAT is targeting 150 young people for specialist treatment, although only 52 young people (aged 14-17) are actually receiving treatment in the current year. 46 of these young people were receiving treatment in the borough and the remaining 6 were receiving treatment outside Barking & Dagenham. A total of 87 young people received specialised treatment last year.

The DAAT has appointed a School Drugs Advisor, whose role is to ensure that all schools in the borough comply with the DAAT policy and early identification of young people in need. The Subwise programme offers support to parents / adults at a local level who are dealing with their children's substance misuse. Outreach work is jointly provided by specialist substance misuse workers and detached youth workers who aim to engage with and divert young people into positive activities or treatments. The Outreach Team is in regular communication with the Anti-Social Behaviour Team and Neighbourhood Management.

The DAAT works in partnership with other services and organisations to identify young people at risk at an early age. For example, Operation Alcopop was introduced and piloted in the summer of 2009 and involved the police and Outreach Team providing on-the-spot referrals to young people identified with drinking problems. It is expected that this pilot will be continued.

The DAAT works in schools to identify young people who are misusing substances or who are at risk of substance misuse. The DAAT currently offers services in Barking College and is planning to introduce a 'talking from experience' project into schools, in which an adult with a history of substance misuse would talk to students about his/her experience. This is intended to educate young people about the treatments and support available, as well as encouraging self-referrals.

The Committee discussed the correlation between dementia and the level of alcohol and drugs consumed. According to Professor Georgy Bakalkin (8 July 2008) up to 10% of patients diagnosed with dementia have a history of prolonged alcohol abuse. Members felt that the risks associated with the consumption of alcohol were not sufficiently publicised in the borough.

Recommendation Fourteen

The Committee recommends that the DAAT work with colleagues in the Council, health partners and other agencies to raise awareness about the risks of dementia associated with cannabis and alcohol misuse and the existing support available for people.

3.4.2 Locality Working

The Council's Neighbourhood Management Service works across six localities to promote community cohesion and to ensure that the Council and its partners understand the priorities of local people and are able to co-ordinate local services to respond to these priorities. Neighbourhood Management is part of the Multi-agency Localities Team which brings partners together in a community setting to address emerging priorities.

Section 17 of the Crime and Disorder Act (CDA) 1998 places a responsibility on local authorities to consider the crime and disorder implications of service design and delivery. The CDA Review broadened the definition of Section 17 so that agencies have to take account of ASB, behaviour adversely affecting the environment and substance misuse. The Neighbourhood Management Service works closely with partners to make improvements in line with local ward priorities, many of which focus

on reducing crime and disorder, as well as providing support to Police Safer Neighbourhood Teams.

The Neighbourhood Management approach enables local communities and service providers to work together at neighbourhood level to improve services through responding to local needs.

Projects led throughout the borough include:

- Problem solving at Ellen Wilkinson House, Althorne Way, Shipton Close and Inskip Road tackling antisocial behaviour and improving security;
- Working with Subwize to carry out drugs outreach work at Marks Gate and Shipton Close;
- Supporting the work of the Neighbourhood Crime and Justice Coordinator promoting Community Crime Fighters and Community Payback initiatives;
- Working with the Police during 'Not in my neighbourhood week' from 2nd to 9th November 2009 in Village, River, Alibon and Heath wards.

The Committee heard evidence from the Neighbourhood Co-coordinator for Gascoigne Ward, stating the methods and partnership approach used by the Neighbourhood Management Service to address the issue of anti-social behaviour in the area. Gascoigne Ward has the third largest population in the borough, and at one point was reported to have severe problems of graffiti, vandalism and anti-social behaviour by both adults and young people. The Gascoigne Safer Neighbourhood Management Team addressed these problems through efficient partnership work with Ward Members and various other services, such as:

- A project provided by the Detached Youth Service to engage with young people and seek their views on what activities they would like in the area.
- The Gascoigne Children's Centre is currently under refurbishment and will develop into a Youth Community Centre, which will also be used as a youth club in the evenings.
- Barking Learning Centre carried out a series of workshops amongst young people, including those from other wards, asking their views on what should be changed in the area. Approximately 70 young people participated in the workshops.
- A Community Sports Programme was set up to engage with young people aged 7-14 through organising sports activities, such as football games.
- The Baseline project targets young people who are at the risk of drugs and alcohol misuse and provides a signposting service into education and employment. Young people also take part in voluntary work such as attending the over 50's club.
- A Multi-agency Locality Team concentrates on the whole family through joint work by the Neighbourhood Management Teams, Social workers, mental health, Modern Matrons, Children Services and family co-ordinator from Children's Services.
- A Community Payback scheme includes four days a week community work for young offenders to carry out in their neighbourhood as part of their unpaid work sentence.

The installation of CCTV by local businesses has been very effective in enabling the police to access evidence of youth anti-social behaviour. Similarly, the Subwize project has been effective in identifying and working with young people as young as nine with alcohol and drugs problems.

3.4.3 Community Street Pastors

Street Pastors is an initiative spearheaded by the Ascension Trust as an interdenominational Church response to neighbourhood problems. Pastors engage with people on the streets and in night-time venues to listen to people facing difficulties and to offer practical help. They work together in partnership with the local government, the police and local churches to help build communities and transform lives.

The Street Pastors initiative began in 2003 and is now operating in over 60 locations around the United Kingdom. Since its introduction, there has been a significant reduction in street crime in areas where street pastors operate. Examples taken from police crime statistics show a 30% reduction in Lewisham within the first 13 weeks, a 95% reduction in Camberwell, a 74% reduction in Peckham and a 7.5% reduction in Lincoln with the first 6 months.

In Barking and Dagenham, the Street Pastors initiative began in May 2009 and is managed by the Street Pastors Co-ordinator. In July 2009, the initiative received funding of £30,000 over three years from the Home Office. Barking and Dagenham Street Pastors aim to contribute to reducing street crime by increasing community safety and well-being and ensuring a visible positive presence that reduces the fear of crime.

The Barking and Dagenham Street Pastors initiative works in three phases:

Phase One – street pastors engage with young people on the street, including hard-to-reach young people and gang members, building up trusting relationships. Patrols are targeted in areas known to have problems with anti-social behaviour. Street Pastors currently patrol four areas in the borough; Barking, Dagenham, Marks Gate and Chadwell Heath.

To date, 50 incidents where street pastors have intervened and calmed down potential anti-social incidents have been reported by the Police. Furthermore, 109 incidents have been recorded where street pastors have supported vulnerable people. Street pastors are now working with 50 young male students aged between 12 and 15 who are believed to be members of a local gang.

Phase two – The School Pastors Project has engaged students from six local secondary schools, six local primary schools and Barking and Dagenham Pupil Referral Unit. This includes 120 key young people who are involved in gang-related activity. As a result of School Pastor patrols and work in local schools, in the period July to November 2009, it is estimated that the project has engaged with 5,614 young people, although, the total potential for engagement with pupils/students is 10,351.

The School Pastors mentor young people within a school setting who have been failing in school due to behaviour, family or home-life issues, health problems or disabilities. A team of School Pastors also patrols potential anti-social "hotspots" and accompanies children as young as five walking home from school in "after school patrols". In September 2009, the Metropolitan Police provided funding of £5,000 to support the School Pastors initiative.

The Committee undertook a visit to Jo Richardson School and commended the work undertaken by the School Pastors in patrolling and engaging with young people after school. Members were also pleased to see that the school staff and teachers also actively took part in patrolling with the school pastors.

School Pastors have also taken assemblies in local schools working with year groups 7 to 11 highlighting the dangers of becoming involved with gangs, anti social behaviour and other criminal activities

Phase three – a new gang intervention initiative, offering a 26-week programme for young people who have been involved in gang-related crime is projected to be in place in 2010. It is estimated that there are currently seven active gangs operating in the borough. In this new initiative the Street Pastors will be working with the YOT, local schools, education, training and apprenticeship schemes, the council, recruitment agencies, local housing, benefits agencies, the police and local families to help these young people turn their lives around.

This intensive programme aims to address the conditions leading to gang-related anti-social and aggressive behaviours and criminal conduct. Young people will be supported to re-enter education, employment or training, and will be helped in skills development and goal setting. They will also be given the opportunity to reflect on why they became involved in gang-related activity and how to avoid such a path in the future. The programme is intended to help young people gain self-awareness and peer and adult support.

Funding is crucial to this project for its long-term sustainability. The Street Pastors Coordinator will oversee the development of partnership links as well as developing the programme. Funding of £12,000 a year will be required for this programme; which would include the cost of employing 12 people, who will work with the young people as well as the provision of training and equipment. The Street Pastors Co-ordinator has been in discussions with the Youth Offending Team and the Police for three-year funding for the Programme. A final decision has not yet been made on the provision of secure funding for the programme.

Recommendation Fifteen

The Committee commends the work undertaken by Street Pastors and supports the new Gang Intervention Programme. The Committee is mindful that currently the Programme does not have a secure funding in place and recommends that the police and the Youth Offending Services work together to identify funding streams for the programme for the next three years.

3.4.4 Kickz Programme

The 2008 Crime and Communities Review concluded that the specific targeting of funding and support was key to diverting more young people into constructive activities and away from crime and ASB. The Committee visited and undertook evidence regarding a number of facilities and activities related to youth provision in the borough. In particular Members visited the Kickz programme delivered by the Dagenham and Redbridge Football Club. The Kickz Programme is a project targeted at 12-18 year olds and provides the chance to take part in a positive activity three nights a week at the Dagenham Parks School. The project is primarily supported and funded by the Football

Foundation and the Metropolitan Police. The purpose of the Kickz programme is to provide a safer, stronger and more respectful community through the development of young people's potential. The Kickz Programme initiative reflects the Government's ten year youth strategy; *Aiming High* (DCSF, 2007) and is also relevant to the Mayor of London's *Time for Action* (London, 2008) document, aimed at equipping young people for the future and preventing violence.

Since its introduction in 2006, the number of young people engaged in the Kickz programme has increased significantly. The Football Foundation Annual Report 2009 indicates that there has been a 7.6% reduction in ASB across all scheme areas on the days that Kickz sessions have been running. The most established London Kickz project, based on the Ferry Lane Estate in Haringey, has seen close to a 30% reduction in specific crimes.

The 2006/07 Football Foundation Annual report stated that Kickz projects are making real impacts on crime and anti-social behaviour levels in the areas in which they are delivered. It was noted that in London and the North West, crime reduction was over five times greater on the days when Kickz projects were being delivered and that, even more compellingly, there was little evidence that crime was being displaced to other times and/or areas. This, it was suggested, is because Kickz is not merely diversionary, but rather is a development programme committed to providing holistic support for young people with the aim of improving their life chances (rather than simply restricting their opportunities for engaging in criminal activity).

In Barking & Dagenham, the Kickz Programme is a partnership between West Ham United FC, Dagenham & Redbridge FC, the Council, the local police and other organisations. The programme is largely funded by the Football Foundation and Children's Services within the Council. The number of young people registered with the Kickz Programme has steadily increased to a current position of 180. The match games are arranged with other teams within the borough, providing an opportunity for young people to get involved at West Ham Football Club, Mayesbrook Park and Dagenham Parks School.

Approximately 40-45 young people participate in Kickz every week. Additional activities, such as street dancing, are also arranged for young people. Barking & Redbridge Football Club runs workshops for young people registered through the Kickz Programme to raise awareness on knife and gun crime. This normally involves the police attending different sessions to raise awareness on the issue and the consequences. Workshops on sexual health are also run for young people.

The Football Club works in partnership with the Safer Neighbourhood Teams to publicise Kickz, for example, through leaflets to raise awareness of the programme. The programme is also advertised through the Dagenham & Redbridge Football Club website. The project creates routes into education, training and employment. Dagenham Park School provides training for young people to become football coaches and, after a period of time, to find jobs as football coaches.

The achievements of the young people are recognised through the Kickz award ceremonies. The first Kickz award ceremony took place in 2008, at which Barking & Dagenham won two categories. The borough will also be nominating young people for the 2009 awards. The awards also recognise the hard work and achievements of those who organise and deliver Kickz projects from football clubs, local authorities and the police.

Members were pleased to note that once high level of ASB in the area surrounding Dagenham Park School, is now significantly reduced following the introduction of the Kickz programme and various other projects, although some problems still exist. Through the Kickz project, young people have developed a relationship of trust with the project co-ordinators. This enables the co-ordinators to seek concerns and views of young people around crime and anti-social behaviour.

Members noted that the Kickz project currently takes place at the playing field within Dagenham Park School. There are plans to develop the school in 2010, hence a likelihood that Kickz will lose the site. There is a possibility that the Leys Pavilion Park, located near the school, could be used as an alternative site for Kickz.

The Leys Pavilion is relatively a large area of land within Dagenham Park. There are four football pitches, four mini soccer pitches and changing facilities. However for Kickz to take place at the Leys Pavilion there are number of factors that require consideration:

- The need for a storage place for equipment (for example, mobile flood lights) and access to power, as it is not possible to carry the floodlights from the Dagenham & Redbridge Football Club to the sessions three times a week.
- Access to the pavilion three times a week. It was reported that currently the Pavilion is only used as changing facilities when the pitches are hired.
- The pitch would need to be marked out for the Kickz games every week.
- Kickz is currently funded from both the football foundation and the Council's Children's Services. Further ongoing funding for sessions outside the Dagenham park school would need to be secured in order to pay the coaches and purchase relevant equipment for the games, such as bibs, balls, and so on.

Recommendation Sixteen

The Committee supports the Kickz Programme and recognises the importance of continuing this initiative to develop young people's potential in sport. The Committee is concerned to note that the Programme is under threat due to the loss of its current facilities at Dagenham Park School, and urges Children's Services to support the Programme in its search for an alternative site. The Committee notes that the Leys Pavilion has been put forward as a possibility and requests that Children's Services assess the feasibility of this option and any additional funding that might be required to make this transition.

In addition, the Committee applauds Dagenham & Redbridge Football Club's to publicise the Kickz Programme to young people within the borough and encourages them to continue to liaise with other organisations delivering facilities and activities for young people.

3.4.5 LBB Youth Support Service

The LBB Youth Support Service delivers a number of elements of statutory youth provision under the Integrated Youth Support Service. Provision through The Vibe has already been considered under section 3.3.2.

Members are also pleased to note the significant amount of targeted support and diversionary projects in place for young people.

3.4.5.1 Targeted Youth Support

Youth Support Service staff work as part of the Multi-Agency Locality Teams to provide services to young people who are referred through a Common Assessment Framework. They work with individuals to help them address specific issues through the provision of positive activities that develop personal and social skills.

3.4.5.2 Detached Youth Work Provision

Detached Youth Work is a model of youth work practice targeted at vulnerable and excluded young people that mainstream youth work and other services cannot reach. It takes place on young people's own territory, such as streets, cafes, parks, outside shops and other places that they choose to congregate.

Youth Support Service staff work on the streets every Thursday, Friday and Saturday evening in locations where young people gather. These gatherings often have, or are perceived to have, Anti Social Behaviour (ASB) implications. Staff help young people with these issues and signpost them to positive activities.

The majority of Detached Youth Work involves working with young people on issues such as drugs, alcohol, sexual health, bullying, race/racism, homelessness, education and unemployment. The Detached Youth Team work to ensure that young people have all the information they need to make informed choices.

In Barking & Dagenham, the Detached Youth Team consists of ten Youth Workers, who are fully qualified and trained to engage with young people. The Team currently works with young people in six wards within the borough; Eastbrook, Alibon, Heath, Gorsebrook, River and Village. The Team delivers detached youth work sessions on Thursday, Friday and Saturday evenings, running a number of activities and workshops.

The work of the Detached Youth Team directly links to the Youth Crime Action Plan (YCAP 2008), in aiming to reduce youth anti-social behaviour and other criminal activities. The objectives of the team are strategically linked to the five Every Child Matters outcomes and the LBBB Youth Public Service Agreement targets.

The Youth Support Services conducted a survey in the summer of 2009 in partnership with the Safer Neighbourhood Team, the Anti-Social Behaviour Team and local businesses. They asked young people in Dagenham about their needs and wants, and in response the Detached Youth Team have set up workshops on issues such as anti-social behaviour, crime, drugs, substance use and sexual health, as well as programmes to tackle associated drivers such as low self esteem, peer pressure and boredom. The Team also delivers workshops on teenage pregnancy to educate young people on risks and prevention. The Team also plans, delivers and evaluates activities based around the hobbies and interests of young people, such as drop in youth clubs, film production and sports coaching.

Although the approach is working well in changing the behaviour of young people, the Detached Team is relatively new and further work is still required to build strong relationships with the young people. The team is also working towards encouraging young people into other areas of the borough, such as to watch sporting events, as

currently it appears that young people feel insecure and resistant to moving away from their local area. The Team is also planning to patrol shopping malls in Barking Town Centre, as one of the key areas where young people congregate.

3.4.5.3 Special Projects

Special projects include specific programmes with young people to address issues such as those who are not in education, employment or training (NEET) or to support young people at the time of transitions. For example, the Volunteering and Leadership Programme is a four-month programme to enable young people to gain skills that will help them find employment or education.

The NEET programme is aimed at 13-19 year olds, to engage and re-integrate young people back into education, employment or training. The programme enables young people to improve their personal, social and life skills.

3.4.5.5 Support for Third Sector Organisations

The Youth Support Service also supports independent and voluntary youth groups with training and grant aid. In addition, the Service is building capacity within the third sector by setting up local voluntary youth clubs in local communities. To date five voluntary clubs have been established and it is planned to open and support twelve by April 2010.

- **Volunteering & Leadership Projects** - The Detached Youth Team works in collaboration with Connexions (an information, advice and guidance service for all young people aged between 13 and 19 years old) to identify young people with problems, such as alcohol and drug misuse, and to encourage them to take part in the facilities offered by the Youth Support Service. The team also works alongside the Safer Neighbourhood Teams, Youth Offending Services and third sector groups in engaging with young people.

A six week programme was run in the summer of 2009 to give young people the opportunity to develop their skills through various fun, yet challenging, activities. Approximately 100 young people per day took part in various workshops at the Vibe Youth Centre, such as graffiti art, engineering, hockey, fashion designing, and so on.

- **Voluntary Sector Support & Community Development** - The Youth Support Service is working closely with PC Graham Mann towards developing a number of youth clubs in the borough. Currently there are four youth clubs open in the borough, however, it is hoped to open another 12 youth clubs over the next two years, with a final aim of opening a youth club in every ward in the borough. There are challenges in achieving this aim, however, namely sourcing continuous funding and suitable venues. The Detached Teams are investigating this issue.

Members commend the range of provision delivered and supported by the third sector, both in terms of providing positive activities for all young people and also through the delivery of targeted programmes for those most in need.

4 Conclusion

- 4.1 This has been the first review of the Safer and Stronger Community Select Committee. The review has aimed to identify some key issues that have particular relevance to anti-social behaviour perpetrated by and against young people in the borough, and to put forward recommendations that will provide support to young people in Barking and Dagenham, their parents / carers and others working to help young people make positive choices about their future.
- 4.2 Given the large topic area encompassed by anti-social behaviour, it was not possible for the Committee to thoroughly investigate all issues that potentially could have been included in the review. Although briefly touched upon, the Committee did not have time to take an in-depth look at the formal structures within the Youth Justice system that deal with sentencing and correction, such as youth courts, youth detention centres and probation services. However, although some young people displaying behaviour of an anti-social nature are also involved in higher level criminality, for the most part ASB is addressed without recourse to such institutions. Nevertheless, the Committee may return to these themes in more detail at a later stage or during the course of a different review.
- 4.3 In conclusion, the review has revealed that anti-social behaviour is a key concern for local residents and that important, effective work is already being done to address ASB across the partnership. This report seeks to support and encourage that work. Members recognise that we are travelling in the right direction on ASB and the recommendations put forward as a result of this review are intended to add to the momentum rather than requiring a change of course.

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APPENDIX 1

SAFER AND STRONGER COMMUNITY SELECT COMMITTEE

IN-DEPTH REVIEW OF ANTI-SOCIAL BEHAVIOUR PERPERTRATED BY AND AGAINST YOUNG PEOPLE IN THE BOROUGH

Terms of reference

- To consider the current range of services, interventions and facilities available in the Borough to address ASB, with a particular focus on young people.
- To contribute to the review of the anti-social behaviour strategy currently being undertaken by the ASB team.
- To establish an overall statistical picture of anti-social behaviour amongst young people and others in the borough.
- To look at how the Council and its partners are helping to address anti-social behaviour and perceptions of ASB.
- To engage with the public and, in particular, young people through public evidence-gathering sessions.
- To look at best practice and successful initiatives nationally and in other local authorities, including the London Borough of Barking and Dagenham's statistical neighbours and Beacon authorities.
- To respect the need for confidentiality surrounding certain aspects of the review, with particular regard to witnesses that may have been involved in ASB.
- To consider any related equalities and diversity implications.
- To report back to the Executive and relevant partnership sub-groups for comments and to the Assembly for agreement with findings and recommendations for future policy and/or practice.
- To monitor progress against the implementations of the recommendations, agreed by the Assembly, after six months.

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APPENDIX 2

Contributors to the review

The following people submitted reports or presented evidence at formal Panel meetings:

1 July 2009	Glynis Rogers, Divisional Director for Community Safety & Neighbourhood Services Katherine Gilcreest, ASB Team Manager Paramjit Nijher, Scrutiny Support Officer Fiona Taylor, Legal Partner
2 September 2009	Glynis Rogers, Divisional Director for Community Safety & Neighbourhood Services David Horne, Group Manager, Youth Offending Team Rob Williams, Group Manager, Environment and Enforcement & Trading Standards Fiona Taylor, Legal Partner Nick Hancock, Chief Inspector, Partnership, Performance and Communication, Met Police PC Mark Osbourne, ASB Officer, Barking and Dagenham, Met Police Jeff Patteson, Intelligence Analyst, Borough Intelligence Unit, Barking and Dagenham, Met Police
14 October 2009	Glynis Rogers, Divisional Director for Community Safety & Neighbourhood Services Helen Harding, Parenting Officer, Youth Offending Services Ines Valero Rivas, Parenting Officer, Youth Offending Services Victoria Ekubia, Group Manager, Neighbourhood Management Lorraine Williams, Neighbourhood Coordinator Jenny Beasley, Group Manager, Drugs & Alcohol Action Team (DAAT) Saleena Sreed-Haran, Young People's Commissioner DAAT, Children's Services
18 September 2009	Consultation event- focus groups:

	15 Young people and five youth workers
6 January 2010	David Horne, Group Manager, Youth Offending Team Katherine Gilcreest, ASB Team Manager

The following people contributed to background research undertaken by the Scrutiny Officer at the request of Members:

- Karen Proudfoot, CCTV Manager, LBBD
- Paul Hogan , Head of Leisure, Arts and Olympics, LBBD
- Kevin Taggart , Programme Assurance Officer, LBBD
- Darren Henaghan , Head of Environmental and Enforcement Services, LBBD
- Peter Tonge, Area Environmental Services, LBBD
- Amanda Howard, Communication Officer, ASB Task Force, South Tyneside Council
- Susanne Payne, Corporate Scrutiny Services, LB Enfield
- James Knight, Community Safety Officer (ASB & Child Protection) Basingstoke & Dean Borough Council
- Geraldine Eley, Licensing Enforcement Officer, LB Bexley
- Amy Potterton, Research Fellow, Psychology and Counselling Department, School of Health and Social Care, University of Greenwich

APPENDIX 3

Site visits undertaken by Members during the course of the review

Date	Officers / representatives	Site Visit	Purpose	Members In Attendance
18 November 2009	<p>Imogen Thurban, Strategic Leadership Team, Warren Comprehensive School</p> <p>Tracy Kane, Warren School Business Manager</p> <p>Paul Argent, Senior Leader, Learning & Community, Robert Clack School</p> <p>PC Ivan Hayes, Safer Schools Partnership Inspector, Metropolitan Police</p> <p>PC Steve Bryant, Safer Schools Partnership Officer (Warren School)</p> <p>PC Marie Leggatt, Safer Schools Partnership Officer (All Saints School)</p> <p>PC Ann Walford, Safer Schools Partnership Officer (Eastbrook School)</p>	A visit to Warren Comprehensive School	To determine how schools address ASB	Councillors John White (Lead Member) and Terry Justice

7 October 2009	Diane Augustine, Street Pastors Coordinator	Tour with the School Pastors, Jo Richardson School	Engagement with young people	Councillor John White (Lead Member)
5 October 2009	Tim O'Brien, Youth Support and Development Services Manager Maria Clerkin, Neighbourhood & Detached, Youth Support Service	A visit to the Vibe Youth Centre	To discuss diversionary youth facilities and activities	Councillors: Mohammed Fani (Deputy Lead Member), Inder Singh Jamu, Terry Justice, Fred Barns and Dee Hunt
September – Nov 2009	Kevin Bingham, Parks Police Sergeant Glynis Rogers, Divisional Director for Community Safety and Neighbourhood Services Paul Hogan, Head of Leisure and Arts, Adults & Community Services David Theakston, Group Manager, Parks and Commissioning, Leisure and Arts	Tour with the Safer Parks Team	To learn how ASB in parks is dealt with	Councillors: John White (Lead Member), Mohammed Fani (Deputy Lead Member), Dee Hunt, Fred Barns, Terry Justice, Milton McKenzie and Inder Singh Jamu
18 September 2009	Stephen Thompson, Managing Director, Dagenham & Redbridge Football Club (DRFC) Teresa Parish, Community Liaison Officer, DRFC	A visit to the Kicks Programme, Dagenham Park School	Diversionary youth facilities/activities	Councillors: John White (Lead Member), Inder Singh Jamu and Fred Barns

19 August 2009	Stephen Clarke, Divisional Director of Housing Services Christopher Boyo, Group Manager of Landlord Services Hakeem Osinaike, Group Manager of Landlord Services Katherine Gilcreest, ASB Team Manager	A meeting with the Housing Team	To understand how Housing Services address ASB	Councillors: Mohammed Fani (Deputy Lead Member), Inder Singh Jamu, Terry Justice, Dee Hunt and Fred Barns
28 July 2009		A visit to Martin's Corner	To observe measures put in place to reduce ASB in area previously seen as an 'ASB hotspot'	Councillors: John White (Lead Member), Mohammed Fani (Deputy Lead Member), Milton McKenzie, Inder Singh Jamu, Terry Justice and Dee Hunt
23 June 2009	ASB Team, Police, Social Services and Housing representatives	Observation of a Standing Case Conference	To understand how partner agencies work together	Councillor John White

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Recommendations

Recommendation One

The Committee recommends that the Group Manager for Engagement should lead on consulting the Youth Council and the Older People's Forum on ways in which the barriers that exist between generations can be broken down. This consultation could take the form of a joint event for these groups to discuss intergenerational issues.

Recommendation Two

The Committee recommends that consideration be given to carrying out a marketing campaign to achieve the following:

- Promotion of how the Council is working to address ASB in the borough
- Raising awareness of what support is available to victims of ASB
- Challenging negative perceptions and stereotyping of young people in relation to ASB

The Committee suggests that this work be led by the Divisional Director of Community Safety and Neighbourhood Services, and requests that a report on progress against this target be brought back to the Committee within six months.

Recommendation Three

The Committee notes the good work being done by the LBBB Integrated Youth Support Services to promote the activities provided for young people. The Committee recommends that the Integrated Youth Support Services gives consideration to incorporating the use of local radio stations into its marketing strategy.

Recommendation Four

The Committee recommends that further effort and resources be identified and dedicated to supporting victims of anti-social behaviour.

Recommendation Five

The Committee recognises the need for an adequate amount of police officers to address crime and deliver services effectively in the borough. The Committee requests that the Council investigate the pros and cons of part-funding additional police officers and bring a report back to Committee Members by no later than July 2010.

Recommendation Six

The Committee recommends that the provisions in place for young people to report crime at a location other than police stations, such as the use of online reporting, should be better publicised to young people.

Recommendation Seven

The Committee recommends that the Police and the Crown Prosecution Services provide regular feedback on the outcome of the incidents recorded on the CCTV in the borough to the CCTV Services in the Council.

Recommendation Eight

The Committee supports the robust approach to licensing taken in the borough, and encourages the Licensing Team and Anti-Social Behaviour Team to continue to work together to call problematic licences into review and to support the local community to overcome anti-social behaviour in these areas. The Committee also recommends that a firmer line be taken with regards to the granting of licenses and the withdrawal of licenses from those found to be in breach of the law.

Recommendation Nine

The Committee supports the Alcohol Test Strips pilot scheme to determine whether young people are consuming alcohol through adding it to soft drinks. The Committee would like a report outlining the results of the pilot from the Police Licensing Team and Safer Neighbourhood Teams in six months' time.

Recommendation Ten

The Committee recommends that Housing Services and the Anti-Social Behaviour Team continue to work closely together, using relevant legislation (including possession action) to impact on anti-social tenants, both in the local authority and private sector.

Recommendation Eleven

The Committee requests that a communication be prepared by the Head of Quality and School Improvement to ask schools in the borough to consider extending an invitation to local Ward Councillors when holding 'community night' or school council meetings, as appropriate.

Recommendation Twelve

The Committee supports the introduction of the Streetbase Connect Card and welcomes the increase of free or discounted leisure options for young people combined with the incentivised approach for young people to make positive, healthy choices. The Committee urges officers to give consideration to the following issues:

- 1) How to ensure that all young people, including NEETs, receive a card. This will involve distribution options that are not solely based around schools.
- 2) The financial viability of using the card to incentivise a move away from ASB by persistent offenders, either through penalties (such as rescinding the card or credits) or rewards for good behaviour (such as additional credits).

Members request that report be brought back to the Committee in six months' time outlining progress so far.

Recommendation Thirteen

The Committee notes the importance of making full use of the borough's buildings and community halls in order to enable Integrated Youth Support Services to make more facilities available for young people. The Committee, therefore, recommends that the Community Cohesion Service continue to work with Integrated Youth Support Services and local Community Associations to increase the use of halls as venues for the provision of activities for young people, as appropriate.

Recommendation Fourteen

The Committee recommends that the DAAT work with colleagues in the Council, health partners and other agencies to raise awareness about the risks of dementia associated with cannabis and alcohol misuse and the existing support available for people.

Recommendation Fifteen

The Committee commends the work undertaken by Street Pastors and supports the new Gang Intervention Programme. The Committee is mindful that currently the Programme does not have a secure funding in place and recommends that the police and the Youth Offending Services work together to identify funding streams for the programme for the next three years.

Recommendation Sixteen

The Committee supports the Kickz Programme and recognises the importance of continuing this initiative to develop young people's potential in sport. The Committee is concerned to note that the Programme is under threat due to the loss of its current facilities at Dagenham Park School, and urges Children's Services to support the Programme in its search for an alternative site. The Committee notes that the Leys Pavilion has been put forward as a possibility and requests that Children's Services assess the feasibility of this option and any additional funding that might be required to make this transition.

In addition, the Committee applauds Dagenham & Redbridge Football Club's to publicise the Kickz Programme to young people within the borough and

encourages them to continue to liaise with other organisations delivering facilities and activities for young people.

USEFUL TERMS and ABBREVIATIONS

This list tells you the meanings of some of the terms and abbreviations used in supporting documents.

TERMS

In-depth review	When the Select Committee undertakes a detailed review into a particular issue.
Consultation	When the Government asks people what they think about its plans for the future.
Council Community Priorities	A plan setting out the ambitions for the Barking and Dagenham Partnership and how it will work to deliver improvements in the borough.
POPPIE	A software system, designed to meet the needs of a wide range of services involved with the treatment and care of people with addictive disorders, including both drugs and alcohol.
Treatment bullseye	An illustrative tool that has been used as a part of a needs assessment process.
Treatment Naïve	Young people that are identified to be in need for drugs and/or alcohol treatment but are not actually receiving the treatment.
Respect Action Plan	The Respect Action Plan sets out how the government will work to tackle anti-social behaviour and the wider culture of public disrespect.
Ipsos MORI Survey	Ipsos MORI (<i>Market & Opinion Research International</i>) is the second largest survey research organisation in the UK, formed by two of the UK's leading survey companies.
The Place Survey	National Survey which is carried out every two years, from September to November, by all local authorities to assess changes in residents' satisfaction and perceptions with the public services.

ABBREVIATIONS

ABCs	Acceptable Behaviour Contracts
ACEO	Association of Chief Education Officers
ACPO	Association of Chief Police Officers

ASB	Anti Social Behaviour
ASBI	Anti Social Behaviour Injections
ASBO	Anti Social Behaviour Order
CAF	Common Assessment Framework
CDA	Crime and Disorder Act
CCTV	Closed Circuit Television
CDRP	Crime and Disorder Reduction Partnership
DAAT	Drugs and Alcohol Action Team
DCLG	Department for Local Communities and Government
DfES	Department for Education and Skills
EHO	Environmental Health Officer
EVA	Environmental Visual Audit
FIP	Family Intervention Project
GPs	General Practitioners
LAA	Local Area Agreement
LBBB	London Borough of Barking and Dagenham
MPS	Metropolitan Police Service
NDTMS	National Drug Treatment Monitoring System
NEET	Not in Education Employment and Training
NFER	National Foundation for Education Research
PCT	Primary Care Trust
RSLs	Registered Social Landlords
SFCS	Strengthening Families Strengthening Communities
SCC	Standing Case Conference
SNT	Safer Neighbourhood Team
SSCSC	Safer and Stronger Community Select Committee
SSP	Safer School Partnership

TfL	Transport for London
YCAP	Youth Crime Action Plan
YISP	Youth Inclusion Support Panel
YOS	Youth Offending Services
YOT	Youth Offending Team

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Living and Working Select Committee



Supported Housing for Older People Scrutiny

Lead Member Foreword



I am pleased that the Select Committee is able to provide a voice for older people in Barking and Dagenham as I sometimes feel it is often the case that they are overlooked or disregarded. But times are changing and this group is growing in influence and becoming increasingly difficult to ignore. It seems that after concentrating on affordable housing for younger people, the time has come to redress the balance and tackle the issue of older people's accommodation.

Across the Borough many older people are living in homes that are unsuitable. A good home is crucial to the independence, health and well-being of older people. A poor home can significantly contribute to social exclusion and chronic illness which will dramatically reduce a person's quality of life. The circumstances and requirements of a 90 year old are often very different from a 60 year old. It is, therefore, our responsibility to ensure that every older person in the Borough lives in a home and community that facilitates their independence and encourages them to be physically and socially active.

There are examples all over the Borough that show we are providing many excellent homes for older people. However, we need to make these excellent homes the minimum benchmark for all older people's accommodation and begin a journey towards discarding sub-standard homes from our stock. The foundations for delivering good housing solutions for older people are being laid, the Council is in the process of preparing a new Older People's Strategy, and it is hoped that the outcome of this review will contribute to this piece of work. I hope that this scrutiny review helps Barking and Dagenham to prepare for the challenges of providing housing for an ageing population.

On behalf of the Living and Working Select Committee, I would like to thank all of those who contributed to this review.

Councillor Gerald Vincent

Lead Member of the Living and Working Select Committee

1 Introduction

Older people play an important part in the life of Barking & Dagenham: as active participants in the workforce, as carers, as taxpayers and as producers and consumers of local goods and services. Growing older is a continual process and the housing and support requirements of older people are determined by a range of factors much wider than their housing background. These factors include family, financial and health circumstances, for example.

The challenge for local authorities is to deliver holistic accommodation and services for a broad range of older people that complements and maintains their lifestyles. The type of housing a person lives in usually dictates or constrains the care that person receives; over time this situation will need to change so that accommodation is a *context* for care and people have genuine options and choices. Ultimately housing will become a fundamental aspect of a person's care package.

It is imperative that the London Borough of Barking and Dagenham (LBBD) has a clear strategy in place to make sure that there is enough appropriate housing for older people in the future. The aim of this report is to assess whether the Borough has a portfolio of older people's accommodation that is capable of managing the upsurge of older people living in the Borough. Moreover, this report aims to ensure that the housing stock is diverse, of excellent quality, and reflects the needs of an ageing population with higher expectations than their forebears.

1.1 Membership

The Living and Working Select Committee (LWSC) consisted of eight Councillors in the 2009-2010 municipal year:

- Councillor G Vincent (Lead Member)
- Councillor S Kallar (Deputy Lead Member)
- Councillor R Bailey
- Councillor J Denyer
- Councillor N Gill
- Councillor E Obasohan
- Councillor L Reason
- Councillor J White

Glen Oldfield, Overview and Scrutiny Officer, supported the Select Committee.

1.2 Choosing an Area for Review

The LWSC began its inaugural in-depth review on 15 July 2009 and chose supported housing for older people.

This topic was chosen as an area for intense scrutiny for the following reasons:

1. It was identified by Members as a key area of interest, and it was felt that investigating this issue would be worthwhile and add value;
2. Barking and Dagenham is currently below the national average with regard to National Indicator 138 - satisfaction of people over 65 with both home and neighbourhood.¹
3. To contribute towards realising the Council and Partnership's community priorities three and four; a fair and respectful, and healthy Borough. The outcomes of this report were intended to promote independent living and a higher quality of life through regenerating communities for older people living in Barking and Dagenham;
4. The Leader of the Council, in setting out his priorities at the beginning of his term, highlighted the need to ensure that older people were provided with 'the excellent services they deserve'.
5. The review was intended to complement the development of the Council's draft Older People's Strategy.

1.3 Methodology

Terms of Reference (see Appendix 1) were agreed at the 15 July 2009 meeting and evidence-gathering was completed in January 2010.

Stephen Clarke, Divisional Director of Housing Services, was appointed as Lead Services Officer to provide expertise and guidance.

Anne Bristow, Corporate Director of Adult and Community Services, nominated as the LWSC Scrutiny Champion, supported the Select Committee throughout the review and helped oversee the delivery of the project in collaboration with the Lead Member and Scrutiny Officer.

The Select Committee met on a six weekly basis and, over the course of four formal meetings, the LWSC heard evidence from senior officers and professional experts. In addition to formal evidence-gathering sessions, the Select Committee researched older peoples' housing by undertaking visits to strategic locations, engaging in secondary reading and consulting with local people. In its fifth meeting the LWSC brought together its findings and started to prepare the final report. The in-depth review concluded on 10 March 2010 when this report and its recommendations were agreed by the LWSC.

1.4 What Happens Next?

The report will be presented to the Executive on 16 March 2010 for comment and then for consideration by the Assembly on 24 March 2010.

¹ Adult and Community Services National Indicator Performance at Quarter 1 - LBB (2009/10)

If agreed, an action plan outlining how the recommendations will be implemented will be produced and the recommendations will be monitored until each has become reality. The first monitoring update will be heard by the LWSC in 6 months' time.

When finalised and agreed, the findings of this report are to be publicised in the following ways;

- A downloadable copy will be made available from www.lbbd.gov.uk/scrutiny
- A brief summary of the report will be published in 'The News' and sent to other local newspapers.
- A comprehensive summary of the report's findings will be sent to interested parties and relevant voluntary organisations.
- A downloadable copy will be made available from the 'Centre for Public Scrutiny' website.

1.5 Background Papers

(See Appendix 4)

2 Context

2.1 National Policy

2.1.1 National Service Framework for Older People

Published in 2001 by the Department of Health, the 'National Service framework for Older People' outlined eight standards for all providers. The framework addresses significant conditions that are associated with old age such as strokes, falls, dementia, and mental health problems. Importantly, it stresses the importance of rooting out discrimination and promotes person centred services.

2.1.2 Our Health, Our Care, Our Say: A New Direction for Community Services

This 2006 Department of Health White Paper confirms the vision set out in the Green Paper, 'Independence, Well-being and Choice'. It states the need to fit services around peoples' lives and promises to give a stronger voice to older people, allowing them to be the major drivers of service improvement. The White Paper raises the issues of whole system provision, community services, and single holistic assessments. It also advocates new care models such as mixed model extra care housing/telecare and champions Individual Budgets.

2.1.3 Homes for the Future: More Affordable, More Sustainable

Published in July 2007, the housing Green Paper presents a clear argument for more affordable homes to rent or buy. More importantly, it stresses that new homes must be built to better standards and be more sustainable. 'Homes for the Future'

champions lifetime homes standards and recognises that older people cannot continue to live in housing that does not meet thermal and safety standards.

2.1.4 Putting People First

Published in December 2007, 'Putting People First' is a ministerial concordat that continues the themes addressed in 'Our Health, Our Care Our Say'. The document further outlines the Government's commitment to independent living and highlights shared aims and values intended to transform adult social care. Key elements of 'Putting People First' include the desire for a personalised system, partnership working, and a new approach to collaboration between central and local government in order to modernize adult social care.

2.1.5 Lifetime Homes, Lifetime Neighbourhoods

Published in February 2008 by Communities and Local Government, 'Lifetime Homes' is the most comprehensive national policy to emerge regarding older people's accommodation. The strategy puts a strong emphasis upon creating neighbourhoods which are good to grow old in and also sets targets for lifetime homes standard compliance. 'Lifetime Homes' reiterates the importance of good quality information and advice services for older people to help them stay in their homes. The strategy develops the government's vision for personalisation and individual budgets and furthers the case for joined up working between health, housing, and social care.

2.1.6 Valuing People Now

'Valuing People Now' is a new three-year strategy for people with learning disabilities published in January 2009. The strategy aims to offer all people with learning disabilities and their families the opportunity to make an informed choice about where, and with whom, they live. The paper notes that many people living in residential care have not chosen this type of housing and that it often restricts their lifestyle choices.

2.1.7 National Dementia Strategy

Published on 3 February 2009, the 'National Dementia Strategy' aims to increase awareness of dementia, ensure early diagnosis and intervention and radically improve the quality of care that people with the condition receive. Key objectives include delaying reliance on more intensive services, considering the potential for housing support and improving the quality of care for people with dementia in care homes.

2.1.8 Building a Society for All Ages

In response to the challenge of an ageing society, 'Building a Society for All Ages' was published in the summer of 2009 by the Department of Work and Pensions as a follow up to 2005's 'Opportunity Age' strategy. The strategy opposes mis-held beliefs that old age is a period of passive decline and recognises the potential of older people not only in terms of their financial contribution to the state but also as a valuable component of communities.

2.1.9 Shaping the Future of Care Together

Published on 14 July 2009, the adult social care Green Paper sets the government's vision for a new care and support system and proposes a National Care Service. The Green Paper acknowledges the current system of social care and provision in England to be unfair, inequitable, complex and ultimately unsustainable. Under the new system, services that feed into social care assessment and provision will be personalised to work for the individual in a more integrated service. This requires more interaction between health, transport, leisure and housing in the assessment and delivery of social care.

2.2 Regional/sub-regional policy

2.2.1 London Housing Strategy

The draft 'London Housing Strategy' (2009) for public consultation was published on 21 May 2009. It outlines the Mayor of London's vision for housing in London but only briefly addresses the issue of older people's accommodation. The Strategy recognises that there are many older people in London who are living in unsuitable homes that prevent them from living independent lives and that improvements to housing will reduce health inequalities across the capital. The strategy calls for more homes to be provided to meet the access, space and adaptability needs of disabled and older people.

2.3 Local Policy

2.3.1 LBBD Sheltered Housing Stock Option Appraisal

The most significant piece of work to emerge locally is the 'LBBD Sheltered Housing Stock Option Appraisal', published in 2005. LBBD commissioned Hanover Housing Association to undertake a stock options appraisal of the Borough's sheltered housing stock. The resulting report recommended a number of options for the stock including retention, de-designation and disposal against a background of physical improvements (some quite minor) and Decent Homes standards required across the whole stock. Since 2005 a number of schemes have been de-designated and some physical improvement has been undertaken across the stock.

It should be noted that in many respects the report now constitutes a historic document, with many of its projections and issues subsequently updated or addressed. Nevertheless its conclusions that sheltered housing stock needs large scale investment and that the Council needs to make decisions about the future of non-fit for purpose sheltered housing stock remain valid in 2010. The 'LBBD Sheltered Housing Stock Option Appraisal' was influential in shaping the recommendations of this scrutiny review.

2.3.2 LBBD Supporting People Strategy 2005 – 2010

The 'Supporting People Strategy' stated that there was an overprovision of sheltered housing and that a reduction and reconfiguration was required to meet the needs of frail older people and those with complex needs including mental health conditions.

The Strategy set out plans to move away from the sheltered housing model by helping to sustain people in their own homes for as long as possible by increasing the lower intensity floating support services. The strategy also put emphasis on providing more flexible support within sheltered housing, better access to services and improved assessment processes. Furthermore, the strategy outlined its priorities to build up higher intensity assisted living services for frail older people and those with complex needs.

2.3.3 Healthier Communities and Older People Needs Analysis

The report looks specifically at the issues of health and social care provision that affect the health and wellbeing of older people in the Borough and is essentially a description of the health profile and disease burden of the population aged 65 and over living in Barking and Dagenham. The report outlines the local demographics and some of the social and risk factors affecting older people.

The purpose of the analysis is to inform future goals for services and interventions by local health and social care services targeting this group of the population.

2.3.4 LBBD Housing Strategy 2007 – 2010

The 'LBBD Housing Strategy 2007-2010' directly addresses the issue of older people's accommodation. It recognises the changes in the demographic and socio-economic make up of older people and embraces the extra care model as an effective alternative to residential care. The report also identifies the need for culturally sensitive services for the emerging group of Black and Minority Ethnic (BME) older people and notes the need for specialist dementia care accommodation. The Housing Strategy 2007-2010 covers important issues without outlining solutions in detail.

2.3.5 LBBD Older People's Strategy

LBBD is currently preparing a new Older People's Strategy so that older people will no longer be squeezed into strategies that in part relate to them, but not wholly. By having their own strategy it is hoped that the needs of older people will be represented better. The Strategy will state a number of objectives across all tenures including:

- Safer and Warmer Homes (including comprehensive advice and information, loans and grants)
- Remaining independent (adaptations, support, personalisation)
- Housing Options and Advice (housing pathways, affordable housing options, accommodation review and strategy)

- Active Neighbourhoods (peer projects, employment, housing, physical regeneration and community development)

2.4 Overview of National and Local Older Peoples' Housing Policy

Put simply, national, regional, and local policies now converge on a group of key themes and objectives that are summarised below:

- Housing is now recognised as a vital ingredient in social care and health
- Emphasis on “preventative housing” for older people – this includes; advice, information and adaptations.
- Sustainable design and lifetime homes
- Personal budgets and personalised plans and services
- Supporting people to stay in their own homes
- To support older people to make active and informed choices about their housing
- Emphasis is on well-being and physical neighbourhoods which are good to grow old in.

3 Findings and Recommendations

In compiling the findings, the evidence gathered by the Panel has been grouped into key themes, and recommendations are presented with the relevant themes to provide context. For ease of reference the recommendations can also be viewed as a list in Appendix 2.

3.1 Predicted Trends

One in five children born today can expect to live to 100 years old. Over the next 20 years the Borough's population will continue to grow and, as life expectancy increases, so will the demand for accommodation.

During the course of this review the Select Committee learned that in Barking and Dagenham it is predicted that there will be:

- Increasing numbers of older people (aged 65-74 years) between 2009 to 2031
- Stability in the 75 – 84 years age cohort from 2009 to 2031
- Stability in the 85+ cohort overall, but that numbers of men will increase by approximately 45%
- An increase in all elderly BME populations, with the largest increase in the Black African Population
- Increasing numbers of homeowners
- Increasing requirement for carer support
- Increase in dementia prevalence and incidence

(Graphs and tables of this data can be found in Appendix 3)

Missing from these data sets is the projected impact that the Barking Riverside development will have on the numbers of older people. With an extra 26,000 people living in the Borough, of which a portion will be older, it is important to ensure that the design of homes and community spaces in Barking Riverside meets the needs of this group and provides them with the facilities to live active, independent lives, integrated into the wider community.

The rise in the number of older people creates more than the challenge of providing housing and care services for more people. As the population grows so does the need for services that can cater to the special needs of people.

The needs and demographic analysis of older people in Barking & Dagenham is imperfect. At present data is derived from a number of sources; some of these sources are quite old (i.e. LBBB Housing Needs Survey) and, as a result, projections and analyses may be inaccurate or in some circumstances can contradict one another.

It is important that housing, health, and social care services have an accurate set of data that can be used by all agencies as a basis for long-term planning and the commissioning of services. The simple solution is for a single LBB data-source used by all agencies involved in the planning of older peoples' services.

Recommendation 1:

The LWSC recommends that a detailed demographic and needs analysis for older people be undertaken so that a single set of data is produced. This data source should be freely available for use by any services and agencies in the Borough involved in older people's provision.

3.2 Sheltered Housing

After general needs housing, sheltered accommodation is the next level of housing support that can be offered to older people. Sheltered housing is specially designed for older people aged over 55 years (or who are younger, registered disabled and receiving Disability Living Allowance at the higher rate and require a support service) and consists of self contained units in a block or a group of flats or bungalows. Residents have their own front door, kitchen bathroom, lounge and separate bedroom.

While different schemes vary, most will provide:

- a laundry service;
- a communal lounge;
- optional social activities;
- communal gardens;
- a guest room for overnight visitors;
- security and safety features;
- a Warden or Scheme Manager;
- 24-hour emergency assistance through an alarm scheme.

The clear advantage sheltered housing has over general needs housing is that there are often communal areas and social activities that take place on-site. This reduces social isolation and loneliness whilst preserving the privacy and independence of the resident.

It is hoped that in the majority of cases an older person will be able to stay in sheltered housing for the remainder of their life, as this outcome indicates that the person had good quality of life and did not need to move into a nursing home for around-the-clock care.

3.2.1 Sheltered Housing in Barking and Dagenham

The Council owns a number of flats and bungalows designated for older people. Several new sheltered schemes have been completed in recent years meaning that the Borough has a more than sufficient level of sheltered housing stock.

The table below shows the amount of sheltered housing in August 2009 in Barking and Dagenham, as provided by the local authority and housing associations.

Provider	Bedsits	Bungalows	1 bed	Total
LBBB	2	71	558	631
London & Quadrant	0	26	102	128
Springboard	0	46	18	64
English Churches Housing Group	10	2	16	28
Total	12	145	694	851

Some of the sheltered housing in the Borough is of poor quality and not suitable for older people to live in. A small proportion of the stock has aged badly; it does not meet decent homes standards and lacks the facilities that older people really need. The Select Committee visited a sample of the sheltered housing available in Barking and Dagenham and was surprised by the difference in quality between the best and worst schemes.

Barking and Dagenham has some excellent sheltered housing schemes. Barnmead Court, a joint venture between London & Quadrant Housing Association and LBBB, stood out as such an example. The residents we spoke to on our visit described Barnmead Court as a 'hotel' and felt privileged to be living there. Similarly, two LBBB schemes (Catherine Godfrey House and Kidd House) are well-maintained with a homely feel and plentiful opportunities for social activities.

In stark contrast to these schemes there is a collection of sites that no longer meet the expectations or desires of older people. Of the six schemes the Select Committee visited, three (Limbourne Avenue, Rectory Road, and Church Elm Lane) were noted as unsuitable. The Select Committee judged these to be un-fit because they exhibited one or more of the following inadequacies;

- No lift to upper floor(s)
- Open stairwells and corridors
- No communal spaces
- Old fashioned, un-adapted bathroom suite
- Very little space
- Limited security
- Dull décor, institutional feel

It should also be noted that in the two smaller schemes (Limbourne Avenue and Rectory Road) the Scheme Manager is shared meaning only limited support is available to the residents between Monday and Friday.

The Select Committee strongly believes that the standard of sheltered housing needs to be raised and the poorer examples must be removed from the sheltered portfolio as they are unsuitable for older people to live in. After visiting six of the sheltered housing schemes in the Borough, the Select Committee studied the Hanover report of 2005. The report confirmed that three of the schemes visited were among the lowest ranking in terms of future potential, location and amenity, and physical condition. They would need considerable investment to meet the Government's Decent Homes Standard.

The Select Committee is concerned that in the past the upkeep of sheltered housing has been of low priority and this is how we have arrived at our current circumstances. It is important that LBB assets are looked after and updated as appropriate, so that they last longer. The Select Committee would like to ensure that sheltered housing stock does not degenerate in the future and urges officers to find ways to invest in the maintenance of our sheltered schemes. Given the financial situation of the Council it is difficult to ring-fence funds for this purpose, but through undertaking a new stock options appraisal, housing services should be able to find out what the maintenance priorities are and then reconcile and prioritise the necessary maintenance work within the portfolio through cross-subsidy or other funding streams.

Recommendation 2:

The LWSC recommends that the maintenance priorities for sheltered and extra care schemes are addressed, following a detailed stock options appraisal of the portfolio.

If the older people's housing agenda is to move forward and the new Older People's Strategy is to be successful, it is imperative that the future of the poorer schemes is decided so that action can be taken to improve the overall quality of sheltered housing.

Recommendation 3:

The LWSC recommends that plans are drawn up (including consultation, reports, Executive agreement) to deal with the following six schemes as follows:

1. Church Elm Lane (re-designation)
2. Fews Lodge (re-development for extra care sheltered housing)
3. Limbourne Avenue (re-designation)
4. Lovelace Gardens (re-designation)
5. Maud Gardens (re-designation)
6. Rectory Road (re-designation)

Each site would be subject to a detailed analysis outlining the preferred re-development options in line with (predicted) future need and demand requirements. Where re-designation is not the best option the Committee recommends disposal of that site. However, should any site need to be disposed of, it is recommended that any receipts generated are ring-fenced for the re-provision of sheltered, extra-care and/or affordable housing.

The remainder of the sheltered stock will then be subjected to a stock options review in 2010 as part of the development of the Housing Strategy for Older People. The review will undertake a holistic assessment including the options for significant modernisation and re-modelling into mixed use core and cluster models against predicted future needs. The review will consider how LBBD can continue to support the growing population of older people through new models of supported housing (mixed core and cluster developments, telecare, floating support etc).

3.2.2 Hidden Demand for Sheltered Housing

Expectation levels are different from 20 years ago; more people own large homes and are reluctant to down-size, especially into a bedsit or small flat. Older people are keen to stay in their homes and communities for as long as possible and national policy reflects their desire to remain in their family home. That said, when people are given a choice between staying in their home or moving to a high quality sheltered scheme, the latter option is more popular depending on the priorities of the individual.²

If the quality of LBBD sheltered housing stock were to rise, it is expected that demand would increase accordingly as more people would be willing to transfer from a 2 or 3 bedroom house into a 1 or 2 bedroom flat. Equally, demand might rise if local people had a better understanding of the eligibility criteria for sheltered housing and more awareness of their housing options.

Year	No. of offers	Acceptances	Average	No. on list
2005/06	347	154	2.25	265
2006/07	352	128	2.75	249
2007/08	289	96	3.01	245
2008/09	313	92	3.40	354

The waiting list data for 2005 – 2009 (see table above) shows that there has been a decrease in the number of acceptances for sheltered housing placements, meaning more older people are refusing offers from the Council. This is indicative of the higher standards and expectations of older people. It is therefore a challenge for the Council to meet the growing expectations of its residents and in the process unlock the hidden demand for sheltered housing that undoubtedly exists.

² Comparative Evaluation of Models of Housing With Care – JRF (2007)

3.2.3 Choice-based Lettings for Sheltered Housing

The More Choice in Lettings (MCIL) allocations policy was introduced in April 2005 for the Council's general needs housing stock. The new system replaced a complex points system that had a blanket approach to assessment. Since its introduction, MCIL has been amended several times in response to issues raised in light of operational experience.

In February 2008 the Council's Housing Advice Service was inspected by the Audit Commission to assess the performance with regards to homelessness, allocations, and lettings. The inspection concluded that the Council was using an out of date points-based system to allocate sheltered accommodation and by doing so excluding older people from the choice agenda.³

A report was agreed by the Executive in October 2008 to use the same reasonable preference criteria for sheltered housing as used for general needs, thus removing the points system. It was also agreed to move the assessment process to the Supporting People Assessment Team to provide service users with a single point of contact. The transfer of this service took place on 1 December 2009, following training for all staff on Housing Legislation and the Housing Service new I.T. system, which was implemented in November 2009.

Earlier consultation with service users clearly demonstrated their wish not to move sheltered housing to a choice bidding system. There is ongoing consultation with service users as part of achieving the national policy objectives for older people to be given more choice and control over where they live. LBBDD will need to empower older people as well as younger generations with choice. Choice-based lettings for sheltered accommodation could also help towards bottoming out the demand for older peoples' housing, as there would be more information to analyse about the overall level of demand for sheltered housing and the relative demand for individual schemes.⁴

Recommendation 4:

The LWSC recommends that the Council completes the implementation of a choice-based lettings system for sheltered accommodation applicants.

³ More Choice in Lettings, LBBDD Executive - item 69 (14 October 2008)

⁴ Sheltered Housing Strategic Review - London Borough of Lambeth Cabinet, item 7 (13 October 2008)

3.3 Extra Care

Extra care, or 'very sheltered' housing, has no definition, it is best thought of as a set of common characteristics with scope for variation outside of its core features. The physical make-up of extra care housing is not too different from larger sheltered schemes. The difference between the two types of housing lies in the approach to care. Extra care is aimed at frail older people not entirely capable of living alone and, as such, it is a mid point between a retirement home and residential care. Residents are encouraged to do as much as possible for themselves but when they need help, care is at hand. For example it can be arranged for someone to have a visit from a carer in the morning for help getting out of bed, getting washed and dressed or getting into bed in the evening. The care packages are provided by local authorities and can be provided to such a high level that extra care housing can act as a direct alternative to residential care.

Features of extra care housing:

- Self-contained flats or bungalows incorporating design features to facilitate ease of use or safety features and assistive technologies
- Provision of appropriate care packages to a high level if required
- Catering facilities with one or more meals available every day
- 24 hour staff and support
- Communal facilities such as restaurant, lounge, activity rooms, library, health suite
- Staff offices and facilities

There are generally four types of extra care housing:

1. Rented: This is where all of the residents rent their flat from the housing provider. There will be a weekly or monthly rent and service charge.
2. Leasehold for sale: Residents in these flats generally buy the property from the housing provider and the purchaser pays a monthly service charge.
3. Mixed tenure: Within a scheme some residents have bought the lease, and some are renting from the housing provider. Both leaseholders and tenants are entitled to the same personal care and support services.
4. Mixed model: Where there is a mixture of able bodied and frail older people in the same scheme. This encourages independence and interdependence. Couples often choose to live together in schemes like this, where one may be relatively frail, but the other is still independent.

3.3.1 Best Practice – Extra Care in Brighton and Hove

On 24 November 2009 Members of the LWSC visited Brighton to see best practice examples of extra care housing. The Select Committee visited Brighton's New Larchwood extra care home and met with the estate manager and representatives from Hanover Housing Association. New Larchwood opened in July 2006 and was developed in partnership with Brighton and Hove City Council, the Department of Health, and Hanover Housing Association. It won the Welhops European Award for innovative housing design in 2007.

New Larchwood consists of 32 self-contained one bed flats and 6 two bed flats that are suitable for tenants who might need accommodation for family or carers. Every home is wheelchair accessible, designed, equipped and fully adaptable for the needs of elderly and disabled people. Each flat can be fitted with telecare systems linked to an on-site 24-hour day care team. Other features include;

- Walk-in showers
- Fully furnished kitchens fitted with variable height worktops.
- Easily accessible electrical sockets and light switches
- Sinks with lever taps.

Residents also have access to;

- Lounge and several quiet spaces
- Dining room / restaurant
- Laundry room
- Guest suite
- Mobility vehicle store room with battery charging

The attention to detail in the design of New Larchwood is apparent and it is the culmination of these 'small things' that make it so successful. Subtle features such as low window sills, plenty of natural light, and the width of corridors make a significant impact on the 'livability' of these homes.

More important than the design of the accommodation is how New Larchwood fits into the community. The communal space and facilities are available for local people to use and enjoy, making it a genuine hub for the community. These include;

- Health treatment room for GP sessions, nurse and other PCT uses
- Hairdressing / chiropody room
- Hobbies and craft room
- Landscaped gardens
- Cinema
- Community Café

This is really important because New Larchwood is situated in Coldean, a suburban estate of predominately ex-council housing in the outskirts of Brighton, and as a result there are few local facilities and residents are to some extent geographically isolated.

It is clear from New Larchwood that the wider potential role of extra care housing schemes as community hubs needs to be taken into account at the design stage and in consultation with local people. The on-site GP surgery and space for the PCT to use is a good idea and something the Select Committee feels Barking and Dagenham should try to emulate. Because of the possible jeopardy to the security and privacy of residents it may not be possible to designate space for the PCT to work from in existing sheltered/extra care homes in Barking and Dagenham. Equally there may be no need, depending on the location of other GP practices and Health Centres. However, when new sites are being designed, or old ones re-developed, there may be scope to do so and the Council should take the opportunity to create more than just older people's accommodation.

Recommendation 5:

The LWSC recommends that future older people's accommodation is designed with the wider community in mind and communal space is used creatively and, where appropriate, allocates space for the Primary Care Trust and third sector.

3.3.2 Extra Care in Barking and Dagenham

Extra care housing in Barking and Dagenham is provided through the Council, and in partnership with Anchor and Hanover Housing Associations. It provides self contained flats and bungalows of one and two bedrooms, and residents have access to a range of shared facilities and 24 hour care from an on-site care and support team.

The Care Quality Commission commended the increase in capacity of extra care places in Barking and Dagenham.⁵ The table below shows the total provision of extra care housing across the eight schemes in the Borough.

Provider	1 bed	2 bed	Bungalow	Total
LBBB	124	0	3	127
Hanover	92	11	16	119
Anchor	31	0	0	31
Total	247	11	19	277

Extra Care housing in LBBB sees a case load of approximately 70-80 cases per year. The waiting list was 27 cases at March 2010. Both these figures have remained static over the last ten years, so it can be inferred from this data that the Borough has an adequate supply of extra care housing, in terms of unit numbers, at this point in time.

⁵ Adult Social Care Services, Annual Performance Assessment Report - CQC (2008/2009)

Issues have arisen around the quality and focus of extra care housing. While it may be true that LBBD has an adequate supply of extra care housing, it is important to ensure that the schemes we do have are of the highest quality and capable of providing accommodation for years to come to meet the demands of an increasing older population.

Recommendation 6:

The LWSC recommends that extra care housing is subjected to a stock options review in 2010 as part of the development of the Housing Strategy for Older People. As with sheltered housing, the review will undertake a holistic assessment including the options for significant modernization and re-modeling against predicted future needs.

3.3.3 Extra Care and Dementia

Older persons with dementia			
	2010	2015	2020
65-69	73	97	107
70-74	130	145	162
75-79	250	236	232
80-84	429	370	325
85 & over	696	731	729
Total	1,578	1,578	1,556

In Barking and Dagenham there are an estimated 1700 people with dementia and each year 650 new cases are diagnosed. Based on national average costings, it is estimated that dementia care in the Borough amounts to £6.5 million for social care and a further £3.5 million for the NHS.⁶ By 2017 it is predicted that there will be as many as 1740 dementia sufferers and 659 new cases per year. The increase in dementia prevalence will put further strain on the purse of the Local Authority and health service and, therefore, it is important to drive down costs of care and improve efficacy wherever possible.

Extra care could make a positive impact on supported housing for dementia sufferers. At the moment some 70-80% of clients entering residential accommodation in 2008/9 were placed as a result of dementia issues. Residential care placements are costly and not necessarily suited to people affected by the early stages of dementia. Key care requirements revolve around the monitoring and prevention of wandering, which can be met effectively through the extra care model. Some extra care housing schemes have been adapted or especially built for people who have dementia. The

⁶ Health Equity Audit of Barking and Dagenham Dementia Services - NHS Barking and Dagenham (October 2007)

tenants are able to organise the same type of personal care as in standard extra care housing schemes, but these particular schemes are designed so that they are easier and safer for people with dementia to live in. They are built to ease the problems of orientation and confusion which can, at times, affect people with dementia.

Examples of special features which are typical in extra care housing for people with dementia include:

- The use of familiar objects and furniture to aid orientation
- The use of colour to aid orientation, for example, painting the front door to the flat a different colour to the surrounding walls and other doors in the corridor
- A homely style of décor and layout
- Unobtrusive attention to safety, for example, heat alarms
- Safe outside space so that residents can enjoy the fresh air without getting lost or wandering too far.

Recommendation 7:

The LWSC recommends that the Council provides a specific extra care dementia scheme. A feasibility study should be undertaken in 2010 to establish detailed options.

3.4 Residential Care and Nursing Homes

Nursing and residential care places are at the more intensive end of the older people's housing spectrum. These placements are necessary when a person's care needs have reached a point where they can no longer be cared for at home or in a sheltered/extra care environment. Because of the level of care that is required, these types of home are registered and regularly inspected by the Care Quality Commission to ensure that the residents are being looked after properly and standards are good.

Residential homes have trained care staff on-site and residents have access to visiting District Nurses. Nursing homes are similar but provide even more care by having Registered General Nurses on duty 24 hours a day in order support needs that are too complex to be met within residential homes. Both types of accommodation provide meals and it is also possible for a GP to visit on request.

Most care homes are run by the private sector, although some are owned by charitable or voluntary organisations. Local authorities tend not to own and run their own care homes but they do purchase the majority of beds in those that are privately owned.

Applicants for places in nursing/residential homes are financially assessed to determine whether they pay some, or all, of the cost of their placement from their savings or property. The NHS will pay the cost where they determine a person has a continuing care need for fully funded NHS care. In some cases the local authority will

fund a care home place, provided the applicant has very high needs and meets eligibility criteria.

3.4.1 Nursing and Residential Provision

At 31 October 2009 there were 767 people placed in residential or nursing homes. A breakdown by client group of these placements is shown below:

Older People's Housing Provision					
	2004/05	2005/06	2006/07	2007/08	2008/09
	Total				
Nursing	497	497	429	331	275
Residential Care	671	689	605	518	492
Extra Care	60	65	74	76	78
Nursing Dementia	19	54	62	65	69

Barking and Dagenham has an adequate supply of residential and nursing places for current and foreseeable future needs. Current strategy is in fact to minimise the use of residential/nursing and to focus upon the provision of general housing with personalised support.

3.4.2 Residential Homes and Learning Disabilities

Currently 401 people from Barking and Dagenham are in receipt of a learning disability related service, of which 109 live in residential homes. This equates to 28% which is just below the national average of 30%.

The table below shows that the number of people over 65 with learning difficulties in Barking and Dagenham is set to increase. It is important to note that not all people with learning disabilities receive a service from Social Services. The proportion of people with learning disabilities who live to an older age is increasing in line with medical knowledge and better healthcare.

Learning Difficulties Projections - Baseline estimates			
	2010	2015	2020
65-74	197	212	221
75-84	141	126	117
85 & over	60	61	62
Total	398	399	399

Learning Difficulties Projections – Moderate or severe			
	2010	2015	2020
65-74	38	45	51
75-84	16	15	14
85 & over	6	6	6
Total	60	66	71

National policy is seeking to empower people with learning disabilities by giving them the opportunity to make an informed choice about the type of housing tenure, where, and with whom, they live. 'Valuing People Now' notes that many people living in residential care have not chosen this type of housing and that it often restricts their lifestyle. The Select Committee endorses this initiative and would like to ensure that vulnerable older people, especially those with learning difficulties, are not placed in residential care homes when there is an opportunity to provide care and support in a general needs housing context.

Public Service Agreement 16 (to increase the proportion of socially excluded adults in settled accommodation and employment, education or training) has been earmarked as a delivery priority for the Government and local authorities.⁷ To deliver on this agreement the Council will need to reduce the number of older people with learning difficulties that live in residential care. LBBB has gained funding from the Department of Health to develop care pathways for all of the care groups which will improve access to ordinary housing.

LBBB has taken significant steps towards reducing residential care placements for people with disabilities through a variety of mechanisms. LBBB has negotiated with Outlook Care to de-register an existing residential provision and re-provide this as supported living using Individual Service Funds to purchase the care. The remainder of the contracts will be re-tendered in 2010 as supported living services rather than residential services. The majority of this provision is for people in their late 40's and upwards. Gascoigne Road is an internal LBBB residential provision with 12 beds for people with learning disabilities and complex needs – there are currently no plans to remodel this service...

A number of initiatives are taking place to increase the range of options and to offer choice outside the existing nursing/residential provision in the Borough through commissioning supported living, extra care and access to ordinary housing.

Recommendation 8:

The LWSC recommends that vulnerable people and those with learning difficulties are placed in the most appropriate type of accommodation. People with learning difficulties should be given the chance to live independently with support in the home

⁷ Remodelling and Tendering of Contracts for Residential Care Services for People for Learning Disabilities - LBBB Executive, item 7 (29 September 2009)

and residential placements should only be considered as a last resort. The Select Committee commends the work done so far to de-commission residential placements for people with learning difficulties; Gascoigne Road should come under review in order to complete this process.

3.5 Assistive Technology

The term 'assistive technology' is used to define "any device or system that allows an individual to perform a task they would otherwise be unable to do, or increases the ease and safety with which the task can be performed".⁸

Telecare is a subset of assistive technology and refers to "the remote or enhanced delivery of health and social care services to people in their own home by means of telecommunications and computer-based systems"⁹. Telecare gives independence, freedom, and peace of mind to the user, their friends, family and carers. It helps users to perform everyday tasks, stay in their own homes, communities, and social networks for longer.

Telecare equipment has been used to help the following groups of people:

- Older people living with specific long terms conditions, notably dementia and chronic obstructive pulmonary disease (COPD).
- Older people faced with moving from home to nursing home care
- People at risk of falling at home, or at risk from other household dangers such as fire or flood
- People requiring rehabilitation and/or intermediate care services to enable them to return home successfully
- People who are frequently visiting hospital A&E departments
- People with sensory or physical impairments

Telecare solutions are simple and there is a broad range of devices that can be placed in the home to help older people. These include:

- | | |
|------------------------|---------------------------------|
| ▪ Smoke Detector | ▪ Property Exit Sensor |
| ▪ Epilepsy Sensor | ▪ Pull Cord |
| ▪ Natural Gas Detector | ▪ Video Door Entry |
| ▪ Enuresis Sensor | ▪ User/Carer Pager Alert |
| ▪ Pillow Alert | ▪ Medication Reminder/Dispenser |
| ▪ Pressure Mat | ▪ Carbon Monoxide Detector |

⁸ A Glossary Of Terms For Community Health Care And Services For Older Persons - World Health Organisation (2004)

⁹ Assistive Technology, Telecare and Telehealth - LWSC, item 4 (04 November 2009)

- Bed/Chair Occupancy Sensor
- Amie+/Gem+ Triggers
- Temperature Extremes Sensor
- Movement Detector (PIR)
- Flood Detector
- Environmental Control Solutions
- Bogus Caller Button
- Fall Detector

When used properly telecare can prevent admissions into expensive care homes. For this reason telecare contributes towards the goals of the most recent national policy.

3.5.1 Best Practice

Telecare is widespread and many authorities have mainstream services. Below are two examples of best practice in the UK.

Essex

As a pre-emptive measure against the predicted spend required to meet demand in 10 years, Essex County Council is ambitiously expanding its service to offer telecare free to all those aged 85+ at an investment cost of £4 million.¹⁰

Nottinghamshire

Nottinghamshire County Council won the e-government award at the National Award for Local Government 2006 for its outstanding telecare services. Nottingham's telecare solution provides greater protection and security at home for 5000 people and more efficient charging and management by recording electronically the activity of care staff. This has helped Nottinghamshire County Council implement outcome-based commissioning, fairer charging and more effective management of independent homecare providers.¹¹

3.5.2 Telecare in Barking and Dagenham

The London Borough of Barking and Dagenham launched its telecare service in 2006 using the Preventative Technology Grant to fund a 2 year pilot. In 2008 it was adopted as a mainstream service and is part of the Community Disability Service. LBBD works in partnership with Tunstall as suppliers of our equipment, Wealden and Eastbourne Lifeline for monitoring the service and Care UK for responding to emergencies and situations where people are not able to provide a friend, relative or neighbour as a contact. The monitoring service is available 24 hours a day, 7 days a week. When an alarm is triggered the monitoring service will contact the nominated person or the emergency services to respond.

LBBD has provided over 500 pieces of equipment to 262 people. The devices have been installed to help manage a range of social care and health related needs such as:

¹⁰ <http://www.essexcc.gov.uk>

¹¹ <http://www.idea.gov.uk>

- Angina
- Arthritis
- COPD
- Depression
- Epilepsy
- High blood pressure
- Reduced Mobility
- Anxiety
- Asthma
- Dementia
- Diabetes
- Falls
- Heart condition
- Respiratory Condition

The most common conditions are reduced mobility, falls and dementia.

Since the start of the telecare project in Barking and Dagenham there have been more than 2500 calls to the Eastbourne response centre. Data from Wealden and Eastbourne about the nature of responses from people in the project shows that from June 2008 to September 2009, 96 calls made led to a direct response from an ambulance, 179 were responses from a fall detector and 149 were prompts to remind people to take medication.

To date there have been approximately 150 occasions in which Care UK have responded to an urgent request from project recipients. These are calls from frail and vulnerable people without friends or family to respond, and who would otherwise only have emergency services to call on to assist. It is important to remember that the majority of people have family or friends who can assist; therefore the total number of responses is much higher than this in reality.

The Care Quality Commission, in its 2009 annual assessment of adult social care services, identified the expansion and uptake of telecare as an area for improvement¹². As budgets become tighter over the next few years it will become more difficult for the Council to expand its telecare service as it has done before the economic downturn. Telecare resources need to be used prudently and it would be irresponsible to commit to a significant expansion programme given the financial climate and already stretched purse. Instead the Council should look to improve the service it is already running and target the service to the people that can most benefit from telecare, so that when the opportunity for growth comes the product is better.

3.5.3 Impact of Telecare

Owing to the recent development of assistive technology, empirical data relating to its impact is not widely available. That said, there is an emerging, and convincing, body of evidence, both qualitative and quantitative, that suggests telecare makes a valuable contribution to independent living for older people.

Studies have shown that telecare is a cost effective service for local authorities.

¹² Adult Social Care Services Annual Performance Assessment Report - CQC (2008/2009)

- In Essex, an evaluation based on 240 telecare users showed significant cost savings with a conclusion that for every £1 spent on telecare, £3.58 was saved in traditional care. Remarkably, for users where telecare was a direct replacement for traditional care, for every £1 spent on telecare, £12.60 was saved in traditional care.¹³
- In Gloucestershire, analysis of their 2 year project revealed actual net savings of £405,088 across 55 users.¹⁴ Based on 2000 users this would translate as savings of up to £11.6 million per annum.

There is potential for the PCT and NHS Barking & Dagenham to benefit from the telecare service because it alleviates some of the burden on the emergency services and hospital admissions as well as reducing the length of stay at hospital and the number of visits to GPs. Because the telecare response is quick it means that people are less likely to develop secondary problems and recover more quickly. The use of radio pendants alone in Barnsley resulted in a 25% reduction in hospital admissions and a 38% reduction in the average length of stay.¹⁵ Naturally this results in financial savings for the NHS and PCT.

While these cost savings are encouraging it must be remembered that they come from Tunstall - a commercial organisation that manufactures and sells such equipment and is a contractor of LBBB. The savings calculated above are based on estimations and predictions; as a result the figures that emerge from such studies are notional and seldom conservative. LBBB has yet to identify any significant savings as a result of installing telecare equipment to our local residents and some analysis of actual impact of the type of equipment offered and installed together with an analysis of type of recipient and consequent benefit is required to inform future developments. Telecare is potentially cost effective for health and social care but there are question marks around just how much money can be saved, especially for the local authority.

It would be narrow-minded to consider telecare's value only in a financial context. Telecare has the potential to save money for the local authority and NHS but more importantly telecare makes a positive impact on the quality of life of its users, and can, if targeted appropriately enable people to live more independent lives at home for longer. Anecdotal evidence from surveys across the UK illustrate that users of telecare assert that their quality of life has improved.

A Health Psychology Report commissioned by Gloucestershire County Council notes that;

- 86% of service users found that telecare improved their confidence
- 94% of service users said that telecare had maintained or improved their independence

¹³ British Telehealthcare Case Studies - Tunstall (2008)

¹⁴ Rapid Response, David Brindle - The Guardian (24/06/2009)

¹⁵ Assistive Technologies in Falls Management - Naidex (2005)

- 73% of staff said that they had seen an increase in the quality of life of service users.

The Scottish Executive, in a similar study¹⁶ found that;

- 93.3% of respondents felt safer as a result of having telecare in their home
- 87.2% of respondents thought that their families now worried less about them

A survey¹⁷ undertaken by North Yorkshire County Council revealed that;

- 86% of respondents thought that telecare had helped them carry on living at home.

Recommendation 9:

The LWSC recommends that Barking and Dagenham conducts a survey to assess the impact of telecare both in terms of cost savings and to the ability of service users to remain living independently in their own home. The research should also aim to find out the opinion users have of telecare and their satisfaction levels with the service. It is hoped the results of this study will help to build an evidence base to support the development of the service in the future.

¹⁶ British Telehealthcare Case Studies - Tunstall (2009)

¹⁷ British Telehealthcare Case Studies - Tunstall (2009)

4 Conclusion

This review has scratched at the surface of what is undoubtedly one of the most important challenges this, and indeed every other, local authority must face head on without procrastination. The numbers of older people are going to rise; there will be more people from different ethnic backgrounds, more people with dementia, learning disabilities, and long term conditions. All of these people need, and deserve, a good home that is well designed and conducive to maintaining an independent lifestyle with wrap around services that are sensitive to their needs.

The numbers of older people are going to rise; there will be more people from different ethnic backgrounds, more people with dementia, learning disabilities, and long term conditions. All of these people need, and deserve, a good home that is well designed and conducive to maintaining an independent lifestyle with wrap around services that are sensitive to their needs.

It is clear that housing is no longer a 'bricks and mortar' service; a person's home is an integral aspect of a care package. Gone are the days when we considered housing, health, and social care in isolation; we must think holistically and work in partnership to deliver a whole system solution.

Together we can improve circumstances for older people and help them to become proud of their home and neighbourhood. We can give them more choice and control in their housing and care options and we can give them a better quality of life.

Barking and Dagenham is an innovative Council with talented officers and Members are convinced that there are plans and strategies in place, or on their way, that will prepare Barking and Dagenham for an ageing population. The Select Committee welcomes a strategy for older people that covers all aspects of their lives and outlines in detail what the Council provides for older people and what developments and improvements residents can expect to see under the new strategy.

Older people have much to offer this Borough and it would be a shame to restrict their contribution because they are living in unsuitable homes without the support they need to live independently. Older people are as much the future of this Borough as any other generation and we should address their needs accordingly.

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Terms of Reference

The LWSC will scrutinise specialist supported housing for older people in Barking and Dagenham with the following objectives.

- To review the services in the Borough with the aim of improving overall delivery, and addressing gaps in services and areas where services are underperforming and/or do not offer value for money.
- To investigate the standard of the Council's existing stock and to consider the design and quality standard for future builds.
- To assess the current demand for specialist supported housing for older people against the provision the Council and Registered Social Landlords has available.
- To research the projected need and consider the options to satisfy this, addressing any gaps between need and supply.
- To complement and inform the work being conducted by housing services to revise the Older People's Housing Strategy.
- To involve the community in the scrutiny process, especially service users and individuals that have had exposure to specialist supported housing services for older people, and to provide them with opportunities to give evidence and inform the review.
- To collaborate with partner organisations to identify opportunities where partnership working could be improved.
- To review best practice nationally and in other local authorities, including LBB's statistical neighbours or beacon authorities.
- To consider any related equalities and diversity implications, and to encourage members of the public from all cultural backgrounds to engage with this important issue.
- To produce a final report with findings and recommendations for future policy and/or practice.

In all of the above ensure that the needs and preferences of older people are understood and reflected.

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List of Recommendations

The following recommendations are set out here as a list, for ease of reference.

Recommendation 1:

The LWSC recommends that a detailed demographic and needs analysis for older people be undertaken so that a single set of data is produced. This data source should be freely available for use by any services and agencies in the Borough involved in older people's provision.

Recommendation 2:

The LWSC recommends that the maintenance priorities for sheltered and extra care schemes are addressed, following a detailed stock options appraisal of the portfolio.

Recommendation 3:

The LWSC recommends that plans are drawn up (including consultation, reports, Executive agreement) to deal with the following six schemes as follows:

1. Church Elm Lane (re-designation)
2. Fews Lodge (re-development for extra care sheltered housing)
3. Limbourne Avenue (re-designation)
4. Lovelace Gardens (re-designation)
5. Maud Gardens (re-designation)
6. Rectory Road (re-designation)

Each site would be subject to a detailed analysis outlining the preferred re-development options in line with (predicted) future need and demand requirements. Where re-designation is not the best option the Committee recommends disposal of that site. However, should any site need to be disposed of, it is recommended that any receipts generated are ring-fenced for the re-provision of sheltered, extra-care and/or affordable housing.

The remainder of the sheltered stock will then be subjected to a stock options review in 2010 as part of the development of the Housing Strategy for Older People. The review will undertake a holistic assessment including the options for significant modernisation and re-modelling into mixed use core and cluster models against predicted future needs. The review will consider how LBBD can continue to support the growing population of older people through new models of supported housing (mixed core and cluster developments, telecare, floating support etc).

Recommendation 4:

The LWSC recommends that the Council completes the implementation of a choice-based lettings system for sheltered accommodation applicants.

Recommendation 5:

The LWSC recommends that future older people's accommodation is designed with the wider community in mind and communal space is used creatively and, where appropriate, allocates space for the Primary Care Trust and third sector.

Recommendation 6:

The LWSC recommends that extra care housing is subjected to a stock options review in 2010 as part of the development of the Housing Strategy for Older People. As with sheltered housing, the review will undertake a holistic assessment including the options for significant modernization and re-modeling against predicted future needs.

Recommendation 7:

The LWSC recommends that the Council provides a specific extra care dementia scheme. A feasibility study should be undertaken in 2010 to establish detailed options.

Recommendation 8:

The LWSC recommends that vulnerable people and those with learning difficulties are placed in the most appropriate type of accommodation. People with learning difficulties should be given the chance to live independently with support in the home and residential placements should only be considered as a last resort. The Select Committee commends the work done so far to de-commission residential placements for people with learning difficulties; Gascoigne Road should come under review in order to complete this process.

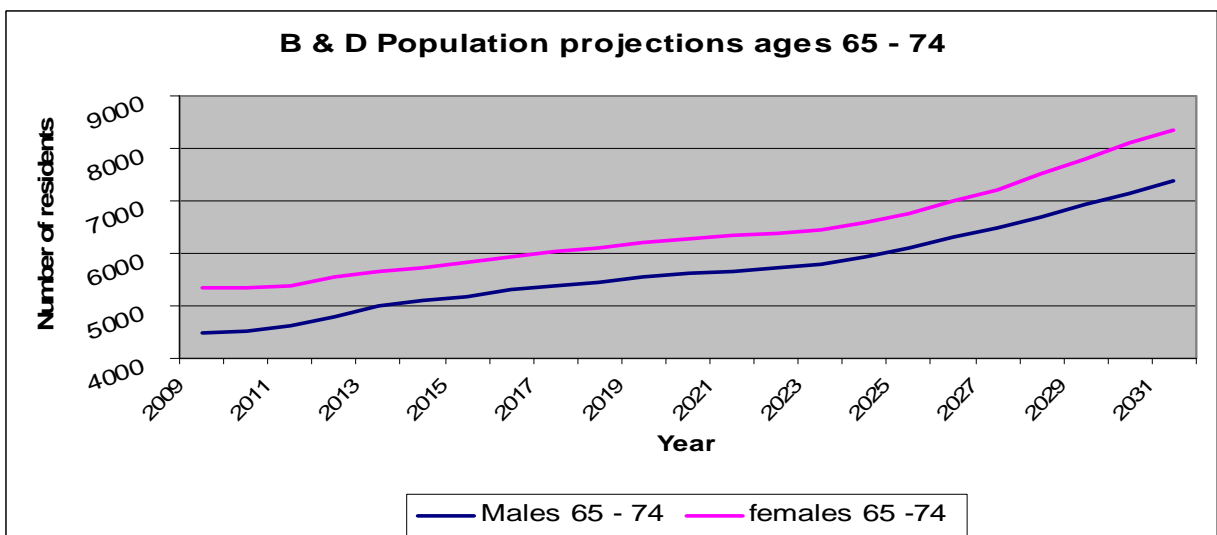
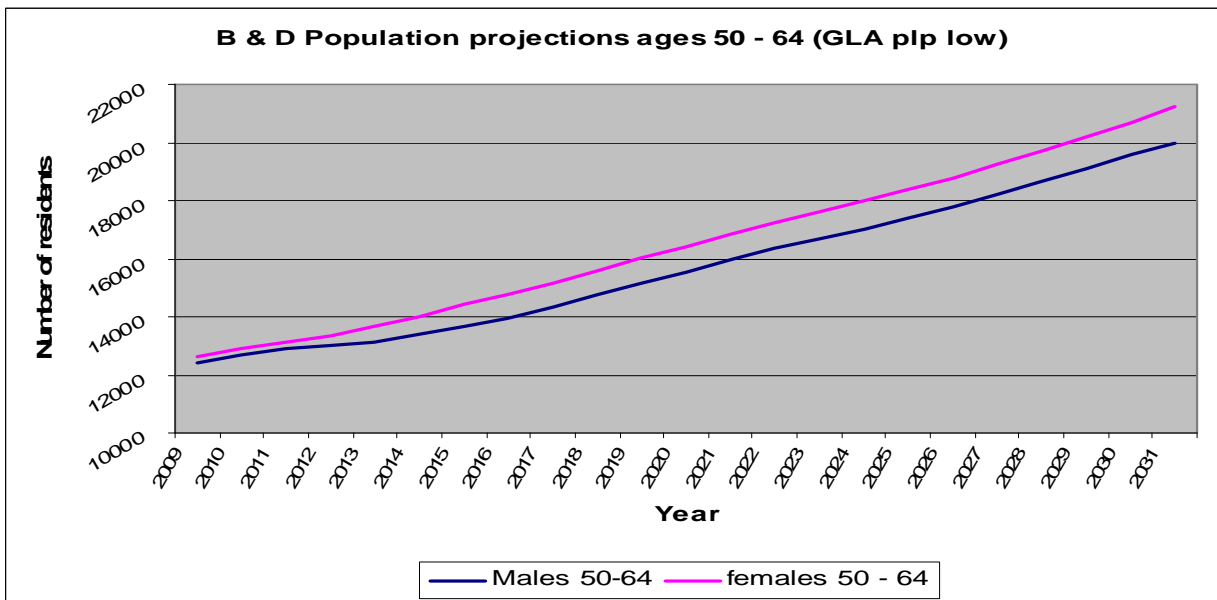
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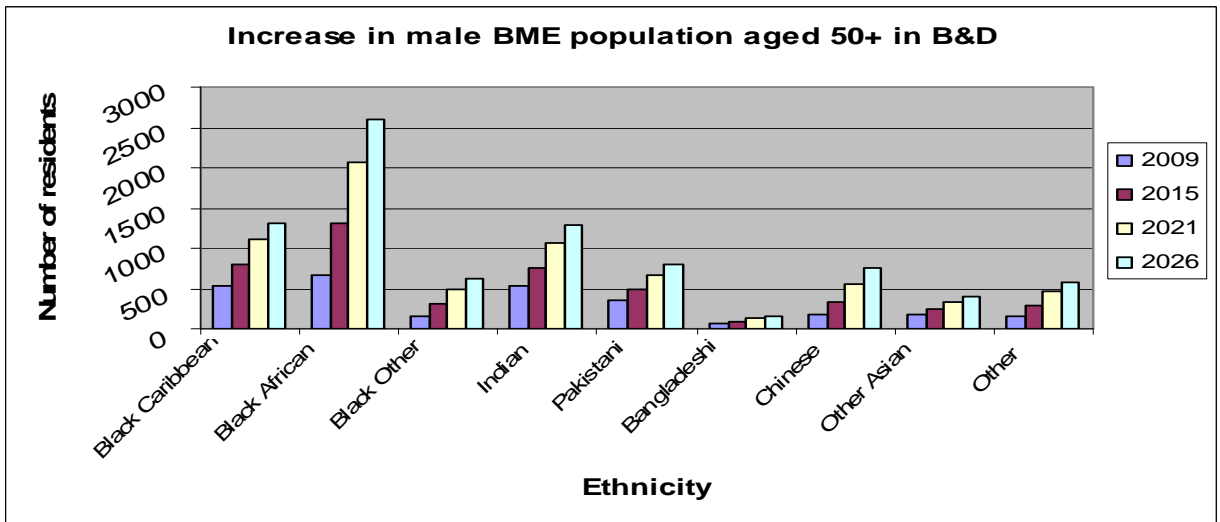
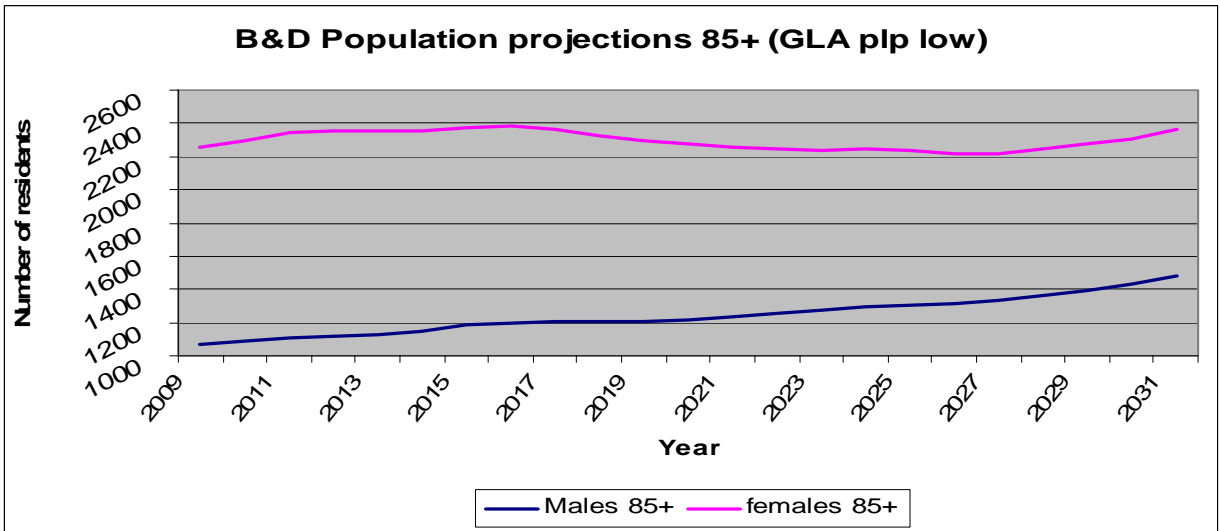
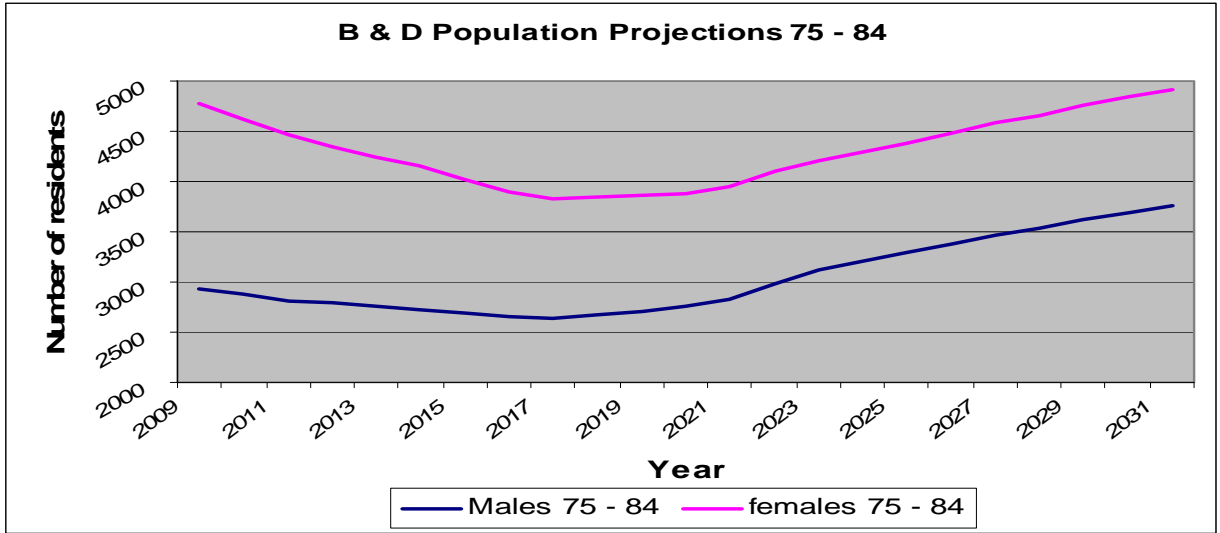
The LWSC recommends that Barking and Dagenham conducts a survey to assess the impact of telecare both in terms of cost savings and to the ability of service users to remain living independently in their own home. The research should also aim to find out the opinion users have of telecare and their satisfaction levels with the service. It is hoped the results of this study will help to build an evidence base to support the development of the service in the future.

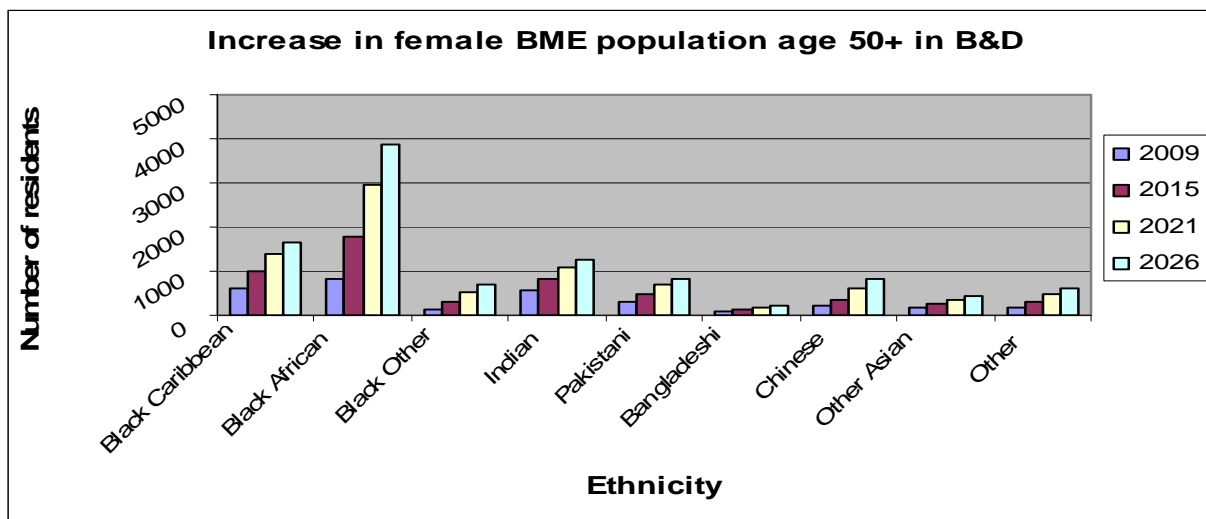
APPENDIX 3

Older Persons Population Data Including Projections Up Until 2030

Older Person Population - 5 year projections			
	2010	2015	2020
65-69	5,917	7,326	8,631
70-74	4,765	5,310	5,925
75-79	4,195	3,988	3,956
80-84	3,523	3,065	2,706
85 & over	3,090	3,162	3,174
Total	23,500	24,866	26,412







People unable to manage at least one self-care activity* on their own			
*Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails.			
	2010	2015	2020
65-74	2,350	2,780	3,202
75 & over	4,888	4,709	4,679
Total	7,238	7,489	7,882

People unable to manage at least one mobility activity* on their own			
*Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in/out of bed.			
	2010	2015	2020
65-74	855	1,011	1,164
75 & over	2,690	2,608	2,616
Total	3,545	3,618	3,781

People aged 65 and over unable to manage at least one domestic task* on their own			
*Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs.			
	2010	2015	2020
65-74	2,564	3,033	3,493
75 & over	5,332	5,137	5,105
Total	7,896	8,170	8,598

People aged 65 and over with a body mass index (BMI) above 30			
	2010	2015	2020
65-79	3,719	4,110	4,570
80 & over	1,544	1,467	1,365
Total	5,263	5,577	5,935

Visual impairment			
People aged 65-74, and 75 and over predicted to have a moderate or severe visual impairment, and people aged 75 and over predicted to have registrable eye conditions, projected to 2020.			
	2010	2015	2020
65-74	2,350	2,780	3,202
Over 75	4,888	4,709	4,679
Over 75 (with registrable eye condition)	7,238	7,489	7,882

Background Papers

Author:	Title:	Date:
Age Concern	Older People in the United Kingdom	(2009)
Age Concern	Policy Position Papers	(2008)
B&D P'ship	Community Plan	(2009)
B&D PCT	Healthier Communities and OP Needs Analysis	(2006)
B&D PCT	Joint Strategic Needs Assessment	(2009)
B&D PCT	Health Equity Audit for Older People in Barking and Dagenham	(2006)
BGS	Can adaptations and Assistive Technology pay their way?	(2004)
CQC	Annual Performance Assessment Report	(2008/9)
CLG	Homes for the Future: More Affordable, More Sustainable	(2007)
CLG	Lifetime Homes, Lifetime Neighbourhoods	(2008)
Counsel & Care	Extra Care Housing	(2009)
DH	Independence, Well-being and Choice	(2006)
DH	National Dementia Strategy	(2009)
DH	Our Health, Our Care, Our Say: a new direction for community services	(2006)
DH	Putting People First	(2007)
DH	Shaping the Future of Care Together	(2009)
DH	Valuing People Now	(2009)
DWP	Opportunity Age: Meeting the Challenges of Ageing in the 21st Century	(2005)
ELHP	East London Sub-Region Housing Strategy 2005 – 2008	(2005)
Fordham Research	Housing Needs Survey	(2005)
GLA	London Housing Strategy. Draft	(2009)
Hanover	20 Years of Extra Care: A Review	(2009)
HM Government	Building a Society for All Ages	(2009)
HOPDEV	Delivering Housing for an Ageing Population	(2006)
HOPDEV	Planning for an Ageing Population	(2006)
JRF	Comparative Evaluation of Models of Housing With Care	(2007)
LWSC	Agenda papers and minutes	(2009/10)
LBBB	Adult and Community Services National Indicator Performance at Quarter 1	(2009/10)
LBBB	Housing Strategy 2007-2010	(2007)
LBBB	More Choice in Lettings	
	▪ Executive 14/10/2008 - item 69	

LBBB	Option Appraisal: Sheltered Housing Stock	(2005)
LBBB	Remodelling and Tendering of Contracts for Residential Care Services for People for Learning Disabilities	
	▪ Executive 29/09/2009 - item 7	
LBBB	Supporting People Strategy 2005 – 2010	(2005)
LSE	A Framework for Housing in the London Thames Gateway	(2004)
Tunstall	British Telehealthcare Case Studies	(2008)

Glossary of Terms, Abbreviations and Organisations

Assistive technology	Any device or system that allows an individual to perform a task they would otherwise be unable to do, or increases the ease and safety with which the task can be performed.
Audit Commission	Independent watchdog, driving economy, efficiency and effectiveness in local public services.
Barking Riverside	Significant regeneration project in Barking and Dagenham.
BME	Black and minority ethnic.
Capita	New LBBB housing management system.
Care UK	Respond to emergency calls from telecare users in Barking and Dagenham.
Care Quality Commission	Independent regulator of health and social care in England.
Choice-based lettings	System of allocating social housing that gives tenants more choice and control over where they live by allowing to applicants to apply for widely advertised vacant properties. The LBBB version of this system is called 'More Choice in Lettings'.
Communities and Local Government	Sets policy on local government, housing, urban regeneration, planning and fire and rescue.
Decent homes standard	To meet the standard, property must have reasonably modern facilities, be warm and weatherproof.
Department of Health	Government department dedicated to health and all matters relating to it.
Extra care	Type of sheltered housing that can offer care and support. It can be ideal for people who are less able to manage on their own.
Floating support	Flexible support services to help people live independently.
Green Paper	Consultation document on central government policy. The government may publish a green paper outlining policy on a matter and asking for feedback, before presenting it to Parliament as a bill.

Housing Association	<p>Independent not-for-profit bodies that provide low-cost social housing for people in housing need. Housing Associations mentioned in this report:</p> <ul style="list-style-type: none"> ▪ Anchor ▪ English Churches Housing Group ▪ Hanover ▪ London & Quadrant ▪ Springboard
Individual budgets and Individual service funds	See Personalisation.
Lifetime homes standard	Set of 16 design criteria that provide a model for building accessible and adaptable homes.
Mixed-model	Mixture of able bodied and frail older people in the same housing scheme.
Mixed-tenure	Scheme where some residents have bought the lease and some are renting from the housing provider. Both leaseholders and tenants are entitled to the same personal care and support services.
National indicator	Set of 198 indicators on which central government manage the performance of local government.
Nursing home	Provide more care than residential homes by having qualified nursing staff on duty 24 hours a day, to support people's complex needs.
Outlook Care	Not for profit organisation that provides care and support to people with a learning disability, those with mental health needs and older people.
Personalisation	Reform of public services so that they are geared around the individual. A key element of Personalisation is the allocation of a personal budget, which allows the customer to take control of their own care as agreed in their support plan.
Primary Care Trust (PCT)	Primary Care Trusts manage the provision of primary care services in a specific area. These include services provided by doctors' surgeries, dental practices, opticians and pharmacies. NHS walk-in centres and the NHS Direct phone service are also managed by the local PCT.
Public service agreement	Set of aims and objectives of UK government departments for a three-year period.
Scheme Manager	Otherwise known as a Warden, the Scheme Manager ensures the smooth running of the site, supports tenants to live independently, and responds to emergencies. The Scheme Manager does not provide personal care or administer medicines.
Scrutiny Management Board	Overarching overview and scrutiny committee of LBBDD dissolved in spring 2009.
Sheltered housing	Specially designed accommodation with facilities for older people with warden or similar on site to respond in emergencies.
Residential home	Provide support to people who can not be supported in their

List of Contributors and Site Visits

Contributors:

- Anne Bristow Corporate Director, Adult and Community Services
- Stephen Clarke Divisional Director, Housing Services
- James Goddard Group Manager, Housing Strategy
- Karen Ahmed Head of Adult Commissioning
- Thomas Oyetunde Group Manager, Housing Support
- Anne Baldock Group Manager, Housing Advice Services
- Tudur Williams Group Manager, Assessment and Care Management
- Shannon Katiyo Public Health Analyst and Project Officer
- Ben Campbell Commissioning Support Manager
- Bill Brittain Group Manager, Assessment and Care Management
- Annette Ashley Policy and Partnership Officer
- Gareth Watkins Tunstall Telehealth Representative

Site Visits:

The following site visits were undertaken by Members during the course of the review:

- Smart Flat Romford – 23 October 2009
- Rectory Road Dagenham – 23 October 2009
- Church Elm Lane Dagenham – 23 October 2009
- Limbourne Avenue Dagenham – 23 October 2009
- Kidd House Dagenham – 23 October 2009
- Catherine Godfrey House Dagenham – 23 October 2009
- Barnmead Court Dagenham – 23 October 2009
- New Larchwood Brighton – 24 November 2009
- Patching Lodge Brighton – 24 November 2009

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Health and Adult Services Select Committee



Dementia Services Scrutiny

Lead Member Foreword

“Mother had an accident. She suffered short term memory loss and became aggressive. The GP did not recognise her symptoms and the Practice Nurse arranged referral for dementia”.



This was a typical story from a carer told to the Health and Adult Services Select Committee at the start of its in-depth scrutiny on dementia services in Barking and Dagenham. We found a fragmented service and worrying lack of knowledge amongst health professionals about the referral pathway and the help available to patients and carers. Although we saw some excellent practice, for instance at Kallar Lodge Care Home, the GP we interviewed did not know about all the services available there and how to refer patients.

The Select Committee was impressed by the dedication and quality of the carers, staff and volunteers interviewed as part of the evidence gathering. The Select Committee valued their honesty in highlighting the pitfalls of the existing arrangements and suggestions to improve the well-being of dementia sufferers and their carers.

However, there is a lack of strategic oversight of local dementia services and no coherent plan to develop services in the future or address gaps in provision. The Select Committee did not feel dementia had been given sufficient priority by local commissioners.

We hope that the recommendations set out in this report will help improve dementia services for local people and lead to a more confident, better informed and trained health work-force.

Councillor Evelyn Carpenter

Lead Member, Health and Adult Services Select Committee

1 Introduction

The Health and Adult Services Select Committee (HASSC) was first established on 15 July 2009 building on the work of the Health Scrutiny Panel under the leadership of Councillor Mrs Marie West.

The membership of the Health and Adult Services Select Committee is comprised of nine Councillors:

- Councillor Evelyn Carpenter (Lead Member)
- Councillor Mrs Dee Hunt (Deputy Lead Member)
- Councillor John Denyer
- Councillor Mohammed Fani
- Councillor Mrs Kay Flint
- Councillor Nirmal Gill
- Councillor Terry Justice
- Councillor Mrs Christine Knight
- Councillor Mrs Marie West

The HASSC Scrutiny Champion was Bill Murphy, Corporate Director of Resources, and the Lead Service Officer for the Dementia Services scrutiny was Bruce Morris, Head of Adult Care Services. The Senior Scrutiny Officer supporting the scrutiny was Pat Brown assisted by Glen Oldfield, Overview and Scrutiny Officer.

In addition to its statutory work to scrutinise local health services, the HASSC agreed to undertake an in-depth scrutiny of dementia services in Barking and Dagenham after considering a range of options. The theme for the scrutiny was particularly timely because the National Dementia Strategy had recently been published. This is the Government's five year plan for improving health and social care services in England for everyone with dementia and their carers.

1.1 Structure of Report

This report is intended to be a brief summary of the evidence considered by the Health and Adult Services Select Committee with the main recommendations arising. The full set of minutes of the Health and Adult Services Select Committee is available for perusal and this report sets out in the appendices lists of those consulted, site visits made and the range of documents considered by the HASSC.

The report covers:

- Terms of Reference
- Methods of Scrutiny
- What is Dementia?
- Prevention
- Identification

- Early intervention and treatment
- Living well with dementia
- Care in hospital
- End-of-life care

The report's recommendations flow from the evidence considered by the Select Committee.

1.2 Terms of Reference

The terms of reference for the in-depth scrutiny on dementia services in the Borough were agreed at the first meeting of the HASSC. These were:

- to review the services in the borough with the aim of improving overall delivery, addressing gaps in services and areas where services are weak in comparison to the quality of other services
- when accessing general and secondary health services, to investigate whether patients with mental health problems are identified and whether the connection is made between them and the required treatment
- to involve the community in the scrutiny process, provide them with opportunities to give evidence and inform the review
- to ensure that any evidence collected is used appropriately
- to listen to concerns and suggestions from local people, especially service users and carers that have had experience of dementia services
- to investigate whether services have equal access and equal outcomes across the borough
- to collaborate with partner organisations to identify opportunities where partner working could benefit the service user's experience
- to review best practice nationally and in other local authorities, including London Borough of Barking and Dagenham's statistical neighbours
- to consider any related equalities and diversity implications, and to encourage members of the public to engage with this important issue and,
- to produce a final report with findings and recommendations for future policy and/or practice.

1.3 Method of Scrutiny

The methods of scrutiny and types of evidence considered by the HASSC comprised:

- presentations by Council officers and senior managers from health services about local dementia services during HASSC meetings

- presentations by the Department of Health London Region Dementia Lead, and managers from the independent and voluntary sectors at HASSC meetings
- site visits to meet users of dementia services and see the places where people suffering from dementia were treated and/or cared for in the Borough
- a site visit to a service outside the Borough (in Croydon) to see an example of good practice elsewhere in London
- site visits to service providers such as the London Ambulance Service and the Alzheimer's Society in Havering and Redbridge
- research of a wide range of documents and background material

A list of background papers, including reports and presentations, used for consideration is set out in Appendix 1. A list of all those who gave evidence to the HASSC either at Select Committee formal meetings or at site meetings is set out in Appendix 2. A list of terms and common abbreviations is set out in Appendix 5.

The HASSC agreed questions in advance to ask all those who gave evidence (see Appendix 3 for examples of questions to carers, the voluntary sector and health professionals). Questions were emailed to interviewees in advance of meetings.

To help ensure accuracy, and to identify the key issues:

- full confidential interview notes and notes of presentations were prepared
- draft interview notes were distributed to interviewees for amendment
- there was the opportunity to glean evidence on the same issue from a variety of sources.

The scrutiny began at the first HASSC meeting on 15 July 2009 and the final site visit for evidence gathering took place on 4 December 2009.

1.4 What is Dementia?

The Alzheimer's Society has useful fact sheets about dementia on <http://www.alzheimers.org.uk/factsheet/400>

The Department of Health's National Dementia Strategy says that dementia is an illness caused when parts of someone's brain stop working properly. While the causes are not yet fully understood, most people with the symptoms of dementia have Alzheimer's disease (a degenerative condition) with a significant number showing signs following a stroke or series of strokes. There is no cure for dementia which gets more common with age. Once a person has dementia they will get worse over time until the end of their life. However, people with dementia can often have a good quality of life for a number of years.

People with dementia have problems with:

- thinking clearly
- remembering
- communicating

- doing day-to-day activities such as cooking or getting dressed.

People with dementia can be:

- depressed
- subject to mood swings and aggression
- prone to wandering or getting lost

The National Dementia Strategy states that if dementia is diagnosed early enough, there are interventions that can be put in place to help people overcome problems and to improve their quality of life.

Dementia is very common and can affect anyone whatever their gender, ethnic group or age. People with learning disabilities are at particular risk.

Dementia makes the lives of people who have it, and the lives of their families and carers, very difficult. This is exacerbated when family carers are often old and frail themselves. The strain of caring for someone with dementia can cause physical or mental health problems in the carer.

1.5 Prevalence of Dementia

At least 560,000 people in England have dementia and because of an ageing population, the number of cases nationally is predicted to rise by over 30% over the next 15 years. However, this level of increase is not expected in Barking and Dagenham because of the younger age profile of our community in the longer term. In fact, the number of people with dementia aged over 65 years in Barking and Dagenham is projected to decrease by two percent between 2009 and 2021.

Nationally, approximately one in five people over the age of 80 are predicted to suffer from dementia. In addition, it is likely that there will be an increase in the younger age group possibly associated with long term heavy drinking and drug use.

As stated in the Dementia Standards Self Assessment submitted by the partnership between NHS Barking and Dagenham, London Borough of Barking and Dagenham and North East London Foundation Trust in consultation with Carers of Barking and Dagenham and recognised in the Joint Strategic Needs Assessment, just 379 cases of dementia are reported on the Quality and Outcomes Framework Dementia Registers by Barking and Dagenham GPs, compared to the 1,702 expected cases. While this may be due to problems with data, these findings suggest serious inequity in access to diagnosis between GP practices and merits further investigation.

2 Findings and Recommendations

2.1 Prevention

Although there had been a recent article in 'The News' about spotting the signs of dementia, there was little evidence of local health campaigns promoting healthy life-styles linked to helping prevent the onset of dementia, particularly early onset dementia amongst younger people.

However, prevention is a longer term strategy. Changing lifestyles and behaviours for people aged 40+ is intended to promote living more healthy lives in old age some 30 year later.

Recommendation 1:

The Health and Adult Services Select Committee recommends that, in order to help prevent the early onset of dementia, NHS Barking and Dagenham organise local health promotion campaigns to raise public and professional awareness about life-style changes, such as stopping smoking, eating healthily, drinking alcohol sensibly, exercising more and having regular health checks.

2.2 Identification

Identifying dementia was a major problem for both carers and health service professionals. There was a basic lack of information about what dementia is and how to spot the signs. Carers, North East London Foundation Trust, NHS Barking and Dagenham, GPs, Local Authority services and the voluntary sector all agreed that more information was needed to help improve public awareness leading to self identification. A cultural shift was needed to de-stigmatise the condition.

Nationally, it is estimated that about 66% of people with dementia are not diagnosed. This maybe due to sufferers and carers being reluctant to come forward because of the associated stigma. The Government will be running a national awareness campaign in the spring 2010, to help overcome issues around stigma and the need for early diagnosis.

Recommendation 2:

The Health and Adult Services Select Committee recommends that local Health Services, together with the Local Authority and Voluntary Sector, mount an awareness raising campaign about dementia to build on the Government's national campaign and to begin the process of reducing the stigma attached to dementia.

The Select Committee was unable to gather easily a comprehensive picture of the services available to people suffering from dementia and their carers. There was also evidence that health professionals themselves were not aware of local services.

Carers spoke about the length of time to get a diagnosis from their GP and sometimes the diagnosis had been as a result of the intervention of a nurse, not the GP. The GP interviewed confirmed the serious level of ignorance amongst his peers

about the condition and said, for example, that he himself did not know about the services of Kallar Lodge Care Home and the referral pathway. He spoke about the need for training.

Recommendation 3:

The Health and Adult Services Select Committee recommends that NHS Barking and Dagenham, the Local Authority and other health providers, improve awareness of dementia and memory services available to health care professionals, particularly GPs, and the voluntary sector through a planned workforce development programme and a clear referral pathway.

2.4 Early Intervention and Treatment

It was a struggle for most carers interviewed to get an early diagnosis of dementia for their loved one. Early intervention and treatment can delay the onset of more serious symptoms and significantly improve the quality of life for the dementia sufferer and their carers.

Dementia is a degenerative disease and may affect younger people with strokes, alcohol problems, drug addiction and HIV. People are living longer and, therefore, there will be an increase in the number of dementia patients amongst older people too.

The care pathway for dementia patients, however, is complex and difficult to navigate with access to quality services more difficult for some. In practice, the Select Committee found that people had different types of service and different quality of support depending on who they saw when they first began to recognise they were having problems. In fact, there is no integrated care pathway linking the various statutory and voluntary services available, only (sometimes) separate pathways to individual services, such as the Local Authority's Specialist Dementia Homecare Team.

Recommendation 4:

The Health and Adult Services Select Committee recommends that NHS Barking and Dagenham, together with its health care partners including the North East London Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, and the Local Authority, prepare a joint strategic plan and undertake joint commissioning to develop an integrated care pathway for GPs, dementia patients and carers, which is clear and provides one point of contact. It is important that the plan is based on accurate estimates of the number of dementia sufferers in Barking and Dagenham and that sufficient facilities are put in place to meet the expected increase in demand.

The Select Committee was impressed by the London Borough of Croydon memory service which has doubled the number of dementia assessments and helped overcome the stigma attached to referral for dementia. It is an integrated service that offers a comprehensive assessment and diagnosis and enables a high patient throughput. Assessments are carried out with both the patient and carer at their

home and a plan is discussed at a multi-disciplinary team meeting to help maintain the patient's independence and quality of life.

North East London Foundation Trust runs a new Memory Service at Morland Road, which is similar to the Croydon provision, except that the Local Authority care services and the voluntary sector are not integrated within this service.

Recommendation 5:

The Health and Adult Services Select Committee recommends that the Local Authority, together with its health partners, review the delivery of services and consider providing a single point of contact for dementia patients and their carers. The Select Committee recommend a more holistic, efficient and improved service by integrating relevant adult care services and voluntary sector services with the Memory Service at Morland Road. When implemented, information about this new one point of contact should be included in a publicity campaign for potential users, GPs and health care professionals.

Outreach work with the Black and Minority Ethnic Community voluntary sector and other hard to reach groups in Croydon was necessary to increase the number of referrals from different groups in the community.

Recommendation 6:

The Health and Adult Services Select Committee recommends that as part of the action plan to improve dementia services, NHS Barking and Dagenham and the Local Authority should undertake an Equality Impact Assessment to consider the needs of the whole community and review the delivery of dementia services to the Black and Minority Ethnic Community and hard to reach groups possibly through outreach in partnership with the voluntary sector.

The Select Committee was impressed by the dedication and quality of the staff interviewed as part of the evidence gathering for the in-depth scrutiny set out in Appendix 2. The Select Committee valued their honesty in highlighting the pitfalls of the existing arrangements and suggestions for improvements in the early intervention and treatment of dementia. These suggestions included: improved information to carers about treatment and drugs for dementia; giving medication; dealing with challenging behaviour, which can be aggressive; and preventing other conditions such as urine infections.

Recommendation 7:

The Health and Adult Services Select Committee recommends that that Local Authority, health care professionals and the voluntary sector assist carers to keep their loved ones at home for as long as possible through improved information and training regarding treatment and drugs for dementia; techniques in administering medication; dealing with challenging behaviour; and preventing medical conditions such as urine infections.

The Government in its National Dementia Strategy suggests giving everyone with dementia their own dementia advisor to be a constant and continuing link on their journey through their illness and to help them access resources and services.

Carers spoke highly of the Admiral Nurses, a small team, who partly perform this function at the moment. There is a pilot of five local areas looking at the role of dementia advisor identified in the National Dementia Strategy to develop a model that would work across the National Health Service and voluntary services.

Recommendation 8:

The Health and Adult Services Select Committee recommends that NHS Barking and Dagenham and the North East London Foundation Trust assess the need for, and the number of, dementia advisors to be linked to individual dementia patients and their carers for the duration of the illness to assist in accessing resources and services.

2.5 Living Well with Dementia

Living well with dementia has to be a top priority for health partners in Barking and Dagenham. The Healthcare for London Dementia services guide outlines:

- the importance of regular reviews for dementia patients
- carer and family interventions for improving patient care such as strategies for communication and managing challenging behaviour
- strategies to support carer well-being including support and counselling, peer group networks, respite and reliable information
- different psychological, social and creative interventions as well as money management to improve patients' well-being
- reviewing physical care including eating, continence, co-morbidities such as diabetes or high blood pressure
- environmental interventions such as adjustments to housing, technology, such as Telecare¹, provision of home care, and ensuring a safe environment.

Throughout the scrutiny, the Select Committee heard evidence that backed up the above scenario and some specific issues raised are set out in the recommendations.

Carers, for example, said that dementia sufferers often became incontinent and it was very difficult to get any assistance. The incontinence pads provided through the health service were too small and many carers purchased the bigger pads at their own expense. NHS Barking and Dagenham confirmed the need to re-tender this service and that they were aware of carers' comments.

Recommendation 9:

The Health and Adult Services Select Committee recommends that NHS Barking and Dagenham take into account the specific needs of people with dementia when re-tendering the service to supply incontinence pads for dementia patients, ensuring that they provide the right size and quantity.

¹ Telecare is a service that enables people, especially older and vulnerable people, to live independently in their own home.

- 1.1. There are twenty five home care agencies serving Barking and Dagenham. The quality of care in the home was variable and there were some complaints about staff arriving late, or too early to put patients to bed. There is not enough provision at week-ends. The Health and Adult Services Select Committee considers that all home care services should be delivered to a minimum standard in line with the Local Authority provision. The introduction of the Personalisation Programme will give users more choice and control over their support.

Recommendation 10:

The Health and Adult Services Select Committee recommends that the Local Authority review the specification for home care services to dementia patients to ensure consistent and high quality care across both private and Local Authority services, and for services to be available at week-ends.

Respite care was crucial to enable often elderly carers undertake everyday tasks or take a short break for a family event, like a wedding. There was a lack of information about respite care amongst some carers and health care professionals, including GPs.

Recommendation 11:

The Health and Adult Services Select Committee recommends that the Local Authority review arrangements for communicating the availability of respite care with dementia patients, carers, GPs and other health care professionals to ensure equitable access to these facilities across the Borough and by different ethnic groups.

2.5.1 Social Activities

The Select Committee saw examples of social activities and creative art therapies in the community and in care homes. Kallar Lodge Care Home, for instance, works with patients and their families to produce a Life Story book of photographs, letters and cards to bring back good memories. A carer criticised provision at one of the day centres where his wife had been offered activities inappropriate for her condition and whose staff, he said, were not dementia trained.

The Select Committee visited the Alzheimer's Society in Havering. Representatives informed Members of the Memory Café which offers a social outlet for patients and their carers.

Some social, occupational and creative activities are offered in patients' own homes. The Local Authority's Specialist Dementia Home Care Team focus on personal services to clients, which includes the encouragement of historical skills, such as knitting. Familiar music relating to when clients were younger is also used by the team, with some staff carrying their own CDs. The team also gives ongoing support to families, offering advice and guidance.

Recommendation 12:

The Health and Adult Services Select Committee recommends that the Local Authority and health partners review the social, occupational and creative art therapies on offer across the Borough in different settings for dementia patients and to work towards services and resources that are fit for purpose, accessible to meet changing needs and are staffed by appropriately trained staff and volunteers representative of Barking and Dagenham's diverse population. This review will need to take account of the impact of the personalisation of care services.

2.5.2 Transport

Transport to hospital or to social activities was another area explored in depth by the Select Committee.

- Three carers had tried Dial-A-Ride, but it was difficult to get a bus at the time required.
- One carer was unhappy with the transport provided because his wife had to stay on the bus too long and this made her confused and agitated. He felt that sufferers should be given the option to go when convenient and not have to be ready to go so early in the morning.
- Transport staff develop a relationship with regular travellers and the patient is less agitated if a known escort is travelling with them. If the booking could be through their GP, where the patient's full records are held, it would mean all appropriate information would be available to the transport carrier.
- Public transport links are poor to Cherry Orchard Nursing Home - there is a long walk from the bus and train stops. There was a request for a bus service down Goresbrook Road some time ago, but this did not materialise. Many of the visitors to this Nursing Home are elderly spouses, family members and friends.

Recommendation 13:

The Health and Adult Services Select Committee recommends that transport needs of patients and their carers be assessed when reviewing patient and carer plans and tenders for non-emergency transport for dementia patients be regularly reviewed to ensure that they address the changing needs of patients and their carers.

Recommendation 14:

The Health and Adult Services Select Committee recommends that Transport for London be approached about a bus service along Goresbrook Road to improve public transport links to Cherry Orchard Nursing Home.

The London Ambulance Service raised issues that they faced when having to attend in an emergency.

- Frequent callers to the Emergency Services were raised as a problem, especially in care homes. When a resident has a fall there is a readiness to dial 999 before assessing whether the person is hurt.
- Poor information flow between agencies. Again mainly in care homes, when a member of their staff is made available to escort or deal with London Ambulance Services staff, it is often the most junior member or agency staff who often do not know the patient, including their medication or medical condition.

However, the London Ambulance Service were pleased with the improving communication with GPs and nursing teams and they were encouraged with the alternative arrangements being put in place, such as Barking and Dagenham's Unique Care, to avoid unnecessary emergency call outs.

2.5.3 Resuscitation

The London Ambulance Service asked that wishes regarding resuscitation and medical intervention be recorded and easily available to ambulance staff and emergency medical staff. Sometimes GPs are not always informed of the patient's wishes. If these records are not available, ambulance staff have no alternative but to commence resuscitation. This may not be in the best interest of the patient and cause unnecessary stress for the family and the ambulance crew.

Recommendation 15:

The Health and Adult Services Select Committee recommends that health agencies and the Local Authority ensure that all service providers, including GPs, have an easily accessible patient pack/file available for ambulance and hospital staff setting out the resuscitation and medical intervention wishes of the patient and their families. The Select Committee recognises that sharing of this information must be in line with data protection requirements.

2.6 Care in Hospital

Sometimes dementia patients have co-morbidity (a physical illness) and have to enter hospital. The hospital may not always know if a patient has dementia. It can be difficult for other patients and visitors if a person with dementia has behavioural problems. For instance, the patient may be noisy, aggressive, and unco-operative with health care professionals. They can wander and disrupt the treatment of other patients. The overall confused state deteriorates after dark when there is less nursing staff around. They will often require specialist nursing delivered by those with Elderly Mentally Infirm (EMI) training if they are to be managed on a general ward.

Measures to mitigate problems while the dementia patient is in hospital while in hospital include:

- avoiding excessive sedation
- placing the patient's bed near the toilet and not near the doors of ward
- ensuring the patient's bed is a well illuminated at night

- reality orientation - such as providing the patient with a clock with day, date and location
- involving relatives to reassure the patient

The Barking Havering Redbridge University Hospitals NHS Trust has established a Champion Matron for older people at King George's and Queen's hospitals to ensure older people are treated with dignity.

Barking Havering Redbridge University Hospitals NHS Trust stated that more specialist dementia training was needed and all wards should have a designated dementia trained nurse. Additional staff are required to help patients who are less co-operative in taking food and medication and to help combat urine infections and to make sure patients can reach food and drink – all of which would aid recovery. Barking Havering Redbridge University Hospitals NHS Trust has introduced a scheme where patients, who require assistance with feeding, have their food served on a different coloured tray so that staff can easily identify them.

Recommendation 16:

The Health and Adult Services Select Committee recommends that Barking, Havering and Redbridge University Hospitals NHS Trust review dementia training for all staff in its hospitals and assess whether all wards should have a designated dementia trained nurse and additional staffing, such as health care assistants, to help patients who are less co-operative in taking food and medication and to assist those with mobility problems, which may help prevent falls and infections.

Black and Minority Ethnic Community dementia patients may suffer if English is a second language, translators are not available and tests not carried out as a result.

Recommendation 17:

The Health and Adult Services Select Committee recommends that Barking, Havering and Redbridge University Hospitals NHS Trust review their arrangements for the provision of translators to help identify the needs of dementia patients whose first language is not English.

Barking, Havering and Redbridge University Hospitals NHS Trust safeguarding adults' policy does not specifically address dementia.

Recommendation 18:

The Health and Adult Services Select Committee recommends that Barking, Havering and Redbridge University Hospitals NHS Trust address the needs of dementia sufferers and carers in its safeguarding adults' policy.

It is recognised across London that some boroughs are offering very good services and practices.

Redbridge dementia patients with a mix of problems, who attend King George's or Queen's Hospitals because of a physical condition, have access to a joint clinic with physicians and psychiatrists. Also, Community Psychiatry Liaison Nurses work with physicians and psychiatrists for Redbridge patients.

Recommendation 19:

The Health and Adult Services Select Committee recommends that, in line with suggestions from Barking, Havering and Redbridge University Hospitals NHS Trust, as part of a local action plan, NHS Barking and Dagenham develop proposals for improved liaison between specialist services which should include:

- a monthly joint clinic with psychiatrists to be established so patient referrals can be dealt with efficiently and smoothly
- NHS Barking and Dagenham and North East London Foundation Trust develop dementia link nurses to work with medical teams at King George's and Queen's Hospitals to improve patient care and
- the voluntary sector be involved in this service.

North East London Foundation Trust stated that there is a need for improved liaison with Queen's Hospital. This year NHS Barking and Dagenham has invested in a small Older Persons' Liaison Team of staff (two people) that will be based at Queen's Hospital to monitor patient outcomes. The Liaison Team will deal with patients across all the age range. North East London Foundation Trust is aware that there is a problem with delayed transfers of care of dementia patients. A patient with dementia is not discharged home as quickly as they should be. The Liaison Team will be working predominately on older persons' wards at Queen's Hospital. They will carry out initial screening, give a speedy assessment, recommend what next steps should be taken and people will be discharged with an appointment to ongoing services as required.

Recommendation 20:

The Health and Adult Services Select Committee recommends that the Local Authority, North East London Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, NHS Barking and Dagenham review and improve arrangements for the transfer of dementia patients from hospital to ensure that they are speedily back in the comfort of their own homes in familiar surroundings.

2.7 End of Life Care

Dementia is a terminal illness. The Select Committee did not specifically investigate end of life care for dementia patients. The Health and Adult Services Select Committee suggests that the Healthcare for London dementia services guidelines, which set out the issues to be addressed in end of life care, be included in any future strategy and/or commissioning. These include:

- following guidance in the Department of Health's end of life care strategy involving carers and the family
- exercising the Mental Capacity Act. (The GP interviewed requested training in this area)
- ensuring faith and cultural preferences are taken into account if the patient cannot communicate their choice

- identifying whether the person with dementia already has a plan and acting on that plan
- where possible, patients with dementia should not be moved from their usual place of residence in their last days.

Recommendation 21:

The Health and Adult Services Select Committee recommends that the Local Authority, North East London Foundation Trust, Barking, Havering and Redbridge University Hospitals Trust and NHS Barking and Dagenham, as part of their joint strategic plan for dementia services, set out their plans for end of life care and ensure health care professionals, including GPs, have appropriate training in relevant legislation, for example, the Mental Capacity Act.

3 Conclusion

“My mother, who is in her nineties, had a fall at home and was taken by ambulance to King George Hospital, on a Friday, Although it transpired that she had not broken any bones and was only badly bruised, she remained in hospital overnight for observation. A nurse at the hospital noticed that my mother was having some memory problems and she arranged for her to be assessed. The following day, Saturday, the on-duty social worker arranged a home visit with my mother to ascertain what adaptations would be required to enable my mother to stay at home with additional support. On the Monday, my mother was transferred to Gray’s Court for rehabilitation before she returned home. My mother is now at home with additional support from the Local Authority and is doing well.”

This was a recent experience of a local resident and shows what can be achieved when health professionals are aware of the symptoms of dementia and how the services can work well together for the benefit of sufferers and their carers.

However, this is not the experience of all patients and many slip through the net and are never diagnosed, because the memory problems and unusual behaviour is put down to ‘getting old’.

The vision of the Personalisation Programme, which has been introduced in Barking and Dagenham, is that by 2011 a personalised system of care offers the highest standards of professional expertise, care and dignity. Personalisation means that every person who is eligible to receive Adult Social Support, whether provided by statutory services or funded by the service user, could be using personal budgets to access health and social care. Users will have more choice and control over the shape of their support in all care settings. At the heart of the Personalisation Programme is the concept of better advice and information available to all residents and professionals.

Nationally it is estimated that within the next five years around 1.5 million people could be using personal budgets to access health and social care.

The Select Committee feels that this will give residents choice and assist in improving the type and quality of services that are available.

The Select Committee’s priorities for immediate action are:

- (a) local health services and the Local Authority to run a local campaign alongside the national campaign to remove the stigma of suffering from dementia
- (b) training for GPs, health professionals, local authority staff and the voluntary sector to be rolled out
- (c) provision of suitable incontinence pads
- (d) ensure there is a comprehensive booklet setting out a clear referral path and what services are available to the dementia sufferer and the carer. This information should also be made available on websites.

The following priorities are for action six months:-

- (a) to build on the excellent home service provided by the Local Authority
- (b) provide mandatory training for GPs and hospital staff
- (c) to establish integrated services across the Local Authority, the Health Service and voluntary organisations.

Background Papers

Author	Title	Date
Alzheimer's Society	Fact Sheets	2010
Commission for Social Care Inspection	Inspection Report: Cherry Orchard Nursing Home	2007
Department of Health	What are the Mental Capacity Act 2005 Deprivation of Liberty Safeguards	2008
Department of Health	National Dementia Strategy	2009
Department of Health	Living Well with Dementia – National Dementia Strategy – Accessible Summary	2009
Healthcare for London	Dementia Services Guide	2009
London Borough of Barking and Dagenham	HASSC Agendas and Minutes	2009/10
Pat Brown, Senior Scrutiny Officer	Site Visit Notes (confidential)	2009/10
Tribal Group	Barking and Dagenham Joint Strategic Needs Assessment	2009
Tunstall Health UK Limited	Dementia Care: solutions for independent living	2009

Presentations

Author	Title	Date
Adult Care Services	Living Well with Dementia	15/7/2009
DABD (UK)	Provision of Non-Emergency Patient Transport	2/12/2009
Lesley Carter Department of Health	The National Dementia Strategy and London Implementation Plan	4/11/2009
London Ambulance Service	Dementia	3/12/2009
North East London Foundation Trust	Local Barking and Dagenham Dementia Services	15/7/2009
Safeguarding	Safeguarding Adults with Dementia	2/12/2009

Reports

Author	Title	Date
Barking, Havering and Redbridge University Hospitals NHS Trust	Overview of Hospital services, policies and issues relating to dementia patients	23/9/2009
Carers of Barking and Dagenham	Overview of Services for Dementia Sufferers and their Carers	4/11/2009
Commission for Social Care Inspection	Cherry Orchard Nursing Home	2007
NHS Barking and Dagenham	Implementation of the National Dementia Strategy	23/9/2009
Personalisation Programme Director	The Personalisation Programme	2/12/2009

List of Contributors and Site Visits

The following people submitted reports or presented evidence at formal Select Committee Meetings:

- Pat Brown Senior Scrutiny Officer
- Bruce Morris Head of Adult Care Services
- Jacquie Mowbray Interim Joint Director Mental Health
- John Goulston Chief Executive, Barking, Havering and Redbridge University Hospitals NHS Trust
- Dr. N. Ahmed Consultant Physician
- Stephen Langford Chief Executive of NHS Barking & Dagenham
- Bernard Hannah Head of Mental Health Commissioning
- Lorraine Goldberg Chief Executive, Carers of Barking and Dagenham
- Sue Bernie Manager, Memory Lane Dementia Services
- Lesley Carter London Region Dementia Lead Social Care and Partnerships, Department of Health
- Dawn Cock Transport Development Manager, DABD (UK)
- Helen Oliver Group Manager, Safeguarding Adults
- Nick Kingham Programme Director, Personalisation

Site Visits

The following site visits were undertaken by Members during the course of the review:

- Barking and Dagenham Carers 15, Althorne Way, Dagenham – 7 August 2009
- Dementia Patient and Carer Dagenham – 7 August 2009
- Kallar Lodge Care Home 75, Gregory Road, Chadwell Heath – 29 September 2009
- Specialist Home Care Team London Borough of Barking and Dagenham – 13 October 2009
- Alzheimer's Society Havering Branch Junction Road, Romford, RM1 3QT – 20 October 2009
- Heavers Resource Centre London Borough of Croydon – 3 November 2009
- Croydon Memory Service

- Cherry Orchard Nursing Home Dagenham Avenue,
Dagenham – 17 November 2009
- GP Representative Dagenham – 19 November 2009
 (Specialist in Dementia)
- Age Concern Health Clinic, Porters
Avenue, Dagenham – 23 November 2009
- London Ambulance Service Fielden House, London
Bridge – 3 December 2009
- Memory Services Morland Road,
Dagenham – 4 December 2009

EXAMPLES OF QUESTIONS DURING EVIDENCE GATHERING

Question to Carers

1. How long had you been concerned before you sought help? How long ago was this? Were you encouraged to seek help early?
2. Roughly, how many times did you visit your GP before your loved one received the diagnosis of suffering from dementia or Alzheimer's disease?
3. How well did the GP or other health professionals explain what was happening to you and your loved one? What options for treatment were you offered?
4. Were your needs as a carer assessed? How was this done and how were your needs met? Has this improved recently?
5. What are your views on the respite care offered to you?
6. What services are offered in the home to help you as the carer, or to help the person with dementia remain independent in their own home?

Questions to Voluntary Sector

1. What different types of roles do your volunteers and staff perform to support the branch? Are any volunteers specifically recruited to help carers of people with dementia?
2. How accessible is the Memory Lane Café? The opening hours are good, but can all who want to attend, go along to this or do they need to book? How many does it cater for at each session? Where is it based?
3. Black and Ethnic Minority Project – how many carers of people with dementia are supported from BME groups?
4. Do you provide transport for service users?
5. What is your relationship with the Local Authority and Primary Care Trust? Do you work with other local voluntary organisations?

Questions to Health Professionals

1. What memory services do you provide? Do you use the most up to date practices to stimulate your patients? How do you involve carers, friends, and relatives in activities?

2. The Select Committee would like your comments on the recent BBC reports on (a) the Glasgow Memory Clinic carrying out trials of a new drug dimebon and (b) the needless use of anti-psychotic drugs in dementia care, which is claimed to contribute to the death of many patients.
3. Are there particular difficulties in getting patients with dementia comply with treatment and dealing with their nutrition needs? What are you doing about this?
4. What are you doing to improve public awareness of dementia and any research findings to delay or stabilise the condition, such as the Mediterranean diet, drinking tea, or the importance of exercise?

List of Recommendations

The following recommendations are set out here as a list, for ease of reference.

Recommendation 1:

The Health and Adult Services Select Committee recommends that, in order to help prevent the early onset of dementia, NHS Barking and Dagenham organise local health promotion campaigns to raise public and professional awareness about life-style changes, such as stopping smoking, eating healthily, drinking alcohol sensibly, exercising more and having regular health checks.

Recommendation 2:

The Health and Adult Services Select Committee recommends that local Health Services, together with the Local Authority and Voluntary Sector, mount an awareness raising campaign about dementia to build on the Government's national campaign and to begin the process of reducing the stigma attached to dementia.

Recommendation 3:

The Health and Adult Services Select Committee recommends that NHS Barking and Dagenham, the Local Authority and other health providers, improve awareness of dementia and memory services available to health care professionals, particularly GPs, and the voluntary sector through a planned work-force development programme and a clear referral pathway.

Recommendation 4:

The Health and Adult Services Select Committee recommends that NHS Barking and Dagenham, together with its health care partners including the North East London Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, and the Local Authority, prepare a joint strategic plan and undertake joint commissioning to develop an integrated care pathway for GPs, dementia patients and carers, which is clear and provides one point of contact. It is important that the plan is based on accurate estimates of the number of dementia sufferers in Barking and Dagenham and that sufficient facilities are put in place to meet the expected increase in demand.

Recommendation 5:

The Health and Adult Services Select Committee recommends that the Local Authority, together with its health partners, review the delivery of services and consider providing a single point of contact for dementia patients and their carers. The Select Committee recommend a more holistic, efficient and improved service by integrating relevant adult care services and voluntary sector services with the Memory Service at Morland Road. When implemented, information about this new one point of contact should be included in a publicity campaign for potential users, GPs and health care professionals.

Recommendation 6:

The Health and Adult Services Select Committee recommends that as part of the action plan to improve dementia services, NHS Barking and Dagenham and the Local Authority should undertake an Equality Impact Assessment to consider the needs of the whole community and review the delivery of dementia services to the Black and Minority Ethnic Community and hard to reach groups possibly through outreach in partnership with the voluntary sector.

Recommendation 7:

The Health and Adult Services Select Committee recommends that that Local Authority, health care professionals and the voluntary sector assist carers to keep their loved ones at home for as long as possible through improved information and training regarding treatment and drugs for dementia; techniques in administering medication; dealing with challenging behaviour; and preventing medical conditions such as urine infections.

Recommendation 8:

The Health and Adult Services Select Committee recommends that NHS Barking and Dagenham and the North East London Foundation Trust assess the need for, and the number of, dementia advisors to be linked to individual dementia patients and their carers for the duration of the illness to assist in accessing resources and services.

Recommendation 9:

The Health and Adult Services Select Committee recommends that NHS Barking and Dagenham take into account the specific needs of people with dementia when re-tendering the service to supply incontinence pads for dementia patients, ensuring that they provide the right size and quantity.

Recommendation 10:

The Health and Adult Services Select Committee recommends that the Local Authority review the specification for home care services to dementia patients to ensure consistent and high quality care across both private and Local Authority services, and for services to be available at week-ends.

Recommendation 11:

The Health and Adult Services Select Committee recommends that the Local Authority review arrangements for communicating the availability of respite care with dementia patients, carers, GPs and other health care professionals to ensure equitable access to these facilities across the Borough and by different ethnic groups.

Recommendation 12:

The Health and Adult Services Select Committee recommends that the Local Authority and health partners review the social, occupational and creative art therapies on offer across the Borough in different settings for dementia patients and to work towards services and resources that are fit for purpose, accessible to meet changing needs and are staffed by appropriately trained staff and volunteers representative of Barking and Dagenham's diverse population. This review will need to take account of the impact of the personalisation of care services.

Recommendation 13:

The Health and Adult Services Select Committee recommends that transport needs of patients and their carers be assessed when reviewing patient and carer plans and tenders for non-emergency transport for dementia patients be regularly reviewed to ensure that they address the changing needs of patients and their carers.

Recommendation 14:

The Health and Adult Services Select Committee recommends that Transport for London be approached about a bus service along Goresbrook Road to improve public transport links to Cherry Orchard Nursing Home.

Recommendation 15:

The Health and Adult Services Select Committee recommends that health agencies and the Local Authority ensure that all service providers, including GPs, have an easily accessible patient pack/file available for ambulance and hospital staff setting out the resuscitation and medical intervention wishes of the patient and their families. The Select Committee recognises that sharing of this information must be in line with data protection requirements.

Recommendation 16:

The Health and Adult Services Select Committee recommends that Barking, Havering and Redbridge University Hospitals NHS Trust review dementia training for all staff in its hospitals and assess whether all wards should have a designated dementia trained nurse and additional staffing, such as health care assistants, to help patients who are less co-operative in taking food and medication and to assist those with mobility problems, which may help prevent falls and infections.

Recommendation 17:

The Health and Adult Services Select Committee recommends that Barking, Havering and Redbridge University Hospitals NHS Trust review their arrangements for the provision of translators to help identify the needs of dementia patients whose first language is not English.

Recommendation 18:

The Health and Adult Services Select Committee recommends that Barking, Havering and Redbridge University Hospitals NHS Trust address the needs of dementia sufferers and carers in its safeguarding adults' policy.

Recommendation 19:

The Health and Adult Services Select Committee recommends that, in line with suggestions from Barking, Havering and Redbridge University Hospitals NHS Trust, as part of a local action plan, NHS Barking and Dagenham develop proposals for improved liaison between specialist services which should include:

- a monthly joint clinic with psychiatrists to be established so patient referrals can be dealt with efficiently and smoothly
- NHS Barking and Dagenham and North East London Foundation Trust develop dementia link nurses to work with medical teams at King George's and Queen's Hospitals to improve patient care and
- the voluntary sector be involved in this service.

Recommendation 20:

The Health and Adult Services Select Committee recommends that the Local Authority, North East London Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, NHS Barking and Dagenham review and improve arrangements for the transfer of dementia patients from hospital to ensure that they are speedily back in the comfort of their own homes in familiar surroundings.

Recommendation 21:

The Health and Adult Services Select Committee recommends that the Local Authority, North East London Foundation Trust, Barking, Havering and Redbridge University Hospitals Trust and NHS Barking and Dagenham, as part of their joint strategic plan for dementia services, set out their plans for end of life care and ensure health care professionals, including GPs, have appropriate training in relevant legislation, for example, the Mental Capacity Act.

Useful Terms and Abbreviations

This list (including extracts from the National Dementia Strategy Summary) tells you the meanings of some of the terms and abbreviations used in supporting documents.

Terms:

Alzheimer's Disease	The most common illness that causes dementia
Carers	Family, friends or paid carers who look after people with dementia
Clinicians	Medical professionals such as doctors, nurses and therapists.
Consultant	The most senior type of doctor who is a specialist in a particular area of medicine.
Dementia	Loss of mental ability severe enough to interfere with normal activities of daily living. It is a group of symptoms caused by the gradual death of brain cells.
Dementia Advisor	A person who advises people with dementia and their carers where to go for help
Diagnosis	Deciding what is wrong with a person's health
Ethnic Group	Also referred to as BME (see abbreviations below)
Foundation Trust	NHS foundation trusts are part of the NHS and subject to NHS standards, performance ratings and systems of inspection. Foundation trusts are different from other NHS trusts because they are independent legal bodies.
General Hospitals	Hospitals that provide a range of services, rather than specialising in one sort of disease
Intermediate Care	Help for people who are not quite ill enough to be in hospital, but not quite well enough to manage on their own at home
National Dementia Strategy	The Government's 5-year plan for improving health and social care services in England for everyone with dementia and their carers
Social care	When someone is cared for in the community
Specialist Assessment	A health check done by a dementia specialist
Stigma	The idea that something (in this case dementia) is shameful

Telecare	Special equipment that helps people receive care from far away, for example by telephone
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Abbreviations:

BHRT	Barking, Havering and Redbridge University Hospitals NHS Trust
BME	Black and Minority Ethnic Community
EMI	Elderly Mentally Infirm
GP	General Practitioner
HASSC	Health and Adult Services Select Committee
LAS	London Ambulance Service
NHS	National Health Service
NHSBD	NHS Barking and Dagenham (also referred to as the Primary Care Trust or PCT)
NELFT	North East London Foundation Trust
LA	Local Authority (Barking and Dagenham)
PCT	NHS Barking and Dagenham
Primary Care Trust	NHS Barking and Dagenham
Select Committee	See HASSC

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