

## Notice of Meeting

### CABINET

**Tuesday, 13 October 2015 - 7:00 pm**  
**Council Chamber, Town Hall, Barking**

**Members:** Cllr Darren Rodwell (Chair); Cllr Saima Ashraf (Deputy Chair) and Cllr Dominic Twomey (Deputy Chair); Cllr Laila Butt, Cllr Evelyn Carpenter, Cllr Cameron Geddes, Cllr Lynda Rice, Cllr Bill Turner and Cllr Maureen Worby

Date of publication: 5 October 2015

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### AGENDA

**1. Apologies for Absence**

**2. Declaration of Members' Interests**

In accordance with the Council's Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

**3. Minutes - To confirm as correct the minutes of the meetings held on 15 September and 1 October 2015 (Pages 3 - 13)**

**4. Budget Monitoring 2015/16 - April to August (Month 5) (Pages 15 - 70)**

**5. Joint Health and Wellbeing Strategy 2015 - 2018 (Pages 71 - 156)**

**6. Payment By Instalments (Pages 157 - 163)**

**7. Domestic Vehicle Footway Crossover (Dropped Kerb) Policy (Pages 165 - 184)**

**8. Any other public items which the Chair decides are urgent**

9. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

#### **Private Business**

The public and press have a legal right to attend Council meetings such as the Cabinet, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended). ***There are no such items at the time of preparing this agenda.***

10. **Any other confidential or exempt items which the Chair decides are urgent**



## **Our Vision for Barking and Dagenham**

### **One borough; one community; London's growth opportunity**

#### **Encouraging civic pride**

- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

#### **Enabling social responsibility**

- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

#### **Growing the borough**

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough's image to attract investment and business growth

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## MINUTES OF CABINET

Tuesday, 15 September 2015  
(7:05 - 9:45 pm)

**Present:** Cllr Darren Rodwell (Chair), Cllr Saima Ashraf (Deputy Chair), Cllr Dominic Twomey (Deputy Chair), Cllr Laila Butt, Cllr Evelyn Carpenter, Cllr Cameron Geddes, Cllr Lynda Rice, Cllr Bill Turner and Cllr Maureen Worby

### **32. Declaration of Members' Interests**

There were no declarations of interest.

### **33. Minutes (21 July 2015)**

The minutes of the meeting held on 21 July 2015 were confirmed as correct.

### **34. Budget Monitoring 2015/16 - April to July (Month 4)**

The Cabinet Member for Finance presented a report on the Council's revenue and capital position for the four months to the end of July 2015, projected to the year end.

The General Fund expenditure for the full year was currently projected to be £157.4m against the budget of £151.4m. The projected overspend of £6.0m related to the ongoing pressures within Children's Services budgets and took account of the Cabinet decision under Minute 23(v) (21 July 2015) to transfer £1.2m from Central Expenses to the Children's Services directorate.

The projected year end overspend would reduce the General Fund balance to £20m at year end. The Budget Framework report to Assembly in February 2015 provided for a target of £15.0m for the General Fund balance and the revenue outturn for 2014/15 led to a General Fund balance of £26.0m. Taking into account the current projected overspend, together with the proposed use of the General Fund balance and other reserves to cover the implementation of savings proposals and budget gaps in 2015/16 and 2016/17, the remaining General Fund balance would be just above the target figure at £15.758m.

It was noted that significant work was in progress under the Social Care Efficiency Programme, supported with additional capacity created by the temporary recruitment of a Project Team, to address the pressures within Children's Services. The team was supporting the current mitigation projects and would assist the Corporate Director of Children's Services to put forward, by the end of September, the Business Case to reduce spend and demand over the next two years. One of the key factors for the overspend had been the increased use of agency staff and work was being undertaken with a range of recruitment specialists to significantly reduce agency staff numbers as part of an Invest to Save scheme.

The Housing Revenue Account (HRA) was projected to break-even, leaving the

HRA reserve at £8.7m. The Capital Programme budget stood at £137.0m, inclusive of the European Investment Bank (EIB) funded general fund housing schemes, with a forecast outturn of £138.9m (an overspend of £1.8m).

Cabinet **resolved** to:

- (i) Note the projected outturn position for 2015/16 of the Council's General Fund revenue budget at 31 July 2015, as detailed in paragraphs 2.1, 2.4 to 2.10 and Appendix A of the report;
- (ii) Note the progress against the agreed 2015/16 savings at 31 July 2015, as detailed in paragraph 2.11 and Appendix B of the report;
- (iii) Note the overall position for the HRA at 31 July 2015, as detailed in paragraph 2.12 and Appendix C of the report;
- (iv) Note the projected outturn position for 2015/16 of the Council's capital budget as at 31 July 2015, as detailed in paragraph 2.13 and Appendix D of the report;
- (v) Note that an additional cost pressure would be incurred to finance the Children's Services project team in the next quarter of the financial year, as detailed in paragraph 2.5 of the report; and
- (vi) Delegate authority, following the endorsement of the Corporate Procurement Board to the proposed procurement arrangements via an existing framework agreement, to the Corporate Director of Children's Services and the Chief Finance Officer, in consultation with relevant Cabinet Members, to appoint recruitment consultants to assist with a recruitment programme to reduce the use of agency staff within Children's Social Care.

### **35. Children's Social Care Annual Report 2014/15**

The Cabinet Member for Children's Services and Social Care introduced a report that provided a review of operational service developments, peer reviews and inspections over the 2014/15 financial year within the Complex Needs and Social Care Division (CNSC) of Children's Services. The report also provided an overview of the local demand pressures and progress against the Ofsted single inspection improvement plan one year on.

It was noted that the predominant child protection issues the service was currently managing related to emotional abuse and the impact upon children where domestic violence was a factor within the household. The proportion of children subject to child protection plans due to emotional abuse was around 60% for 2014/15, which was a decline on the 69% reported for 2013/14 but still higher than previous years and higher than in other boroughs.

In 2014/15, referral rates for families with no access to public funds (NRPF) had averaged three per week and family profiles had averaged 3 to 4 children (with implications for accommodation requirements). As at 20 May 2015, there were 164 children allocated as NRPF cases for support. The Cabinet Member advised

that the continuing rate of referrals along with the length of time taken for the Home Office to resolve cases meant that the total number of allocated cases had increased whilst the number of cases closed had not kept pace.

The Cabinet Member also referred to issues including:

- The continued impact of case law when considering permanency for children, which had resulted in the number of children earmarked for adoption falling from 46 in 2013/14 to 14 in 2014/15;
- The impact of increased demand pressures in the past 12 months which had required the recruitment of additional agency staff. The Cabinet Member clarified that whilst the agency staff support had greatly assisted it was important to reduce the reliance on agency staff and recruit permanent staff to reduce costs, and would be a key project under the Social Care Programme.

The Cabinet Member for Education and Schools referred to a statement in the report that the proportion of children subject to child protection plans due to emotional abuse was around 60% in 2014/15, which was higher than other boroughs. The Cabinet Member for Children's Services and Social Care responded that he believed that it was related to the borough's high domestic violence rate, where children lived in an environment where they witnessed domestic violence directly or indirectly and were, as a result, likely to suffer from emotional abuse.

The Cabinet Member for Finance referred to data within the report which showed that the number of contacts fell in 2012/13 but the number of referrals had risen. The Cabinet Member for Children's Services and Social Care stated that there could be a variety of reasons why agencies felt there was a stronger need to refer children and work was being undertaken by the Multi Agency Safeguarding Hub (MASH) to ensure agencies were aware of the appropriate point to make referrals. The Corporate Director of Children's Services suggested further reasons for the increase such as the publication of serious case reviews impacting upon agencies' decisions to make referrals, the practices within certain agencies (for example the use of Police Protection powers in the borough in 2013/14) and the confidence held by agencies in Children's Services. She added that it was common for a spike in referrals to occur when a local authority introduced a MASH and the latest data suggested that the numbers had started to decrease.

The Corporate Director of Children's Services took on board the Cabinet Member's suggestion that sessions be set up to give all councillors the opportunity to obtain a more comprehensive understanding of the challenges faced by Children's Services and the successes achieved.

Cabinet **resolved** to:

- (i) Note the service improvement and challenges set out in the report, and the actions taken last year in response to local demand, the OFSTED inspections of services and the financial pressures experienced by the service;
- (ii) Note the following key priorities for 2015/16, determined after analysis and review of 2014/15:

- Improving services and outcomes for vulnerable children, young people and their families.
- Earlier intervention and prevention through the Prevention Service and via close operational relationships with colleagues providing targeted and universal support, to reduce the demand on social care and drive down referral rates and the need for child protection plans.
- Reducing the numbers of children in care and the cost of their provisions.
- Minimising the duration of Child Protection Plans.
- Strengthen means of engagement with young people and their families so that they can 'shape' future services to improve effectiveness and reduce the number of families needing social care support.

### **36. Corporate Delivery Plan 2015/16 - Quarter 1 Update**

The Leader of the Council introduced a report providing an update on progress for the priority projects and performance indicators agreed as part of the Corporate Delivery Plan by Cabinet in October 2014 and commented that good progress had been made overall during the first quarter of the 2015/16 financial year.

The Leader highlighted improved performance in the number of Active Age memberships, which had continued to grow despite the introduction of a charge of £1 per week, and commended management for an increase in some key staff engagement and morale indicators. Satisfaction with working for the Council was at the highest level since it was introduced into the all staff survey in 2014.

Members discussed the decline in performance in the number of successful quitters aged 16 and over through the Smoking Cessation service. The Cabinet Member for Education and Schools questioned whether the strategy for improving performance was providing value for money and whether the use of e-cigarettes could help improve performance. The Cabinet Member for Adult Social Care and Health clarified that a person would not be counted as a 'quitter' if he/she switched to e-cigarettes and advised that, going forward, a bigger percentage of the budget would be dedicated to smoking prevention, which she hoped would mean fewer numbers of people starting smoking in the first place.

In response to a question from the Cabinet Member for Education and Schools, the Corporate Director for Adult and Community Services explained that the measure for determining the percentage of land with unacceptable levels of litter was not particularly meaningful but was continuing to be used as it was useful for observing trends.

The Cabinet Member for Adult Social Care and Health asked why, despite the improvement in staff engagement levels, the percentage of staff that believed change was managed well in the Council was not on target. The Chief Executive confirmed that he was looking at ways to improve in that area. The Cabinet Member for Children's Services and Social Care suggested that the poor perception of the Council's IT systems could be a key factor. The Chief Finance Officer acknowledged the point and advised that the IT improvements that had been introduced relatively recently would take time to be embedded. Further enhancements, aligned to the different ways services would need to be delivered



in the future, would be considered as part of the Ambition 2020 Programme and the new Strategic Director for Customer, Commercial and Service Delivery, who would have responsibility for IT services, would also provide a fresh outlook on the Council's IT services to ensure they were cost effective and met the needs of staff.

Cabinet **resolved** to note the performance for the priority projects and the key performance indicators for quarter 1 of the 2015/16 financial year.

### **37. Housing Allocations Policy**

The Cabinet Member for Housing introduced a report on proposed amendments to the Council's Housing Allocations Policy.

The Cabinet Member explained that previous changes to the Housing Allocations Policy had resulted in the operation of different arrangements depending on whether applicants had joined the housing register before or after 3 November 2014, which was proving confusing for applicants and difficult for staff to administer and justify.

The Cabinet Member referred to the positive outcome of consultation with residents over a 12 week period on the plan to move to a single allocations policy and the arrangements for and implications of implementing the proposed arrangement. The other changes to the existing policy related to restricting the circumstances under which owner occupiers would be eligible to join the register and introducing a period of suspension from bidding for applicants that refused three reasonable offers of accommodation.

In noting that the move to a single allocations policy would significantly reduce the number of eligible applicants, the Cabinet Member for Children's Services and Social Care suggested that the move could have a negative impact on people's perception of the Council and lead to an increase in Members' casework. The Cabinet Member for Housing stated that whilst there would be a reputational risk of a reduced housing register, there was also the reputational risk of operating two allocations policies, which created inequality. The concept of social housing was that it should be for those in most need and those who did not have the financial means to acquire their own property and the proposals would help to better achieve that aim. The move to a more efficient system would also free up time for officers to work more proactively with applicants in a wide range of ways.

Members commented on the messages that should be conveyed to those affected by the proposed changes, the challenges also being faced by Housing Associations and the strong views held by the Labour Party's London Mayoral candidate on housing issues. In respect of the latter, the Leader stated that the most important factor when setting the Council's policies was to ensure that the Council did what was right for its residents.

Cabinet **resolved** to:

- (i) Agree that the current Housing Allocation Policy be retrospectively applied to all applications;
- (ii) Agree that the Housing Allocations Policy be amended as follows:

- (a) That owner occupiers be excluded from joining the housing register unless there are exceptional circumstances; and
- (b) To exercise the right to suspend applicants from bidding when they have refused three reasonable properties.

### **38. Re-Procurement of the Education and Built Environment Framework Agreement**

The Cabinet Member for Finance presented a report seeking approval to proceed with the re-procurement of a Framework Agreement for capital construction works projects valued over £500,000 for education and built environment construction projects.

The Cabinet Member for Education and Schools spoke in support of the proposals, as they would assist the Council in delivering the additional school places that were required in the future, and referred to the need to ensure that all Council contracts stipulated requirements to ensure better development opportunities for local young people, such as apprenticeships. Cabinet Members concurred with that view and discussed steps to ensure that local opportunities were available even when contractors were of the view that the right level of skills was not fully available locally.

Cabinet **resolved** to:

- (i) Agree that the Council proceeds with the procurement of a Framework Agreement for the delivery of construction works in accordance with the strategy set out in the report; and
- (ii) Delegate authority to the Divisional Director of Regeneration to award the Framework Agreement to the successful bidder(s) once a compliant procurement tender exercise has been conducted, in accordance with the strategy set out in the report.

### **39. Procurement of Parking ICT System**

The report was withdrawn.

### **40. Contract for the Provision of Liquid Fuel**

The Cabinet Member for Environment introduced a report seeking approval to appoint a Liquid Fuel Supplier via an existing framework agreement compliant with European Procurement Regulations.

Cabinet **resolved** to:

- (i) Agree that the Council proceeds with the procurement of a contract for the provision of liquid fuel, delivered through an EU compliant framework contract in accordance with the strategy as set out in the report; and
- (ii) Delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Cabinet Member for Environment, the

Chief Finance Officer and Head of Legal and Democratic Services, to conduct the procurement and award the contract to the successful bidder(s) in accordance with the strategy set out in the report.

#### **41. Housing Transformation Programme**

The Cabinet Member for Housing presented a report on the establishment of the Housing Transformation Programme designed to address some long standing and previously difficult customer service, performance and value for money issues in the Housing service.

The Housing Quality Network Landlord Health Check conducted in April and May 2014 found that performance across the core business processes that drove service delivery was generally below the average for London boroughs, highlighting the need for transformation. The Cabinet Member advised that the Housing Management Team had given a great deal of focus to the outcomes that would deliver service improvement and, with the support of staff, performance had improved across all Housing indicators during in the last 12 months.

The Leader of the Council commended the Cabinet Member for Housing, the Director of Housing and his staff for the improved performance of the service as a result of their efforts and vision for transformation.

Cabinet **resolved** to note the scope and timelines of the initial phase of the Housing Transformation Programme as outlined within the report.

#### **42. Debt Management Performance and Write-Offs 2015/16 (Quarter 1)**

The Cabinet Member for Finance and Central Services introduced the performance report for the first quarter period ending 30 June 2015 in respect of the debt management function carried out by the Revenues and Benefits Service within Elevate East London.

The Cabinet Member for Children's Services and Social Care questioned the policy agreed by Cabinet under Minute 52, 18 October 2011, to publicise the names of the top ten debt write-offs for the quarter period.

The Chief Executive stated that officers were currently developing a pilot project involving intensive early intervention work with families identified as at risk of falling into debt.

Cabinet resolved to:

- (i) Note the performance of the debt management function carried out by the Revenues and Benefits service operated by Elevate East London, including the performance of enforcement agents; and
- (ii) Note the debt write-offs for the first quarter of 2015/16 and that a number of the debts would be published in accordance with the policy agreed by Cabinet.

**43. Call-In of Cabinet Decision - Housing Asset Management Strategy (Minute 27, 21 July 2015)**

The Head of Legal and Democratic Services reported on the outcome of the Living and Working Select Committee's consideration at its meeting on 9 September 2015 of the call-in of Minute 27 of the Cabinet of 21 July 2015 in respect of the Housing Asset Management Strategy report.

The Select Committee had agreed to support the adoption of the Housing Asset Management Strategy but had asked to be consulted on the programmes within the Strategy as they were progressed and for further benchmarking to be undertaken.

Cabinet **resolved** to:

- (i) Note the outcome of the Living and Working Select Committee's consideration of the matter;
- (ii) Agree that the Select Committee be consulted on the programmes which would deliver the Housing Asset Management Strategy; and
- (iii) Agree that further benchmarking be undertaken on the Housing Asset Management Strategy.

**44. Call-In of Cabinet Decision - Barking Housing Zone (Minute 26, 21 July 2015)**

The Head of Legal and Democratic Services reported that the Living and Working Select Committee (LWSC) had met on 9 September 2015 to consider the call-in of Minute 26 of the Cabinet of 21 July 2015 in respect of the Barking Housing Zone report but had decided to defer full consideration of the matter to a later date.

The Head of Legal and Democratic Services referred to the advice given by the Democratic Services Officer at the LWSC meeting that the Council's Constitution made no provision to defer a call-in to another meeting. However, with the support of the Cabinet Member for Regeneration and senior officers the LWSC decided to defer the matter to enable further information to be provided.

Cabinet Members discussed the potential implications of further delaying the implementation of the Cabinet's original decision. Specifically, it was noted that delay in the Council entering an Overarching Borough Agreement with the Greater London Authority (GLA) would have a knock on effect on further agreements which would unlock the GLA's £42m Housing Zone funding for Barking. Furthermore, the Council and other partners would be committed to delivering schemes to a fixed timetable and the delay was causing uncertainty for partners, presenting a reputational risk to the Council in terms of the Council's ability to achieve housing delivery to agreed timescales.

With that in mind, Cabinet **resolved** that arrangements be made for the LWSC to fully consider the matter by no later than 30 September 2015 and for a special meeting of the Cabinet to be convened to consider the outcome of that meeting.

In the light of Cabinet Members' views on the way forward, the Leader also asked

that, in future, the Chair of the relevant Select Committee be invited to present the outcome of a call-in to the Cabinet, which would help to facilitate a two way discussion on any issues arising. He also asked the Head of Legal and Democratic Services to write to all the Chairs of the Select Committees reminding them that:

- (a) It was the responsibility of the Chairs of Select Committees to ensure that call-ins were dealt with promptly and referred back to the next meeting of Cabinet; and
- (b) A key role of Democratic Services Officers at meetings was to advise on procedural and constitutional matters and consequently that advice should be followed.

#### **45. Private Business**

Cabinet **agreed** to exclude the public and press for the remainder of the meeting by reason of the nature of the business to be discussed which included information exempt from publication by virtue of paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

#### **46. Becontree Heath Masterplan and Delivery - Appointment of Development Partner**

Further to Minutes 143 (24 April 2012) and 48 (22 October 2013), the Cabinet Member for Regeneration presented a report seeking approval for the appointment of a development partner for the delivery of the Becontree Heath masterplan scheme following a competitive tender exercise.

In response to questions and comments from the Cabinet Member for Adult Social Care and Health, the Cabinet Member for Regeneration referred to the information in the report regarding the number of shared ownership and affordable homes proposed by the tenderers. He also clarified that the Council would have the option of acquiring some of the units for affordable rent (65%-80% of market rent) in lieu of part or all of the land receipt under the preferred tenderer's proposals.

Cabinet **resolved** to:

- (i) Agree the appointment of Countryside Properties as the Council's preferred development partner for the delivery of the Becontree Heath masterplan scheme;
- (ii) Agree that options 2 and 5 of Countryside Properties' submission be pursued as the Council's preferred options for determining the final scheme; and
- (iii) Delegate authority to the Chief Executive, in consultation with the Cabinet Members for Regeneration, Housing and Finance, the Chief Finance Officer and the Head of Legal and Democratic Services, to determine the preferred scheme, approve the final details and enter into all necessary agreements to enable the preferred scheme to be delivered.

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# MINUTES OF CABINET

Thursday, 1 October 2015  
(1:04 - 1:35 pm)

**Present:** Cllr Darren Rodwell (Chair), Cllr Saima Ashraf (Deputy Chair), Cllr Dominic Twomey (Deputy Chair), Cllr Laila Butt, Cllr Evelyn Carpenter, Cllr Cameron Geddes, Cllr Bill Turner and Cllr Maureen Worby

## 47. Apologies for Absence

Apologies were received from Councillor L Rice and the Lead Member of the Living and Working Select Committee, Councillor P Waker.

## 48. Declaration of Members' Interests

There were no declarations of interest.

## 49. Call-In of Cabinet Decision - Barking Housing Zone (Minute 26, 21 July 2015)

Further to Minute 44 (15 September 2015), the Cabinet Member for Regeneration advised on the Living and Working Select Committee's (LWSC) consideration of a call-in of Minute 26 of the Cabinet on 21 July 2015 in respect of the Barking Housing Zone.

The LWSC had accepted the principle of the Barking Housing Zone but upheld the call-in and made six recommendations to Cabinet. The Cabinet Member suggested a response to the points raised by the LWSC and issues were also raised regarding the original Cabinet decision and the need for the statistical information to be consistent and up to date.

Members conveyed their disappointment that the Cabinet's decision had been called-in as they felt that the original report had set out a clear vision for new housing provision which was the most appropriate for a town centre area. It was also pointed out that Barking and Dagenham was already at the forefront of social housing provision in London.

Cabinet **resolved** to:

- (i) Note the outcome of the Living and Working Select Committee's consideration of the call-in of the Cabinet's decision in respect of the Barking Housing Zone proposals;
- (ii) Agree that the Cabinet Member for Regeneration respond on behalf of the Cabinet to the Lead Member of the Living and Working Select Committee along the lines discussed at the meeting; and
- (iii) Confirm the decision made under Minute 26 (21 July 2015) to enable the Barking Housing Zone proposals to be implemented.

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**CABINET****13 October 2015**

<b>Title:</b> Budget Monitoring 2015/16 - April to August (Month 5)	
<b>Report of the Cabinet Member for Finance</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> Yes
<b>Report Author:</b> Kathy Freeman Group Manager, Corporate Finance	<b>Contact Details:</b> Tel: 020 8227 3497 E-mail: <a href="mailto:kathy.freeman@lbbd.gov.uk">kathy.freeman@lbbd.gov.uk</a>
<b>Accountable Director:</b> Jonathan Bunt, Chief Finance Officer	
<b>Summary</b>	
<p>This report provides Cabinet with an update of the Council's revenue and capital position for the five months to the end of August 2015, projected to the year end.</p> <p>There is a projected overspend of £6.3m on the 2015/16 budget. This is caused by an overspend on the Children's Services budget of £6.0m and programme costs of £1.0m, partially offset by a £0.7m underspend on treasury management. There are pressures in a number of other service areas but all are currently forecast to be managed.</p> <p>At Cabinet in September it was agreed that an Outline Business Case would be developed to provide solutions and address the ongoing budget pressure in Children's Services. The Outline Business Case is attached at Appendix E and presents initiatives which will potentially reduce costs by £11.6m on an ongoing basis.</p> <p>The total service expenditure for the full year is currently projected to be £157.7m against the budget of £151.4m. The projected year end overspend will reduce the General Fund balance to c£20m at year end and it may reduce further if future budget gaps are not closed. The Housing Revenue Account (HRA) is projected to break-even, leaving the HRA reserve at £8.7m. The HRA is a ring-fenced account and cannot make or receive contributions to/from the General Fund.</p> <p>The Capital Programme budget stands at £137.0m, inclusive of the European Investment Bank (EIB) funded general fund housing schemes, with a forecast outturn of £138.7m (an overspend of £1.7m).</p>	
<b>Recommendation(s)</b>	
<p>The Cabinet is recommended to:</p> <p>(i) Note the projected outturn position for 2015/16 of the Council's General Fund revenue budget at 31 August 2015, as detailed in paragraphs 2.1, 2.4 to 2.10 and Appendix A of the report;</p>	

- (ii) Note the progress against the agreed 2015/16 savings at 31 August 2015, as detailed in paragraph 2.11 and Appendix B of the report;
- (iii) Note the overall position for the HRA at 31 August 2015, as detailed in paragraph 2.12 and Appendix C of the report;
- (iv) Note the projected outturn position for 2015/16 of the Council's capital budget as at 31 August 2015, as detailed in paragraph 2.13 and Appendix D of the report;
- (v) Adopt the Children's Services Outline Business Case, as set out at Appendix E to the report, in order to address the current pressures in the service; and
- (vi) Approve expenditure of £1m over the next 18 months for programme costs to support the delivery of the Children's Services Outline Business Case, as set out in paragraph 2.5 of the report.

**Reason(s)**

As a matter of good financial practice, the Cabinet should be regularly updated with the position on spend against the Council's budget. In particular, this report alerts Members to particular efforts to reduce in-year expenditure in order to manage the financial position effectively.

**1 Introduction and Background**

- 1.1 This report provides a summary of the Council's General Fund and HRA revenue and capital positions. It also provides an update on progress made to date in the delivery of the agreed savings targets built into the 2015/16 budget, setting out risks to anticipated savings and action plans to mitigate these risks.
- 1.2 It is important that the Council regularly monitors its revenue and capital budgets to ensure good financial management. This is achieved within the Council by monitoring the financial results on a monthly basis through briefings to the Cabinet Member for Finance and reports to Cabinet. This ensures Members are regularly updated on the Council's overall financial position and enables the Cabinet to make relevant financial and operational decisions to meet its budgets.
- 1.3 The Budget report to Assembly in February 2015 provided for a target of £15.0m for the General Fund balance and the revenue outturn for 2014/15 led to a General Fund balance of £26.0m. Taking into account the currently projected overspend, together with the proposed use of the GF balance and other reserves to cover the implementation of savings proposals and budget gaps in 2015/16 and 2016/17, the remaining GF balance would be just above the target figure, as shown in the table below:

<b>Projected Level of Reserves</b>	<b>£'000</b>	<b>£'000</b>
Current GF balance		26,024
Other available reserves		7,127
<b>Total available reserves</b>		<b>33,151</b>
<b>Calls on reserves:</b>		
Implementation of savings proposals	(6,243)	
Budget Gap 2016/17	(5,170)	
Projected overspend	(6,288)	
		(17,701)
<b>Projected remaining reserves</b>		<b>15,450</b>

The actual cost of the implementation of savings proposals is being ascertained and this may impact positively on remaining reserves.

- 1.4 The additional level of reserves above the minimum level provides the Council with some flexibility in its future financial planning but, to take advantage of that, it is essential that services are delivered within the approved budget for the year. Overspends within directorate budgets will erode the available reserves and therefore limit the options that reserves could present in the medium term as the Council makes decisions on savings and service provision.

## 2 Current Overall Position

- 2.1 The following tables summarise the spend position and the forecast position of the General Fund and Housing Revenue Account (HRA) balances.

<b>Council Summary 2015/16</b>	<b>Net Budget £000</b>	<b>Full year forecast at end August 2015 £000</b>	<b>Over/(under) spend Forecast £000</b>
<b>Directorate Expenditure</b>			
Adult and Community Services	51,250	51,250	0
Children's Services	62,858	68,833	5,975
CS Programme Costs	0	1,013	1,013
Housing (GF)	98	98	0
Environment	19,477	19,477	0
Chief Executive	17,870	17,870	0
Central Expenses	(109)	(809)	(700)
<b>Total Service Expenditure</b>	<b>151,444</b>	<b>157,732</b>	<b>6,288</b>

	<b>Balance at 1 April 2015 £000</b>	<b>Forecast Balance at 31 March 2017 £000</b>
General Fund	26,024	15,450*
Housing Revenue Account	8,736	8,736

\*Includes the use of GF balances to implement savings proposals and cover potential budget gaps up to 2016/17 – see paragraph 1.3

## **2.2 Chief Finance Officer's comments**

The current Directorate revenue projections indicate an overspend of £6.3m for the financial year, primarily due to the overspend in Children's Services. The vast majority of the overspend remains within Complex Needs and Social Care.

September's Cabinet was asked to note the cost of setting up of a temporary project team to prepare a Outline Business Case aimed at managing service demand and expenditure to deliver a balanced budget over the next two years. The ability of that plan to deliver savings, which will be monitored at a detailed level, will strongly influence any decisions on a spend freeze or other measures to reduce the in year overspend. The monitoring position is forecasting an increased overspend since the last report partially as a result of the inclusion of costs to support the development of the business plan and partly following a thorough review of the various pressures which are now set out in the Outline Business Case at Appendix E.

It is very unlikely that the Children's Services position can be brought back to budget by the end of the financial year, though it is anticipated that it can be significantly reduced, and, therefore, other actions will need to be identified to avoid a very large call on reserves in 2015/16. In the first instance, all Chief Officers have been instructed to contain any other pressures that have been identified within services and, as detailed within the later paragraphs of this report, that is currently expected to occur.

In addition to containing pressures, to ensure adequate reserves are maintained to not only provide the minimum advised buffer but also to enable investment in future programmes to deliver the Council's medium term financial strategy, further reductions in spend or extra income will be needed in all services including Children's Services. As Cabinet noted at its September meeting, it is estimated that the Children's Services programme can reduce spend levels by £11m by March 2017 and therefore consideration could be given to agreeing an overspend against budget for 2015/16 with the general fund balance replenished in 2016/17 to provide the funds for investment to deliver future savings. The full business plan for the delivery of the £11m will be needed before that can be reviewed as a potential option.

Whilst the current forecast overspend would result in a reduction in the Council's General Fund balance, with budget transfers it would still remain above the budgeted target of £15.0m. The Chief Finance Officer has a responsibility under statute to ensure that the Council maintains appropriate balances and the projected year end balance would be just above the target figure.

Looking forward, the revised MTFs approved in August includes additional funding for Children's Services and other demographic/service pressures which, along with the programme for Children's Services outlined above, would be expected to move towards a robust and deliverable budget in 2016/17.

## **2.3 Directorate Performance Summaries**

The key areas of risk which might lead to a potential overspend are outlined in the paragraphs below.

## 2.4 Adult and Community Services

<b>Directorate Summary</b>	2014/15 Outturn £000	2015/16 Budget £000	2015/16 Forecast £000
Net Expenditure	54,025	<b>51,250</b>	<b>51,250</b>
Projected over/(under)spend			<b>0</b>

The Adult and Community Services Directorate is forecast to breakeven by year end. There are a number of pressures within the directorate amounting to c£3.1m, which the department is actively working towards mitigating, as shown in the table below:

<b>Main Pressures</b>	<b>£000</b>
Purchase of Adult Social Care across all client groups	2,127
Pressures against 2015-16 savings targets (see savings tracker appendix for details)	341
Mental Health residential placement costs	431
Better Care fund performance penalty – target for reduced admissions unachieved	182
Impact of Youth Offending Service in year funding cuts	55
<b>Total Pressures</b>	<b>3,136</b>

The volatile Adult Social Care budget reflects an overall forecast pressure of £2.166m, an increase from last month's forecast of £1.808m. This is primarily due to an increase in the forecast spend for purchasing adult social care across all client groups (except mental health). The revised forecast based on current activity data indicates a pressure of £2.127m. This increased pressure is mainly attributed to a small number of high cost transition cases from Children's services and the outcome of re-assessments under the Care Act. The number of crisis intervention cases in the system has begun to decrease slightly but is still at a significantly higher run rate than 2014/15. The service is currently taking urgent action to review cases quickly and reduce numbers. These budgets will continue to be monitored closely throughout the year as activity levels fluctuate.

The remaining pressure of £39k is the net impact of pressure arising from the Maples savings target ACS/SAV/06a which will be partly delivered estimated as £91k and offset by underspends arising from in year vacancies within the Adult Social Care teams of £52k. There are also pressures within the mental health residential placements budget of £431k.

Commissioning and Partnership as a whole reflects an overall pressure of £127k. This is as a result of the estimated £182k Better Care Fund (BCF) performance penalty i.e. a pooled budget managed by LBBD and the Clinical Commissioning Group (CCG) and a £55k in year grant cut in the Youth Offending Service (YOS) being imposed by the Ministry of Justice following the Chancellor's Emergency budget. These pressures are being offset by a £110k in year underspend against the extra care services budgets assuming maximum hours are not utilised.

Of the pressures against savings targets, there is a risk of £0.250m within Culture and Sport in respect of delays to the leisure and cultural services Trust proposal as

a result of a corporate stop and think review currently underway. The proposal includes a further £0.750m savings target in 2016/17 and further dependant Library savings which could also be at risk depending on decisions arising from the review.

The Department holds the funding for Public Health which transferred over to the Council in April 2013. The service is wholly grant funded with a grant of £14.213m in 2015/16. At the end of the last financial year there was a £978k underspend which as a ring-fenced grant has been carried-forward into the current financial year. It was announced that there will be a £200m non-NHS health budget cut in year which will impact the Public Health budget in the region of c£1m. The service is currently reviewing its service plans to manage the implications of the recurring funding cuts. It should be noted that these reductions will impact on services across the council

## 2.5 Children's Services

<b>Directorate Summary</b>	2014/15 Outturn £000	2015/16 Budget £000	2015/16 Forecast £000
Net Expenditure	67,359	<b>62,858</b>	<b>68,833</b>
Programme Costs		<b>1,013</b>	<b>1,013</b>
Projected over/(under)spend			<b>6,988</b>

Significant demand pressures within the Complex Needs and Social Care (CNSC) division have continued from 2014/15 and high demand continues into the current financial year.

Additional funding of £3m has now been included within the Children's Service base budget for 2015/16 in support of the social care demand pressures. The allocation within the department is £2.85m to social care and £0.15m to safeguarding and commissioning. This additional budget was prioritised by Children's Service for staffing to ensure reasonable caseloads (of 1:20) could be delivered. In support of the Children's and Families Bill (meeting the needs of disabled children) an additional £1.250m has also been built into the budget.

September's Cabinet (Recommendation v) agreed to the setting up of a temporary project team, including recruitment specialists, to prepare an Outline Business Case aimed at managing service demand and expenditure to deliver a balanced budget over the next two years. The monitoring position is forecasting an overspend of £6.0m and programme delivery costs of £1.0m in 2015/16. Further details are set out in the Outline Business Case at Appendix E. This work will also feed into the Ambition 2020 project.

## 2.6 Dedicated School Grant (DSG)

The DSG is a ring fenced grant to support the education of school-age pupils within the borough. The 2015/16 DSG allocation is £231.1m, covering Individual Schools Budgets, High Needs and Early Years services.

## 2.7 Housing General Fund

<b>Directorate Summary</b>	2014/15 Outturn £000	2015/16 Budget £000	2015/16 Forecast £000
Net Expenditure	3,417	<b>98</b>	<b>98</b>
Projected over/(under)spend			<b>0</b>

### **Housing General Fund**

Current projections indicate that the service will outturn on budget in 2015/16.

The primary risks to the position are the level of Bed and Breakfast placements and managing arrears. Significant savings are expected to be delivered through a reduction in temporary accommodation placements within Bed and Breakfast accommodation together with the renegotiation of Bed and Breakfast nightly rates.

The number of Bed and Breakfast placements stood at 72 at the end of August which is slightly above the budgeted average of 68. However, despite peaking briefly at 81 in May, average numbers over the whole of the first 5 months of the year stand at 59. The projected average number of placements per month for the year is now estimated to be 58. The resulting underspend is being used to fund additional payments to private sector lease providers in order to ensure a continuous supply of properties, security and reception improvement works at several of the Council's hostels, payments to the East London Housing Partnership and to manage the revised income profile due to the rescheduling of the opening of Butler Court.

Arrears have increased by £211k since the start of the financial year, although this is partly due to a backlog in processing Housing Benefit claims. The current level of bad debt provision is expected to be sufficient based upon current assumptions.

The opening of Butler Court Hostel has been rescheduled to facilitate the provision of additional units. The facility was initially expected to open in October with 69 units, however, now that full access has been obtained, it has been established that a further 11 units can be provided. The facility is now expected to open in February with 80 units. The enhanced refurbishment of the hostel will be funded from corporate budgets and will result in a higher level of ongoing income.

The combination of additional hostel units at Butler Court and 50 Waking Road alongside active placement management is expected to deliver a breakeven position and enable the service to deliver its savings target. There are, however, significant risks in this area if the forecast reduction in Bed and Breakfast numbers is not achieved, the available supply of PSL properties does not meet demand or the amount of bad debt increases substantially above the current provision.

## 2.8 Environment

<b>Directorate Summary</b>	2014/15 Outturn £000	2015/16 Budget £000	2015/16 Forecast £000
Net Expenditure	19,687	<b>19,477</b>	<b>19,477</b>
Projected over/(under)spend			<b>0</b>

Pressure of just under £3m is expected to be contained within Environmental Services (see table below):

<b>Main Pressures</b>	<b>£000</b>
Parking Services - Impact of De-regulation bill and existing pressures.	1,795
Pressures against 2015-16 savings targets (see savings tracker appendix for details)	326
Pressures against income targets in Environmental services	568
Stour Road buildings	90
<b>Total Pressures</b>	<b>2,779</b>

Environmental Services currently has a challenging pressure of c£2.8m which it is expected to contain. The most significant element of the £2.8m pressure is £1.795m against the Parking account as a result of the De-Regulation Act 2015 which came into effect in April 2015 having gained ministerial approval in late March 2015. The service continues to apply various enforcement strategies to mitigate the pressure. The service also has a historic pressure due to delays in determining the future use of 2 and 90 Stour Road this pressure is currently estimated as £0.09m. There are also a number of risks against income targets within the service which need to be closely monitored. The service is currently working to ensure that the pressure is mitigated.

A challenging savings target of £1.710m is built into the 2015/16 budget. These are largely in the process of being delivered or already implemented. However, current forecasts indicate under delivery of £0.326m (see savings tracker for further details). Where under delivery has been identified, the Department is actively managing the resulting pressure.

The Department is working to ensure pressures are managed, income opportunities reviewed, posts held vacant, recharges and income collection up to date and expenditure managed across the department.

## 2.9 Chief Executive's Directorate

<b>Directorate Summary</b>	2014/15 Outturn £000	2015/16 Budget £000	2015/16 Forecast £000
Net Expenditure	18,716	<b>17,870</b>	<b>17,870</b>
Projected over/(under)spend			<b>0</b>

Chief Executive's Directorate is currently on target to spend to budget this year though that is dependent on a number of pressures being contained within services.



There are over £2.5m of savings relating to Elevate services for 2015/16 including large individual savings relating to the transformation of ICT and Customer Services and the automation of other services. These are being monitored through joint programme boards with Elevate and Agilisys with the highest risk on parts of the automation proposals. There is also substantial ongoing demand pressures on the benefits services with high numbers of new claims and changes in circumstances that are having to be managed within existing resources.

There are pressures totalling £0.215m within Human Resources through the under-recovery of some school buybacks and underachievement of income on the Learning and Development budget. These pressures are being mitigated through reducing expenditure on Learning and Development budgets, and reducing the cost of training venues.

At the end of August, Legal and Democratic Services have already achieved their income target for the year, in addition to delivering against their savings target. If the level of trading activity continues, this is likely to generate significant surplus income.

The Asset Strategy team are currently carrying out a series of rent reviews which will result in the generation of additional rental income. It is expected that the income generated will be re-invested into the commercial properties portfolio to protect or increase future revenues. Any income not invested will generate an overachievement of the income budget in the Asset Strategy team.

At the end of August, the Directorate is reporting a breakeven position and will be mitigating the pressures.

## 2.10 Central Expenses

<b>Directorate Summary</b>	<b>2014/15 Outturn</b>	<b>2015/16 Budget</b>	<b>2015/16 Forecast</b>
	£000	£000	£000
Net Expenditure	2,186	<b>(109)</b>	<b>(809)</b>
Projected over(under)spend			<b>700</b>

This budget covers treasury management costs (interest paid on loans and received on investments), budgets to cover the costs of redundancy and doubtful debts and a small contingency to cover any unforeseen pressures.

Currently expenditure and income is forecast to be below budget as a result of the work of the Treasury team to achieve good returns on the Council's cash deposits without a significant increase in the risk taken, in a low interest environment.

## 2.11 In Year Savings Targets – General Fund

The delivery of the 2015/16 budget is dependent on meeting a savings target of £23.5m. Directorate Management Teams are monitoring their targets and providing a monthly update of progress which is summarised in the table below. Where there are shortfalls, these will be managed within existing budgets and do not affect the monitoring positions shown above.

A detailed breakdown of savings and explanations for variances is provided in Appendix B.

<b>Directorate Summary of Savings Targets</b>	<b>Target £000</b>	<b>Forecast £000</b>	<b>Shortfall £000</b>
Adult and Community Services	4,145	3,804	<b>341</b>
Children's Services	2,065	1,845	<b>220</b>
Housing (GF)	1,005	1,005	-
Chief Executive	14,595	13,751	<b>844</b>
Environment & Enforcement	1,710	1,384	<b>326</b>
<b>Total</b>	<b>23,520</b>	<b>21,789</b>	<b>1,731</b>

## 2.12 Housing Revenue Account (HRA)

The HRA is currently forecast to breakeven. More detailed monitoring information is given in Appendix C.

### Income

Income is expected to be ahead of budget by £1.914m. This is due to an increase in the number of HRA Decants being used for Temporary Accommodation generating £1.2m additional income to the HRA than originally budgeted (£2.2m) and increased water charges (£0.6m) as notified by the water provider after Council budgets were agreed. There is a net nil impact to the HRA of the increased water charges as these are collected by the council and passed through to the water company.

The main risk to the income position is collection performance and stock movements. The current performance on rent collection is 97.97% compared to the target of 99.24%. This creates a shortfall in cash collected of £0.962m. Changes in government policy around repeat claims for Discretionary Housing Payments (DHP) have also impacted the allocation of DHP towards housing rents. Additional proactive work is being undertaken to mitigate the shortfall in income collection through rent campaigns and other proactive work. The housing service has been working with Capita to produce useful and valuable data which will assist in developing intervention models which will lead to improved rent collection levels and reductions in rent arrears. The position will be monitored closely throughout the year and it is expected that the shortfall will be recovered towards the end of the year. However, if the position isn't recovered there will be increasing pressure on the bad debt provision due to increasing arrears and the likelihood of additional bad debts being written off.

Stock movements are monitored as an increasing level of Right to Buy activity and higher than budgeted void levels may adversely impact rental income. Although there have been fewer Right to Buy sales year to date (85) compared to a budget profile of 92, however, due to demand fluctuations over the course of a year, current projections continue to assume 220 sales.

Provision has been made within the HRA through increased bad debt provision plus the availability of discretionary housing payments to mitigate any impact of welfare reform.

## Expenditure

Expenditure is expected to be over budget by £1.914m. This is partly due to the increase in water charges payable to the water company as explained above.

In order to achieve a breakeven position, the Housing service will need to manage cost pressures within the year. The most significant risk area is Repairs and Maintenance which is reporting an overspend of £1m. The forecast position is dependant on a number of management actions including the greater use of in-house workforce over sub contractors and the implementation of a revised repairs policy.

Existing pressures include restructure and efficiency savings not delivered in 2014/15, pressures on staffing budgets and pressure on sub-contractor spend due to the high levels of responsive repairs carried out by external contractors. Action to address the position includes establishing further productivity improvements, the introduction of a revised repairs policy to manage the workload run rate and the increased utilisation of in-house staff on capital schemes and responsive jobs in place of external sub-contractors

The additional income raised from HRA decants units for temporary accommodation is currently offsetting projected overspends in Repairs and Maintenance. The forecast revenue contribution to capital is expected to be £0.2m higher than budget.

## HRA Balance

It is expected that HRA balances will remain at £8.7m.

### 2.13 Capital Programme 2015/16

The Capital Programme forecast against budget as at the end of August 2015 is as follows:

	2015/16 Current Budget £'000	Actual Spend to Date £'000	2015/16 Forecast £'000	Variance against Budget £'000
Adult & Community Services	2,682	678	2,682	0
Children's Services	33,474	8,385	32,803	(671)
Environmental Services	4,215	1,064	4,205	(10)
Chief Executive Directorate	12,437	2,079	12,385	(52)
General Fund Housing (EIB)	6,222	770	6,222	0
<b>Subtotal - GF</b>	<b>59,030</b>	<b>12,976</b>	<b>58,297</b>	<b>(733)</b>
HRA	77,987	35,778	80,362	2,375
<b>Total</b>	<b>137,017</b>	<b>48,754</b>	<b>138,660</b>	<b>1,642</b>

## **Summary**

The 2015/16 capital programme, with the inclusion of the General Fund Housing EIB schemes, stands at a revised budget of £137.0m, and Directorates are anticipating an overall Overspend of £1.642m.

## **New Capital Schemes**

There are no new schemes this month.

## **Adult & Community Services (ACS)**

Adult & Community Services has a current budget for 2015/16 of £2.682m and is currently not projecting any over or under spends across the Directorate.

## **Children's Services (CHS)**

Children's Services has a budget of £33.4m, and is currently expecting to underspend by £0.671m overall. This is a net position and results from a number of individual scheme variances. Schemes with (under) or over spends of £0.1m or more include:

Eastbury Primary	(£0.238m)
Warren/Furze Expansion	(£0.241m)
Village Infants	£0.238m
Jo Richardson Expansion	£0.666m
Barking Riverside Free School	(£1.100m)

Under and overspends are returned to and drawn from the total Basic Need funding allocation, some of which is budgeted for future years. Officers will continue to ensure that the overall programme is delivered within budget across all years and that all schools are completed in time for the required new intake deadlines.

## **Environmental Services (ES)**

Environmental Services has a current capital programme of £4.2m and is currently projecting an underspend of £0.010m, which is specifically in relation to the Road Safety Improvement Scheme.

## **Chief Executive (CEO)**

The Directorate has a current budget of £12.4m and is currently projecting an underspend of £0.52m across the Directorate. This is a net position and results from a number of individual scheme variances. Schemes with (under) or over spends of £0.1m or more include:

The Barking Bath House / Cambridge Road Development	(£0.300m)
Shopping Parade Enhancements	(£0.121m)
The Merry Fiddler Junction Improvements	£0.170m

The projected overspend on the Merry Fiddlers scheme will be funded by additional Section 106 money.

## **Housing Revenue Account (HRA)**

The HRA has a budget of £77.987m, and is currently forecasting an overall overspend of £2.375m, as set out below:

### Investment in Stock

This area has a budget of £43.2m and is projecting an overall break-even position. Although there are some offsetting variances within this position, including under and overspends of £0.9m against Decent Homes South and Fire Safety works respectively.

### Estate Renewal

This area has a current budget of £6.4m, and projecting to spend £9.7m in this financial year as a result of being ahead of schedule and incurring accelerated spend. This overspend will be funded by bringing forward future year Estate Renewal budgets (of which there is currently £6.0m in each of the following two financial years).

### New Build Programme

The New Build Programme has a budget of £28.2 and is projecting to underspend by £0.955m. New build schemes with (under) or over spends of £0.1m or more include:

Lawns & Wood Lane Development	(£0.100)
Abbey Road	(£0.163)
The Leys (including phase 2)	(£0.166)
Goresbrook Village	£0.347
Ilchester Road	(£0.478)
North Street	(0.395)

The Lawns & Wood Lane, Abbey Road, and Goresbrook Village schemes are now complete, with only final retentions to be released. The Leys phase 1 is progressing, and phase 2 is expected to start on site late 2015/early 2016. The Ilchester Road and North Street schemes have both been delayed due to prolonged planning processes. Individual scheme variances will be drawn from / returned to the overall five-year HRA business plan.

The detailed scheme breakdown is shown in Appendix D.

## 2.14 **Financial Control**

At the end of August, the majority of key reconciliations have been prepared and reviewed. Where they are outstanding, an action plan has been put in place to ensure that they are completed by the end of the financial year.

## **3 Options Appraisal**

- 3.1 The report provides a summary of the projected financial position at the relevant year end and as such no other option is applicable for appraisal or review.

## **4 Consultation**

- 4.1 The relevant elements of the report have been circulated to appropriate Divisional Directors for review and comment. Individual Directorate elements have been subject to scrutiny and discussion at their respective Directorate Management Team meetings.

## **5 Financial Implications**

5.1 This report details the financial position of the Council.

## **6 Legal Issues**

6.1 Local authorities are required by law to set a balanced budget for each financial year. During the year there is an ongoing responsibility to monitor spending and ensure the finances continue to be sound. This does mean as a legal requirement there must be frequent reviews of spending and obligation trends so that timely intervention can be made ensuring the annual budgeting targets are met.

### **Background Papers Used in the Preparation of the Report:**

Oracle monitoring reports

### **List of Appendices**

- **Appendix A** – General Fund expenditure by Directorate
- **Appendix B** – Savings Targets by Directorate
- **Appendix C** – Housing Revenue Account Expenditure
- **Appendix D** – Capital Programme
- **Appendix E** – Outline Business Case for the Social Care Ambition and Financial Efficiency (SAFE) Programme

## GENERAL FUND REVENUE MONITORING STATEMENT

### August 2015/16

Directorate	Outturn 2014/15	Revised Budget	Forecast Outturn	Forecast Variance
	£000	£000	£000	£000
<b><u>Adult &amp; Community Services</u></b>				
Adult Social Care	31,072	25,921	27,804	1,883
Commissioning & Partnership	10,084	10,368	10,620	252
Culture & Sport	6,429	3,483	3,733	250
Mental Health	3,956	3,434	3,865	431
Public Health	785	-	-	-
Management & Central Services	1,699	8,044	5,228	(2,816)
	<b>54,025</b>	<b>51,250</b>	<b>51,250</b>	<b>-</b>
<b><u>Children's Services</u></b>				
Education	4,660	4,642	4,742	100
Complex Needs and Social Care	42,564	37,863	43,358	5,495
Commissioning and Safeguarding	9,166	9,373	9,753	380
Other Management and Programme Costs	10,969	10,980	11,993	1,013
	<b>67,359</b>	<b>62,858</b>	<b>69,846</b>	<b>6,988</b>
<b><u>Children's Services - DSG</u></b>				
Schools	176,960	182,336	182,336	-
Early Years	19,329	16,549	16,549	-
High Needs	28,807	28,087	28,087	-
Non Delegated	737	918	918	-
Growth Fund	2,375	3,250	3,250	-
School Contingencies	-	(22)	(22)	-
DSG/Funding	(228,208)	(231,118)	(231,118)	-
	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b><u>Environment &amp; Enforcement</u></b>				
	<b>19,687</b>	<b>19,477</b>	<b>19,477</b>	<b>-</b>
<b><u>Housing General Fund</u></b>				
	<b>3,417</b>	<b>98</b>	<b>98</b>	<b>-</b>
<b><u>Chief Executive Services</u></b>				
Chief Executive Office	12	(27)	(27)	-
Strategy & Communication	(2)	292	107	(185)
Legal & Democratic Services	(192)	493	493	-
Human Resources	(89)	711	896	185
Corporate Finance & Assets	16,384	15,139	15,139	-
Regeneration & Economic Development	2,603	1,262	1,262	-
	<b>18,716</b>	<b>17,870</b>	<b>17,870</b>	<b>-</b>
<b><u>Other</u></b>				
Central Expenses	(6,579)	(11,696)	(12,396)	(700)
Levies	9,809	10,755	10,755	-
Budgeted Reserve Drawdown	(1,044)	-	-	-
Contingency	-	832	832	-
	<b>2,186</b>	<b>(109)</b>	<b>(809)</b>	<b>(700)</b>
<b>TOTAL</b>	<b>165,390</b>	<b>151,444</b>	<b>157,732</b>	<b>6,288</b>

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**Directorate Savings Targets: Progress at Period 5****Adult and Community Services**

Ref:	Detail	Current Position (please also state if a project is required to deliver the savings)	Target	Forecast	Variance
			£000	£000	£000
ACS/SAV/01	Workforce remodelling	On track to be delivered.	584	584	0
ACS/SAV/02a	Safeguarding adults - quality assurance and protection of property	Achieved	104	104	0
ACS/SAV/02b	Safeguarding adults - Domestic Violence and Hate Crime	Achieved	22	22	0
ACS/SAV/03a	Older People accommodation based services - review of Kallar Lodge	Achieved	100	100	0
ACS/SAV/06a	Personalisation of Learning Disability Day Services and consequential closure of The Maples.	Delays expected. Date of full implementation dependent on completion of a number of processes; there is a need to identify solutions with individual service users and their families. A Project Board is in place.	257	166	91
ACS/SAV/06b	Staffing efficiencies at 80 Gascoigne Road.	Achieved	70	70	0
ACS/SAV/07	Withdraw subsidy from Relish café.	Achieved	120	120	0
ACS/SAV/10	Care and support in the home focused on people with doubling up of care staff as a result of high needs	On track to be delivered.	85	85	0
ACS/SAV/12d	Community Interest Company delivering a range of services using creative arts	Achieved	16	16	0
ACS/SAV/12f	The Foyer Supported Living for 18-24 year olds	On track to be delivered.	275	275	0
ACS/SAV/12h	Summerfield House supported living for mothers aged 16-24 and their babies	Achieved	143	143	0
ACS/SAV/12i	Bevan House supported living for vulnerable families	On track to be delivered.	98	98	0
ACS/SAV/13b	Increase in social care income budget.		300	300	0

**Appendix B**

<b>Ref:</b>	<b>Detail</b>	<b>Current Position (please also state if a project is required to deliver the savings)</b>	<b>Target £000</b>	<b>Forecast £000</b>	<b>Variance £000</b>
ACS/SAV/15a	Integration and Commissioning and Directorate Support teams	Achieved	200	200	0
ACS/SAV/16	Alcohol Services for adults and young people - to fund from Public Health grant	Achieved	495	495	0
ACS/SAV/17	Reduce range of crime and Anti Social Behaviour interventions - Victim Offender Location Time work	Achieved	47	47	0
ACS/SAV/18	Community Safety and IOM work - fund the Anti Social Behaviour Team from a range of funding streams rather than the GF	Achieved	75	75	0
ACS/SAV/19	Youth Offending Service reduction in Out of Court work	Achieved	92	92	0
ACS/SAV/24	School library service to be full cost recovery and Home Library Service to be delivered by volunteers.	On track to be delivered.	56	56	0
ACS/SAV/26	Delete Libraries casual staffing budget and transfer of centrally controlled costs	On track to be delivered.	35	35	0
ACS/SAV/23a	Reduce book fund	Achieved	10	10	0
ACS/SAV/29a	Broadway Theatre - transfer to College	Achieved	200	200	0
ACS/SAV/30	Community Halls - community managed or close	Achieved	52	52	0
ACS/SAV/31	Leisure centres - Management and reception staff	On track to be delivered. Links to ACS/SAV/36	47	47	0

**Appendix B**

<b>Ref:</b>	<b>Detail</b>	<b>Current Position (please also state if a project is required to deliver the savings)</b>	<b>Target £000</b>	<b>Forecast £000</b>	<b>Variance £000</b>
ACS/SAV/32	Leisure centres - extraordinary increase in net income	Requires Corporate marketing support to deliver following centralisation of budgets.	40	40	0
ACS/SAV/34	Sport & Physical Activity team management cost reduction.	Achieved	152	152	0
ACS/SAV/36	Leisure and cultural services trust proposal	Risk to delivery this financial year – awaiting outcome of review	250	0	250
ACS/SAV/39	Active Age Centres income	On track to be delivered	120	120	0
EH001	Food Safety Team Funding - Transfer of funding liability from General Fund to Public Health Grant	Funded through Public Health grant – saving delivered	100	100	0
<b>Total</b>			<b>4,145</b>	<b>3,804</b>	<b>341</b>

## Children's Services

Ref:	Detail	Current Position (please also state if a project is required to deliver the savings)	Target £000	Forecast £000	Variance £000
CHS/SAV/23	Significant reduction in improvement support for education	Alternative saving identified via capitalisation of revenue expenditure	100	100	0
CHS/SAV/25b	Childcare and early years - move to DSG	Achieved saving on general fund by utilisation of legitimate expenditure to grant	455	455	0
CHS/SAV/26	Children's Centres, part of policy paper re frontline service delivery (use of libraries, developing hubs approach etc. and use of assets Closure of a number of centres	On target by reducing activities for young children and their parents and seeking alternative funding for the play and communications (language development work)	400	400	0
CHS/SAV/27	Youth Service - reconfigure to voluntary sector provision with £100k budget	On target by reducing the number of youth sessions provided across the borough via youth centres, StreetBase Local community youth clubs and the youth bus	100	100	0
CHS/SAV/28b	Educational psychology - provision using DSG only	Income generation will be monitored through out the year by an increase in income generation of the traded element of the service and a review of methods of service delivery focused on reducing the costs of the service while maintaining quality. DSG income supported only cost centre. In addition this will be partially offset by increased levels of new EHC plans, for which additional funding has been provided.	440	220	220
CHS/SAV/34	Reduction in CIN (c20 year 1, c120 year 2, c60 year 3) due to impact of Troubles Families agenda	On target with utilisation of the grant funding to reduce CIN numbers through impact of the Troubled Families agenda	50	50	0

**Appendix B**

CHS/SAV/30	CAMHS - reduce to statutory minimum for year 1 and then delete service	On target but high risk at tier 2 but achievable by reducing Primary Mental Health Workers from 6 to 3 in 15\16	100	100	0
CHS/SAV/31	Limited support to Local Safeguarding Children's Board (LSCB). Reduce Child Death Overview Panel (CDOP) Manager to 0.5	Demand and risk driven, will be monitored due to demand placed upon the LSCB. The CDOP manager is responsible for overseeing all child deaths that take place in B&D. The role is statutory and is part funded by the CCG for the rapid response function. Saving is to reduce this support.	15	15	0
CHS/SAV/37	Reduce GF contribution to Information & Statistics team	On target and achievable by removing general fund contribution to the team	30	30	0
CHS/SAV/25a	Reduction in support to quality Childcare and early years provision	Budget/saving removed via training, development and marketing centralisation - £46k relates to training budget and achievable with staffing reduction	200	200	0
CHS/SAV/28a	Social care learning and development	Saving now recentralised	125	125	0
CHS/SAV/29	Access and connect - reduction in rewards available to young people to incentivise healthy behaviours	On target to be achieved	50	50	0
<b>Total</b>			<b>2,065</b>	<b>1,845</b>	<b>220</b>

## Environment and Enforcement

Ref	Detail	Current Position (please state if project is required to deliver savings)	Target	Forecast	Variance
			£000	£000	£000
ES001	Loss of proactive drainage clearance	Saving has been delivered	80	80	0
ES002	Changes to winter maintenance of highway network	Saving has been delivered	35	35	0
ES007	Increase Parking Charges for all parking locations	New charges implemented. We are monitoring activity to assess purchasing trends and any impact on demand which may affect delivery of saving – hence amber rating.	190	190	0
ES008	Restructure Facilities Management - Building Services Officers - post deletions	Awaiting redundancy sign off	101	101	0
ES009A	Streamlining Building Cleaning	Saving has been delivered	49	49	0
ES009B	Building Cleaning - removal of Living Wage subsidy to school contracts	Saving cannot be delivered until 2016/17. Schools have contracts limiting any price increase in 2015/16. However, income from ad hoc activity and new contracts is expected to mitigate the pressure in 2015/16. Progress will be periodically monitored.	96	96	0
ES010B	Prestart payment to drivers	Expected to take effect from November 2015, so will not deliver full year savings	53	22	31
ES012	Cease green garden waste collection	Saving was based on fully chargeable service in place from September 2015. However, delays in implementing this mean that charging is now only likely to start in April 2016.	110	0	110
ES014	Market Management	Transfer is from 25 April 2015. Achieved	281	281	0
ES015	Redesign of street cleansing operations	Service redesign is in place already.	243	243	0
ES016	Income generation in cemeteries	Concessions and extension of	30	15	15

Ref	Detail	Current Position (please state if project is required to deliver savings)	Target £000	Forecast £000	Variance £000
		burial/memorial offer will not be fully achieved in 2015. Will require a programme to deliver future ambitions for income growth			
ES019	Use of Public Health Grant to incentivise Council priorities through sports participation	Grant arrangements agreed for yr 1, but sustaining this will require all clubs/teams to develop significant capacity to deliver to club standard. Requires a programme to also pick up outcomes of playing pitch strategy	65	65	0
ES020	Increases in income expected from future regulatory activity.	Trajectory of enforcement actions is positive but remains below necessary levels. Recovery rates are also lagging. Requires a programme aimed at broader transformation.	125	25	100
ES021	Increase income from_staff parking charges	New charges implemented. We are monitoring buying patterns as reduced demand may impact delivery – hence amber rating.	30	30	0
ES022	Marketing in the public realm	Existing strategies for selling advertising space are providing limited income. Review of corporate arrangements is required.	70	0	70
ES025	Domestic bins rental	Recharge agreed	17	17	0
ES026	Recycling bins rental – Recharge to HRA	Recharge agreed	135	135	0
<b>Total</b>	<b>Environment and Enforcement</b>		<b>1,710</b>	<b>1,384</b>	<b>326</b>

Housing General Fund

Ref	Detail	Current Position (please state if project is required to deliver savings)	Target	Forecast	Variance
			£000	£000	£000
HGF001	Expand Council hostel portfolio to accommodate temporary placements instead of using expensive B&B accommodation.	Saving expected to be delivered. YTD average below budget assumption and the provision of additional hostel units expected to improve this further. Additional units are expected to be provided within the Foyer and Butler Court - although delays would impact this position. It should be noted that unforeseen increases in TA demand may impact on the ability to deliver saving.	900	900	0
HGF002	Housing Advice & Temporary Accommodation	Charges implemented - saving delivered	74	74	0
HGF003	Housing Strategy	Controls on non mandatory spend in place therefore saving delivered	31	31	0
<b>Total</b>			<b>1,005</b>	<b>1,005</b>	<b>0</b>



**Chief Executive's**

<b>Ref:</b>	<b>Detail</b>	<b>Current Position (please state if a project is required to deliver the savings)</b>	<b>Target £000</b>	<b>Forecast £000</b>	<b>Variance £000</b>
CEX/SAV/01	Staff reduction Sustainable Communities and Economic Development	Posts currently vacant	99	99	0
CEX/SAV/02	Increase Income in Strategic Transport area	LIP budget for 2015/16 already allocated with increased level of top slice.	63	63	0
CEX/SAV/03	Stop all business support activity e.g. business enterprise centre (move to no cost from 2015-16)	Stakeholders informed with regard to ceasing of funding. Employee to leave at end of March	224	224	0
CEX/SAV/04	Increase income in Development Planning area	Budget increased, current income levels suggest this enhanced target is achievable	85	85	0
CEX/SAV/05	Reduction in planning policy posts and amalgamation of Planning Policy Manager post and Strategic transport post	Savings on target to be delivered.	24	24	0
CEX/SAV/06	Reduction in supplies and services budget	Budgets reduced and savings on target to be delivered.	45	45	0
CEX/SAV/07	Increase in income from Capital Programme	Recharges agreed	20	20	0
CEX/SAV/7b	Reduction of costs in Sustainable Communities area	This would be delivered through recharges to Capital. This is on target to be delivered.	200	200	0
CEX/SAV/08	Increase in income employment and skills	Budget increased to reflect previous years levels of income	100	100	0
CEX/SAV/08a	Recharge to the HRA in respect of supporting Housing Tenants into permanent employment.	Budget increased to reflect previous years levels of income	200	200	0

**Appendix B**

<b>Ref:</b>	<b>Detail</b>	<b>Current Position (please state if a project is required to deliver the savings)</b>	<b>Target £000</b>	<b>Forecast £000</b>	<b>Variance £000</b>
CEX/SAV/08b	Capital Commissioning & Delivery Group – To generate an annual surplus of £50k through additional framework contract income and reduce General Fund recharges by £90k.	Savings on target to be delivered	140	140	0
CEX/SAV/09	Reduce democratic services structure dependant on moving towards a shared service and reducing the number and frequency of statutory meetings	Savings on target to be delivered but Leader may request that the post is put back into the structure.	47	47	0
CEX/SAV/10	Increase Legal trading income	Savings on target to be delivered	135	135	0
CEX/SAV/11	General Fund reduction in supplies and services budget for legal services	Savings on target to be delivered	75	75	0
CEX/SAV/12a	Member training stopped with exception of the training required for members to serve and operate on the quasi-judicial meetings	Remaining training to be funded from corporate L&D fund, which is already under pressure.	55	55	0
CEX/SAV/12b	Members Pension Contribution	Savings on target to be delivered	100	100	0
CEX/SAV/13	Residents Survey - no postal survey but online	Savings on target to be delivered	15	15	0
CEX/SAV/14	Centralise and top slice marketing and publicity budgets across Council	Consolidated M&C budgets are not sufficient to cover commitments and statutory obligations.	300	300	0
CEX/SAV/14a	Centralisation and top slicing of marketing and publicity budgets across the Council	Consolidated M&C budgets are not sufficient to cover commitments and statutory obligations	100	100	0
CEX/SAV/15	Remodel marketing and communications service - core minimum team and consider shared service with Thurrock	Shared M&C service is no longer possible with Thurrock.	250	250	0
CEX/SAV/15a	Further remodelling of marketing and comms	Shared M&C service is no longer possible with Thurrock	50	50	0

Ref:	Detail	Current Position (please state if a project is required to deliver the savings)	Target £000	Forecast £000	Variance £000
CEX/SAV/17	Develop a Research and Intelligence Hub	Saving requires consultation with Children's services and Public health to determine a forecast.	100	100	0
CEX/SAV/18	Centralise training and development budgets to improve efficiency of use and make saving	Departments are reducing the amount of budgets initially identified as budgets to be centralised. This has reduced the amount of budget available for training and development needs across the Council.	475	475	0
CEX/SAV/21	Reduce health and safety provision, but must meet statutory responsibilities	Increased Income target should be achievable given current rate of HR and OH income generation	100	100	0
CEX/SAV/22	Look to provide employee relations advice in a different way	Savings on target to be delivered.	47	47	0
CEX/SAV/22a	Reduce the size of the HR Business Partner Team	Savings on target to be delivered.	60	60	0
CEX/SAV/23a	Additional savings to be delivered through centralising training and development budgets to improve efficiency of use	Departments are reducing the amount of budgets initially identified as budgets to be centralised. This has reduced the amount of budget available for training and development needs across the Council.	175	175	0
CEX/SAV/23b	Reduction in Business Change team staff	Savings on target to be delivered.	22	22	0
CEX/SAV/24	Remove Invest to Save budget	Savings on target to be delivered.	1,000	1,000	0
CEX/SAV/25	Debt interest payments	No issues as there is expected to be no further borrowing required in 2015/16 based on the current debt interest budget.	250	250	0
CEX/SAV/26	Minimum Revenue Provision (MRP) accounting	On target to be delivered	2,700	2,700	0
CEX/SAV/27	Investment income - rate change	Although the expected rate change has	500	500	0

Appendix B

Ref:	Detail	Current Position (please state if a project is required to deliver the savings)	Target £000	Forecast £000	Variance £000
		not occurred the Council is positioned to make the agreed savings for 2015/16			
CEX/SAV/29	Investment income - increase risk appetite	The investment strategy have been amended to allow the required the Council to achieve this target.	250	250	0
CEX/SAV/30a	Shared accountancy service	Shared service did not proceed, however, a restructure has been implemented to produce the required level of saving. Due to delayed implementation however, the full year effect has not been achieved.. Pressure could be reduced as a result of a number of vacant posts.	500	450	50
CEX/SAV/31	Capital Programme Management Office (CPMO)	Recharge to HRA has been agreed	25	25	0
CEX/SAV/33	Treasury recharge to Pensions	Recharges agreed	20	20	0
CEX/SAV/34	Project Manager/Accountant	Recharge to HRA from Innovation & Funding has been agreed.	30	30	0
CEX/SAV/35	Innovation & Funding consultancy budget	Budget referred to was used to fund costs in respect of the BSF programme which has now ended – savings therefore achieved	150	150	0
CEX/SAV/36	External treasury management	Savings delivered.	75	75	0
CEX/SAV/37	Card transaction costs	This has been implemented. No Issues.	35	35	0
CEX/SAV/38	Introduce credit card charging	Due to the complexity of setting up the charging mechanism for credit cards it is likely that this will only be fully implemented by May 2015. Despite the delay it is expected that the savings target will be achieved.	40	40	0
CEX/SAV/39	Benchmarking clubs	Expected to be delivered	40	40	0

Ref:	Detail	Current Position (please state if a project is required to deliver the savings)	Target £000	Forecast £000	Variance £000
CEX/SAV/40	Corporate sponsorship	Dagenham & Redbridge FC has been informed that this funding will cease.	30	30	0
CEX/SAV/41	Audit fees	Corporate Management saving – achieved in 2014/15	100	100	0
CEX/SAV/42	Energy team	Issues with where this saving will be realised from - potential double counting with Facilities saving	25	0	25
CEX/SAV/43	Compliance team	No issues, savings delivered	55	55	0
CEX/SAV/45	Maritime House	No issues, savings on target to be delivered	115	115	0
CEX/SAV/46	Internal audit days - reduce plan	Audit plan reduced	45	45	0
CEX/SAV/48	Client team restructure	An officer's post will now not be deleted until 30 June 2015. This creates a pressure on this saving which will be mitigated from within the service.	100	100	0
CEX/SAV/49	Registrars Cost/Income	Savings target will not be delivered.	50	10	40
CEX/SAV/50	Taxicard Scheme	No issues savings on target to be delivered.	160	160	0
CEX/SAV/52a	Reduce council tax exemptions	The saving has been included in the Council Tax base for 2015/16. The level of Council Tax income will be monitored throughout the year to ensure it remains on budget.	200	200	0
CEX/SAV/52b	Amend council tax support scheme	The proposal to change the Local Council Tax support scheme, reducing the level of support from 85% to 75% was expected to generate additional Council Tax revenue of £0.7m. At period 4, the forecast for year end collection is estimated to be £0.25m which is significantly under target. This	700	250	450

Ref:	Detail	Current Position (please state if a project is required to deliver the savings)	Target £000	Forecast £000	Variance £000
		position will be monitored closely to assess the ongoing impact of the support scheme reduction.			
CEX/SAV/54	Shared insurance service	Saving still to be determined / agreed with Thurrock	18	18	0
CEX/SAV/54a	Additional recharge to the HRA - Innovation & Funding	Recharge agreed	25	25	0
CEX/SAV/54c	Reduction in Council Tax bad debt provision	The saving has been included in the Council Tax base for 2015/16. The level of Council Tax collection will be monitored throughout the year to ensure it remains on budget.	100	100	0
CEX/SAV/54d	Reduction in Temporary Accommodation bad debt provision	Expected to be delivered based upon current position and delivery of Housing TA savings.	250	250	0
CEX/SAV/54e	Increase duration risk on external investments	The investment strategy have been amended to allow the required the Council to achieve this target.	100	100	0
CEX/SAV/54f	Pay Pension Fund contributions on 1 April instead of monthly	This is on target. No Issues.	60	60	0
CEX/SAV/54g	Increase saving from centralisation of Fol/Complaints	Behind schedule – team restructure unlikely to be completed until Sept.	110	55	55
CEX/SAV/55	Elevate Overheads	Removal of overhead contribution to be negotiated as part of wider contract changes. Terms agreed but not formally contracted.	488	488	0
CEX/SAV/56	B&Ddirect - Customer Services Channel Shift	Elevate – Savings to be addressed as part of the overall new contractual deal.	64	64	0

Ref:	Detail	Current Position (please state if a project is required to deliver the savings)	Target £000	Forecast £000	Variance £000
CEX/SAV/58	Withdrawal of the Benefits Direct service at One Stop Shops.	Bens Direct closed at the end of February with resources transferring to the back office.	259	259	0
CEX/SAV/60	Automation of Inbound Email/Post Processing	Elevate – Savings to be addressed as part of the overall new contractual deal.	270	270	0
CEX/SAV/61	Council Tax - invest to collect more	Change notice agreed for additional resource along with commensurate change in collection target. Will be monitored monthly.	369	369	0
CEX/SAV/62	Property Services	Creates a pressure on repairs agenda on commercial portfolio but will be mitigated by increased income and whole business review being carried out by group manager.	138	138	0
CEX/SAV/63a	ICT End User Technologies	Initial service proposal agreed between Agilisys and ICT Client. Design workshops scheduled. Target cost payable to Elevate for the service has been reduced.	135	135	0
CEX/SAV/63b	ICT Service Management fulfilment		41	41	0
CEX/SAV/63c	ICT Infrastructure Applications		254	254	0
CEX/SAV/64	Client Team reduction	No issues savings on target to be delivered.	45	45	0
CEX/SAV/65	Returning services - management fee	No issues savings on target to be delivered.	136	136	0
CEX/SAV/66	Private Finance Initiative Monitoring efficiency	No issues savings on target to be delivered.	50	50	0
CEX/SAV/67	PMO efficiency	Redundancy of client side role agreed and non ICT PMO service returned to the Council but without resource.	90	90	0
CEX/SAV/68	Review of complaints/Fol	Savings unachievable because	40	0	40

Ref:	Detail	Current Position (please state if a project is required to deliver the savings)	Target £000	Forecast £000	Variance £000
		manager believes this saving was superseded by CEX/SAV/54g			
CEX/SAV/69	HR/Payroll	The cost of the staff transferring is £1.33m by our calculations, against a budget available (taking into account savings expectations) of £1.288m. There are no plans in place to deliver any savings for the start of the financial year.	100	58	42
CEX/SAV/70	Revenues Services Restructure	Management restructure of Revenues agreed and implemented by Elevate.	92	92	0
CEX/SAV/77	Business Support review	Saving based on PwC management review – requires action to take forward and deliver saving	60	0	60
CEX/SAV/78	Reduction in middle management	Saving based on PwC management review – requires action to take forward and deliver saving	300	178	122
CEX/SAV/79	Corporate Procurement Saving	Ongoing corporate gainshare from Adecco contract. High agency rates in Children's Services will enable delivery of the saving.	500	500	0
<b>Total</b>			<b>14,595</b>	<b>13,751</b>	<b>844</b>



**HOUSING REVENUE ACCOUNT MONITORING STATEMENT**  
**August 2015-16**

**Appendix C**

	<b>Budget</b>	<b>Forecast</b>	<b>Variance</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Dwelling Rents	(90,512)	(91,762)	(1,250)
Non Dwelling Rents	(737)	(737)	0
Other Income	(16,921)	(17,585)	(664)
Interest received	(336)	(336)	0
<b>Total Income</b>	<b>(108,506)</b>	<b>(110,420)</b>	<b>(1,914)</b>
Repairs & Maintenance	17,205	18,212	1,007
Supervision & Management	39,056	39,720	664
Rents, Rates and Other	700	700	0
Revenue Contribution to Capital	37,131	37,374	243
Bad Debt Provision	2,670	2,670	0
Interest Charges	10,059	10,059	0
Corporate & Democratic Core	685	685	0
Pension Contribution	1,000	1,000	0
<b>Total</b>	<b>108,506</b>	<b>110,420</b>	<b>1,914</b>

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## 2015/16 CAPITAL PROGRAMME - as at the end of August 2015

Project No.	Project Name	Budget	Actual Expenditure	2015/16 Forecast	Forecast Variance
<b>Adult &amp; Community Services</b>					
<b>Adult Social Care</b>					
FC00106	Private Sector Households (DFG Grant)	818,718	210,655	818,718	0
FC02888	Direct Payment Adaptations Grant	400,000	37,048	400,000	0
<b>Culture &amp; Sport</b>					
FC02855	Mayesbrook Park Athletics Arena	74,899	11,486	74,899	0
FC02870	Barking Leisure Centre 2012-14	888,628	419,027	888,628	0
FC03029	Broadway Theatre	500,000	0	500,000	0
<b>Total For Adult &amp; Community Services</b>		<b>2,682,245</b>	<b>678,216</b>	<b>2,682,245</b>	<b>0</b>

## 2015/16 CAPITAL PROGRAMME - as at the end of August 2015

Project No.	Project Name	Budget	Actual Expenditure	2015/16 Forecast	Forecast Variance
<b>Children's Services</b>					
<b>Primary Schools</b>					
FC02736	Roding Primary School (Cannington Road Annex)	130,349	0	130,349	0
FC02745	George Carey CofE (formerly Barking Riverside) Primary School	0	0	25,000	25,000
FC02759	Beam Primary Expansion	78,268	0	78,268	0
FC02784	Manor Longbridge (former UEL Site) Primary School	303,310	0	303,310	0
FC02799	St Joseph's Primary - expansion	16,321	0	16,321	0
FC02860	Monteagle Primary (Quadrangle Infill)	75,549	578	75,549	0
FC02861	Eastbury Primary (Expansion)	250,000	758	12,000	(238,000)
FC02865	William Bellamy Primary (Expansion)	199,117	8,341	199,117	0
FC02918	Roding Cannington	23,826	0	0	(23,826)
FC02919	Richard Alibon Expansion	74,278	(375,174)	74,278	0
FC02920	Warren/Furze Expansion	481,066	9,770	240,000	(241,066)
FC02921	Manor Infants Jnr Expansion	73,429	37,913	73,429	0
FC02923	Rush Green Expansion	164,473	6,264	164,473	0
FC02924	St Joseph's Primary(Barking) Extn 13-14	15,072	0	15,072	0
FC02956	Marsh Green Primary 13-15	550,000	116,184	550,000	0
FC02957	John Perry School Expansion 13-15	40,364	21,736	40,364	0
FC02960	Fanshawe Primary Expansion	3,000,000	330,929	3,000,000	0
FC02979	Gascoigne Primary -Abbey Road Depot	5,500,000	1,013,092	5,500,000	0
FC02998	Marks Gate Junior Sch 2014-15	633,128	333,666	633,128	0
FC03014	Barking Riverside City Farm Phase II	4,054,377	2,984,899	4,054,377	0
FC03041	Village Infants - additional pupil places	300,000	4,744	538,000	238,000
<b>Secondary Schools</b>					
FC02953	All Saints Expansion 13-15	245,351	0	245,351	0
FC02954	Jo Richardson expansion	1,448,960	1,511,711	2,115,379	666,419
FC02959	Robert Clack Expansion 13-15	2,500,000	249,037	2,500,000	0
FC02977	Barking Riverside Secondary Free School (Front Funding)	8,500,000	233,302	7,400,000	(1,100,000)
<b>Other Schemes</b>					
FC02826	Conversion of Heathway to Family Resource Centre	19,513	190	19,513	0
FC02906	School Expansion SEN projects	300,000	85,249	300,000	0
FC02909	School Expansion Minor projects	344,464	274,067	344,464	0
FC02972	Implementation of early education for 2 year olds	409,090	261,428	409,090	0
FC03043	Pupil Intervention Project (PIP)	250,000	0	250,000	0
FC02975	Barking Abbey Artificial Football Pitch	282,385	4,722	282,385	0
FC02978	Schools Modernisation Fund 2013-14	227,108	92,062	227,108	0
FC03010	SMF 2014-16	2,027,918	944,437	2,027,918	0
FC03013	Universal infant Free School Meals Project	33,687	27,825	36,566	2,879
9999	Devolved Capital Formula	606,235	206,818	606,235	0
<b>Children Centres</b>					
FC03033	Upgrade of Children Centres	300,000	0	300,000	0
FC02217	John Perry Children's	9,619	0	9,619	0
FC02310	William Bellamy Children Centre	6,458	0	6,458	0
<b>Total For Children's Services</b>		<b>33,473,715</b>	<b>8,384,548</b>	<b>32,803,121</b>	<b>(670,594)</b>

## 2015/16 CAPITAL PROGRAMME - as at the end of August 2015

Project No.	Project Name	Budget	Actual Expenditure	2015/16 Forecast	Forecast Variance
<b>Environment</b>					
<b>Environmental Services</b>					
FC02764	Street Light Replacing	678,215	406,831	678,215	0
FC02873	Environmental Improvements and Enhancements	93,481	54,838	93,481	0
FC02964	Road Safety Impv 2013-14 (TFL)	438,280	25,275	428,280	(10,000)
FC02886	Parking Strategy Imp	51,770	(6,930)	51,770	0
FC02930	Highways Improvement Programme	185,940	224,426	224,426	38,486
FC02982	Controlled Parking Zones (CPZ's) 2013-15	233,439	105	233,439	0
FC02999	Rippleside Cmtry prov 2014-15	11,895	1,974	11,895	0
FC03011	Structural Repairs & Bridge Maintenance	200,956	26,242	200,956	0
FC03012	Environmental Asset Database Expansion	147,508	138,054	147,508	0
FC02542	Backlog Capital Improvements	568,366	159,683	568,366	0
FC03030	Fleet Management & Depots	290,160	0	290,160	0
FC03031	Highways & Environmental Design	1,049,840	10,000	1,011,354	(38,486)
FC02567	Abbey Green Park Development	0	0	0	0
FC02911	Quaker Burial Ground	0	0	0	0
FC03026	BMX Track	80,000	3,900	80,000	0
FC03034	Strategic Parks (Parks Infra - £160k & Play facility - £20k)	184,807	19,315	184,807	0
<b>Total For Housing &amp; Environment</b>		<b>4,214,657</b>	<b>1,063,713</b>	<b>4,204,657</b>	<b>(10,000)</b>

## 2015/16 CAPITAL PROGRAMME - as at the end of August 2015

Project No.	Project Name	Budget	Actual Expenditure	2015/16 Forecast	Forecast Variance
<b>Chief Executive (CEO)</b>					
<b>Asset Strategy</b>					
FC02587	Energy Efficiency Programme	143,500	8,379	143,500	0
FC02565	Implement Corporate Accommodation Strategy	6,522,782	420,620	6,522,782	0
<b>ICT</b>					
FC02738	Modernisation and Improvement Capital Fund (formerly One B &	928,490	244,455	928,490	0
FC02877	Oracle R12 Joint Services	611,435	(126,575)	611,435	0
FC03016	Agilisys Connect Website Development		7,980	7,980	7,980
<b>Regeneration</b>					
FC03027	Establishment of Council Owned Energy Services Company	250,000	8,600	250,000	0
FC02458	New Dagenham Library & One Stop Shop Church Elm Lane	35,245	169,176	129,245	94,000
FC02596	LEGI Business Centres	376,978	85,525	376,978	0
FC02969	Creative Industries (formerly known as Economic Development Growth Fund)	311,630	444	11,630	(300,000)
FC02821	Robin Hood Shopping Parade Enhancement	121,220	0	0	(121,220)
FC02901	Creekmouth Arts & Heritage Trail	74,360	60,995	74,360	0
FC02902	Short Blue Place (New Market Square Barking - Phase II)	226,000	6,245	226,000	0
FC02891	Merry Fiddlers junction Year 2	0	226,989	170,000	170,000
FC02898	Local Transport Plans (TfL)	83,837	59,701	83,837	0
FC02962	Principal Road Resurfacing 2013-14 TfL	529,000	118,668	529,000	0
FC02963	Mayesbrook Neighbourhood Improvements (DIY Streets) 2013-14	234,511	43,361	234,511	0
FC02994	Renwick Road/Choats Road 2014/15	314,877	186,854	314,877	0
FC02995	Ballards Road/ New Road 2014/15	427,231	85,588	427,231	0
FC02996	Barking Town Centre 2014/15 (TfL)	705,154	172,522	705,154	0
FC02997	A12 / Whalebone Lane (TfL)	248,209	131,081	248,209	0
FC03000	MAQF Green Wall (TfL)	53,116	13,119	53,116	0
FC03025	Gale St Corr Improv	47,000	0	47,000	0
FC03015	Demolition of Former Remploy Site	45,648	33,745	45,648	0
FC03023	Bus Stop Accessibility Improvements (TfL)	0	97,000	97,000	97,000
FC03028	Chadwell Heath CCM (TfL)	147,000	0	147,000	0
FC02899	River Roding Cycle Link / Goresbrook Park Cycle Links (TFL)	0	24,347	0	0
FC02775	BTC - Links project	0	750	0	0
<b>Total For CEO</b>		<b>12,437,223</b>	<b>2,079,569</b>	<b>12,384,983</b>	<b>(52,240)</b>
FC02990	Abbey Road Phase II New Build	6,222,381	55,453	6,222,381	0
FC02986	Gascoigne Estate 1	0	714,115	0	0
<b>Grand Total HOUSING SCHEMES (EIB)</b>		<b>6,222,381</b>	<b>769,568</b>	<b>6,222,381</b>	<b>0</b>
<b>Grand Total General Fund</b>		<b>59,030,221</b>	<b>12,975,614</b>	<b>58,297,387</b>	<b>(732,834)</b>

## 2015/16 CAPITAL PROGRAMME - as at the end of August 2015

Project No.	Project Name	Budget	Actual Expenditure	2015/16 Forecast	Forecast Variance
<b>HRA</b>					
<b>Investment in Stock</b>					
FC00100	Aids & Adaptations	1,000,000	168,837	1,000,000	0
FC02943	Asbestos Removal (Communal Areas only)	725,000	92,825	725,000	0
FC02950	Central Heating Installation Inc. Communal Boiler Replacement	1,913,788	25,921	1,833,788	(80,000)
FC02983	Decent Homes Central	8,800,000	3,261,914	8,800,000	0
FC03001	Decent Homes (North)	10,405,139	4,670,818	10,405,139	0
FC03002	Decent Homes (South)	7,169,065	2,797,744	6,269,065	(900,000)
FC03003	Decent Homes (Blocks)	3,100,753	1,705,959	3,100,753	0
FC03004	Decent Homes (Sheltered)	2,181,665	1,582,588	2,181,665	0
FC03005	Decent Homes Small Contractors	6,538	(1,300)	6,538	0
FC03036	Decent Homes Support - Liaison Team/Surveys	378,000	0	378,000	0
FC02984	Block & Estate Modernisation	503,393	300,330	503,393	0
FC02939	Conversions	50,000	3,970	180,000	130,000
FC02938	Fire Safety Works	620,000	541,152	1,520,000	900,000
FC03044	Fire Safety Works (R&M)	70,000	0	70,000	0
FC03037	Energy Efficiency	50,000	0	50,000	0
FC02811	Members Budget	0	662	0	0
FC02934	Roof Replacement Project	256,000	4,070	256,000	0
FC03007	Windows	386,000	16,720	386,000	0
FC02933	Voids	4,800,000	1,854,185	4,800,000	0
FC03039	Estate Roads & Environment	150,000	0	150,000	0
FC03038	Garages	300,000	0	250,000	(50,000)
FC03040	Communal Repairs & Upgrades	430,000	102,828	430,000	0
	<b>Sub Total</b>	<b>43,295,341</b>	<b>17,129,223</b>	<b>43,295,341</b>	<b>0</b>
<b>Estate Renewal</b>					
FC02820	Boroughwide Estate Renewal	6,400,000	6,192,612	9,730,000	3,330,000
		<b>6,400,000</b>	<b>6,192,612</b>	<b>9,730,000</b>	<b>3,330,000</b>
<b>New Builds</b>					
FC02823	New Council Housing Phase 3	0	(75,936)	0	0
FC02916	Lawns & Wood Lane Dvlpmnt	242,752	5,550	142,752	(100,000)
FC02917	Abbey Road CIQ	489,944	675	327,250	(162,694)
FC02931	Leys New Build Dev (HRA)	10,286,355	3,548,796	10,620,355	334,000
FC03009	Leys Phase 2	1,000,000	0	500,000	(500,000)
FC02961	Goresbrook Village Housing Development 13-15	1,389,464	1,536,748	1,736,464	347,000
FC02970	Marks Gate Open Gateway Regen Scheme	5,552,454	4,171,000	5,552,454	0
FC02988	Margaret Bondfield New Build	7,738,054	3,196,231	7,738,054	0
FC02989	Ilchester Road New Build	838,000	3,000	360,000	(478,000)
FC02991	North St	755,000	70,299	360,000	(395,000)
	<b>Sub Total</b>	<b>28,292,023</b>	<b>12,456,363</b>	<b>27,337,329</b>	<b>(954,694)</b>
<b>Grand Total HRA</b>		<b>77,987,364</b>	<b>35,778,198</b>	<b>80,362,670</b>	<b>2,375,306</b>
<b>TOTAL CAPITAL PROGRAMME</b>		<b>137,017,585</b>	<b>48,753,812</b>	<b>138,660,057</b>	<b>1,642,472</b>

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**Title:** Children's Social Care Ambition and Financial Efficiency (SAFE) Programme – Outline Business Case

<b>Name of Sponsor</b>	Helen Jenner	<b>Directorate</b>	Children's Services
<b>Programme Lead</b>	Richard Lundie-Sadd	<b>Date</b>	4 <sup>th</sup> October 2015
<b>Version</b>	DRAFTv.09		

### Case for Change

In July 2015, Cabinet considered the first Budget Monitoring report of the year which highlighted a projected overspend for Children's Services of £7.153m and agreed the allocation of £1.2m of monies identified corporately which reduced this position to just under £6m.

The September 2015 Cabinet report reported a more challenging position for Children's Services. The table below outlines the financial position of Children's Services for 2015/16 & 2016/17. The Service has been asked to deliver real savings while the financial pressure on Children's has been recognised with an additional contribution of £2.2m.

The savings initiatives and the efficiency programme are targeting a net position of £6m overspend in 2015/16, with further reductions to lead to a balanced position for 2017. Please note these financial figures are based on 30<sup>th</sup> September 2015.

### CHILDRENS SERVICE EXPECTED BUDGET POSITION

	2015/16	2016/17	Ongoing
Total Childrens Budget (Oracle Sept 15)	£62,975,000	£62,975,000	£62,975,000
MTFP Savings proposals		-£1,837,000	-£1,837,000
MTFP Growth		£1,000,000	£1,000,000
Savings on track (Outside Programme)		£917,000	£917,000
<b>Revised Budget</b>	<b>£62,975,000</b>	<b>£63,055,000</b>	<b>£63,055,000</b>
Projected Outturn (September monitor)	£74,630,000	£74,630,000	£74,630,000
Programme savings	£3,505,895	£10,229,730	£11,590,333
Corporate Funding	£1,700,000	£1,200,000	£1,200,000
Partnership funding	£474,000	£474,000	£474,000
<b>Projected Deficit/Surplus</b>	<b>£5,975,105</b>	<b>-£328,730</b>	<b>-£1,689,333</b>
<b>Programme Costs</b>			
Recruitment Project costs	£374,071	£194,756	
Additional staffing costs (Early Help and NRPF)	£134,003	£228,854	£99,000
Agreed business case and modelling cost (previously agreed at cabinet)	£260,000		
Future Programme costs	£245,000	£735,000	
<b>Programme total cost</b>	<b>£1,013,074</b>	<b>£1,158,610</b>	<b>£99,000</b>

The £11.6m pressure informing the projected overspend is detailed in the table below. These are the pressures that programme is addressing.

<b>Service pressure</b>	<b>£'000</b>
Education	100 <sup>1</sup>
No recourse to public funds	1,600 <sup>2</sup>
Unaccompanied Asylum seekers	1,128 <sup>3</sup>
Children's Remanded by Courts	300
SEN transport	543
Legal Services	500
Pitstop	120
Special Guardian's/Adoption	214
Leaving Care	188
Internal Fostering	565
External Fostering	485
Residential placements	2,047
Social care Agency	3,000
Training Programme (AYSE)	365
Safeguarding, Commissioning and Early Help	500
<b>TOTAL</b>	<b>£11,655</b>

1. Education pressure is outside the scope of this business case
2. No recourse to public funds had no allocated budget and therefore any actions to reduce the pressure will not reduce the pressure to zero.
3. Unaccompanied asylum seekers had no allocated budget and therefore any actions to reduce the pressure will not reduce the pressure to zero.

The Director of Children's Services has implemented a number of initiatives to identify and realise savings within Children's Services. However, the savings currently being realised will not be enough to address the £11.65m financial pressure. Therefore, in order to reduce pressure on Children's Services and reduce the need for the Authority to use its reserves to stabilise Children's Services budgets whilst maintaining safeguarding standards, Children's Services is proposing to initiate a formal programme of cost savings across 2016/17 and 2017/18.

This outline business case identifies the areas where savings can be made and the programme costs required to realise those savings in a timescale to reduce budget pressure in 2015/16 and 2016/17 and move to a fully balanced budget by 2017.

In order to deliver the amount below within the proposed timescales significant safeguarding risks will need to be managed appropriately.

## Outline Approach

The Council has limited programme management and business analysis in-house capacity to develop, implement and realise benefits within a timescale that will have a significant impact on the projected budget overspend in 2015/16 and 2016/17. After discussions and with consent with CMT and Cabinet, the Director of Children's Services established the Children's Social Care Ambition and Financial Efficiency (SAFE) Programme.

The aims of the programme are five fold:

1. To prepare a business case for resourcing change required to significantly reduce service budgets;
2. To document and evidence the impact of work that has already taken place in 2015/16 to manage and reduce demand and cost;
3. To ensure delivery of already identified savings and demand management proposals; and
4. To work with colleagues , across the Council, to identify any areas of efficiency/change which can help drive down a £11.65m predicted pressure this year and prepare for further budget restrictions in the future.
5. To achieve this whilst ensuring children in our Borough are protected from harm.

Cabinet and CMT in July and Sept 2015 have so far agreed additional spend for:

1. The project team £260,000 (this includes the Project Team and further support from iMpower to complete their work on managing demand models)
2. A Recruitment Programme with recruitment specialists Penna costing up to £750,000.

To drive down costs the SAFE Programme has identified actions in the following key areas:

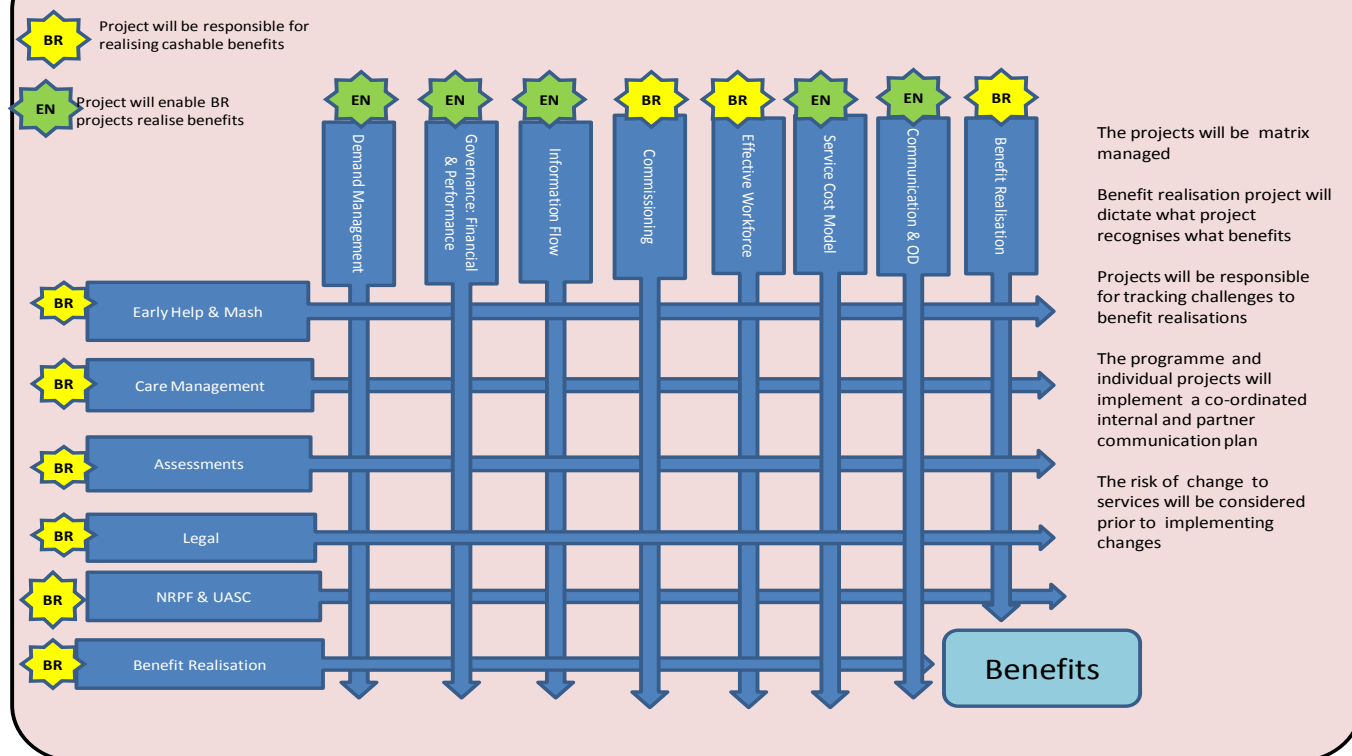
- Demand Management & Service Cost Modelling – understand and forecast demand and service costs thereby enabling more effective planning and partnership working to more effectively manage demand on limited resources.
- Information workflow and financial & performance governance improve financial transparency and decision making in the service and improve information flow between agencies and within the service to reduce duplication of data collection and analysis.
- Commissioning – conduct a value for money review across all social care services and present options for meeting the needs of children more efficiency.
- Early Help & MASH – focus is to safely reduce the number of contacts & referrals escalating to tier 3 and consider alternative support pathways, working across the agencies and services that make contacts and referrals to social care.
- Effective workforce – increase the permanent staff within the service to facilitate lasting change and reduce costs of agency staff.
- Care Management & Assessment – increase effective and efficient working practices within these areas and, where possible, reduce the cost of Placements.
- No Recourse to Public Funds and Unaccompanied Asylum Seeking Children – safely reduce the number of families and children, especially in 16+ and 18+ and ensure only those that qualify for support, receive it .

The programme is identifying specific work to be undertaken to reduce costs in Children’s services over the next two years, whilst maintaining safe practices. It is building on existing work, but has identified additional areas where invest to save work needs to be undertaken to drive out costs. Due to the high level of vacancies in Children’s Social Care the programme is not currently expected to lead to social worker redundancies.

The programme will monitor demand on services and if there are significant changes that may impact on internal capacity to deliver identified savings these will be identified, analysed and reported with mitigating recommendations.

The programme will be organised into service based projects and cross cutting projects. The majority of the cashable benefits will be delivered through the service based projects. The diagram below provides the matrix structure of the programme.

## Children Services Programme Structure



The programme will work to three month milestones based on delivering change followed by evidencing delivery of cashable benefits and review. The short term key milestones for the programme are:

- 31<sup>st</sup> December 2015 – implement short term cost saving changes
- 31<sup>st</sup> March 2016 – Evidence realisation of £3.2m of cashable financial savings
- 31<sup>st</sup> March 2016 – Implement medium term cost saving changes
- 30<sup>th</sup> June 2016 – Evidence realisation of medium term cashable financial savings
- 31<sup>st</sup> March 2017 - Evidence realisation of target £9.5m of cashable financial savings

### Expected Outcomes

The service areas within the programme scope are Complex Needs and Early Help/Troubled Families, and those agencies and Council service areas that impact on effective delivery and levels of contact/referral into services. The Programme is focussed on reducing budget pressure while managing the levels of risk to children by focussing on five key areas:

- Improve the stability of the social care workforce by recruiting skilled permanent staff to replace current agency staff;
- Reduce the number of contacts/referrals that are then escalated into assessments and Tier 3;
- Reduce the number of full time equivalents involved in assessing and managing cases;
- Reduce the costs of providing services to support cases e.g. reducing the cost of placements; and
- Seek alternative support routes for families outside of Children’s Services to reduce costs and levels of dependency.

The expected outcomes of the programme are:

- 31<sup>st</sup> March 2016 – target £3.2m savings
- 31<sup>st</sup> March 2017 – target £9.5m saving
- A balanced and sustainable budget for 2016/17

## Programme Benefits and Costs

The table below sets out the expected benefits and costs and is further exemplified in Annex B.

The realisation of the benefits outlined in the table below will all be risk assessed before changes are made to ensure that risks associated with change are managed appropriately

The programme costs are netted off against benefits delivered and therefore in years 2016/17 the full £11.6m will not be achieved due to costs incurred in delivering benefits in 2015/16 and 2016/17.

NRPF & UASC are recorded as a budget pressure of £1.6m & £1.1m respectively. Whilst these appear as an overspend there are no budgets for either of these areas. Therefore the target savings shown below will not reduce overall budget pressure.

Workstream	Benefits (Gross) 2015/16	Cost 15/16	Net Savings 2015/16	Benefit (Gross) 2016/17	Cost 2016/17	Net Savings 2016/17	Net savings 2015/16 and 2016/17
Numbers of Children in Social Care	£197,770	-£92,753	£105,017	£1,737,701	-£129,854	£1,607,848	£1,712,865
Agency to Permanent	£1,002,833	-£374,071	£628,763	£2,072,000	-£194,756	£1,877,244	£2,506,007
Commissioning and reduction in placements	£770,115	£0	£770,115	£2,133,460	£0	£2,133,460	£2,903,575
LAC 18+ accommodation and subsistence	£329,185	£0	£329,185	£938,007	£0	£938,007	£1,267,192
Reduction in Referrals	£0	£0	£0	£700,000	£0	£700,000	£700,000
Service restructure and other staff reductions	£398,642	£0	£398,642	£734,568	£0	£734,568	£1,133,210
SEN Transport savings	£318,000	£0	£318,000	£477,000	£0	£477,000	£795,000
Reduction of families in NRPF	£160,016	-£41,250	£118,766	£405,994	-£99,000	£306,994	£425,760
Legal and CSC integrated working	£100,000	£0	£100,000	£200,000	£0	£200,000	£300,000
Move AYSE into SW teams	£165,000	£0	£165,000	£445,000	£0	£445,000	£457,500
Reframe Pitstop	£64,333	£0	£64,333	£386,000	£0	£386,000	£450,333
Total Programme costs		-£505,000	-£505,000		-£735,000	-£735,000	-£1,240,000
<b>Total</b>	<b>£3,505,895</b>	<b>-£1,013,073</b>	<b>£2,492,821</b>	<b>£10,229,730</b>	<b>-£1,158,610</b>	<b>£9,071,120</b>	<b>£11,563,941</b>

## Measuring Success

Benefit Description	How you will measure the benefit
Number of Children In Social Care	Reduce the number of children in system by 630 between 12 and 18 months
Staffing – Agency to permanent	Increase the number of permanent staff in social care. Recruiting 40 by 31 <sup>st</sup> March 2016 and the replace the remainder agency by 31 <sup>st</sup> March 2017.

Commissioning & reduction in placements	Fewer placements and reduced cost of placements by for example consider moving UASC costs to supported housing by 10%
Looked After Children 18+ accommodation and subsistence	Reduce number of 18+ and 16+ children by 80 over two years, moving those suitable to live independently out of LAC. The speed of reduction is dependent on suitable housing
Reduction in referrals	Reduce number of referrals by 20% and release agency staff
Service Restructure and other staff reductions	Restructure teams to reduce management overheads
SEN transport savings	Restructure transport routes, increase travel training and introduce eligibility criteria in 2016 following consultation
Reduce families in NRPF	Reduce the number of families by 30
Legal & Integrated working	Implement process efficiencies and reduce by 20% court costs and time spent
Social Worker training Programme	Integrate the programme into front service teams and release 16 agency staff and trainee budget
PITSTOP	Reframe the service, so that there are no separate staffing costs by 30 <sup>th</sup> January 2015.

## Managing Placement Demand

Identifying alternative pathways to meet children's needs

As part of ensuring future delivery of a balanced budget the programme is also working to establish a sustainable budget position. The programme is developing demand and cost models to enable the Council to forecast and proactively plan its children's service delivery based on timely and robust modelling.

Recognising the need to deliver a sustainable budget, Children's Services and other agencies will need to invest in projects and initiatives that will reduce the level of demand on services by more effectively assessing those seeking support and offering alternative care services rather than the more costly social care service. The programme will identify some of these areas but Ambition 2020 will set out the long term vision.

The table below provides an overview of average demand on key placement areas in 2014/15 and actual in September 2015/16. The programme will work with Children's Services to identify demand reduction targets. These demand reduction initiatives do not offer cashable savings but will support achieving a sustainable budget in the future

Area	Average Numbers for 2014/15	Numbers as of September 2015
NRPF	147	153
UASC	28	23
Children Remand by Court	7	9
SEN Transport	458	
Pitstop	5	5
Leaving Care	154	182
Internal Fostering	254	234
Ext Fostering	87	84
Residential placements	37	33

The programme aims to reduce the numbers of young people (and their families) supported through the statutory social care system by at least 630. The numbers of children supported in the system vary daily but in 2014 there was a high point of 2,423 children in the social care system, the high point so far this year has been 2,367 in the system (27.04.15). Following a period of turbulence, which included management change, our social care OFSTED inspection and the introduction of the MASH the numbers of Children in Need rose dramatically.

Since then, significant work has been undertaken to reduce these numbers safely and on 07.09.15 the total number of children in the system is 2,074 (At the same time last year there were 2,226 children in the system. Numbers tend to fall overall in the summer and increase when children return to school)

This work to reduce demand and numbers in the system has three key strands

- Looking at the work streams in social care to ensure flow through;
- Looking at the front door into social care and the role of early intervention services; and
- Work with referrers to improve information flow, the understanding of thresholds and the financial and social consequences of decisions in their services.

Current figures show that this work is starting to have the desired impact, although contacts and referrals could be reduced further, particularly those from the police.

It should be noted that other agencies make contact with social care and the MASH (MASH is a multi-agency safeguarding hub) decides whether the contacts should be considered as referrals. Analysis shows that there is scope to bring this level down.

Despite the increases in pressure on the front door the proportion of children looked after has been contained and managed down over several years. In 2010/11 83 children per 10,000 were in care, in 2014/15 there were 80.2 children in care per 10,000. Although this is a fall figures are higher than London, national and statistical neighbours. In 2014/15 the number of Children with a Child Protection Plan rose to 61.9 per 10,000. Work to drive this down is having an impact. At the end of June numbers dropped to 320 – but rose again to 358 in August 61 per 10,000. While actions are being taken to reduce numbers there are still fluctuations.

To support the initiatives a community publicity campaign that sets out safe expectations for parenting will be important in changing citizen responsibility and promoting recognition of what is considered to be abusive behaviour in Barking and Dagenham.



## Delivery Team

Capabilities required to deliver the programme between 1<sup>st</sup> October 2015 and 31<sup>st</sup> March 2017

The programme's projects outlined in this business case will be delivered through a mixture of internal and external resources. Wherever possible the programme will seek to source capacity and capability from within the Council however there will be a requirement for capability and at times additional capacity that the Council's internal resources are unable to provide and the programme may have to seek externally.

The table below outlines the key capabilities this programme will require between October 2015 and March 2017. The estimated costs of delivering the programme are £1m. This covers internal and external resources.

Capabilities	Role
Programme Management	Programme planning Programme monitoring Delivering business case Programme governance Programme reporting
Communications	Programme communications Stakeholder management Public & partner communications Internal communications
Organisational Development	Supporting the organisation through change and ensure it is lasting
Business Analysis	Data and information analysis to ensure that all change can be measured and is transparent
Finance	Ensure effective financial governance throughout the programme lifecycle
Financial & Demand modelling	Develop and test improvement recommendations and inform service and budget re-design.
Service Delivery Specialists	Those within service or detailed knowledge of the service will be responsible for leading the change with service
Service Design Leads	Working with services to ensure changes to not disrupt service delivery and risk around children are managed effectively through change
Benefit Realisation Lead	To work with service delivery to ensure the benefits identified in this business case are realised.

## Timescales

The timescale for the Programme as outlined below are high level milestones. The detailed delivery timescales will be completed in time for the Social Care Ambition and Financial Efficiency (SAFE) Programme Board on 5<sup>th</sup> October 2015.

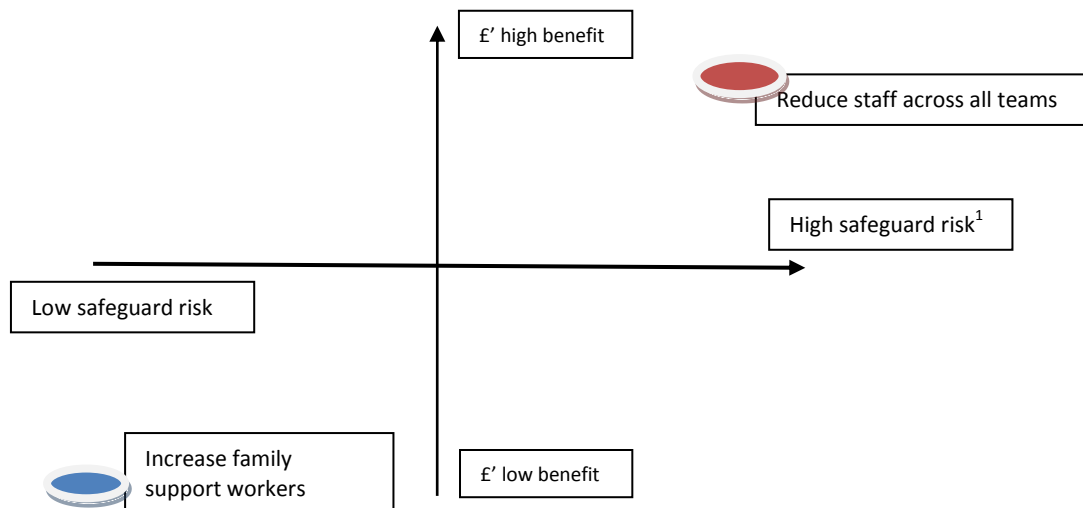
- 15<sup>th</sup> October 2015 – Business Case approval
- 30<sup>th</sup> October 2015 – Benefit Realisation monthly progress report process in place
- 31<sup>st</sup> December 2015 – Implementation of 2015/16 benefit realisation actions
- 31<sup>st</sup> December 2015 – Review effectiveness of programme in realising savings
- 31<sup>st</sup> March 2016 – Review achievement of realising 2015/16 savings of £3.6m
- 31<sup>st</sup> March 2016 – Implementation of 2016/17 benefit realisation actions
- Quarterly – Review effectiveness of programme realising savings
- 31<sup>st</sup> March 2017 – Achievement of 2016/17 savings of £11.6m



## Programme Risks

The delivery of the programme and realisation of benefits will have associated risk. The table below sets out the high level, likelihood, impact and mitigations.

The Programme will use a risk tool to monitor each strand of the programme. The risk tool will consider high and low financial benefits against high and low safeguarding risks. The diagram below is an indicative example of the risk model.



Note: 1 – Safeguard risk levels are defined by Safeguarding Board

Description of Risk	Likelihood	Impact	Mitigation
Risk that BAU demand pressure on staff will limit the amount of time to be dedicated to delivering project outcomes and outputs and result in delays in realising cashable and non-cashable benefits.	High	High	To develop a detailed resource based delivery plan that is approved and supported by the Programme sponsor and Programme Board. To obtain approval for the business case to engage additional resources to supplement the internal resources available.
Limited programme funding will limit resources dedicated to delivering outcomes and outputs and potentially impact on timing and size of benefits.	High	High	To obtain approval for the business case to engage additional resources to supplement the internal resources available.
Reducing number of children in the system will potentially increase risk to those children which could lead to a costly Serious Care Review (SCR).	Low	High	To ensure every child receives the appropriate level of support if they leave CiN or LAC There will be careful assessment of risk for every child. This will be audited with monthly reports to the Lead Member and DCS.
Introducing alternative support packages in Tier 2 may result in children's needs not being fully met and increasing the risk of harm to the child.	Medium	High	To develop capacity, through training and supervision, within Early Help to minimise the risk.

The local government finance settlement is lower than expected putting additional pressure on budgets and requiring further cuts.	Medium	Low	To consider and identify alternative proposals if this were to be the case. This would need to consider whether reprofiling Council budgets is required to assure safeguarding of children.
Children Social Care is unable to deliver savings by 31 <sup>st</sup> March 2017 and intervention is required.	Medium	High	To respond rapidly to any shifts of target through the Programme Board. The benefit realisation reporting regime will identify at an early stage if the programme is unable to deliver the targeted savings and therefore provide Children Service's will early indication and opportunity to take remedial action.
In meeting budget pressures OFSTED expectations are not meet and Children Services are put into special measures/Secretary of State intervention.	Low	High	To ensure the programme governance and risk approach in planning the savings mitigates the risk.
Externally imposed spend continues to reduce opportunities to reduce budget.	High	High	To identify and challenge any imposed spend and also continue to monitor demand impacts on services.
Population changes and increasing poverty increase vulnerability of children so that realised savings cannot keep pace with increased demand. See above.	High	Medium	To map demand so that Children's Services and Corporate management receives early indications and accurate data to enable them to take appropriate actions.
Wider agencies and other departments unable to adapt to meet changes required.	High	High	To develop a detailed stakeholder engagement plan to limit the risk of agencies not supporting the programme. To identify and challenge any lack of capacity to adapt through the LSCB, Children's Trust, Community Safety Partnership and Health and Wellbeing Board, as necessary.
Changes to service capacity may increase the risk to vulnerable children.	Medium	Medium	To risk assess all proposed service changes for both safeguarding and financial risk before implementation.
The sustainability of the initiative to increase permanent staff and reduce agency will be at risk if induction, training and performance management are not in place.	Medium	Medium	To work with Children's Services, HR & OD to ensure the appropriate support is in place.
Court challenge to Local Authority policy changes.	Medium	Medium	To ensure due process is followed at all times.

## Assumptions

The programme delivery, timescales, costs and realised benefits are based on analysis of saving opportunities identified through a series of workshops and external reviews of service provision commissioned between September 2014 and August 2015. The delivery of saving opportunities identified in this business case includes a number of assumptions listed below.

Workstream	Assumptions
Number of Children in Social Care	There are cases to be stepped down and there is the appropriate support in place to support children when they are stepped down.
Agency to Permanent	There are the appropriate social workers in the market that are attracted to work in Barking & Dagenham.
Commissioning	There is a supplier market that provides services to the right standard and price
LAC 18+	There is the appropriate housing available for young people to be moved into.
Reduction in Referrals	There is scope for more effective review of cases in the MASH and better decision making.
Service Restructure	Reduction in cases and referrals meet target required for restructuring
PITSTOP	Cabinet approve the reshaping
16+ (indigenous and UASC)	Suitable accommodation will be available to move some 16+ children to cheaper but suitable 18+ accommodation or into social housing.
S17 ASSESSMENT/NRPF	Fraud investigator is able to identify and manage fraud in a timely manner
Residential Homes	There are opportunities to manage a safe reduction of children from high cost residential placements.
Legal	There is scope to improve joint working between CSC and Legal services. Legal provide resources to enable improvement in services.
<b>Other programme assumptions</b>	
Programme	Members, management & staff accept and support the benefit realisation recommendations
Programme	Decisions are made in a timely manner within programme timelines
Programme	The programme team is fully funded
Programme	Corporate support is given to realising resources to support the programme deliver savings whilst maintaining Business as Usual.
Programme	The programme environment remains stable.
Programme	The programme objectives and benefits are delivered against agreed baseline and not amended to reflect changing environment
Programme	Management & staff implement benefit realisation recommendations in a timely manner as per programme plan

## Dependencies

- Partner agencies: Police; Health; School; Voluntary Sector
- Ambition 2020 programme co-ordination
- Full political support for the programme
- Housing to enable timely access to suitable accommodation
- Other departments supporting the programme where applicable

## Authorisation

*This must be approved by all the relevant responsible officers*

Name	Role	Date Reviewed
Cabinet	Authority approval	
CMT	Director Approval	24 <sup>th</sup> September 2016
Children's Social Care Ambition and Financial Efficiency Board	Programme Board	6 <sup>th</sup> October 2015
Director of Children Services	Programme Sponsor	16/09/15
Assistant Director of Children's Services	Design Authority	14/09/15

## Annex A - Options Considered

No.	Option	Cost	Benefit	Timeframe	Pros	Cons
1	"Do Nothing"	£Nil	£Nil	Yrs 0-2	<ul style="list-style-type: none"> <li>No need for investment</li> </ul>	<ul style="list-style-type: none"> <li>Service continues to over spend at current or even higher rate which is unsustainable</li> <li>Failure to realise MTFS benefits or make further FTE savings without impacting on service</li> <li>Unable to improve service delivery</li> <li>Poor HR staff morale; increased turnover of staff</li> </ul>
2	Implement programme as set out in this business case	£1m	£11.6m	Yrs 0-2	<ul style="list-style-type: none"> <li>Balanced 2016/17 budget</li> <li>Sustainable medium, term position</li> <li>Improved service delivery efficiencies</li> <li>Stable and effective workforce</li> <li>Improved demand management</li> </ul>	<ul style="list-style-type: none"> <li>Politically very challenging</li> <li>Possible increased risk to children if implementation is not carried out in a risk controlled way</li> <li>Tight timelines meaning some savings may prove unachievable</li> <li>Investment required</li> </ul>
3	Cease all non statutory service provision	TBC	TBC	Yrs 0-2	<ul style="list-style-type: none"> <li>Significant reduction in cost</li> </ul>	<ul style="list-style-type: none"> <li>Increase risk to wellbeing of children in borough</li> <li>Increase deprivation and social need in the borough</li> </ul>
4	Outsource Services	TBC	TBC	Yrs 0-2	<ul style="list-style-type: none"> <li>Reduction in costs</li> <li>Increase competition</li> <li>Improve service delivery through effective contract management</li> </ul>	<ul style="list-style-type: none"> <li>Cost to manage the services</li> <li>Statutory risk remains with Local Authority and therefore challenges to drafting and managing contracts</li> </ul>

## Annex B – Finance Breakdown Savings identified by programme

### Cumulative Effect of savings

All figures in GBP unless indicated

15/16	16/17	Ongoing
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#### Numbers of Children in Social Care

Remove 630 children from CSC, predominantly from CiN but also from LAC, and L2L. SW FTE savings and children subsistence savings will be realised.

##### Remove 630 children over 12 months from CiN, CP LAC and Care Leavers

Gross FTE cost saving	£185,270	£1,635,201	£1,926,238
Gross subsistence cost saving	£12,500	£102,500	£120,000
Additional costs incurred	-£92,753	-£129,854	£0
<b>NET Saving</b>	<b>£105,017</b>	<b>£1,607,848</b>	<b>£2,046,238</b>

#### Agency to Permanent

Replace staff on agency contracts with staff on permanent contracts except where extra staff are required to meet short term peaks in demand.

Gross Programme Saving	£1,002,833	£2,072,000	£3,082,000
Additional costs incurred	-£374,071	-£194,756	£0
<b>NET Saving</b>	<b>£628,763</b>	<b>£1,877,244</b>	<b>£3,082,000</b>

#### Commissioning and reduction in placements

Review of arrangements for purchasing focussing on accommodation for placements and External Fostering.

Gross Programme Saving	£770,115	£2,133,460	£2,003,575
Additional costs incurred	£0	£0	£0
<b>NET Saving</b>	<b>£770,115</b>	<b>£2,133,460</b>	<b>£2,003,575</b>

#### LAC 18+ accommodation and subsistence

Move 18+ children considered suitable to live independently out of L2L accommodation. Dependency on Housing to make accommodation available for young adults.

Gross Programme Saving	£329,185	£938,007	£992,307
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Additional costs incurred	£0	£0	£0
<b>NET Saving</b>	<b>£329,185</b>	<b>£938,007</b>	<b>£992,307</b>

### Reduction in Referrals

Reduce the number of referrals thereby reducing the number of SW FTEs in the Assessment teams.

Gross Programme Saving	£0	£700,000	£700,000
Additional costs incurred	£0	£0	£0
<b>NET Saving</b>	<b>£0</b>	<b>£700,000</b>	<b>£700,000</b>

### Service restructure and other staff reductions

Combine CiC and L2L into a single team and reduce management FTEs and reduce numbers of CiC SWs and IROs in mid- to long-term.

Gross Programme Saving	£398,642	£734,568	£734,568
Additional costs incurred	£0	£0	£0
<b>NET Saving</b>	<b>£398,642</b>	<b>£734,568</b>	<b>£734,568</b>

### SEN Transport savings

Review transport routes, increase travel training and expected introduction of revised eligibility criteria in early 2016 following a consultation.

Gross Programme Saving	£318,000	£477,000	£477,000
Additional costs incurred	£0	£0	£0
<b>NET Saving</b>	<b>£318,000</b>	<b>£477,000</b>	<b>£477,000</b>

### Reduction of families in NRPF

Introduction of Fraud Officer and Home Office Officer into the NRPF service to pick out fraudulent claims and speed up Home Office decisions allowing families to be moved out more quickly and reduce the number of initial applications.

Gross Programme Saving	£160,016	£405,994	£423,645
Additional costs incurred	-£41,250	-£99,000	-£99,000
<b>Net saving</b>	<b>£118,766</b>	<b>£306,994</b>	<b>£324,645</b>

### Legal and CSC integrated working

CSC informing legal about cases as soon as known. Legal advising as to whether to bring a case or not based on need and likelihood of winning. Reduction in cases brought with low chance of winning thereby saving legal costs and payments to cover other party's costs.

Gross Programme Saving	£100,000	£200,000	£300,000
Additional costs incurred	£0	£0	£0
<b>Net saving</b>	<b>£100,000</b>	<b>£200,000</b>	<b>£300,000</b>

#### Move AYSE into SW teams

Move the 16 new AYSE Social Workers into other CSC teams, replacing 16 agency Social Workers and releasing two AYSE team managers and an AYSE team BSO.

Gross Programme Saving	£165,000	£445,000	£445,000
Additional costs incurred	£0	£0	£0
<b>Net saving</b>	<b>£165,000</b>	<b>£445,000</b>	<b>£445,000</b>

#### Reframe Pitstop

Reframe the Pitstop programme at end of December 2015 and redeploy two qualified Social Workers into other parts of CSC, replacing two agency Social Workers.

Gross Programme Saving	£64,333	£386,000	£386,000
Additional costs incurred	£0	£0	£0
<b>Net saving</b>	<b>£64,333</b>	<b>£386,000</b>	<b>£386,000</b>

#### Programme costs (Invest to save)

Cost of the programme team including Programme Director, demand forecasting, benefits modelling and tracking, financial analysis, operational modelling and transition implementation support.

Programme costs (agreed sept cabinet)	-£260,000		£0
Future Programme costs	-£245,000	-£735,000	£0

#### Programme summary

Total gross benefits	£3,505,895	£10,229,730	£11,590,333
Total costs	-£1,013,074	-£1,158,610	-£99,000
<b>Grand Total Net Saving</b>	<b>£2,492,821</b>	<b>£9,071,120</b>	<b>£11,491,333</b>



## CABINET

13 October 2015

<b>Title:</b> Joint Health and Wellbeing Strategy 2015 - 2018	
<b>Report of the Cabinet Member for Adult Social Care and Health</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> Yes
<b>Report Author:</b> Matthew Cole, Director of Public Health	<b>Contact Details:</b> Tel: 0208 227 3657 E-mail: <a href="mailto:matthew.cole@lbbd.gov.uk">matthew.cole@lbbd.gov.uk</a>
<b>Accountable Divisional Director:</b> Matthew Cole, Director of Public Health	
<b>Accountable Director:</b> Anne Bristow, Strategic Director of Service Development and Improvement	
<p><b>Summary:</b></p> <p>The refreshed joint Health and Wellbeing Strategy at <b>Appendix 1</b> sets out a vision for improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives by 2018. It aims to help residents improve their health by identifying the key priorities based on the evidence in the Borough's Joint Strategic Needs Assessment (JSNA), and what can be done to address them and what outcomes are intended to be achieved.</p> <p>These priorities will then underpin commissioning plans and other agreements to undertake the actions together, in order to make the greatest impact across the health and social care system and wider Council responsibilities. It also sets out how the partners will work together to deliver the agreed priorities.</p> <p>The refresh of the joint Health and Wellbeing Strategy is supported by two key documents. The Health and Wellbeing Outcomes Framework sets out the outcome indicators that will be used to monitor progress toward achieving the priorities set out in the Strategy. The Health and Wellbeing Strategy Delivery Plan 2015-18 (<b>Appendix 2</b>) deals with the key actions that the Health and Wellbeing Board will focus on achieving over the timeframe of the strategy.</p>	
<p><b>Recommendation(s)</b></p> <p>The Cabinet is recommended to:</p> <ul style="list-style-type: none"> <li>(i) Discuss and endorse the Joint Health and Wellbeing Strategy and its Delivery Plan, as set out at Appendices 1 and 2 respectively to this report; and</li> <li>(ii) Note that an annual report on progress will be presented to the Health and Wellbeing Board.</li> </ul>	

## Reason(s)

To assist the Council to achieve its priority “Enabling Social Responsibility” and meet its future obligations under section 6C of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

### 1. Introduction and Background

- 1.1 A requirement of the Health and Wellbeing Board is to produce a Joint Health and Wellbeing Strategy to steer the major strategic work on health and wellbeing in the borough. The refresh is informed by the Joint Strategic Needs Assessment (JSNA), which describes Barking and Dagenham’s population and the current and future health and wellbeing needs of residents.
- 1.2 This refresh of the Joint Health and Wellbeing Strategy (JHWS) will provide a focus for the Board and assist in setting priorities locally. It is not intended to be a detailed plan of action but instead sets out those areas that are of the greatest importance to the health and wellbeing of Barking and Dagenham’s population and will be used to inform the setting of priorities including those within local commissioning processes.
- 1.3 This paper builds on the current priorities agreed at the Health and Wellbeing Board as well as making a number of new strategic recommendations for improving health through the Council and its partners’ wider responsibilities. Background information on demographic need and more specific recommendations are available on the website <http://www.barkinganddagenhamjsna.org.uk>
- 1.4 The JHWS underpins a range of key documents for delivering the Council’s vision and priorities as well as NHS Barking and Dagenham Clinical Commissioning Group’s 5 year strategic plan:
  - Joint Better Care Fund work programme
  - Children & Young People’s Plan
  - Community Strategy 2013 -2016
- 1.5 The Board agreed and prioritised the following for commissioning intentions at its meeting on 14 February 2014:
  - Transformation of Health and Social Care
  - Improving premature mortality
  - Tackling obesity and increasing physical activity
  - Improving Sexual and Reproductive Health
  - Improving Child Health and Early Years
  - Improving Community Safety
  - Alcohol and Substance Misuse
  - Improving Mental Health
  - Reducing Injuries and Accidents.
- 1.6 These remain the priorities for improving population health and wellbeing. The refresh of the JHWS identifies areas where increased work and focus can support the delivery of outcomes.

## **2. Key strategic principles for drafting Barking and Dagenham joint health and wellbeing strategy**

2.1 The Health and Wellbeing Strategy has strong links to national policies and strategies. In the local context the Health and Wellbeing Board will not seek to replicate the work of existing boards and strategies such as the Housing Strategy and Sport and Physical Activity Strategy. However, officers will work with other boards to ensure the achievement of the outcomes is supported across the whole partnership.

2.2 The Strategy will:

- Set out shared priorities based on evidence of greatest need that puts the emphasis on prevention and early intervention.
- Make health and wellbeing a personal agenda supported by borough based programmes and interventions.
- Set out a clear rationale for the locally agreed priorities and also what that means for the other needs identified in the JSNA and how they will be handled.
- Not try to solve everything, but take a strategic overview on how to address the key issues identified in the JSNA, including tackling the worst inequalities.
- Concentrate on an achievable amount with an outcomes focus – prioritisation is difficult but important to maximise resources and focus on issues where the greatest gains in health and wellbeing can be achieved.
- Address issues through joint working across the local systems and also describe what individual services will do to tackle priorities and give effective solutions to individual problems.
- Enable improved patient and service user engagement in the development of our Strategy and plans.
- Enable increased choice and control by residents who use services with independence, prevention and integration at the heart of how choices can be made

## **3. Outcomes**

3.1 The key outcomes from the delivery of the Strategy in 2015 are to:

- Increase the life expectancy of people living in Barking and Dagenham.
- Close the gap between the life expectancy in Barking and Dagenham with the London average.
- Improve health and social care outcomes through integrated services.

3.2 These are high level outcomes and under each of the four strategic themes high level outcomes have been established as well as specific annual measures linked to the key actions to be taken.

## **4. Strategic Themes**

4.1 The Health and Wellbeing Board mapped the outcome frameworks for the NHS, Public Health, Adult Social Care and Children and Young People outcomes. It was agreed, based on this, to establish four strategic themes that covered the breadth of

the frameworks. The priorities, outcomes and outcome measures were then mapped across these four strategic themes:

- **Prevention:** Supporting local people to make lifestyle choices at an individual level which will positively improve the quality and length of their life and overall increase the health of the population.
- **Protection:** Protecting local people from threats to their health and wellbeing. These include:
  - Infectious disease
  - Deaths relating to extreme weather
  - Enablers to protect health include
  - Built environment and housing stock
  - Safeguarding individuals of all ages and identities from abuse, sexual exploitation, crime and ill treatment.
- **Improvement and Integration of Services:** Improving treatment and care by benchmarking against best practice and where it has been identified that care has failed. Exploring new and different ways of providing health and social care that is more accessible and person centered with particular emphasis on improving this for older people and disabled children.
- **Personalisation:** Ensuring that patients, service users and carers have control and choice over the shape of the care and support that they receive in all care settings.

## 5. Delivery plan

- 5.1 Underpinning the high level Strategy and its key actions will be a detailed delivery plans. The recommendation is that this needs to be developed within the governance arrangements for the Health and Wellbeing Board through the Board's sub groups.

## 6. Consultation

- 6.1 The Strategy and Delivery Plan in this report have been discussed with relevant Cabinet Members and have been endorsed by the Health and Wellbeing Board, the Corporate Management Team and Partners.

## 7. Financial Implications

Implications completed by Roger Hampson, Finance Group Manager

- 7.1 The Health and Wellbeing Strategy Delivery Plan and Outcomes Framework provide a focus for existing resources to be targeted at those key priorities that will have a significant impact on the health and wellbeing of residents of the borough. There are no new resources to support implementation.
- 7.2 The Council has agreed a two year budget for 2015/16 and 2016/16; it is likely that additional savings will need to be considered across both the Council and health in 2017/18; the level of resources available will need to be reflected in the annual review of the delivery plan.

7.3 With regard to the further integration of services with health and partnership working, this is likely to form part of the development of Better Care Fund planning arrangements beyond the current agreement for 2015/16.

7.4 Following the general Election in May 2015 the Chancellor announced an in year cut of £200m non-NHS health budgets recurrently. This year's impact is expected to be £1.3m savings. The impact for 2016/17 will not be clear until details of the proposed new needs based formula are available and will of course be dependent on the grants conditions of use that will be outlined in the Autumn Comprehensive Spending Review.

## **8. Legal Implications**

Implications completed by Dawn Pelle, Adult Care Lawyer

8.1 There are no legal implications as the joint Health and Wellbeing Strategy has been aligned with the variety of National Frameworks outlined in the Strategy Frameworks document and the provisions of the Health and Social Care Act 2012, Care Act 2014 and Children and Families Act 2014 has been extensively referred to.

## **9. Other Implications**

9.1 **Risk Management** - The recommendations of this paper are a product of the evidence based JSNA process, with an aim to improve health and wellbeing across the population. There are no risks anticipated, provided the commissioning and strategic decisions take into consideration equality and equity of access and provision.

### **List of appendices:**

**Appendix 1:** Joint Health and Wellbeing Strategy 2015 - 2018

**Appendix 2:** Joint Health and Wellbeing Strategy Delivery Plan 2015 - 2018

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# Joint Health and Wellbeing Strategy

## 2015 to 2018



Barking and Dagenham  
Clinical Commissioning Group



London Borough of  
Barking & Dagenham

[lbbd.gov.uk](http://lbbd.gov.uk)





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**Front cover image:** Residents gather in celebration on the day that HRH Queen Elizabeth opens the Abbey Leisure Centre, 16 July 2015.



## Foreword

Everyone in the borough has a right to good health. The Council have recently agreed a new vision ‘One borough; one community; London’s growth opportunity’ and our Strategy seeks to make this a reality. Residents who feel they belong to and can contribute to their community tend to enjoy better health than people who feel lonely or isolated. There are lots of things that the Council and our partners can, and do, to help make our borough a healthier one in which to live and work.

This 2015 refresh of Barking and Dagenham’s Joint Health and Wellbeing Strategy outlines our top priorities for improving the health and wellbeing of all the people who live and work in the borough. The refresh coincides with Barking and Dagenham’s 50th anniversary of becoming one borough. It will be another defining point in our borough’s history and brings with it a once in a generation opportunity to radically transform the relationship between our residents and

the Council as well as between patients and the NHS.

This refresh is in response to the changing health and social care needs of the population, as described by the Joint Strategic Needs Assessment 2014. We want this Strategy to give all those who work to improve health and wellbeing and reduce inequalities the focus that will drive the significant improvements needed to achieve the outcomes we seek. It is intended to provide a framework and direction to review commissioning and service delivery planning in order to make the biggest difference over the next few years.

The London Borough of Barking and Dagenham’s Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children’s services, with elected councillors and Healthwatch, to jointly consider local needs and plan the right services for our population.

This Strategy will enable the Board and partner organisations to account for how their actions will progress our Joint Health and Wellbeing Strategy. The Board have also carefully considered what local people have said about what health means to them and where their priorities lie. We will keep talking to local groups and individuals about the issues so our Strategy stays relevant and ambitious for our borough.

We will keep this Strategy under review and assess the effectiveness of the overall framework, as well as the continuing relevance of the priorities, as new information, evidence and policies emerge. Progress is regularly reported to the Health and Wellbeing Board.

**Councillor Maureen Worby**  
Chair, Health and Wellbeing Board



The Board have also carefully considered what local people have said about what health means to them and where their priorities lie. ”





## What does this strategy mean for you?

**Y**ou may be reading this as a resident, the owner of a borough-based business or someone who works in Barking and Dagenham. Whoever you are, this Strategy means good news for you!

The next three pages illustrate the highlights of what we're doing and how it will impact on you. In our programme to grow the borough we will include measures to make the healthier choice the easier choice. In order to do this we have broken down the messages into three broad stages of life:

### Starting well

We feel that getting off the starting blocks is absolutely essential in improving health and wellbeing.

This starts with establishing healthy habits in pregnancy and with our children.

### Living well

This is a marathon, not a sprint and we intend to make it easier for adults to maintain healthy habits.

### Ageing well

As we approach the finishing line we feel that enabling you to live independently and healthier for longer and making the most of older age is vital for your wellbeing.

### Who are we?

When we say 'we' we're including all of the partners on the Health and Wellbeing Board and the many agencies and organisations who provide services in the borough. Many of them are commissioned by Health and Wellbeing Board partners. We're also including anyone who participates in developing and maintaining their own health and wellbeing... that means you!

## Starting well: Establishing healthy habits in pregnancy and with our children

We start working with you for your child's health while you're still planning to become pregnant! This life stage covers you and your child during pregnancy, and includes children and young people up to 18 years old.

### Your life:

- Supported pregnancy, delivery and breastfeeding
- Healthier children with a better outlook for developing, learning and achieving
- Children and young people able to make their own healthier choices

### What we can do:

- We will support you to have a healthy pregnancy and give your child the best start in life
- Our children's centres and schools will support you in keeping your child healthy and safe
- Our services will be there to advise young people on how to cope with the stress of modern living and peer pressures
- We will safeguard individuals of all ages from abuse, sexual exploitation, crime and ill treatment.
- We will continue to improve our services to ensure you get the right service at the right time in the right place

### What you can do:

- Make sure your child has been immunised to protect them and others from disease
- Be vigilant and act on the signs and symptoms of disease – Spot disease and illness early and see your GP
- Make the lifestyle changes now for you and your family that will improve and maintain good health
- Find out about them and use them! We provide a range of services to help you and your family maintain good health from exercise and diet programmes, sexual health and drug services, cooking skills to learning opportunities.
- Help us to stamp out abuse, sexual exploitation, crime and ill treatment and make this borough a safer place
- Make sure your child visits the dentist for regular check-ups and get regular eyesight tests – They are free
- Encourage your child to eat well and move more.



“

Healthier children with a better outlook for developing, learning and achieving ”



## Living well: Making it easier for adults to maintain healthy habits

**W**e want to make healthy choices the easiest choice for everyone.

### Your life:

- Easy access to free and low cost resources for self care and maintenance
- Alert to any health issues and able to deal with them
- Well informed and empowered
- Living a healthier, longer, more fulfilling life.

### What we can do:

We will ensure that our services support you to make the smallest changes that will have a huge impact on your health – so we're working to help you help yourself.

### What you can do:

- If you receive an invitation from us for bowel/breast or cervical cancer screening or your NHS Health Check – Take it up – its free
- Take on disease be vigilant and act on the signs and symptoms – Spot disease and illness early and act quickly
- If you are invited to have a free seasonal flu injection – Have the jab
- Find out and use them!  
We provide a range of services to help you and your family maintain good health from exercise and diet programmes, sexual health and drug services, benefits advice to learning opportunities
- Make sure you visit your dentist once a year and get your eye sight examined every two years
- Sleep well, live longer.



## Ageing well: Living healthier for longer and making the most of older age

Helping you to live independently and maintain good health for longer is vital for ageing well. Even if you suffer from long term illness you can still enjoy a good quality of life.

### Your life:

- Easy access to care and support
- Early diagnosis of health issues
- Well supported carers
- Prepared for a healthier, longer, more fulfilling older age.

### What we will do;

- Support those who are caring for people living with dementia
- Support investment in housing, leisure, business and public spaces to enhance your wellbeing
- Provide regular check-ups to ensure you age well
- We will safeguard individuals of all ages from abuse, sexual exploitation, crime and ill treatment
- We will continue to improve our services to ensure you get the right service at the right time in the right place.

### What you can do;

- Be vigilant and act on the signs and symptoms of disease – Spot disease and illness early and see your GP
- If you are invited to have a free seasonal flu injection – Have the jab
- Find out and use the extensive range of services from our Active Age centres to our parks and befriending service to keep you independent, healthy and safe
- Make sure you visit your dentist once a year and get your eye sight examined every two years
- Sleep well, live longer.



“

Even if you suffer from long term illness you can still enjoy a good quality of life.

”

## Our partners



**Dr Waseem Mohi**  
Chair



**Conor Burke**  
Accountable Officer



**Frances Carroll**  
Chair, Healthwatch

### **NHS BARKING AND DAGENHAM CLINICAL COMMISSIONING GROUP:**

Barking and Dagenham Clinical Commissioning Group (CCG) is committed to improving the health and wellbeing of our patients and residents. As a local GP membership organisation we are acutely aware that this isn't something we can do alone. Working more closely with our partners across health and social care locally and further afield as appropriate, is the only way we will tackle some of the health issues we face here in Barking and Dagenham. Together with our partners in the local authority, voluntary sector and acute and community and

mental health provider organisations, we know that the considerable challenges we face in our health economy demand a system approach to be tackled effectively.

We are a young organisation, but we have already demonstrated our desire and focus to bring about real change and real improvements to the quality of services and the care that local people are receiving. We are enthusiastic members of the Health and Wellbeing Board and see this Strategy as a crucial document to help further integrate services and to help us make the best use of the resources available to us.

The priorities identified in this Strategy are familiar to all of us. Whether that's a focus on early years, older adults or our most vulnerable groups of residents – we are committed to work in partnership to improve health outcomes for the people we see every single day in our surgeries across Barking and Dagenham. We are delighted to support this strategy document and its priorities to make a real difference for all of our residents.

### **HEALTHWATCH:**

Barking and Dagenham has been engaged as a partner in producing the Joint Health and Wellbeing Strategy and welcome the plans to improve the health and wellbeing of those who live in Barking and Dagenham. Through Healthwatch's consultation with borough residents, concerns have been raised by people regarding the many health challenges the borough faces, including lower than average life expectancy and high death rates from heart disease, circulatory diseases and cancer. This is in contrast to our two neighbouring boroughs who share the same acute services.

Healthwatch are aware of the challenges the Health and Wellbeing Board partnership

faces in working towards reducing the causes of ill health including smoking, alcohol, low exercise uptake and obesity. This is alongside social and economic deprivation, high unemployment, low incomes, poor housing and other factors which limit opportunities and aspirations. There are also concerns regarding the pressure on services that our changing demographics are having both now and in the future. Healthwatch has worked hard to raise the profile of public opinion and are pleased to see it reflected in this document. We are confident that the strong partnership of the Health and Wellbeing Board will rise to the challenges of local needs and be effective in improving the health and wellbeing of all residents.



**Dr Henrietta Hughes**  
**Medical Director London North Central & East London**

**NHS ENGLAND:**

The main aim of NHS England is to improve the health outcomes for people in England. We empower and support clinical leaders at every level of the NHS through clinical commissioning groups (CCGs), networks and senates, in NHS England itself and in providers, helping them to make genuinely informed decisions, spend the taxpayers' money wisely and provide high quality services. As members of the Health and Wellbeing Board, we are committed to working with partners to achieve the vision for making a real difference to the quality and standard of local services. This comprehensive document identifies some key priorities for local services and ensuring equity of access based on local need.

The Joint Health and Wellbeing Strategy is an important vehicle that will guide the development of integrated services across health and social care, making the best use of resources for the benefit of local people.



**Jacquie Van Rossum**  
**Executive Director Integrated Care London & Transformation**

**NORTH EAST LONDON FOUNDATION TRUST (NELFT):**

I am delighted to endorse the Barking and Dagenham Joint Health and Wellbeing Strategy. The Strategy sets out the framework for achieving the goal of better health and wellbeing in Barking and Dagenham, with a particular emphasis on those who need support most. Being healthy is not just an absence of illness or disability. Health and wellbeing are broad concepts which take a much wider view of what affects a person's quality of life. A feeling of 'wellness' therefore includes all aspects of physical, mental and social wellbeing.

The Joint Health and Wellbeing Strategy includes actions for improving health both within and outside of NHS services, and promoting better integration of services based around people's needs rather than traditional organisational boundaries. The actions in this Strategy are ambitious and challenging. The successful implementation of the Strategy will depend on close working between local public, voluntary and community organisations. This Strategy is all about partnership and working together.

With this in mind NELFT staff will be working with others to encourage and support local people to make healthier choices in their lives, to deliver more integrated and accessible health and social care services and to improve the conditions that people in Barking and Dagenham live and work in.

## Our partners



**Dr Nadeem Mogal**  
Medical Director



**Sultan Taylor**  
Borough Commander

### **BARKING HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST:**

Working with our partners to improve the health of our population is an essential part of our work at Barking, Havering and Redbridge University Hospitals NHS Trust. I am fully supportive of this Strategy; its priority themes mirror our own.

With a growing population it is essential that we look at ways of keeping our community healthy, and provide health and social care in a way that is accessible to all. Improving the links between hospital and social care has already had enormous benefits to patients, with people

supported and able to stay in their own homes whenever possible.

The implementation of this Strategy will build on that work, and strengthen the partnerships already in place to benefit our patients, service users and carers. I am particularly pleased that work will continue to encourage people to stop smoking. London Borough of Barking and Dagenham are invaluable in our work to stamp out smoking on our hospital sites, offering tireless support to make our Trust smoke free.

### **METROPOLITAN POLICE:**

Being a member of the Health and Wellbeing Board adds value to the local police priorities in the following ways. As a member it enables the police to influence and shape the Strategy to actively work in partnership to improve the community safety and quality of life of our residents.

There are many areas whereby the health and well being of our community affect the demand on policing and also presents many opportunities where the police can work more with closely with partners to support, prevent and resolve issues whilst improving health and well being. For example where police come across vulnerable members of our community by us having an awareness of the support available through our

partnership, individuals can be quickly referred to our partners to receive the support. From a proactive perspective the police can access service providers through referral systems to prevent individuals entering the criminal justice system and receive the necessary support for example people suffering mental health, substance misuse. By working in partnership there are many areas that add value to our policing priorities such as safeguarding vulnerable adults and children, and also child exploitation issues. By collaboration and working in partnership, policing improves the quality of life for our community.

The police support partners to improve residents health and well being, by firstly giving

support to individuals and referring to the service providers, this applies to people who come to notice in the community and also those who are brought into custody for the safety and well being as well as those who have committed offences. The local police are involved in many community engagement activities and by working in partnership with health professionals our community can be made more aware of the help and support they can receive from service providers. The police can support partners by sharing information and develop plans to help protect vulnerable people in our community.



# Introduction

In Barking and Dagenham our residents are not as healthy as they should be. Compared to other parts of the country they don't live as long, with many dying earlier from cancer or heart disease. Our Strategy sets out a vision for improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives by 2018. It aims to help residents improve their health by identifying the key priorities based on the evidence in our Joint Strategic Needs Assessment (JSNA), what can be done to address them and what outcomes are intended to be achieved. These priorities will then underpin commissioning plans and other agreements to undertake the actions together, in order to make the greatest impact across the health and social care system and wider Council responsibilities. It also sets out how we will work together to deliver the agreed priorities within a tighter financial framework. However we need to ensure there are support mechanisms to enable our residents to live more independently, whilst still offering a safety net of support for our most vulnerable.

Through better integration of service planning and improvements in the quality and accessibility service provision, we will continue to build on the resilience in local communities by supporting active citizens, local assets and neighbourhood networks. The Board will continue its determination to capitalise on the opportunity to connect prevention and regeneration to help create a place that supports well-being thereby encouraging residents to make informed choices for a healthy lifestyle and behaviours which improve their own health. This will be realised through bringing together services across the partners, beyond health and social care, to health-related services such as leisure, housing, active age centres and children's centres. It will also consider how the commissioning of these can be joined up with commissioning of health and social care services to improve the health and wellbeing of residents. The Strategy and JSNA inform the London Health Commission and the NHS England (London) plans and strategies.

It is important that we maintain the key policy driver that "no decision about me, without me". Our Strategy is supported by a detailed delivery plan which provides more specific goals, actions and expected achievements to meet the outcomes. The delivery plan and outcomes are separate documents and accompanies this Strategy.

The Care Act 2014 is the most comprehensive overhaul of social care since 1948, it consolidates and modernises all social care law into a single framework. As well as consolidating the legislation, the Care Act brings social care law into the 21st Century. The Act enshrines in legislation and statutory guidance modern adult social care policy and practice. There is a new focus and direction for social care which centres on prevention, wellbeing, and personalisation.

The Care Act became operational on 1 April 2015. It is therefore a key driver in developing the refresh of the Health and Wellbeing Strategy. The elements of wellbeing and prevention within the Act require a specific response. This takes the form of a locally agreed approach to promoting wellbeing and developing prevention which is a distinct piece of work that is referenced at relevant points in this document.

“  
Our Strategy sets out a vision for improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives by 2018.  
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## Our population and its health challenges

The JSNA 2014 draws out the important challenges to our residents' health and can be characterised under the following two key headings **1) Population growth and changes in our local population** and **2) Income poverty and employment**.

Income poverty and employment result in reduced wellbeing by numerous mechanisms which we also address. These are fuel poverty, excess winter deaths and access to services and many more, including high levels of lifestyle risk linked to smoking, obesity and physical inactivity. The population of the borough has both comparatively high rates of chronic disease and as a consequence high death rates from these diseases, especially heart disease, cancer and chronic lung disease. Additional health and social care needs remain, for example mental health challenges, safeguarding, domestic violence and dementia.

### 1. Population growth and changes in our local population

There have been significant changes to the demographics of the population in the last decade, most noticeably an increase in the numbers of people living in the borough, a very high birth rate and increase in proportion of the population from black and minority ethnic (BME) communities.

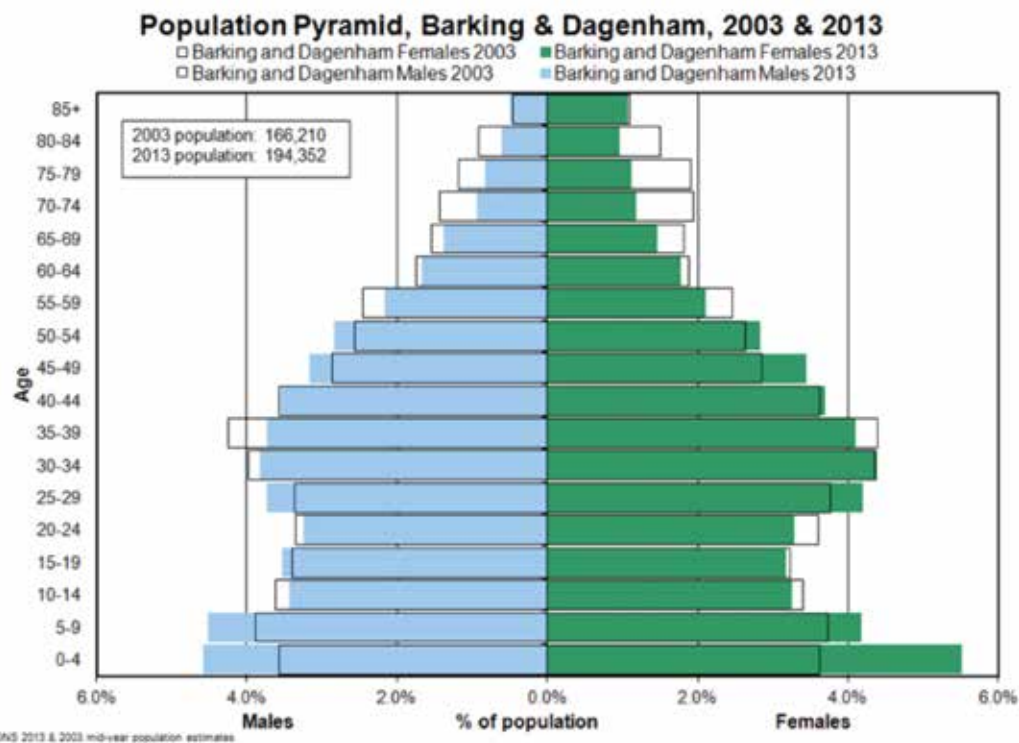
#### 1.1 Population growth

The borough's population is growing at a faster pace than in London and England. The growth rate in the borough is 16.6 per cent and has gone up more than twice that of England's, 8 per cent, between 2003 and 2013. Growth is also ahead of that for London which is again 8 per cent.

#### 1.2 High birth rate

Across the age groups, significant increases were in the children population aged 0-4 with figures up by almost 50 per cent,

followed by adult working population, 16-64, especially the younger age groups in this category. In contrast figures were down 14.8 per cent in the 65+ population, compared to London and England which were all up 8.1 per cent and 17.4 per cent respectively. **Figure 1** shows the population pyramid for Barking and Dagenham. It should be noted that Barking and Dagenham has a wide base to its population pyramid, which is more typical of a developing country characterised by a high fertility rate. In Barking and Dagenham the older population is expected to decline until at least 2025 when it is projected to start increasing again. This is in stark contrast with the rest of the nation which is experiencing a steady increase in the number of people aged 65 and over. Possible explanations include poor life expectancy and people moving out of the borough as they become older and/or increase their earnings. This movement is known as population 'churn'.



**Figure 1:**  
Population pyramid for Barking and Dagenham based on the mid-year estimate (MYE) from the Office for National Statistics.

### 1.3. Increased proportion of population from BME communities

The population make up has changed significantly with increases in the proportion of the population who are from black and minority ethnic backgrounds such as Nigeria and Pakistan and also from eastern European countries such as Lithuania. Proportion of BME

groups in the borough is projected to increase by 27.3 per cent between the 2011 census and 2015. In 2016 the BME population will make up 51 per cent of the borough's population. This is projected to keep on rising: by 2020, the BME population is estimated to have increased by 58 per cent.

## 2. Income poverty and employment through improved life expectancy and health and social care outcomes

This Joint Health and Wellbeing Strategy and the actions and outcomes which are needed to address the priorities for improving the health and wellbeing of local people are based on priorities. These priorities are based on the needs identified in the Joint Strategic Needs Assessment and the national and local priorities identified in the various outcome frameworks (Public Health, Adult Social Care, NHS and the Children and Young People's).

The outcomes contained within the Strategy are:

- To increase the life expectancy of people living in Barking and Dagenham;
- To close the gap between the life expectancy in Barking and Dagenham with the London average;

- To improve health and social care outcomes through integrated services.

Three particular challenges continue to dominate our thinking:

- (i) The first is the burden of ill health demonstrated by the significant numbers of our population in poor health and the high premature mortality rates especially from coronary heart disease, stroke, cancers and respiratory disease.
- (ii) The second is to continue the essential development and investment in primary care provision to deliver the "better care outside the hospital" agenda, without which our hospital services are unsustainable.
- (iii) The third is to take account of our rapidly changing population in our commissioning strategies and delivery plans, so that services keep pace with changing needs and numbers.

# Our population and its health challenges

## 2.1. Deaths in people under 75 years old

Addressing these three challenges is critical to delivering enhanced life expectancy from birth for our residents. Currently more than half (56.7 per cent) of all deaths under 75 in Barking and Dagenham were from conditions considered amenable to healthcare. Nearly 2200 potential years of life per 100,000 registered patients are being lost through such causes. There is likely to have been economic loss because of sickness absence, inability to work, carer needs and loss of family income. There are also disproportionately high health and social care costs associated with premature chronic disease and disability.

## 2.2. Premature illness and dependency

People with premature illness and dependency will add need and therefore costs to our commissioned health and social care services and this need may

not be fully reimbursed in a simple age-related funding formula. There are opportunities to address this. Firstly, all services (health and social care) need to consider prevention as an essential part of their service delivery model, and secondly, the Board strongly advocated for partners to collaborate more on prevention. The cost of care for adults will continue to rise disproportionately whilst prevention is currently suboptimum. The partners have already started to address these opportunities by including, in the Better Care Fund, a stronger focus on prevention and making integration work effectively for less dependent residents.

## 2.3. Mental Wellbeing

Whilst two of the three outcomes of our Joint Health and Wellbeing Strategy focused on life expectancy, mental wellbeing is often omitted from consideration and recent policy directives have demanded parity of esteem with physical health. Cancer, CVD and respiratory disease are all

associated with a higher risk of depression and people with poor mental health have below average physical health and higher rates of the diseases associated with premature mortality.

## 2.4. Prevention

In considering our prevention responsibilities, we have to take account not only of the need to influence lifestyles amongst children, young people and adults, but also what actions could prevent the breakdown of people's ability to live independently and precipitate the need for some form of institutionalised care, whether in hospital or a nursing home. For Barking and Dagenham the focus for investment to improve outcomes needs to focus on early years and those of old age as well as those who are in the later stages of long term conditions.

Section 2 of the Care Act 2014 requires that a local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs

for support of carers. Local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility, taking into account the different types and focus of preventative support.

Under the umbrella of the Joint Health and Wellbeing Strategy sits the partnership's agreed approach to prevention which has been developed directly in response to the requirements of the Care Act.

## 2.5. Social care demand

In respect of demand for child social care the impact of domestic violence on referrals is significant. Programmes to address domestic violence will play an important role in helping to manage demand for child social care. Child Sexual Exploitation is a key issue for all commissioners and providers to address following Government directives following the Rotherham case.

The demand for adult social care services continues to increase, even though the numbers of older people, who are the largest

client group, are reducing. Increasingly services users are choosing self-directed support, through the provision of direct payments for their care, supported by a Personal Assistant. With the introduction of the Care Act reforms in April 2015, which will change eligibility, carers' entitlements and self-funding arrangements, predictions about future demand for services arranged by the Council are hard to make although partners have reduced the cost of social care since 2012/13 while maintaining quality.<sup>1</sup>

## 2.6. Risk factors across the life course

After smoking, physical inactivity, excessive alcohol consumption and obesity are the most important risk factors for us to focus on. Physical activity has benefits independent of weight loss. It increases life expectancy, decreases blood pressure and blood sugar and improves mental health. Likewise, adoption of a healthy diet including prolonged breast feeding followed by high amounts of fruit and vegetables has the potential to decrease population death rates by



around 5 per cent. The Health and Wellbeing Board has prioritised obesity as its most important prevention priority.

### 2.7. Early detection and improved management of long term conditions

The key focus to improving life expectancy is addressing raised blood pressure and the cardiovascular disease risk factors that can be detected and treated as risk conditions in their own right or can be partially tackled from their composite parts e.g. losing weight, increasing exercise and improving the diet. Early detection and optimal management of high blood pressure remains one of the most important healthcare interventions.

### 2.8. Safe and effective maternity services

Maintaining a safe and effective maternity service is essential. This is achieved by implementation of the revised antenatal and screening programme. In particular, programmes to reduce smoking prevalence and uptake of breast feeding.

### 2.9. Private Sector Housing

Approximately 49,000 dwellings in Barking and Dagenham are comprised of private ownership, of which 17,000 are estimated to be privately rented properties. The Council has a statutory duty to police housing standards and stock condition, return vacant homes back to use, administer adaptations and deal with illegal evictions and harassment. The 2009 Private Sector Stock Condition Survey estimated that 18,000 dwellings were non-decent – mainly failing on issues of thermal comfort, excess cold, hazards on stairs and disrepair. The Council had previously spent £179,000 on tackling some of these hazards until the Government relaxed national targets on driving up housing standards in owner-occupied properties.

The new emphasis has been placed on the burgeoning private rental sector, which has grown from 10,600 in 2010 to an estimated 17,000 in 2015. 47 per cent of this stock is considered to be non-decent with significant

levels of fuel poverty due to poor thermal conditions and lack of insulation. Recognising the problems of this particular sector of housing, the Council introduced a mandatory licensing scheme in September 2014 requiring all landlords operating in the borough to be licensed by the Council to ensure they are fit and proper to run rental accommodation and supply decent accommodation. The scheme will run for 5 years.

The Council believe there are up to 15000 premises that would require a licence. It has received over 9000 applications. We carry out a compliance inspection before considering a licence to ensure the property and its management meets the conditions required. The Licensing scheme has ensured that 4255 properties have been brought to compliance and further action will be carried out to ensure give rise to a cause for concern.

<sup>1</sup>Ref: Rees. M. et. al., 2014, "Adult Social Care: Understanding Demand in the (Older) Population of Barking and Dagenham", final report.



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The key focus to improving life expectancy is addressing raised blood pressure and the cardiovascular disease risk factors

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## Principles of our Strategy

Our Joint Health and Wellbeing Strategy has strong links to national policies and strategies. In the local context the Health and Wellbeing Board will not seek to replicate the work of existing boards and strategists such as the Housing Strategy and the Sport and Physical Activity Strategy. However, we will work across all partner agencies and through staff at all levels of the organisations, to ensure the achievement of our outcomes is supported across the whole partnership.

This is a key principle as outlined in the 2014 Annual Report of the Director of Public Health that suggests that for the new prevention agenda to delivery we need to grow and strengthen our communities, building on the energy and compassion that exists within them. While individuals could take on more responsibility for improving and maintaining their own health, it is easier to do this in a society, where all the elements of that society combine in a supportive manner to promote health.

To further support this, we have incorporated the work of Sir Michael Marmot and his published review into health inequalities in England as well as the NHS Five Year Forward View and the London Health Commission's Better Health for London. The Board's key task is to deliver an innovate approach tailored to local needs that tackles the diseases and consequences of modern living, as well as strives to raise standards of care and addresses health inequalities. Growth and regeneration provide an opportunity by developing and using our community assets, strengthening partnership between those who deliver and those who benefit from our services, and looking beyond needs and treatments to a healthy and prosperous community where residents and business contribute as well as gain.

People from higher socio-economic backgrounds have more opportunities to lead a fuller life with better health than those from less affluent backgrounds.

Inequalities in health can be seen from birth, with children from poorer socio-economic backgrounds showing poorer cognitive development from a very early age, when compared with children from more affluent areas. In line with Marmot's recommendations we cover the resident population across the life courses from pre birth to end of life; and take account of the needs of residents in the most vulnerable circumstances and excluded groups. We have decided that the life course, in the local context, can be divided into the following categories in **Figure 2**. These are not typical age ranges but work in our context as for example, we find a significant number of our middle aged adults, because of chronic disease, as frail as our over 70's.

Figure 2.  
Life Course



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We have decided that the life course, in the local context, can be divided into the following categories. ”





### Working with our stakeholders

The Board recognises that no individual agency can overcome the challenges facing the borough and its residents, but by working together and building on the resources from individuals' doorsteps to the Town Hall; we can work collectively to make the changes needed to give our residents the best opportunity for a healthy, happy and longer life.

The assets we have to draw on in Barking and Dagenham include:

### Number of Children's Services

- 8 Children's Centres
- 41 Primary Schools
- 8 secondary schools plus one outstanding special school and two further education colleges
- 41 general practices
- 22 dental practices (including community dental service)
- 36 pharmacies employing 70 pharmacists, 50 pharmacy technicians and 120 health care assistants
- 17 Optometrists
- Housing associations

- Barking Learning Centre, active age centres and 25 parks and open spaces
- Over 500 voluntary and community groups and 65 sports clubs.

### We will in this Strategy improve health and wellbeing through all stages of life to:

- Reduce health inequalities
- Promote choice, control and independence
- Improve the quality and delivery of services provided by all partner agencies.

Within this broad vision, the Health and Wellbeing Board has identified some key principals. These are:

- To set out shared priorities based on evidence of greatest need that puts the emphasis on prevention and early intervention.
- To make health and wellbeing a personal agenda supported by borough based programmes and interventions.
- To set out a clear rationale for the locally agreed priorities and also what that means

for the other needs identified in the JSNA and how they will be handled.

- Not to try to solve everything, but take a strategic overview on how to address the key issues identified in the JSNA, including tackling the worst inequalities.
- To concentrate on an achievable amount with an outcomes focus – prioritisation is difficult but important to maximise resources and focus on issues where the greatest gains in health and wellbeing can be achieved.
- To address issues through joint working across the local systems and also describe what individual services will do to tackle priorities and give effective solutions to individual problems.
- To enable improved patient and service user engagement in the development of our Strategy and plans.
- To enable increased choice and control by residents who use services with independence, prevention and integration at the heart of how choices can be made.



## National and regional context

### The Children and Families Act 2014 & Working Together 2015

The Children and Families Act sets out a swathe of changes to be implemented from September 2014. In particular for local authorities, the Act:

- Introduces a single assessment process and an Education, Health and Care (EHC) Plan to support children, young people and their families from birth to 25 years. EHC Plans replace 'statements of educational needs'.
- Requires health services and local authorities to jointly commission and plan services for children, young people and families.
- States those local authorities must publish a clear, easy-to-read 'local offer' of services available to children and families. Our Local Offer can be found here: <http://www.lbbd.gov.uk/ChildrenAndYoungPeople/SEN/Pages/Home.aspx> as it does now; the Council is working with young people and their families and carers, to prepare children and young people for adulthood and set out arrangements for transition to adulthood, particularly where young people will be eligible for Adult Social Care support. It is thought that there will be some cross-over with the requirements of the Care Act and this is currently being worked through. It should be noted that this Autism Strategy focuses on adults over the age of 18, but it does have a section on 'transitions'.

### The Care Act 2014

Throughout 2014/15 the Council has been preparing for the implementation of the Care Act 2014, which received Royal Assent in May 2014. The Act promotes integration with the NHS in the delivery of care and support services and strengthens procedures for the safeguarding of vulnerable adults. It will be a significant area of the Council's work for the coming years, with major dates for implementation on 1 April 2015 and 1 April 2016.

To implement the Care Act 2014 and meet its statutory obligations the Council must develop a clear approach to prevention and how it plans to meet its responsibility in this regard. This model is heavily influenced by the Council's priority to enable social responsibility. It uses the Care Act guidance on the 'wellbeing principle' placing the individual at the centre and starting point for judging their wellbeing and taking responsibility, using their strengths and personal resources, to maintain wellbeing. The person is then encouraged to seek support from the community before intervention from the Council and partners to meet needs and put in place preventative support.

A distinct policy document has been developed that outlines our approach to prevention and demonstrates alignment with the wider local wellbeing and prevention agenda and the priorities of this Strategy.

## National and regional context

### London Health Commission

Better Health for London, the report of the London Health Commission, an independent inquiry established by the Mayor of London and chaired by Professor the Lord Darzi of Denham, drew on the views of many Londoners to propose the biggest public health drive in the world. The report makes 64 recommendations which are intended to support the Commission's aspirations for London:

- Give all London's children a healthy, happy start to life
- Get London fitter with better food, more exercise and healthier living
- Make work a healthy place to be in London
- Help Londoners to kick unhealthy habits
- Care for the most mentally ill in London so they live longer, healthier lives
- Enable Londoners to do more to look after themselves
- Ensure that every Londoner is able to see a GP when they need to and at a time that suits them.

### The Francis Report

The Public Inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of the Mid Staffordshire NHS Foundation Trust was published on 6 February 2013. It was followed by the Government's response on 26 March 2013, which sets out how the quality of patient care is to be put at the heart of the NHS. Both will have far-reaching implications for the care and support system, not just the NHS. This Inquiry and earlier well documented systems failings in institutional care settings (such as hospitals or care homes) or community settings (including people's own homes) demonstrate that when individual children or adults are not adequately safeguarded or their quality of care is poor the consequences are both significant and far reaching. It is clear the role of local organisations is very much around ensuring that patients and the public are safeguarded and that poor care is prevented in the first place.

### Public Health England

October 2014 saw the publication of the document by Public Health England (PHE) 'From Evidence to Action: opportunities to protect and improve the nation's health'<sup>2</sup>. In this document Public Health England publishes 7 priorities for the next 5 years, having looked closely at the evidence to determine where it can most effectively focus its efforts. The document acknowledges that our health is shaped by where and how we live: by our jobs, families, homes; but also recognises the power of individuals to change their lifestyles, especially if they get the right support at the right time.

### The NHS Five Year Forward View

The NHS Five Year Forward View was published in October 2014 by NHS England, promising a radical upgrade in prevention and public health, greater control for patients and new support for carers, breaking down of the barriers in how care is provided and radical new care delivery options.

<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366852/PHE\\_Priorities.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf)

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Supporting the best possible educational outcomes for children and young people is central to the Council’s vision and priorities.”

## The challenges ahead

The borough faces a series of challenges from national and regional policy decisions outside the control of the local partnership, these include:

- Changes to the welfare and benefits system will negatively impact on the majority of households in the borough.
- Demographic challenge and changing communities up to 2020.
- Evidencing quality improvement and rebuilding public confidence in Barking, Havering and Redbridge University Hospitals NHS Trust following the Care Quality Commission interventions.
- Economic recession and the impact of the Government’s economic policy on the public sector finances.
- Tackling child sexual exploitation to improve the protection of vulnerable children.
- Transforming care in London through new models of delivery that contain cost and manage demand on the health and social care system, the role of early detection of disease is critical.
- Increasing the social productivity of public services and new forms of community regeneration to help individuals and communities to make positive change.
- Influencing national and London policies and investment decisions to support growing the borough and its distinctive housing market.
- Commissioning an integrated approach to early years from fragmented services that can miss the wider factors influencing a child’s development, to a “whole child” and “whole family” approach.
- Supporting the best possible educational outcomes for children and young people is central to the Council’s vision and priorities.



## Local strategies/plans

Policies and Strategies	Summary
Children and Young People's Plan	Sets out how the Children's Trust will improve outcomes for all children and young people.
Housing Strategy 2012-2017	Sets out our vision for housing in the area from 2012 to 2017 and identifies how we will work with our partners to improve all housing in the borough.
Barking & Dagenham's Core Strategy (2010) and Borough Wide Development Policies Development Plan (2011)	Sets out the need to improve the health and wellbeing of local residents. It aims to reduce health inequalities by ensuring good access to high quality sports and recreation opportunities and health care provision. Requires new schemes to address the health impacts of development.
Pharmaceutical Needs Assessment for Barking and Dagenham 2015-18	Provides an assessment of the local need for pharmaceutical services.
Sports and Physical Activity Strategy	Sets out the borough's approach to increasing sport and physical activity.
Carers Strategy 2015-2018	Sets out the outcomes for improving support to carers and the critical role that they play in supporting people to remain healthy and independent for as long as possible.
Information and Advice Plan for Adult Social Care and Support 2015-18	Sets out the strategic approach to meeting the requirements of the Care Act 2014 in relation to providing information and advice locally.
Growth Strategy 2013-2023	Sets out how the Council will deliver growth to improve the local economy and make the borough a more sustainable and resilient place.
Barking and Dagenham Community Safety Partnership Strategic Assessment of Crime and Community Safety Partnership Plan	Sets out actions to reduce crime and disorder, antisocial behaviour and other behaviour affecting the local environment, as well as reducing the misuse of drugs, alcohol and other substances, reduce the fear of crime and increase public confidence.
Education Strategy 2014-2017	The Council's two overarching objectives for education are for all our children and young people to have a place in a good or outstanding school or early years setting and for them to have the best possible life opportunities by the time that they leave school with reaching national and then London averages as the benchmark.

## Policies and Strategies

## Summary

Barking, Havering and Redbridge Integrated Care Coalition 5 Year Strategic Plan 2014/15 – 2018/19	Sets out how we will work collaboratively across the Barking Havering and Redbridge in order to achieve our shared vision, deliver improved outcomes and patient experience, ensure a financially sustainable system, and meet the expectations of patients and the public.
Safeguarding Adults Board Strategy	Sets out the strategic framework for the borough to ensure that adults at risk in our community live lives free from abuse and neglect.
Inclusive Framework Strategy for Children and Young People with Special Educational Needs and/or Disabilities	Sets out our shared vision, principles and priorities to ensure inclusive practice in providing for children and young people with Special Educational Needs and Disabilities.
Troubled Families Programme	Outlines our approach to working with troubled families and the outcomes we are looking to achieve.
Barking and Dagenham Safeguarding Children's Board Annual Report	This sets out three priorities for safeguarding children
Primary Care Transformation Programme (Prime Minister's Challenge Fund)	The programme focuses on achieving excellence in general practice through improvements in quality and accessibility of services and the experience of patients using services.
Promoting Wellbeing and Developing Prevention	This document sets out the approach of the London Borough of Barking and Dagenham to the requirements in the Care Act 2014 to be clear about wellbeing and prevention.
The Council's Corporate Plan	This sets out the Council's overall aspirations for the borough under the heading 'One borough; One community; London's growth opportunity'; one of the three key priorities is enabling social responsibility through which the Council aims to protect the most vulnerable while supporting residents to take responsibility for themselves and their families.
Better Care Fund	Health and social care services have agreed ambitious plans to prevent people going into hospital unnecessarily.

# Outcomes

The outcomes we want to achieve for our Joint Health and Wellbeing Strategy are:

- To increase the life expectancy of people living in Barking and Dagenham.
- To close the gap between the life expectancy in Barking and Dagenham with the London average.

- To improve health and social care outcomes through integrated services.

Our vision and outcomes can only be achieved through a change in the way we do things in Barking and Dagenham. This will involve change for residents by taking on more responsibility for their own health and wellbeing supported by

those planning and delivering local services. So what will this mean for local residents if we achieve these outcomes?

Residents are supported to make informed choices about their health and wellbeing to take up opportunities for self help in changing lifestyles such as giving up smoking and maintaining a healthy weight. This also involves fostering a sense of independence rather than dependence.	Service providers have and use person centred skills across their services that makes every contact with a health professional count to improve health.
Every resident experiences a seamless service.	Services support individuals to make choices about their health and care to help them reach their potential
Long term action with our more disadvantaged groups and communities will overcome generational poverty.	Bringing health and social care planning and service provision together will enable less costly interventions with better outcomes in the long term.
Children having the best possible start in life from conception so breaking the link between early disadvantage and poor outcomes throughout life.	More older people feel healthy, active and included.
Being able to take part in the design and delivery of services that are suitable for their needs.	Threats to public health are minimised and dealt with speedily.
Having a decent home that is warm and meets their needs.	Early diagnosis and increased awareness of signs and symptoms of disease will enable residents to live their lives confidently, in better health for longer.

## Priority themes

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, Public Health, Adult Social Care and Children and Young People. We agreed, based on this, to establish four priority themes that covered the breadth of the frameworks. We then mapped our priorities, outcomes and outcome measures across these four strategic themes:

### Care and Support

Ensuring that patients, service users and carers have control and choice over the shape of the care and support that they receive in all care settings.

### Protection and Safeguarding

Protecting local people from threats to their health and wellbeing.

These include:

- Infectious disease
- Deaths relating to extreme weather

Enablers to protect health include:

- Built environment and housing stock

Safeguarding individuals of all ages and identities from abuse, sexual exploitation, crime and ill treatment.

### Improvement and Integration of Services

Improving treatment and care by benchmarking against best practice and where we identify that care has failed. Exploring new and different ways of providing health and social care that is more accessible and person centered with particular emphasis on improving this for older people and disabled children.

### Prevention

Supporting local people to make lifestyle choices at an individual level which will positively improve the quality and length of their life and overall increase the health of the population.





# How we decided our priorities

## Our criteria:

The Board considered all the relevant recommendations from the JSNA 2014 using the criteria below:

- Evidence of need
- Influencing all partner priorities
- Focus on the most important priorities
- Will be achievable
- Value for money
- Have clear outcomes

## We were then able to:

- Identify the key actions for public health and safeguarding across each stage of the life course.
- Identify the key actions for health and social care across each stage of the life course.
- Identify the basket of key actions to be addressed through the 2015/16 commissioning and business planning round.
- Identify those priorities that should be addressed in later years for each stage of the life course.



Care and Support



Protection and Safeguarding



Improvement and Integration of Services



Prevention



## Theme 1: Pre birth and early years

Children, aged 0-4 years, made up around 10.1 per cent of the population of Barking and Dagenham in the 2013 Census, compared to 7.4 per cent across London. Between 2008 and 2013 the 0-4 years population in Barking and Dagenham increased by over 22 per cent compared to just over 12 per cent increase in London.

These early years lay a foundation and the Health and Wellbeing Board are working in partnership to provide children with the best start in life. The impacts of early years behaviours like breastfeeding and healthy weaning, exposure to cigarette smoke or domestic violence can impact children throughout their lives. The Healthy Child programme (0-5 years) sets out an expectation that every child is offered a health review with a trained professional and additional multi-agency support for children and families with higher need through the common assessment framework.

### Priority Area: Care and Support

- All children are offered health reviews in line with national guidance
- More children identified with special needs have their needs met and demonstrate improved health and mental health outcomes
- More children have regular dental checks and as a result have less dental decay aged 4/5 years.

### Priority Area: Protection and Safeguarding

- Most children are protected through vaccination against measles, mumps, rubella and whooping cough
- Fewer children come into local authority care due to emotional abuse or neglect, including domestic violence
- Fewer children grow up in poverty.

### Priority Area: Improvement and Integration of Services

- Most children achieve a healthy standard of school readiness by age 5 through coherent and integrated support
- More children and families have access to urgent care community services which meet their needs
- More children with chronic and/or complex health and social care needs are supported in an integrated way at home
- Introduce an integrated early years services from conception to age 5.

### Priority Area: Prevention

- More infants are breastfed in the first months of life
- More children are taking part in regular physical activity and fewer parents are exposing their children to cigarette smoke.



These early years lay a foundation and the Health and Wellbeing Board are working in partnership to provide children with the best start in life. ”





## Theme 2: Primary School Children

Children aged 5-11 years, made up just over 10 per cent of the population of Barking and Dagenham in the 2011 Census, compared to just over 8 per cent across London. Between 2008 and 2013 the primary school population in Barking and Dagenham increased by over 25.4 per cent compared to 11.9 per cent increase in London and 4.5 per cent nationally.

Primary School is a period of growth, physically, emotionally and educationally and a period where lifestyle behaviours like healthy eating and physical activity can be the key to future health and wellbeing. Research has demonstrated the serious negative impacts of excess weight in childhood directly on the cardio-vascular system. The Healthy Child Programme (5-19 years) sets out an expectation that every child is offered a health review with a trained professional at entry to Reception year and at Year 6, this includes measures of physical health like height and weight and mental and emotional wellbeing.

### Priority Area: Care and Support

- All children are offered a health review at least twice in their primary school experience
- More children with special education needs have their needs met and demonstrate improved educational and health outcomes
- Most children demonstrate improvements between their Reception and Year 6 health review.

### Priority Area: Protection and Safeguarding

- Most children have their eyesight and hearing tested at Reception entry to identify issues early and provide access to support
- Fewer children experience bullying or hate crime at home or in school
- Fewer children are exposed to domestic violence at home.

### Priority Area: Improvement and Integration of Services

- More services are accredited as young people friendly with direct access to young people engagement groups
- More children and families have access to urgent care community services which meet their needs
- More children with chronic and/or complex health and social care needs are supported to continue their education
- More children and families have access to effective early help services.

### Priority Area: Prevention

- Fewer children attend school without the protection of immunisation
- More children are taking regular physical activity through school and leisure service provision
- More children are eating healthy school meals and continuing to improve the food environment around schools
- More children are developing coping and rebound skills to manage life stresses.

## Theme 3: Adolescence

Adolescents, aged 12-18 years, made up 9.4 per cent of the population of Barking and Dagenham in mid-year 2013 estimation of population, compared to 7.7 per cent across London. Between 2008 and 2013 the secondary school population in Barking and Dagenham increased by 10.4 per cent compared to 1.8 per cent increase for London and drop by 3.8 per cent nationally.

Adolescence is a period of substantial change, individuals are developing health behaviours, beliefs and concepts that forms the basis of their health and wellbeing for the rest of their lives. The impacts of developing physical or mental ill health in adolescence can affect educational attainment and core life skills around relationships and identity.

### Priority Area: Care and Support

- More young mothers/fathers access the support provided through the Family Nurse Partnership project and Children Centres targeted support
- More adolescents take up the opportunity for a mid-teen health review with qualified health professionals
- Improving health outcomes for children with Special Educational Needs and Disability (SEND)
- Improving health outcomes for looked after children, Care leavers and youth offenders.

### Priority Area: Protection and Safeguarding

- More adolescents over 16 years take up the opportunity to protect themselves through Chlamydia screening
- More adolescent girls are protected through vaccination against cervical cancer
- Fewer adolescents experience bullying or hate crime at school

- Putting improved measures to protect children from sexual exploitation.

### Priority Area: Improvement and Integration of Services

- More services are accredited as young people friendly with direct access to young people engagement groups
- More adolescents are protecting their own health through contraceptive and sexual health services
- Continued improvement in educational attainment.

### Priority Area: Prevention

- Fewer adolescents smoke and/or problematically use alcohol
- More adolescents are taking regular physical activity and improve the opportunities to use green space
- More adolescents have developed coping and rebound skills to manage life stresses.
- Empower adolescents to make informed choices about their sexual and emotional health.



The impacts of developing physical or mental ill health in adolescence can affect educational attainment and core life skills around relationships and identity.







## Theme 4: Maternity

There were 3,796 live births to mothers resident in Barking and Dagenham in 2013, which has increased by 46 per cent since 2003. There have also been substantial changes in the profile of mothers in the borough, between 2004 and 2013 the proportion of mothers born within the UK fell from 58.8 per cent to 37.2 per cent. The largest group of non-UK born mothers come from Africa and Asia, where conditions like sickle cell disease and diabetes are more common.

High quality maternity services and structured and multi-disciplinary support for parents during pregnancy is key to ensuring that babies are born healthy and safe in Barking and Dagenham.

### Priority Area: Care and Support

- All women in pregnancy receive high quality health care support during pregnancy and labour and as a result fewer women and babies experience preventable complications
- Fewer children die in their first year of life
- More women who are identified in pregnancy with additional needs have their needs met and demonstrate improved outcomes
- All women in pregnancy have access to antenatal education and postnatal breastfeeding support
- All partners (e.g fathers and life partners) have access to postnatal parenting support.

### Priority Area: Protection and Safeguarding

- Most women in pregnancy and infants are protected through vaccination against measles, mumps, rubella and seasonal flu

- Fewer mothers live in fear of violence at home
- The majority of women in pregnancy take up the opportunity of antenatal screening including testing for HIV.

### Priority Area: Improvement and Integration of Services

- All mothers have an integrated maternity care plan which they develop in partnership with the relevant healthcare professionals
- Maternity pathways including those delivered outside of the borough, have clear and integrated pathways of care with local service providers and safeguarding mechanisms
- More women in pregnancy from vulnerable groups have specific and dedicated support and care in pregnancy and improved outcomes.

## Theme 5: Early adulthood

Early adults are the group making their first independent steps in the world, moving out of home, leaving school or university, forming relationships and starting their own families. Early adults are aged 19-29 years and made up 15.7 per cent of the population of Barking and Dagenham in mid-year 2013 estimation of population, compared to 18 per cent across London.

The health and wellbeing of this group is crucial to the foundation of their own and their families lives in the future. Both physical and mental illness can be a barrier to employment and opportunity at this age and in the future. 5.8 per cent of 16-18 year olds in Barking and Dagenham are not in education and training (NEETS) (12/13 data), which is substantially higher than the London average of 3.8 per cent of 16-18 year olds. Although maternity is considered in a separate section it is important to note that 53 per cent of births in the borough were to women in under 30 years old age group, compared to 41 per cent across London (2012).

### Priority Area: Care and Support

- More people living with severe mental illness will be physically healthy.

### Priority Area: Protection and Safeguarding

- Fewer young adults will become infected with a sexually transmitted disease or HIV
- Fewer women will have unplanned and unwanted pregnancies
- Fewer young adults will be living in fear of intimate partner violence or hate crime
- More women will protect themselves through taking up the offer of screening for cervical cancer.

### Priority Area: Improvement and Integration of Services

- We will focus on improving the quality of care and support for people living with diabetes
- More young adults with long term conditions are satisfied with the transition to adult care and support services
- More young adults with depression are supported, through improved access, and uptake of, talking therapies.

### Priority Area: Prevention

- Fewer young adults smoke and/or problematically use alcohol or illegal drugs
- More young adults have a healthy weight and have access to healthy food produce
- More young adults take regular physical activity and use active forms of transport.



The health and wellbeing of this group is crucial to the foundation of their own and their families lives in the future. ”



## Theme 6: Established adults

Established adults are aged 30-64 years and made up 43 per cent of the population of Barking and Dagenham in the 2013 ONS mid-year population estimates, compared to 47 per cent across London. The health and wellbeing of this group is often best addressed through the workplace health initiatives and for the period between October 2013 and September 2014, 71.6 per cent of the population (16-64 years) were economically active. However 7 per cent of the adult population remain unemployed and over 3,000 of these are adults with long term health conditions, demonstrating the importance of initiatives to mitigate the impact of chronic disease on an individual's ability to achieve their personal potential.

Another substantial group are the 16,200 adults with caring responsibilities identified in the 2011 census of which some will be economically active, maternity issues are discussed in a separate section, but this group require specific attention regarding the health and wellbeing

impacts of caring responsibilities and how organisations can work together to help support them to achieve their potential.

### Priority Area: Care and Support

- More adults with early signs of dementia are recognised in primary care and referred for treatment
- More adults who are eligible use direct payments to control their own care and services
- More adults infected with TB complete treatment
- More adults over 40 take up the offer to review their own health through the NHS Health Check
- Fewer adults with depression require hospital admission because of better community care and support.

### Priority Area: Protection and Safeguarding

- More adults take up the opportunity to protect themselves through cancer screening (cervical, bowel and breast)

- Fewer adults will be living in fear of violence
- Fewer adults are injured through accidents in the workplace or in our public spaces.

### Priority Area: Improvement and Integration of Services

- Improve services for people living with long term conditions
- More adults with the early signs of chronic disease are identified in primary care and start treatment and care
- More adults have access to community based urgent care services in ways that suit their work/life balance.

### Priority Area: Prevention

- Fewer adults smoke and/or problematically use alcohol or illegal drugs
- More adults have a healthy weight and more have access to healthy affordable food produce
- More adults are taking regular physical activity including cycling and walking.



# Theme 7: Older adults

Many older adults are active and engaged in their local communities, supported by networks of friend and family, using their retirement to contribute to the community and society, and we aim to support more local people to live in later life with dignity and independence, achieving their potential in old age as much as at any other life stage. In 2015 older adults are aged over 64 years and made up 10 per cent of the population of Barking and Dagenham according to the 2013 ONS mid-year population estimates, compared to just over 11 per cent across London, although the proportion of the population over 90 years has remained constant at 0.5 per cent.

The health and wellbeing of this group is often characterised by an increasing dependency on support as individuals' age and become frailer. According to the

Eye care Trust over a quarter of adults aged over 60 years have such a poor quality of vision that it restricts their daily routine, and over 20 per cent of those over 75 years have significant sight impairment.<sup>3</sup> Based on Department of Health estimates, Barking and Dagenham have around 9,400<sup>4</sup> falls made by residents aged over 65 years each year. Of those 9,400 around 4,060 will fall twice or more in a year and according to Public Health England, 526 individuals attended A&E, many of these are preventable. The impact of social isolation, poverty and the lifetime effects of health risk behaviours such as smoking, all contribute to an older person's health and wellbeing. There is no avoiding that old age is followed by death, and providing individuals support and dignity in dying is an important part of the health and social care agenda.

## Priority Area: Care and Support

- Fewer frail elderly adults to be supported to live independently
- More older adults with signs of dementia and/or depression are recognised in primary care and referred for treatment
- More older adults who are eligible use direct payments to control their own care and services
- More older adults under 75 years take up the offer to review their own health through the NHS Health Check

## Priority Area: Protection and Safeguarding

- More older adults take up the opportunity to protect themselves through cancer screening (bowel and breast)
- More older adults are protected through vaccination against seasonal flu
- Fewer older adults live in fear of older abuse

- Fewer older adults are injured through accidents in the home
- More older adults live in high quality and more energy efficient homes, protected from weather extremes

## Priority Area: Improvement and Integration of Services

- More older adults live active and independent live with support from integrated services
- More older adults who are terminally ill die with dignity in a planned and supported way
- More older adults have access to community based urgent care services
- More older adults regularly access high quality dental services

## Priority Area: Prevention

- Fewer older adults smoke and/or problematically use alcohol
- More older adults are taking regular physical activity and use the green spaces in the borough
- More older people are actively engaged in their community.

<sup>3</sup><https://www.actionforblindpeople.org.uk/about-us/media-centre/facts-and-figures-about-issues-around-sight-loss/>  
<sup>4</sup>[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_110099.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_110099.pdf)



## Theme 8: Vulnerable and minority groups

Consultation and the equalities impact assessment of the draft strategy highlighted the need to coherently consider the needs of some specific minority communities in Barking and Dagenham. Barking and Dagenham is a diverse and vibrant community with many different ethnic groups. Individuals who identify as lesbian, gay, bisexual and transgender, people living with disability all their life and people who become disabled through disease or injury, and communities of faith. Some of these communities have specific needs which the Health and Wellbeing Board have highlighted as areas for specific and targeted consideration. As the Strategy is implemented, in some cases this means targeted work and in others it means monitoring service utilisations to ensure that groups are not disadvantaged or marginalised by the way things are being done.

### Priority Area: Care and Support

- All individuals with learning difficulties and/or disabilities have a key worker and a

structured health and well-being plan which takes into account key life stages and transitions e.g. the move from education into employment

- All young people who are looked after or are in the Youth Justice System should have an annual health check and a health plan in place
- Improve support for carers
- Increase the number of vulnerable adults identified by the annual Warm Homes, Healthy People programme.

### Priority Area: Protection and Safeguarding

- More people from minority groups feel confident to report abuse and harassment
- The gap is reduced in uptake of health screening programmes for ethnic minority groups living in Barking and Dagenham
- Protect vulnerable adults and children from abuse and harm
- A single standard of high quality management for private rented housing.

### Priority Area: Improvement and Integration of Services

- More integrated support is provided to troubled families to reduce the impact on children and young people
- All service commissioners and providers ensure that staff have explicit equality and diversity training which includes the justification and methodology for monitoring all legally protected strands in line with national guidance
- Mental health services and pathways explicitly consider access for individuals from minorities, including sexual orientation where there is evidence of enhanced need.

### Priority Area: Prevention

- The gap is reduced between individuals from minorities and the general population for those who carry excess weight
- The gap is reduced between individuals and minorities and the general population for those who smoke and/or use alcohol and/or drugs.



## How we will deliver our priorities

On the basis of policy and experience, we have agreed to produce a delivery plan that outlines the actions and resource to deliver our 18 priorities to achieve the outcomes. We will tackle the priorities through the following settings:-

### Health and Social Care:

The Clinical Commissioning Group and Council has agreed locality structures which align local public sector services including health, social care, and education teams to support integrate working across agencies and teams

### The Work Place:

Working with employers in the borough to improve wellness in the workplace

### Schools:

Working with Children's Services to ensure all settings and schools promote healthy lifestyles which support attainment and positive outcomes for children and young people

### The Community:

We will work with our partners, residents and voluntary sector groups in delivering community based programmes

The detailed action plan that supports this Strategy will focus on seven impacts - see over.



Health and Social Care



The Work Place



Schools



The Community



“

...we have agreed to produce a delivery plan that outlines the actions and resource to deliver our 18 priorities... ”

”

## How we will deliver our priorities

### Delivery Impact

### Summary

Putting the emphasis on prevention

Energy needs to go towards helping individuals, families, communities and organisations understand what they can do to promote positive health and wellbeing. Working closely with the other partnership boards will strengthen the impact of early prevention across the borough and avoid more intense difficulties later, building on the 'Think Family' programme.

Making health and wellbeing a personal agenda

Our starting belief is that change is most effective when initiated and controlled by individual residents and their family. This means that members of the community need to be actively enabled by information on health and wellbeing and services. Messages and solutions need to be more personal and this can be achieved through more effective use of occasions where members of the public engage with local professionals to assess and plan for improvement; for example personal health assessments, health MOTs, child development visits. The main emphasis needs to be on enabling individuals and families to take action through timely information, advice, education and then reference to supportive services and groups.

Making health and wellbeing a local agenda

Local neighbourhoods working with local professionals can also take control of the agenda and design and implement local solutions, but they need to be empowered with good local public health and wellbeing information on issues, as well as feedback on progress.

Borough based programmes and interventions are an important strategy for achieving general impact on issues

Our Older People's Offer is a good example of the impact that can be made through such large scale programmes. We can see the benefit of coordinated and timely health and wellbeing initiatives drawing resources together to educate, inform on issues and to promote and ensure access to specific services. We need to ensure carefully crafted communication based on real understanding of the needs of different segments of the community.

## Policies and Strategies

## Summary

Joining up services to ensure timely and effective solutions to individual problems

Joining up might mean the effective transfer of information from one service provider to another but it could mean joint location and joint presentation of service. The establishment of the Better Care Fund offers an opportunity for much improved integration of services to ensure smooth and effective linkage of health and social care solutions, reaching broader solutions of education, housing, leisure and employment. Wherever practical services should be accessible locally within the community or at home.

Developing greater local community capacity to achieve change

There is already a track record of working with local voluntary and community groups, but it is clear that there is much more that can be done to develop local resources. This has the twin benefits of developing very local and more accessible support on a number of key issues as well as providing the opportunity for local skill development.

Strengthening partnerships for change and improvement

We need to build on the existing partnership processes to ensure tighter joint performance expectations from investments and championing of change by leaders across the organisations. Joint commissioning of services will play a key role in ensuring the most effective investments of public money. Through pooling our resources, people and funding, we can work together to develop new and creative solutions that more quickly tackle difficult issues within the borough.

## Monitoring, evaluation and review

The Joint Health and Wellbeing Strategy is supported by an outcomes framework and delivery plan which sets out how progress will be measured by the Board and what the key priority actions are in the first year of the partnership. These will be reviewed and refreshed annually.

Like all strategies, success depends on regular and robust monitoring and review to ensure that the intended outcomes are being achieved and action is taken to address service failings, or any other problems that may arise. Many of these outcomes link to existing partnerships and organisational strategies, such as the Housing Plan and the Education Strategy.

The outcome measures for the priorities can be separated into activity and uptake indicators that ensure we are supporting residents to take up the opportunities offered to improve their health, and outcome indicators which reflect the impact of the changes we are making on the health of local people. We use both types of indicators because some

activity and uptake indicators can provide more timely information than the outcome impact which takes time to be reflected at a population level.

For example we monitor the uptake of vaccination to protect against cervical cancer in teenagers which we can measure every year, rather than the outcome of women affected by cervical cancer which would take several years to show the impact of changes we make to improve uptake of vaccination now.

Another example is how we will monitor the support for carers. It would be difficult to measure effectively across the range of carers in the borough what their support and needs are, but we can monitor how many of them have been identified by general practice, how many have their annual health check and how many have a carer support plan in place, all of which provide proxy measures for making sure we are doing what we can do support carers and meeting their needs as well as those they care for.

We recognise that we will need to reintroduce the TellUs Survey of school aged children, using Access and Connect technology, in order to monitor health outcomes more effectively and that we will need to significantly improve the quality of data from service providers to enable us to drill down and recognise the outcomes for vulnerable groups.

A full set of the outcome measures forms part of the delivery framework for the Strategy, providing some examples of the measures being used by the Board.

## Equality and diversity

An equality impact assessment (EIA) was completed to give due regard to the impact of the priorities set in the Joint Health and Wellbeing Strategy 2015-2018 on residents in Barking and Dagenham across the protected characteristics

The EIA found that overall the Strategy has in place actions that will contribute to the reduction of existing barriers to equality and address potential inequalities, as its overarching purpose is to address the greatest need by reducing health inequalities through universal and targeted action.

A series of consultations were undertaken to engage residents, voluntary and community groups from the 9 protected characteristics to inform the development of the Strategy.

As a key part of the EIA recommendations outlined by these groups to:-

- Address health inequalities experienced by, specific equalities groups as identified through consultation and by the data
- Provide inclusive and accessible information and support to ensure equity in access to services and health outcomes
- Develop a strategy to engage with all sections of the borough, in particular seldom heard groups will feed into the development of the Strategy and delivery plan.

The full EIA and summary document can be found on the website at [www.barkinganddagenhamjsna.org.uk/Section9/Documents/Section%209-%20Complete.pdf](http://www.barkinganddagenhamjsna.org.uk/Section9/Documents/Section%209-%20Complete.pdf)



The outcome measures for the priorities can be separated into activity and uptake indicators that ensure we are supporting residents...







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**INVESTORS  
IN PEOPLE**

# Health and Wellbeing Strategy Delivery Plan 2015-18

## About this document

The Health and Wellbeing Strategy is the overarching strategy working to improve health outcomes for local people. The breadth of the Strategy is supported through an outcomes framework which will enable the Health and Wellbeing Board to monitor progress and success in the short, medium and long term.

The Delivery Plan focuses on the key milestones and actions that the Board wish to see implemented to support delivery of the priorities set out in the Strategy. The Delivery Plan is set out according the responsibilities and reporting for each of the sub-groups. These are:

- Children and Maternity Sub-group
- Integrated Care Group
- Public Health Programmes Board
- Learning Disability Sub-group
- Mental Health Sub-group

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Outcomes are shown for each of the life-course groupings with associated actions for 2015-16 and 2016-18. Not all the cells will be populated as they will not be relevant to the particular sub-group in question e.g. Life-stage: 'Older People' will not be populated in the Children and Maternity Subgroup. Some of the sub-groups and boards work across the whole life course, e.g. Mental Health, Learning Disability and Public Health.

Many milestones are already included in the strategies and action plans which support the joint Health and Wellbeing Strategy's delivery, and therefore the Plan has limited the number of key actions to focus on priorities and ensure that measurable targets are included. This document does not contain all the outcomes but those that are high level and require a partnership approach. The Plan has no 'new' financial resources to support its implementation but provides a focus for existing resources to be targeted at those key priorities that will have a significant impact on the health and wellbeing of the borough. Care City has also arisen as an innovation centre for Healthy Ageing that the borough has jointly funded and is optimistic that the delivery of the vision will support the local area to collaborate across sectors to secure improved health outcomes for the community by tackling cross system issues.

The Plan was written at a time of major evolution of our partner organisations and responsibilities in health and social care and therefore the Plan is now being revised as the partners have started to develop commissioning intention documents and strategies of their own. The updated Plan sets out key actions that the Board hopes these organisations will prioritise in 2015-18.

The delivery of the Plan relies on partner organisations aligning and collaborating, both in terms of financial and human resource, to maximise the health gain. Chairs of the sub-groups and related steering groups are responsible for overseeing delivery and escalating any performance issues to an appropriate member of the senior management team. The delivery plan will be reviewed on an annual basis by the respective subgroups.

## Children and Maternity Subgroup

Priority	<b>CARE AND SUPPORT</b>							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
<b>Measurable outcome</b>	Maintain the proportion of children seen by a health visitor within 14 days of birth at or above 95% year-on-year	Reduce unintentional injuries attendance by 0-14 year olds at A&E by 2018 – (there is no current plan for this – actions to be confirmed by September 2015 )	Achieve a year-on-year increase in the percentage of first time mothers enrolled on the Family Nurse Partnership (FNP) Programme before 16 weeks, and 100% of mothers enrolled no later than 28 weeks - with the achievement of at least 75% enrolment per annum by 2018					



## Children and Maternity Subgroup

**Priority**

### CARE AND SUPPORT

**Milestone Action for 2015-16**

The Healthy Child Programme for 0-5 years will transfer from NHS England to the Council from October 2015

Service implementation planning and joint working across Barking and Dagenham Council and NHS Barking and Dagenham CCG will take place to support increased uptake of local health visitor services to 95% by December 2016

Develop a project to improve support to parents in primary care through integration of health visiting and children's centres by October 2016

At least 60% of first time mothers enrolled on the Family Nurse Partnership (FNP) Programme before 16 weeks, and 100% no later than 28 weeks

To support this outcome a FNP engagement plan will be developed by October 2015 and referral pathways will be refreshed by April 2016

Baby intervention pathways will be refreshed by April 2016 to ensure that young parents who do not meet the criteria for FNP will receive appropriate early intervention and support

## Children and Maternity Subgroup

Priority	<b>CARE AND SUPPORT</b>							
<b>Action for 2016-18</b>	<p>Increase the proportion of children seen by a health visitor within 14 days of birth to 95% by 2018</p> <p>The development and delivery of an integrated model for the early life stages by March 2018 will be prioritised. This will deliver a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting</p>		<p>At least 75% of eligible mothers to be enrolled in the FNP in 2018</p> <p>FNP to be incorporated into the integrated model for early years by March 2018</p> <p>Baby intervention services to be incorporated into the integrated model for early years by March 2018. Expected to increase caseload capacity by 95% by March 2018</p>					
<b>Lead organisation</b>	NHS England	CCG	NELFT					
<b>Named lead</b>	Kenny Gibson – Head of Early Years, NHS England	Sharon Morrow – Chief Operating Officer	<p>Gillian Mills – Borough Director , NELFT</p> <p>Toby Kinder – Group Manager, Early Intervention</p>					
<b>Strategy / Steering Group</b>	Health Protection Committee – Matthew Cole (Chair)		Family Nurse Partnership Board – Meena Kishinani (Chair)					

## Children and Maternity Subgroup

Priority	<b>CARE AND SUPPORT</b>							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	Improve the development of children in early years and introduce integrated reviews by 2018	Increase the number of referrals to specialist services where child sexual exploitation (CSE) risks have been identified – <i>to be confirmed following development of the local CSE problem profile by September 2015</i>	Ensure that children and young people are consulted with and engaged in service planning and commissioning across Children's Services on an annual basis	Increase the percentage of pregnant women treated for HIV in acute settings to 80% by 2018				Increase the percentage of children with social care assessments undertaken within 45 days to 80% by 2018.
Milestone Action for 2015-16	To identify speech, language and communication needs (SLCN) in children before they reach the age of 2 years using robust research methods by October 2016	Development of a local CSE problem profile by September 2015	Development of a joint LBBD/CCG plan for engaging young people in commissioning plans by April 2016	HIV awareness and testing training will be implemented for all midwives at Barking Hospital by April 2016				

## Children and Maternity Subgroup

Priority	<b>CARE AND SUPPORT</b>								
<b>Action for 2016-18</b>  Page 122	To increase the percentage of children identified with SLCN achieving expected levels of communication for their age – to be confirmed by September 2015  To increase the percentage of children who have attended local children's centres' play and communication services who achieve a good level of development in the Early Years Foundation Stage Profile – target to be confirmed by September 2015	Clear safeguarding pathways and training in place across all services and providers – monitor training uptake and completion levels annually. Problem profile is established By March 2016 and updated regularly	Evaluate the impact of the engagement activity by March 2018	Over 80% of pregnant women to be tested for HIV and referred into appropriate post-test services for treatment and counselling for those with a positive diagnosis					Increase the percentage of children with social care assessments undertaken within 45 days (80%)  To achieve this outcome and ensure early identification of SEND children and young people, progress and improvements in health outcomes for children with special educational needs and disabilities will be monitored via the CMG on a quarterly basis  Closer links will be established with adult social care and monitored to ensure that young people with educational and care needs have effective Transition Care Assessments
<b>Lead organisation</b>	LBBB	LBBB	CCG/ LBBB	NHS England					LBBB/CCG

## Children and Maternity Subgroup

<b>Priority</b>	<b>CARE AND SUPPORT</b>								
<b>Named lead</b>	Meena Kishinani - Divisional Director Strategic Commissioning and Safeguarding	Matthew Cole – Director of Public Health	Dr J John – CCG Patient Involvement Lead and LBBB lead	Joanne Murfitt - Head of Public Health, Health in the Justice System and Military Health					Joint Children's Commissioner
<b>Strategy / Steering Group</b>		Child Exploitation Committee - DCI Tony Kirk		Integrated Reproductive and Sexual Health Board – Erik Stein (Chair)					SEN Strategy Group – Jane Hargreaves (Chair)

## Children and Maternity Subgroup

Priority	<b>IMPROVEMENT AND INTEGRATION OF SERVICES</b>							
Life stage	<b>Pre-Birth &amp; Early Years</b>	<b>Primary School</b>	<b>Adolescence</b>	<b>Maternity</b>	<b>Early Adulthood</b>	<b>Established Adulthood</b>	<b>Older People</b>	<b>Vulnerable and Minority Groups</b>
Measurable outcome	To co-locate health visitors within GP practices and Children's Centres by 2018	More children receiving regular dental checks and improved oral health for under 5s by 2018	Decrease the under-18 year conception rate (per 1000) and percentage change against 1998 baseline by 50% by 2018	Increased percentage of mothers booked with maternity services by 13 <sup>th</sup> week of pregnancy (in light of new blood tests) by 2018				Improve health outcomes for looked after children, care leavers and youth offenders by 2018.

## Children and Maternity Subgroup

Priority

### IMPROVEMENT AND INTEGRATION OF SERVICES

Milestone Action for 2015-16

The Healthy Child Programme for 0-5 years will transfer from NHS England to the Council from October 2015

Service implementation planning and joint working across the Council and the NHS will take place to support increased uptake of local health visitor services to 95% by March 2016

Oral health strategy to be developed and implemented by April 2016, supported by local oral health promotion campaigns

Conduct review of sexual health and contraceptive services currently in place for young people by July 2016, including mapping of access to emergency hormonal contraception (EHC) via primary care services and training for teachers and frontline staff

Enhance condom distribution scheme (C-Card) delivery via pharmacies by October 2015

Move 1<sup>st</sup> booking to 11 weeks – to be taken forward by CCG in maternity provider commissioning intentions

Primary care and children's centres' education programme to support awareness raising undertaken jointly by CCG and Children's Services

Relevant LBBB commissioners to work with providers to deliver preparation for parenthood classes – via children's centre staff/health visitors/midwives



## Children and Maternity Subgroup

Priority	<b>IMPROVEMENT AND INTEGRATION OF SERVICES</b>								
<b>Action for 2016-18</b>	100% of health visitors to be co-located in GP practices and Children's Centres by April 2018	Reduction to 1.2 decayed, missing, filled (DMF) teeth in children aged 5 years by April 2018	Reduce rate of teenage conception by 50% over next by end of 2018	80% of mothers booked in by 9 weeks year-on-year – Barking and Dagenham CCG to include in its commissioning intentions and to enter into negotiations to achieve this target with maternity providers					At least 95% of all vulnerable groups to have an annual health check encompassing physical, mental health, emotional health and health risk behaviours by 2018
<b>Lead Organisation</b>	LBBB	LBBB	LBBB	CCG / LBBB					LBBB
<b>Named lead</b>	Toby Kinder - Group Manager Early Intervention	Matthew Cole – Director of Public Health	Erik Stein Group Manager – Integrated Youth Services	Sharon Morrow – Chief Operating Officer					Meena Kishinani - Divisional Director Strategic Commissioning and Safeguarding
<b>Strategy / Steering Group</b>	Children's Public Health Board – Helen Jenner (Chair)	Oral Health Strategy Group – Matthew Cole (Chair)	Integrated Reproductive and Sexual Health Board – Erik Stein (Chair)						Adult Safeguarding Board – Sarah Baker (Chair)

## Children and Maternity Subgroup

Priority	<b>PREVENTION</b>							
Life stage	<b>Pre-Birth &amp; Early Years</b>	<b>Primary School</b>	<b>Adolescence</b>	<b>Maternity</b>	<b>Early Adulthood</b>	<b>Established Adulthood</b>	<b>Older People</b>	<b>Vulnerable and Minority Groups</b>
<b>Measurable outcome</b>	<p>Increase breastfeeding initiation prevalence to 75% by 2018</p> <p>Improve breastfeeding prevalence at 6-8 weeks to 60% by 2018</p>		<p><i>National level placeholder</i></p> <p>Local Authority to link with Public Health England to set a local target for smoking rates at 15 years (<i>review and move to prevalence</i>)</p>	<p>Increase the percentage of teenage mothers supported by the Family Nurse Partnership to &gt;85% by 2018</p>				<p>Improve access to CAMHs for vulnerable children by 2018</p>
<b>Milestone Action for 2015-16</b>	<p>Work towards stage 1 of Baby Friendly Initiative Implementation by April 2016</p>		<p>The multi-agency smoking strategy will be refreshed and action plan developed by June 2016 to reduce smoking rates in 15 year-olds</p>	<p>&gt;80% of expected visits made to teenage mothers by health visitors</p>				<p>Develop and implement joint children and adolescent mental health transformation plan by October 2016</p>

## Children and Maternity Subgroup

Priority	PREVENTION							
Action for 2016-18  Page 128	Develop a multi-borough breastfeeding strategy owned by the Children and Maternity Subgroup by April 2018  Increase the percentage of teenage mothers supported by Baby Intervention to breastfeed and stop smoking by 2018 – target to be confirmed by September 2015		Implement the action plan to reduce teenage smoking rates in line with agreed local smoking target – to be confirmed by September 2015	>85% of expected visits made to teenage mothers by March 2018				Implementation of the children and adolescent mental health transformation plan by March 2018
Lead organisation	BHRUT		LBBB	NELFT				LBBB/CCG
Named lead	Wendy Matthews - Director of Midwifery BHRUT		Consultant in Public Health	Gillian Mills – NELFT  Toby Kinder – Group Manager, Early Intervention				Meena Kishinani - Divisional Director, Strategic Commissioning and Safeguarding
Strategy / Steering Group			Children's Public Health Board – Helen Jenner (Chair)	Family Nurse Partnership Board – Meena Kishinani (Chair)				

## Children and Maternity Subgroup

Priority	<b>PREVENTION</b>							
Life stage	<b>Pre-Birth &amp; Early Years</b>	<b>Primary School</b>	<b>Adolescence</b>	<b>Maternity</b>	<b>Early Adulthood</b>	<b>Established Adulthood</b>	<b>Older People</b>	<b>Vulnerable and Minority Groups</b>
<b>Measurable outcome</b>	Introduce the new 4 routine blood tests for metabolic conditions by 2018	Ensure that 100% of children have complete immunisation records by 2018		Decrease the number of pregnant women who are smoking in pregnancy through the implementation of BabyClear by 2018	Reduce the prevalence of sexually transmitted infections (STIs) by 2018 – target to be confirmed by September 2015			100% of young offenders to receive annual health check year-on-year
<b>Milestone Action for 2015-16</b>	Introduction of tests at 9 weeks booking by April 2016	Reach London levels for immunisation and then England levels by 2016. Target is 95%		Identify funding for Phase 2 of BabyClear to improve assessments (quality and output) and support midwives to deliver improved outcomes by March 2016	Ensure equitable access to contraception and STI testing in primary care and GUM clinics by October 2016			100% of young offenders to receive annual health check year-on-year  Specific training support about health risk assessments to be put in place for Youth Offending Service (YOS) professionals by October 2016

## Children and Maternity Subgroup

Priority	<b>PREVENTION</b>							
<b>Action for 2016-18</b>	Meet Government 95% target for introduction of blood tests by April 2018	Ensure that 100% of children have complete immunisation records by October 2018  Primary care improvement plan to be developed with Clinical Lead		Reduce Smoking Status at Time of Delivery (SATOD) rate to 15% by October 2018	Introduce training programme for schools to support effective PHSE by September 2016  Increase the numbers testing for STIs and reduce prevalence England and then London levels – target to be confirmed by September 2015			
<b>Lead organisation</b>	BHRUT NHS England	LBBB		BHRUT	LBBB			LBBB
<b>Named lead</b>	Wendy Matthews - Director of Midwifery  Joanne Murfitt - Head of Public Health, Health in the Justice System and Military Health	Jo Murfitt - Head of Public Health, Health in the Justice System and Military Health		Wendy Matthews - Director of Midwifery	Erik Stein - Group Manager, Integrated Youth Services			Erik Stein - Group Manager, Integrated Youth Services

## Children and Maternity Subgroup

<b>Priority</b>	<b>PREVENTION</b>						
<b>Strategy / Steering Group</b>		Health Protection Committee – Matthew Cole (Chair)		Tobacco Alliance – Matthew Cole (Chair)	Integrated Reproductive and Sexual Health Board – Erik Stein (Chair)		Youth Offending Service Chief Officers Group – Anne Bristow (Chair)

## Integrated Care Group

Priority	<b>CARE AND SUPPORT</b>							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome				Increase the uptake of seasonal flu vaccination amongst pregnant women by 60% by 2018.	Repeat multi-agency risk assessment conference MARAC caseload management - T(target to be confirmed by September 2015	Increase percentage of adults using direct payments to 75% by 2018	Increase early diagnosis and identification of at-risk older people in primary care and reduce unnecessary admission to hospital –Target to be confirmed September 2015	Increase the number of vulnerable adults identified by the annual Warm Homes, Healthy People programme and referred to the appropriate support services and advice during the winter period by 2018
Milestone Action for 2015-16				GP practices to ensure that pregnant registrants are aware of the need to receive seasonal flu vaccination year-on-year. Uptake to be monitored on an annual basis via Public Health	Ensure 20% of frontline staff have attended multi-agency domestic violence and violence against women and girls training by April 2016		Undertake deep dive to understand what is driving emergency admissions in Barking and Dagenham by October 2016	A further 2,100 licence applications ( total would be 10,500) to be received and 4,000 premises to be brought be compliant in 2015/16



# Integrated Care Group

Priority	CARE AND SUPPORT							
Action for 2016-18				Increase flu vaccination coverage to 60% by March 2018	Ensure caseloads are at optimum levels and do not exceed national guidelines and have a minimum level of repeat referrals year-on-year	Increase percentage of adults using direct payments to 75% by October 2018	Secure funding for continuation of Frailty Academy model by April 2018  Implement actions related to deep dive – with a particular focus on 65+ age group	Recognising the problems of this particular sector of housing, the Borough introduced a mandatory licensing scheme in September 2014 requiring all landlords operating in the borough to be licensed by the Council to ensure they are fit and proper to run rental accommodation and supply decent accommodation. The scheme will run for 5 years
Lead Organisation				NHS England	LBBB , CCG NHS England	LBBB	Integrated Care Sub Group	CVS/LBBB Council
Named lead				Joanne Murfitt - Head of Public Health, Health in the Justice System and Military Health	Karen Proudfoot – Group Manager Community Safety & Offender Management	Mark Tyson - Group Manager, Adult Commissioning	Sharon Morrow - Chief Operating Officer	Tom Williams/Neil Pearce – Housing Strategy and Partnership Officer
Strategy / Steering Group					Early Help Committee – Damien Cole (Chair)			

# Integrated Care Group

Priority	PREVENTION							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome					Increase the number of smoking quitters under 30 years of age by 2018 ( <i>to be confirmed - review target and move to prevalence</i> )	Increase the percentage of adults cycling or walking to work by 5% year-on-year	Increase the percentage of over 65 year olds protected through seasonal flu immunisation by to 75% by 2018	Reduce excess mortality rate of older and at-risk adults people in extreme temperatures by 2018 – target to be confirmed by September 2015
Milestone Action for 2015-16					Action plan for targeted promotional work with high-risk smoking populations and routine and manual (R&M) groups to be developed by April 2016	Active transport survey conducted and cycling - strategy to be developed across the partnership by June 2016  Develop and implement promotional campaign by October 2016	Develop local pathway to improve uptake through partnership by June 2016	Ensure that all local older people and at-risk adults receive correct, clear, consistent, useful and actionable advice and information from the local organisations they come into contact with year-on-year
Action for 2016-18					Reduce the numbers of R&M workers who smoke by 5% by March 2018	Determine how many LBBD workers cycle and walk and increase by 5% year-on-year	75% of over 65 year olds protected by March 2018	Evaluate the effectiveness of the winter warmth payments scheme locally by June 2018
Lead organisation					LBBD	LBBD	NHS England	NHS England

## Integrated Care Group

<b>Priority</b>	<b>PREVENTION</b>							
<b>Named lead</b>					Andy Knight - Group Manager Community, Sport and Arts	Gloria Mills – Active Transport Lead	Kenny Gibson – Head of Early Years and Immunisation	
<b>Strategy / Steering Group</b>					Tobacco Alliance – Matthew Cole (Chair)		Health Protection Committee – Matthew Cole (Chair)	Affordable Warmth Steering Group – Neil Pearce (Chair)

## Public Health Programmes Board

Priority	<b>CARE AND SUPPORT</b>							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome			Increase the proportion of young people testing for Chlamydia to London level by 2018	Reduce rate of teenage conceptions by 50% from '98 baseline for > 16 year olds by December 2018				Reduce the number of people claiming health-related benefits by 25% by 2018
Milestone Action for 2015-16			Increase Chlamydia screening coverage to 35% by October 2016	Review teenage pregnancy strategy and develop an action plan by April 2016				Implement mental health and back to work initiative.  Reassessments of 100% on health related benefits by October 2016
Action for 2016-18			Increase diagnosis rate to London rate by March 2018	Decrease rate from 6.9% to 5.5% over 5 years				Reduce the number of people claiming health-related benefits by 25% by 2018
Lead organisation			LBBDD	LBBDD				LBBDD
Named lead			Head of Public Health Commissioning	Head of Public Health Commissioning				Terry Regan - Group Manager Employment

# Public Health Programmes Board

Priority

## CARE AND SUPPORT

Strategy /  
Steering  
Group

Integrated  
Reproductive and  
Sexual Health  
Board –Erik Stein  
(Chair)

Integrated  
Reproductive  
and Sexual  
Health Board –  
Erik Stein  
(Chair)

## Public Health Programmes Board

Priority	<b>CARE AND SUPPORT</b>							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome		Maintain the percentage of children measured under the National Child Measurement Programme (NCMP) at Reception and Year 6 at 95% year-on-year	Increase uptake of human papilloma virus (HPV) vaccination to 95% by 2018		Reduction in prevalence of adult obesity from baseline by 2018	Increase the number of adults participating in regular physical activity year-on-year	Increase number of adults participating in regular physical activity year-on-year	Increase the number of adults participating in regular physical activity by 2018

# Public Health Programmes Board

## Priority

## CARE AND SUPPORT

### Milestone Action for 2015-16

Increase the percentage of children measured under the NCMP at Reception and Year 6 year-on-year to 95%

To achieve this Public Health and Children's Services will jointly review the local delivery of the NCMP and referral pathways to weight management services for obese and overweight children by April 2016. The review will support the commissioning of effective healthy lifestyle programmes promoting healthier eating and physical activities in schools and the community, which will be targeted where appropriate

Improve quality and choice of healthy eating options in schools through curriculum and catering responsibilities

Commissioning of new HPV vaccines with training and governance support for staff by April 2016

Develop and implement adult obesity strategy by April 2016

Develop an outcomes-based service specification to monitor the effectiveness and impact of public-health funded adult weight management programmes by October 2015

Increase engagement in commissioned adult weight management (Momenta) and exercise on referral programmes.

Reduce obesity levels to 20% and overweight and obesity to 55% by October 2016

Develop adult obesity strategy

Increase the number of adults taking part in regular physical activity interventions to 50% by October 2016

100% of older people have access to the Leisure Pass Scheme by October 2016

80% people with disabilities and those on low incomes are participating in regular physical activities by October 2016

# Public Health Programmes Board

Priority

## CARE AND SUPPORT

Action for 2016-18

Maintain the percentage of children measured at Reception and Year 6 at 95% year-on-year

Decrease the prevalence of obesity and over weight in Reception and Year 6 - by 23% in Reception; and 42% in Year 6 by 2018

This will be supported by the commissioning and delivery of the recommended components for the effective delivery of the 5–19 Healthy Child Programme – including prevention and early intervention; safeguarding; health development reviews; screening and immunisation programmes and support for parents in 2016-18.

Other child-centred initiatives such as the GET ACTIVE physical activity programme will be commissioned to support increased engagement of children in physical activity interventions in line with identified need by March 2018.

Increase uptake to 95% by October 2018

Reduce excess weight among adults in LBBD to London levels (57.3%) by March 2018

Target to be confirmed by September 2015

Target to be confirmed by September 2015

Target to be confirmed by September 2015

Lead organisation

LBBD

NHS England

LBBD

LBBD

LBBD

LBBD



# Public Health Programmes Board

Priority	<b>CARE AND SUPPORT</b>							
<b>Named lead</b>		Matthew Cole – Director Public Health Maureen Lowes – Catering Services Manager Children and Young People	Joanne Murfitt - Head of Public Health, Health in the Justice System and Military Health		Consultant in Public Health Andy Knight – Group Manager Community Sport and Arts	Consultant in Public Health Andy Knight – Group Manager Community Sport and Arts	Andy Knight - Group Manager Community, Sport and Arts	Andy Knight - Group Manager Community, Sport and Arts
<b>Strategy / Steering Group</b>		Children's Public Health Board – Helen Jenner (Chair)	Children's Public Health Board – Helen Jenner (Chair)					

# Public Health Programmes Board

## IMPROVEMENT AND INTEGRATION OF SERVICES

Priority	IMPROVEMENT AND INTEGRATION OF SERVICES							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	Increase breastfeeding prevalence at 6-8 week check to 65% by 2018	Increase percentage of 5-11 year olds participating in 2 hours or more of physical education by 2018		Reduce number of domestic violence cases among pregnant women – target to be confirmed by September 2016	Reduce rate of hospital admissions per 100,000 to annual rate in Year 1 and Peer group in Year 2 by 2018	Increase uptake of NHS Health Checks to 75% by 2018	Enable those at end of life to die where they want	Increase the percentage of successful completion of drug treatment (opiate and non-opiate users) by 2018
Milestone Action for 2015-16	Introduce individually tailored breastfeeding plans through peer support and buddies by April 2016	Increase the number of referrals to GET ACTIVE and outcomes measured follow development of outcomes-based service specification by October 2015  Continued support for schools working through Healthy Schools London Award Programme in 2015/16		Develop a campaign for reducing domestic violence among pregnant women implemented by March 2016	Hospital audit to be implemented by December 2016	Implementation of point of care testing by GPs and pharmacies by March 2016  Increase uptake to 50% of 40 – 74 year olds by October 2016	Joint Executive Management Committee (JEMC) to consider and agree commissioning strategy for end of life care (EOLC) by October 2016	
Action for 2016-18	Increase breastfeeding prevalence at 6-8 week check to 65% by October 2018	Target to be confirmed by September 2015		Reduction in the number of cases of domestic violence – target to be confirmed by September 2015		Increase uptake to 75% of 40 – 74 year olds by October 2018.  Ensure 100% of carers in cohort receive check by March 2018	Increase the number of deaths outside hospital – JEMC to agree aspiration by April 2016	To be confirmed once national targets for Health Premium published by September 2015

## Public Health Programmes Board

### IMPROVEMENT AND INTEGRATION OF SERVICES

<b>Priority</b>	<b>IMPROVEMENT AND INTEGRATION OF SERVICES</b>							
<b>Lead organisation</b>	NHS England	LBBB		LBBB	LBBB	LBBB	CCG / LBBB	LBBB
<b>Named lead</b>	Joanne Murfitt Head of Public Health, Health in the Justice System and Military Health	Nigel Sagar - Senior Adviser – School Improvement		Karen Proudfoot – Group Manager Community Safety & Offender Management	Karen Proudfoot – Group Manager Community Safety & Offender Management	Consultant in Public Health	Sharon Morrow – Chief Operating Officer	Sonia Drozd - Drugs Strategy Manager
<b>Strategy / Steering Group</b>		Children’s Public Health Board – Helen Jenner (Chair)		Domestic and Sexual Violence Strategic Group – Matthew Cole (Chair)				Substance Misuse Strategy Board

# Public Health Programmes Board

Priority	PREVENTION							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome	Increase the number of adults and children participating in cooking skills courses year-on-year	Reduction in numbers of school children taking up smoking by 2018	Reduction in numbers of school children taking up smoking by 2018	Reduction in the number of pregnant women smoking at time of delivery (SATOD) by 2018	Percentage reduction in smoking prevalence over the three year period from 2009/10 baseline by 2018	Percentage reduction in prevalence of adult obesity from baseline by 2018	Increase percentage of bereaved people signposted to appropriate bereavement support services - to be confirmed by September 2015	Increase in the number of adults participating in regular physical activity by 2018 – to be confirmed by September 2015
Milestone Action for 2015-16	Programme of cooking skills classes developed and implemented by April 2016	Social marketing campaign developed and implemented by April 2016	Social marketing campaign developed and implemented by April 2016	Implementation of the BabyClear programme in 2015	Social marketing campaign to be developed and implemented	Establish common/core nutritional standards for all commissioned services from 2015	Establishment of bereavement support services – commissioning approach to be confirmed by JEMC by March 2016	Widening access to physical activities through new and upgraded facilities by October 2018
Action for 2016-18	Deliver a minimum of 10 courses per annum by 2018	Target to be confirmed by September 2016  Roll out new smoke free policy guidance for schools	Target to be confirmed  Roll out new smoke free policy guidance for schools Embed effective drug, alcohol and tobacco education in PHSE in schools	Undertake audit and reduce SATOD to > 10% by March 2018	Reduce smoking levels to 25% by October 2018	Reduce levels of obesity to London levels by October 2018	95% of bereaved people signposted to appropriate services by April 2018	Target to be confirmed by September 2016  Increase specialist leisure provision for those with SEND – to be agreed by March 2016
Lead organisation	LBBB	LBBB	LBBB	BHRUT	LBBB	LBBB	CCG / LBBB	LBBB

# Public Health Programmes Board

Priority	<b>PREVENTION</b>							
Named lead	Paul Starkey – Health Improvement Advanced Practitioner	Matthew Cole – Director of Public Health	Jo Caswell - Health and Personal Development Advisor	Wendy Matthews - Director of Midwifery	Andy Knight - Group Manager Community, Sport and Arts	Consultant in Public Health	Sharon Morrow – Chief Operating Officer	Andy Knight Group Manager Community, Sport and Arts
Strategy / Steering Group		Children’s Public Health Board – Helen Jenner (Chair)	Tobacco Alliance – Matthew Cole (Chair)	Tobacco Alliance – Matthew Cole (Chair)	Tobacco Alliance – Matthew Cole (Chair)			

## Learning Disability Subgroup

Priority	<b>CARE AND SUPPORT</b>							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
<b>Measurable outcome</b>	100% of children with a learning disability under 5 years have an annual check and health plan by 2018	Improve health outcomes for children with special educational needs and disabilities				100% of people living with a learning disability are suitably housed by 2018		
<b>Milestone Action for 2015-16</b>	Children with complex care needs assessed and given appropriate care	To be confirmed by September 2015				Development of a learning disabilities accommodation strategy for 2016-20 (completion date to be confirmed by September 2015)		
<b>Action for 2016-18</b>	100% of children with a learning disability under 5 years have an annual check and health plan by October 2018	To be confirmed by September 2015						
<b>Lead organisation</b>	LBBB	LBBB				LBBB		

# Learning Disability Subgroup

<b>Priority</b>	<b>CARE AND SUPPORT</b>							
<b>Named lead</b>	Meena Kishinani - Divisional Director Strategic Commissioning and Safeguarding	Meena Kishinani - Divisional Director Strategic Commissioning and Safeguarding				James Goddard – Group Manager – Housing Strategy		
<b>Strategy / Steering Group</b>	SEN Strategy Group – Jane Hargreaves (Chair)	SEN Strategy Group – Jane Hargreaves (Chair)						

## Learning Disability Subgroup

### IMPROVEMENT AND INTEGRATION OF SERVICES

Priority								
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome						Develop opportunities for children and young people and their families to access personal budgets to support their move to independence		
Milestone Action for 2015-16						Implementation of Care Act within service planning and delivery by December 2015		
Action for 2016-18						Implementation of the Think Autism 15 priority challenges for action by October 2018; Ensure 100% people with autistic spectrum disorders with assessed eligible needs for care and support have personal budgets by April 2018		
Lead organisation						LBBB		
Named lead						Learning Disabilities Partnership Board - Chair		



## Learning Disability Subgroup

Priority	<b>PREVENTION</b>							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome			Increase percentage of looked after children with a learning disability with annual health check and personal health plan to 95% by 2018		Increase percentage of adults with learning disability with annual health check and personal plan to 95% by 2018			
Milestone Action for 2015-16			Clear communication with staff about the role of health checks and health plans, supported by training and provider performance indicators – reviewed by April 2016		Clear communication with staff about the role of health checks and health plans, supported by training and provider performance indicators – reviewed by April 2016			
Action for 2016-18			95% looked after children with a learning disability with annual health check and personal health plan by October 2018		95% adults with learning disability with annual health check and personal plan by October 2018			

# Learning Disability Subgroup

<b>Priority</b>	<b>PREVENTION</b>							
<b>Lead organisation</b>			CCG		LBBB			
<b>Named lead</b>			Sharon Morrow – Chief Operating Officer		Learning Disabilities Partnership Board - Chair			
<b>Strategy / Steering Group</b>			SEN Strategy Group – Jane Hargreaves (Chair)					

## Mental Health Subgroup

Priority	<b>CARE AND SUPPORT</b>							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome						Reduction in number of people claiming incapacity benefit from depression by 2018 – to be confirmed by September 2015		
Milestone Action for 2015-16						Review and audit of case register and development of action plan by June 2016.		
Action for 2016-18						Implementation of action plan and evaluation of success to feed into Welfare Reform Group by 2018.		
Lead organisation						Mental Health Sub Group		
Named lead						Gill Mills (Borough Director, NELFT) - Chair		
Strategy / Steering Group								

## Mental Health Subgroup

### IMPROVEMENT AND INTEGRATION OF SERVICES

Priority								
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome			Commission high quality mental health services across the life-course that emphasise recovery and linked to joint CAMH transformation plan (as per Future in Mind) by 2018		Assessment for new diagnoses at outset of treatment particularly focussed on diabetes (to be confirmed by September 2015)	Increase numbers accessing Psychological Therapy services year on year	Increase percentage of adults with severe mental illness with physical health check by 2018 <i>(Placeholder: target to be confirmed following discussion as part of mental health delivery plan and agreement of financial and commissioning implications)</i>	90% of GP practices to establish depression registers by 2018

## Mental Health Subgroup

### IMPROVEMENT AND INTEGRATION OF SERVICES

Priority

Milestone Action for 2015-16

Develop joint mental health strategy and review recovery pathway by October 2016

Develop plan to deliver new standard for Early Intervention in Psychosis by October 2016

Clinical lead to develop approach to enable practices to review mental health needs as part of long-term condition reviews by October 2016

75% of people referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral

15% of people referred to IAPT service will be treated within 6 weeks of referrals and 98% will be treated within 18 weeks of referral

15% of people with relevant conditions will be able to access IAPT services

IAPT services will demonstrate a 50% recovery rate

Care pathways and data collection process set up for physical health assessment in mental health patient settings by October 2016  
*(Placeholder: target to be confirmed following discussion as part of mental health delivery plan and agreement of financial and commissioning implications)*

Development of new pathways for primary and community care by October 2016

## Mental Health Subgroup

### IMPROVEMENT AND INTEGRATION OF SERVICES

<b>Priority</b>								
<b>Action for 2016-18</b>			Implement commissioning actions arising from joint mental health strategy by October 2017	By April 2016, more than 50% of people (all age groups) experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral		Increase the proportion of patients from BME backgrounds who access IAPT services by March 2018 - target to be confirmed following next round of contract negotiations)	Undertake annual patient reviews for all adults with severe mental illness by March 2018 – these may have financial commissioning implications which would need to be understood and can't be agreed at this stage  Suggest – action to be discussed as part of MH delivery plan	Patients with a new diagnosis of depression need regular review and a care plan (thresholds 45-80%) by April 2018 To be confirmed by September 2015
<b>Lead organisation</b>			CCG/LBBD		CCG	CCG	NELFT	CCG
<b>Named lead</b>			Sharon Morrow - Chief Operating Officer  Mark Tyson - Group Manager Adult Commissioning		Sharon Morrow – Chief Operating Officer	Sharon Morrow – Chief Operating Officer	Gill Mills, NELFT	Sharon Morrow – Chief Operating Officer
<b>Strategy / Steering Group</b>								

## Mental Health Subgroup

Priority	<b>PREVENTION</b>							
Life stage	Pre-Birth & Early Years	Primary School Age	Adolescence	Maternity	Early Adulthood	Established Adulthood	Older People	Vulnerable and Minority Groups
Measurable outcome			Development of a suicide prevention action plan by 2016	Implement strategy to support prevention of post-natal depression by 2018	Improved early diagnosis of depression / anxiety in diabetic patients by 2018	Raise awareness of the response of health and social care staff to mental illness across the system year-on-year	Raise awareness of pathway to support older people get Cognitive Stimulation Therapy (CST) by 2018	Develop new approaches to help people with mental health problems who are unemployed move into work and support them whilst they are out of work by 2018
Milestone Action for 2015-16			Undertake a local suicide audit by April 2016	Training for health workers in order for them to spot early signs of PND % with PND scores > 12 % implemented by October 2016	Develop a plan to identify anxiety and depression in people with long term conditions by October 2016	All mental health first aiders expected to be trained by October 2015	Increase numbers of older people able to access CST – target to be confirmed by September 2015	Establishment and implementation of a peer support programme by June 2016
Action for 2016-18			Implement findings from local suicide audit via action plan from May 2016	95% of women who have a miscarriage, stillbirth or death of a baby to have extra support by October 2018	Implementation of action plan by June 2017	Establish a learning network that is able to self organise that is linked to staff continuous professional development (CPD) by October 2017		Evaluation of the peer support programme in 2018
Lead organisation			Mental Health Sub Group	BHRUT	CCG	Mental Health Sub Group	LBBB	LBBB

## Mental Health Subgroup

<b>Priority</b>	<b>PREVENTION</b>							
<b>Named lead</b>			Gill Mills (Borough Director, NELFT) - Chair	Wendy Matthews - Director of Midwifery	Sharon Morrow – Chief Operating Officer	Gill Mills (Borough Director, NELFT) - Chair	Mark Tyson - Group Manager Adult Commissioning	Mark Tyson - Group Manager Adult Commissioning
<b>Strategy / Steering Group</b>								



**CABINET****13 October 2015**

<b>Title:</b> Payment by Instalments	
<b>Report of the Cabinet Member for Finance</b>	
<b>Open Report</b>	<b>For decision</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> Yes
<b>Report Author:</b> Kathy Freeman Group Manager – Corporate Finance	<b>Contact Details:</b> Tel: 0208 227 3497 E-mail: <a href="mailto:Kathy.freeman@lbbd.gov.uk">Kathy.freeman@lbbd.gov.uk</a>
<b>Accountable Director:</b> Jonathan Bunt, Strategic Director, Finance & Investment	
<b>Summary</b>	
<p>This report sets out the Council's position in respect of offering residents the ability to pay by instalments for goods and services received.</p> <p>The report analyses the potential services that could be subject to payment by instalments, the administrative costs of providing this facility, and the impact on income collection.</p>	
<b>Recommendation(s)</b>	
<p>The Cabinet is recommended to:</p> <ul style="list-style-type: none"> <li>(i) Note the content of this report and agree to introduce a payment by instalments policy;</li> <li>(ii) Agree the services that a payment by instalments policy will apply to as set out in paragraph 3.5;</li> <li>(iii) Agree that the policy shall only apply to Barking and Dagenham residents;</li> <li>(iv) Agree to the options as set out in paragraph 4.5 of this report;</li> <li>(v) Note the financial implications arising from introducing this policy;</li> <li>(vi) Note that the appropriate amendments shall be made to the Council's Financial Regulations and Rules (Part 4, Chapter 2 of the Council Constitution) to reflect the new arrangements and reported to the Assembly for information;</li> <li>(vii) Agree to review the policy after one year of its introduction to assess the impact on the Council's income, bad debt provision and the cost effectiveness of the policy.</li> </ul>	
<b>Reason</b>	
The ability to offer the Council's residents the ability to pay for services by instalments	

supports the Council's Policy aim of ensuring a well run organisation, delivering its statutory duties through offering residents increased choice on how to pay for goods and services.

## **1 Background**

- 1.1 The Council currently does not offer residents the ability to pay for goods and services by instalments under a standard policy. For a number of services, payment is often taken up front, prior to the goods or services being delivered. In some instances, the Council's accounts receivable team will set up instalment plans if the resident faces difficulties in repayment of their debt.
- 1.2 Historically, the Council operated a payment by instalments policy for dropped kerbs. However, this policy was withdrawn after some residents failed to pay after the first few instalments, leading to the current prepayment policy for certain services.
- 1.3 At present, the Council operates approximately 950 payment by instalment plans. These have been set up as a result of customers falling into financial hardship and being unable to repay the monies owed to the Council.
- 1.4 This report assesses the services where payment by instalments can be offered as an option and the associated financial implications.

## **2 Options for payments by instalments**

- 2.1 There are a number of options to consider before a decision can be made regarding a payment by instalments policy.
- 2.2 Consideration needs to be given to the following:
  - Which services the policy should apply to and who the policy should apply to;
  - The minimum qualifying value for the policy;
  - The percentage of prepayment required and the number of payment instalments to maximise collection of income;
  - The proposed administration charge to offset the additional set up, monitoring and review costs;
  - The proposed charge to mitigate the impact on the cash flow and the percentage of income collected;
  - The impact on the Council's provision for bad debts and write offs.
- 2.3 The payment by instalments policy is expected to operate on a full cost recovery basis to ensure that the Council incurs no additional costs by operating this facility.

## **3 Services in scope of the policy**

- 3.1 The 2015/16 budget for fees and charges is approximately £40m. The income is generated from a range of services including but not limited to adult social care, nursery fees, use of recreational facilities, parking and licensing.
- 3.2 For services that are supplied weekly or monthly, the cost of administration to

create/monitor payment plans would be significant and impractical.

- 3.3 Therefore, it is proposed that payment plans are offered to only residents of the borough, for those wishing to pay for one-off services, increasing consumer choice over how services are paid for, and improve accessibility to Council services.
- 3.4 To minimise risk to the Council's income collection and cash flow, it is proposed to apply the policy to a limited number of services initially so the impact can be assessed over a period of time prior to wider roll out across all services deemed suitable.
- 3.5 The services that have been identified as suitable for payment by instalments are funerals, hire of halls, registrars, dropped kerbs and hire of pitches. At present, an instalment facility is already offered for hall and pitch hire, however it is proposed to standardise the policy so instalment plans are offered on a consistent basis for the services identified.
- 3.6 In order to estimate the level of demand and to assess the potential impact on the cost of collection, an analysis has been carried out on the services above to assess the value and volume of the transactions based on bandings of £500. These figures have been used to model assumptions in this report.

Value range*	Number	Value
£0 - £499	3,126	£344,561
£500 - £999	381	£265,104
£1,000 - £1,499	69	£79,887
£1,500 - £1,999	35	£59,864
£2,000 - £2,499	43	£94,956
£2,500+	66	£450,539
<b>Total</b>	<b>3,720</b>	<b>£1,294,911</b>

- 3.7 The table illustrates that 84% of the transactions are below £500 and form 27% of the total value. The remaining 16% of the transactions over £500 form 73% of the value and amounts to over £950,000. There are 213 invoices over £1,000 and total £685,000 and form 53% of the total value.

## **4 Analysis of the proposed options**

### **4.1 Minimum qualifying value**

- 4.1.1 Based on the analysis above, it has been proposed to set the minimum qualifying value for one-off goods and services at £500, which will impact on £950,000 of the total income for these goods/services already invoiced. The exact volumes are difficult to quantify at this point as services such as dropped kerb currently operate on the basis of prepayment.

### **4.2 Percentage of upfront payment and number of instalments**

- 4.2.1 In order to reduce the impact of income collection, it is proposed that the service

user pays an initial payment towards the overall cost. The initial payment also demonstrates an ability of the service user to be able to maintain the monthly instalments.

4.2.2 For invoices between £500 - £999, an initial payment of £150 will be required. For invoices over £1,000, an initial payment of £250 will be required.

4.2.3 The proposed time period the Council would offer payment plans over would be between 6 months and up to a year. Any payment plans offered beyond a year would become extremely difficult to enforce, minimising the Council's ability to effectively collect the income.

4.2.4 To facilitate prompt payment of the monthly instalments, the service users offered a payment plan will also be encouraged to set up direct debits. Directs debits are the most cost effective and efficient form of collecting income, with the lowest transactional cost. It is recommended that all service users who take advantage of payment by instalment plans must pay via direct debit.

### 4.3 **Proposed administration charge and additional set up costs**

4.3.1 There will be administrative costs involved in setting up individual payment plans. Each payment plan will require an account to be set up on the system, an assessment of the individual's income and expenditure, monthly invoices to be issued, monthly monitoring of the account and debt enforcement action taken. It is estimated that an additional 0.5 scale 6 officer at a cost of c£17,500 will be required to set up, administer, monitor and enforce these debts.

4.3.2 In order to offset the additional costs incurred, to be consistent with the Council's policy on achieving full cost recovery, it is proposed that a one off administration charge is applied to each instalment plan set up of £35.

4.3.3 Based on 500 payments plans a year, the level of income generated will cover the additional administration cost of £17,500. The volumes will need to be monitored to ascertain whether the additional cost is being fully recovered or whether demand is such than additional administrative capacity is required.

### 4.4 **Potential impact on cash flow/income collection/ Charge for the facility**

4.4.1 To minimise the impact on the Council's cash flow, a charge of 1.5% will be applied to all payment plans. This charge is based on what the Council can generate through investing its money. This charge will be reviewed annually, and will be set based on the potential loss of investment income to the Council.

4.4.2 The charge applied should also take into account of the current collection rates of general income. The current collection rate is c95%, therefore an additional 5% charge should be applied to the payment plans.

4.4.3 Due to reasons above, it is proposed that these payment plans will incur a charge of 6.5% to cover the potential bad debt provision and to neutralise the impact of cash flow loss to the Council. This is, again, consistent with the Council's policy on ensuring it recovers all costs it incurs in offering this policy.

4.5 To summarise the above, the recommended options are:

- Minimum qualifying value - £500
- Upfront payment - £150 for invoices between £500 to £999; £250 for invoices over £1,000
- The number of instalments/months for repayment – maximum of 12 months
- The level of administration charge per payment plan - £35
- The cost of facility is 6.5%

4.6 To illustrate the impact of the options, an example has been drawn up showing the cost of a service without a payment plan, and the cost of a service with a payment plan. Therefore, two prices will apply for these services – the price for a single payment and a price to those paying by instalments.

**Illustration of the financial impact of a payment plan**

<b>Service/Cost/Charge</b>	<b>Financial impact</b>
Dropped kerb	£1,000 paid upfront
If paid by instalments:	
Cost of dropped kerb	£1,000
Admin and processing fee	£35
Charge for cash flow loss 1.5%	£15
Bad debt provision	£50
Cost of dropped kerb	£1,100
<b>Difference between upfront payment and payment by instalments</b>	<b>£100</b>

**5 Debt collection and enforcement action**

5.1 In line with the Council’s standard debt collection policy, enforcement action will start within 21 days after the invoice was issued.

5.2 To ease the administrative burden of these payment plans, if one instalment “fails” for any reason, the resident will have one chance to rectify this and pay the instalment within 21 days of the due date. The second time the instalment fails will lead to the entire plan being cancelled and at that point, the whole amount will become due.

5.3 The service user will be sent two reminders and a claim form. If the debt still hasn’t been settled after the two reminders and the debt is over £300, the Accounts Receivable department will issue a County Court Judgement. The cost of issuing a County Court Judgement is £45 and this cost will be applied to service user’s account and increase the amount they owe to the Council.

5.4 To minimise the level of non collection and an adverse impact on income, it is recommended that service users who default on payment instalments or fail to pay for their services should be refused future services until their debts have been settled in full. This policy will only apply to services outlined in this report.

5.5 The additional 0.5 scale 6 employee required for the administration of the payment

plans will cover the cost of monitoring and enforcing these debts.

## **6 Impact on income collection**

- 6.1 The charge applicable for the payments by instalments policy assumes a 5% collection loss and also a 1.5% cash flow loss to the Council. As this policy will operate on a full cost recovery basis to the Council, the charges will apply to those wishing to spread the cost of their payment over a maximum 12 months basis.
- 6.2 For general income, the Council is currently collecting 95% of income billed. In order to assess the impact on income collection, it is assumed that c£1,000,000 of fees and charges could be subject to this policy. A 5% loss of collection on £1m equates to broadly £50,000 which will be recovered through the 5% charge for bad debt cover.
- 6.3 There are risks that if the collection rate falls below 95%, the Council will no longer be operating on a full cost recovery basis. If the collection rate fell to 92.5%, there will be a loss of income of £25,000 per annum.
- 6.4 The intention is that the bad debt provision charge will offset against the loss of collection. However, if the debts are not collectable, it is unlikely that the additional charges will be recouped.
- 6.5 The level of income collected will also impact on the level of bad debt provision required, which will also be an additional cost to the general fund.

## **7 Recommendations**

- 7.1 In order to implement a payments by instalments policy for goods and services specified above – pitch hire, hall hire, registrars, funerals and dropped kerbs, Members are recommended to agree the charges set out in section 4.5 of this report in order to operate a scheme that reflects a full cost recovery basis for the Council.

## **8 Financial Implications**

Implications completed by: Carl Tomlinson, Group Finance Manager

- 8.1 This report proposes a number of options for the payment by instalments policy.
- 8.2 Although the charges attempt to fully recover the cost of administration to the Council, the impact on the Council's income will depend on the actual collection rates for these debts. Based on the above charges, the Council is assuming a non collection rate of 5% and the charge has been set to reflect this. In broad terms, each 1% of debt not collected will create an income shortfall of £10,000. The Council's existing policy is to create a bad debt provision of 100% of all debts over a year old. This will create a further charge to the general fund and reduce the total income collected.
- 8.3 It is difficult to assess with certainty what the demand will be for this facility. Modelling undertaken has set the charges for the model to operate on a full cost recovery basis, however, this will need to be closely monitored to assess the

volumes/demand levels, the collection rates, the cash flow loss and the cost of administration.

- 8.4 To minimise the risk of income loss to the Council, the impact on the Council's income collection and bad debt provision will be assessed within 9 to 12 months a further paper brought back to Cabinet.

## 9 Legal Implications

Implications completed by: Dr. Paul Feild, Senior Governance Lawyer

- 9.1 The Council holds a fiduciary duty to the ratepayers and the government to make sure money is spent wisely and to recover debts owed to it. If requests for payment are not complied with then the Council seeks to recover money owed to it by way of court action once all other options are exhausted
- 9.2 The measures outlined in this report present a way forward to enable residents and service users' greater opportunities to access paid-for goods and services and widen access by making such items affordable. By increasing affordability it is likely to have an effect in reducing debts owed to the Council.
- 9.3 While potentially there could be some risk of people taking on liabilities they will have difficulty making payment with this is true in all walks of life. These measures will enable people to better manage their personal finances and increase their choices, furthermore such arrangement may have an additional positive effect, that there will be less need to resort to excessive high interest charging borrowing from example pay-day load companies.

## 10 Other Implications

- 10.1 **Risk Management** - The principal risk from the introduction of this policy is in relation to the non or partial collection of any monies due to the Council. This is principally mitigated by the measures outlined within the report, e.g. a provision for non collection built in as part of the cost of paying by instalments and a defined process for the cancellation of plans in the event of missed instalments.
- 10.2 **Staffing** - If implemented, this will create an additional part time role within Elevate East London. This will be reviewed after an initial period to establish whether the role needs to be substantiated and at what proportion of a full time equivalent role.
- 10.3 **Contractual Issues** - The introduction of this policy will need to be reflected as a variation to the contract with Elevate East London via a Council change notice, in particular to agree the additional staffing resource.
- 10.4 **Corporate Policy and Customer Impact** - The introduction of this policy will have a positive benefit for residents of the Borough by providing them the option to pay large invoices over an agreed period of time rather than in a single payment.

**Public Background Papers Used in the Preparation of the Report:** None

**List of appendices:** None

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**CABINET****13 October 2015**

<b>Title:</b> Domestic Vehicle Footway Crossover (Dropped Kerb) Policy	
<b>Report of the Cabinet Member for Environment and Cabinet Member for Crime and Enforcement</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> All	<b>Key Decision:</b> Yes
<b>Report Author :</b> Robert Curtis, Service Manager, Street Enforcement & Network Management	<b>Contact Details:</b> Tel: 020 8227 2122 E-mail: <a href="mailto:Robert.curtis@lbbd.gov.uk">Robert.curtis@lbbd.gov.uk</a>
<b>Accountable Divisional Director:</b> Robin Payne, Divisional Director of Environment Services	
<b>Accountable Director:</b> Anne Bristow, Strategic Director for Service Development and Integration	
<b>Summary</b>  This report seeks Cabinet approval of a policy for the administration, approval of dropped kerbs and footway crossing applications. The policy sets out the criteria for granting approval and also the steps taken to enforce where offending is identified.  The report also sets out the enforcement approach being taken, as well as the approach being taken to assist residents meet the costs of complying with the policy.	
<b>Recommendation(s)</b>  The Cabinet recommend to agree:  (i) The Domestic Vehicle Footway Crossover Policy as set out at Appendix 1 of the report;  (ii) The enforcement approach as set out in section 4 of the report; and  (iii) The approach to assisting residents by amending the Adaptations Grant Scheme as set out in paragraph 9.5 of the report.	
<b>Reason(s)</b> The proposals will support the Council's ambitions of promoting social responsibility by ensuring a fair and effective regulation of dropped kerb applications.	

## **1. Introduction**

- 1.1 The adoption of the Domestic Vehicle Footway Crossover Policy, better known as a 'dropped kerb policy', referred to will result in safer pavement parking, help to improve traffic flow, address the increase in the number of cars on the road and will provide a more efficient and streamlined service for residents.
- 1.2 The proposed policy for the enforcement of illegal activity will also provide a balanced approach between crossover applications and cases of non-compliance.
- 1.3 The Council currently receives complaints from the public, residents, pedestrians and motorists and the policy will address these concerns through enforcement where necessary, and also support the Council priority 'Enabling social responsibility'.
- 1.4 The adoption of a dropped kerb policy will improve pavement parking for Barking and Dagenham residents. The Council also has a duty under the Care Act 2014, to prevent, reduce or delay the need for Social Care or Health Services and the proposed policy will support the discharge of this prevention duty for people with mobility problems.

## **2. Background**

- 2.1 A vehicle crossover is the area in between the road and the front of a property where the vehicle crosses from the road to the property. Often it is a driveway with a dropped kerb. A vehicle can access over the footway (pavement) from the carriageway (road) where permission has been granted. The dropping of the kerb is the engineering change that the Authority makes when granting permission to cross the footpath, although increasingly the boundary between the carriageway and the footpath can be found to be on the same level (shared surface).
- 2.2 Residents have no right to cross the footway to access their off road parking without a dropped kerb. Residents wishing to drive across the footway to gain access to park on their property must make an application to the local authority under s184 of the Highways Act 1980 ("the Act") to have a vehicle crossover constructed.
- 2.3 Permission to cross the highway is a significant advantage for the user because it allows them to keep their vehicle off the road and to gain some control over parking in front of their property. It supports measures to improve the safety of vehicles from crime, it allows ease of delivery by vehicle, and for those with mobility problems it can make access easier.
- 2.4 Granting such permissions will ensure that the correct engineering is in place to avoid damage to the highway and allows the safety of the crossing point to be formally assessed. However, it does take away on-street parking space and in areas where parking is a pressure, it is important to ensure that the net effect is the same or an increase in parking space. For this reason, second crossing points servicing a single dwelling may be unhelpful unless it releases additional off-street parking. Overall the benefits of a regulated approach to footpath crossing are seen as a positive investment in the highway. It is also important that sufficient attention is paid to the needs of pedestrians, particularly those with buggies or wheelchairs.

- 2.5 By Minute 212 of the Cabinet meeting on 20 December 2005, a Footway Crossing Provision and Charging Policy was introduced with a flat rate fee of £470 for a standard crossing. The introduction of this policy was to reduce the number of vehicles unlawfully crossing the public footway to gain access to off-street parking and to support the previous Council priority, 'Supporting people through tough times'. This fee has been reviewed to bring the cost of construction and maintenance in line with current costs.
- 2.6 Despite previous attempts to encourage residents to make applications through low cost dropped kerbs, the crossing of the footpath without permission has remained a significant practice and the measures and policy outlined in this report are intended to provide and establish a clear policy basis for our approach.

### **3. Legal Requirements**

- 3.1 The Council is the Highway Authority for all roads in the borough, with the exception of the A13 and A406 North Circular Road which is under the authority of Transport for London. Residents may request the Highway Authority to construct a crossover and the Highway Authority may approve the request with or without modifications. The Authority may propose alternative works, or may reject the request. In determining whether to use its powers in respect of footway crossings, the Council, as the Highway Authority, must consider the need to prevent damage to the footway / verge and, in determining the works to be specified in the notice, shall also have regard to:
- a) The need to ensure, so far as practicable, safe entry to and exit from premises.
  - b) The need to facilitate, so far as practicable, the passage of vehicular traffic on the highway network.
  - c) The need to maintain safe pedestrian passage.
  - d) The stability and protection of the footway.
- 3.2 The Highway Authority must have regard to the primary considerations set out in the Act. Consideration should always be given to whether any concerns / problems can be overcome by the Highway Authority exercising its power to modify the request or propose alternative works. Each case must always be considered on its own merits.
- 3.3 If the Highway Authority does agree to the provision of a crossover it must provide the occupier with an estimate for the costs of the works, and once this amount has been paid, the crossing must be constructed.
- 3.4 Residents who permit vehicles to cross the public footway / verge to access their property may commit an offence contrary to section 16 – London Local Authorities and Transport for London Act 2003. The maximum fine upon subsequent conviction is £1,000.
- 3.5 Authority to approve dropped kerb applications and to enforce against illegal crossing has been delegated to the Corporate Director.

## **4. Dropped Kerb Policy**

- 4.1 The policy proposed at Appendix 1 sets out the criteria and the approach that officers would take to deal with the approval of applications and the enforcement against those who offend.
- 4.2 The criteria for application are set out in the policy and formalise the approach that officers have taken to assess the primary considerations as set out in the Act. This includes all matters relating to the crossover specification, preparation of the property and relevant consents, impact on controlled parking zones, and criteria for supporting disabled residents with access requirements.
- 4.3 Specifically the policy proposes a number of new approaches:

It streamlines the process by:

- Removing the separate requirement for Housing consent so that this will be undertaken within the same application.
- Providing deemed consent for purpose built, shared surface locations where crossing forms part of the original planning consent.

Improves the look and feel of an area by:

- The attachment of conditions that limit or further regulate use of the access point (including restrictions on larger commercial vehicles).
- Including the repair and damage caused to the pavement by unauthorised crossing and recovering the cost from applicants.

Supporting residents by:

- Arranging for courtesy white lines as part of the application.
- Prioritising the needs of disabled residents and where appropriate providing financial support.

- 4.4 A number of residents have raised concerns that whilst they wish to have a dropped kerb, the relatively high cost (typically over £1000) is a barrier. A separate report elsewhere on the agenda proposes the introduction of a scheme that will enable residents to pay by instalments.

## **5. Enforcement**

- 5.1 In January 2015 a pilot scheme was introduced to identify properties in the borough which do not have a dropped kerb and whose residents are therefore parking illegally. So far 1,200 properties have been identified. It is anticipated that based on the current rate of offending being identified, the proactive enforcement programme will need to continue to 2017/18. It is important to remember that all residents can bring themselves within the law, either by regularising their position or by parking legally elsewhere.
- 5.2 Costs of this action are being met by the fees adjustments for 2016 and costs fed into specific applications for enforcement.
- 5.3 If a property is identified as allowing vehicles to access a hard-standing on the property without the assistance of an approved vehicle crossing, Enforcement Officers will write to the occupant of the property to explain that it is an offence to

cross the public footway / verge without the assistance of an authorised vehicle crossing and in contravention of section 16 of the London Local Authorities and Transport for London Act 2003. Enforcement Officers will request that the occupant desists from crossing at that point and invite him/her to make an application for a vehicle crossing. This letter will give non-compliant residents three weeks to make an application for a dropped kerb.

- 5.4 At the expiration of the three week application period if no application has been received an additional letter offering seven additional days to apply for a dropped kerb is then sent.
- 5.5 Upon subsequent inspection if it appears to enforcement officers that vehicles are still crossing the public footway / highway without the assistance of an approved vehicle crossing, a prohibition notice will be served on them under the provisions of section 16 of the 2003 Act. This notice allows 28 days from the date of the notice to desist crossing at this point or alternatively to make an application for an authorised vehicle crossing. This notice has a right of appeal giving 21 days to appeal the notice.
- 5.6 Should the occupier of a property that permits vehicles to cross the public footway / verge without there being in place an authorised vehicle crossing persist in doing so contrary to the service of a prohibition notice; the Council reserves the right to install bollards on the highway to prevent access to said private property as well as referring the matter to its solicitors for the consideration of prosecution.
- 5.7 Where at any stage enforcement action has been required the costs of this action will be added to the application fee. No application will be approved without full payment of all enforcement costs. The Council will write to the non-compliant resident at each stage confirming the outstanding balance of enforcement costs where appropriate.
- 5.8 The fees, charges and enforcement cost schedule will be advertised on the Council's website; which are subject to yearly review.

## **6. Legal Implications**

Implications completed by: Michael Lynch, Senior Lawyer

- 6.1 Under section 16(1) of the London Local Authorities and Transport for London Act 2003, where there is evidence to show that an occupier of a premises adjoining or having access to a highway is habitually taking or permitting to be taken a mechanically propelled vehicle across a kerbed footway or verge in the highway to or from the premises, a relevant authority (in this case, the London Borough of Barking and Dagenham) is permitted to serve a notice on that occupier, requiring him/her to cease taking or permitting to be taken mechanically propelled vehicles across the kerbed footway or verge.
- 6.2 The word habitually connotes a requirement that there must be evidence that the occupier has parked his/her vehicle across the kerbed footway or verge in the highway, on more than one occasion before the Local Authority would be in a position to serve a notice under section 16. The Local Authority must also take into

consideration a number of factors before deciding whether to issue such a notice on an occupier, specifically those factors as set out in section 16(3) of the Act:

- the need to prevent damage to a footway or verge;
- the need to ensure so far as practicable, safe access to and egress from premises;
- the need to facilitate, so far as practicable, the passage of vehicular traffic in and parking of vehicles on highways; and
- the need to prevent obstruction of the footway or verge

6.3 It follows that it will not always be appropriate for the Local Authority to issue a notice under section 16(1) on an occupier. Each case would need to be treated in its own right. If served, the notice served by the Local Authority must give the occupier at least 28 days from the date in which the notice is served, to cease the activity of taking or permitting to be taken mechanically propelled vehicles across the kerbed footway or verge. The notice must inform the occupier of his/her ability to lodge an appeal against this notice, the fact that the Local Authority has the power to carry out works to prevent the vehicle from taken across the footway or verge, and the power of the Local Authority to construct a vehicle crossing (kerb) over the footway, and any reasons why the Local Authority may be unlikely to execute such works if requested to do so.

6.4 If a person on whom a notice is served knowingly uses a footway or verge as a crossing in contravention of a notice under section 16(1), knowingly permits it to be used in this way, or without reasonable excuse removes, damages, alters or defaces any works executed that may be carried out by the Local Authority in default, he/she is liable to be prosecuted, and faces a maximum level 3 (£1,000) fine in the Magistrates Court if convicted of the offence.

6.5 The approach as set out in paragraphs 5.3 to 5.6 of the report are consistent with the Council's and the Department's enforcement policy. It is noted at paragraph 5.7 that where the Council has initiated enforcement action, they reserve the right to add to the costs of any subsequent application for a vehicle crossing made by an occupier, the costs of bringing the enforcement action. Following the decision of the Supreme Court in R (on the application of Hemming (t/a Simply Pleasure Ltd) and others v Westminster City Council [2015] UKSC 25 on 29 April 2015, reasonable enforcement costs have been recoverable by the Council by including these costs in the calculation of the costs to the Council. Such costs will therefore be considered by the Council in setting the level of the licence fees it levies for subsequent years. Previously such enforcement costs were not recoverable.

## **7. Financial Implications**

Implications completed by: Carl Tomlinson, Group Finance Manager

7.1 Section 24 of the attached Dropped Kerb policy sets out the financial arrangements of the policy. The cost of administering and processing an application, and the cost of construction, are to be funded by the applicant. If enforcement action is required, costs will be recouped from the individual concerned. The policy is not expected to incur additional cost to the council.

- 7.2 Charges for application and administration are reviewed annually and agreed by Cabinet. The charges for 2015/16 were agreed by Cabinet (Minute 50, 18 November 2014) at £150 application fee and £306 administration fee.
- 7.3 The cost of construction is dependent on the works required and will include a one off payment against future maintenance. Where on inspection it is evident that damage to the footpath has been caused through unauthorised crossing by vehicles, any associated works of repair will be included in the cost of works quoted.
- 7.4 Residents who subsequently make an application after enforcement action will need to cover the cost of the associated action before their application will be approved. Residents that continue to cross the footway without applying for a dropped kerb will be prosecuted with a view to recovering costs.
- 7.5 The Council's MTFs includes additional income expectation of £125k in 2015/16 and £125k in 2016/17 in respect of regulatory activity. Income received through application of the attached policy will contribute towards this position. The policy is not expected to incur additional cost to the council.
- 7.6 The Council's position in respect of offering residents the ability to pay by instalments for goods and services received is discussed as part of a separate paper on the same Cabinet agenda.

## **8. Options Appraisal**

### **8.1 Do nothing**

- 8.1.1 The previous approach of relying on affordable crossovers to promote compliance has not worked. The costs now in place from 2016 and outlined in this report will allow for the true costs of applications, installations and enforcement are passed on to the applicant.
- 8.1.2 If the policy is not adopted officers will continue to only apply existing practice for assessing primary considerations under the act.

### **8.2 Adopt Report Proposals**

- 8.2.1 Adopting the proposals in this report and the policy at Appendix 1 will allow the improvements outlined at 4.3 above to be implemented.

## **9. Other Implications**

- 9.1 **Contractual Issues** - The Council currently uses a contractor to install authorised footway crossovers. The construction of the cross over is monitored through normal contractual procedures.
- 9.2 **Staffing Issues** - The Street Enforcement and Network Management Service are responsible for processing cross over applications and enforcing this against individuals that are crossing the footway without authorisation. Currently four extra officers are designated to this project for a programme that will continue whilst the level offending can sustain the costs of dedicated enforcement.

- 9.3 **Customer Impact** - The adoption of the policy document will give clear and concise guidelines to residents who wish to make an application for a footway cross over which will have a positive impact on the customer. The policy will balance the needs of residents who wish to drive their vehicles across the footpath, the needs of residents who want to walk along the street and the needs of those who want to be able to park on-street.

The intention is to ensure that the processes here of application, payment and enquiry will be developed as digital by design. As processes of enforcement continue the volumes anticipated for compliance will make this a priority area for the service.

There is intention to provide a universal payment by instalments plan for applicants. This process has been set out by the Director Finance in his report which is an item on the agenda for this Cabinet entitled Payment by Instalments.

- 9.4 **Safeguarding Children** - The proposals will support general road safety and children are a group that are at greatest risk from collisions with vehicles.

- 9.5 **Health Issues** - The Care Act 2014 provides a new emphasis and role for local authorities to actively promote well being and independence rather than respond only in a crisis.

An important element of supporting the well being approach is to work with people to prevent, reduce or delay the impact (on them) of their particular needs wherever possible.

In turn this should delay the need for more complex health or social care services, enhance their quality of life as well as saving resources and costs in the longer term. An example of this is the approach already taken by the Council to the adaptations grants scheme which provides for adaptation grants for older disabled people up to £4,000 that could be used for stair lifts, showers, down stairs WC and so on.

A detailed prevention frame work was adopted by the Health and Well Being Board at its meeting on the 12th May 2015.

It is proposed that the Adaptations Grants scheme, as exemplified above, is now extended to include domestic vehicle cross over schemes. This would require a minor amendment to the qualifying criteria. Specifically, the current criteria "have significant difficulties using facilities in your home due to being older or disabled" should be amended to include:

- Where vehicle transport is regularly required and this directly supports the needs of the individual to maintain community, social, health and well being, thus delaying or preventing deterioration, a grant (currently up to £4,000) from the specific adaptations scheme could be made.

To support this, an additional capital amount will be made available from the Public Health Grant to support the anticipated small, but important, number of people who may be considered.



The use of this grant will be carefully monitored within the first 6 months of its operation. If agreed, the current public leaflets will be amended accordingly.

- 9.6 **Crime and Disorder** - The policy criteria proposed will support vehicles being taken off street where crime prevention can be more easily facilitated by residents.
- 9.7 **Property / Asset Issues** - The proposals here will ensure that the highway is better protected against damage caused by unauthorised access across the footpath.
- 9.8 **Risk Management** - The proposals here will ensure that the borough better regulates the risk of damage and injury caused by unauthorised and unsafe access across the footpath. Costs associated with enforcement will be met by applicants and resources will be monitored to ensure that they continue to match the income from enforcement.
- 9.9 **Impact on Council Priorities** - The adoption of this policy will promote social responsibility by ensuring we have a fair process for approving applications and robust arrangements for enforcing against those that offend.

**Public Background Papers Used in the Preparation of the Report:** None

**List of appendices:**

- **Appendix 1** - Domestic Vehicle Footway Crossover Policy (October 2015)

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## London Borough of Barking and Dagenham

### Domestic Vehicle Footway Crossover Policy (October 2015)

#### 1. Introduction:

- 1.1 The Council is committed to reducing the numbers of vehicles parking on the borough's roads and encourages domestic property owners to park on their own land wherever possible. Many residents elect to create a hard-standing area in their front gardens so that they can park their cars within the curtilage of their properties.
- 1.2 It should however be noted that there is no absolute right afforded to residents to drive across the public footway / verge to access their off-road parking. Residents wishing to drive across the footway to gain access to park on their property must make application to the local authority under s184 of the Highways Act 1980 ("the Act") to have a vehicle crossover constructed.  
<http://www.legislation.gov.uk/ukpga/1980/66/section/184>
- 1.3 Residents who permit vehicles to cross the public footway / verge to access their property may commit an offence contrary to section 16 – London Local Authorities and Transport for London Act 2003. The maximum fine upon subsequent conviction is £1,000.  
<http://www.legislation.gov.uk/ukla/2003/3/section/16/enacted>

#### 2. Primary Considerations:

- 2.1 The Council is the Highway Authority for all roads in the borough, with the exception of the A13 & A406 North Circular Road which is under the authority of Transport for London. Residents may request the Highway Authority to construct a crossover and the Highway Authority may approve the request with or without modifications. The Authority may propose alternative works, or may reject the request. In determining whether to use its powers in respect of footway crossings, the Council, as the Highway Authority, must consider the need to prevent damage to the footway/verge and, in determining the works to be specified in the notice, shall also have regard to:
- a) The need to ensure, so far as practicable, safe entry to and exit from premises;
  - b) The need to facilitate, so far as practicable, the passage of vehicular traffic on the highway network.
  - c) The need to maintain safe pedestrian passage
  - d) The stability and protection of the footway.
- 2.2 If the Highway Authority does agree to the provision of a crossover it must provide the occupier with an estimate for the costs of the works, and once this amount has been paid, the crossing must be constructed.
- 2.3 The Highway Authority must have regard to the primary considerations set out in the Act. Consideration should always be given to whether any concerns/ problems can be overcome by the Highway Authority exercising its power to modify the

request or propose alternative works. Each case must always be considered on its own merits.

- 2.4 When considering the construction of crossovers, the Council will take into account the maintenance of on-street parking. Total capacity and the “street scene” should not be compromised.

### **3. Planning Consent:**

- 3.1 In addition to requiring the Council’s permission as the Highway Authority, there are instances where planning permission may also be required. Certain roads in the Borough are designated as “Planning Permission” roads and require approval under the Town and Country Planning Act 1990 to create a ‘vehicular access’. If the property is on one of these roads – a list is provided with the application form - residents will need to contact Planning and pay the required fee that will be in addition to the Highway’s fee.
- 3.2 In addition, planning consent may also be required if the applicant is unable to meet the drainage requirements for the hard standing, (see details under drainage section below)
- 3.3 Please note that approval for the construction of the crossover must be granted by LBBB Highways even if planning approval has been given by LBBB Planning, or by appeal through the Planning Inspectorate.
- 3.4 Please visit the planning website <http://www.lbbd.gov.uk/Environment/Planning/Pages/Planninghome.aspx> (see under ‘planning policy’ for further information on this guidance).

### **4. Housing Properties:**

- 4.1 If a property is, or was once owned by the Council, “Off Street Parking Permission” from the Housing Service will be required. This will be dealt with as part of the application process.

### **5. Road Safety:**

- 5.1 The Council has the right to reject any application under Section 184 of the 1980 Highways Act which it considers would result in a potential hazard to drivers or pedestrians. This must have regard for the need to ensure safe access and egress from the premises and the need to facilitate the passage of vehicular traffic on the highway.
- 5.2 Only locations, which have adequate sight lines for vehicles and pedestrians, will be approved. Recommendations may be made regarding improvements required to sight lines for the crossover to be approved. Such improvements shall be carried out prior to construction of the crossover. Footway crossings will generally not be approved where the crossover is in close proximity to existing or proposed features i.e. school entrance, road junction, pelican or zebra crossing, bus stop, road bend or traffic calming measures ..

## **6. Traffic Flow:**

- 6.1 The installation of a crossover will lead to vehicles slowing down and turning off the highway when accessing a property. In some cases this can adversely affect the safety and free flow of traffic, particularly where traffic flows and/or speeds are high.
- 6.2 The impact of each application will need to be carefully considered, but this is likely to be a particular issue where access is proposed onto a classified road. The impact of a new access on bus reliability will also need to be considered.

## **7. Controlled Parking Zones (“CPZ”) and Pay and Display Bays:**

- 7.1 The Council may refuse crossover requests where the resulting loss of public on-street parking would adversely affect the operation of the CPZ or other parking schemes. All crossover applications within a CPZ or affecting a designated parking bay will therefore be referred to the Group Manager for Parking Services so that the impact can be evaluated and a decision made whether the application can be allowed.
- 7.2 In particular, crossovers should not be permitted where they would result in the loss of more than one space in residents’ parking bays in a CPZ.
- 7.3 Where approved, a crossover that affects a designated on-street parking bay will require changes to the traffic management order (TMO). In the case of domestic applications, the cost of altering the road markings will be met by the applicant.
- 7.4 Ideally, the crossover should not be implemented until the TMO process has been completed. However, in view of time taken, the borough’s Traffic Manager may agree to the crossover being constructed and the road markings changed in advance of the TMO being amended. However, the applicant must be made aware that there could be objections to amending the TMO which, if not resolved, could mean that the crossover would have to be removed and the road markings reinstated. This risk must be explicitly accepted by the applicant so that there is no risk that the Council is liable for compensation.
- 7.5 To reduce costs associated with amending a TMO, the Council will wait until a number of applications are received before applying for amendment. In the case of applications for crossovers to commercial premises, or where access arrangements are changed as part of a redevelopment, the full cost of amending both the TMO and road markings will be charged to the applicant(s).

## **8. Impact on Neighbouring Properties:**

- 8.1 In order to limit the impact on neighbours, a crossover will only be provided over the section of footway immediately in front of an applicant's property. The exception to this is where neighbouring properties have both requested a shared crossover.

## **9. Surfacing and Drainage of Hard-standings:**

- 9.1 Crossovers will not be constructed until there is a suitable hard-standing in place.

9.2 The hard-standing must be of a solid form and base. Loose material such as unbound gravel will not be accepted as this could spill out onto the highway.

## **10. Drainage:**

10.1 In order to control the way in which rainwater is managed The Town and Country Planning (General Permitted Development) (Amendment) (No. 2) (England) Order 2008 states that if the hard surface to your front garden is more than 5 square metres it must either be made of porous materials or the water must run off into a soft landscaped or grassed area within your garden. It must not drain onto the public road or footpath. If this cannot be achieved you will need to seek planning permission.

## **11. Gates across vehicle entrance:**

11.1 In no circumstances will gates fitted across the vehicle entrance to a property be permitted if they open outwards across the footpath or carriageway (Highways Act 1980 - Section 153).

## **12. Lay-By Parking and Modern Estates:**

12.1 Crossovers will not be approved that reduce casual parking in purpose built parking areas in lay-bys etc. Generally, parking provision within modern housing developments will have been determined as part of the planning permission and further parking should be resisted. Planning permission may in any event be required if permitted development rights were removed as part of the planning consent.

## **13. Streets with Shared Surfaces**

13.1 A Shared Surface Street is used by all forms of transport and are often in areas with limited motor vehicle movement. Pedestrian movement is not segregated although delineation between pedestrian and motor vehicular movement may be implied by use of a formal channel or changes in surface appearance.

13.2 Where a street has a "shared surface" front garden parking may still be allowed but would be subject to the normal application process.

13.3 Depending on the construction of the shared surface, dropping a kerb or strengthening of the footway area may or may not be necessary and any costs incurred will be representative of the work required.

## **14. Forecourt Dimensions:**

14.1 The Council will only grant permission for a footway crossing when the available off road space is large enough to fully accommodate a vehicle. For perpendicular parking, the front garden parking area must have a clear length of 4.5 metres from the Public Footpath toward the building and width of at least 2.4 metres. This area should be clear of any obstacle that could affect the passage of a vehicle.

14.2 If the area is less than that described an application for parking at an 'angle' can be considered but approval will only be given if the proposed parking space can be

entered by a vehicle from the road in a single and safe movement. The parking space must be maintained at all times.

- 14.3 For Angled Parking to be considered the available space between the Public Footpath and the building must be a minimum of 3.8m. In this case there must be a proportionate increase in the available width.
- 14.4 No application will be approved where the depth of the parking space is less than 3.8m
- 14.5 It will usually be expected that the vehicle will be able to enter and leave a frontage in one manoeuvre.
- 14.6 Other options will only be considered in exceptional circumstance e.g for a registered disabled person provided the vehicle can be wholly parked within the curtilage of the property (enclosed area around front of property) and that no part of a parked vehicle will overhang the footway.

#### **15. Crossover Widths:**

- 15.1 A crossover shall be a single width of 3.6 metres (including angled kerbs) when serving one property. Only in exceptional circumstances will an alternative size be considered.
- 15.2 Where an existing shared crossover serves two properties an extension to the crossover may be allowed up to our maximum permitted size 7.2metres. The extension will be a maximum of 3.6 metres per property (including angled kerbs) measured from the centre of the existing shared crossover. There are *no other circumstances in which an extension to an existing crossover will be allowed*

#### **16. Distance between Crossovers:**

- 16.1 Where separate crossovers serve adjacent properties, a minimum level platform of 300 mm must be provided between adjacent dropped kerbs.

#### **17. Shared access:**

- 17.1 Where the occupiers of two adjoining properties share a driveway, and wish to build a double width crossing to serve the two sites, one occupier may act on behalf of both parties although separate applications must be submitted by both parties and acceptance and payment must be made by both. (The cost of construction will be shared between both applicants)

#### **18. Obstacles to construction:**

- 18.1 Approval of a Footway Crossing will not normally be granted if it requires the removal of street trees, highway shrubbery or amenity greens.
- 18.2 Where their construction will require either the removal or cutting of the roots, of a street tree, permission to proceed will only be given on the agreement of the Council's arboriculture team who will refer to the Council's current Tree Policy.

- 18.3 Generally, a street tree will only be removed if it is considered to be at the end of its useful life expectancy, or in some exceptional circumstances. In all cases where it is agreed to remove a street tree, the applicant will be required to pay for the cost of its removal and replacement to be located, wherever possible, elsewhere outside their frontage
- 18.4 It is also unlikely that approval will be given if the crossover requires the relocation of any street furniture e.g. lamp columns, road signs, litter bins or bus shelters. Consideration will only be given if the applicant agrees to meet the full cost of any relocation, including electrical supplies if appropriate, and if an alternative site is considered suitable.
- 18.5 If any Utility apparatus e.g. fire hydrant, manhole etc requires adjustment or relocation it will be the applicants responsibility to liaise with and pay the statutory authority direct. BT does not allow the relocation of telegraph poles.

**19. Permitted types of vehicles:**

- 19.1 Domestic vehicle crossovers are not designed to be driven over by heavy goods vehicles or mechanical equipment and should only be used by a private car, light goods or similar vehicle. Any damage caused to a crossover as a result of a delivery or the placing of a skip or other heavy items will be repaired and the full cost of these repairs will be charged to the property owner or company responsible.

**20. Overhanging Vehicles and the illegal crossing of the public footway:**

- 20.1 It is illegal to drive a vehicle across a public footpath without using a properly constructed footway crossing.
- 20.2 No part of a vehicle parked within a property frontage may project on to or over the highway. The crossover may not be used as a parking area and no part of it is exempted for the purpose of footway parking.
- 20.3 The Council will check and monitor any instances of, or complaints about, the overhanging of vehicles or the illegal crossing of the public footway. This will involve issuing an initial warning and then issuing a prohibition notice and fine where appropriate. Overhanging vehicles can be reported to the Councils Street Enforcement Team / Parking Enforcement team on 020 8215 3000.

**21. Unauthorised Crossing of a Footway:**

- 21.1 The Council may issue a notice under s16 of the London Local Authorities and Transport for London Act 2003 giving an occupier of premises adjoining or having access to the highway at least 28 days to cease taking a mechanically propelled vehicle(s) across the kerbed footway or verge. Failure by the occupier to do this the Council may execute such works as may be necessary to prevent mechanically propelled vehicles from being taken across the footway or verge. This will not apply to premises occupied by registered disabled persons and the Council may recover the expenses reasonably incurred by them in doing so from the owner or occupier of the premises in question.



## **22. Crossover Construction:**

- 22.1 Crossovers will be constructed by the Council's Term Contractor and construction costs will be based on the contractor's agreed charge rates plus an administration fee in accordance with the Highways Act 1980 and section 4 of the Local Authorities (Transport Charges) Regulations 1998. This is in addition to the Application Fee.
- 22.2 The dimensions of a crossover will be dependent on individual locations taking in to account the verge and footway type. The size of a crossover will generally be 3.6m at the kerb edge reducing to 2.7m at the back of the footway.
- 22.3 The materials used will be chosen by the Council to match the footway and other crossovers adjacent to the property and within the street.

## **23. Applications for Commercial Crossings:**

- 23.1 Properties that require access for commercial purposes are subject to a separate process and application for a "Commercial Crossing". These crossings are generally for the use of heavier or more frequent traffic and may require a larger and more robust crossing than for a residential property. This may involve relocation of Utility apparatus and as such each location may be subject to investigation and liaison with Utility companies.

## **24. White Access Bars:**

- 24.1 Residents may apply for a white access bar to be painted on the carriageway across the extent of the dropped kerb to highlight the area of the vehicle crossing and deter inconsiderate parking. The markings are advisory but where a vehicle parks across any dropped kerb without the permission of the property owner/occupier, a penalty charge notice can be issued. Because this offence relies on knowledge that no permission has been granted, we can only enforce after a complaint received.
- 24.2 These will only be installed in streets where there are no parking bays or restrictions.
- 24.3 The Council will install and maintain the white access bar line at the applicant's expense but reserve the right to remove this at a later date without refund to accommodate a parking or other highway improvement scheme.

## **25. Enforcement of Driveway Marking**

- 25.1 A driveway marking may be enforceable if there is a white line or yellow line across the location.
- 25.2 If a resident wants to request for enforcement of unauthorised vehicle parked across a driveway marking, a call is made by the resident to the contact centre on 020 8215 3005 to report such and the contact will send a CRM request to [parkingenforcement@lbbd.gov.uk](mailto:parkingenforcement@lbbd.gov.uk)
- 25.3 The resident must provide the unique reference number for the location, confirm the address and supply the registration number for the unauthorised vehicle.

25.4 This process is to ensure there is sufficient evidence to substantiate that the request was made for enforcement which is required if the PCN is contested and the case progresses to PATAS.

25.5 When enforcing, an observation period of 3 minutes is given.

**26. Redundant Crossovers:**

26.1 Any redundant crossover(s) must be removed and the footway reinstated at the applicant's expense if a new access is to be created.

**27. Alterations to a Crossover:**

27.1 The Council may need to alter the layout of a domestic crossover at any time, due to highway modifications and improvements. Every effort will be made to maintain access to the property and the occupier of premises so affected will be given adequate notice of such works.

**28. Costs and Timescales:**

28.1 All charges for services and goods provided to customers are set and reviewed annually.

28.2 A non-refundable administration fee will be charged for processing each application. This covers the cost of officers visiting and assessing the suitability of the location for a crossing and the production of an individual quotation.

28.3 On payment of the quoted cost of construction, an additional Administration fee is payable that covers the cost of officers checking the suitability of the hard standing, liaising with and issuing orders to the contractor, checking works and dealing with queries, checking and agreeing contractor invoices and arranging payment.

28.4 The final cost will also include a one off payment against future maintenance when identified by the Council at no further cost to the resident.

28.5 The fees, charges and enforcement cost schedule will be advertised on the Council's website; which are subject to yearly review.

28.6 The cost for the construction of the crossover is based on the rates contained in the contract of the current term contractor for reactive Highway works that has been awarded following a competitive tendering process. The quoted price will be applicable for a period of 3 months following which a resubmission may be required.

28.7 Where on inspection it is evident that damage to the footpath has been caused through unauthorised crossing by vehicles, any associated works of repair will be included in the cost of works quoted.

28.8 The Council aims to construct crossovers within 8 weeks of payment having been received or an instalment plan agreed subject to the resident having all approvals and consents in place and the hard standing constructed.

## **29. Enforcement:**

- 29.1 If a property is identified as allowing vehicles to access a hard-standing on the property without the assistance of an approved vehicle crossing; Enforcement Officers will write to the occupant of the property explaining that it is an offence to cross the public footway / verge without the assistance of an authorised vehicle crossing. This is contrary to *s.16 London Local Authorities and Transport for London Act 2003*. Enforcement Officers will request that the occupant desists from crossing at that point and invite him/her to make an application for a vehicle crossing. This letter gives non-complaint residents three weeks to make an application for a dropped kerb.
- 29.2 At the expiration of the three week application period if no application has been received an additional letter offering seven additional days to apply for a dropped kerb is then sent.
- 29.3 Upon subsequent inspection if it appears to enforcement officers that vehicles are still crossing the public footway / highway without the assistance of an approved vehicle crossing a prohibition notice will be served on them under the provisions of *section 16 – London Local Authority and Transport for London Act 2003*. This notice allows him/her 28 days from the date of the notice to desist crossing at this point or alternatively to make an application for an authorised vehicle crossing. This notice has a right of appeal giving 21 days to appeal the notice.
- 29.4 Should the occupier of a property that permits vehicles to cross the public footway/verge without there being in place an authorised vehicle crossing persist in doing so contrary to the service of a prohibition notice; the Council reserves the right to install bollards on the highway to prevent access to said private property as well as referring the matter to its solicitors for the consideration of prosecution.
- 29.5 Where at any stage enforcement action has been required the costs of this action will be added to the application fee. No application will be approved without full payment of all enforcement costs. We will write to the non-complaint resident at each stage confirming the outstanding balance of enforcement costs where appropriate.
- 29.6 The fees, charges and enforcement cost schedule will be advertised on the Council's website; which are subject to yearly review.
- 29.7 The Council is mindful of the needs of people with disability and its legal obligations to take their interests in to account. Accordingly, due weight will be attached to the special needs of disabled persons during the decision making process relating to any application for a footway crossing. If the needs of a disabled person are considered to justify the installation of a footway crossing as a matter of necessity then this consideration may outweigh any other considerations for refusal

## **30. Right of Appeal:**

- 30.1 Where applications do not conform to the criteria, applicants will be informed in writing of the reasons for refusal.

- 30.2 Unsuccessful applicants who believe their applications have not been processed in accordance with the criteria set out in this policy will have the right of appeal.
- 30.3 Details on how to appeal can be found on the Council's website, [www.lbbd.gov.uk/droppedkerbappeals](http://www.lbbd.gov.uk/droppedkerbappeals)