

Notice of Meeting

CABINET

Tuesday, 28 June 2016 - 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 Sade Bright, Cllr Laila Butt, Cllr Evelyn Carpenter, Cllr Cameron Geddes, Cllr Lynda Rice, Cllr Bill Turner and Cllr Maureen Worby

Date of publication: 20 June 2016

Chris Naylor
Chief Executive

Contact Officer: Alan Dawson
Tel. 020 8227 2348
E-mail: alan.dawson@lbbd.gov.uk

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 meeting held on 24 May 2016 (Pages 3 - 6)

4. Revenue and Capital Final Outturn 2015/16 (Pages 7 - 20)

5. Corporate Delivery Plan - End of Year (2015/16) Performance Summary (Pages 21 - 84)

6. Right to Invest - Tenant Shared Ownership Scheme (Pages 85 - 109)

7. Heritage Strategy 2016-2020 (Pages 111 - 165)

8. **Ethical Care Charter (Pages 167 - 172)**
9. **Treasury Management Annual Report 2015/16 (Pages 173 - 192)**
10. **Contract for Provision of Personal Protective Equipment (PPE) and Corporate Uniform (Pages 193 - 199)**
11. **Director of Public Health Annual Report 2015/16 "Focusing on what matters: Opportunities for improving health" (Pages 201 - 262)**
12. **Establishment of Council-owned Energy Services Company - B&D Energy Ltd (to follow)**
13. **Any other public items which the Chair decides are urgent**
14. **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).

15. **Appendix 1 - Establishment of Council-owned Energy Services Company - B&D Energy Ltd (to follow)**
Contains commercially confidential information (paragraph 3)
16. **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, 24 May 2016
(7:00 - 7:37 pm)

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

Apologies: Cllr Saima Ashraf

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes (19 April 2016)

The minutes of the meeting held on 19 April 2016 were confirmed as correct.

3. Provisional Revenue and Capital Outturn 2015/16

The Cabinet Member for Finance, Growth and Investment presented a report on the provisional revenue and capital outturn position for the 2015/16 financial year.

The General Fund position showed a projected year-end overspend of £2.9m against the net revenue budget of £151.4m, which represented a significantly improved position to that projected throughout the year. The Cabinet Member advised that the improved position was largely attributable to the Children's Social Care Ambition and Financial Efficiency (SAFE) Programme, agreed by the Cabinet on 13 October 2015, starting to have an impact. The overall effect of the overspend and the draw-down from reserves during the year to finance the Ambition 2020 and Growth Commission projects would result in the General Fund balance decreasing from £26.0m to £21.1m, which the Cabinet Member suggested was a healthy balance going forward and well above the £15m threshold target set by the Assembly.

The Housing Revenue Account (HRA) showed a breakeven position and an end of year balance of £8.7m, while the Capital Programme showed a projected outturn of £146.0m compared to the revised budget of £134.7m. The Cabinet Member commented that the additional spending on capital projects reflected the Council's commitment to enhancing the Borough's infrastructure, particularly in relation to school provision.

Members also noted details of proposed revenue and capital roll-forwards into 2016/17 budgets and the provisional outturn position of the directorate savings targets for 2015/16.

The Cabinet Member for Corporate Performance and Delivery referred to issues relating to residential care numbers, visitor numbers for the new Abbey Sports Centre and Council house eviction levels. Cabinet Members and officers alluded to some of the issues that had impacted on those areas and the Cabinet Member

for Corporate Performance and Delivery agreed to clarify the full nature of his enquiries after the meeting, following which a detailed response would be circulated to all Cabinet Members.

Cabinet **resolved** to:

- (i) Note the provisional outturn position for 2015/16 of the Council's revenue budget as detailed in paragraphs 2.1 to 2.13 and Appendix A of the report;
- (ii) Note the provisional outturn against the 2015/16 savings targets in paragraph 2.14 and Appendix B of the report;
- (iii) Note the provisional outturn position for the HRA as detailed in paragraph 2.15 and Appendix C of the report;
- (iv) Approve the requests to roll forward revenue budgets into 2016/17 as noted in paragraph 2.4 and the resulting budget amendments contained in Appendix D of the report;
- (v) Note the provisional outturn position for 2015/16 of the Council's capital budget as detailed in paragraph 2.16 and Appendix E of the report; and
- (vi) Approve the requests to roll forward slippage and re-profiled spend in capital projects to 2016/17 as contained in Appendix E of the report.

4. Procurement of New Housing IT System

The Cabinet Member for Finance, Growth and Investment introduced a report on the proposed procurement of a replacement IT system as part of the Housing Transformation Programme, which would incorporate the areas of housing assets, housing advice, housing applicants, council tenancies, leaseholders, market rent sector residents, homelessness, rent and service charge records, repairs and maintenance and statutory compliance functions.

The Cabinet Member explained that many of the systems used within the current Housing IT network were not fit-for-purpose going forward and the intention was to procure a solution that offered flexibility, adaptability and functionality. In response to an enquiry, the Cabinet Member confirmed that the specification would include 'future-proofing' requirements to ensure that the new system was capable of interfacing with existing and future Council IT systems, in line with the Council's IT Strategy.

Cabinet **resolved** to:

- (i) Agree that the Council proceeds with the procurement of a new housing IT system and a maintenance and support contract, as provided for within the approved Housing Transformation Programme (HTP) and in accordance with the strategy set out in the report; and
- (ii) Delegate authority to the Strategic Director for Customer, Commercial and Service Delivery, in consultation with the Cabinet Member for Finance, Growth and Investment, the Strategic Director of Finance and Investment

and the Director of Law and Governance, to award and enter into the contracts and access agreements, for the initial and relevant extended periods.

5. Council Sites - Land Disposals and Acquisitions

Further to Minutes 90 (27 January 2015) and 121 (19 April 2016), the Cabinet Member for Finance, Growth and Investment presented a report on the current position regarding 64 - 68 Church Street and the former Ship and Anchor Public House site, as well as proposals relating to an industrial site within the Barking Riverside Gateway Housing Zone.

With regard to 64 - 68 Church Street, Dagenham, the Cabinet Member advised that following unsuccessful negotiations with the adjoining landowner to dispose of the Council's interests in the site it was now proposed to offer to purchase the adjoining site and for the Council to lead on the redevelopment.

In respect of the former Ship and Anchor Public House site at Becontree Heath in which the Council and a private landowner held interests, five offers to purchase the site for housing development had been received. It was noted that the final terms of a sale would be subject to negotiation and, in a number of cases, were conditional on planning approval.

The intention in relation to Barking Riverside Gateway Housing Zone was for the Council to acquire the long leasehold interest of an industrial unit in the area, which was strategically important to the Council's longer-term vision for the area. The Cabinet Member advised on the outcome of initial discussions with the site owner and referred to the likely cost of acquiring the site, the future value of the Council's combined freehold and leasehold interest in the site and the potential rental income from acquiring the leasehold which would cover the costs of financing the acquisition.

The Cabinet Member for Corporate Performance and Delivery raised issues regarding the likely tenure mix of a residential development at the former Ship and Anchor Public House site and the Council's strategic approach to the marketing of major regeneration opportunities in the Borough. The Cabinet Member for Economic and Social Development gave a view on the type of housing that he would expect to be developed on the former Ship and Anchor site and reference was made to the strategy that set out the Council's ambitions for development and tenure mix across the Borough. The Cabinet Member for Economic and Social Development and the Leader also responded to the point regarding the marketing of the Borough's major regeneration opportunities.

Cabinet **resolved** to:

- (i) Approve the alternative disposal route in respect of the Council's freehold interest in 64 - 68 Church Street, Dagenham by making an offer to acquire the adjoining site, subject to a formal valuation and on terms outlined in the report;
- (ii) Approve the disposal of the Council's interest in the former Ship and Anchor Public House site to the preferred bidder, Lindhill, on terms outlined in the

report;

- (iii) Approve the acquisition of an industrial site within the Barking Riverside Gateway Housing Zone, as shown edged red in the plan at Appendix 3 and on the terms set out in Appendix 4 to the report, in order to contribute to the wider regeneration of the Riverside area;
- (iv) Delegate authority to the Strategic Director of Finance and Investment, in consultation with the Cabinet Member for Finance, Growth and Investment and the Director of Law and Governance, to negotiate terms and agree the contract documents to fully implement and effect the transactions relating to the above sites; and
- (v) Authorise the Director of Law and Governance, or an authorised delegate on her behalf, to execute all of the legal agreements, contracts and other documents on behalf of the Council.

(Part of this item was considered after a resolution had been passed to exclude the public and press from the meeting due to the commercially confidential nature of the information, in accordance with paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).)

CABINET**28 June 2016**

Title: Revenue and Capital Final Outturn 2015/16	
Report of the Cabinet Member for Finance, Growth & Investment	
Open Report	For Decision
Wards Affected: All	Key Decision: Yes
Report Author: Steve Pearson, Group Accountant, Corporate Finance	Contact Details: Tel: 020 8227 5215 E-mail: steve.pearson@lbbd.gov.uk
Accountable Divisional Director: Kathy Freeman, Finance Director	
Accountable Director: Jonathan Bunt, Strategic Director of Finance and Investment	
<p>Summary:</p> <p>Following the submission of a Provisional Revenue and Capital Outturn report to Cabinet on 24 May 2016, this report now presents Cabinet with the authority's final Revenue and Capital outturn position for 2015/16. The figures presented in the provisional outturn report remain unchanged and consequently this report contains only a summary of those figures.</p> <p>The Council's revenue outturn for the financial year 2015/16 was a net spend above budget of £2.9m against a net revenue budget of £151.4m (1.9% variance).</p> <p>This net spend above budget has resulted in the General Fund (GF) balance decreasing from £26.0m to £21.1m. Whilst this represents a deterioration in the Council's financial position, the balance is still substantially above the £15m GF balance target identified in the report to Assembly in February 2015 on the Budget for 2015/16 by the Strategic Director of Finance and Investment.</p> <p>The revenue outturn figures have been calculated after taking into account roll forward requests that were included in the Provisional Revenue and Capital Outturn report and agreed by Cabinet at its meeting on 24 May 2016.</p> <p>The only change since the provisional outturn has been the incorporation of the revenue transactions of Barking & Dagenham Reside Ltd into the Council's accounts, where previously they were shown in the Council's Group Accounts. The accounting treatment has been advised by KPMG, who were instrumental in setting up the company, and results in income of £0.1m coming into the Council's accounts. A payment of £0.04m will also be received from the Council's other housing company, Barking & Dagenham Reside (Abbey Road).</p> <p>The Housing Revenue Account (HRA) broke even as forecast and the HRA balance (which is ring-fenced) remains at £8.7m as at 31 March 2016.</p> <p>Capital spend of £146.0m was incurred in 2015/16 against the revised capital budget of £134.7m. Whilst in overall terms expenditure was above budget, there were also a number</p>	

of scheme underspends which Cabinet agreed to be carried forward to the 2016/17 capital programme. A number of schemes have now had their projected spend re-profiled and Appendix A shows the proposed revised capital programme for 2016/17.

Recommendation(s)

The Cabinet is recommended to:

- (i) Note the final outturn position for 2015/16 of the Council's revenue budget as shown in paragraph 2.1 of the report;
- (ii) Agree to transfer the surplus of £0.14m generated by Barking and Dagenham Reside Ltd and Barking and Dagenham Reside (Abbey Road) to an earmarked reserve as shown in paragraph 2.3 of the report;
- (iii) Note the final outturn position for the HRA as shown in paragraph 2.2 of the report; and
- (iv) Note the final outturn position for 2015/16 of the Council's capital budget and approve the re-profiled budget for 2016/17 as shown in paragraphs 4.1 and 4.2 of the report.

Reason(s)

As a matter of good financial practice, Cabinet should be informed of the final outturn and performance of the Council's Revenue and Capital resources. Knowledge of the variances from planned budgets and effective financial management supports the priority of "growing the borough" by assisting members to make sound future decisions.

1 Introduction and Background

- 1.1 This report provides a summary of the Council's General Fund, HRA and Capital final outturn positions for 2015/16. A General Fund overspend of £2.9m and an agreed drawdown of £2.0m to fund service transformation has resulted in the Fund balance decreasing from £26.0m to £21.1m. This position should be seen against the achievement of some £22.2m of in year savings targets that represented a significant challenge for the Council.
- 1.2 The Provisional Revenue and Capital Outturn report for 2015/16 was presented to Cabinet on 24 May 2016 and contained detailed commentaries on each directorate's outturn position. The directorate outturn position remains unchanged and this report therefore contains only summarised information.
- 1.3 The only change since the provisional outturn has been the incorporation of the revenue transactions of Barking & Dagenham Reside Ltd into the Council's accounts, where previously they were shown in the Council's Group Accounts. The accounting treatment has been advised by KPMG, who were instrumental in setting up the company, and results in income of £0.1m being incorporated into the accounts. A payment of £0.04m will also be received from Barking and Dagenham Reside (Abbey Road).

- 1.4 The position for capital expenditure was spend of £146.0m against a revised budget of £134.7m. Detailed reasons for variances were given in the provisional outturn report. Following a number of expenditure re-profiles, a revised budget for 2016/17 is shown for members' approval.

2 Overall Outturn Position

- 2.1 The outturn position for 2015/16 across the Council for the General Fund is shown in the table below.

Council Summary	Net Budget £'000	Provisional Outturn 2015/16 £'000	Over/(under) Budget £'000
<u>Directorate Expenditure</u>			
Adult and Community Services	53,113	53,163	50
Children's Services	61,673	66,887	5,214
Housing (GF)	3,369	3,623	254
Environment	19,267	19,370	103
Chief Executive	18,591	17,640	(951)
Central Expenses	(4,569)	(6,255)	(1,686)
Total Service Expenditure	151,444	154,428	2,984

The reported outturn is shown after taking into account roll forwards approved in the Provisional Outturn report of 24 May 2016.

- 2.2 At the 31 March 2016, the HRA broke even, leaving the HRA reserve at £8.7m. The table below shows the balances on the General Fund and the HRA at year end compared to target:

	Balance at 1 April 2015 £'000	Balance at 31 March 2016 £'000	Minimum Balance at 31 March 2016 £'000
General Fund	26,024	21,115	15,000
Housing Revenue Account	8,736	8,736	8,736

- 2.3 Established in 2013/14, Barking and Dagenham Reside Ltd (B&D Reside Ltd) became fully operational in 2014/15 and manages 477 residential properties in the borough. Following the receipt of accounting advice from KPMG, the assets and revenue transactions relating to the management and renting of the properties are now to be accounted for in the Council's accounts. The draft accounts were completed after the submission of the Provisional Outturn report and have resulted in net income of £0.102m, relating to both 2014/15 and 2015/16, being transferred into the Council's accounts. Barking and Dagenham Reside (Abbey Road) became operational in 2015/16 and a payment of £0.04m will be received into the Council's accounts. It is proposed that this additional sum of £0.14m is credited to an earmarked reserve to cover any potential future losses that the Reside companies may incur.

3. Dedicated School Grant (DSG)

The DSG is a ring fenced grant to support the education of school aged pupils within the borough. In 2015/16 DSG of £208.0m was received, with an outturn of £210.0m. The overspend of £2.0m has been charged to the DSG reserve, which now stands at £8.7m.

4. Capital Programme

4.1 The Capital Programme outturn is summarised in the table below. Detailed reasons for variances were given in the provisional outturn report.

Directorate Summary of Capital Expenditure	Revised Budget £'000	Outturn 2015/16 £'000	Variance £'000
Adult & Community Services	2,192	1,903	(289)
Children's Services	27,111	32,590	5,479
Environmental Services	4,005	3,473	(532)
Chief Executive's	10,669	9,959	(710)
Housing GF (EIB funded)	9,222	15,256	6,034
Sub-total - GF	53,199	63,181	9,982
HRA	81,493	82,867	1,374
Total	134,692	146,048	11,356

Total spend exceeded budget by £11.356m (8%). The main variances were in Children's Services and Housing (GF). There were a number of under and overspends within Children's Services, the main overspend being on Barking Riverside Secondary Free School (£5.071m) and within Housing GF, expenditure on the Gascoigne Estate exceeded budget by £5.702m. The overall overspend was essentially a result of accelerated spend from future years, as opposed to unfunded or unplanned overspends and as such future year budgets will be brought forward / reduced accordingly.

4.2 Members agreed to roll forward slippage on a number of schemes at Cabinet on 24 May 2016. Following on from this a number of schemes have been re-profiled and the revised capital programme for 2016/17 is summarised in the table below:

Directorate Summary of Capital Expenditure	Original Budget 2016/17 £'000	Revised Budget 2016/17 £'000	Roll- forwards / Re-profiles £'000
Adult & Community Services	3,656	3,702	46
Children's Services	61,198	52,801	(8,397)
Environmental Services	2,794	4,094	1,300
Chief Executive's	9,742	24,672	14,930
Housing GF (EIB funded)	28,379	38,011	9,632
Sub-total - GF	105,769	123,280	17,511
HRA	79,058	74,000	(5,058)
Total	184,827	197,280	12,453

4.3 Appendix A contains a scheme by scheme breakdown of roll-forwards and re-profiles. Other major variances are as follows:

- **Children's Services:** The main variance is due to a re-profiling of expenditure on the Barking Riverside Secondary Free School from £30.0m to £20.0m. This is largely due to increased expenditure on this scheme in 2015/16.
- **Chief Executive's:** The following new schemes have been approved since the original budget was approved by Cabinet – Barking Riverside Transport Link (£9.8m), purchase of Sacred Heart Convent to convert for homeless provision (£3.0m) and investment in IT via Elevate (£2.2m)
- **Housing GF:** Re-profiled expenditure on the Gascoigne estate (£8.6m).
- **HRA:** Various re-profiles between schemes and future years, including the HRA Members Budget which has transferred into revenue.

5 Consultation

The Provisional Outturn report was circulated to Strategic Directors for comment. As this report contains no significant changes it has not been re-circulated.

6 Financial Implications

This report details the financial position of the Council.

7. Legal Issues

There are no legal implications.

Background Papers Used in the Preparation of the Report

- Provisional Revenue and Capital Outturn 2015/16, Cabinet 24 May 2016

List of appendices:

- Appendix A – Revised Capital Programme 2016/17

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Capital Programme 2016/17

Project No	Project Name	2016/17 budget per Budget Framework Report (BFR)	New Approved Schemes since BFR	Roll Forwards	Re-Profiles	Revised 2016/17 Budget
Adult & Community Services						
Adult Social Care						
FC00106	Private Sector HouseHolds		1,264,000		(200,000)	1,064,000
FC02888	Direct Payment Adaptations Grant	400,000			0	400,000
FC03049	Adult Social Care Cap Grant		508,000		(270,712)	237,288
FC03061	SWIFT	500,000			500,000	1,000,000
Culture & Sport						
FC03060	BLC - Replacement Flooring	125,000			46,000	171,000
	BLC OSS Space	46,000			(46,000)	0
	Improvement works at Abbey Green and Ruins	35,000			(35,000)	0
FC02870	Barking Leisure Centre 2012-14			310,617	0	310,617
FC03029	Broadway Theatre	350,000		150,000	0	500,000
FC03032	Parsloes Park - Artificial Turf Pitches & Master Planning	500,000		19,540	(500,000)	19,540
FC03062	50m Demountable Swimming Pool	1,700,000			(1,700,000)	0
Total For Adult & Community Services		3,656,000	1,772,000	480,157	(2,205,712)	3,702,445

Project No	Project Name	2016/17 budget per Budget Framework Report (BFR)	New Approved Schemes since BFR	Roll Forwards	Re-Profiles	Revised 2016/17 Budget
Children's Services						
Primary Schools						
FC02736	Roding Primary School (Cannington Road Annex)			129,789	0	129,789
FC02745	George Carey CofE (formerly Barking Riverside) Primary School			23,376	0	23,376
FC02759	Beam Primary Expansion				0	0
FC02784	Manor Longbridge (former UEL Site) Primary School			303,310	0	303,310
FC02799	St Joseph's Primary - expansion				4,279	4,279
FC02861	Eastbury Primary (Expansion)			46,057	117,800	163,857
FC02865	William Bellamy Primary (Expansion)			174,499	(130,000)	44,499
FC02919	Richard Alibon Expansion			53,770	0	53,770
FC02920	Warren/Furze Expansion			203,430	46,570	250,000
FC02921	Manor Infants Jnr Expansion			16,714	(16,714)	0
FC02923	Rush Green Expansion			61,429	54,473	115,902
FC02924	St Joseph's Primary(Barking) Extn 13-14			15,072	0	15,072
FC02956	Marsh Green Primary 13-15	909,373			(27,155)	882,218
FC02957	John Perry School Expansion 13-15			17,395	0	17,395
FC02960	Sydney Russell (Fanshawe) Primary Expansion	2,573,980		8,520	1,800,000	4,382,500
FC02979	Gascoigne Primary -Abbey Road Depot	6,966,641		1,057,698	(300,000)	7,724,339
FC02998	Marks Gate Junior Sch 2014-15	100,000		113,595	(113,595)	100,000
FC03014	Barking Riverside City Farm Phase II		500,000	(108,571)	0	391,429
FC03041	Village Infants - Additional Pupil Places	1,000,000		411,417	(100,000)	1,311,417
FC03053	Gascoigne Primary - 5fe to 4fe		1,500,000		(900,000)	600,000
Secondary Schools						
FC02953	All Saints Expansion 13-15			112,233	0	112,233
FC02954	Jo Richardson expansion				350,000	350,000
FC02959	Robert Clack Expansion 13-15	5,500,000		583,402	(2,583,402)	3,500,000
FC02977	Barking Riverside Secondary Free School (Front Funding)	30,000,000			(10,000,000)	20,000,000
FC03018	Eastbury Secondary	2,000,000	2,737,526		(1,937,526)	2,800,000
FC03020	Dagenham Park	2,000,000	1,000,000		(168,542)	2,831,458
FC03054	Lymington Fields All through School	500,000			(300,000)	200,000
FC03019	Eastbrook School	750,000	250,000		(560,000)	440,000
FC03022	New Gascoigne Secondary School				100,000	100,000

Project No	Project Name	2016/17 budget per Budget Framework Report (BFR)	New Approved Schemes since BFR	Roll Forwards	Re-Profiles	Revised 2016/17 Budget
Other Schemes						
1	Feasibility Design Site Set up	500,000			(500,000)	0
FC02826	Conversion of Heathway to Family Resource Centre			19,323	0	19,323
FC02906	School Expansion SEN projects	223,520		40,618	(100,000)	164,138
FC03042	Additional SEN Provision	500,000			(250,000)	250,000
FC02909	School Expansion Minor projects		886,239		(798,895)	87,344
FC02972	Implementation of early education for 2 year olds		1,196,000		(504,518)	691,482
FC02975	Barking Abbey Artificial Football Pitch			55,415	0	55,415
FC02978 / FC03010 / FC03051	School Modernisation Fund	4,300,000	0	63,306	(2,304,560)	2,058,746
FC03013	Universal infant Free School Meals Project			5,862	0	5,862
FC03043	Pupil Intervention Project (PIP)	250,000	125,000	51,759	(150,000)	276,759
9999	Devolved Capital Formula		557,026	360,370	0	917,396
FC03057	Youth Zone	3,000,000			(2,000,000)	1,000,000
Children Centres						
FC03063	Extension of Abbey CC Nursery	125,000				125,000
FC03033	Upgrade of Children Centres			290,853	0	290,853
FC02217	John Perry Children's			5,123	0	5,123
FC02310	William Bellamy Children Centre			6,458	0	6,458
Total For Children's Services		61,198,514	8,751,791	4,122,222	(21,271,785)	52,800,742

Project No	Project Name	2016/17 budget per Budget Framework Report (BFR)	New Approved Schemes since BFR	Roll Forwards	Re-Profiles	Revised 2016/17 Budget
Environment Services						
Environmental Services						
FC02764	Street Light Replacing	500,000	1,875,000		(1,398,995)	976,005
FC03030	Frizlands Phase 2 Asbestos Replacement	150,000		231,146	0	381,146
FC02964	Road Safety Impv 2013-14 (TFL)				236,000	236,000
FC02886	Parking Strategy Imp	280,000			0	280,000
	Capital Improvements	200,000			(200,000)	0
FC02542	Backlog Capital Improvements	148,000		46,830	200,000	394,830
FC03065	Highways Improvement Programme	700,000			5,190	705,190
FC02982	Controlled Parking Zones (CPZ's) 2013-15	330,000			0	330,000
FC03011	Structural Repairs & Bridge Maintenance	250,000		133,001	0	383,001
FC03031	Highways & Environmental Design			5,190	(5,190)	0
	Fixed Play Equipment	30,000			(30,000)	0
	Parks Building Demolition	20,000			(20,000)	0
	Abbey Green Historic Wall	21,000			(21,000)	0
FC03067	Abbey Green Works 2016-17				56,000	56,000
PGSS						
FC03026	BMX Track	165,000		61,136	0	226,136
FC03034	Strategic Parks (Parks Infra £160k and Play facility £20k)			75,518	50,000	125,518
Total For Environmental Services		2,794,000	1,875,000	552,821	(1,127,995)	4,093,826

Project No	Project Name	2016/17 budget per Budget Framework Report (BFR)	New Approved Schemes since BFR	Roll Forwards	Re-Profiles	Revised 2016/17 Budget
Chief Executive (CEO)						
Asset Strategy						
FC02587	Energy Efficiency Programme	128,000		753	0	128,753
FC02565	Implement Corporate Accommodation Strategy	5,000,000	300,000	422,932	(1,554,218)	4,168,714
ICT						
FC03068	ICT End User Computing	1,356,000			0	1,356,000
FC02738	Modernisation and Improvement Capital Fund (formerly One B & D ICT Main Scheme)			20,915	235,542	256,457
FC02877	Oracle R12 Joint Services			307,465	0	307,465
FC03052	Elevate IT Investments		2,221,000		(1,221,000)	1,000,000
FC03059	Customer Services Channel Shift		1,115,000		(317,930)	797,070
Regeneration						
	Road Safety Impv 2013-14 (TFL)	186,000			(186,000)	0
FC03027	Establishment of Council Owned Energy Services Company	125,000		125,000	(150,000)	100,000
FC02969	Creative Industries	300,000		10,586	0	310,586
FC02898	Local Transport Plans (TFL)	93,000	46,000		(93,000)	46,000
FC02962	Principal Road Resurfacing 2013-14 TfL	446,400			(400)	446,000
FC02996	Barking Town Centre 2014/15 (TfL)				620,800	620,800
FC03023	Bus Stop Accessibility Improvements				138,000	138,000
FC03025	Gale St Corridor Improvements	325,500			(500)	325,000
FC03028	Chadwell Heath Crossrail Complementary Measures (CCM)	748,600			63,050	811,650
FC03050	Clockhouse Avenue - Freehold Purchase			37,016	0	37,016
FC03072	Purchase of Sacred Heart Convent, 191 Goresbrook Road, Dagenham - to convert to homeless provision	0	3,000,000	0	0	3,000,000
FC02841	Borough Cycle Programme	133,000			0	133,000
FC03069	Barking Station improvements (TfL)	900,000			0	900,000
FC03055	Barking Riverside Trans Link		9,790,000		0	9,790,000
Total For Chief Executive (CEO)		9,741,500	16,472,000	924,667	(2,465,656)	24,672,511

Project No	Project Name	2016/17 budget per Budget Framework Report (BFR)	New Approved Schemes since BFR	Roll Forwards	Re-Profiles	Revised 2016/17 Budget
General Fund Housing						
FC03070	Boundary Road Hostel	219,000	656,250		0	875,250
FC02990	Abbey Road Phase II New Build				360,000	360,000
FC02986	Gascoigne Estate	28,159,662			8,615,744	36,775,406
Total For General Fund Housing (GFH)		28,378,662	656,250	0	8,975,744	38,010,656
Grand Total General Fund		105,768,676	29,527,041	6,079,867	(18,095,404)	123,280,180

Project No	Project Name	2016/17 budget per Budget Framework Report (BFR)	New Approved Schemes since BFR	Roll Forwards	Re-Profiles	Revised 2016/17 Budget
HRA						
	Estate Renewal					
FC02820	Boroughwide Estate Renewal	4,335,000			3,665,000	8,000,000
	Sun-Total: Estate Renewals	4,335,000	0	0	3,665,000	8,000,000
	New Build schemes					
FC02916	Lawns & Wood Lane Development			108,368	(108,368)	0
FC02917	Abbey Road Creative Industries Quarter			49,062	(49,062)	0
FC02931	Leys New Build Development (HRA)	4,166,000		860,259	3,523,741	8,550,000
FC03071	Modular Construction Programme				1,000,000	1,000,000
FC03009	Leys Phase II	12,400,000		422,785	(6,822,785)	6,000,000
FC02961	Goresbrook Village Housing Development 13-15			126,670	(126,670)	0
FC02970	Marks Gate Open Gateway Regen Scheme	339,000		75,979	18	414,997
FC02973	Infill Sites			0	1,784,100	1,784,100
FC02988	Bungalows	112,000		403,864	0	515,864
FC02989	Ilchester Road New Build	2,988,000		0	(2,988,000)	0
FC03056	Burford Close	1,100,000			(500,000)	600,000
FC03058	Kingsbridge Development				3,000,000	3,000,000
FC02991	North Street	3,055,000			695,000	3,750,000
	Funding Now Reallocated	9,061,000		0	(9,061,000)	0
	Sun-Total: New Builds	33,221,000	0	2,046,987	(9,653,026)	25,614,961

	Investment In Stock					
FC00100	Aids & Adaptations	860,000			0	860,000
FC02933	Voids	3,000,000			2,000,000	5,000,000
FC02934	Roof Replacement Project				116,139	116,139
FC03048 / FC02938	Fire Safety Works	1,242,000	0	0	400,300	1,642,300
FC02943	Asbestos Removal (Communal Areas)	650,000			250,000	900,000
FC02950	Central Heating Installation Inc. Communal Boiler Replacement Phase II	1,600,000			0	1,600,000
FC02939	Conversions	300,000			150,000	450,000
FC02983	Decent Homes Central	8,000,000			(1,100,000)	6,900,000
FC03002 / FC03047	Decent Homes South	6,590,000	0	0	1,497,900	8,087,900
FC03046	Decent Homes North	7,000,000			(1,100,000)	5,900,000
FC03003	Decent Homes (Blocks)	76,000			0	76,000
FC03004	Decent Homes (Sheltered)	33,000			200	33,200
FC03007	Window Replacement Scheme				6,500	6,500
FC03036	Decent Homes Support - Liaison Teams/Surveys	328,000			(238,000)	90,000
FC03037	Energy Efficiency	500,000			0	500,000
FC03038	Garages Refurbishment	300,000			150,000	450,000
FC03039	Estate Roads & Environmental	800,000			(50,000)	750,000

Project No	Project Name	2016/17 budget per Budget Framework Report (BFR)	New Approved Schemes since BFR	Roll Forwards	Re-Profiles	Revised 2016/17 Budget
FC03040	Communal Repairs & Upgrades	1,500,000			(850,000)	650,000
FC03045	External Fabrics - Blocks	5,973,000			(2,773,000)	3,200,000
FC03074	Estate Public Realm Improvements				800,000	800,000
FC03075	Door Entry Systems				100,000	100,000
FC03076	Window Replacements				100,000	100,000
FC03077	Internal Works				423,000	423,000
FC02945	Street Purchase Scheme (reallocated to FC03071)	1,000,000			(1,000,000)	0
	Sub-Total: Investment in Stock	39,752,000	0	0	(1,116,961)	38,635,039
	Housing Transformation					
FC03073	Housing Transformation Programme	1,750,000			0	1,750,000
	Total For HRA	79,058,000	0	2,046,987	(7,104,987)	74,000,000
		184,826,676	29,527,041	8,126,854	(25,200,391)	197,280,180

CABINET**28 June 2016**

Title: Corporate Delivery Plan – End of Year (2015/16) Performance Summary	
Report of the Cabinet Member for Corporate Performance and Delivery	
Open Report	For Information
Wards Affected: All	Key Decision: No
Report Author: Sal Asghar, Interim Strategy and Performance Manager	Contact Details: Tel: 020 8227 3734 E-mail: salauoddin.asghar@lbbd.gov.uk
Accountable Divisional Director: Tom Hook, Strategy and Programmes Director	
Accountable Director: Jonathan Bunt, Strategic Director for Finance and Investment	
<p>Summary:</p> <p>This report provides an update on the 2015/16 key performance indicators, Priority Projects and LGA Peer Review Action Plan which were agreed as part of the Corporate Delivery Plan by Cabinet in October 2014.</p> <p>The Corporate Delivery Plan is a key document to ensure the Council has a co-ordinated approach to delivering the vision and priorities, and makes best use of the resources available. Key Performance Indicators (KPIs) have been developed to monitor performance against the priorities and frontline services.</p> <p>Progress has been reported quarterly to CMT and Cabinet and every six months to the Public Accounts and Audit Select Committee (PAASC).</p> <p>The report is a closedown report for 2015/16. From 2016/17 onwards progress on the priority projects and LGA Peer Review Action Plan will no longer be reported. Instead a new interim performance framework for 2016/17 with 40 KPIs and key tasks for each Member portfolio will form the basis of corporate performance monitoring. The interim framework sets out what needs to be monitored in the year ahead whilst acknowledging that a new framework for 2017/18 will be required as the Council moves further towards becoming a commissioning based organisation.</p>	
Recommendation(s)	
Cabinet is asked to note:	
<ul style="list-style-type: none"> (i) The closedown report for the LGA Peer Review Implementation Plan update; (ii) The final summary of progress on the Corporate Priority Projects; and (iii) Performance against the KPIs, agreeing any actions to address areas of deteriorating performance. 	

Reason(s)

The vision and priorities were agreed by Assembly in September 2014. They reflected the changing relationship between the Council, partners and the community, and the Council's role in place shaping and enabling community leadership within the context of a significantly reducing budget.

This final update provides Members with details of our performance during 2015/16 and how this has helped towards achieving the vision and priorities, whilst highlighting improvements, areas of poor performance and lessons to be learnt from areas of good practice.

1. Introduction

- 1.1 The Council's vision and priorities were developed and agreed by Assembly in September 2014. Following this, the Council produced a Corporate Delivery Plan which was agreed by Cabinet in October 2014. The Delivery Plan is an important part of ensuring the Council has a clear focus on delivering the vision and priorities for Barking and Dagenham. The Plan allows the Council to make best use of limited resources in areas that will make the greatest difference in achieving the overall vision and priorities.
- 1.2 The Delivery Plan has been a key part of the Council's overall 2015/16 performance framework and 'golden thread' which links the vision and priorities through to the corporate priority projects and indicators, business plans, team work programmes and individual objectives in appraisals. It has been developed in order to ensure that the Council's contribution to achieving the priorities is proactive, co-ordinated, resourced in line with the MTFS and monitored so that Members and residents can see progress.
- 1.3 All 2015-2017 business plans were completed and detail key service priorities linked to the corporate priorities, deliverables, actions services will take (with timescales) and resources to take forward the priorities in the delivery plan.
- 1.4 To complete the golden thread, all staff have an annual appraisal (with a formal six monthly review). Through this process performance in the last year is reviewed and objectives set for the year ahead. Individual objectives will be set based on business plans, thereby ensuring all staff are focused on priorities. Staff are also assessed against competencies based on the values, on the basis that success depends on the way they go about their job as much as what they do. Individual learning and development needs are also identified through this process.
- 1.5 Alongside a formal appraisal, all staff should have regular supervision or one-to-ones. This enables performance to be monitored and issues addressed. The aim is to help people maximise their performance, but there are formal capability processes should there be consistent under-performance.

2 LGA Peer Review Action Plan

- 2.1 In July 2014, the Council invited the LGA to undertake a Corporate Peer Challenge to help provide reassurance, challenge and an indication about the organisation's ability and capacity to deliver on its plans, proposals and ambitions.
- 2.2 Their final report offered constructive suggestions as to how best to embed the vision and priorities and prepare for and manage delivery against the backdrop of financial and demand pressures.
- 2.3 The feedback from the Peer Team was carefully considered and a set of actions were developed to respond to each of the recommendations. These actions were broken down into six themes:
 - New leadership, new ambitions, new approaches
 - Financial planning and viability
 - Organisational capacity
 - Role of elected members
 - The growth agenda
 - Demand on children's social care
- 2.4 In 2015/16, all of the short-term actions forming part of the Peer Review Action Plan have been completed, with long-term actions successfully embedded and delivered as an ongoing commitment to service improvement.
- 2.5 A final progress update against the actions within the LGA Peer Challenge Implementation Plan has been incorporated within this 2015/16 End of Year performance report (Appendix 1).
- 2.6 By successfully delivering those actions identified as key to implementing the Peer Review recommendations, the Council has built a strong foundation for delivery of the Ambition 2020 transformation programme.

3 Corporate Priority Projects

- 3.1 In the development of the Corporate Delivery Plan, a number of priority projects were identified that linked to the Council delivering the vision and priorities as well as service delivery.
- 3.2 This is the final update against the Priority Projects (Appendix 2). From 2016/17, those projects which remain a priority for the Council have either been incorporated in the new Member Cabinet Portfolios, the Ambition 2020 programme, or picked up as part of 'Business as Usual'.
- 3.3 The Cabinet Member Key Task list will be a key element of the Corporate Performance Management Framework 2016/17 and progress against these will be reported to CPG and Cabinet on a quarterly basis and through quarterly Star Chamber meetings.

4 Key Performance Indicators 2015/16

- 4.1 This report provides an update on the key performance indicators for 2015/16, with additional commentary for those indicators which have been allocated a Red RAG rating according to their performance against target.
- 4.2 Reporting against the Key Performance Indicator is divided into two sections:
- Update on the Key Performance Indicators (Appendix 3)
 - Key Performance Indicators – Commentary on Red RAG (Appendix 4)
- 4.3 We also know that despite aiming to set a balanced budget for 2015/16 and 2016/17, there are further savings required and although we believe we have the resources available to deliver the priorities at present we must look forward to ensure we are as efficient as we can be by maximising the opportunities to be digital by design, manage demand for services, generate income and adopt new ways of working through community hubs and a new relationship with the voluntary sector and the community. This is in line with the direction of travel of many local authorities.
- 4.4 The Council has now made significant progress to define its future operating model and to clarify how we align the ambitions set out in the vision and priorities with the resources available to deliver them. The Ambition 2020 programme will be integral to the Council meeting the financial challenge whilst continuing to protect frontline services and delivering outstanding customer service. The Strategy Team will be working on developing a new performance framework for 2016/17 which reflects the priorities for the organisation for the year ahead.

5 Performance Summary - Key performance Indicators

- 5.1 The key performance indicators focus on high-level areas of interest and allow Members and officers to monitor performance. In addition to these corporate indicators, services may have service level indicators which provide a more detailed picture of performance monitored locally.
- 5.2 A detailed breakdown of performance for 2015/16 is provided in Appendix 3.
- 5.3 A number of indicators which have seen a significant improvement or may be an area of concern have been included in the body of this report. Commentary on all indicators which are RAG rated Red is provided in Appendix 4.
- 5.4 In order to report the latest performance in a concise manner, a number of symbols have been incorporated in the report. Please refer to the table below for a summary of each symbol and an explanation of their meaning.

Symbol	Detail
↑	Performance has improved when compared to the previous quarter and against the same quarter last year
↔	Performance has remained static when compared to the previous quarter and against the same quarter last year
↓	Performance has deteriorated when compared to the previous quarter and against the same quarter last year
G	Performance is expected to achieve or has exceeded the target
A	Performance is within 10% of the target
R	Performance is 10% or more off the target

5.5 Of all the corporate priority indicators which are reported, the following table provides a summary of performance. The table provides the direction of travel over the last quarter and the direction of travel in last year (since end of year 2014/15). This should be considered in the context of significant budget reductions and our continuation to improve services.

Direction of travel against last quarter				Direction of travel against 2014/15			
↑	↔	↓	N/A	↑	↔	↓	N/A
29 (49.2%)	2 (3.4%)	22 (37.3%)	6 (10.1%)	32 (54.2%)	0 (0%)	23 (39%)	4 (6.8%)

The following table provides a summary of the number of indicators with either a Red, Amber or Green rating, according to their performance against target.

G	A	R	N/A
18 (30.5%)	12 (20.5%)	21 (35.5%)	8 (13.5%)

* Please note that RAG rating performance indicators is not possible or appropriate where no target has been supplied by the service area or where the KPI is for monitoring only. The above table shows 8 indicators under the N/A category. These include 5 indicators that are for monitoring only and 3 that are not applicable due the data being released at a later date.

6 Corporate Priority Performance – Focus on Performance

6.1 For End of Year 2015/16 performance reporting, focus has been given to a small selection of indicators where performance has either greatly improved or has shown a deterioration. It is hoped that by focusing on specific indicators, senior management and Members will be able to challenge performance and identify where action is required moving forward into the new financial year.

6.2 Improved Performance

8. The number of active volunteers and volunteer hours

During 2015/16 758 people have volunteered their time to support and enhance service delivery. There was a small increase in the number of volunteers between quarter three and quarter four: 2.29% or 17 people.

The target of 20,500 volunteer hours for the year has been exceeded by 158.49% (11,991) as 32,491 volunteering hours have been recorded over the year. Compared to 2014 -15 there has been an increase of 25.71% (6,642) in recorded volunteer hours in 2015-16. 25,849 in 2014-15 compared to 32,491 in 2015-16.

The success in achieving these figures is primarily due to the 50th anniversary events programme which provided many volunteering opportunities throughout the year.

There are also a number of public health funded projects up and running including Healthy Lifestyles, Change for Life programme and Volunteer Drivers Scheme which are attracting regular volunteer numbers. In addition 2 Libraries are also now community run providing volunteer opportunities

35. The number of long term empty properties

There were 165 long term empty homes recorded in the London Borough of Barking and Dagenham (LBBB) well below the maximum limit of 300. The empty property team's performance has resulted in a quarter by quarter reductions reducing the number of long term empties by 35% over the year. This improvement places the LBBB among the top performing local authorities in London and the UK. Our aim is to achieve the best performance in the UK and hold the lowest stock proportion of long term empty homes for any local authority.

Bringing empty homes back into use is a key contributor to our Housing Strategy objective to increase housing supply and reduce homelessness in the borough. We also achieve income from the New Homes Bonus (NHB) scheme when bringing long term empty properties back into use. On 03 February 2016 it was confirmed that the LBBB won 57 NHBs for reducing the number of long term empty properties in the borough between October 2014 and October 2015. The bonus is around £1440.00 for each property. It is paid for six years so this generates a future income for the Council of around £492,280.00.

The Empty Homes Unit undertakes a number of initiatives to reduce the number of empty homes. These include:

- Advice and support on how to make an empty property a home
- Long term empties are inspected monthly
- Our approach is that we will not tolerate empty homes in B&D. When advice and support has failed we undertake enforcement action to bring property back into use. Enforcement can include compulsory purchase and interim empty dwelling management orders.

6.3 Areas for Improvement

23. The weight of waste recycled per household

The weight of waste recycled per household in yearend is 218kg, which is below the target of 325kg.

The reduction of recycling among other things is attributed to:

- i) The shift in season from summer to winter months sees a reduction in tonnage of green waste collected, typically garden waste, in the third and fourth quarters.
- ii) The industrial action by drivers of the GMB Union in March, April, May and June 2015 has a significant impact on performance. During strike period not collecting any recyclable materials as the recycled materials (brown bin) and general waste (grey bin) including side waste were collected in the same vehicles. After the strike action, some customer behaviour to separate their waste become very challenging, leading to high levels of contaminations of the brown bins.

As a result of the fire in August 2015, no recycling was delivered out of the Frog Island BioMRF, resulting in reduced recycling performance for both London Boroughs of Barking & Dagenham and Havering.

The Frog Island BioMRF is back in operation and has seen a slight increase in recycling performance, but this is unfortunately not enough to help LBBDD meet its end of year target. However, the Waste Minimisation Team will continue to support residents to reduce waste, promote recycling and address the issue of contamination of the recycling brown bins. It is expected that in 2016/17 performance for this indicator will improve compared to this challenging year.

52. The average number of days lost due to sickness absence

The end of year performance was 9.75 days, compared to the target of 8 days which equates to 22% below the target.

A HR project group meets weekly to review data, highlight issues and review improvements in absence levels. Work continues with the hotspot areas. Bradford Factor monitoring (a HR methodology for calculating sickness absence using a points system) and costs of absence have been provided to help managers to prioritise.

Plans are underway for a programme of mandatory briefing sessions for all managers. This is being piloted in May, and will run from June – October 2016. The briefings will focus on the Firm but Fair sickness absence procedure, roles and expectations, tools for monitoring absence, and support and prevention measures. As a result of the mandatory briefings in 2013 there was a significant reduction in average absence levels, leading to the achievement of the council's target. It is expected that the briefings will see a reduction in levels by December 2016.

Monitoring reports have been provided to Strategic Directors showing the top 20 absences. The purpose of this is to specifically review long-term, or frequent but high number of absence cases.

Plans are well underway for the roll out of trigger related mandatory health and wellbeing checks. 242 appointments have been arranged, and 101 checks have been carried out so far. This has been targeted at those who have recently reached the trigger of more than three occasions, rather than those with longer term absence. This provides a one-to-one consultation with occupational health to explore a number of health and wellbeing issues and concerns, leading to an individual action plan.

A project looking at issues surrounding muscular-skeletal absence will be undertaken shortly and a review of escalation routes through to a sickness challenge meeting is being undertaken and should be agreed and in place shortly.

The Quarter 4 sickness levels have seen for the second quarter a decrease in average sickness levels. Although we are not meeting our target, it is an encouraging improvement, reflecting the impact of a range of interventions. It will take some additional time for the target to be met and maintained.

7 Corporate Performance Indicators 2016/17 – Future Reporting

- 7.1 Following discussions at Corporate Performance Group (CPG), it was agreed that a refresh of the Corporate Performance Framework should take place for 2016/17. This interim framework will continue to be monitored quarterly at CPG and Cabinet, until a comprehensive re-development of the Corporate Performance Framework takes place for 2017/18, to support the delivery of the Ambition 2020 transformation programme and the move towards becoming a commissioning based Council.
- 7.2 The Corporate Performance Indicators for 2016/17 have been developed to monitor performance over the coming year, against the newly refreshed Cabinet Member Portfolios.
- 7.3 In addition to reporting progress against the key indicators, corporate reporting for 2016/17 will also consist of the new Member Portfolio Key Task List. These will continue to be reported on a quarterly basis to CPG and Cabinet and to PAASC every six months.

8 Consultation

- 8.1 Corporate Performance Group (CPG) and departments (through Departmental Management Teams) have informed the approach, data and commentary in this report.

9 Financial Implications

Implications completed by: Kathy Freeman, Divisional Director Finance

- 9.1 There are no specific financial implications as a result of this report; however in light of current financial constraints it is imperative that Officers ensure that these key performance indicators are delivered within existing budgets. These budgets will be monitored through the existing monitoring process to identify and address potential issues and also any benefits as a result of improved performance on a timely basis.

10 Legal Implications

Implications completed by: Dr. Paul Feild Senior Corporate Governance Solicitor

- 10.1 Assembly agreed the vision and priorities in September 2014. The responsibility for implementing them rests with Cabinet. The delivery of these will be achieved through the projects set out in the delivery plan and monitored quarterly. As this report is for noting, there are no legal implications.

11 Other Implications

- 11.1 **Risk Management** – There are no specific risks associated with this report. The delivery plan and ongoing monitoring will enable the Council to identify risks early and initiate any mitigating action. The Council's business planning process describes how risks are mitigated by linking with the corporate risk register.
- 11.2 **Contractual Issues** – Any contractual issues relating to delivering activities to meet borough priorities will be identified and dealt with in individual project plans.
- 11.3 **Staffing Issues** – There are no specific staffing implications.
- 11.4 **Customer Impact** – The vision and priorities give a clear and consistent message to residents and partners in Barking and Dagenham about the Council's role in place shaping and providing community leadership.
- 11.5 **Safeguarding Children** - The priority **Enabling social responsibility** encompasses activities to safeguard children in the borough and is delivered through the Local Safeguarding Children Board and Children's Trust.
- 11.6 **Health Issues** - The priority **Enabling social responsibility** encompasses activities to support the prevention and resolution of health issues in the borough and is delivered through the Health and Wellbeing Board.
- 11.7 **Crime and Disorder Issues** - The priority **Encouraging civic pride** encompasses activities to tackle crime and disorder issues and will be delivered through the Community Safety Partnership.

Background Papers Used in the Preparation of the Report:

- LGA Corporate Peer Challenge Implementation Plan
- Corporate Delivery Plan 2015/16 - 2016/17

List of appendices:

- **Appendix 1:** LGA Corporate Peer Challenge Implementation Plan Final Update
- **Appendix 2:** Corporate Delivery Plan Priority Projects
- **Appendix 3:** Key Performance Indicators Update
- **Appendix 4:** Key Performance Indicators – Commentary on Red RAG indicators

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LGA Corporate Peer Challenge Implementation Plan

In July 2014, the Council invited the LGA to undertake a Corporate Peer Challenge to help provide reassurance, challenge and an indication about the organisation's ability and capacity to deliver on its plans, proposals and ambitions.

Nearly two years on, the actions agreed as a result of the recommendations of the review have now either been completed, incorporated into business as usual, picked up as part of the Growth Commission report, or carried forward as part of the Ambition 2020 Programme. Therefore, this is the last update on the Peer Review Implementation Plan.

The majority of actions are now complete and the Council has addressed many of the concerns raised by the review team. The section below provides some of the comments the review team made as well as a few of the actions the Council has taken in response. A detailed breakdown of actions for each theme is provided in the table below.

1. New leadership, new ambitions, new approaches;

“There are anxieties amongst staff regarding the strategic functioning of the authority- specifically the issues about a lack of corporate leadership and uncertainty regarding the senior management structure”

- Since then a new Chief Executive has taken charge and a new senior management structure put in place to help deliver the ambition for the borough.
- Steps have been taken to ensure staff are engaged and have the opportunity to contribute to the change programme. A staff engagement strategy and action plan was agreed. Staff have been engaged throughout the development of the Ambition 2020 programme including via CE drop in sessions, staff newsletters, CE and Leader thank you messages, staff conference, and staff road shows.

2. Financial planning and viability;

“There is a lack of clarity regarding what type of organisation the council needs to be in two or three years time. There is no shared understanding of what its role will be, what form it will take and how it will operate”.

- Savings proposals for 2015/16 were developed and agreed for implementation, with all significant structural underspends being addressed as part of the budget setting process to address emerging pressures.
- The Ambition 2020 programme sets out a clear vision for how the organisation will be structured in the next few years. It has ambitious projects which will help the organisation meet the challenging financial pressures through revisiting how services are delivered.

3. Organisational capacity;

“The Council needs to make a massive shift in relation to how it corporately uses resident insight, lobbying/ public affairs, community engagement, internal and external communications and performance management to deliver the vision and priorities”.

- The Council has looked at the organisational capacity to deliver the planned changes and has responded by strengthening the areas identified by the Peer Review. In particular a new customer insight and intelligence is being established which will allow the Council to make better use of data and insight to inform policy and decision making. There are also plans to increase capacity in the currently under resourced strategy, performance, communications, and engagement functions. In addition a delivery unit and PMO was set up to support the delivery of planned organisational transformation.
- A new smarter working programme has been established, linked to Ambition 2020 which will embrace the accommodation, people and systems aspects of co-working.

4. Role of elected members;

“The time needs to be taken to consider the role of elected members going forward. Also, adequate support both internally and externally urgently needs to be put in place to enable the Leader, Cabinet and Administration to fulfil their roles effectively”

- Focus has been given to Member training and development with a range of formal and informal training/ briefings held for Members.
- In addition, Member Champions were established in a range of areas including Gender Equality, Child Obesity, Mental Health and Healthy Living.

5. The growth agenda;

“The potential for Barking and Dagenham is hugely exciting and the new vision provides the opportunity to capitalise on this. The challenge is turning the potential into reality and, in doing so, ensuring local people benefit from the employment opportunities and housing growth that are being planned”

- The Growth Commission report “No-one left behind: in pursuit of growth for the benefit of everyone” was published in February 2016. As the title suggest there is an emphasis on ensuring that residents see the benefit of the planned growth.
- The report makes recommendations for growth and regeneration and is a step towards turning the potential into reality.

6. Demand on children’s social care;

“There needs to explicit recognition that the demand is a corporate issue. Combined and corporate leadership is needed to ensure children’s services can see that the issues are taken seriously and that they are supported; and to ensure that children’s social care services develop a stronger culture of reducing cost whilst improving quality through revising what it does and how it operates”

- Children’s Services Social Care and Financial Efficiency programme (SAFE) was established to reduce costs but maintain safe levels of safeguarding in the borough.

London Borough of Barking & Dagenham LGA Corporate Peer Challenge Implementation Plan

Theme 1: New leadership, new ambitions, new approaches

Recommendation:	Action(s):	Timescale	Lead Officer(s)	Progress as at end of March 2016	Portfolio Holder
1.1 Manage expectations of residents, partners, members and staff by articulating the vision and priorities into a set of clear and deliverable objectives underpinned by clear targets and measures and focusing the council's efforts and resources accordingly	Produce a delivery plan for the new vision and priorities linked to the refreshed performance framework, identifying the key projects and outcomes sought	Cabinet – October 2014 Quarterly monitoring at CMT and Cabinet	Jonathan Bunt/ Sal Asghar	Complete - Corporate Delivery Plan agreed by Cabinet in October 2014. During 2015/16, Quarterly updates have been provided to CPG and Cabinet and every six months to PAASC.	Cllr Rodwell
1.2 Communication and understanding by all staff and members about new vision, priorities and what that means in practice	Series of internal communications events and initiatives, including Managers Conference, Staff Conference, CEX Blog and new internal marketing campaign	October 2014, then ongoing	Marina Pirotta	Complete – Ten roadshows for all staff took place in April and May 2016 to share the Ambition 2020 proposals with staff and ensure everyone understands what the change means for them, their teams and services. This follows initial roadshows for all staff which took place in Sept-Nov 2015 and the post-survey evaluation shows these were very well received. There has also been a separate managers' conference (April 2016) to update managers and begin the consultation process. The face to face briefings with the chief executive and senior officers have also been backed up with written communications including Staff Briefing and internal all-staff emails.	Cllr Rodwell / Cllr Twomey
	Staff engagement strategy and action plan agreed by CMT	October 2014	Marina Pirotta	Complete - The staff engagement strategy and action plan have been agreed.	Cllr Twomey

	People Strategy and revised Values agreed by Cabinet	September 2014 (complete)	Tom Hook	Complete - The People Strategy and the new values have been agreed by Cabinet. The values have been promoted alongside the new vision and priorities and are included in the Delivery Plan.	Cllr Twomey
	Embedded in all strategies and communication activity	Ongoing	All	Ongoing	Cllr Rodwell
1.3 Maximise every opportunity to capitalise on the potential of the borough as a whole	Greater visibility at London Councils' events including Leaders Committee and other representation at pan-London networks	Ongoing	All	Ongoing - The Leader and other portfolio holders continue to raise the profile of B&D and lobby where required at London Councils and pan-London events including the Leader's Committee.	Cllr Rodwell
	Lobbying of Mayor's Office – develop a forward plan of key issues	October 2014 then ongoing	Marina Pirotta	Part complete – The council identified one key issue to focus its lobbying efforts in 2015/16: the tunnelling of the A13. The council put together a lobbying strategy in partnership with TfL and the GLA and led the actions on this from September 2015 – May 2016. This was successful with the Chancellor mentioning the potential tunnelling of the A13 in his spring Budget. Work will continue once a new London mayor is appointed. The communications team has also put forward a restructure which would include a government relations post to focus the council's lobbying activities. Should this be agreed, a fuller lobbying plan will be developed.	Cllr Rodwell
	Consistency of messages to be ensured by Members and officers by developing an inspiring presentation with key messages to be prepared including new vision, priorities and logo etc., to be used by all	October 2014 then ongoing	All / Marina Pirotta	Complete - A powerpoint presentation template has been produced including the vision and priorities which can be used by Members and officers. Inspiring presentations and videos for the festival 2015 were also developed and used to attract sponsors and investment, and promote the events. A standalone leaflet and interactive infographic on our website has been produced to promote the	Cllr Rodwell

				council's achievements one year on. This links to the vision and priorities.	
1.4 Greater understanding is needed by members, staff, partners and residents regarding the level of savings required and how the change from the traditional paternalism of the authority will impact service delivery and our community	Internal and external communications campaign linked to budget savings consultation process Members to ensure budget position and savings proposals understood and considered by Labour Group, Select Committees etc.	October 2014 to February 2015	Marina Pirotta	<p>Ongoing: Consultation is to begin on Ambition 2020 including a series of consultation events, a video for residents and a whole issue of the One Borough newsletter dedicated to Ambition 2020 and highlighting why we are doing this, including the budget cuts we need to make. Consultation with all staff continues (see roadshows etc above).</p> <p>The formal budget consultation process ran until 27 November. During this 6 week consultation period both an internal and external communications campaign was used successfully to communicate key messages about the savings proposals. Both staff and residents were given the opportunity to provide feedback in a number of ways including through face to face meetings and online. Six public consultation meetings were held along with 6 all staff briefings.</p>	Cllr Rodwell / Cllr Twomey
	External campaign for inner London funding levels predicated on demographic growth (linked to 1.3)	October 2014 onwards	Jonathan Bunt	Cabinet agreed to support the multi borough challenge to the damping system impacting on East and North London boroughs. The announced changes to local government funding require the campaign to be refocused to reflect devolution and business rate localisation. Work is underway at Member and officer level to support this.	Cllr Twomey
	Working with partners to enable BanD Together approach to succeed including appointment of CVS BanD Together Co-ordinator	November 2014 and then ongoing	Monica Needs	BandD Together post ends in June 2016. Concurrent work has begun to continue to embed BanD Together Routemaster as a key response to information residents around issues. In addition meetings are taking place with external funders to explore funding challenges locally.	Cllr Rodwell

1.5 Delivering the vision, core business and the savings requirement must be seen as a single focus that the whole council unites behind and delivered holistically rather than three separate workstreams – a significant cultural change is required to achieve this, which necessitates extremely strong and consistent leadership	Review the People Strategy to ensure that it focuses on delivering the vision and objectives	September 2014	Tom Hook	Complete - The People Strategy has been reviewed and does now link to the new vision and priorities. Implementing the People Strategy is also one of the priority projects identified in the Delivery Plan allowing for CMT and Cabinet to monitor progress on a quarterly basis.	Cllr Twomey
	Corporate delivery plan and new performance framework – see 1.1			Complete - Both agreed. Quarterly reports are provided to CMT and Cabinet and every six months to PAASC. An update on the delivery plan was reported to Cabinet in December 2014 and March 2015	Cllr Rodwell
	Internal communication campaign – see 1.2, 1.3 and 1.4			Complete - Internal and external communications campaign has focussed on the vision, priorities, values and savings requirement. Work is ongoing to link these more holistically with core business and to clearly identify a future operating model that reflects the ambition and resources available to deliver it. This has now been superseded by work associate with Ambition 2020.	Cllr Twomey
	Expectation that all senior managers and members will use a common narrative externally and internally – see 1.3			Complete - A common narrative is included as part of the Delivery Plan. This will be developed further and communicated. This is also being explored in work to look at how we align the ambition with the resources available through an agreed operating model with a supporting narrative to bring clarity on the future shape of the organisation bringing together all of these elements. This has now been superseded by work associate with Ambition 2020.	Cllr Rodwell
1.6 A permanent senior management structure needs to be put in place quickly that provides the necessary capacity and	Senior management structure to be confirmed via appropriate members approval processes, and recruitment to be carried	February 2015 to full implementation by October 2015	Chief Executive	Complete - Recruitment to the new senior management structure complete	Cllr Rodwell

focus to deliver the authority's agenda	out ASAP				
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Theme 2: Financial planning and viability					
Recommendation:	Action(s):	Timescale	Lead Officer(s)	Progress as at end of March 2016	Portfolio Holder
2.1 Clarify and communicate final savings requirement for 2015/16 and beyond, then establish an agreed set of clear savings proposals, shaped by a focus on clear priorities, which are politically led and owned	Savings proposals developed and agreed for implementation (management action) or public consultation via Select Committees and Cabinet (see 1.4/1.5)	For agreement at Cabinet – 7 October 2014	Jonathan Bunt	Complete - Savings proposals, including any revisions following consultation, were agreed by Cabinet and the annual budget and Council Tax for 2015/16 were formally agreed by Assembly in February.	Cllr Twomey
2.2 Structural underspends in the budget need to be identified and removed in order to assist the savings challenge	Review all budget codes to identify structural underspends and reallocate or make savings	October 2014	Jonathan Bunt	Complete – though this will always be an ongoing action, all significant structural underspends have been addressed as part of the budget setting process or towards the realigning the 2015/16 budget to address emerging pressures.	Cllr Twomey
2.3 The council's capital programme needs to be reviewed to ensure it is aligned with the new vision and priorities	Internal member-led review to be set up via PAASC	October 2014	Jonathan Bunt	Complete - Agreed as a topic for review by PAASC at September 2014 meeting though the item was not progressed due to other items added to the work programme by Members of the committee.	Cllr Twomey
2.4 Consider ways in which the council may use its finances to further support growth and assist the revenue budget - as has been seen with the authority's house building	Prepare paper setting out options for Cabinet	November 2014	Jeremy Grint / Jonathan Bunt	Complete - European Investment Bank funding has been used to purchase 144 flats in Barking Town Centre . These are now let out at an 80% market rent. in the general fund and will, when the homes are start to generate a surplus income for the general fund which can be used to assist	Cllr Twomey

				<p>other services. EIB funding is also being used on Gascoigne Phase 1 which is under construction and the first completions should be around November 2017.</p> <p>We are now working on an Investment Strategy and investment programme to build substantially more housing</p> <p>The Ambition 2020 programme is also considering the scope to significantly invest in the borough to generate revenue income to support core council services.</p>	
2.5 Key support activities such as communications, training and development and community engagement need to be centralised to improve consistency and efficiency	Centralise budgets and develop agreed policy for use	October 2014	Jonathan Bunt with Marina Pirotta	<p>Closed - While the agreed budget for 2015/16 included the centralisation of training and marketing budgets from 1 April 2015. This was reversed following consultation with officers and members as felt to be unworkable, at this time. However, a new approach is being finalised for the communications service in 2016/17. We will also return to the issue of how best to utilise the resources now available for learning and development. A centralised team was created in April 2015, bringing together the corporate learning budgets and social care workforce development. It was agreed that other budgets would remain with budget holders.</p>	Cllr Twomey / Cllr Rodwell
	Agree any savings for 2015/16 and implement in-year savings during 2014/15 if possible			<p>Complete The intended saving from the centralisation of training and communications budgets was agreed to be undeliverable and reversed by Cabinet in July.</p>	Cllr Twomey

Theme 3: Organisational capacity

Recommendation:	Action(s):	Timescale	Lead Officer(s)	Progress as at end of March 2016	Portfolio Holder
3.1 The council needs to make a massive shift in relation to how it corporately uses internal and external communications, lobbying/public affairs, resident insight, engagement and performance management to deliver the vision and priorities	Develop a communication strategy to include all of these elements to develop a more strategic approach linked to centralised communications budgets and new team structure	July 2015	Marina Pirotta	In progress - The communications team has been reviewed with the aim of having a new structure in place in 2016/17. A communications strategy will then be developed.	Cllr Rodwell
	Performance management covered in Rec.1.1	January 2015	Jonathan Bunt	Complete - Performance management framework is set out in the Delivery Plan. Business plans for each service area have been developed for 2015/16-2016/17.	Cllr Rodwell
	Develop use of Experian Mosaic for core customer intelligence and insight across the council	October 2014	Jonathan Bunt	Complete - Analysis of Experian Mosaic data for 2014 is complete and has been shared with Leadership Group.	Cllr Rodwell
3.2 There is no visible organisational change programme - the role and purpose of the Future Business Board is unclear and it has little profile in the organisation. A new cross council organisational change infrastructure needs to be put in place going forward which needs to take precedence over arrangements within departments	Clarify the structure and content of the People Strategy and revitalise the programme with supporting internal communication plan	October 2014	Tom Hook	<p>Complete - The People Strategy and the new Values have been agreed by Cabinet. Work is now underway to implement the actions set out in the People Strategy.</p> <p>The People Strategy will be reviewed in light of the work the new Chief executive is undertaking to look at the future of the Council.</p> <p>This work has now been superseded by work associated with Ambition 2020.</p>	Cllr Twomey
	Establish the Future Business Board (FBB) as leading the Council's change	October 2014	Chief Executive	Complete - The Head of Legal Services has reviewed the governance arrangements for all CMT	Cllr Twomey

	programme and clarify its relationship to CMT and wider executive and partnership boards			level and supporting meetings. The new governance regime began in November 2015.	
	Communicate this work, include FBB updates in CMT briefing	Complete	Tom Hook	Complete - Updates on the change programme (now Ambition2020) have been included in CMT briefings. There has been engagement with the top 200 managers around the future of the Council and a communications work stream will be a key element of any future programme.	Cllr Twomey
3.3 Review the arrangement with Elevate to ensure the council is receiving the right support and the desired savings are realised	Contract review to be reported to Cabinet in autumn including options for realigning services and ICT provision	October 2014	Jonathan Bunt	Complete - Cabinet agreed a revised approach to the Elevate services in December 2014. Alongside this a number of savings proposals for those services were also agreed. As a result, a number of the smaller services returned to the Council on 1 April 2015 enabling Elevate to focus on the core strengths of Agilisys.	Cllr Twomey
3.4 Staff need greater engagement and involvement generally	Review of engagement activity and internal communication tools to develop consistent approach	October 2014	Martin Rayson	Complete - New interim employee engagement role in HR/OD in place. The review of internal channels is complete and engagement strategy agreed at CMT. There is a weekly CMT briefing providing staff with all key messages and news, and a series of staff briefings through the autumn. Review of notice boards complete.	Cllr Twomey
	Staff engagement strategy and action plan agreed by CMT	October 2014			Cllr Twomey
3.5 The new set of values currently being developed need to empower much greater innovation, creativity, managed risk-taking and	Complete values project and ensure strong internal communication plan linked to vision and priorities	October 2014	Gail Clark	Complete - The values have been agreed and are being communicated alongside the vision and priorities.	Cllr Twomey

commercial acumen. Once agreed, the senior leadership need to champion and demonstrate the new values to permeate throughout the organisation	Senior managers to champion new ways of working e.g. co-location	Ongoing	All	Complete - A new smarter working programme has been established, linked to Ambition 2020 which will embrace the accommodation, people and systems aspects of co-working. Champions identified and the leadership role for managers is emphasised in the programme.	Cllr Twomey
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Theme 4: Role of elected members					
Recommendation:	Action(s):	Timescale	Lead Officer(s)	Progress as at end of March 2016	Portfolio Holder
4.1 To address issues of transparency, officer and elected member behaviours and a lack of clarity about respective roles and responsibilities, there needs to be absolute clarity that elected members focus on policy and direction and managers are responsible for delivery	Culture of challenging inappropriate behaviour and embedding the Member Code of Conduct and Protocol on Member and Officer Relations	Ongoing	All officers and members	Ongoing - Addressed at the October Managers conference. Ongoing.	Cllr Twomey
	Active training and leadership on an ethical culture and the Nolan principles	Nov 2014	Fiona Taylor/ Leadership	Complete - Rolling out of a new Constitution and updating of the relevant provisions. This was delayed from September 2014 to the Assembly meeting in November to allow for pre-decision scrutiny by PAASC. Agreed in November 2014.	Cllr Twomey
	Review of Member and officer relations – highlighting of the Protocol on Member and Officer Relations including relevant training	October 2014	Fiona Taylor	Complete - Review completed and new Constitution agreed at November 2014 Assembly.	Cllr Twomey
	Review Member roles on internal boards and forums	October 2014	Fiona Taylor	Complete - This has been completed under the Constitutional review. In respect of Members' roles on Outside Bodies a new chapter has been added to the Constitution for clarity.	Cllr Twomey

	Review of Personnel Board	October 2014	Martin Rayson	On hold - Officers commenced a review of all relevant HR policies which will be formally consulted on prior to presentation for formal approval. Any constitutional changes required as a result of amendments to the Council's HR policies and practices will subsequently be presented to Assembly for adoption. However, this has not been pursued at the present time.	Cllr Twomey
4.2 Greater collective dialogue between administration and senior managers	Regular CMT/Cabinet joint meetings and maximising use of Pre-Assembly sessions and any informal opportunities	Ongoing	All	Ongoing - Informal briefing sessions have been held for Cabinet members on the budget and the pre-Assembly briefings are continuing	Cllr Twomey
4.3 Adequate support both internally and externally urgently needs to be put in place to enable the Leader, Cabinet and Administration to fulfil their roles effectively in three main areas: <ul style="list-style-type: none"> • Administrative support (internal) • Policy/research (internal) • Mentoring (external) 	LGA 'buddy' arrangement for Leader and portfolio holders	From September 2014	Fiona Taylor	Complete - Buddy programme completed.	Cllr Twomey
	New structure of political support posts			Complete - : Leader and member services appointed in February 2015 and Political Assistant appointed in October 2015.	Cllr Twomey
	Clarity of integration of Member support in PA hub			Complete	Cllr Twomey
	Consider Away Day for members and/or Cabinet Development Programme			Complete - Cabinet members meet regularly and have visited Nottingham City Council. Completed in July 2015.	Cllr Twomey
4.4 Review of the role of elected members as community leaders and look at ways members can be better engaged outside of Council buildings in wards and communities	Members training and development to address this and specifically consider Member roles in building civic pride and social responsibility in the community	From October 2014	Fiona Taylor / Member Development Committee	Ongoing - Chair's Training – chairing skills for Council and community meetings Public Speaking Training – voice skills and presentation structure Role of the Community and Voluntary Sector – increase awareness of range of community organisations and how	Cllr Twomey

			<p>they operate Casework Training – to more effectively assist residents with their concerns The Leader and Portfolio Holder for Crime and Community Safety are both enrolled on the Leadership Academy which includes a module on Community Leadership. Procurement Training – to understand the Council’s procurement process.</p> <p>Ambition 2020 Member Task Groups established: Member Roles/Governance, Civic Pride, Social Responsibility.</p> <p>Member Champions established in range of areas including Women and Equality, FGM, Child Obesity, Mental Health, Learning Disability, Healthy Living.</p>		
	See 5.1 re community engagement and growth		Jeremy Grint	See 5.1	Cllr Rodwell
	Explore opportunities through Community Networks as part of work of Future Business Board		Helen Jenner	<p>Complete - The ambitions of the Community Networks programme have been met and a formal project closure report completed. The work has now transitioned from the DCS to the Strategic Director – Customer, Commercial and Service Delivery. The project had 2 key targets -</p> <p>1. Establishment of a “Community Checkpoint” in every ward in LBBB with an agreement in place to continue to train “Community Champions” - 21</p>	Cllr Rodwell

				<p>Community Checkpoints have been established or in the process of being established up (there are 17 wards in the borough meaning a number of wards have multiple Checkpoints):</p> <ul style="list-style-type: none"> • 10 wards have been established with Community Checkpoints • The remaining 7 wards have Checkpoints agreed and they are completing training. <p>2. Establish 50 Community Champions - 88 Community Champions have been established. This includes representation from across the Council and voluntary and community sectors.</p>	
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Theme 5: the Growth Agenda

Recommendation:	Action(s):	Timescale	Lead Officer(s)	Progress as at end of March 2016	Portfolio Holder
5.1 A compelling picture needs to be provided to local people of the benefits that will be delivered for them through future growth, and allow local people to contribute to this.	Community engagement plan to be developed on benefits of growth including how we maximise the opportunities to benefit the existing community, how the community can contribute to the agenda and using Members in their community leadership role.	From November 2014	Jeremy Grint	<p>Complete - The review of the Local Plan will entail a considerable amount of Community Engagement. The Draft Plan is currently being formulated and will go to Cabinet in the Autumn</p> <p>The Growth Commission report “No-one left behind: in pursuit of growth for the benefit of everyone” was published in February 2016.</p>	Cllr Twomey

<p>5.2 The borough has traditionally been good at delivering regeneration on a site-by-site basis – what is required now is an over-arching approach, reflected in a ‘Masterplan’, that draws the whole regeneration and growth agenda together and is further supported by a detailed delivery plan. There needs to be a whole council approach to this, rather than purely one for Regeneration and Planning, and the community needs to be involved in these</p>	<p>Revised Growth Strategy owned by CMT and Cabinet – to be addressed through November Cabinet report and development of single common narrative around growth opportunities.</p>	<p>November 2014 then ongoing</p>	<p>Jeremy Grint</p>	<p>The growth narrative was agreed as part of the borough’s overall revised vision and priorities by Cabinet in August and Assembly. Modifications have taken place since that date. The Growth Commission report clarifies how this should now be taken forward.</p>	<p>Cllr Twomey</p>
	<p>Needs to incorporate a focus on the five agreed growth zones plus consideration of the significance of Chadwell Heath as a potential growth zone, plus focus on key employment sectors</p>			<p>Complete - The Growth Strategy has been revised to take account of the 6 growth hubs.</p> <p>A film was been produced which outlines the opportunities at the 6 growth hubs.</p> <p>The growth statement identified the borough’s key employment sectors that are being used to shape employment and skills programme bids to the London Enterprise Panel.</p>	<p>Cllr Twomey</p>
	<p>Develop area based cross-Council groups linked to growth hubs e.g. Barking Riverside including NHS, plus GLA/Council group considering Chadwell Heath, and links to the voluntary sector where appropriate</p>			<p>Complete - Area-based cross-council groups have been established for both barking Riverside and Barking Town Centre.</p>	<p>Cllr Geddes</p>
<p>5.3 The council needs to lead the growth agenda on behalf of local people – playing the most proactive role possible and ensuring it gains the maximum direct control and influence. The focus should be broadened to include social infrastructure, health, education and skills agenda to ensure local people are able to benefit from regen/growth</p>	<p>Review approach to business engagement</p>			<p>Complete - The Cabinet has agreed to the establishment of a social enterprise for the Barking Enterprise Centre which will include consideration of business support being provided through it.</p>	<p>Cllr Geddes</p>

				Formal meeting between the portfolio holder and the Chamber taking place quarterly.	
5.4 The council needs to use its influence and utilise its resources to unlock growth schemes that are stalled including developing stronger partnerships	Impact assessment of current policy of placing all private rental blocks in key locations and learn from experience of other authorities			Complete - Meeting with Grainger Estates have taken place to examine the business model they and the sector apply.	Cllr Geddes
5.5 Develop succession plan within the council to ensure the organisation continues to have capacity and skills to fulfil its role	Restructure of Regeneration as part of overall senior management review and Housing restructure with associated succession plan	October 2014	Jeremy Grint	Ongoing - This will be undertaken as part of the Ambition 2020.	

Theme 6: Demand on children's social care

Recommendation:	Action(s):	Timescale	Lead Officer(s)	Progress as at end of March 2016	Portfolio Holder
6.1 Need to improve recruitment and retention in order to reduce agency costs and improve the service	Work underway in Children's Services to promote the place and opportunities for social workers through appointment of specific post for recruitment and retention. Recruitment Action Plan with targets agreed with Lead member	Specific targets for appointments of permanent social workers each quarter – October 2014	Helen Jenner	Complete <ul style="list-style-type: none"> During the past year the London Borough of Barking and Dagenham has recruited 14 Social Workers on permanent contracts, nine of which were Assessed second Year of Experience (ASYE) social workers. In addition, three Team Managers, one Deputy Team Manager and two Group Managers were also recruited to 	Cllr Turner / Cllr Twomey

				<p>permanent contracts.</p> <ul style="list-style-type: none"> • The numbers of agency social work staff has fallen from 67 in April 2015 to 51 in March 2016. • The Council engaged the services of a professional recruitment agency in an attempt to expedite the recruitment of experienced social workers. The new strategy commenced in December 2015 and included a recruitment microsite and associated marketing and promotional activities. However numbers of potential candidates remained disappointingly low. The contract was ended by mutual agreement. This is further evidence of the considerable challenge that councils in this part of London face in recruiting experienced and qualified Social Workers. A revised recruitment strategy is now being developed which will build on the learning that has been gained during the past year <p>The recruitment and retention of Children's Social Workers is a key project in Programme Safe</p>	
	Challenge what else can be done to enhance the corporate offer and profile, including wider promotion of	October 2014	Marina Pirotta	<p>On hold - This work has been put on hold until the council's recruitment needs are clearer following the voluntary redundancy scheme and the</p>	Cllr Rodwell / Cllr Twomey

	the Council and place linked to recruitment offer being developed, linked to new website			outcome of our Ambition 2020 restructure. However, this work has been partially subsumed by the recruitment campaign undertaken by Children's Services to improve the 'offer' of the borough and reduced the cost of agency staff.	
	Develop key worker Housing opportunities (reasonable rents/shared ownership etc.) for social workers and teachers	From November 2014	John East	<p>Ongoing - The LBBDD plans to implement a key worker strategy to increase the supply of affordable housing and improve access to housing for key workers and local working residents on moderate incomes, across the next four year period 2015-19. B&D has one of the highest housing affordability gaps (the difference between average house prices and average household incomes) in London, with the average home in the borough costing nearly seven times the average annual household income.</p> <p>The policy will initially prioritise shared ownership and affordable rent homes to specific key worker groups: teachers, social workers, health care professionals and emergency service staff. It is intended that this approach is utilised on the LBBDD Starter Homes scheme in Barking Town Centre.</p>	Cllr Ashraf
	Implement exit interview programme to identify why permanent staff leave and questionnaires to establish why staff are unwilling to become permanent/accept short term contracts. Feed information into Recruitment Action Plan.	October 2014	Ann Graham	<p>Ongoing - Exit interviews continue though at a slower rate as the rate of turnover of staff slows. The reasons for leaving remain largely unchanged with the expectation that a very small number of permanent staff have left to become agency workers to raise their income. As part of their work.</p>	Cllr Turner

				Some reasons for staff leaving remain the same as previously reported.	
	Ensure Star Awards and Writer of the Month systems recognise and celebrate the staff that are loyal and effective long term officers eg five Children's Services nominations per year	Annually	Ann Graham	Complete – This is now embedded and Children's Services continues to hold mini awards event, following Star Awards, for all those nominated.	Cllr Twomey
6.2 Ensure the growth agenda broadens the social and economic mix, making the case to government for increased funding and looking for increased resources from within the council. Agenda must also include recognition of the medium term increases and how to respond to these.	Integrate into November Cabinet report on growth – see 5.2 Develop clear analysis of pressures with linked information from housing colleagues		Jeremy Grint	See 5.2	Cllr Geddes
6.3 Bring in external expertise to undertake a review into how children's services operates, which would include looking at ways of operating in other authorities to help reform of services and scale back the volume of delivery	Review draft Ofsted implementation plan to ensure picks up all these issues and actions will be effective in improving service and reducing costs, including corporate issues from Ofsted linked to this action plan	October 2014	Helen Jenner with Jonathan Bunt	Complete – the Ofsted action plan reflects these issues Ofsted Action Plan accepted by OFSTED as meeting inspection recommendations, feedback received 20/11/14 OFSTED Action Plan Update presented to Children's Trust and Select Committee. 38%, Green, 54% Amber and 8% Red progress in January..	Cllr Turner
	Appoint external expert providing corporate input leading to development of a demand strategy (linked to	October 2014	Ann Graham	Complete - Children's Service has in place a Programme team to assist with further developing the Social Care and Financial Efficiency (SAFE)	Cllr Turner

	growth strategy and Housing Strategy). Specific focus on cost reduction as well as demand management.			strategy to reduce overspends in children's social care and includes a focus on demand and demand management. The SAFE Outline Business Case was presented and accepted by Cabinet on 13 th Oct 2015. It was also presented to PAASC on 21 Oct 2015.	
6.4 More needs to be done to reform services and scale back the volume of delivery if the vision, savings requirement and core business are to be achieved together. This includes understanding of all staff around the need for reducing costs within the service	Begin implementation of cost reduction programme, ensuring it is shared with the Local Safeguarding Children's Board. Programme must reduce costs but maintain safe levels of safeguarding in the borough.	December 2014	Ann Graham	Complete - Children's Services Social Care and Financial Efficiency programme (SAFE) established. Reported to Cabinet 13/10/15 and to PAASC on 21/10/15. The LSCB Chair and partners are fully engaged with the SAFE OBC. The DCS is leading the consultation process and presented the OBC to the full LSCB at its November meeting.	Cllr Turner
6.5 The issue of increasing demand is a corporate issue. Corporate leadership and working is required to develop a strategy to deal with the issues of demand	Growth Strategy recognises demand as well as opportunity (see 5.2)	October 2014	Jeremy Grint	See 5.2	Cllr Geddes
	Model projections for short, medium and longer term position in terms of: <ul style="list-style-type: none"> a) Housing availability, quality, affordability, tenure b) Council resources /budget c) Partners resources d) Council service provision 		All – linked to actions above	The Ambition 2020 Programme is currently out for consultation which proposes to a transform Council service provision whilst addressing increased demand and budget pressures. <ul style="list-style-type: none"> a) We have developed a ten year housing delivery plan (2015-2025) which lists all the major housing sites coming forward in the borough and the numbers of affordable housing and their tenure that will be delivered Barking Housing Zone has been approved by GLA and this commits the Council to delivering 4000 homes 	Cllr Rodwell

				<p>in Barking Town Centre by 2022.</p> <p>b) Council budget and resource estimates completed though subject to ongoing review as other items are completed and announcements made.</p> <p>c) An approach to this needs to be developed and agreed with input from all and identifying key partners etc. Work has taken place in some services particularly in developing savings proposals in consultation with partners.</p> <p>d) See b) above - work is commencing to look at the future operating model in line with the priorities and resources available to deliver them and service provision following decisions on budget</p>	
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* Note the table uses the old portfolio responsibilities and the officers in the 'lead officer' column are those responsible for the actions as of 31 March 2016.

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Priority projects update

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

Priority 1 - Encouraging civic pride

Priority project and brief description	Progress at end of March 2016	Service area and Portfolio Holder
<p>Festival 2015 A community led programme of events to celebrate the borough's 50th anniversary leaving a lasting legacy for community access to our parks.</p>	<p>The 50th anniversary programme was a huge success. There were over 100,000 visits to the various events that were presented during the year with the undoubted highlight being the visit to the Borough in July by Her Majesty The Queen and HRH Prince Phillip.</p> <p>All of the events were delivered in a safe, inclusive and family friendly environment and were well received by local people and visitors. Events were presented across the Borough, like the Roundhouse Music Festival in Central Park; Barking Folk Festival in Barking town centre; Night of Festivals on Abbey Green; DagFest in Old Dagenham Village, and the Steam and Cider Fair in Old Dagenham Park to name but a few.</p> <p>Over £300,000 was raised in business sponsorship, grants and in-kind support to enable the delivery of the programme and many of the sponsors of the 50th anniversary celebrations are providing funding again this year for the Summer of Festivals programme.</p> <p>Another positive development from the 50th anniversary programme has been the growing interest from community groups and commercial organisations to hire our parks to present cultural events.</p>	<p>Culture and Sport Leader of the Council</p>
<p>Strengthening school partnerships Provide leadership to our family of schools in order to improve the educational offer within the borough.</p>	<p>The strength of partnership between the Council and family of schools remains strong as confirmed by Ofsted. The impact of schools working together has been evident in the way the Schools' Forum has successfully managed pressures on the high needs block, and how schools have supported expansion with all secondary schools now agreed to expand to manage the largest proportionate secondary expansion in London. School to school support continues to develop and impact is seen in the increasing proportion of schools graded good or outstanding (See Priority 2).</p> <p>The March 2016 White Paper signals probably the biggest change in Local Authority/school relations since the 1870 Education Act which gave councils powers to set up schools. It seeks to end local authority maintenance of schools and responsibility</p>	<p>Education Cabinet Member for Education and Schools</p>

for school improvement arrangements, in favour of a multi-academy trust led system with schools leading school improvement arrangements. The challenge for the coming year is to work with local schools to move to a system which maintains the partnership, minimises risks to children and allows LA expertise in school improvement to be available for schools. This is a central strand of the Ambition 2020 work. Overwhelmingly heads want to work with the local authority to plot a sensible route towards 2022. This must support them to make decisions based on the soundest available evidence, options where they exist and the principles of ambition through partnership which have supported improvements to date.

Barking Town Centre as the cultural hub for East London

Expand the existing offer to become east London's cultural hub, a vibrant and culturally rich community, with space for creative industries.

During 2015/16 the management of the Broadway theatre transferred to the Barking and Dagenham College. Alongside the venue's important role as the only dedicated performing arts venue in the Borough, the College is working to develop the Broadway as a centre for the development of new creative businesses in the Borough. The venue is now developing a productive performance and participatory arts relationship with the Barbican and Guildhall

Culture and Sport

Leader of the Council

A number of high quality and popular cultural events were delivered in Barking Town Centre as part of the 50th anniversary programme and two major cultural events of regional significance are planned for 2016: the Barking Folk Festival; and a promenade production of a 'Merchant of Venice' .

Work to establish a cinema for the town centre on the site of the former-leisure centre is progressing satisfactorily and funding has been secured from the Heritage Lottery Fund for improvements to the public realm in the town centre.

A further bid to the Heritage Lottery Fund (in partnership with St. Margaret's Church) is now in development, which if successful, will transform the cultural and heritage offer in the Abbey Ruins and Abbey Green.

The fit out of the new creative industry workspace in the Ice House Quarter in Barking is nearing completion and these new facilities will open in summer 2016.

Funding of £735,000 was secured from Arts Council England to extend the Creative Barking and Dagenham (CBD) programme for a further three years. CBD purpose is to create new ways for local people to experience outstanding arts and creative activities, and to promote the borough as a place where exciting art - of all forms - is made and shown.

Work by the Regeneration division to establish a cinema for the town centre is progressing satisfactorily, a planning application was received for the redevelopment of the old Abbey Sports Centre site which incorporates a cinema and a planning applicaton

is due early June for the redevelopment of Vicarage Fields which is likely to include a cinema too. The team has also secured a significant grant from the Heritage Lottery Fund, which will support extensive improvements to the public realm in the town centre.

Bow Arts creative industry workspace in the Ice House Quarter in Barking is currently being marketed to artists

The Council has secured space for creative industries in the Swan Cambridge Road and Weston Homes Abbey Road schemes as part of the S106 for these developments and has reached an agreement for space for culture within the BE:HERE development on the Abbey Retail Park.

Enforcement and charging

Encourage socially responsible behaviour from residents and penalise those who act irresponsibly. Ensure a consistent and fair approach to enforcement and charging policies.

Below is a summary of key enforcement actions targeting crimes investigated by Council officers for the period April 2015 until March 2016. Actions here include enforcement where we receive a contribution to costs from offenders or other income.

Environment

Cabinet Member for Crime and Enforcement

Fixed Penalty Notices - we have issued 1487 fixed penalty notices for various environmental crimes

Dropped Kerb Project –This year 2281 visits to potentially offending premises took place, resulting in 1345 first and second warning letters sent and 85 S15 Enforcement notices issued.

Trade Waste - During this year 1012 inspections of commercial premises were carried out, with 705 S34 Environmental Protection Act Notices being issued for non production of waste documentation. In addition, 274 Fixed Penalty Notices for non compliance with S34 Environmental Protection 1990 were issued on commercial business for failing to produce required documentation. Enforcement action here ensures trade waste disposal is properly charged to the producers.

Priority 2 - Enabling social responsibility

Priority project and brief description	Progress at end of March 2016	Service area and Portfolio Holder
<p>Sufficient school places in schools that are good or outstanding All schools good with 20% outstanding by December 2015. Priority areas for action are set out in the Council's School Improvement Strategy 2016-17 including support for improvement in governance and leadership of teaching.</p>	<p>Between August 2014 and August 2015, the proportion of schools graded good or outstanding has improved from 70% to 77% rising to 79% as of 31 March 2016. This is further expected to rise to 81% by the end of April when a further inspection judgment is confirmed. At 80% for primary schools, 2 more schools need to move to good to reach national (85%) and 4 more to reach London (88%). Figures for secondary are 78% good or outstanding (National 74%, London 85% as at 31st August 2015). There are currently 6 maintained primary schools which are graded 'Requires Improvement'. 4 of these are well on course to move to good at their next inspection. The remaining 2 schools have monitoring boards in place and are improving.</p>	<p>Education Cabinet Member for Education and Schools</p>

Meeting the target of 20% of schools outstanding is proving challenging, partly because of the complexity and size of our primary schools. Ofsted are though increasingly recognising outstanding leadership. As of 31 March 2016 of the 53 schools with inspection judgments only 6 (11%) are outstanding but 13 (25%) have outstanding leadership.

We remain on target re: the provision of school places as set out in the November 2015 report to Cabinet with a further report April 2016. IRO £45 million a year is needed to maintain our programme. We are on course to date but continued campaigning is required. The biggest financial risk to the DSG is in the revenue costs of specialist provision places to meet the needs of the growing numbers with complex Special Educational Needs and Disabilities (SEND). Benchmarking shows London borough of Barking and Dagenham has created the highest proportion of places in the country (48% growth in pupil numbers since 2009/10). These places have been created well within financial limits, at extremely competitive costs and in a timely manner.

Tackling obesity

To undertake a programme of activities commencing from January 2015 in order to encourage healthier lifestyles and tackle obesity.

The Culture and Sport division is commissioned by the Public Health team to deliver a number of healthy weight management programmes:

- Change for Life- this programme provides support to children and their families over a 12 week period to help them achieve and maintain a healthy weight. Children are referred on to the programme by GP's and other health professionals including the school nursing team. In 2015/16, 227 children and young people participated in the programme. 2015/16 saw 89 people undertake training provided by the team and 3,129 young people took part in practical awareness sessions which include the community games.
- The team continue to deliver the Exercise on Referral programme where patients are referred by GP's and other health professionals. In 2015/16 a total of 1,820 referrals were made in to this service with over 24% of the patients being referred due to their BMI being over 28 classing them as overweight.
- The Culture and Sport team also continue to deliver a Sport England funded project called Active Sport 4 Life. This is similar to the Exercise on Referral programme and provides patients with a 12 week sports based programme for those aged 14+ with a BMI over 28.
- Children's Services are commissioned by public health to deliver the Healthy Schools London programme. To date 53 schools are registered (highest in London), 30 bronze, 18 silvers and 5 gold awards achieved.

In addition to the commissioned activities, Culture and Sport provide a universal offer in the form of the leisure centres:

- In March 2015 the new Abbey Leisure Centre opened and in the period April to June

Public Health

Cabinet Member for Adult Social Care and Health

visits to the new centre totalled 100,744 compared to 66,393 at the old Abbey Sports centre for the same period last year, an increase of 52%.

- The exceptional level of visits to Becontree Heath Leisure Centre continued to grow with over 1m visits during 2014/15 with a combined total of 1.282m visits at the two leisure centres.
- Based on the Amateur Swimming Association throughput data Becontree Heath Leisure Centre was the busiest swimming pool during 2014/15 and has the largest stand alone swimming lesson programme in the country
- In addition to the commissioned activities above Service Development and Integration are implementing a few changes; A new Healthy Weight Strategy is in development, this will replace both the Obesity and Physical Activity Strategy.
- An evaluation on childhood obesity programmes has been completed, to further understand how the existing programmes can address childhood obesity and reduce the obesity challenge in LBBB.
- Currently the delivery of the lifestyle programmes is being reviewed with plans to integrate some lifestyle programmes which will include the delivery of obesity programmes across the life course.

In addition, public health is working with planning and regeneration to integrate health, including supporting access to physical activity and healthy nutrition into the refreshed Barking Local Plan and regeneration programmes. One example of this is co leadership of the Barking Riverside Healthy New Town. Following the successful application to NHS England to be designated London's only Healthy New Town, we are collaborating with Care City, community organisations, international experts, and Barking Riverside Limited – amongst others – to develop and implement best practice and innovative approaches to embed health in the regeneration, as well as prioritising the use of green open spaces and water ways to promote health.

Enabling the community through the voluntary sector including volunteering

Enable the BanD Together group to harness the service delivery potential of the voluntary sector, building the capacity and opportunity for VCS providers, supported by a Council funded Co-ordinator.

The CVS has recruited to the BanD Together post, this has led to some coordination of services over the winter, In addition BanD Together Routemaster has been developed and is being embedded as a response for residents to access services in a timely way. In addition work has begun in late 15/16 to engage the VCS in Ambition 2020 and the Growth Commission recommendations.

An extensive volunteering programme is delivered across Adult and Community Services, which has seen volunteers, provide 32,481 hours of support to services in 2015/16. This is equivalent to £297,198 if the London Living Wage had been paid. 170 new volunteers were recruited last year.

In the period January to April volunteer hours totalled 8,435 hours and there are currently a total of 269 active volunteers supporting the delivery of a range of services

Culture and Sport

Leader of the Council

<p>Community hubs network Help create a Borough infrastructure to optimise joint work for community empowerment.</p>	<p>including: libraries; rangers; museums; events; sport and physical activity; community health champions; and community volunteer drivers.</p> <p>The ambitions of the Community Networks programme have been met and a formal project closure report completed. The work has now transitioned from the DCS to the Strategic Director – Customer, Commercial and Service Delivery.</p> <p>The project had 2 key targets -</p> <ol style="list-style-type: none"> 1. Establishment of a “Community Checkpoint” in every ward in LBBB with an agreement in place to continue to train “Community Champions” - 21 Community Checkpoints have been established or in the process of being established up (there are 17 wards in the borough meaning a number of wards have multiple Checkpoints): <ul style="list-style-type: none"> • 10 wards have been established with Community Checkpoints • The remaining 7 wards have Checkpoints agreed and they are completing training. 2. Establish 50 Community Champions - 88 Community Champions have been established. This includes representation from across the Council and voluntary and community sectors. <p>The targets for the project were successfully met.</p>	Corporate
<p>Tackle other boroughs housing their residents in the borough Implementation of London Inter Borough Accommodation Agreement preventing boroughs from paying rates higher than local LBBB agreed rates thereby limiting the number of external placements.</p>	<p>The London Inter Borough Accommodation Agreement (IBAA) oversees the use of temporary accommodation, discharge of duty into the private sector and preventative placements made by London boroughs into another London borough, including placements made and received by the LBBB. This agreement is overseen and monitored on a quarterly basis through the formal London sub-regional housing partnerships.</p> <p>Our approach is to attempt to minimise the number of placements into B&D and to secure agreement and protocols through the IBAA to this end. One of the major areas of focus is upon social care placements, adult and children’s. Discussion has been held at the East London Housing Partnership Chief Officer Group meetings in 2015 and 2016. We are also approaching other London boroughs to include social care data (adults and children) into the reporting mechanism and to attempt to obtain details on the individual placements made.</p> <p>Currently the overall London position with the IBAA has however run into some difficulty. A number of London boroughs are undertaking and/or proposing to undertake actions which could be construed as running counter to and therefore a breach of the IBAA while the RB Kensington and Chelsea has in fact already withdrawn from aspects of the IBAA.</p>	Growth and Homes Cabinet Member for Regeneration

The LBBD has no powers to prevent placements by other authorities in B&D. We therefore rely upon London boroughs conforming with the word and spirit of the IBAA agreement. We are currently liaising at officer and Member level with other London boroughs to minimise the impact upon both the LBBD and East London and to maintain the IBAA as agreed.

Priority 3 - Growing the borough

Priority project and brief description	Progress at end of March 2016	Service area and Portfolio Holder
<p>Barking Riverside One of the largest residential developments in the UK, 11,000 homes with superb River Thames frontage.</p>	<p>The revised planning application is going to the Council's Development Control Board on 12 July. LQ have now replaced Bellways as the GLA's partner in Barking Riverside Limited.</p>	<p>Regeneration Cabinet Member for Regeneration</p>
<p>Gospel Oak line extended to Barking Riverside Continue lobbying and work with partners to ensure the Gospel Oak line is extended to Barking Riverside improving transport links for the area.</p>	<p>The Transport and Works Act Order for the London Overground Extension has been made and the Council has written to the Secretary of State for Transport in support of this, This confirms the funding agreement of the project which is funded by Barking Riverside Limited and Transport for London. This includes passive provision for a second station to serve Castle Green.</p>	<p>Regeneration Cabinet Member for Regeneration</p>

Priority project and brief description	Progress at end of March 2016	Service area and Portfolio Holder
<p>Barking Town Centre Work with a range of partners and residents to continue to improve the experience of living, working or doing business in Barking Town Centre This would include developing a new cinema, re-invigorating the market and widening its appeal and establishing Care City.</p>	<ul style="list-style-type: none"> • Barking Magistrates Court redevelopment complete • Abbey Sports Centre – planning application received May 2016 which includes a cinema, space for Care City and 147 flats. • Phase 2 of the Ice House quarter development (144 units) complete. It is part of the Barking and Dagenham Reside (Abbey Roding) SPV and will be largely 80% rent units aimed at generating an income for the General Fund. • Gascoigne under construction • Sainsbury proposal at Abbey Retail Park- preliminary ground works commenced • BEHERE scheme for 597 flats approved by March DCB construction start Spring 2017 • Swan Scheme for 274 homes agreed on Cambridge Road including ground floor creative industry space at peppercorn rent to Council • Weston Homes scheme for 118 homes agreed on Abbey Road including ground floor creative industry space at peppercorn rent to Council • Planning application due for Vicarage Fields early June for 850 homes new commercial floorspace, primary school and cinema • Trocoll House scheme for 220 PRS homes approved • PPA agreed with owners of Iceland/99p store site for a mixed use scheme 	<p>Regeneration</p> <p>Cabinet Member for Regeneration</p>
<p>londoneast-uk Work with the private sector to transform the former Sanofi site into a bio tech based economic hub that is unique in the capital.</p>	<ul style="list-style-type: none"> • Marstons Pub/Restaurant open • Sainsburys have acquired the front site, but are not proceeding with their original proposals and are reviewing their position as to what will go forward. • Londoneast-UK first significant tenant signed up with the announcement that Arcus Solutions is to open a technical training academy • Londoneast-uk launch occurred at London & Partners Central London offices on 27 May. • East London University Technical College new building opens September 2016 • Baytree (part of Axa) have purchased the remaining Sanofi land. • Discussions with a film studio company regarding provision of film and ancillary activities at the former Sanofi site 	<p>Regeneration</p> <p>Cabinet Member for Regeneration</p>
<p>Beam Park Beam Park/Ford Stamping Plant – major brownfield site with great potential for housing and commercial activity with 2,500 new homes and over 1,000 new jobs.</p>	<p>Countryside/LQ appointed to deliver Beam Park. Pre-application planning has commenced with application due December 2017.</p> <p>Awaiting outcome of Ford's deliberations regarding agreed bidder for Stamping Plant site. The Council and the GLA's favoured approach is for housing led mixed use scheme which includes an East London Industrial Museum. Both bidders would include this.</p>	<p>Regeneration</p> <p>Cabinet Member for Regeneration</p>

Priority project and brief description	Progress at end of March 2016	Service area and Portfolio Holder
<p>Energy company Maximise the borough's potential to generate significant levels of renewable energy including exploring opportunities to become an energy trading Council and reduce energy consumption.</p>	<p>In line with the Cabinet (November 2015) decision a separate street lighting LE replacement project will be financed via a loan from the UK Green Investment Bank's Green bank to replace existing street lights with low energy Light Emitting Diode (LEDs) lanterns. The loan terms are being negotiated with an expected date for financial close of July 2016. Procurement of the street lights replacement programme is about to be tendered.</p> <p>ESCo detail financial operation model has been completed and will be tied into the cabinet report. A report has been drafted which will feature all the studies and operation model which will underpin the recommendation of the establishment of the ESCo and will be presented to Cabinet at its meeting in June 2016.</p>	<p>All - led by Finance Cabinet Member for Finance</p>
<p>London's Sustainable Industries Park (LSIP) London's Sustainable Industries Park (LSIP) vision to be delivered at Dagenham Dock so that we can become London's greenest borough.</p>	<p>Chinook Waste to Energy Plant under construction. Thames Gateway Park Phase 3 is complete with Fresh Direct taking the largest unit and holding recruitment fairs with the Council in BLC. Closed Loop have gone into administration. Barking Power Station have formally decided to shut the plant and the site is being cleared. Gerald Eve, West End property consultants are due to undertake the disposable process.</p>	<p>Regeneration Cabinet Member for Regeneration</p>
<p>More apprenticeships for young people Priority in the draft employment and skills strategy. Key actions include supporting the Council's apprenticeship offer, and promoting apprenticeships with employers and local and regional partners including the colleges.</p>	<ul style="list-style-type: none"> • 50 apprentices recruited directly by the council over 15/16, including apprentices that have progressed onto the next level. 36 x level 2; 13 x level 3; 1 x level 4 • 18 apprentices recruited by contractors: 11 x level 2 – 7 x level 3 • 11 residents supported into school apprenticeships. • Close working underway with 14-19 Group and schools to promote the apprenticeship offer to young people. Apprenticeships promoted in schools during National Apprenticeship week and throughout the year when requested at careers fairs, parent's evenings and option days. • Additional employment engagement resource created within Job Shop Team – will promote apprenticeships to local businesses and ongoing support is available to employers recruiting apprentices. Apprenticeship employer event held in Dagenham, positive feedback received from both schools and employers. • Meetings held with London Councils, Skills Funding Agency and colleges in preparation for the apprenticeship levy and government targets being introduced next year. 	<p>Regeneration Cabinet Member for Regeneration</p>
<p>Shared housing ownership Phase 2 of Leys Estate renewal and phase 1 of Gascoigne to include 200 Council developed shared ownership</p>	<p>The LBBDD has plans to provide 1,000 shared ownership units over the four years 2015/19. Of this number 500 will comprise of new build schemes of which phase 2 of Leys Estate renewal and phase 1 of Gascoigne which include 200 Council developed shared ownership units.</p>	<p>Growth and Homes Cabinet Member for Regeneration</p>

Priority project and brief description	Progress at end of March 2016	Service area and Portfolio Holder
units.	<p>In addition to the above work is under way to develop plans and mechanisms for delivering the remaining 500 units from existing Council stock.</p> <p>There are agreed proposals for 180 new shared ownership units as part of the Gascoigne Regeneration phase 1. There are 10 units being provided at the new Castle Green development. Separately officers are looking at the possibility of some shared ownership on other estate renewal sites and as part of the Council's London Housing Zone bid. In addition officers are looking at other ways of increasing the supply of shared ownership units (including a modular housing scheme and including a scheme for ex-members of the armed forces). Specific actions to date include:</p> <ul style="list-style-type: none"> ▪ Established the SO Project Board, chaired by the Commissioning Director for Growth and Homes, to coordinate the delivery of SO homes in B&D. ▪ Researched and identified a number of policy issues that require member direction in relation to shared ownership products and in particular RTB. ▪ Officers are currently appraising the impact of different ways of introducing SO options into Council stock. The impact on the HRA business plan is currently being assessed. ▪ Cabinet have discussed and approved the initial concept behind the tenant shared ownership scheme known as "Right to Invest" ▪ Consultation with residents has just been undertaken on Right to Invest ▪ The final Right to Invest scheme proposals are due for Cabinet in June 2016 	
<p>Recruitment of Children's social workers Increase recruitment and retention of social workers to improve the service and reduce use of agency staff reducing costs</p>	<ul style="list-style-type: none"> • During the past year the London Borough of Barking and Dagenham has recruited 14 Social Workers on permanent contracts, nine of which were Assessed second Year of Experience (ASYE) social workers. In addition, three Team Managers, one Deputy Team Manager and two Group Managers were also recruited to permanent contracts. • The numbers of agency social work staff has fallen from 67 in April 2015 to 51 in March 2016. • The Council engaged the services of a professional recruitment agency in an attempt to expedite the recruitment of experienced social workers. The new strategy commenced in December 2015 and included a recruitment microsite and associated marketing and promotional activities. However numbers of potential candidates remained disappointingly low. The contract was ended by mutual agreement. This is further evidence of the considerable challenge that councils in this part of London face in recruiting experienced and qualified Social Workers. A revised recruitment strategy is now being developed which will build on the learning that has been gained during the past year 	<p>Children's Services Cabinet member for Children's Social Care</p>

Priority project and brief description	Progress at end of March 2016	Service area and Portfolio Holder
<p>Housing for key workers Prioritisation will be given to local working people on moderate incomes for new housing schemes with immediate effect for policy implementation.</p>	<p>The LBBDD plans to implement a key worker strategy to increase the supply of affordable housing and improve access to housing for key workers and local working residents on moderate incomes, across the next four year period 2015-19. B&D has one of the highest housing affordability gaps (the difference between average house prices and average household incomes) in London, with the average home in the borough costing nearly seven times the average annual household income.</p> <p>The policy will initially prioritise shared ownership and affordable rent homes to specific key worker groups: teachers, social workers, health care professionals and emergency service staff. It is intended that this approach is utilised on the LBBDD Starter Homes scheme in Barking Town Centre.</p> <p>Housing supply will also focus upon key worker schemes on phase 2 of the Leys and at the Gascoigne. We are also currently looking at a potential scheme incorporating shared ownership for ex-members of the armed forces whilst discussion and exploration is underway to establish the potential for a potential shared ownership scheme comprising modular housing which could be aimed at key workers.</p>	<p>Housing Cabinet Member for Housing</p>

Priority 4 - A well run organisation

Priority project	Progress at end of March 2016	Service area and portfolio holder
<p>Income generation Maximise opportunities to generate new and additional income including opportunities to sell services to other authorities and build on the successful traded services in Children's Services and the Legal Service.</p>	<p>Work is ongoing across the Council to identify and progress new opportunities.</p> <p>Annual Service Level Agreement buy-backs from schools have generated £9.7 million in 2015-16. Newly launched services (e.g. the CAF and Early Help Service) have contributed around £137,000 to this overall income generation. Ad hoc and direct sales of services to schools and pupils (e.g. school meals) are expected to generate a further £3 million, bringing the total income from schools to just under £13 million by the end of March 2016.</p>	<p>All</p>

Priority project	Progress at end of March 2016	Service area and portfolio holder
<p>Housing restructure Creation of an integrated and accountable housing service that will deliver excellent customer services and effective stock investment, promote tenant responsibility and support growth.</p>	<p>The top level appointments in the Housing Directorate were completed with the appointment of Hakeem Osinaike as Divisional Director for Housing Management and Faisal Butt as Divisional Director for Housing Strategy and Advice. These two posts have been part of a larger reorganisation of the leadership structure, with the posts changing to Operational Director Housing Management and Operational Director Employment Skills and Homelessness, respectively.</p> <p>The Repairs and Maintenance reorganisation has been completed with the appointment of Kain Roach as Group Manager Service Delivery and Sean Gallagher as Group Manager Asset Management.</p>	<p>Housing Cabinet Member for Housing</p>
<p>Senior management restructure Review the senior management structure to ensure it is fit for purpose and contributes to the delivery of the vision.</p>	<p>Senior management restructure implementation is now complete with the following posts now appointed:</p> <p>Strategic Director of Service Development and Integration (Deputy Chief Executive) Strategic Director of Customer, Commercial and Service Delivery Strategic Director of Finance and Investment Strategic Director of Growth and Homes</p>	<p>Chief Executive Leader of the Council</p>
<p>Website A new Council website will be contemporary, user friendly, fully mobile responsive and designed for all modern devices. It will be fully integrated with My Account and support digital by design services.</p>	<p>The new Council website was completed in December. While considerable work has been undertaken to ensure that all our web content is up to date and accurate, some service areas have still to complete this work. Through the Web Steering Group, encouragement to ensure that this will happen will be offered over the coming months. Additional support and specialist expertise is currently being supplied by a new Interim Web manager, who has been training staff and ensuring that corporate best practice and access standards are adhered to. Work is also continuing on establishing a more formal structure and established governance.</p> <p>Progress continues to be good with My Account and web chat has recently seen a surge in take up (66% increase in demand). We have recently, in response to the bin strike, used our MyAccount email data base to provide 45,000 residents with a news update. This is something we will be doing as standard business practice going forward.</p> <p>Fortnightly Borough Newsletters are now being sent to 65,000 email addresses. Work is continuing on developing My Account.</p>	<p>Chief Executives Leader of the Council</p>

Priority project	Progress at end of March 2016	Service area and portfolio holder
<p>Equalities in employment Ensure a diverse work force and increase currently underrepresented groups to be more reflective of the community.</p>	<p>Cabinet received a report which, based on an analysis of the available data, included an action plan which set out the actions we will take to achieve the agreed targets for increasing representation in the workforce or currently under-represented groups. Funding of £200k over two years was agreed to support the implementation of initiatives around talent management and exit interviews.</p> <p>Cabinet agreed that they should receive a progress report on a quarterly basis.</p>	<p>HR and Organisational Development Cabinet Member for Central Services</p>
<p>Implement the People Strategy Implement the actions in the People Strategy to ensure that we fulfil our ambition to have the right people, with the right skills in the right places, with the right kinds of management and leadership, motivated to perform well.</p>	<p>The majority of the actions in the People Strategy were delivered. Internal and external communications campaign has focussed on the vision, priorities, values and savings requirement. Work is ongoing to link these more holistically with core business and to clearly identify a future operating model that reflects the ambition and resources available to deliver it. This has now been superseded by work associated with Ambition 2020.</p>	<p>HR and Organisational Development Cabinet Member for Central Services</p>
<p>Peer Challenge Implementation Plan Respond to the recommendations of the LGA Corporate Peer Challenge by delivering the implementation plan</p>	<p>A final update on against the Peer Challenge implementation plan is provided as part of the end of year 2015/16 Corporate Delivery Plan Update and will be presented to Cabinet on 21st June 2016.</p>	<p>All - led by Chief Executive Leader of the Council</p>

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Priority Performance 2015/16 -2016/17 Quarterly Indicators																	
Ref. No.	Key Performance Measure	Performance Contact	2014/15: Last years performance				2015/16: Current Performance Results				2015/16 Target	Performance Against Target	Target RAG	Direction of Travel		Benchmarking	
			Qtr 1	Qtr 2	Qtr 3	End Of Year 2014/15	Qtr 1	Qtr 2	Qtr 3	End of Year 2015/16				Compared to previous quarter	Compared to same quarter last year	London Average	National Average
1	Repeat incidents of domestic violence (MARAC) - (Definition reviewed in Q2)	Adult and Community Services Dan James	26%	22%	21%	20%	26%	27%	24%	26%	No more than 28%	Exceeded Target	G	↑	↑	20%	25%
2	Total ASB incidents logged across all services (ASB Team, Housing, Environmental and Enforcement and Police)		3,950	3,376 (7,326)	2,279 (9,604)	2,224 (Q4) (11,828 YTD) - 32% reduction	2,652 (-33% compared to same qtr last year due to seasonal changes)	2,791 (5,443 YTD)	2,441 (7884 YTD)	2,324 (10208 YTD)	Reduction	Exceeded Target	G	↑	↑	N/A	N/A
3	The % of victims who are satisfied with the way their ASB complaint is dealt with (accumulative)		50% (1/2 Surveys)	75% (6/8 Surveys)	73% (8/11 Surveys)	87% (13 of 15 surveys)	98.8% (173 of 175 surveys)	100% (99% YTD) (355 of 357 surveys)	100% (YTD 99%) (469 of 465 surveys)	100% (99% YTD) (620 of 624 surveys)	No Target - Monitoring Only			?	↑	N/A	N/A
4a	PHOF: Indicator 2.15 (opiate users)— Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months. There is a time lag with this indicator. E.g. figures released for April 2015 represents the completion period 01/11/2013 to 31/10/2014 and re-representations up to 30/04/2015.		14.8% (Jan 13 - Jun 14)	14.4% (Apr 13 - Sep 14)	13.7% (Jul 13 - Dec 14)	11.4% (Oct 13 - Mar 15)	10.4% (Dec 13 - May 15)	11.5% (Mar 14 - Feb 15)	9.0% (Completions between 01/7/2014 to 30/06/2015 and representations up to 31/12/2015)	8.2% (Completions between 01/09/2014 to 31/08/2015 and representations up to 29/02/2016)	Top quartile for comparator LAs	Below Target	A	↓	↓	9.04% to 13.62%	
4b	PHOF: Indicator 2.15 (non-opiate) – Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months. There is a time lag with this indicator. E.g. figures released for April 2015 represents the completion period 01/11/2013 to 31/10/2014 and re-representations up to 30/04/2015.		44.9% (Jan 13 - Jun 14)	51.1% (Apr 13 - Sep 14)	54.6% (Jul 13 - Dec 14)	49.4% (Oct 13 - Mar 15)	47.2% (Dec 13 - May 15)	43.7% (Mar 14 - Feb 15)	39.6% (Completions between 01/7/2014 to 30/06/2015 and representations up to 31/12/2015)	42.5% (Completions between 01/09/2014 to 31/08/2015 and representations up to 29/02/2016)	Top quartile for comparator LAs	Below Target	A	↓	↓	44.74% to 51.02%	
5	Total Priority Neighbourhood Crimes (MOPAC 7 - Burglary, Robbery, Criminal Damage, Theft from Person, Theft of Motor Vehicle, Theft From Motor Vehicle, Violence With injury) 20% reduction on baseline year (11/12) = 10,398		8,274 (Jul 13 - Jun 14)	8,138 (Oct 13 - Sep 14)	8,091 (Jan 14 - Dec 14)	7,888 (Apr 14 - Mar 15) (-24.1% from 2011/12 baseline)	7,915 (-24%)	8,147 (-23%)	8,241 (-21%)	8,129 (21.9% reduction on Baseline)	20% reduction (on baseline year 2011/12) by April 2016	Exceeded Target	G	↑	↓	MPS Down 18.9%	N/A
6	The number of leisure centre visits		332,838	327,109 (659,947)	297,092 (957,039)	325,391 (1,282,430)	375,388 (inc spa visits)	368,949 (744,287) (inc spa visits)	340,178 (1,084,465) (inc spa visits)	369,460 (1,453,925) (inc spa visits)	1,420,000	Exceeded Target	G	↑	↑	Local Measure	
7	The number of Active Age (over 60's) memberships		3,649	3,881 (+ 232)	4,381 (+500)	4,838 (+457)	1,783	1,981 (+198)	1,859 (-122)	1,943 (+84)	2,500	Below Target	R	↑	↓	Local Measure	
8	The number of active volunteers	344 (Average per month 114.7)	565 (909) (Average per month 151.5)	640 (1,549) (Average per month 172.1)	713 (2,262) (Average per month 189)	576 (Average per month 192)	655 (1,231) (Average per month 218)	741 (1,972) (Average per month 247)	758 (2,730) (Average per month 252)	150 average per month	Exceeded Target	G	↑	↑	Local Measure		

Ref. No.	Key Performance Measure	Performance Contact	2014/15: Last years performance				2015/16: Current Performance Results				2015/16 Target	Performance Against Target	Target RAG	Direction of Travel		Benchmarking	
			Qtr 1	Qtr 2	Qtr 3	End Of Year 2014/15	Qtr 1	Qtr 2	Qtr 3	End of Year 2015/16				Compared to previous quarter	Compared to same quarter last year	London Average	National Average
9	Total number of volunteer hours		6,335	6,838 (13,173)	6,725 (19,898)	5,951 (25,849)	5,861.75	9,358.25 (15,220)	8,835.5 (24,055.5)	8,435.5 (32,491)	20,500	Exceeded Target	G	↓	↑	Local Measure	
10	The proportion of social care clients accessing care and support in the home via direct payments	Adult and Community Services Natalie Woods	74.7%	75.2%	76.2%	75.7%	76.60%	75.11%	74.37%	73.17%	Ongoing improvement	Below Target	A	↓	↓	Local Measure	
11	The total Delayed Transfer of Care (DTC) Days in month (per 100,000) (Better Care Fund Indicator)		121.88	163.07	122.85	129.31	158.03	197.53	213.66	Awaiting release of NHS figures	Below England Average 319.64	Exceeded Target	G	↓	↓	N/A	319.64
12	Number of successful smoking quitters aged 16 and over through cessation service	Public Health Mark Tyrie	141	157 (298)	125 (423)	166 (603)	121	89 (210)	126 (336)	169 (507)	3000 (750 per Qtr)	Below Target	R	↓	↓	Local Measure	
13	Percentage uptake of MMR (measles, mumps and rubella) vaccination (2 doses) at 5 years old		82.2%	82.2%	78.8%	83.4%	81.0%	81.2%	80.3%	Available June 2016	95%	Below target Above London average	R	↓	↑	77.6%	87.6%
14	Percentage uptake of DTaP/IPV (diphtheria, tetanus, whooping cough and polio) vaccination at age 5		82.8%	83.3%	80.9%	86.2%	84.4%	83.8%	84.0%	Available June 2016	95%	Below target Above London average	R	↑	↑	76.5%	87.4%
15	The number of child weight referrals		92	85 (177)	0 (177)	55 (232)	56	68 (124)	104 (266)	155 (373)	480	Below Target	R	↑	↑	Local Measure	
16	The number of child weight referrals completed	64	0 (64)	48 (122)	73 (185)	7	17 (24)	44 (88)	Awaiting data	288	Below Target	R	↑	↓	Local Measure		
17	The percentage of land that has unacceptable levels of litter (3 surveys conducted during the year)	Environment Abdul Jallow	1%	2%	2%	2%	1%	2%	6%	3%	2%	Below Target	R	↓	↓	Local Measure	
18	ELWA waste diversion from landfill		80%	67%	75%	74%	73%	71%	78%	79%	74%	Exceeded Target	G	↑	↑	Local Measure	
19	The number of applications received for private rented sector licensing		483	7,372 (7,855)	330 (8,185)	377 (8,562)	678	1,198 (1,876)	632 (2,508)	652 (3,160)	2100	Exceeded Target	G	↑	↑	Local Measure	
20	The number of properties brought to compliance by private rented sector licensing		161	816 (977)	1,482 (2,459)	1,954 (4,413)	909	1,076 (1,985)	1,205 (3,190)	778 (4,215)	4000	Exceeded Target	G	↓	↓	Local Measure	
21	Number of fixed penalty notices issued for environmental crimes		193	263 (456)	293 (749)	302 (1,051)	419	412 (831)	357 (1,188)	377 (1,565)	1900	Below Target	R	↑	↑	Local Measure	

Ref. No.	Key Performance Measure	Performance Contact	2014/15: Last years performance				2015/16: Current Performance Results				2015/16 Target	Performance Against Target	Target RAG	Direction of Travel		Benchmarking	
			Qtr 1	Qtr 2	Qtr 3	End Of Year 2014/15	Qtr 1	Qtr 2	Qtr 3	End of Year 2015/16				Compared to previous quarter	Compared to same quarter last year	London Average	National Average
22	The weight of fly tipped material collected	Children's Services Vikki Rix	401 tonnes	151 (552) tonnes	63 (615) tonnes	94 (709) tonnes	221 tonnes	136 (363) tonnes	106 (469) tonnes	164 (627) tonnes	Below 1300 tonnes	Below Target	G	↓	↑	Local Measure	
23	The weight of waste recycled per household		94kg	84kg (178kg)	63kg (241kg)	50kg (291kg)	64kg	61kg (125kg)	51kg (176kg)	42kg (218kg)	325kg	Below Target	R	↓	↓	Local Measure	
24	The weight of waste arising per household		253kg	245kg (498kg)	229kg (727kg)	225kg (952kg)	257kg	212kg (469kg)	193kg (662kg)	215kg (877kg)	916kg	Exceeded Target	G	↓	↑	Local Measure	
25	Care leavers in employment, education or training (aged 19 -21)	Children's Services Vikki Rix	51.2%	54.4%	53.1%	54.7%	52.0%	43.3%	45.2%	49.5% (provisional)	55%	Below Target	A	↑	↓	53%	45%
26	Children's Social Care Assessments completed within timescales (45 days)		70.0%	76.0%	72.9%	70.9%	62%	69%	75.4%	76% (provisional)	79%	Below Target	A	↑	↑	80%	82%
27	16 to 18 year olds who are not in education, employment or training (NEET)		6.5%	7.2%	5.4%	6.0%	5.90%	6.2% (Jul & Aug)	5.10%	6.8% (provisional)	At National Average	Below Target	R	↓	↓	2.9%	4.2%
28	The percentage of primary schools rated as outstanding or good		67%	71%	73%	73%	75%	76%	78%	80%	100% by Dec 2015	Below Target	R	↑	↑	88.0%	85.0%
29	The percentage of secondary schools rated as outstanding or good		67%	75%	75%	75%	78%	78%	78%	78%	100% by Dec 2015	Below Target	A	?	↑	85.0%	74.0%
30	The number of Common Assessment Frameworks / Family Common Assessment Frameworks (CAFs/fCAFs) initiated		303	250 (553)	317 (870)	247 (1,135)	398	231 (629)	321 (960)	254 (1,214)	No Target - Monitoring Only			↓	↑	N/A	N/A
31	The percentage of children referred to Children's Social Care with Common Assessment Frameworks / Family Common Assessment Frameworks (CAFs/fCAFs) in place		7%	6%	6%	4.40%	18.4%	19.9%	15.3%	18.0%	25%	Below Target	A	↑	↑	N/A	N/A
32	Looked After Children with up to date Health Checks		86.5%	72.8%	76.4%	92%	82.0%	73.0%	74.0%	93% (Provisional)	>90%	Exceeded Target	G	↑	↑	89.7%	88.4%
33	Percentage of working age residents claiming Jobseeker Allowance		Employment & Skills Terry Regan	3.6% (May 2014)	3.3% (Aug 2014)	2.8% (Nov 2014)	2.8% (Feb 2015)	2.6% (May 2015)	2.4% (August 2015)	Awaiting data publication	Awaiting data publication	2.6%	N/A	N/A	N/A	N/A	1.9% LBBG Gap +0.5%
34	Percentage of working age residents claiming health-related benefits	7.0% (May 2014)		7.2% (Aug 2014)	7.2% (Nov 2014)	7.3% (Feb 2015)	7.1% (May 2015)	6.9% (August 2015)	Awaiting data publication	Awaiting data publication	2017 LBBG Gap +1.3% (or less)	N/A	N/A	N/A	N/A	5.3% LBBG Gap +1.6%	0.6% LBBG Gap +0.6%

Ref. No.	Key Performance Measure	Performance Contact	2014/15: Last years performance				2015/16: Current Performance Results				2015/16 Target	Performance Against Target	Target RAG	Direction of Travel		Benchmarking	
			Qtr 1	Qtr 2	Qtr 3	End Of Year 2014/15	Qtr 1	Qtr 2	Qtr 3	End of Year 2015/16				Compared to previous quarter	Compared to same quarter last year	London Average	National Average
35	The number of long-term empty properties	Housing Services Steve Lockwood	Not Available	292	245	258	254	219	174	165	<300	Exceeded Target	G	↑	↑	Local Measure	
36	Average time taken to re-let local authority housing (calendar days)		70 days	65 days	58 days	43 days (58 days)	46.6 days	44.75 days	42.29 days	43.32 days	30 days	Below Target	R	↓	↑	Local Measure	
37	Percentage of eligible repair jobs where appointments were made and kept		73.24%	89.44%	96.50%	88.24%	90.70%	91.08%	92.66%	90.82%	96.1%	Below Target	A	↓	↑	Local Measure	
38	Average number of households in Bed & Breakfast accommodation over the year		80	82	70	72	53	72	81	61	68	Exceeded Target	G	↑	↑	Local Measure	
39	Number of families in Bed & Breakfast accommodation for over 6 weeks (DCLG Criteria)		12	3	1	4	4	6	16	8	5	Below Target	R	↑	↓	Local Measure	
40	The percentage of Homeless Temporary Accommodation rent collected (Includes Previous Arrears)		94.50%	97.08%	99.04%	95%	96.30%	97.63%	98.81%	97.64%	95%	Exceeded Target	G	↓	↑	Local Measure	
41	Total number of new affordable homes developed in the Financial Year		---			274	Annually reported			291	324	Below Target	A	N/A	↑	Local Measure	
42	Total number of Shared Ownership homes developed in the Financial Year		* 0 Homes Have Been Built To Date. It Is Anticipated That Homes Will Be Developed In 2018				Annually reported			The scheme will be presented to Cabinet for approval in June 2016.					Local Measure		
43	The percentage of Council Housing rent collected		97.16%	96.80%	96.51%	96.21%	98.34%	98.16%	98.30%	99.02%	99.24%	Below Target	A	↑	↑	Local Measure	
44	The percentage of Council Tax collected		29.50%	55.70%	81.40%	94.40%	29.40%	55.50%	81.40%	94.82%	95.00%	Below Target	A	N/A	↑	N/A	N/A
45	The time taken to process Housing Benefit / Council Tax benefit new claims	23 days	23 days	24 days	25 days	64 days	57 days	55 days	49 days	25 Days	Below Target	R	↑	↓	N/A	N/A	
46	The time taken to process Housing Benefit / Council Tax benefit change events	10 days	11 days	12 days	9 days	20 days	24 days	23 days	14 days	14 Days	Achieved Target	G	↑	↓	N/A	N/A	
47	The percentage of Stage 1 complaints responded to within deadline	97%	93% (95% YTD)	89% (93% YTD)	84% (92% YTD)	77%	69%	80%	71%	100%	Below Target	R	↓	↓	Local Measure		

Ref. No.	Key Performance Measure	Performance Contact	2014/15: Last years performance				2015/16: Current Performance Results				2015/16 Target	Performance Against Target	Target RAG	Direction of Travel		Benchmarking	
			Qtr 1	Qtr 2	Qtr 3	End Of Year 2014/15	Qtr 1	Qtr 2	Qtr 3	End of Year 2015/16				Compared to previous quarter	Compared to same quarter last year	London Average	National Average
48	The percentage of Stage 2 complaints responded to within deadline	Chief Executives Nick Lane	69%	64% (67% YTD)	48% (63% YTD)	54% (61% YTD)	60%	50%	60%	58%	100%	Below Target	R	↓	↓	Local Measure	
49	The percentage of Stage 3 complaints responded to within deadline		100%	70% (77% YTD)	75% (76% YTD)	71% (74% YTD)	79%	80%	87%	89%	100%	Below Target	R	↑	↑	Local Measure	
50	The percentage of complaints upheld		41%	47% (45% YTD)	45% (45% YTD)	37% (43% YTD)	62%	32%	30%	35%	No Target - Monitoring Only		N/A	N/A	N/A	N/A	
51	The percentage of member enquiries responded to within deadline		99%	89% (94% YTD)	81% (91% YTD)	77% (88% YTD)	87%	91%	78%	72%	100%	Below Target	R	↓	↓	Local Measure	
52	The average number of days lost due to sickness absence	Human Resources Mike Lineker/Gail Clark	8 days	7.28 days	7.31 days	7.51 days	9.52 days	10.38 days	9.8 days	9.75 days	8 days (Apr 16)	Below Target	R	↑	↓	7.54 days (27 LBs)	N/A
53	The percentage of staff who are satisfied working for the Council		72%	No Survey	69%	No Survey	73.20%	No survey	75.80%	No survey	70%	Exceeding Target	G	↑	↑	Local Measure	
54	The percentage of staff who believe change is managed well in the Council		31%	No Survey	24%	No Survey	30.60%	No survey	33.64%	No survey	50%	Below Target	R	↑	↑	Local Measure	
55	The percentage of staff who believe our IT systems meet the needs of the business		37%	No Survey	31%	No Survey	32.60%	No survey	28.94%	No survey	45%	Below Target	R	↓	↓	Local Measure	
56	The percentage of Council employees from BME communities		27.25%	28.98%	29.12%	28.40%	28.17%	28.47%	29.07%	28.79%	10% increase per year (31.24%)	Below Target	A	↓	↑	Local Measure	
57	The current revenue budget account position (over or under spend)	Finance and Resources Steve Pearson	£2.5m Over Spend	£2.9m Over Spend	£1.6m Over Spend	£0.07m Over Spend	£7.2m Over Spend	£6.1m Over Spend	£5.7m Over Spend	£2.9m Over spend	No Target - Monitoring Only		↑	↓	Local Measure		
58	The percentage of the planned in year capital programme delivered in year		99% Forecast	93% Forecast	94% Forecast	90%	99% Forecast	100% Forecast	100% Forecast	108% achieved	No Target - Monitoring Only		↑	↑	Local Measure		

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**Commentary on RED RAG KPIs
End of Year 2015/2016**

Performance Indicator	Indicator 7 - Number of Ageing Well (over 60's) memberships
Reasons for poor performance/decline	<p>At the end of the year there are 1,943 Ageing Well memberships. This equates to 77.42% of the target of 2,500. However there was an improvement over the Quarter 3 figure by 4.52% (84 members) when the membership level was 1,859.</p> <p>A policy decision to introduce a membership charge for the programme was introduced in April 2015, which equates to £1 per week. Members can choose how to pay for the service either annually, twice a year or quarterly.</p> <p>The data is more accurate than previously as the membership reflects only active members and users of the services omitting lapsed users</p> <p>Although the number of members is lower than before the membership charge was introduced and below the target figure, the number of overall visits to the programme is higher. This suggests that there were a lot of people holding memberships who were not using the service. The introduction of a charge has rectified this position and the current membership level is a true reflection of active members.</p>
Actions being taken to improve performance	<p>More accurate and robust data of actual members is now available and reported.</p> <p>The visit target of 96,720 was exceeded. 114,195 visits were made to the programme by the end of the year, 118.07% of the target. This indicates that the subscribing members of the programme are actively using their membership across the Ageing Well programme</p>
Improvements in performance that are anticipated as a result of the actions taken	It is anticipated that performance will be in line with profiled target over 1 st year of charging

Performance Indicator	Indicator 12 – Number of successful smoking quitters aged 16 and over through cessation service
Reasons for poor performance/decline	<p>Between April and March 2015/16, 1,194 people set a quit date, which is a 9.8% increase on the 2014/15 figure of 1,087 people. However, between April and March 2015/16, 507 people have successfully quit, which is a 12.8% decrease on the same period in 2014/15, when 572 people quit. Quarter 4 has seen fewer quitters than in the same quarter last year, with 169 quitters this</p>

	<p>year compared with 183 last year, although this figure is likely to increase as we are less than six weeks from the end of the quarter, meaning that further quitters are expected to be confirmed until mid June.</p> <p>Although the number of people setting a quit date has increased compared to the previous financial year, the number of successful four-week quitters has decreased.</p> <p>This reflects the downward trend in the number of successful quitters in Barking and Dagenham. This is mirrored to some degree nationally and across London.</p>
<p>Actions being taken to improve performance</p>	<p>In September 2015 an improvement plan was implemented to improve uptake in both Level 2 and 3 services, with proactive measures to identify and support GPs with the highest number of registered smokers and unplanned hospital admissions for chronic obstructive pulmonary disease (COPD), as well as targeted approaches for high-risk groups including young people, pregnant women, routine and manual workers and those with mental health problems. The outcomes of the actions outlined below will be monitored over the next year.</p> <ul style="list-style-type: none"> • Increase service capacity within the community to deliver stop smoking services to priority groups (by October 2016). Leisure services started delivering Level 3 smoking cessation services from 1 October 2015. Six advisors have been recruited to operate the telephone helpline and coordinate community-based smoking cessation activities. The number of community venues offering face-to-face support to quitters will be increased, with the advisors being based in Barking Learning Centre, Queens Hospital, tenancy support services, mental health and other community venues. This includes delivery of peer-led support groups via the Community Health Champions, local faith/community leaders and voluntary organisations. • Refresh of the tobacco control strategy and implement delivery plan (by June 2016). A local Tobacco Alliance was established in 2015, bringing together Public Health, leisure services, environmental health, licensing, planning, mental health services, primary and acute care, fire services, stop smoking providers and community organisations. The Alliance has refreshed the local tobacco control action plan (including actions to reduce the import and local distribution of illegal cigarettes) and development of smoke-free policies (in vehicles, homes, work places and public places). A tobacco control coordinator was recruited in January 2016 and is overseeing the delivery of the local tobacco control strategy action plan. • Increase the number of primary care providers delivering tier 2 services (by March 2017). To drive smoking quit performance, a survey was conducted in August 2015 to

	<p>understand gaps in service and gain expressions of interest from new primary care providers. The result of this action was that two additional, GP practices were recruited bringing the total number of GP Providers for the 15/16 year to 11 recruited though activity has been variable between these practices. Proposed changes to the smoking tariff for 2016/17 is likely to be a motivating factor and an incentive for practices to join – already for the 16/17 year, 20 practices have returned their contracts to undertake smoking cessation. In addition, all primary care providers with reported smoking activity (29 pharmacies and 11 GPs) have been visited by the Public Health Primary Care Engagement Officer over the last four months. Action plans to improve performance (number of CO validated quits) have been developed and agreed with each provider, and areas of underperformance are addressed in subsequent visits. Going forward all practices signed up to the smoking LES will be visited, performance will be monitored on a monthly basis for numbers of quits and success rates. They will be supported to improve performance with a variety of measures that will include mail shots to smokers and failed quitters that emphasise an e-cigarette friendly stop smoking service, as the e cigarette phenomenon is one that has hugely impacted on smokers accessing the stop smoking services.</p>
<p>Improvements in performance that are anticipated as a result of the actions taken</p>	<p>The actions being taken to improve performance should help increase uptake of smoking cessation services, particularly amongst groups that are known to have a higher smoking prevalence.</p> <p>There will be increased service provision within the local community which will result in increased numbers of people setting a quit date.</p> <p>The coordination of local and national promotional campaigns will also increase the awareness of stop smoking services.</p>

<p>Performance Indicator</p>	<p>Indicators 13 & 14 – Percentage uptake of MMR2 vaccination (2 doses) at 5 years old & percentage uptake of DTaP/IPV vaccination at age 5</p>
<p>Reasons for poor performance/decline</p>	<p>Achieving high levels of immunisation coverage has been challenging both in the borough and across London.</p>
<p>Actions being taken to improve performance</p>	<p>Implementation of the action plan to improve performance is ongoing. In line with this action plan, NHS England has undertaken GP practice visits to almost all practices in the borough over the last 6 months; there is just one remaining practice to visit.</p> <p>During these visits discussions took place on the processes by which practices manage their 0-5 years' immunisations, with a particular focus on MMR2 vaccinations. A standard checklist was followed for visits and where areas of improvement were identified, these were highlighted to the practice, with a request</p>

	<p>for them to amend their processes.</p> <p>To improve the Child Health Information Service (CHIS) North East London NHS Foundation Trust (NELFT) are working with local Clinical Commissioning Groups, Health Analytics (patient care database which links primary, secondary, social and community care) and the relevant hospitals to monitor a move from a paper-based and manual system to an electronic system for all section 7a programmes.</p> <p>NHS England contract meetings with NELFT CHIS are ongoing.</p>
Improvements in performance that are anticipated as a result of the actions taken	<p>It may take a few quarters to see an impact from the practice visits due to the time-lags in vaccinating children and the reporting of these vaccinations being published.</p> <p>However, in due course it is anticipated that there will be improved immunisation coverage both in the borough and across London. A reduction in inequalities in immunisation uptake between GP practices, wards and population groups is also anticipated.</p>

Performance Indicator	Indicators 15 & 16 – The number of tier 2 child weight management referrals, and the number of tier 2 child weight management referrals that completed.
Reasons for poor performance/decline	The number of tier 2 courses on offer has not been as high as planned due to a number of tutors not committing to continuing to running courses due to other work commitments, and the starting of university courses. Also, numbers for quarter 4 completers are not yet available due to courses running through into 2016/17 Q1.
Actions being taken to improve performance	<p>The data capture of referral sources was improved in October and some of those recorded as parent referrals were actually from professionals. Processes have been put in place to ensure that all referrers are documented and referrers are fed back to with regards to the individual referred.</p> <p>Session content is being re-written with more emphasis on behaviour change to look at improving the outcomes on the programme.</p> <p>All delivery staff will be trained on the session content and facilitation skills in Q1 2016.</p> <p>Ensuring that programme delivery is staggered so that there are not long gaps between programmes starting.</p> <p>Everyone on the Schools out programme database (over 1,000 families) will be emailed about the programme.</p>
Improvements in performance that are anticipated as a result of the actions taken	<p>Processes have been put in place to ensure that all referrers are documented and referrers are feedback to with regards to the individual referred.</p> <p>113 are still attending child weight management courses and will</p>

	<p>be included in 2016/17 Q1 reporting.</p> <p>The other actions will increase awareness of the programme and should result in increased numbers of referrals. The improved data capture and feedback to referrers should also ensure that those being referred are more likely to complete.</p>
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Performance Indicator	Indicator 17 - The percentage of land that has unacceptable levels of litter
Reasons for poor performance/decline	<p>The yearend of 3% is above the target of 2% of land that has unacceptable levels of litter. The result of Tranche 3 surveys reported in quarter 4 also shows that 6% of land surveyed has unacceptable levels of litter. This is above the previous Tranche 2 result of 2%.</p> <p>A recent independent survey by Keep Britain Tidy (KBT) undertaken between December 2015 to March 2016 also shows much higher levels of litter and detritus. It is clear from the report that litter and detritus is a big problem in industrial areas such as River Road in Barking. Both surveys/reports have highlighted this as the main reason for poor performance.</p> <p>(These surveys are carried out in 3 tranches; April-July, August-November & December-April).</p>
Actions being taken to improve performance	<p>As part of redesigning street cleansing new tactics is being explored to overcome these issues. Firstly, the types of machinery that are being used in the area are struggling to deal with the high levels of detritus, so as part of the procurement exercise for the purchase of new mechanical sweepers dedicated machines will be deployed in these areas to keep the levels down to a minimum.</p> <p>However, it is not just the cleaning of the area that needs to improve; the causes of the problem also need to be addressed. This must be explored if we are to sustain a high level of cleansing in this area and across the rest of it. Environmental Services are working on a project with Enforcement Team that will see many agencies get around the table to look at a long term solution. This will include Street Enforcement, Environment Agency, VOSA, the London Fire Brigade and the Police. We will also be looking at un-sheeted vehicles causing loads to be spilt onto the highway and footpaths.</p> <p>Moving forward, plans are underway for these Tranche surveys to be undertaken independently from the service provider.</p> <p>The supervisors are also constantly monitoring litter hot spot areas and cleansing schedules to ensure that good standards are maintained across the borough.</p>
Improvements in performance that are anticipated as a result of the actions taken	<p>With the use of new mechanical sweeping and multi-agency approach to the problems, we anticipate to see some mark improvements to performance from next financial year.</p>

Performance Indicator	Indicator 21 - Number of fixed penalty notices issued for environmental crime
Reasons for poor performance/decline	<p>We are slightly lower than the targets by 335 notices due to the fact that we commenced work on the Dog DNA registration scheme week commencing 18th January, which diverted some of</p>

	the resources. There remain a number of staff who are off with illness and this being addressed through the council's procedures. However, the direction of travel for this indicator is very positive when compared to the same period last year.
Actions being taken to improve performance	Recently recruited agency staff to bringing the service up to full staffing level will improve performance.
Improvements in performance that are anticipated as a result of the actions taken	It is hoped that staff training and recently recruited agency staff will improve performance for this indicator moving forward and will have a positive impact on output. It should be noted that the service is on target in meeting its income target of £154k.

Performance Indicator	Indicator 23 - The weight of waste recycled per household
Reasons for poor performance/decline	<p>The weight of waste recycled per household in yearend is 218kg, which is below the target of 325kg.</p> <p>The reduction of recycling among other things is attributed to:</p> <ul style="list-style-type: none"> i) the shift in season and the reduced tonnage of green waste collected in the third and fourth quarters. ii) The industrial action by drivers of the GMB Union in March, April, May and June 2015 had a significant impact on performance. During the strike all waste was collected in the same vehicles. After the strike action, some customer behaviour to separate their waste become very challenging, leading to high levels of contaminations of the recycled material. iii) As a result of the fire in August 2015, no recycling was delivered out of the Frog Island BioMRF, resulting in reduced recycling performance for both London Boroughs of Barking & Dagenham and Havering.
Actions being taken to improve performance	The Frog Island BioMRF is back in operation and there is a slight increase in recycling performance, but unfortunately it did not help LBBD meet its recycling target at year end. However, the Waste Minimisation Team will continue to support residents to reduce waste, promote recycling and address the issue of contamination of the recycling brown bins.
Improvements in performance that are anticipated as a result of the actions taken	It is expected that in 2016/17 performance for this indicator will improved compared to this challenging year.

Performance Indicator	Indicator 27 - 16 to 18 year olds who are not in education, employment or training (NEET)
Reasons for poor performance/decline	<p>The NEETs adjusted figure for March 2016 has increased to 6.8% (510 young people) compared to 6% last year and 5.1% in Q3 2015/16. Performance remains above London and national averages, but it is important to note that a rise NEETs has been reported across East London.</p> <p>The proportion of unknowns, which is being tackled as a priority in the borough, has impacted on NEET figures. In Barking and</p>

	<p>Dagenham, the proportion of unknowns continues to fall and is currently at its lowest level since current records began (half of the number reported 4 years ago). As at March 2016, 6.4% were unknown compared to 6.8% in February 2016 and 6.7% one year ago.</p> <p>There is also some indication that the rise in NEETs is linked to a rise in Year 12 pupils being NEET, due to fall in GCSE results and young people not getting onto preferred courses.</p>
Actions being taken to improve performance	<p>14-19 Participation Plan to be reviewed to provide support to actions that have made a difference and to include new actions to drive down NEETs. Additional youth work resource transferred across to team. Year 11 mentoring programme established, including specific Year 11 mentoring programme for LAC to ensure transition to Year 12. NEET/ Careers Adviser to be present at every school on GCSE and A Level results days to ensure early signposting for support.</p> <p>Data sharing agreement now signed with Job Centre Plus to allow for better data sharing around Year 14s. Work with Barking and Dagenham College is ongoing regarding more comprehensive early leaver information for early follow up.</p> <p>Access Europe Programmes (ESF) to result in large extra investment into NEET prevention and reduction from May 2016 across 8 different strands for two years. LBBDD closely engaged with potential programme providers to ensure optimum local delivery, and may well be a delivery partner for some strands, resulting in income for the Local Authority. Careers Cluster ESF bid submitted alongside Barking and Dagenham College to develop education-business partnerships in the borough.</p> <p>Providers Forum established, bringing together a network of 25 providers of NEET and pre-NEET services. Links being made with and between specific providers e.g. promotion of Logistics Apprenticeships through South Essex college. NEET Provider directory to be published.</p>
Improvements in performance that are anticipated as a result of the actions taken	<p>NEET figures to fall below 5% whilst sustaining stable Unknown figures over the next 6 months.</p>

Performance Indicator	Indicator 28 - Percentage of primary schools rated as good or outstanding
Reasons for poor performance/decline	An increased percentage of children are attending good or better schools in Barking and Dagenham and school inspection outcomes at primary have improved. In Q4, 80% of primary schools are currently rated as good or outstanding compared to 67% as at end of August

	<p>2014. There are indications that a recent inspection should take this to 83%.</p> <p>Despite improvement, we are RAG rated red due to progress against our ambitious target set at 100% by December 2015.</p> <p>After 2 years of very heavy inspections, there were only 7 primary schools inspected during 2014/15 academic year and as Ofsted has implemented the Common Inspection Framework from September 2015 inspections have further decreased with only two full inspections since September 2015.</p> <p>Of the remaining 6 RI schools, we are confident 4 of these schools would be judged as good taking us to the London average of 88%. The 2 remaining schools have monitoring boards in place and are all being strongly supported by schools with outstanding leadership.</p>
<p>Actions being taken to improve performance</p>	<p>Barking and Dagenham primary school inspection outcomes are closing on national average of 85%, but this remains a key area of improvement as outlined in the Education Strategy 2014-17.</p> <p>Intensive Local Authority support is being provided to vulnerable schools and supporting the new Requires Improvement monitoring processes.</p> <p>The Education Strategy 2014-17 sets out the key actions to improve primary school inspection outcomes – please refer to</p> <p>https://www.lbbd.gov.uk/council/priorities-and-strategies/corporate-plans-and-key-strategies/education-strategy/overview/</p>
<p>Improvements in performance that are anticipated as a result of the actions taken</p>	<p>1. Primary schools move from requires improvement to good.</p>

<p>Performance Indicator</p>	<p>Indicator 36 - Average time taken to re-let local authority housing (calendar days)</p>
<p>Reasons for poor performance/decline</p>	<p>Although below target, the Q4 performance reflects a steady improvement when compared to the first two quarters:</p> <p>Q1 average of 46.6 days Q2 average of 44.75 days Q3 average of 42.29 days Q4 average of 43.32 days</p> <p>It must also be noted that in 2015, LBBDD were operating a much higher void standard than usual (Decent homes ++) whereby properties would be totally refurbished up to a standard far above decent homes and many void properties still receive a level of work which far exceeds those carried out in other London authorities, namely kitchens and bathrooms.</p>

Actions being taken to improve performance	<p>We continue to identify areas for improvement such as:</p> <ol style="list-style-type: none"> 1. Fluctuations in workload – consider demand with process for additional resources via subcontracting and / or additional work via internal refurbishment works. 2. Make better use of Housing Management visits, such as pre-termination visits, to make sure that work is carried out as part of the tenancy and that any unauthorised adaptations are corrected by the tenant. 3. To improve the consistency of monitoring the Void standard it is proposed that next financial year, all voids are measured against the widely used government standard BVPI 212 which takes into account major works which would not be possible while the tenant is in situ.
Improvements in performance that are anticipated as a result of the actions taken	<p>By applying a consist and widely used void standard, BVPI 212, we are already seeing performance which takes us below within the 30 day target and we are confident that this is sustainable long-term.</p>

Performance Indicator	39. Number of families in Bed & Breakfast accommodation for over 6 weeks (DCLG Criteria)
Reasons for poor performance/decline	<p>The number of people approaching as homeless and that were placed in TA has increased in the last 6 months, which has resulted in a slower turnaround time in B&B. Although the performance for this quarter is Red and above target the performance has improved from Quarter 3 where numbers have halved, and in March the total number of families over 6 weeks was in fact Zero and well below the target.</p>
Actions being taken to improve performance	<p>Butler Court Hostel has opened with 78 rooms for homeless families and this has resulted in no families being over 6 weeks for the month of March. It is hoped that we will be able to use this building to continue with this level of performance.</p>
Improvements in performance that are anticipated as a result of the actions taken	<p>As above, due to these actions performance has improved to well below the target.</p>

Performance Indicator	Indicator 45 - The time taken to process Housing Benefit / Council Tax benefit new claims
Reasons for poor performance/decline	<p>Due to varying reasons Benefits entered the 2015/2016 Financial year with a backlog of outstanding work which impacted processing speed and Local Authority Error.</p>
Actions being taken to improve performance	<p>Additional resources were deployed to the Benefits Service in order to clear the backlog, the work was planned to ensure KPI reduction but also to ensure that LA Error was not compromised. Officer performance statics were reviewed to ensure stability and consistency going forward. Work Streams reviewed for any potential additional automation of work.</p>

Improvements in performance that are anticipated as a result of the actions taken	New Claims reduced from 72 days processing at the start of the year to 49 days by year end. This decrease in times has continued into the new financial year. All outstanding old work has been cleared and advance planning to ensure stability going forward.
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Performance Indicator	<p>47. The percentage of Stage 1 complaints responded to within deadline</p> <p>48. The percentage of Stage 2 complaints responded to within deadline</p> <p>51. The percentage of member enquiries responded to within deadline</p>
Reasons for poor performance/decline	Current performance is unsatisfactory. A major re-modelling of the complaints process and that of member casework is currently underway.
Actions being taken to improve performance	<p>The remodelling will introduce new governance; revised targets; a new software system; better insight through improved reporting; and a performance dashboard and a new officer working group.</p> <p>The new Software System went live on 13th January 2016 and System configuration and user training may have affected response times. It is not expected to have an ongoing negative effect after the initial bedding in period of 3 months.</p> <p>The new governance structures currently being introduced across the council are designed, in part, to ensure that a more customer focused approach to resolving complaints and casework will be embedded within the organisation.</p>
Improvements in performance that are anticipated as a result of the actions taken	A clear improvement in the percentage of complaints and member enquiries responded to within deadline. Going forward, a renewed focus on lessons learned will ensure that performance improves.

Performance Indicator	52. The average number of days lost due to sickness absence
Reasons for poor performance/decline	<p>The Quarter 4 sickness levels have seen for the second quarter a decrease in average sickness levels. Although we are not meeting our target, it is an encouraging improvement, reflecting the impact of a range of interventions.</p> <p>It will take some additional time for the target to be met and maintained.</p>
Actions being taken to improve performance	<p>An HR project group meets weekly to review data, highlight issues and review improvements in absence levels.</p> <p>Work continues with the hotspot areas. Bradford Factor monitoring and costs of absence have been provided to help managers to prioritise.</p> <p>Plans are underway for a programme of mandatory briefing sessions for all managers. This is being piloted in May, and will run from June – October 2016. The briefings will focus on the Firm but Fair sickness absence procedure, roles and expectations, tools for monitoring absence, and</p>

	<p>support and prevention measures. As a result of the mandatory briefings in 2013 there was a significant reduction in average absence levels, leading to the achievement of the council's target. It is expected that the briefings will see a reduction in levels by December 2016.</p> <p>Monitoring reports have been provided to Strategic Directors showing the top 20 absences. The purpose of this is to specifically review long-term, or frequent but high number of absence cases.</p> <p>Plans are well underway for the roll out of trigger related mandatory health and wellbeing checks 242 appointments have been arranged, and 101 checks have been carried out so far. This has been targeted at those who have recently reached the trigger of more than three occasions, rather than those with longer term absence. This provides a one-to-one consultation with occupational health to explore a number of health and wellbeing issues and concerns, leading to an individual action plan.</p> <p>A project looking at issues surrounding muscular-skeletal absence will be undertaken shortly.</p> <p>A review of escalation routes "star chamber" is being undertaken and should be agreed and in place shortly.</p>
Improvements in performance that are anticipated as a result of the actions taken	It is expected that average absence will reduce to 9 days or less by the next quarter.

Performance Indicator	54. The percentage of staff who believe change is managed well in the Council
Reasons for poor performance/decline	There has been a small increase on the previous survey results. This response is the highest so far, albeit it is still below our target. Very high numbers of staff are saying that they understand the need and reason for change in the Council (93.7%) which demonstrates the improvements in communication approaches.
Actions being taken to improve performance	<p>This is a key priority for us and the staff focus groups will provide a greater opportunity to understand whether the low scores for managing change relate to large organisational change, restructures/reviews or smaller scale individual changes. This work will inform our change management plans. change in the Council (93.7%) which demonstrates the improvements in communication approaches.</p> <p>This is a key priority for us and the staff focus groups will provide a greater opportunity to understand whether the low scores for managing change relate to large organisational change, restructures/reviews or smaller scale individual changes. This work will inform our change management plans.</p>

Performance Indicator	55. The percentage of staff who believe our IT systems meet the needs of the business
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<p>Reasons for poor performance/decline</p>	<p>This is the lowest percentage since this question was introduced in the All Staff Survey in April 2014.</p> <p>The percentage of staff that 'agree' has reduced from 37% in Q1 2014/14 to 28.94%, whilst those that 'disagree' rose from 34% to 60.43%. This may in part be due to respondents now being more willing to express a view i.e. the percentage of 'don't knows' has reduced from 28% to 10.64% over the same period.</p> <p>Note: The level of satisfaction for IT self-service, (such as booking leave on Oracle and finding information on the intranet), increased to 73.73% this period, the highest since this question was introduced in 2015 from 64.6%.</p>
<p>Actions being taken to improve performance</p>	<p>Staff focus groups will be used to identify and understand some of the specific causes for this. There are significant opportunities to communicate and engage with staff on our ICT plans this year and it is anticipated that as a result there should be a marked improvement seen in the next survey results.</p>

CABINET

28 June 2016

Title: Right to Invest - Tenant Shared Ownership Scheme	
Report of the Cabinet Member for Finance, Growth and Investment	
Open Report	For Decision
Wards Affected: All	Key Decision: Yes
Report Author: Thomas Hart, Group Manager Housing Business Services	Contact Details: Tel: 020 8227 5726 E-mail: Thomas.hart@lbbd.gov.uk
Accountable Operational Director: Hakeem Osinaike, Operational Director, Housing Management	
Accountable Strategic Director: John East, Strategic Director, Growth and Homes	
<p>Summary:</p> <p>This report follows up on the proposals set out in the Cabinet report of 9th March to establish a new and innovative Tenant Shared Ownership scheme in the Borough using existing housing stock. The scheme aims to provide an affordable home ownership option for tenants on lower incomes meeting their aspirations to become home owners. The scheme would be open to all tenants who meet qualifying requirements providing that they pass an affordability test.</p> <p>This scheme is intended to be part of a wider offer of affordable home ownership products provided or facilitated by the Council, the aims of which are to provide opportunities for those who live in the borough a chance to own and invest in their homes.</p> <p>At the Cabinet meeting on 9 March, the proposals for the introduction of a Tenant Shared Ownership Scheme were agreed, subject to statutory consultation and development of a policy. This report gives feedback on the outcome of the consultation and proposed policy details.</p>	
<p>Recommendation(s):</p> <p>The Cabinet is recommended to:</p> <ul style="list-style-type: none"> (i) Note the outcome of the public consultation carried out in respect of the Tenant Shared Ownership Scheme as detailed in the report and summarised in Appendix 2 to the report; (ii) Adopt the Tenant Shared Ownership Policy as set out in Appendix 1 to the report; (iii) Authorise the Strategic Director Growth and Homes, in consultation with the Cabinet Member for Finance, Growth and Investment, to agree the implementation date of the scheme and related policy; and 	

- (iv) Authorise the Director of Law and Governance, or an authorised delegate on her behalf, to negotiate and execute all necessary legal agreements and other documentation on behalf of the Council.

Reason(s)

This housing option would help the Council to achieve its vision of more stable and sustainable communities by enabling those on lower incomes to share with the Council in ownership of their home.

1. Introduction

- 1.1 The statutory Right to Buy (RTB) scheme is reducing the Council's housing stock. When a property is sold under the RTB, not only does the housing stock decrease but the Council's control over sub-letting is greatly diminished. The lease for a flat granted under a RTB can include a condition that requires a leaseholder to obtain consent to sublet. In practice the denial of this consent or any application to it of stringent conditions would be challengeable. As such a high proportion of ex RTB leased property is now privately rented. Over 42% of our managed RTB leases have an alternative billing/correspondence address and it is highly probable that these properties are sub-let.
- 1.2 The complexion of the housing market in Barking and Dagenham is in stark contrast to the national picture. Here, over the last decade, there has been a significant growth in the private rented sector. Owner occupation in Barking & Dagenham has fallen in the last fifteen years and at 44%, is the lowest level of owner occupation in London. Over the same period there has been a substantial growth in the private rented sector to around 16,000 tenancies which is proportionately the fastest growth in London.
- 1.3 The rise in private rental tenancies in the Borough has given rise to a growing transient population. This characteristic is an impediment to the development of a stable community and benefits that this can bring to the Borough. Families renting in the private sector can be faced with the unsettling reality of bringing up children in a cycle of short-term private lets, without the stability they need to put down roots and get on in life.
- 1.4 Rents for higher earning social tenants are to increase in 2017 to rent levels nearer to market rents. It is suggested that the implementation of the 'pay to stay' policy would make higher earners consider their housing options and the Tenant Shared Ownership scheme may not only provide an alternative affordable option for 'pay to stay' tenants, it could meet their longer term aspirations to own a property.
- 1.5 At a time when security of tenure and the right of succession are subject to major changes, tenant shared ownership would provide long term security of tenure with the ability to pass on the property through inheritance to family members so in the longer term they too may benefit from the property investment.
- 1.6 Under the proposed Tenant Shared Ownership scheme properties would be sold under a shared ownership lease with conditions that allow the Council to retain

equity in the property and gives it control over re-sales and sub-letting so that the property may be retained as a long lasting affordable housing option allocated according to the Council's priorities. Properties sold under this scheme would therefore remain part of the Council's housing stock in contrast to properties sold under the RTB scheme.

- 1.7 Cabinet (9 March 2016) agreed the scheme subject to a statutory consultation exercise being undertaken. This report sets out the action taken during the consultation process and the outcomes.

2. Consultation

- 2.1 In order to promote the consultation process and maximize the responses received a detailed communications plan was developed. The consultation exercise took place between 15 March and 29 April 2016 and was facilitated via the Council's corporate consultation portal.

- 2.2 Advertising and promotion of the scheme and related consultation consisted of:

- Dedicated Webpage created about which was referenced in all further communications <https://www.lbbd.gov.uk/residents/housing-and-tenancy/council-housing/right-to-invest/overview/>
- Web-banner placed on council's homepage (carousel) throughout the whole consultation period
- Two press releases on the scheme advertising the consultation were developed and issued (pre and post Cabinet) which were circulated to local, regional and trade media.
- Interview conducted with Time FM on 11 March with Cllr Ashraf and Thomas Hart.
- Social media campaign – Several posts placed over the consultation period on the Council's Facebook and Twitter accounts and the Leader's Facebook and Twitter. (John Healy – Shadow Cabinet Member for Housing re-tweeted these as well).
- Interview published between John East and Claire Symonds with Inside Housing on 4 March.
- Press Interview with John Healy and Barking & Dagenham Post when he visited the borough on 3 March.
- Press release in One Borough newsletter on 18 March.

- 2.3 In addition to the above, the consultation was advertised via SMS text message and e-mail sent to every Council Tenant for whom details are held. In total, over 12,000 SMS messages and 8,000 emails were sent promoting the consultation.

- 2.4 Unfortunately despite all of these efforts, only 17 residents responded to the consultation. However, it should be noted that this is significantly higher than previous consultations regarding Housing policies.
- 2.5 Overall 15 respondents agreed with the introduction of the Tenant Shared Ownership scheme. Though 2 respondents did disagree with the scheme, the reasons cited were:
- a. It is a more expensive scheme (in the long term) in comparison to Right to buy and
 - b. The introduction would further limit the social Housing stock.
- 2.6 With this in mind, the marketing and promotion of the scheme will need to be intelligently and appropriately planned to minimize the risk of adversely promoting the Right to Buy scheme. Marketing materials will need to make clear that one of the primary reasons for introducing the scheme is to offer an alternative to Right to Buy whereby, the Council retains ownership of a proportion on the asset.
- 2.7 13 respondents felt that Tenant Shared Ownership was an attractive alternative to the Right to Buy and 15 of the respondents asked to be contacted with further information if the scheme is approved.
- 2.8 A register of interest has now been formed and the residents who have expressed an interest will be contacted upon implementation of the scheme.

3. Policy and Implementation

- 3.1 Following approval of the proposed scheme at Cabinet (9 March 2016), it was also agreed that a Policy be developed for the scheme and re-presented to Cabinet for approval.
- 3.2 The attached Policy document has been produced taking into consideration the responses received during the statutory consultation. The Policy has also taken into consideration the options appraisal previously conducted and the recommendations from the Equality Impact Assessment.
- 3.3 The Policy has been developed by subject matter experts in collaboration with Finance and Legal. It is therefore recommended that Cabinet adopt the attached Policy for use alongside implementation of the scheme.
- 3.4 A project plan for the implementation of the scheme has been developed to manage the completion of the outstanding tasks:
- Marketing – Promotional materials have been developed and commissioned for publishing. A supporting communications plan has been developed.
 - ICT – A number of alterations and enhancements are required in order to facilitate the processing of Tenant Shared Ownership applications and associated leasehold / rent accounts. Elevate have prepared an implementation plan and this is being monitored closely. It is envisaged that the ICT enhancements will be completed well in advance of the proposed launch date.

- Procedures – Operational procedures have been developed, template letters have been agreed and all staff associated with the application process have been trained.
- Market testing – The mortgage-ability of the scheme is key to the success of the scheme. At the time of the last Cabinet report, three high street mortgage lenders had reviewed the proposed scheme and associated documentation and had agreed to offer mortgages upon implementation. Since then, consultation has been progressed with the Council of Mortgage Lenders (CML) which represents every major mortgage lender in the country (534 in total). Although at this time, no formal approval has been received, the CML were very positive towards the scheme and indicated that it is likely to be backed by them once approved by Cabinet.

3.5 If agreed, the proposed launch date of the scheme will be 4 July 2016. However due to the statutory obligations and lengthy legal process involved with purchasing property it is not anticipated that the first sale in the scheme would complete before December 2016.

4. Financial Implications

Implications completed by: Tasleem Kazmi, Finance Group Accountant

- 4.1 The introduction of the Tenant Shared Ownership scheme would have implications for HRA income, expenditure and capital financing. Due to the nature of the scheme, assumptions have to be made in respect of demand levels, level of initial share purchased, timing of staircasing purchases, property type and property value. The modelling of potential scenarios is being conducted alongside wider Business Plan modelling incorporating recent Government announcements that would significantly change the HRA Business Plan. As a result, this paper does not cover full Business Plan impact but sets out an indicative position.
- 4.2 The analysis below sets out an indicative position for a single dwelling based upon an initial purchase of 25% and 50% share. This is then multiplied to show the impact for 150 units on a full year effect basis. The analysis is based on actual RTB sales completed in the first 6 months of 2015/16:
- 4.3 103 sales were made with 56% houses and 44% flats. It is assumed that demand for the Shared Ownership scheme is in addition to current assumptions within the HRA Business Plan in respect of RTB sales.

	25% (single unit)	50% (single unit)	25% (150 units)	50% (150 units)
Loss of income	£1,200	£2,400	£180,000	£360,000
R&M saving	(£950)	(£950)	(£142,500)	(£142,500)
Net revenue pressure	£250	£1,450	£37,500	£217,500
Capital receipt	£21,000	£43,000	£3.19m	£6.38m

- 4.4 Rental income – The scheme would result in a growing reduction in rental income over time, though as a proportion of rent collected this is a small amount. As the scheme progresses and staircasing purchases take place, the level of income due

to the HRA would further reduce. Using the 2016/17 all stock average rent (£94 pw) as a guide, the loss of income for a single dwelling equates to £1,200 per annum based on the sale of a 25% share. The sale of a 50% share would result in £2,400 per annum loss of income. The full year effect of 150 sales would be £180k and £360k respectively. As staircasing purchases are made the level of income received would continue to reduce. However, the 70% ceiling on staircasing secures an ongoing income stream, albeit by forfeiting further capital receipts. Annual rent increases would mitigate part of the loss, however this would be marginal.

- 4.5 Service charges – there would be no effect on service charge income relating to day to day provision of services as shared owners would continue to pay service charges as leaseholders. Major works would be charged to the shared owner based on the percentage share they have acquired.
- 4.6 Expenditure – Once a share in a property has been sold, the property is treated as a leasehold property with responsibility for internal repairs and maintenance transferring to the shared owner. Using the repairs and maintenance budget for 2016/17 and total stock number, the indicative cost per dwelling is £950 per year. This would be a saving to the council from the initial sale of a share. When combined with the lost income the net position is a loss of £250 for a 25% share and loss of £1,450 for a 50% share. Based on 150 sales the full year effect would be in the region of £37.5k net pressure based upon 25% share and £217.5k for a 50% share.
- 4.7 Capital – in the first 6 months of 2015/16, the average value of properties sold through RTB was £169k with an average discount of £84k, resulting in average receipt of £85k. On this basis, the sale of a 25% share would yield a receipt of £21k and a 50% sale would yield £43k. Sales of 150 dwellings would result in a receipt in the region of £3.19m based upon 25% share and £6.38m for 50%. Capital receipts would continue to be received as staircasing purchases are made up to the 70% ceiling, however, would vary depending on mix of dwellings and share percentages. Movements in property prices would change the value of receipts received.
- 4.8 Capital receipts from shared ownership sales are not typically classed as RTB receipts. This provides greater flexibility over the use of shared ownership receipts providing that the shared owner does not purchase over 50% within the first 2 years. The Council has signed up to the national one-for-one RTB replacement scheme which requires us to use RTB receipts to fund new build spend with a significant Council match fund element. Guidance issued by CLG in this respect states “where the buyer receives an equity share that does not exceed 50% of the market value, then neither are these receipts treated as RTB, but instead the authority may retain them for any capital purpose. Furthermore, an authority that sold an equity share of 50% may sell off the remaining interest with no pooling implications provided that two years have elapsed since the initial sale.”
- 4.9 From a financial perspective, the cost of exceeding a 50% share by just 1% in the first two years for a single ‘average’ dwelling based on the numbers above is in the region of £60k. This would be the contribution the Council would have to make on top of the receipt to fund new build construction. By remaining under 50% the full receipt could be used more flexibly and the Council would not be obligated to match fund.

- 4.10 A specific reserve would be required in the event of down-staircasing and buy back. However, such cost is likely to be very low in the early years of the scheme.
- 4.11 It is proposed that capital receipts arising from this scheme should be used primarily for estate renewal funding with some set aside for a buy back contingency.

5. Legal Implications:

Implications completed by: Evonne Obasuyi, Senior Lawyer

- 5.1 Cabinet approval for scheme has been obtained as detailed in the report and legal implications were provided and are summarised below. There are no further legal implications.
- 5.2 Council has powers to enter into the proposed scheme pursuant to the General Housing Consents 2013 dealing with the disposal of land held for the purposes of part II of the Housing Act 1985 which describes the terms under which a local authority may sell property on a shared ownership basis. Council is advised to ensure that it fully explains the terms of the scheme to tenants seeking to acquire a shared ownership lease and consequences of the grant of a shared ownership lease resulting in loss of their right to buy.
- 5.3 The Legal Practice should be consulted to prepare and negotiate the form of shared ownership leases, deed of staircasing and other related agreements.

6. Other Implications:

- 6.1 **Staffing Issues for the Council** - The initial sales process for Tenant Shared Ownership would be administered by our experienced Home Ownership Team, together with Legal Services. Some additional resources may be needed to operate the scheme subject to demand.
- 6.2 **Property/Asset Issues** - There would be a partial loss of equity in our residential portfolio but we would retain certain rights and obligations over the property as defined in the lease.

There would be a reduction in repair and management costs particularly in regard to Tenant Shared Ownership for houses although this is dependent on how many choose to take up the scheme.

There would be ongoing management responsibilities regarding provision of services for shared ownership flats and houses including recovery of rent and also service charges for flats where applicable.

- 6.3 **Customer Impact** - Tenant Shared Ownership would increase housing options for our secure tenants and create a stock of more affordable homes for sale in the Borough.
- 6.4 **Equality Assessment** – An Equality Impact Assessment has been carried out and was included with the report to Cabinet on 9 March 2016.

- 6.5 **Contractual arrangements** - Some changes would be required to IT services to manage Shared Ownership and Officers are in dialogue with Elevate about this.
- 6.6 **Safeguarding Children** - Tenant Shared Ownership property can provide the basis for families to put down roots in the Borough providing a more secure and stable environment for the wellbeing of children.
- 6.7 **Corporate Policy and Impact** - This housing option is aimed at Encouraging Civic Pride by helping to create a more sustainable community.

Public Background Papers Used in the Preparation of the Report:

- Cabinet Report (9.03.2016) Tenant Shared Ownership Scheme:
<http://moderngov.barking-dagenham.gov.uk/documents/s100137/Tenant%20Shared%20Ownership%20Scheme%20Report.pdf>

List of appendices:

- Appendix 1 – Tenant Shared Ownership Policy
- Appendix 2 – Consultation Report

Right to Invest - Tenant Shared Ownership Policy

This policy outlines the Council's approach to and key principles of the Tenant Shared Ownership scheme.

Due to the gathering crisis in the affordability of outright home ownership in London, the Council views Right to Invest - Tenant Shared ownership as a way of creating a mixed and balanced community in the borough and to give the opportunity for residents to get a foothold on the property ladder to enable them to put down roots in the community.

The scheme has been designed to help residents who cannot afford to purchase their homes outright under the Right to buy scheme. Tenants are able to buy an initial share of between 25% and 50% of their property.

Under the Right to Invest - Tenant Shared Ownership scheme properties are sold, using a shared ownership lease with conditions that allow the Council to retain equity in the property and gives it control over re-sales and sub-letting so that the property may be retained as a long lasting affordable housing solution and also as an asset to the Council.

Rents for higher earning social tenants are to increase in April 2017 to rent levels nearer to market rents under a scheme popularly known as 'pay to stay'. The implementation of the 'pay to stay' policy will inevitably make higher earners consider their housing options and the Tenant Shared Ownership scheme may not only provide an alternative affordable option for 'pay to stay' tenants, it could meet their longer term aspirations to own a property.

General Principles:

- The Tenant Shared Ownership scheme is only available to secure tenants who qualify for the Right-to-buy.
- The purchaser buys a share of the property on a leasehold basis (usually for 125 years) which will usually be funded by mortgage and payment of rent on the remaining share owned by the Council.
- Once a tenant acquires a shared ownership lease under this scheme, they automatically relinquish their Right-to-buy.
- Under this scheme, the tenant will receive the proportionate discount they would have been entitled to under Right to Buy. i.e, if an applicant is eligible for a £100,000 Right to Buy discount but chooses to purchase a 50% share using TSO, then they are entitled to a £50,000 discount.
- A shared owner has the right to purchase further shares in the property. This is commonly known as 'staircasing'. A shared owner can opt to do this after a period of 12 months by purchasing shares of 10% up to a maximum of 70% ownership.
- Additional RTB discount would be released if and when the shared owner decides to purchase additional shares in the property.
- The rent payable on the Council owned share will be reduced according to the percentage of the additional shares purchased.
- The maximum share that may be acquired by the shared owner is 70%.
- The shared owner is able to sell on the lease with the potential to gain from any increase in value.
- If sold, the property must first be offered for sale back to the Council. The Council can elect to repurchase the property or may nominate a purchaser.

- Shared owners are not able to downward staircase their share in the property except in exceptional circumstances.
- The shared owner must reside at the property and is not permitted to sub-let the property.
- A maximum of 200 Shared ownership sales will be set for the first year of the scheme.

Application process

The scheme is only available to tenants who qualify for Right to Buy (RTB). The scheme would therefore be offered to them either separately or when they apply for RTB. They would have a choice as to which option to pursue.

If the tenant chooses to follow the Tenant Shared Ownership route they would then be subject to an affordability test, based upon the Homes and Communities/Greater London Authority formula. This is to ensure that applicants have the financial capacity to take on responsibility of home ownership. The HCA/GLA formula requires the net annual income to be at least 4.5 times the mortgage amount.

The monthly repayment must be less than 45% of the net monthly salary. If the tenant fails the test they would not be considered for the scheme.

If the tenant passes the affordability test they would then have to give up their RTB to proceed with this option. It is a legal requirement that the tenant must be informed that they would lose their RTB if they follow the Tenant Shared Ownership option and acquire a shared ownership lease.

At any point up to completion, the tenant may cancel their Tenant Shared Ownership application. However, they would then need to submit a new RTB application if they wish to revert to RTB.

The proposed scheme is a non-statutory and non-grant funded scheme and tenants would be sign posted to independent advice where appropriate.

The Tenant Shared Ownership scheme would allow a secure tenant who qualifies for the RTB scheme, the opportunity to opt for Tenant Shared Ownership and use a proportion (commensurate with the percentage share of the property they are purchasing) of their discount to buy a share in the property that they are renting instead of purchasing outright.

Conversion to shared ownership would release a share of the RTB discount in proportion to the share that is purchased. For example, if a RTB applicant is eligible for a discount under the RTB of £100,000 but chooses to buy a 50% share under the Tenant Shared Ownership Scheme they would receive a discount of £50,000 (£100,000 x 50%).

Additional discount would be released if and when the shared owner decides to purchase additional shares in the property.

In the first year, the number of accepted applications would be limited to 200.

Responsibilities of the shared owner

The full responsibilities of the shared owner are stipulated in the lease agreements, however the salient points are summarised below:

The Tenant Shared Ownership scheme is offered as a non-statutory scheme allowing the Council discretion to stipulate terms and conditions for eligibility and the terms of the shared ownership lease.

A shared owner has the responsibilities of a leaseholder and in addition to rent, must pay service charges and a management charge if they live in a property that receives landlord provided services e.g caretaking. Some houses on estates may receive services, for example grounds maintenance and Estate Police service.

The shared ownership leases for both houses and flats will contain covenants to prohibit sub-letting in whole.

The scheme has a share ceiling, the maximum share that a shared owner may acquire in a property is 70%. Following purchase of an initial share the leaseholder may then acquire additional shares in the property by a process known as "staircasing". The amount of rent payable to the landlord decreases as the shared owner's share increases.

Initial share purchase would be based on a minimum starting share of between 25% and 50%. The shared owner would be able to staircase by purchasing additional shares with a minimum step up of 10% up to a maximum of 70%. The Council will always retain a 30% share of the property.

Additional shares would be purchased based on current market valuation but excluding improvements that the shared owner has carried out to the property or any deterioration in the property arising from the leaseholder's failure to maintain. Giving full benefit of improvement value should encourage the shared owner to make improvements and so help to increase their sense of ownership. Valuation would be undertaken by a RICS qualified valuer, as agreed between the shared owner and the Council or if agreement cannot be reached by referral to the District Valuer.

Each party is responsible for paying its own costs relating to the initial purchase. The costs of staircasing including the reasonable costs incurred by the Council would be born by the shared owner.

When a tenant buys a lease under the Tenant Shared Ownership scheme, their responsibilities and relationship to the Council as their landlord would change. The former tenant would have become a long leaseholder with the right to occupy the property for the length of the lease providing that they adhere to its terms and conditions.

During the lease term the shared owner would be responsible for the internal upkeep of the property. The shared owner is responsible for repairs and replacement of all internal fittings and fixtures.

If the leased property is a house the Council would no longer be responsible for the exterior or structure. The responsibility for all repairs and maintenance would sit with the shared owner.

If the leased property is a flat the Council, as landlord, would remain responsible for the exterior and structure of the property and the upkeep and maintenance of common parts. The leaseholder would be expected to contribute a full share of service costs such as cleaning. However, major works charges would be payable in proportion to the percentage share owned to reflect the landlords interest in the property.

Rent Setting and Arrears

A shared owner is required to pay rent on the share owned by the Council.

The initial rent will be based on a proportion of the rent charged the day prior to purchase.

The rent charged would be set in proportion to the equity held, so that as the leaseholder's share in the property increases, their rent decreases.

Rent increases would be set in line with inflation by applying an annual increase of RPI + ½%.

Rent arrears will be managed using the current income collection policy and processes. If a shared owner owes more than two months rent, LBBB have the right to inform the leaseholder's mortgagee of the position but will only seek to recover rent arrears from the lender as a form of last resort. The shared owner will be notified in writing before this action is taken.

Re-sales

The lease requires the shared owner to offer the Council the first option to re-purchase the property or nominate a buyer (right of first refusal). This provision in the lease enables the Council the opportunity to influence the future allocation of the property.

The Council would maintain a list of suitable nominees for Tenant Shared Ownership re-sales. It is expected that in the majority of cases the Council would nominate a potential purchaser and thereafter it would be for the purchaser and existing shared owner to proceed to completion of the transaction. Should there be no interested nominee the Council may decide to allow the re-sale on the open market. Alternatively, the Council may decide that it is in its interest to re-purchase the property. The property would remain subject to the maximum share and lease conditions including the requirement for the owner to obtain permission before sub-letting or assignment.

When a Tenant Shared Ownership property lease becomes available for resale it is proposed that, subject to the HCA/GLA affordability test and income cap, that the cascade already adopted for applicants to Affordable Reside tenancies '*to achieve mixed income communities living in affordable and sustainable housing*' is applied. Therefore, the selection of buyer would be made according to the following cascade:

- Council and housing association tenants living in the Borough and in employment.
- Housing waiting list applicants living in the Borough and in employment.
- Residents of the Borough in employment.
- People in employment in the Borough but who are not currently resident.
- People in employment from outside the Borough.

The decision as to whether the Council buys back a shared ownership home, nominates a purchaser or allows resale on the open market would take into account the merits of each case, bearing in mind the cost of each of the options and the funding available.

Applicants Records and Data

Information on applicants and their households held within our records are subject to the Data Protection Act 1998. Information will be held in a secure and confidential way and only for as long as it is necessary for the purpose it is intended for. The data can only be disclosed to relevant third parties provided it is for the purposes of assessing eligibility of applicants, audit purposes and the prevention of fraud and crime.

Equalities considerations

An equalities impact assessment has been carried out for this policy and is attached in appendix x

The assessment confirmed that no groups are negatively impacted by the introduction of the Tenant Shared Ownership scheme.

Review

This Policy will be reviewed after the first year.

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Consultation Outcome Report

Consultation Event Name	Tenant Shared Ownership
Consultation Description	Right To Invest - Tenant Shared Ownership
Consultation Start Date	15/03/16 00:00
Consultation End Date	29/04/16 00:00
Total Responses	17
Report Date	11/05/16 11:08

Type of Resident

Please tell us if you are a:

	% Total	% Answer	Count
Number of Responses	100.00%	-	17
Tenant	94.74%	94.74%	16
Leaseholder	0.00%	0.00%	0
Private home owner	5.26%	5.26%	1
[No Response]	0.00%	-	0
Total	100.00%	100.00%	17

Introduction of the scheme

Based on the outlined proposals, Do you agree with the implementation of the Tenant Shared ownership scheme?

	% Total	% Answer	Count
Number of Responses	100.00%	-	17
Agree	84.21%	84.21%	15
Disagree	15.79%	15.79%	2
[No Response]	0.00%	-	0
Total	100.00%	100.00%	17

Attractive alternative

Do you think that the Tenant Shared Ownership Scheme is an attractive alternative to the Right to Buy?

	% Total	% Answer	Count
Number of Responses	100.00%	-	19
Yes	84.21%	84.21%	16
No	15.79%	15.79%	3
[No Response]	0.00%	-	0
Total	100.00%	100.00%	19

More info

Would you like to express an interest in applying for the Tenant Shared Ownership scheme once it has been launched?

	% Total	% Answer	Count
Number of Responses	100.00%	-	17
Yes	89.47%	89.47%	15
No	10.53%	10.53%	2
[No Response]	0.00%	-	0
Total	100.00%	100.00%	17

Age Range

	% Total	% Answer	Count
Number of Responses	73.68%	-	14
Under 20	0.00%	0.00%	0
20 - 39	21.05%	28.57%	4
40 - 59	42.11%	57.14%	8
60 - 65	10.53%	14.29%	2
66 - 75	0.00%	0.00%	0
76+	0.00%	0.00%	0
[No Response]	26.32%	-	3
Total	100.00%	100.00%	17

Gender

	% Total	% Answer	Count
Number of Responses	73.68%	-	14
Male	36.84%	50.00%	7
Female	36.84%	50.00%	7
[No Response]	26.32%	-	3
Total	100.00%	100.00%	17

Transgender

	% Total	% Answer	Count
Number of Responses	68.42%	-	13
Yes	0.00%	0.00%	0
No	68.42%	100.00%	13
[No Response]	31.58%	-	4
Total	100.00%	100.00%	17

Ethnic Group

	% Total	% Answer	Count
Number of Responses	73.68%	-	14
Total			
African	36.84%	50.00%	7
Any other White background	5.26%	7.14%	1
English / Welsh / Scottish / Northern Irish / British	26.32%	35.71%	5
Irish	5.26%	7.14%	1
[No Response]	26.32%	-	3
Total			17

Disability

	% Total	% Answer	Count
Number of Responses	73.68%	-	14
Yes	0.00%	0.00%	0
No	73.68%	100.00%	14
[No Response]	26.32%	-	3
Total	100.00%	100.00%	17

Religion

	% Total	% Answer	Count
Number of Responses	73.68%	-	14
No religion	15.79%	21.43%	3
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	42.11%	57.14%	8
Buddhist	0.00%	0.00%	0
Hindu	0.00%	0.00%	0
Jewish	5.26%	7.14%	1
Muslim	10.53%	14.29%	2
Sikh	0.00%	0.00%	0
Any other religion	0.00%	0.00%	0
[No Response]	26.32%	-	3
Total	100.00%	100.00%	17

Sexual Orientation

	% Total	% Answer	Count
Number of Responses	73.68%	-	14
Heterosexual (straight)	63.16%	85.71%	12
Gay man	0.00%	0.00%	0
Lesbian	0.00%	0.00%	0
Bisexual	0.00%	0.00%	0
Other	10.53%	14.29%	2
[No Response]	26.32%	-	3
Total	100.00%	100.00%	17

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CABINET**28 June 2016**

Title: Heritage Strategy 2016 - 2020	
Report of the Cabinet Member for Community Leadership and Engagement	
Open Report	For Decision
Wards Affected: All	Key Decision: Yes
Report Author: Paul Hogan, Commissioning Director for Culture and Recreation	Contact details: Tel: 0208 227 3047 E mail: paul.hogan@lbbd.gov.uk
Accountable Director: John East, Strategic Director: Growth and Homes	
<p>Summary</p> <p>The purpose of the Heritage Strategy is to provide a shared vision for heritage development priorities to 2020 and a framework to enable them to be delivered.</p> <p>There are two key strategic frameworks that have informed the development of this strategy – one internal (Ambition 2020, looking at how the Council works) and one independent (the Growth Commission, looking at the potential for economic growth).</p> <p>This Strategy aims to build on previous success and recognises that Heritage Services has not yet reached its full potential. There is scope for Heritage Services to better contribute to community priorities through more effective promotion of the rich heritage of the Borough to both local people and visitors.</p> <p>The vision for this strategy is for our heritage to be at the heart of the community, inspiring, creative, acknowledging and promoting the contribution of residents past and present in shaping the Borough and making a recognised positive contribution to improving the Borough and the lives of the people who live, work and visit it.</p> <p>The strategy identifies eight key heritage focus areas:</p> <ul style="list-style-type: none"> • The Barking Abbey site • Eastbury Manor House • Valence House and its collections • Maritime and fishing heritage • Industrial heritage • Becontree housing estate • Oral, family and social history • Old Dagenham Village and its church 	

Recommendation(s)

The Cabinet is recommended to adopt the Barking and Dagenham Heritage Strategy 2016 - 2020, as set out at Appendix 1 to the report.

Reasons

To assist the Council in achieving its corporate priorities in relation to: Encouraging civic pride, Enabling social responsibility, and Growing the borough.

1. Introduction and Background

- 1.1 The Council's Heritage Service provides important benefits for Borough residents: engagement with heritage is associated with increases in wellbeing, improvements in health, improved educational and economic prospects, and higher levels of positive civic participation.
- 1.2 The previous Heritage Strategy ran from 2012 to 2015. Over its life there were significant improvements to heritage provision in the Borough.
- 1.3 This success is evidenced by the increased use of facilities and services. Also the quality and effectiveness of the facilities and services now provided has been widely recognised:
 - The Museums' Journal has described Valence House Museum as 'one of the best local history museums in London' and the web-site Londonist has called Eastbury Manor House one of the 'Top ten historic houses in London'.
 - The service secured the prestigious Sandford Award for the quality of the heritage education service provided to local schools, which puts the service on a par with national institutions like the Tower of London.
 - The Guardian included making a visit to Valence House Museum as one of the 50 best free things to do in London.
 - A Green Flag Award, the parks and open spaces industry standard for excellence, has been awarded to the gardens at Valence House.
 - Valence House Museum secured accreditation under the Visitor Attraction Quality Assurance Scheme (VAQAS), the nationally recognised customer service excellence award for visitor attractions.
 - The service has also met the standards set out in the national Museums Accreditation scheme, which is a clear demonstration of the Council's commitment to managing the collections effectively for the enjoyment and benefit of users.
 - Earlier this year Valence House Museum won a Visit England Best Told Story award. The museum joins 61 other world class attractions, including the Wimbledon Lawn Tennis Museum, that have been recognised for going the extra mile and for the quality of the visitor experience.

Strategic context

- 1.4 There are two key strategic frameworks that have informed the development of this strategy – one internal (**Ambition 2020**, looking at how the Council works) and one independent (the **Growth Commission**, looking at the potential for economic growth).
- 1.5 The **Ambition 2020** programme concluded that the Heritage Service should be retained in-house with a vigorous mission to promote the borough's past and its connection to the present and future. It proposes the implementation of an improvement programme to increase visitor numbers, income and volunteering whilst reducing operational costs.
- 1.6 The scope of the service will include – Valence House Museum (including Archives and Local Studies) and Eastbury Manor House – together with any new heritage assets that may be developed. It will continue to source external funding opportunities wherever possible. However there will be a concerted effort to drive up visitor numbers and maximise commercial opportunities.
- 1.7 **Ambition 2020** anticipates that better promotion of the heritage attractions in the borough will boost the borough's reputation as a worthwhile place to live and visit.
- 1.8 The **Growth Commission** report concluded that the borough: *has the potential and the political will to become an inclusive, prosperous and resilient place, in which all communities have the opportunity to fulfil their potential.*
- 1.9 The Commission recognised that there is a strong role for culture to play in the borough and that culture can contribute to socio-economic development and also helps support the creation and maintenance of social capital. It recommends that the Council should harness the potential of cultural activities to support the wider well-being agenda and as a way of creating a strong and positive vision of the area.
- 1.10 The report also identified the need for a 'One Borough' programme as a way of addressing divisiveness between different parts of the community and that the best way to do this is to intensify outreach to the community using a combination of heritage and cultural activities.
- 1.11 The new heritage strategy sets out how the Heritage Service will work to achieve the outcomes identified by **Ambition 2020** and the **Growth Commission**.

2. Proposal and Issues

- 2.1 This Strategy aims to build on previous success and recognises that Heritage Services has not yet reached its full potential. There is scope for Heritage Services to better contribute to community priorities through better promotion of the rich heritage of the Borough to both local people and visitors.
- 2.2 The vision for this strategy is for our heritage to be at the heart of the community, inspiring, creative, acknowledging and promoting the contribution of residents past and present in shaping the Borough and making a recognised positive contribution to improving the Borough and the lives of the people who live, work and visit it.

2.3 The strategy identifies eight key heritage focus areas:

- The Barking Abbey site
- Eastbury Manor House
- Valence House and its collections
- Maritime and fishing heritage
- Industrial heritage
- Becontree housing estate
- Oral, family and social history
- Old Dagenham Village and its church

2.4 It is intended to provide a framework around which we will prioritise our efforts over the next four years to improve the quality of life of local people. In order to do this, nine priority action themes have been identified.

- Priority One: Buildings and gardens
- Priority Two: Collections
- Priority Three: Pride and promotion
- Priority Four: Inspirational learning
- Priority Five: More people visit
- Priority Six: More people engage
- Priority Seven: Building community capacity
- Priority Eight: Improving health and well-being
- Priority Nine: Financial sustainability

2.5 Section nine of the draft strategy sets out that it is expected that Council funding for heritage will reduce during the life of the strategy. This reality has directly shaped the development of the strategy and the accompanying improvement action plan.

2.6 A careful balancing act is required in this respect because there is a long term lease in place with the National Trust for the operation of Eastbury Manor House, which does not have a break clause, as well as long term funding agreements with the Heritage Lottery Fund in relation to their significant capital investment at both heritage sites. Also the archives and local studies centre has a duty under the Local Government Act 1972 (s224) to 'make proper arrangements with respect to any documents that belong to or are in the custody of the council'.

2.7 The keystone of the strategy is the need to improve efficiency and effectiveness to deliver the same quality and range of services for less money, or to deliver more for the same level of expenditure. There will also be a continued focus over the life of the strategy to secure funding from other sources working in partnership with local, sub-regional and national agencies

2.8 The Heritage Service is adept at leveraging in external funding. Recent examples include:

- £140,000 from Arts Council England's Museums and Schools Programme to improve the quality and number of educational visits to the Valence House museum.
- £100,000 from the Heritage Lottery Fund's transition funding pot to drive up income and usage at Eastbury Manor House.

- £65,000 from Arts Council England's Grants for the Arts scheme for the *50 years a Borough* project.
- A stage one Heritage Lottery Fund bid relating to the site of the former Barking Abbey is in development.

2.9 The draft version of the strategy and improvement action plan is attached at Appendix one.

3. Options Appraisal

3.1 The options available to Cabinet are to approve the strategy and action plan (with any direction on amendments to be made) or to reject it.

3.2 Not to approve the strategy would mean that there is no strategic framework to drive improvements in the service, which would also impact on our ability to lever in external funding to support service delivery and capital developments.

3.3 Therefore, Cabinet is recommended to adopt the strategy and improvement action plan with any amendments, removals, or additions as they consider appropriate.

4. Consultation

4.1 The strategy has been informed by the Ambition 2020 programme and the report of the Growth Commission as well as consultation with the Leader of the Council, stakeholders (including the Barking and Dagenham Cultural Partnership, Heritage Lottery Fund and English Heritage) and service users.

5. Financial implications

Implications completed by Richard Tyler, Interim Group Finance Manager

5.1 The strategy set out in the report would be delivered using funding received from the Council's general fund and any other funding secured during the period covered by this strategy. Year on year the funding will be reviewed as this may fluctuate if cuts are required or if any of the grants cease. Any major variation in the funding may impact on the delivery of the strategy. Funding streams will be regularly reviewed to minimise this risk.

6. Legal implications

Implications completed by Dr. Paul Feild, Senior Corporate Governance Solicitor

6.1 As set out in the report the Council will best develop and administer its heritage services through the means of a forward looking strategy reviewed on a timely and periodic basis to ensure it reflects local needs and the resources available to deliver it.

6.2 Where the strategy identifies a requirement for change in services particularly where there may be closure(s) or discontinuance of a service or services, appropriate consultation will need to be carried out. Any savings proposals that affect staff will require consultation with Unions and staff.

- 6.3 In addition, Members will need to be satisfied that Equality Impact Assessments have been carried out. In relation to the impact on different groups it should be noted that the Equality Act 2010 provides that a public authority must in the exercise of its functions have due regard to the need to eliminate discrimination and to advance equality of opportunity between persons who do and those who do not share a relevant 'protected characteristic'.
- 6.4 If at any point resort to constricting expenditure is required, it is important that due regard is given to statutory duties and responsibilities. In particular the Council must have regard to:
- any existing contractual obligations covering current service provision. Such contractual obligations where they exist must be fulfilled or varied with agreement of current providers;
 - any legitimate expectations that persons already receiving a service (due to be cut) may have to either continue to receive the service or to be consulted directly before the service is withdrawn;
 - any rights which statute may have conferred on individuals and as a result of which the council may be bound to continue its provision;
 - the impact on different groups affected by any changes to service provision as informed by relevant equality impact assessments;
 - having due regard to any consultation undertaken.

7. Other Issues

7.1 **Risk Management** - Accreditation and the collections framework documents, which form part of the strategy, are key risk management tools that will provide confidence that the collections in the care of the Council are being appropriately maintained and protected for future generations to enjoy.

7.2 **Customer Impact** - An equality impact assessment has been produced to inform the development of this strategy. It is expected that there will be a marked increase in the number and range of people who will be accessing heritage based facilities and activities in the Borough.

In particular, effort will be made over the life of the strategy to address under representation in current usage. Proposed actions include: the museums need to attract more men as service users (although there are good levels of participation for Local Studies and Archives); better targeted marketing of the museums to disabled people that emphasises the accessibility of the facilities; free events for families; and a more flexible and responsive education offer that will encourage more visits by children and young people.

7.3 **Safeguarding** - A clear focus for the strategy is to improve access to heritage by children and families and to support the delivery of the school curriculum. There will also be an extensive programme of positive and diversionary activities provided for young people.

All heritage facilities and services operate within the Culture and Recreation service's safeguarding policy framework for children and vulnerable adults.

- 7.4 **Health Issues** - The Borough's museums and archives have unique and as yet untapped potential to improve the health and well being of local people. The strategy proposes to develop more opportunities for people to come together to socialise and to take an active part in the community through volunteering.

There are also plans to develop specific heritage based projects for people with dementia and those suffering from depression.

- 7.5 **Crime and Disorder Issues** - The Council has a statutory duty to consider crime and disorder implications in all its decision making. In delivering this strategy and action plan, the Council will be providing quality facilities and activities, which will provide positive activities for all residents and, in particular, opportunities for families to enjoy their leisure time together.

Public Background Papers Used in the Preparation of the Report:

The background papers used in the preparation of this report are set out in section 5 of the attached heritage strategy: links to other strategies and plans

List of appendices:

- **Appendix 1** – “Celebrating our past, Looking forward with pride”: A Heritage Strategy for Barking and Dagenham (2016 to 2020)

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Celebrating our past, looking forward with pride

A heritage strategy for Barking and Dagenham

2016 to 2020



Contents

	SECTION	PAGE
Foreword	1	2
Introduction: Building on success	2	3
Outcomes	3	7
The importance of heritage	4	8
Links to other strategies and plans	5	10
Local context	6	11
Monitoring, evaluation and review	7	12
Equality and diversity	8	13
Resourcing the strategy	9	14
Our purpose	10	15
Measuring success	11	16
• Priority 1: Buildings and gardens	12	17
• Priority 2: Collections	12	21
• Priority 3: Pride and promotion of the Borough	12	24
• Priority 4: Inspirational learning	12	28
• Priority 5: More people visit	12	31
• Priority 6: More people engage	12	33
• Priority 7: Building community capacity	12	38
• Priority 8: Improving health and wellbeing	12	41
• Priority 9: Financial sustainability	12	43



Barking and Dagenham has a unique and rich heritage which continues to shape the borough today.

I am immensely proud of our rich heritage and the important role Barking and Dagenham has played in the life of our country: this is the place where England changed from being an Anglo-Saxon country to a Norman one; this was once home to the biggest fishing fleet in the country; this is where the biggest housing estate in the world was built to provide homes fit for heroes after the First World War; this is where two local lads, Bobby Moore and Sir Alf Ramsey, grew up and went on to captain and manage the England world cup winning team; and last year this is where over 100,000 people attended our 70 events to celebrate the 50th anniversary of the Borough, including a visit by Her Majesty The Queen.

There is much to be proud of in Barking and Dagenham and I believe that our heritage helps people to reach across generations to learn about the past. In these fast changing times, we also need to capture and preserve the stories of today's residents and the key occasions in the life of the Borough now and in the future.

This strategy is intended to provide a framework around which we will focus our efforts over the next four years to use our heritage to improve the quality of life of local people.

Councillor Saima Ashraf, Deputy Leader of the Council and Cabinet Member for Community Leadership and Engagement

The Borough's heritage

Barking and Dagenham has a rich and diverse heritage. Notable former residents include Billy Bragg, Bobby Moore, Sandie Shaw, Mary Wollstonecraft and William the Conqueror. The area is also the location of a number of important historic sites and buildings. This includes the ruins of Barking Abbey (Scheduled Ancient Monument), Curfew Tower, (listed Grade II*), St Margaret's Church (listed Grade I), the Church of St Peter and St Paul (listed Grade II*), Eastbrook Public House (listed Grade II*), Valence House (listed Grade II*) and Eastbury Manor House (listed Grade I).

Barking Abbey is one of the greatest, yet little known, monastic sites in the British Isles and the Council's Heritage Services is involved in developing projects to better understand the Abbey's archaeological collections. The surviving Middle Saxon artefacts form the basis of a nationally significant collection at Valence House, with some parts of international importance.

The London Borough of Barking and Dagenham owns one of the greatest collections of Gentry portraiture in the country. This internationally significant collection of 53 family portraits contains a highly-regarded portrait of Sir Richard Fanshawe by the painter William Dobson. The collection also contains paintings by leading 17th-century painters, including Sir Peter Lely, Cornelius Johnson and Marcus Gheeraerts.

The Borough also owns a specialist collection of rare books and out of print publications as well as periodicals, journals and maps. The archive collections comprise of records relating to the London Borough of Barking and Dagenham and its predecessors. It also holds deposited papers, oral histories, photographs and films, all relating to local organisations, businesses, schools, charities, families and individuals. Notable collections include the correspondence of Sir Richard Fanshawe, a nineteenth manuscript on the history of Barking by William Frogley, the business records of Samuel Williams & Sons Ltd, photographic negatives of life in Dagenham taken by Egbert E. Smart and the films of the Dagenham Co-operative Film Society.



St. Margaret's Church, Barking (c. 1900)



Valence House (c. 1918)



Eastbury Manor House (c. 1910)

There are two key strategic frameworks that have informed the development of this strategy – one internal (**Ambition 2020**, looking at how the Council works) and one independent (the **Growth Commission**, looking at the potential for economic growth).

The **Ambition 2020** programme has concluded that the Heritage Service should be retained in-house with a vigorous mission to promote the borough's past and its connection to the present and future. It proposes the implementation of an improvement programme to increase visitor numbers, income and volunteering whilst reducing operational costs. The scope of the service will include – Valence House Museum (including Archives and Local Studies) and Eastbury Manor House – together with any new heritage assets that may be developed. It will continue to source external funding opportunities wherever possible. However there will be a concerted effort to drive up visitor numbers and maximise commercial opportunities.

Ambition 2020 anticipates that better promotion of the heritage attractions in the borough will boost its reputation as a place to live and visit.

The independent **Growth Commission** report concluded that the borough: *has the potential and the political will to become an inclusive, prosperous and resilient place, in which all communities have the opportunity to fulfil their potential.*

It recognises that there is a strong role for culture to play in the Borough and that culture can contribute to socio-economic development and also helps support the creation and maintenance of social capital. It recommends that the Council should harness the potential of cultural activities to support their wider well-being agenda and as a way of creating a strong and positive vision of the area.

The report also identifies the need for a 'One Borough' programme as a way of addressing divisiveness between different parts of the community and that the best way to do this is to intensify community outreach combining heritage and cultural activities.

The new heritage strategy sets out how the Heritage Service will work to achieve the outcomes identified by **Ambition 2020** and the **Growth Commission**.



Production line at Ford Dagenham



Barking Town Quay (c. 1920)

Previous Heritage Strategies² were based on the development of eight heritage focus areas:

- The Barking Abbey site
- Eastbury Manor House
- Valence House and its collections
- Maritime and fishing heritage
- Industrial heritage
- The Becontree Housing Estate
- Oral, family and social history
- Old Dagenham Village and its church

These remain priorities for the new strategy. Over the 15 year life of the Strategy there has been significant progress and development in many of these areas. Notably two successful capital works projects, with support from the Heritage Lottery Fund (HLF) have resulted in the renovation of the historic buildings of Eastbury Manor House and Valence House, as well as providing up-to-date and expanded visitor facilities at Valence House. These projects have increased physical and intellectual access to the heritage of the borough. This has been achieved through quality displays, temporary exhibitions, family resources, education programmes, events and activities.

The redevelopment at Valence House resulted in increased visitor numbers from 34,610 (2010/11) to 58,815 (2015/16). In addition 5,813 local school children attended heritage education activities in 2015/16.

In 2012 Valence House Museum was chosen as a partner on the British Museum's 'Museum Pathways' project. In 2014 the Museum and the Archives and Local Studies Centre launched a series of lunchtime 'Collection Masterclass' events. These free sessions have included the following topics: the works of the artist Henry Gillard Glindoni, World War I munitions workers; and the Barking Tithe Map.

A recent community archives project, 'This Used to be Fields' was led by Historypin in partnership with Create London (Barbican) and the Archives and Local Studies Centre. The project produced a collection of photographs and stories about the Becontree Estate. As part of this project contemporary artist, Chad McCall, was commissioned to paint a mural on the outside of the Visitor's Centre at Valence House. Inspired by the community archives produced during the project this unique art work has left a lasting legacy for the project.

The Sandford Award was achieved by the Heritage Education Team in recognition of formal, curriculum-linked education opportunities offered to schools at Valence House (2012 winner) and Eastbury Manor House (2013 winner). Ranger Services were also awarded a Green Flag for the gardens at Valence House.

Building on success

Customer satisfaction is high. The Audience Agency's 2013 report on Valence House Museum, found that 61% of visitors were returning visitors: 46% had been at least once before in the previous year; 22% had made two to six visits; and 3% had been at least ten times. These statistics suggest that many visitors return to the Museum on a regular basis. Ninety-nine percent of visitors rated their experience as either 'good' or 'very good' ³.

In 2015, the Archives and Local Studies Centre was awarded funding from the Heritage Lottery Fund to digitise 6,000 historic photographs to celebrate the 50th Anniversary of Barking and Dagenham. Eastbury Manor House was also awarded a grant from the Heritage Lottery Fund for the two-year project *Sustaining Eastbury*. This has resulted in a new full-time Partnerships and Events Officer post. Eastbury Manor House has also benefitted from new displays on industrial heritage, revised opening times, and updated tearoom facilities.



Page 125

This Used to be Fields Mural by Chad McCall (2014)



The purpose of the Heritage Strategy is to provide a shared vision and a framework for the delivery and promotion of Heritage Services over a four year period that will support the achievement of Ambition 2020 and Growth Commission priorities.

The key service outcomes (direct achievements) from the delivery of this strategy, 2016 to 2020, will be:

- ✓ More people engaging with the history of Barking and Dagenham to provoke thought and emotions and develop their pride and understanding of the heritage of the area.
- ✓ More people of all ages, from all parts of the community, visiting Valence House and Eastbury Manor House regularly and having a fun welcoming and safe experience.
- ✓ More people coming together to socialise.
- ✓ More people making, a positive contribution to society through volunteering.
- ✓ Easy access to information about Barking and Dagenham.
- ✓ Preserving the physical and intellectual history of Barking and Dagenham.
- ✓ Improving the environmental impact and sustainability of the facilities and operations.
- ✓ Increasing the efficiency, revenue generation and financial sustainability of heritage services.
- ✓ Developing the quality and sustainability of employment and increasing opportunities for high professional standards.

In collaboration with partners and other providers of cultural services, Heritage Services will achieve:

- ✓ Increased self-confidence, self-awareness and community spirit amongst local people.
- ✓ Shared identity, sense of place, community and pride.
- ✓ Improved access to the Council's collections.
- ✓ Increased social inclusion and social interaction.
- ✓ A thriving voluntary sector.
- ✓ Relaxing, pleasant and safe green spaces.
- ✓ Healthier more active minds.
- ✓ Increased learning and sharing of this learning.
- ✓ Increased opportunities, inward investment and business activity.

These outcomes link directly to the Council's priorities:

- Encouraging Civic Pride
- Enabling Social Responsibility
- Growing The Borough

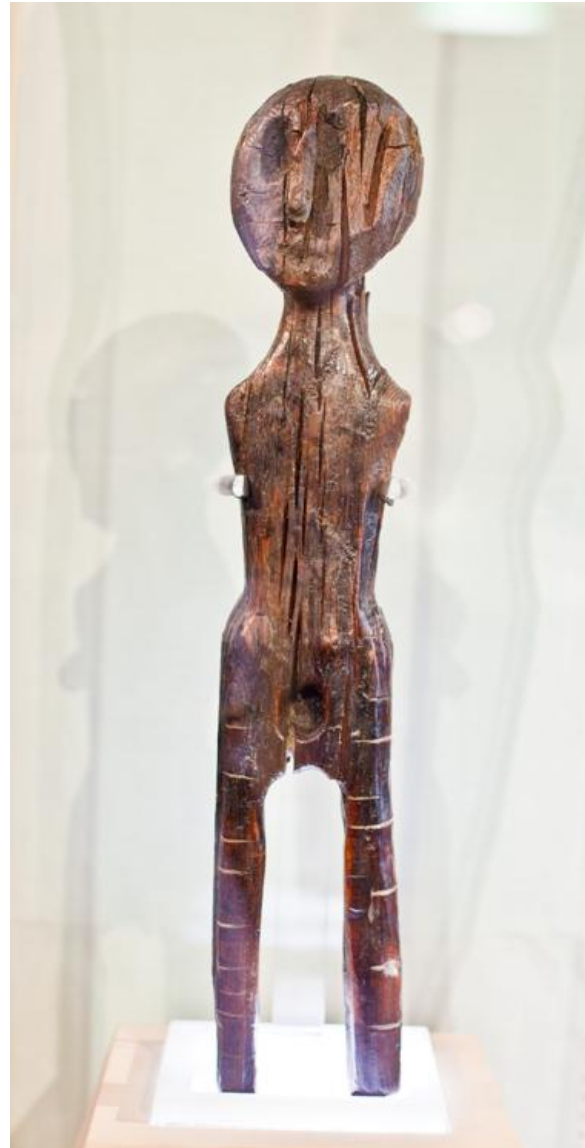
We define 'heritage' to mean those things inherited from the past that people wish to pass on to the future. This is not just the 'best' or most attractive but includes all memories, which can sometimes be uncomfortable, but that people do not want forgotten⁴.

It includes:

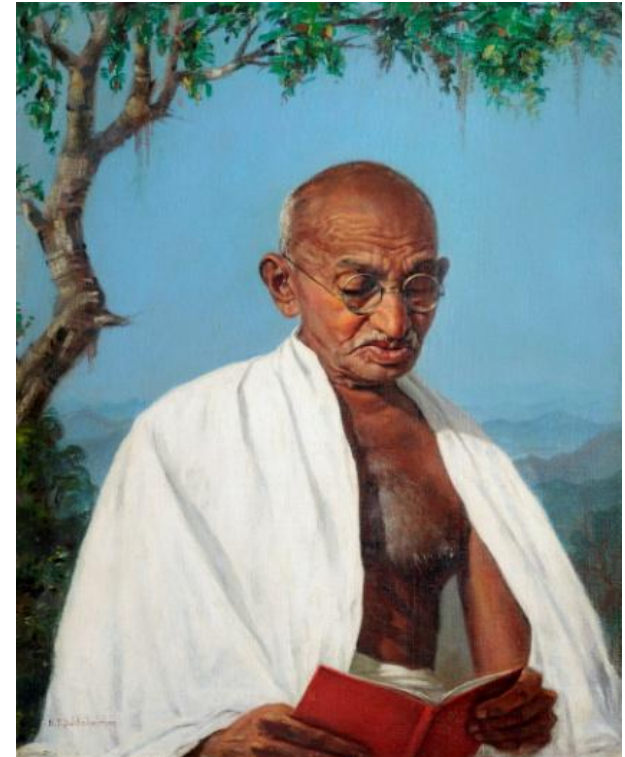
- Material culture, handed down from the past and including pre-historic remains and visual culture
- Intangible heritage that is shared identity: whatever people like to think about themselves⁵

Heritage is now widely understood as being all around us, defining local places as well as Our National Identity⁶.

In the context of this strategy 'heritage' is used in this broad sense, inclusive, rather than exclusive, and encompassing both material culture and intangible heritage. History is an interpretation of the evidence of the past; and Heritage Services interpret and facilitate the community to interpret the evidence of their past.



The Dagenham Idol



Portrait of Mohandas Karamchand Gandhi (1931)

"I've discovered some amazing stories about my local area in the old news papers kept at the archive – User feedback on Explore Your Archives Campaign."

Heritage has an important role in building pride and a sense of community and has a positive impact on many people's lives.

Place-making

The historic environment is the world around us made by our forebears. It begins with the places where the earliest inhabitants of these islands lived, worshipped and were buried. It embraces the homes in which we live, the schools in which we learn, the offices and factories in which we work and the shops where we spend our money... It embraces not only the villages, towns and cities in which we live but also the landscapes that we farm and the treasured open spaces and parklands that have been created for our pleasure⁷.

Valence House is 'one of the best local history museums in Greater London' and Eastbury Manor House is one of 'London's Top 10 Historic Houses'.

Economic value

The historic fabric of England is a unique and valuable national capital asset that provides a dynamic base for sustainable economic growth. It contributes to our social and environmental welfare, it enhances the quality of our surroundings and it provides the foundations for a national and local sense of identity⁸.

Museums, libraries and archives support lifelong learning which provides vital skills for sustaining an area's economy and the communities' participation in it. Museums and historic sites are significant visitor attractions that underpin local economies.

Popular

This rich and diverse heritage has a profound effect on the way we feel and behave. It influences how we think about our past and our aspirations for the future. Above all, it is an irreplaceable resource that has the power to improve places and enhance people's lives⁹.

Ninety nine percent of surveyed visitors to Valence House in 2013 said that their experience was 'good' or 'very good' and 61% were on a return visit¹⁰.

Learning

...the importance of positive engagement with the education agenda... [should go] beyond school/education visits to include education in, for example, conservation and investment in off-site resources (including online)¹¹.

Participating in the, 'Fifty Years a Borough' project, has resulted in digitalising 6,000 local images and making them available on the Borough Photographs website

Inclusive

56.9 per cent of adults belonging to black and minority ethnic (BME) groups had visited a heritage site at least once in the past 12 months. This is an increase of 6.2 percentage points since 2005/06 and a similar rate to 2012/13. Heritage site attendance amongst those from BME groups is lower than for those from the white group (74.1%). 56% of adults from lower socio-economic groups visited at least one type of designated historic environment site during the last year¹².

Volunteers

... buildings, sites and collections should be a source of local pride and wider enjoyment. We also have a duty to promote active involvement in local heritage and a greater enjoyment of the historic places where people live¹³.

Volunteering in our heritage centres helps people to take an active part in their community and enjoy a sense of belonging and wellbeing.

Changing lives and communities

Our heritage is a precious asset which makes an important contribution to people's quality of life, their sense of identity and to a successful and sustainable economy. It is therefore important that the mechanisms for enabling it to play a full role in our national life are effective¹⁴.

We anticipate that the Borough's heritage will continue to play an integral role in the local community.

Links to other strategies and plans

There are a number of key national, regional and local strategies and policies that have both influenced and had an impact on the development of the London Borough of Barking and Dagenham’s Heritage Strategy, these are identified as follows:

National and regional policy, strategy documents and plans	Local policy, strategies and plans	Drivers
Arts Council: The Economic impact of museums in England, March 2015	London Borough of Barking & Dagenham – <i>Corporate Delivery Plan 2015-2018</i>	Cultural Education in England: An independent review by Darren Henley for the Department for Culture, Media and Sport and the Department for Education, and the government’s response, 2012
Equality and Diversity in the Arts and Cultural Sector, 2014; The Value of Arts & Culture to people in our society, 2014	A call for Change, a Plan of action: Children and Young People’s Plan 2011-2016 (Barking and Dagenham Partnership)	Archive Accreditation scheme: new standard for 2012 in-line with Museum Accreditation
‘Designations Collection List’: Arts Council recognition of collections that are not in the national collection but are of national value.	Education Strategy 2014-17 (London Borough of Barking and Dagenham)	FOI Act 2000 (implemented 2005) particular reference to Section 46
National Trust Strategy document ‘Going Local’ ‘Fresh tracks down old roads...’	Housing Strategy 2012 – 2017 (London Borough of Barking and Dagenham)	Data Protection 1998: code of practice for archivist and record managers under section 51(4) of the Data Protection Act
Department for Culture, Media & Sport: English Heritage New Model - Consultation Response, October 2014	Health & Wellbeing Strategy for Barking and Dagenham 2012-2015 (London Borough of Barking and Dagenham)	Environmental Information Regulations, 2005
English Heritage Corporation Plan 2011-15	Community Safety Strategy 2014-17	Local Government (Records) Act 1962, amended 2003
National Heritage Protection Plan (NHPP)	No-one left behind – Report of the Barking and Dagenham Independent Growth Commission	Local Government Act 1972
Historic England: Valuing Our Past Enriching Our Future – Corporate Plan 2015-18 (March 2015)	Ambition 2020 Programme (London Borough of Barking and Dagenham)	Public Sector Information Directive Regulation
Archives for the 21 st Century in action: refreshed 2012-15, the National Archives		Heritage Lottery Fund, established by the National Lottery Act, 1993, ‘A lasting difference for heritage and people’ 2013-18
Cultural Metropolis 2014. The Mayor’s Cultural Strategy – Achievements and next steps.		Playing our Part, the National Trust, 2015

Population

Population growth:

• The Borough has seen one of the highest growths in population in the country from 186,000 people at the 2011 census to an estimate of over 198,000 just three years later.

• Between 2001 and 2011, the non-white population increased from 14.6% to 41.7%. By 2016, it is anticipated that the Borough will have a majority Black, Asian and minority ethnic (BAME) population.

• At the same time, the Borough has the highest population of people aged 10 to 19 in the whole country and has seen an increase in the 20 to 29 age group of just under a quarter.

• The over 65 population accounts for 10% of the overall population, which is the 13th lowest in England and Wales. Whilst the elderly population has not grown dramatically, the number in the older ages is increasing.

Education and skills

Educational attainment:

• The youthfulness of the Borough brings with it both opportunities and challenges. Despite significant improvements in recent years, educational attainment continues to be an area of under performance.

• Between 2005 and 2015 GCSE attainment improved by over 56%, however such improvement has not kept pace with that achieved elsewhere.

• In 2005 Barking and Dagenham was fifth from bottom amongst London Boroughs for students achieving 5+ GCSE A* - C (including English and Maths), whilst in 2015 it was third from bottom.

• At A-level, the Borough's performance was significantly below the English average in 2015.

Skills

• The qualification profile of the Borough also highlights the challenges that exist in helping people to less precarious employment opportunities.

• In 2014 the proportion of the resident population (aged 16 – 64) with qualifications at Level 4 and above was 29%, compared to a London average of 49%.

• Those with no qualifications were, at 15%, nearly double the London average of 8%.

Inequalities

Health inequalities:

• Residents are not as healthy as they could be: life expectancy for both men and women is amongst the lowest in London.

Deprivation

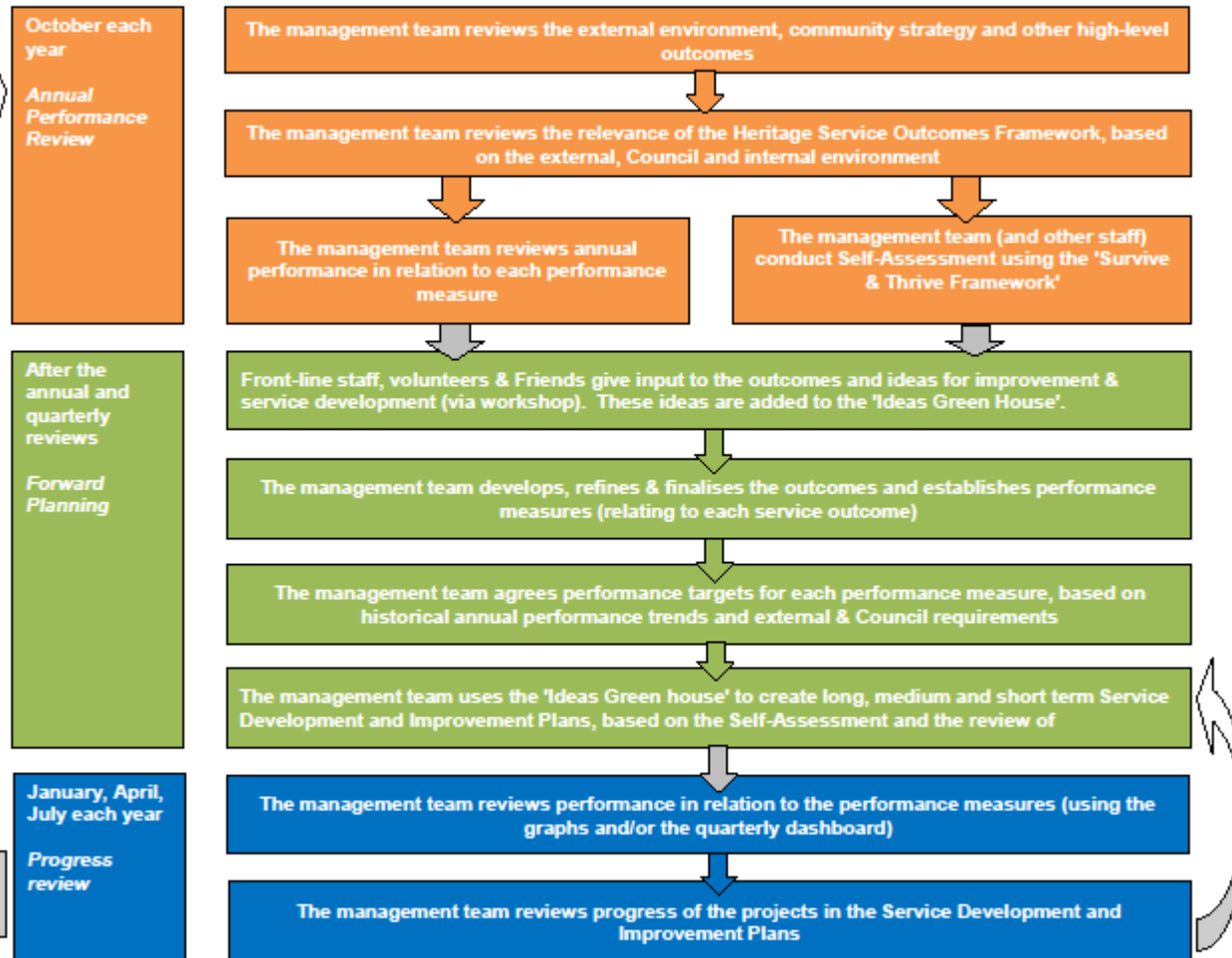
• The Borough still experiences high levels of deprivation ranking 7th most deprived in London and 22nd most deprived area nationally.

• Lone parent households with dependent children have seen a large increase with Barking and Dagenham now having the highest percentage of lone parent households in England and Wales.

• Unemployment was 11.6% in 2014/15, which is considerably higher than both the London and national average.

Monitoring, evaluating and review

Like all strategies, success very much depends on regular and robust monitoring and review, to ensure that the intended outcomes are being achieved. The process we will follow is set out below:



The intention of this strategy is to make Heritage accessible to all sections of the community. It is a key thread running through the service outcomes and action plan.

A new equality impact assessment has been carried out to enable us to develop an action plan. This outlines the needs of the Borough's diverse communities, including people of all ages, different genders and those with disabilities. These considerations will influence the development of Heritage Services, the Strategy and the action plan.



Customers discover treasures at the Archive and Local Studies Centre



Fancy dress competitors at the Valence Fair

Resourcing the strategy

As well as driving improvements in the quality and effectiveness of heritage provision, the strategy will inform the budget setting process of the Council and its partners. It will also help to provide a compelling strategic rationale to support external funding bids for new projects, programmes and facilities.

However, it must be recognised that these are very difficult times for local government and that Council revenue spending on heritage will reduce over the life of the strategy. This stark reality has directly shaped the development of the strategy and the improvement action plan that will follow.

It also means that some tough decisions are being made about the level of service the Council can afford to provide. Whilst every effort is being made to try to ensure that price doesn't become a barrier to participation, one of the ways the Council is seeking to bridge its funding shortfall is by raising more income from its facilities and services.

A cornerstone of the strategy is the need to improve efficiency and effectiveness to deliver the same quality and range of services for less money, or to deliver more for the same level of expenditure.

To deliver the programme of activities that set out in the strategy, existing funding streams will need to be directed toward the priorities identified. This will be supplemented by external funding sources. Bidding for, and securing external funding, will be a key strand of delivering this strategy if all of improvement actions are to be achieved.

As part of the Ambition 2020 programme the Council has recently considered a range of management models including asset transfer of heritage properties from the Council to the voluntary, private or trust sectors. This review was undertaken to investigate whether there is a more effective way of maximising available resources in order to release funds for the continued development of heritage provision in these financially constrained times.

It has been decided that the Heritage Service will remain 'in house' and directly managed by the Council for the lifespan of this strategy.



Photographs from the archive digitised as part of the Fifty Years a Borough Project inspired the Valence Fair

The Mayor at the Valence Fair. This fantastic community event was funded by the Heritage Lottery Fund as part of the Fifty Years a Borough Project

Our purpose

Outcome

The aim of this strategy is to contribute to the priority themes and outcomes for Barking and Dagenham as set out in the Council's Ambition 2020 programme and the report of the Growth Commission: *No-one left behind: in pursuit of growth for the benefit of everyone.*

Vision

Heritage Services puts the community at the heart of all it does by inspiring learning, creativity and pride.

Heritage has a role to play in shaping the borough and making a positive contribution to improving the lives of the people who live, work and visit here.



Success measures by 2020 (except where indicated):	Source
Excellent Customer Service	
1. 85% of people would recommend Valence House and Eastbury Manor House to a friend.	Heritage Survey
2. 85% of people find their visit to Valence House and Eastbury Manor House welcoming.	Heritage Survey
3. Retain VAQS (Visitor Attraction Quality Service) accreditation for Valence House	Heritage Services
4. Achieve VAQS accreditation for Eastbury Manor House by 2018.	Heritage Services
Improve Access	
5. Grow visits from 58,000 to 92,000	Heritage Survey
6. The profile of service users will better reflect the demographic make up of the Borough	Heritage Survey
7. Increase repeat visits by local people.	Heritage Survey
Financial sustainability	
8. Increase income by £80,000	Annual accounts
Embed Quality Assurance	
9. Retain Museum Accreditation.	Arts Council
10. Achieve and retain Archive Accreditation.	The National Archives
11. Gain Green Flag award for Eastbury Manor House.	Green Flag Award Scheme
12. Achieve 'Designation' of the Fanshawe Collection as 'of national value' by 2018.	Arts Council
13. Deliver six temporary exhibitions each year.	Heritage Services
Supporting Educational Attainment	
14. 85% of teachers think that the education sessions help to develop children's understanding of the historical topic and their local area and also enrich their educational experience.	Heritage Services
15. Deliver more than 50 school visits each year.	Heritage Services
Enhance Civic Pride	
16. 95% of visitors to the Archives and Local Studies Centre developed a greater understanding of local history.	PSQG Survey
17. 80% of volunteers are satisfied that they learn, develop, socialise and contribute to society through volunteering.	Heritage Services
18. 9,000 hours of heritage related volunteering activity each year.	Heritage Services
19. 85% of visitors are more proud of Barking and Dagenham after visiting Eastbury Manor House or Valence House Museum.	Heritage Survey
20. Raise the profile of the Borough's key heritage assets that are of regional significance.	Heritage Services

Priority 1: Buildings and gardens

12

Valence House and Eastbury Manor House were redeveloped with grants from the Heritage Lottery Fund and funding from the Council. They both reopened to the public in 2010.

Since then, Valence House Museum has been voted by The Guardian as one of the 50 best free things to in London. A Green Flag (national standard of excellence for parks and open spaces) has also been awarded to the gardens at Valence House, which include a popular Dig for Victory Garden. Eastbury's Herb Garden continues to be used for interpretation and events.

In 2013 the Buttery Tearoom was redeveloped with the installation of new furniture, equipment and an overflow dining area. New sales points were also introduced with new stock lines purchased.



The Herb Garden at Valence House



Spiral staircase at Eastbury manor House

Priority 1: Buildings and gardens

Eastbury Manor House (listed Grade I) and Valence House (Grade II*) form an important part of Heritage Services. Eastbury Manor House is owned by the National Trust and leased to the Council. It is a fine example of a 16th-century Gentry house and was built by Clement Sisley in c.1573. Early 17th-century wall paintings adorn the Great Chamber and remind us of the former tenant John Moore – whose connections with the East India Company and the New World offer a new way of interpreting the house to visitors. A walled garden, herb garden and other green spaces have the potential to attract more visitors through new planting schemes with seasonal variation and links to the Eastbury’s heritage. Valence House is owned by the Council and is a good example of a medieval moated, Essex manor house, which played a significant role in the early history of the formation of the Dagenham Urban District Council in 1926 (which became the LB of Barking and Dagenham in 1965). This accretive timber-framed structure contains many secrets with regard its development and age, such as the 16th century wall painting that has been described as unique in Essex. The Green Flag gardens continue to provide potential for learning, ecology and volunteering.

Historic houses have an important part to play in people’s need for beautiful and natural places. According the National Trust ‘they offer us perspective, escape, relaxation and a sense of identity’. Heritage Services seeks to be true to the stories of these places in our care and develop these sites sympathetically and in keeping with their individual spirits of place. Heritage Services is also responsible for the upkeep of these special places and endeavours to improve how the buildings and gardens are conserved and maintained. We will put measures in place to ensure that the historic sites in our care are looked after effectively so that future generations can enjoy, appreciate and learn from them.

Page 137

No.	Focus area	Success measure	By when	By who
1.1.	Develop and improve Eastbury Manor House’s walled garden by repairing historic walls and commissioning a new planting scheme.	<ul style="list-style-type: none"> Increased visitors Green flag award Income generation increased Funding bid submitted to HLF 	2020	Heritage Properties Manager
1.2.	Condition survey of wall paintings and implement new interpretation and environmental monitoring	<ul style="list-style-type: none"> Better managed 	2016	Heritage Properties Manager & Curator
1.3.	Improve historic rooms at Eastbury Manor House through room settings/new interpretation	<ul style="list-style-type: none"> More visitors VAQAS award Income generation increased 	2018	Heritage Properties Manager

Priority 1: Buildings and gardens

12

No.	Focus area	Success measure	By when	By who
1.4	Redevelop and expand the Oasis Cafe at Valence House	<ul style="list-style-type: none"> Financial stability 	2017	Heritage Properties Manager
1.5	Plant a fruit orchard of heritage species at Eastbury Manor House	<ul style="list-style-type: none"> More visitors VAQS 	2016-2017	London Orchard Project & Heritage Properties Manager
1.6	Condition survey and reinterpretation of wall paintings at Valence House	<ul style="list-style-type: none"> Better managed 	2018	Heritage Properties Manager
1.7	Revise Conservation Management Plans at Valence House and Eastbury Manor House	<ul style="list-style-type: none"> Better managed 	2016	Heritage Properties Manager
1.8	Produce new Quinquennial Surveys at Valence House and Eastbury Manor House	<ul style="list-style-type: none"> Better managed Risks reduced 	2016	Heritage Properties Manager
1.9	Produce a new Garden Conservation Management Plan at Eastbury Manor House	<ul style="list-style-type: none"> Better managed 	2017	Heritage Properties Manager
1.10	Develop robust Conservation Performance Indicators at both properties for maintenance	<ul style="list-style-type: none"> Better managed 	2018	Heritage Properties Manager
1.11	Develop Sense of Place statements at both properties	<ul style="list-style-type: none"> Knowledge and understanding increased 	2016	Heritage Properties Manager
1.12	Undertake new building research at both properties	<ul style="list-style-type: none"> Better managed Increased knowledge and understanding 	2018-2020	Heritage Properties Manager
1.13	Improve energy efficiency and recycling at both sites. Improve building monitoring systems and marginal planting of moat at Valence House site.	<ul style="list-style-type: none"> Improved energy efficiency Better managed Water use reduced Reduced waste 	2020	Heritage Properties Manager

Page 8/38

Priority 1: Buildings and gardens

12

No.	Focus area	Success measure	By when	By who
1.14	Support the development and implementation of a master plan for the renovation of Parsloes Park, which will include interpretation of the history of the Parsloes manor house, the Fanshawe family, the Becontree estate, and in particular the role of Lord Denman in abolishing the slave trade, alongside wide ranging park improvements.	<ul style="list-style-type: none"> Master plan and implementation strategy adopted HLF parks for people funding bid (stage one) submitted (if LBBB match funding is committed). 	2016 2017	Cross council working group
1.15	Support the renovation of the White House in Dagenham as live/work space for artists.	<ul style="list-style-type: none"> Renovation completed and venue open Launch exhibition focusing on the life and work of Hardy Amies. 	2016 2016	Commissioning Director of Culture and Recreation
1.16	If taken forward, support the establishment of an East London Industrial Heritage Museum at the former Ford Stamping Plant	<ul style="list-style-type: none"> Feasibility plan produced (funding permitting) HLF funding bid (stage one) submitted (if LBBB match funding is committed) 	2017 2018	Commissioning Director of Culture and Recreation / Group Manager for Heritage
1.17	If taken forward, support the development of a visitor attraction at Barking Riverside based on the heritage of Barking and its fishing fleet.	<ul style="list-style-type: none"> Attraction established and operational 	2020	Commissioning Director of Culture and Recreation / Group Manager for Heritage
1.18	Protection and enhancement of the Borough's built heritage: assessment of locally listed buildings to provide a conservation statement that sets out the quality of design and heritage value, which can be used as part of the planning application process.	<ul style="list-style-type: none"> Implement a rolling programme of assessments of locally listed buildings. Assessment of buildings with heritage value in Barking Riverside wider area. Undertake a pilot project to investigate the potential for part of the Becontree estate to be designated as a conservation area. 	2020 2016 2018	Commissioning Director for Growth, Homes and Regeneration

Valence House Museum is an accredited museum in the national scheme administered by Arts Council England; it meets the required standards for collections management and care.

In 2010 the Museum took part in the Public Catalogue Foundation (PCF) project to document every work of art in oil held in a public collection. The Museum photographed and submitted each of its oil paintings and they can now be found on the BBC's 'Your Paintings' website. In 2015 the Museum also became a founder partner in the second phase 'Your Art'. This will collate all works of sculpture across the country. Since 2013, two Fanshawe paintings have also been conserved.

Since 2012 Valence House Museum has been working with the British Museum on the *Museum Pathways* project. Funded through HLF's *Skills for the Future* this paid traineeship has been designed for people who have not completed an undergraduate degree. Our two trainees have been gaining valuable work experience at the British Museum, Hackney Museum and Valence House Museum. Each trainee is developing essential skills to achieve a NVQ in Cultural Heritage (Level 3).

Fifty Years a Borough, also funded by HLF, has involved digitalising 6,000 images of local people, buildings, streets and events from the 1950s to 1970s. The collection of Egbert E Smart, the Borough's photographer, will now be available online. Participation in *The Bigger Picture* has enabled eight films from the archives to be digitalised; including 'A Scrapbook of Ford in Britain', dated 1959.

Made in Barking and Dagenham, another HLF funded project, enabled the Museum to collect objects relating to the Borough's industrial past. The project resulted in number of in-depth historical studies about 20th-century industries as well as the acquisition of objects, photographs and ephemera. We have also launched a programme of monthly *Collection Masterclasses* on parts of the collections that are not accessible. Artist Henry Gillard Glindoni, WWI munitions workers and the Barking Tithe map have all featured.



Anne Fanshawe (1607–1628) by Marcus Gheeraerts (1628)

Priority 2: Collections

Museums and archives have a key role in preserving the physical and intellectual history of the area and providing people with access to information. People want to make their mark. We will work with the community and partners to capture and preserve key occasions in the life of the Borough.

People enjoy using archive collections to discover their family tree, for academic research and legal searches, as well as formal and informal learning. Our Archives and Local Studies Centre will support local residents and other visitors with a connection to the area, to reach across generations and learn about their past.

People enjoy visiting museums and engaging with objects from the past. We will put measures in place to ensure that the collections in our care are looked after effectively so that future generations can enjoy, appreciate and learn from them.

No.	Focus area	Success measure	By when	By who
Page 14.2	Achieve Arts Council 'designation' for the Fanshawe collection which will also open up further funding sources	<ul style="list-style-type: none"> Designation achieved for the collection -recognising it as a pre-eminent collection of national importance 	2018	Curator
	Continued conservation of the Fanshawe Portrait collection	<ul style="list-style-type: none"> Five more Fanshawe paintings conserved Increase the number of paintings from the collections available for display 	2019	Curator
2.3	Establish a programme to increase access and engagement with the borough's photographs and facilitate income generation from the photograph and film collections	<ul style="list-style-type: none"> Upload 6,000 images to the Borough Photographs Website and images on selected themes on Flickr Develop a Digital Preservation Policy Increase reprographics income 	2016-2019 2016-2019 2016	Borough Archivist
2.4	Package of archive policies - to support internal transfer and management of records to the archive	<ul style="list-style-type: none"> Corporate sign-off of policy documents and procedure Increase in internal transfer of records to the archive 	2017	Borough Archivist

Priority 2: Collections

No.	Focus area	Success measure	By when	By who
2.5	Achieve Archive accreditation	<ul style="list-style-type: none"> Accreditation achieved 	2016	Borough Archivist
2.6	Collect relevant artefacts, archives and memories of the history of the Borough according to the collections policy	<ul style="list-style-type: none"> Items collected and made accessible, as outlined in the Collection Development Policy 	2019	Curator & Borough Archivist
2.7	Increase access to the museum, archive and library collections through an online catalogue	<ul style="list-style-type: none"> 15,000 catalogue records to be searchable via the online catalogue 10 online exhibitions 	2019	Curator & Borough Archivist
2.8	Maintain Museum accreditation	<ul style="list-style-type: none"> Museum accreditation retained 	2016-2018	Curator
2.9	Acquisition of the Dagenham Idol	<ul style="list-style-type: none"> Dagenham Idol permanently transferred from Colchester Museum 	2018	Curator
2.10	Continue to capture the changing face of the borough by documenting the Estate renewal programme	<ul style="list-style-type: none"> Oral, photographic and film recordings undertaken for all major estate renewal programmes (dependent on funding being secured) 	2016	Curator, Borough Archivist & Housing and Neighbourhoods

Page 142



Dagenham Girl Pipers performing at the Valence Fair



Civil War re-enactors at The Bloodie Battle of Valence

One of the Museum's Fanshawe collection portraits, Sir Richard Fanshawe, featured in the BBC documentary, 'The Lost Genius of British Art: William Dobson'. The painting and others from the Museum's collection are also included in the BBC website 'Your Paintings'.

The Archives and Local Studies Centre participated in *Explore Your Archives* campaign, promoted by the National Archives. This involved conducting 'behind the scenes' tours and creating a 'story box' of material on the history of trade unions. The campaign not only engaged visitors with our rich collections, it also raised the profile of the Archives and Local Studies Centre.

Chad McCall's mural depicting the history of the Becontree Estate was inspired by residents' stories and photographs as part of the *This Used to Be Fields* project. It can be viewed by visitors to Valence House Museum and the Valence Park.

There have been many successful events at Valence House, including the 'Bloodie Battle of Valence', 'Local and Family History Fair' and 'Armed Forces Day'. 2014 was the first year that we managed our own event for this national celebration. We secured sponsorship from HLF, GMB and the Friends of Valence House. We had performances from Barking and Dagenham College band and The Polka Dots, a female harmony trio. We had a visit from *The Home Front Bus*, a touring exhibition of life on the home front during WWII. A number of local cadets groups also took part. These heritage events were reported in the local media, providing excellent publicity for local heritage.

Open House 2014 and the Thames Festival 2014 resulted in a series of events looking at the importance of local waterways. A talk was held looking at Industry along the rivers; and a show and tell was held in the River Industry Gallery looking at the objects within the museum collections that tell the history of water in the borough.

Priority 3: Pride and promotion

Eastbury Manor House has been described by *the Londonist* as one of the ‘Top 10 historic houses in London’. Valence House was listed as one of the “Top 50 free things to do in London” by the *Guardian*.

In 2013/14, Eastbury Manor House featured in a short film presented at the National Portrait Gallery’s exhibition *Elizabeth I and her People*. This exhibition explored the story of the Elizabethans from the Queen, the nobility and gentry to many other talented individuals such as explorers, soldiers, merchants, artists and writers. Eastbury featured alongside Montacute House and Sutton House as examples of Tudor architecture from the period.

Punchdrunk Enrichment, a leading theatre company, produced with funding from Creative Barking and Dagenham an immersive theatrical experience at Eastbury Manor House. Working with young people, the theatre company re-imagined the local *St Ethelburga’s Fair* from the 19th century for three nights in October 2014. Using Hallowe’en and the history of the house as a starting point, the six performances took its audience on a magical and unforgettable tour of the building. Two ticketed Tudor feasts have been organised at Eastbury Manor House for London’s Borough Mayors and Adult and Community Services staff has also helped to promote the house.

Eastbury Manor House and Valence House were also featured in Siobhan Wall’s guidebook *Quiet London: Culture* (2015) (Publisher: Francis Lincoln).

Page 144



Armed Forces Day at Valence House



Children at Eastbury Manor House

Priority 3: Pride and promotion

12

Our heritage is something to be truly proud of. We will use our heritage assets to promote the Borough, and encourage people to visit by expanding upon our extensive events, learning and outreach programme.

No.	Focus area	Success measure	By when	By who
3.1	Improve internal communications between all professional staff, volunteers and friends	<ul style="list-style-type: none"> An annual survey of staff, volunteers and Friends to ascertain whether they feel: Better able to communicate with each other and the general public that they understand decisions reached and the reasons for them 	2019	Heritage Management Team
Page 145	Improve promotions and marketing of the Borough's heritage through collaboration with council departments, outside groups and organisations and the general public	<ul style="list-style-type: none"> Increased awareness of service from 33% to 50% and expand the number of people surveyed 20 examples of positive media coverage each year Increased physical presence i.e. displays and fliers in other venues 	2017	Group Manager, Heritage Services, Culture and Sport, National Trust & Marketing and Communications
3.3	Promote the historical roles and achievements of women in the Borough	<ul style="list-style-type: none"> An exhibition and series of events and talks presented for Women's Empowerment Month. Contribute to a borough wide programme to celebrate 100 years of women's suffrage Feasibility undertaken to investigate the potential to establish an East London Women's Museum in the borough. 	2016 2018 2017	Borough Archivist, Local History Societies, Community Groups & Marketing and Communications
3.4	Create a visitor development plan	<ul style="list-style-type: none"> Visitor Development Plan developed and implemented 	2019	Group Manager & Heritage Services

Priority 3: Pride and promotion

12

No.	Focus area	Success measure	By when	By who
3.5	Improve the way in which we use customers' experience & ideas to develop and improve the service	<ul style="list-style-type: none"> • Customers experiences of the service are being captured and reviewed • Customers ideas are being collected • Customer's experiences and ideas are being used to inform the service Development Plan and Improvement Plan 	2018	Heritage Services
3.6	Eastbury Manor House to attract more regional schools (facilitated by free travel for pupils on London Underground to Upney Station)	<ul style="list-style-type: none"> • Increased number of class visits from schools across the region (East London and Essex) • Promote the Victorian and Tudor Christmas Days as a Key Stage 1 'Festivals' topic 	2019	Interpretation and Outreach Officer
3.7	Continue to develop <i>Treasured Memories</i> project at Eastbury Manor House	<ul style="list-style-type: none"> • More participants • Grant funding 	2020	Eastbury Events Coordinator and Partnerships and Events Officer
3.8	Promote and celebrate the centenary of the Becontree Estate.(Festival of Suburbia)	<ul style="list-style-type: none"> • Prepared to contribute to a programme of national significance in celebrating the centenary of the Becontree Estate 	2019 & 2021	Group Manager for Heritage

Page 146

Priority 4: Inspirational learning

The Heritage Education and Outreach team have been awarded the prestigious Sandford Award for Heritage Education. This award not only recognises the high quality of education delivered, but commemorates how the engagement with local and national heritage inspires the young to contribute to a better future.

Archive Skills Workshops provide the chance for local groups and communities to learn more about what we do; as well as the development of practical skills in researching, digitalising and preserving archive collections. This workshop proved very successful with the Creekmouth Preservation Society, and will be offered to more groups who are undertaking projects funded by the Heritage Lottery Fund.

The Museums and Schools Programme has received over £164,000 of funding from Arts Council England since October 2012. This has enabled the heritage services to facilitate more school visits to local heritage sites and educational sessions at Valence House Museum and Eastbury Manor House, from within and beyond the borough. Funded coaches helped to extend the number of school visits. Valence House has also been a partner Museum for English Heritage Schools' Programme.

In 2014 Explorer Backpacks for families were produced to improve the learning experience of families visiting Valence House Museum.



School group learning about the Romans at Valence House

‘Since it’s been refurbished it’s an interactive place. I’ve brought groups every day this week and they’ve all got something from it’ – Local teacher on school session at Valence House.



Families using Explorer Backpacks at Valence House

Priority 4: Inspirational learning

12

Museums, archives and historic houses bring history to life with a fun experience alongside serious learning. Heritage can have a positive impact on learning attainment and we will expand our work with schools to support the delivery of the school curriculum. We also want to expand outreach to other members of the community to promote 'life-long learning'.

No.	Focus area	Success measure	By when	By who
4.1	Retain Sandford Award for Heritage Education at Valence House and Eastbury Manor House	<ul style="list-style-type: none"> Award retained 	2017	Heritage Interpretation and Outreach Officer
4.2	Continue ACE Museums and Schools Programme – attracting more schools to visit and return to the museum	<ul style="list-style-type: none"> Project delivered and ongoing Continue to attract visits, including out of borough visits and return visits from local schools 	2016	Heritage Interpretation and Outreach Officer & ACE
4.3	Continue to work as partner in the Museum for English Heritage Schools' Programme	<ul style="list-style-type: none"> Project delivered Continue to attract visits from heritage schools 	2016	Heritage Interpretation and Outreach Officer & National Heritage Collection
4.4	Continue to develop the Schools Programme – in response to curriculum changes i.e. a new focus on the chronological time-line and a pre-history topic for Key Stages 1 and 2 and historic festivals at Eastbury MH Also addressing history topics and opportunities at Key Stages 3, 4 and 5	<ul style="list-style-type: none"> At least 2 secondary schools visits per year Children inspired and engaged when visiting Valence and Eastbury Manor Houses as well as through the outreach programme – targeting at least 50 museum/heritage visits from local and regional schools a year – usually including 30 to 60 pupils per visit 	2016-2019	Heritage Interpretation and Outreach Officer

Page 148

Priority 4: Inspirational learning

12

No.	Focus area	Success measure	By when	By who
4.5	Continue to facilitate and promote family/community lifelong learning	<ul style="list-style-type: none">• More people inspired and engaged i.e. 5 volunteer/community-group led learning activities per year• Expand on success of Explorer Backpacks for families, with increased use at Valence	2016-2019	Heritage Interpretation and Outreach Officer
4.6	Respond to the emerging agenda of the Cultural Education partnership (CEP)	<ul style="list-style-type: none">• Contribute to the CEP priorities included content/activities around commemoration of 400th anniversary of Shakespeare's death	2016 - 2020	Heritage Interpretation and Outreach Officer & Group Manager for Heritage

Page 149

Priority 5: More people visit

12

Visits have increased steadily since 2010. The museum, exhibitions, visitor centre and café, education and function rooms and the Archive and Local Studies Centre are proving to be popular with visitors.

A recent Civil War re-enactment: '*The Bloodie Battle of Valence*' was held over the late May bank holiday weekend, attracting over 3000 visitors. It included battle re-enactments with canon fire and stalls. Seventy two percent of the surveyed visitors said it was 'enjoyable'. Positive feedback included, '[a] great way of finding out about history'; 'a most fantastic day, looking forward to future events' and 'very interesting event, lovely venue'.

The Valence House site was also open late for six nights between June and September 2014. These extended opening hours provided increased opportunities for people to visit. There was a programme of special events on each of these evenings to attract a new audience, including 'Baby Bumps' – a talk by Karen Hearn (former curator of the National Portrait Gallery) and 'The Wicked Lady'.

Since the redevelopment of its buildings Valence House has also retained Visitor Attraction Quality Service accreditation from Visit England. Eastbury Manor House increased its opening hours from 10 to 20 days a month in 2013 and 2014. In 2014 and 2015 it also piloted weekly Sunday openings during the summer season.

Valence House and Eastbury Manor House have also been involved in the development of a regional network for heritage sites in Barking and Dagenham, Havering, Redbridge and Thurrock. 'Discover ME' aims to increase visitors across the Metropolitan Essex region by partnership working.



Crowds enjoying entertainment at Armed Forces Day

VisitEngland ™

DISCOVER
ME Explore the Historical Treasures
of Metropolitan Essex

Priority 5: More people visit

More people of all ages from all parts of the community visiting Valence House and Eastbury Manor House regularly and have a fun welcoming and safe experience.

No.	Focus area	Success measure	By when	By who
5.1	Achieve greater understanding of audience segmentation and target promotions through market research. Improve collection of audience data and community engagement	<ul style="list-style-type: none"> Use the Museum Pathways project – to collect audience research Greater use of online surveys for audience research Develop and act on an Audience Development Plan 	2018	Heritage Management Team Marketing and communications
5.2	Increase visitor numbers through more targeted marketing and promotion: Use 'Discover Me' network - to target regional visitors to Eastbury Manor House and increase visits Improve promotion – utilise more methods i.e. Facebook and Twitter for Eastbury Manor House Instagram for young visitors	<ul style="list-style-type: none"> Increased regional and returning visitors at Eastbury Manor House Measure the impact of 'Discover Me' on the number of regional visitors to Eastbury Manor Increased first time visits and those from BME and young residents at Valence House. Develop branding for different target audiences 	2016-20	Heritage Management Team Marketing and communications
5.3	Deliver a more focused events programme, in partnership with outside groups; providing engaging but affordable events for local residents to enjoy	<ul style="list-style-type: none"> 50,000 number of visitors to Valence 42,000 number of visitors to Eastbury Retain VAQS 	2020	Heritage Management Team Events/Outreach Manager/team
5.4	Utilise Transition Funding Project for Eastbury Manor House and complete a bid for HLF Transition Funding for Valence House site	<ul style="list-style-type: none"> Increased funding Increased number of volunteers 	2016-19	Heritage Management Team

Page 151



Local history for all to discover at the Archives and Local Studies Centre

Valence House Museum has been described by the *Museums Journal* as 'One of the best local history museums in London'.

Barking and Dagenham Archives and Local Studies Centre worked in partnership with the Parks Department and Eastside Community Heritage to collect oral histories and contribute to interpretation panels on the history of Barking Park. An interpretation sign was also installed at the Quaker Burial Ground and events and activities undertaken to promote the site. Each of these heritage developments engaged different people and improved interpretation.

Local people were also involved in choosing the artist who then created a mural as part of the *This Used to be Fields* Project at Valence House. The mural continues to inspire lively discussions on the heritage of Barking and Dagenham.

A Mirror in Marks Gate was a history project brought this community together and created a sense of pride and place by focusing on the estate's history.

The borough successfully commemorated the centenary of World War I in 2014, by curating an exhibition, including some pop-up information panels which can be used around the museum for visiting schools in subsequent educational sessions, all of which resourced with Arts Council funding.

The Fifty Years a Borough Project has engaged local people with the heritage of the area since 1965; using storytelling workshops, reminiscence sessions, collection of oral histories, project blog and the use of social media. This culminated in a big celebratory event for the local community, in keeping with the traditions of the Dagenham Town Show. This project has subsequently helped stimulate memories, impacted on wellbeing and contributed to a sense of civic pride in local people.

Priority 6: More people engage

In 2013, Eastbury Manor House started to have regular Sunday openings during the summer.

Themed family days at Eastbury Manor House are popular and bring local heritage to life, in an exciting way. *Meet the Sysleys, Eastbury Christmas, Mothering Sunday, Easter Sunday* have been very popular Sunday events. We also continue to participate in Open House London and Open Gardens Square with Richard Griffiths Architects and the Ranger Service conducting tours and workshops about the building and gardens.

A new exhibition at Eastbury Manor House, 'Made in Barking and Dagenham', detailed the industrial heritage of Barking and Dagenham. It also resulted in a very successful partnership project with English Heritage's *Heritage Schools Education Programme*. Schools took part in a 'Design Show' where they produced work inspired by the industries of the area. Their families and the public were invited to a series of open days to view this work. Overall, 2,142 pupils took part in the project either by making work or visiting the exhibition.

In 2014 Valence House began a programme of free lunchtime 'Collection Masterclass' events that provided the public with new ways to engage with museum, archive and local studies collections that are not generally on display.



Page 153

Dressing up at Eastbury Manor House

'The mural highlights to the community the need for them to understand the history of the area and how much it has changed over the years' – Local resident on the Becontree Mural.

'It has made me want to know more about the history of this place' – Local resident on the Becontree Mural.

Priority 6: More people engage

12

More people from all different backgrounds engage with the history of Barking and Dagenham in a variety of ways to develop their pride and understanding of the heritage of the Borough.

No.	Focus area	Success measure	By when	By who
6.1 Page 154	Barking Abbey improvement, interpretation and promotion	<ul style="list-style-type: none"> Secure investment for improvement works so that the Abbey Ruins are removed from the Heritage at Risk Register and become a place that residents can enjoy and be proud of Work with the Museum of London, UCL and other universities on the development of a project linked to the former Barking Abbey: The Abbey: Unlocking Barking's Past. This project of national significance seeks to carry out a Post Excavation Assessment (PXA) of the archaeological collection excavated from the site in the 1980s and 90s. This will result in unprecedented knowledge and understanding of the Barking Abbey site; better managed archaeological collections; and, improved interpretation of Barking Abbey at both Valence House Museum and Abbey Green and increased visitors Green Heritage Award 	2016-19	Heritage Services, Parks, Outreach and Interpretation Officer, Curator & Museum of London

Priority 6: More people engage

12

No.	Focus area	Success measure	By when	By who
6.2	Improve web presence through online exhibitions and developing the use of social media	<ul style="list-style-type: none"> Ten online exhibitions Increase website promotion and use Increase in number of 'followers' on Facebook, Twitter and Instagram 	2020	Heritage Services & Marketing and Communications
6.3	Participate in the Cultural Education Partnership	<ul style="list-style-type: none"> Heritage service to play a key role in the development and delivery of a 'cultural passport' for every child in the borough 	2020	Group Manager & Heritage Services
6.4	Continue to participate in the Creative People and Places project – <i>Creative Barking and Dagenham</i>	<ul style="list-style-type: none"> Continue to build on the success of local heritage sites being used as key venues for one off and ongoing cultural events and activities, linked to the programme 	2020	Borough Archivist
6.5	Continue to help to promote and engage people in the protection and conservation of the natural heritage of Barking and Dagenham	<ul style="list-style-type: none"> At least six events a year in partnership with the Ranger Service – part of the environment division who are responsible for the Parks and Open Spaces Strategy 	2020	Group Manager, Heritage Services, & Outreach and Interpretations Officer
6.6	Continue to engage more people and groups in heritage regeneration – of historic houses, parks and cemeteries and conservation areas	<ul style="list-style-type: none"> Ten Heritage Lottery Fund supported projects Build on relationships and partnerships with local community groups, regional and national heritage preservation and heritage societies 	2020	Group Manager, Heritage Services, Friends of the Trust & Trustees
6.7	<i>If Walls Could Speak</i> project at Valence and Eastbury Manor Houses	<ul style="list-style-type: none"> Wall paintings better interpreted with new resources for visitors to use 	2020	Heritage Services

Page 155

Priority 6: More people engage

12

No.	Focus area	Success measure	By when	By who
6.8	Celebrate the centenary of the acquisition of Eastbury Manor House.	<ul style="list-style-type: none"> Building the estate project delivered Publications sold 	2018	Heritage Services
6.9	<i>Women and the First World War</i> project	<ul style="list-style-type: none"> Special events delivered 	2016-19	Events Coordinator
6.10	Guide about the history of Valence House	<ul style="list-style-type: none"> Publications sold 	2019	Curator & Local Studies Librarian
6.11	<i>Conserving the Fanshawes</i> project	<ul style="list-style-type: none"> New interpretation resources designed Touring exhibition 	2018	Curator
6.12	Raise profile of the borough and its heritage to a wider audience	<ul style="list-style-type: none"> Annual heritage lecture programme delivered 	2016-2020	Group Manager for Heritage
6.13	Community engagement on the role of Borough residents in the First World War and its impact on our local area	<ul style="list-style-type: none"> Further success in grant applications for project delivery More people engaged 	2019	Borough Archivist, & Outreach and Interpretation Officer
6.14	English Heritage Blue Plaque scheme	<ul style="list-style-type: none"> At least one notable residents to be accepted for a Blue Plaque Greater recognition of the heritage of the borough through promotion 	2017-2020	Group Manager, Heritage Services & English Heritage
6.15	Making collections relevant to local communities	<ul style="list-style-type: none"> Programme of community engagement events, contemporary collecting and exhibitions 	2020	Curator & Borough Archivist
6.16	Work with Creative Barking and Dagenham to establish an annual winter festival of light at Eastbury Manor House that is developed and delivered by local cultural connectors.	<ul style="list-style-type: none"> Festival of Light delivered at Eastbury Manor House 	2016 and annually	Heritage Services

Page 156

Priority 7: Building community capacity

12

Volunteers are actively involved in the work of Valence House and Eastbury Manor House.

Volunteers have compiled research and finding aids onto a series of family history CD-ROMs. Their innovative work has improved access to the family history resources held at the Barking and Dagenham Archives and Local Studies Centre. They were involved in moving, cleaning and repackaging archive and local studies material during the move to the new purpose built stores and listing approximately 10,000 building control plans. They have helped to significantly improve access to the archive collection. In 2014 our volunteers began to organise their own adult workshops as a means to raise money for the service. These included workshops on making lavender wands and corsages.

A Friends group has been established at Eastbury Manor House to help raise funds for events and conservation works.

Some of our heritage volunteers have been nominated and shortlisted for awards such as the 'Star Award' and Gardener Award.

I enjoy the community spirit, interesting research work, meeting different people and contributing to something useful in my retirement in a pleasant and stimulating environment' – Ray Amos



Frank Beale is one of a group of dedicated volunteers that help out at the Archives and Local Studies Centre

Volunteers helping with the deep clean at Valence House Museum

'Being a volunteer enables you to meet people from different walks of life, learn new skills and help the local community' – Olive Goodman

Priority 7: Building community capacity

12

Volunteering in museums, archive or historic house helps people to take an active part in the community. We will develop more opportunities for people to come together to socialise and contribute to society through volunteering.

No.	Focus area	Success measure	By when	By who
7.1	Promote volunteering opportunities to the wider community to ensure the volunteers reflect the local community	<ul style="list-style-type: none"> Increase number of volunteer hours 	March 2020	Heritage Properties Manager & Volunteer Manager
7.2	Seek further partnerships and funding to develop specific opportunities for heritage projects, contributed to by volunteers	<ul style="list-style-type: none"> Partners established Projects developed Volunteers recruited 	2016-2020	Heritage Services
Page 158	Reinvigorate Friends groups at Valence House and Eastbury Manor House, to adopt a more contemporary approach to supporting, advocating and fundraising for the borough's historic properties and local heritage	<ul style="list-style-type: none"> At least four major events per year to bring people together and increase support and engagement of Friends and volunteers Quarterly meetings for an unified group of Friends and volunteers in the Heritage Services All supporters signed up to regular communications 	2020	Heritage Services Management Team
7.4	Continue to work with <i>Museum Pathways</i> to train those seeking a career in heritage services and investigate the possibility of a internship programmes for museum/archive development	<ul style="list-style-type: none"> Continue to offer hands on experience of heritage work for at least one trainee a year Successfully recruit at least one local graduate to support their career and aspiration development 	2019	Heritage Management Team
7.5	Investigate the potential of establishing a Friends Group to manage the Barking Abbey Ruins and Abbey Green	<ul style="list-style-type: none"> Friends Group Established Hlf Bid submitted Renovation and interpretation scheme implemented 	2018	Group Manager for Heritage & Divisional Director of Culture and Sport

Priority 7: Building community capacity

12

No.	Focus area	Success measure	By when	By who
7.10	Promote the involvement of young people and provide opportunities for work experience and voluntary work	<ul style="list-style-type: none">• Provide opportunities for 2 work experience placements per year• Aim to increase the number of young people volunteering	2020	Heritage Management Team
7.11	Continue to support the Creekmouth Preservation society	<ul style="list-style-type: none">• Build on the success of the Creekmouth Heritage Project in showcasing and engaging people in the history of Creekmouth Village, Thames View Estate and the landscape of Barking Riverside.	2020	Borough Archivist, Curator, Outreach and interpretation Officer

Priority 8: Improving health and wellbeing 12

In spring 2012 Valence House Museum conducted a series of 10 reminiscence sessions with a group of volunteers over the age of 60. An initial discussion using a shopping basket sparked the enthusiasm of the group. Within a short period of time the group became self-sufficient, with members choosing subjects for discussion and bringing in personal items that related to the subjects. By the end of the sessions new friendships had been created and several of the group had asked to become active in museum education sessions, talking to children.

Eastbury Manor House is working with the local community to promote health and wellbeing through *Treasured Memories* – reminiscence sessions, yoga, gardening, bowls and Tai Chi.



Page 160

Photograph showing elderly welfare in the borough digitised as part of the Fifty Years a Borough Project.

Priority 8: Improving health and wellbeing

12

Our museums and archives have unique and as yet untapped potential to improve the health and wellbeing of local people. We will develop health and wellbeing pilot projects in consultation with GPs and Council colleagues, i.e. for people with dementia and those suffering from depression.

No.	Focus area	Success measure	By when	By who
8.1	A volunteer programme that promotes wellbeing to its participants	<ul style="list-style-type: none"> 9,000 volunteer hours per year 	2020	Heritage Services Management Team
8.2	Continue to promote Heritage properties and gardens as places of tranquillity - providing opportunities for reflection, exercise, communication and new friendships.	<ul style="list-style-type: none"> 6 heritage garden activities or events each year 	2020	Heritage Services, Parks & Marketing and Communications
Page 161	Valence Café to promote healthy eating	<ul style="list-style-type: none"> Increased use of fresh, home-grown, seasonal produce A popular menu reflecting local heritage and using our garden produce At least 7 café events a year promoting healthy eating as outlined in the focus area 	2020	Café and visitor centre staff, Heritage Services & Marketing and Communications

The evening events programme including candlelit tours, quizzes and Murder Mystery nights at Eastbury Manor House are popular, value for money and bring in income to the services. These events are often fully booked with many repeat visitors.

The Heritage Education Team secured over £164,000 of funding as part of the Arts Council Museum and Schools programme. The funding provided additional staff to deliver increased school visits to Valence House Museum. Educational revenue from school visits to Valence and Eastbury, during this time, has raised about £20,000 per year.

Both Valence House and Eastbury House have established fund-raising events such as paranormal activity nights and themed afternoon teas.

The archives and Local Studies centre have increased income from publication licenses generated by the borough's photographic/film collection

Barking and Dagenham Archives and Local Studies Centre have been awarded £65,000 from the Heritage Lottery Fund for the *Fifty Years a Borough* Project which celebrated the 50th Anniversary of Barking and Dagenham becoming a London Borough.

Heritage Lottery Funding has also secured £100,000 of Transition Funding to sustain Eastbury Manor House over the coming years.



Mothers Day Afternoon Tea at Eastbury Manor House

Priority 9: Financial sustainability

12

As with the rest of the public sector, the Council is in constrained financial circumstances. Going forward it is essential that the heritage provision is managed in a cost effective way, delivering better for less.

No.	Focus area	Success measure	By when	By who
8.1	Develop the Cafés at Valence House and Eastbury Manor House	<ul style="list-style-type: none"> Improved menus Increase customers and revenue 	2016-2017	Heritage Management Team
8.2	Continue to develop commercial and educational hire at Valence House and Eastbury Manor House	<ul style="list-style-type: none"> Maintain educational hire to sustain the Museum Education Programme (established using ACE funding for the long term) and use of educators Increase income by £80,000. 	2016-2020	Heritage Services
8.3	Improve the retail provision at Valence house and Eastbury Manor House	<ul style="list-style-type: none"> Continue to develop the product range and displays Increase the number of customers and income 	2016-2020	Heritage Services
8.4	Continue to appraise the management and delivery of Heritage Service	<ul style="list-style-type: none"> Options appraisal completed and reported 	2020	Culture and Sport
8.5	Aim to reduce the services' carbon footprint to help the environment and reduce costs	<ul style="list-style-type: none"> Reduced cost of fuel bills Reduced carbon footprint 	March 2020	Group manager Heritage Services
8.6	Continue to develop revenue from the borough archives and local studies by uploading a further 4,000 images on to the Borough Photographs Website	<ul style="list-style-type: none"> Generate increased income from the borough archives 	2016	Borough Archivist Heritage Services
8.7	External investment	<ul style="list-style-type: none"> Submit at least two external funding bids per year Application for Arts Council NPO funding 	2016-2020 2018	Group Manager for Heritage

Page 163



- 1 LB of Barking and Dagenham's website: council/Priorities and Strategies/Vision and Priorities/Overview
- 2 Previous Heritage Strategies
- 3 The Audience Agency's 2013 Report on Valence House Museum
- 4 London Borough of Barking and Dagenham Council Statement of Priorities 2012/13
- 5 *People, Time and Place* LBBDD Heritage Strategy 2000
- 6 *Valuing our heritage: the case for the future investment in the historic environment*. English Heritage, the National trust, Heritage Lottery fund, the Historic Houses Association and Heritage Link, January 2007.
- 7 Historic England: *Valuing Our Past Enriching Our Future* – Historic England Corporate Plan 2015-18, Published 11 March 2015
- 8 Sir Laurie Magnus, Chairman, Historic England: *Valuing Our Past Enriching Our Future* – Historic England Corporate Plan 2015-18, Published 11 March 2015
- 9 Department for Culture, Media & Sport: English Heritage New Model - Consultation Response, October 2014
- 10 The Audience Agency's 2013 Report on Valence House Museum
- 11 Historic England: *Valuing Our Past Enriching Our Future* – Historic England Corporate Plan 2015-18, Published 11 March 2015
- 12 Department for culture, media and sport - Taking Part 2014/15 Quarter 3, Statistical Release, March 2015
- 13 English Heritage Corporation Plan, 2011-15
- 14 Ed Vaisey MP, Department for Culture, Media & Sport: English Heritage New Model - Consultation Response, October 2014

Produced by Culture and Sport Division,
London Borough of Barking and Dagenham

May 2016

Celebrating our past, looking forward with pride

For more information please contact:

Chris Foord
Group Manager for Heritage
Valence House
Becontree Avenue
Dagenham RM8 3HT
Chris.Foord@lbbd.gov.uk

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CABINET

28 JUNE 2016

Title: Ethical Care Charter	
Report of the Cabinet Member for Social Care and Health Integration	
Open Report	For Decision
Wards Affected: All	Key Decision: No
Report Author: Louise Hider, Principal Commissioning Manager, Adults' Care and Support	Contact Details: Tel: 020 8227 2861 E-mail: louise.hider@lbbd.gov.uk
Accountable Director: Mark Tyson, Commissioning Director, Adults' Care and Support	
Accountable Strategic Director: Anne Bristow, Deputy Chief Executive and Strategic Director for Service Development and Integration	
Summary	
<p>In response to feedback from homecare workers in the care and support sector, UNISON launched an Ethical Care Charter in November 2012. The Charter provides a set of standards that they are asking local authorities to follow when they are commissioning homecare services. The Charter seeks to provide a baseline for fair working conditions for homecare workers, and in turn, ensure that service users are not 'short changed' in the care that they receive.</p> <p>Nationally, this is also enshrined in the Care Act 2014 and the Council has worked hard to embed these requirements in the homecare that we commission locally. Officers consider that a properly trained and remunerated workforce is the key to delivering good quality care and support in Barking and Dagenham. This is reiterated through our local vision and priorities and our ambition for Borough growth.</p> <p>The principles set out in the UNISON Ethical Care Charter underpin the approach that we have taken in the Borough with local homecare agencies. As such, it is recommended that Cabinet agree to formally sign up to the Charter. The Charter will be discussed with homecare providers at the next Homecare Provider Forum.</p>	
Recommendation(s)	
The Cabinet is recommended to agree that the Council signs up to the principles outlined in the UNISON Ethical Care Charter for the commissioning of homecare.	
Reason(s)	
The Council has committed to a vision of 'One borough; One community; London's growth opportunity'. Championing the principles of the Ethical Care Charter will contribute to the delivery of this vision, particularly the priority of 'enabling social responsibility'. A key principle of this priority is 'protecting the most vulnerable, keeping adults and children	

healthy and safe' and a properly trained and remunerated workforce is key to delivering high quality homecare to those, often vulnerable individuals, who need it.

1. Introduction and Background

- 1.1 In November 2012, UNISON published the UNISON Ethical Care Charter. The Charter can be found by accessing:
<https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220142.pdf>
- 1.2 The Ethical Care Charter was created in response to feedback from homecare workers (both UNISON members and non-members). An online survey undertaken in June and July of 2012 by UNISON with 431 homecare workers highlighted often poor terms and conditions for workers which helped contribute towards lower standards of care for people in receipt of homecare services.
- 1.3 Survey results found that:
- 79.1% of respondents reported that their work schedule was arranged in such a way that they either had to rush their work or leave a client early to get to their next visit on time.
 - 56% of respondents received between the national minimum wage of £6.08 an hour at the time of the survey and £8 an hour. The majority of respondents did not receive set wages making it hard to plan and budget.
 - 57.8% of respondents were not paid for their travelling time between visits.
- 1.4 The Ethical Care Charter seeks to establish a minimum baseline for the safety, quality and dignity of care by ensuring fair conditions for homecare workers. The Charter also looks to ensure that service users are not 'short changed' in the care that they receive. The Charter includes the following standards for local authorities to consider when they are commissioning homecare (please note, this is a summary of the standards and the full list can be found in the link at paragraph 1.1 above):

Services meeting need (not minutes!) - Commissioning homecare should be based on service user need and not minutes or tasks, with time allocated to visits matching the needs of the service user. The Ethical Care Charter states that a local authority should not commission 15 minute visits.

Travel remuneration - Homecare workers will be paid for their travel time, their travel costs and other necessary expenses. Homecare workers who are eligible must also be paid statutory sick pay.

Sustainable pay - All homecare workers will be paid at least the Living Wage.

Not tied to zero hours - Zero hour contracts will not be used in place of permanent contracts.

Regular training - All homecare workers will be regularly trained to the necessary standard.

Reduce isolation - Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation.

Scheduling and continuity - Visits will be scheduled so that homecare workers are not forced to rush their time with service users and the same homecare worker should support a service user wherever possible.

- 1.5 Since its publication, UNISON has asked Councils to sign up to the Charter and they regularly publish the names of councils who sign up on their website:
<https://www.unison.org.uk/>

2. Homecare in Barking and Dagenham

- 2.1 The Council believes that its role is to harness the Borough's potential for the benefit of all, ensuring that no one is left behind. As an employer, the Borough has made a commitment since 2013 to pay its own staff, including permanent and agency staff who work for the Council, at least a London Living Wage. Although we cannot enforce the same commitment with our partners, we have pledged to work with the Borough's businesses, voluntary and community sector to ensure that everyone is working together to grow the Borough and benefit from its growth, and that people who work in this Borough have the appropriate conditions and opportunities to fulfil their potential.¹
- 2.2 Nationally, the Care Act 2014 has enshrined the importance of proper training and remuneration for the care and support workforce. The Care Act states that local authorities should assure themselves that providers meet national wage standards. This includes appropriate remuneration for any time staff spend travelling between appointments. New market shaping duties on local authorities mean that Councils must also stimulate, signal to and engage with providers and must not undertake any actions which may threaten the sustainability of the market as a whole e.g. setting fee levels below a sustainable amount for providers in the long term.
- 2.3 Homecare agencies deliver a significant proportion of care and support in Barking and Dagenham, making up 21.5% of the support that service users buy, mainly through a managed personal budget. In January 2016 the Council concluded a tender for an approved list of homecare providers. Out of the 41 that applied for the tender, 15 were invited to join the approved list which will be in place for the next four years. Throughout the tender process, the local authority sought to ensure that the homecare agencies exemplified the Council's vision and priorities, as well as the standards outlined in the Care Act around proper remuneration and fee sustainability. This included:

Outcome-focused services

The tender requested that providers needed to be outcome-focused in the homecare that they delivered, focusing on meeting the needs, preferences and wishes of the service user. Providers were told that they must not deliver homecare calls of less than 30 minutes as the local authority believes that a person-centred, quality service cannot be delivered in less time than this.

Sustainable rates

¹ Council's Response to the Growth Commission and Ambition 2020, Report to Cabinet (19 April 2016) - <http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=180&MId=8153&Ver=4>

Ensuring a sustainable rate of pay was also a key part of the tender evaluation. Two prospective providers who passed the initial evaluation were removed from the successful list because it was felt that the homecare rates that they submitted did not demonstrate sufficient financial leverage to accommodate annual increases of the National Living Wage (NLW) for their homecare workers, as well as national insurance and pension contributions. All of the successful providers on the approved list are paying NLW and can absorb the increase in the NLW over the coming years. Positively, 8 out of the 15 providers are paying their staff London Living Wage (£9.15) and this was scored highly as part of the evaluation process.

Travel time remuneration

All successful tenderers were evaluated to ensure that they properly remunerated their staff for travel between appointments. Commissioners contacted the UK Homecare Association (UKHCA) for advice in this matter who advised that they used an average of 11.4 minutes of travel time per 1 hour of care time in their calculations. Using this figure, the successful tenderers were checked to ensure they were paying a reasonable overall amount to their staff, of which all do. A reiteration of the need to ensure workers are legally remunerated is also contained in the contract.

Zero hours contracts

Due to the nature of the homecare market, it is not possible to insist that all providers give their homecare workers permanent contracts. However, as part of the tender, all successful tenderers confirmed that homecare workers were not tied to zero hours contracts and could secure work elsewhere.

Regular training

Training was evaluated as part of the tender process and all homecare workers are regularly trained to the necessary standard. Training is also monitored on an ongoing basis through the local authority's quality assurance regime and discussed regularly at the local authority's Homecare Provider Forum.

Scheduling and continuity

As part of the tender, providers were marked on their proposed staffing and delivery structure, including recruitment, training (as above), staff retention and rostering. The Council is assured that the successful providers have adequate rostering arrangements in place to ensure that homecare workers provide continuity of service to service users and are not forced to rush the care they deliver. Homecare calls are closely monitored through electronic call monitoring systems, professional feedback and through regular service user satisfaction spot checks. Over the last three months, over 92% of service users have been satisfied with the home care that they receive.

- 2.4 When compared against the Ethical Care Charter standards in paragraph 1.4 above, the local authority's approach has been consistent with the principles that underpin UNISON's Charter.

3. Signing up to the Charter

- 3.1 Although the UNISON Ethical Care Charter for homecare was written before the introduction of the Care Act 2014, it is clear that its aims not only support those detailed in the Care Act, but also our own Borough vision of growth, opportunity and 'no one left behind'. A properly trained and remunerated workforce is the key to delivering quality care and support in the Borough. We have already taken positive steps to ensure that the homecare agencies that we work with offer fair conditions to their workforce, in pursuit of good standards of care for our residents. These steps echo the principles outlined in the UNISON Ethical Care Charter. This report therefore recommends that Cabinet agree to sign up to the Ethical Care Charter for commissioning homecare.

Next Steps

- 3.2 Pending agreement from Cabinet, the local authority will ensure that the principles in the Charter, alongside those outlined in our own vision, priorities and that of the Care Act, will underpin our approach to working with the homecare sector over the coming years.
- 3.3 A number of the principles outlined in the Ethical Care Charter have been met through the evaluation of the homecare tender and will continue to be monitored and developed with our network of homecare providers. On agreement from Cabinet, the Charter will be launched with providers at the next Homecare Provider Forum in Autumn 2016.
- 3.4 The Borough's Market Position Statement (https://search3.openobjects.com/mediamanager/barking/asch/files/ad6814-lbbdmarkstatpages_web_final_1.pdf) is also being refreshed this year. As part of this refresh, we will be ensuring that we reiterate the importance of a well-qualified and remunerated workforce to current and prospective providers and promote the principles of the UNISON Ethical Care Charter in the refreshed document.

4. Consultation

- 4.1 As part of discussions surrounding the UNISON Ethical Care Charter, consultation has been undertaken with UNISON, the Deputy Leader of the Council and Cabinet Member for Finance, Growth & Investment, and the Cabinet Member for Social Care and Health Integration. Paper consultation has also been undertaken with the Workforce Board.

5. Financial Implications

Implications completed by: Richard Tyler, Interim Group Finance Manager

- 5.1 There are no direct financial implications as a result of signing up to the Charter as the standard requirements of the Charter are principles which are already in place and managed through existing base budgets.

6. Legal Implications

Implications completed by: Dawn Pelle, Adult Care Lawyer

6.1 There are no legal implications in this report.

Public Background Papers Used in the Preparation of the Report:

Council's Response to the Growth Commission and Ambition 2020, Report to Cabinet (19 April 2016) - <http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=180&MId=8153&Ver=4>

The Barking and Dagenham Market Position Statement - https://search3.openobjects.com/mediamanager/barking/asch/files/ad6814-lbbdmarkstatpages_web_final_1.pdf

List of appendices: None

CABINET**28 June 2016**

Title: Treasury Management Annual Report 2015/16	
Report of the Cabinet Member for Finance, Growth and Investment	
Open	For Decision
Wards Affected: None	Key Decision: Yes
Report Author: David Dickinson, Group Manager Pensions and Treasury	Contact Details: Tel: 020 8227 2722 E-mail: david.dickinson@lbbd.gov.uk
Accountable Director: Kathy Freeman, Finance Director	
Accountable Strategic Director: Jonathan Bunt, Strategic Director – Finance and Investment	
<p>Summary</p> <p>Changes in the regulatory environment now place a greater onus on Elected Members for the review and scrutiny of treasury management policy and activities. This report (the Treasury Management Annual Report) is important in that respect, as it provides details of the outturn position for treasury activities, significant new borrowing proposed, and highlights compliance with the Council's policies previously approved by the Assembly prior to the start of each financial year.</p> <p>This report presents the Council's outturn position in respect of its treasury management activities during 2015/16. The key points to note are as follows:</p> <ul style="list-style-type: none"> ➤ Investment income for the year was £3.7m (2014/15: £1.6m), an outperformance against budget of £834k; ➤ The Council's interest return of 1.37% for 2015/16 was 0.54% higher than the average London Peer Group return and 0.73% higher than the Local Authority average return; ➤ The value of investments as at 31 March 2015 totalled £227.1 million; ➤ The value of long term borrowing as at 31 March 2016 totalled £394.9m. This comprised market, PWLB and European Investment Bank loans; ➤ The value of short term borrowing as at 31 March 2016 totalled £57.2m; ➤ There was no long term General Fund borrowing in 2015/16; ➤ The Council did not breach its 2015/16 authorised borrowing limit of £802m or its Operational Boundary limit of £751m; and 	

- The Council complied with all other set treasury and prudential limits.

Recommendation(s)

The Cabinet is asked to recommend the Assembly to:

- (i) Note the Treasury Management Annual Report for 2015/16;
- (ii) Note that the Council complied with all 2015/16 treasury management indicators;
- (iii) Approve the actual Prudential and Treasury Indicators for 2015/16;
- (iv) Approve the amendments to the counterparty limits outlined in section 4.4 of the report;
- (v) Note that the Council borrowed £30m from the Public Works Loan Board (PWLB) in June 2016 to fund capital expenditure; and
- (vi) Maintain the delegated authority to the Strategic Director for Finance and Investment, in consultation with the Cabinet Member for Finance, Growth and Investments, to continue to proportionally amend the counterparty lending limits agreed within the Treasury Management Strategy Statement to take into account the additional cash holdings resulting from borrowing from the European Investment Bank and the PWLB.

Reason(s)

This report is required to be presented to the Assembly in accordance with the Revised CIPFA Code of Practice for Treasury Management in the Public Services.

1. Introduction and Background

- 1.1. The Council is required by regulations issued under the Local Government Act 2003 (as amended 2010) to produce an annual treasury management review of activities and the actual prudential and treasury indicators for 2015/16.
- 1.2 The report has been produced in accordance with the Revised CIPFA Code of Practice for Treasury Management in the Public Services 2009 adopted by this Council on 16 February 2010 and the CIPFA Prudential Code for Capital Finance in Local Authorities (the Prudential Code).
- 1.3 For the 2015/16 period Assembly received the following reports:
 - an annual treasury strategy in advance of the year (Assembly 24/02/2015);
 - a mid-year (minimum) treasury update report (Assembly 02/12/2015); and
 - an annual review following the end of the year describing the activity compared to the strategy (this report).

1.4 This Annual Treasury Report covers:

- The Council's treasury position as at 31 March 2016;
- Economic Factors and Interest rates in 2015/16;
- Investment Strategy and Performance in 2015/16;
- Borrowing Outturn;
- Treasury Management costs in 2015/16;
- Compliance with Treasury limits and Prudential indicators;
- Lending to Commercial and External Organisations; and
- Prudential Indicators for 2015/16 (Appendix 1).

2. Treasury Position as at 31 March 2016

2.1 The Council's treasury position for 2014/15 and 2015/16 can be found in table 1:

Table 1: Council's treasury position at the start and end of 2015/16

	31-Mar-2015	Average Rate of interest	Average Life	31-Mar-2016	Average Rate of interest	Average Life
	£'000	%	Yrs	£'000	%	Yrs
Fixed Rate Debt - Long Term Borrowing						
HRA – PWLB	265,912	3.50	40.81	265,912	3.50	39.67
GF - Market	40,000	4.02	53.61	40,000	4.02	52.61
GF – EIB	89,000	2.21	29.83	89,000	2.21	28.83
Fixed Rate Debt - Short Term Borrowing						
GF - Local Authorities				57,200	0.52	0.08
Total Debt	394,912	3.26	39.34	452,112	2.92	39.34
Investments						
In-House*	217,926	1.08	0.80	227,111	1.37	1.24
Total Investments	217,926	1.08	0.80	227,111	1.37	1.24

* excludes a prepayment made to Elevate and external school cash balances.

2.2 The Council manages its debt and investment positions through its in-house treasury section in order to ensure adequate liquidity for revenue and capital activities, security for investments and to manage risks within all treasury management activities.

2.3 Procedures and controls to achieve these objectives are well established both through Member reporting detailed in the summary, and through officer activity detailed in the Council's Treasury Management Practices.

3. The Economy and Interest rate in 2015/16

3.1 Market expectations for the first increase in Bank Rate moved considerably during 2015/16, starting at quarter 3 2015 but soon moving back to quarter 1 2016. However, by the end of the year, market expectations had moved back radically to quarter 2 2018 due to many fears including concerns that China's economic growth could be heading towards a hard landing; the potential destabilisation of some emerging market countries particularly exposed to the Chinese economic slowdown; and the continuation of the collapse in oil prices during 2015 together with continuing Eurozone growth uncertainties.

- 3.2 These concerns have caused sharp market volatility in equity prices during the year with corresponding impacts on bond prices and bond yields due to safe haven flows. The Bank Rate, therefore, remained unchanged at 0.5% for the seventh successive year. Economic growth (GDP) in 2015/16 has been disappointing with growth falling steadily from an annual rate of 2.9% in quarter 1 2015 to 2.1% in quarter 4.
- 3.3 The sharp volatility in equity markets during the year was reflected in sharp volatility in bond yields. However, the overall dominant trend in bond yields since July 2015 has been for yields to fall to historically low levels as forecasts for inflation have repeatedly been revised downwards and expectations of increases in central rates have been pushed back. In addition, a notable trend in the year was that several central banks introduced negative interest rates as a measure to stimulate the creation of credit and hence economic growth.
- 3.4 The European Central Bank (ECB) commenced a full blown quantitative easing programme of purchases of Eurozone government and other bonds starting in March at €60bn per month. This put downward pressure on Eurozone bond yields. There was a further increase in this programme of QE in December 2015.
- 3.5 As for America, the economy has continued to grow healthily on the back of resilient consumer demand. The first increase in the central rate occurred in December 2015 since when there has been a return to caution as to the speed of further increases due to concerns around the risks to world growth.
- 3.6 The UK elected a majority Conservative Government in May 2015, removing one potential concern but introducing another due to the promise of a referendum on the UK remaining part of the EU. The government maintained its tight fiscal policy stance but the more recent downturn in expectations for economic growth has made it more difficult to return the public sector net borrowing to a balanced annual position within the period of this parliament.

4. Investment Strategy and Performance in 2015/16

4.1 Annual Investment Strategy (AIS) 2015/16

- 4.1.1 All investments were managed in-house and were invested with institutions of high credit standing listed in the Council's approved lending list and specified limits. The Council invested over a range of periods from overnight to two years and in some cases over two years dependent on the Council's cash flows, its treasury management adviser's view, its interest rate view and the interest rates on offer.
- 4.1.2 The Council meet quarterly with its Investment Adviser to discuss financial performance, objectives and targets in relation to the investments and borrowing managed on behalf of the Council. A monthly treasury meeting was held between the Strategic Director – Finance and Investment (SDFI) and the treasury section to discuss strategy and to ensure close monitoring of investment decisions. The Cabinet Member is briefed regularly on treasury activity by the Strategic Director.

4.1.3 The Council's investment policy is governed by CLG guidance, which was implemented in the 2015/16 AIS, approved by the Assembly on 24 February 2015. The policy sets out the Council's approach for choosing investment counterparties.

4.1.4 The key points relating to the annual investment strategy were:

- (i) As part of regulation changes within the banking sector the UK Government will remove the expectation that governments will support financial institutions in the event of an institution failing. To do this the UK Government has agreed a process to deal with a financial institution failure, which includes the option for institutional investors to lose part of their invested cash as part of a "bail in".

An area of concern is the potential for rating agencies to downgrade the banks the Council is invested with due to the loss of the implied government support. This could have brought them below the minimum credit rating agreed by the Council in the 2015/16 TMSS or the equivalent for 2016/17. Members agreed that where the credit rating is taken into account, the minimum credit rating criteria be revised from A / F1 to A- F2.

- (ii) To support the significant savings requirement the Council has for 2015/16 and 2016/17, Members agreed savings targets for treasury. To achieve the interest target the treasury section needs to achieve the following average returns on an estimated average cash balance of £140m: The savings target and return target are outlined in table 2 below:

Table 2: Treasury Savings Targets for 2015/16 to 2016/17

Savings Proposal	2015/16 £000	2016/17 £000	Total £000
Increase in Average Return as Rates Rise	500	500	1,000
Increase Counterparty Risk	250	-	250
Increase Duration Risk	100	-	100
Total Savings	850	500	1,350
Target Return	1.25%	1.70%	

- (iii) To achieve the interest income budget set, without taking significant risk the treasury section has sought to increase the duration of a number of investments. Potential higher returns will be weighed against the risk of locking in investments.
- (iv) To maintain the authority delegated to the SDFI, in consultation with the Cabinet Member for Finance, Growth & Investment, to proportionally amend the counterparty lending limits agreed within the TMSS to take into account the initial increase in cash from the EIB but also the subsequent decrease in cash balances.

4.2 Investments decisions during 2015/16

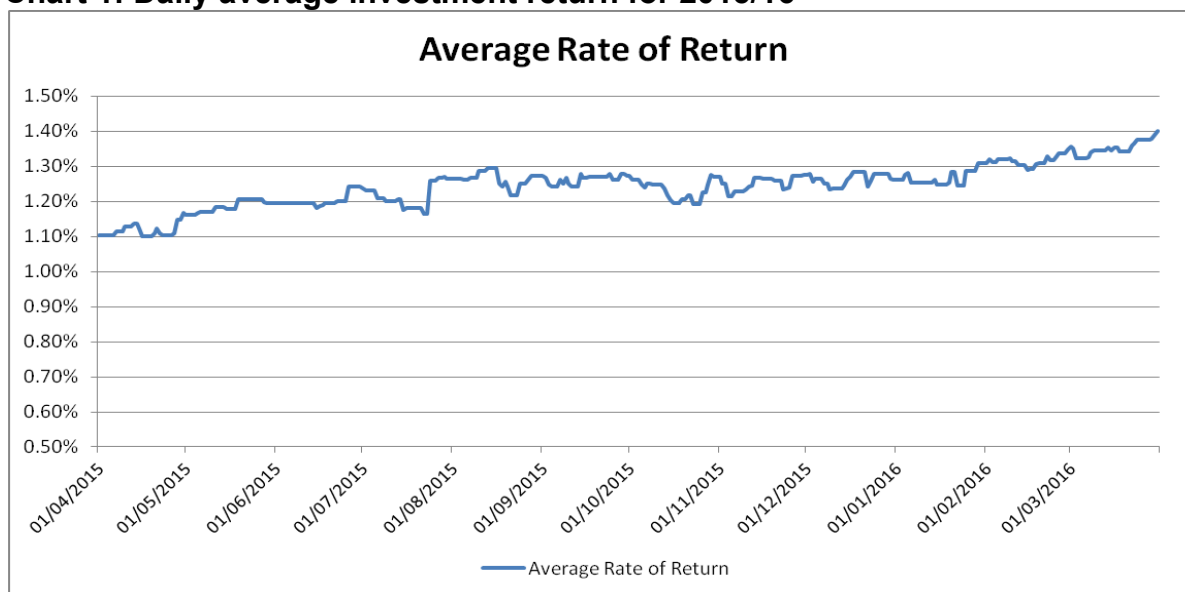
4.2.1 When making investment decisions the Council must have regard to its investment priorities being:

- (a) The **security** of capital;
- (b) The **liquidity** of its investments; and
- (c) **Yield** (after ensuring the above are met).

4.2.2 Using the above as the basis for investment decisions does mean that investment returns will be lower than would be possible were yield the only consideration. During 2015/16 the Council ensured that all investments were made with appropriately rated counterparties and that liquidity was maintained. On occasion short term borrowing was also used to allow the Council to take advantage of investment opportunities.

4.2.3 For 2015/16 an investment return target of 1.25% was used by the treasury section. During the year there were a number of opportunities for the Council to invest with credit worthy financial institutions as well as Local Authorities over a longer duration at much improved rates. As a result of these opportunities the treasury section was able to provide an average return of 1.30% during the year and ended the year with an average return of 1.37%. Chart 1 below graphically illustrates the increase in the average daily return for the Council during the year

Chart 1: Daily average investment return for 2015/16



4.2.4 The average cash balance held was £230m, which included the use of short-term borrowing to cover some of the investment opportunities. Short-term borrowing was also used to smooth the cash flow fluctuations, allowing treasury to keep a significant proportion of its investments invested over a longer duration.

4.2.5 Due to the outperformance of the return and the significantly higher average cash balance held, treasury was able to outperform its benchmark by £834k, providing an overall gross interest income to the Council of £3.7m.

4.3 Strategy Changes in 2015/16

4.3.1 The Council's investment policy was agreed in the annual investment strategy approved by the Assembly on 24 February 2015. Members agreed to delegate authority to the SDFI in consultation with the Cabinet Member for Finance to proportionally amend the counterparty lending limits agreed within the Treasury Management Strategy Statement to take into account the potential additional £150m from the EIB.

During the year the SDFI made the following strategy changes:

- i. As at 22 July 2015 the Council held gross cash balances of £260m which were significantly higher than forecast of £200m in the TMSS. A delegated decision agreed to temporarily increase the RBS limit set in the Treasury Management Strategy Statement from £50m to £90m, with the increase also to the unspecified limit, taking it from £30m for RBS to £90m.
- ii. To accommodate this increase, the limit on Lloyds was reduced, as and when deals mature, from £80m to £50m. This decrease supported the treasury strategy of reducing the Council's exposure to Lloyds as it became more evident that the government holdings in Lloyds would be sold in early 2016.

4.4 Proposed Strategy Changes in 2016/17

- 4.4.1 In February the Assembly agreed to counterparty limits for both specified investments (investments maturing within one year) and non-specified investments (investments with a maturity over one year).
- 4.4.2 The counterparty limits were set to accommodate the cash balances forecast for 2016/17 and included delegated authority given to the SDFI, in consultation with the Cabinet Member for Finance, to proportionally amend the counterparty lending limits agreed within the TMSS to take into account the additional cash holdings resulting from the £89m borrowed from the European Investment Bank.
- 4.4.3 As part of the Ambition 2020 a strategy was agreed to increase the Council's income generating asset base and enable the Council to be an active participant in the growth opportunities within in borough but with a very clear focus on return. The target investment return expected, after all costs, is 5% based on £100m investment. The majority of the £100m requires external borrowing and a strategy of borrowing when costs are low was implemented in early 2016.
- 4.4.4 In June 2016, as a result of uncertainty over the referendum, the cost of long term borrowing significantly reduced. As a result the SDFI agreed to borrow the following amounts from the Public Works and Loans Board (PWLB):

On 9 June 2016 borrowed £20m at 2.72% with a 50 year maturity; and
On 14 June 2016 borrowed £10m at 2.65% with a 42.5 year maturity.

- 4.4.5 There is potential for further borrowing to be made should rates continue to remain low. Chart 2 below outlines the significant decrease in the 50 year bond yield since the start of the year:

Chart 2: UK Government 50 year gilt yield 14 June 2006 to 14 June 2016



4.4.6 The borrowing taken out has the direct effect of increasing the cash balances held by the Council. As a result the counterparty limits need to change to accommodate this. The following proposed changes are recommended:

Counterparty / Financial Instrument	Non-Specified Investments Counterparty Limit £m		
	Maximum Duration	Current Counterparty Limit £m	Proposed Counterparty Limit £m
Lloyds Banking Group	1 to 3 years	£50m	£65m
Other UK Banks & Building Societies	1 to 3 years	£30m per counterparty	£40m per counterparty
Property Funds	N/A	£15m	£20m

4.4.7 The proposed changes will provide sufficient investment room with the major counterparties the Council invests with during the period of elevated cash balances.

4.4.8 As the elevated cash balances will be invested throughout 2016/17 and into 2017/18 it is recommended that delegated authority is given to the SDFI, in consultation with the Cabinet Member for Finance, to continue to proportionally amend the counterparty lending limits agreed within the TMSS to take into account the additional cash holdings resulting from borrowing from the European Investment Bank and the PWLB.

4.5 Performance Benchmark in 2015/16

As part of ensuring value for money and to monitor the Council's investment return, the Council's treasury performance is benchmarked by against a peer group of other Local Authorities. Benchmarking date is provided by the Council's treasury advisors, Capita Asset Services. Table 3 summarises the main investment benchmarking data as at 31 March 2016.

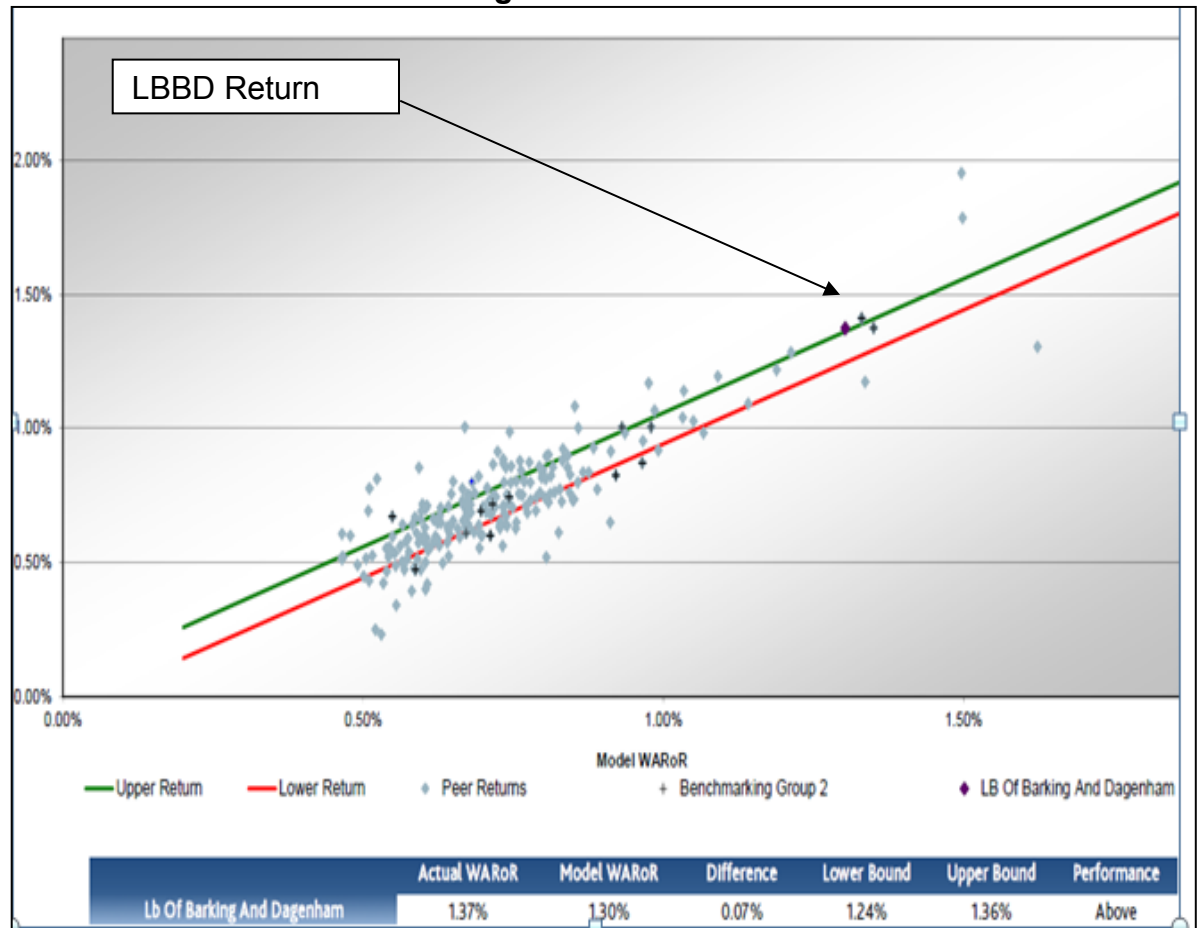
Table 3: Advisor’s Benchmarking data as at 31 March 2016

Savings Proposal	LBBB	London Peer Group (20)	Total LA Group (223)
Weighted Average Rate of Return	1.37%	0.83%	0.74%
Model Banding Target	1.24% - 1.36%	0.83% - 0.95%	N/A
Weighted Average Maturity(days)	451	150	101
Credit Risk	3.57	3.63	3.98

The benchmarking data outlines the outperformance of the Council’s investment return compared to a group of 20 London Boroughs and 223 Local Authorities (LAs). The Council’s return for 2015/16 was 0.54% higher than the average London Peer Group return and 73% higher than the Local Authority average return. As the average cash balance held by the Council in 2015/16 was £230m, this equates to an outperformance of £1.25m and £1.68m respectively.

The benchmarking data includes a model banding target which is a target return banding for the duration and credit risk taken for the investments. The Council managed to outperform the upper model banding target by 0.01%. Chart 2 illustrates the Council’s return against the upper and lower banding levels and shows the Council’s performance compared to all LAs within the benchmark group.

Chart 2: Advisor’s benchmarking data as at 31 March 2016



One of the main reasons for the Council’s outperformance was the longer average duration of each investment, with the Council’s average investment maturing over one year compared to an average for both benchmark groups of less than five months. As a general rule a longer duration would result in a higher risk score,

however for the Council the credit risk of its investments are lower than both of the benchmark groups.

4.6 Investments Held as at 31 March 2016

Table 4 outlines the investments held by the Council as at 31 March 2016. The table also shows the interest rate received and the repayment date for each investment:

Table 4: Investments held as at 31 March 2016

Investment	Lowest Long Term Rating	Interest rate	Principal	Issue Date	Repayment Date
Santander Uk	A	0.92%	29,500,000	30/11/2015	05/07/2016
Lloyds Bank Plc	A	1.00%	5,000,000	13/04/2015	13/04/2016
Standard Chartered Bank	A+	0.90%	5,000,799	28/05/2015	27/05/2016
Lloyds Bank Plc	A	1.00%	5,000,000	04/06/2015	06/06/2016
Lloyds Bank Plc	A	1.00%	5,000,000	05/06/2015	06/06/2016
Lloyds Bank Plc	A	1.00%	5,000,000	03/07/2015	01/07/2016
Royal Bank Of Scotland	BBB+	1.85%	15,066,767	19/09/2014	19/09/2016
Royal Bank Of Scotland	BBB+	1.32%	15,023,780	30/01/2015	30/01/2017
Lloyds Bank Plc	A	1.15%	4,500,000	31/03/2015	31/03/2017
Royal Bank Of Scotland	BBB+	1.45%	20,125,592	30/04/2015	28/04/2017
Dudley MBC	AA+ Equivalent	1.05%	10,000,000	15/05/2015	15/05/2017
Royal Bank Of Scotland	BBB+	1.45%	20,039,294	26/06/2015	26/06/2017
Newport City Council	AA+ Equivalent	1.10%	2,000,000	10/08/2015	10/07/2017
Newport City Council	AA+ Equivalent	1.10%	1,500,000	09/09/2015	10/07/2017
Newport City Council	AA+ Equivalent	1.50%	2,000,000	10/11/2014	11/07/2017
Royal Bank Of Scotland	BBB+	1.80%	20,043,987	24/07/2015	24/07/2017
Wolverhampton CC	AA+ Equivalent	0.94%	8,000,000	28/09/2015	28/09/2017
Lancashire CC	AA+ Equivalent	1.02%	5,000,000	16/11/2015	16/11/2017
Lancashire CC	AA+ Equivalent	1.05%	5,000,000	08/01/2016	08/01/2018
Fife Council	AA+ Equivalent	1.00%	4,000,000	14/01/2016	15/01/2018
Valence Primary School	AA+ Equivalent	3.50%	200,000	12/02/2015	31/03/2018
Lancashire CC	AA+ Equivalent	1.00%	5,000,000	11/11/2015	11/05/2018
Lancashire CC	AA+ Equivalent	1.54%	5,000,000	20/11/2015	20/11/2018
Lancashire CC	AA+ Equivalent	1.54%	5,000,000	26/11/2015	26/11/2018
Lloyds Bank Plc	A	1.67%	5,000,000	20/01/2016	18/01/2019
Lloyds Bank Plc	A	1.67%	5,000,000	03/02/2016	01/02/2019
Lloyds Bank Plc	A	1.80%	10,000,000	15/03/2016	15/03/2019
Barking Riverside Ltd	N/A	3.50%	4,917,941	15/10/2014	01/04/2020
Grafton Primary School	AA+ Equivalent	4.50%	108,931	03/03/2016	03/03/2026
Gascoigne Primary School	AA+ Equivalent	4.50%	84,395	03/03/2016	03/03/2036
		Total	227,111,485		
		Average Return	1.37%		

5. Borrowing Outturn

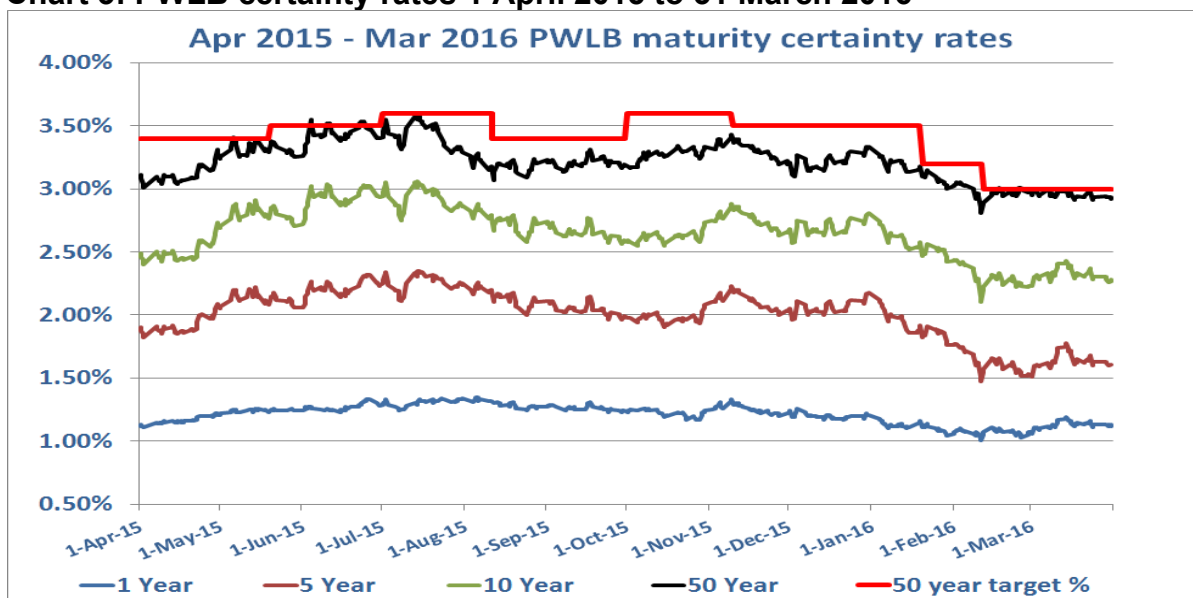
5.1 The key points relating to the 2015/16 borrowing strategy, as agreed within the TMSS, were:

- To set an authorised borrowing limit of £800m for 2015/16;
- The Council has borrowed £89m from the EIB to fund the urban regeneration and economic growth programme of Gascoigne Estate (East) Phase 1 and Abbey Road 2
- The Council's borrowing strategy, excluding EIB borrowing, will give consideration to the following when deciding to take-up new loans:
 - Use internal cash balances, while the current rate of interest on investments remain low, with consideration given to weighing the short term advantage of internal borrowing against potential long term costs if long term borrowing rates begin to increase more than forecast;
 - Using a range of durations for long term fixed rate market loans where rates were significantly less than PWLB rates for the equivalent maturity period;
 - Use short dated PWLB variable rate loans where rates are expected to be significantly lower than rates for longer period;
 - Ensure that new borrowing, if required, is timed at periods when rates are expected to be low; and
 - Consider the issue of stocks and bonds if appropriate.
- The Council will continue to utilise internal borrowing rather than external borrowing as the opportunity arises.

5.2 Borrowing Rates in 2015/16

Chart 3 shows how Public Works and Loans Board (PWLB) certainty rates have fallen to near historically very low levels during the year.

Chart 3: PWLB certainty rates 1 April 2015 to 31 March 2016



5.3 Debt Rescheduling, Repayment and New Borrowing

Two market loan repayments/restructuring options were considered and rejected as they did not provide value for money. There were no opportunities to repay PWLB debt at discount.

5.4 Borrowing Owed as at 31 March 2016

A number of short-term loans with other Local Authorities were held as at 31 March 2016. The total value of the loans was £57.2m and these were held to cover a prepayment made to Elevate East London and to cover investment opportunities that arose towards the end of the financial year.

The Council held the following long term loans as at 31 March 2016

Counterparty	Loan Type	Start Date	Maturity Date	Principal	Interest Rate (%)
Barclays	LOBO loan - Fixed	30-May-08	30-May-78	10,000,000	3.98
Dexia	LOBO loan - Fixed	30-Jun-08	30-Jun-77	10,000,000	3.98
RBS	LOBO loan - Fixed	26-Mar-10	27-Feb-60	10,000,000	4.07
RBS	LOBO loan - Fixed	26-Mar-10	26-Mar-59	10,000,000	4.05
PWLB	PWLB loan - Maturity	28-Mar-12	28-Mar-42	50,000,000	3.50
PWLB	PWLB loan - Maturity	28-Mar-12	28-Mar-62	65,912,000	3.48
PWLB	PWLB loan - Maturity	28-Mar-12	28-Mar-61	50,000,000	3.49
PWLB	PWLB loan - Maturity	28-Mar-12	28-Mar-52	50,000,000	3.52
PWLB	PWLB loan - Maturity	28-Mar-12	28-Mar-60	50,000,000	3.49
European Investment Bank	Loan - Fixed	30-Jan-15	31-Mar-44	89,000,000	2.21
				394,912,000	

5.5 Borrowing in 2016/17

As outlined in section 4.4, in June 2016 the SDFI agreed to borrow £30m from the Public Works and Loans Board (PWLB) due to the significant decrease in the cost of long term borrowing. The details of the borrowing are summarised below:

On 9 June 2016 borrowed £20m at 2.72% with a 50 year maturity; and
On 14 June 2016 borrowed £10m at 2.65% with a 42.5 year maturity.

The total Council borrowing is now £424.912m, with the HRA borrowing totalling £265.912 and the General Fund borrowing totalling £159m.

6. Treasury Management Costs

- 6.1 The costs associated with the Treasury Management function comprise of a recharge of a proportion of the internal team's salary, software, treasury management advisers fees and external managers fees.
- 6.2 Treasury management costs are summarised in table 2 below:

Table 2: Treasury Management costs for 2015/16

Salary Recharge	30,800
Software and other costs	8,245
Capita Treasury Limited	17,000
	56,045

7. Compliance with Treasury limits and Prudential Indicators

- 7.1 It is a statutory duty for the Council to determine and keep under review the affordable borrowing limits. The Council's approved Treasury and Prudential Indicators (affordable limits) are included in the approved Treasury Management Strategy (TMSS).
- 7.2 During the financial year to date the Council has operated within and complied with the treasury limits and Prudential Indicators set out in the Council's annual TMSS. The Council's prudential indicators are set out in Appendix A to this report. In 2015/16, the Council did not breach its authorised limit on borrowing of £802m.
- 7.3 The Operational limit set in the 2015/16 TMSS was £750m, which was not breached.

8. Lending to commercial and external organisations

- 8.1 As part of the Council's mitigation of risk strategies around delivering and continued value for money services with external organisations, the Council should from time to time have the ability to make loans to external organisations.
- 8.2 Section 2 of the Local Government Act 2000 (power of well-being) gives authorities the power to lend as part of promotion or improvement of economic /social wellbeing of the Borough. The guidance encourages local authorities to use the well-being power as the power of first resort removing the need to look for powers in other legislation. Further the power provides a strong basis on which to deliver many of the priorities identified by local communities and embodies in community strategies. The Strategic Director – Finance and Investment determines the rates and terms of such loans.

9. Conclusions

- 9.1 The key conclusions to draw from this report are as follows:
- a) The Council complied with prudential and treasury indicators in 2015/16;
 - b) The value of investments as at 31 March 2015 totalled £227.1 million;
 - c) The value of long term borrowing as at 31 March 2016 totalled £394.9m. This comprised market, PWLB and EIB loans; and
 - d) The value of short term borrowing as at 31 March 2016 totalled £57.2m.

10. Options Appraisal

- 10.1 There is no legal requirement to prepare a Treasury Management Annual Report, however, it is good governance to do so and meets the requirements of both the CIPFA Code of Practice on Treasury Management (the Code) and the CIPFA Prudential Code for Capital Finance in Local Authorities (the Prudential Code).

11. Consultation

- 11.1 The Strategic Director – Finance and Investment has been informed of the approach, data and commentary in this report.

12. Financial Implications

Implications completed by: Jonathan Bunt, Strategic Director of Finance and Investment

- 12.1 This report sets out the outturn position on the Council's treasury management position and is concerned with the returns on the Council's investments as well as its short and long term borrowing positions.

13. Legal Implications

Implications completed by: Eldred Taylor-Camara, Legal Group Manager

- 13.1 The legal and governance provisions have been incorporated in the body of this report. There are no further legal implications to highlight.

14. Risk Management

- 14.1 The whole report concerns itself with the management of risks relating to the Council's cash flow. The report mostly contains information on how the Treasury Management Strategy has been used to maximise income throughout the past year.
- 14.2 EIB funded urban regeneration programme - The urban regeneration programme will be governed by a programme delivery board established in the Regeneration department. A programme manager will be identified within the Council who will be responsible for delivering each scheme within the investment programme.

Background Papers Used in the Preparation of the Report:

- Treasury Management Strategy Statement - Assembly Report 24 February 2015
- Capita Asset Management Economic and Interest Rate Report
- CIPFA – Revised Treasury Management in the Public Sector
- CIPFA – Revised Prudential Code for Capital Finance in Local Authorities

List of appendices:

Appendix 1 - The Prudential Code for Capital Investment in Local Authorities
Appendix 2 - Glossary of Terms

The Prudential Code for Capital Investment in Local Authorities

Treasury Management Outturn Report 2015/16

1. Introduction

- 1.1 There are a number of treasury indicators which previously formed part of the Prudential Code, but which are now more appropriately linked to the Revised Treasury Management Code and guidance 2009. Local authorities are still required to “have regard” to these treasury indicators.
- 1.2 The key treasury indicators which are still part of the Prudential Code are:
- Authorised limit for external debt;
 - Operational boundary for external debt; and
 - Actual external debt.

2. **Net borrowing and the Capital Financing Requirement**

- 2.1 To ensure that borrowing levels are prudent over the medium term the Council’s external borrowing, net of investments, must only be for a capital purpose. This essentially means that the Council is not borrowing to support revenue expenditure.
- 2.2 Net borrowing should not therefore, except in the short term, have exceeded the Capital Financing Requirement (“CFR”) for 2015/16 plus the expected changes to the CFR over 2015/16 and 2015/16 from financing the capital programme. This indicator allows the Council some flexibility to borrow in advance of its immediate capital needs in 2015/16.
- 2.3 **The authorised limit** – This sets the maximum level of external borrowing on a gross basis (i.e. Not net of investments) and is the statutory limit determined under Section 3 (1) of the Local Government Act 2003 (referred to in the legislation as Affordable Limit).
- 2.4 **The operational limit** – This links directly to the Council’s estimates of the CFR and estimates of other cash flow requirements. This indicator is based on the same estimates as the Authorised Limits reflecting the most likely prudent but not worst case scenario but without the additional headroom included within the Authorised Limit for future known capital needs now. It should act as a monitor indicator to ensure the authorised limit is not breached.
- 2.5 The total CFR as at 31 March 2016 was £587.1m, which is lower than the Approved Authorised Limit of £802m and the Operational Boundary of £751m, which were set in the Treasury Management Strategy Statement for 2015/16. Total external borrowing as at 31 March 2016 was £452.1m.
- 2.6 The actual 2015/16 borrowing requirements and estimates for authorised limits and operational boundary limit set out in Table 1. Capital Programme Borrowing Requirement increases significantly in 2015/16 and 2016/17 as a result of the urban regeneration and economic growth programme of Gascoigne Estate (East) Phase 1 and Abbey Road 2.

Table 1: Operational Limit and Authorised Borrowing Limits

	2015/16 Estimate	2015/16 Actual	2016/17 Estimate	2017/18 Estimate
	£'000	£'000	£'000	£'000
Capital Programme Borrowing Requirement (Cumulative)	262,945	263,917	309,281	330,276
HRA Self Financing Debt	270,922	267,722	281,672	281,672
Alternative Financing Arrangements:				
- PFI Schemes on Balance Sheet	52,427	52,427	50,969	49,407
- Finance Leases	2,818	2,987	1,676	366
Total Alternative Financing	55,245	55,413	52,645	49,773
Total CFR	589,112	587,051	643,598	661,720
External Borrowing (Cumulative)	394,912	452,112	444,912	444,912
Operational Boundary on Borrowing	751,000	751,000	749,000	747,000
Authorised Limit (affordable limit)	802,000	802,000	793,000	794,000

3. Limits for Fixed and Variable Interest Exposure

The following prudential indicators allow the Council to manage the extent to which it is exposed to changes in interest rates. The upper limit for variable rate exposure has been set to ensure that the Council is not exposed to interest rate rises which could adversely impact on the revenue budget.

The Council's existing level of fixed interest rate exposure is 100.0% and variable rate exposure is 0.0%. The high fixed interest rate is as a result of locking in low long-term rates for the HRA borrowing. The table 2 below shows the fixed and variable interest rate exposure.

Table 2: Fixed and variable rate exposure 2015/16 to 2018/19

Interest Rate Exposures	2015/16 Actual %	2016/17 Estimate %	2017/18 Estimate %	2018/19 Estimate %
Upper limit for fixed interest rate exposure	100.0	100.0	100.0	100.0
Upper limit for variable interest rate exposure	70.0	70.0	70.0	70.0

4. Maturity Structure of Fixed Rate Borrowing

This prudential indicator deals with projected borrowing over the period and the rates that they will mature over the period, as summarised in table 3.

Table 3: Borrowing as at 31 March 2016

Maturity structure of fixed interest rate borrowing 2015/16			
	Actual Position	Lower	Upper
Under 12 months	12.7%	0%	20%
12 months to 2 years	0%	0%	40%
2 years to 5 years	0%	0%	70%
5 years to 10 years	0%	0%	70%
10 years and above	87.3%	0%	100%

The fixed rate borrowing over 10 years was 87.35%, which is within the limits outlined below:

Table 4: Maturity Structure of Borrowing for 2015/16

	Upper Limit	Lower Limit
Under 12 months	20%	0%
12 months and within 24 months	40%	0%
24 months and within 5 years	70%	0%
5 years and within 10 years	70%	0%
10 years and above	100%	0%

5. Investments over 364 days

- 5.1 The overriding objective of the investment strategy is to ensure that funds are available on a daily basis to meet the Council's liabilities. Taking into account the current level of investments, and future projections of capital expenditure, the following limits will be applied to sums invested:

Maximum principal sums invested > 364 days £'000s	2015/16 £000's Actual	2016/17 £000's Estimate	2017/18 £000's Estimate	2018/19 £000's Estimate
Principal sums invested > 364 days	147,892	170,000	150,000	130,000

6. Summary Assessment

- 6.1 The outturn position is set out above in respect of the Prudential Indicators approved by Assembly in February 2015.
- 6.2 The outturn figures confirm that the limits and controls set for 2015/16 were applied throughout the year, and that the treasury management function adhered to the key principles of the CIPFA Prudential Code of prudence, affordability and sustainability. The treasury management indicators were regularly monitored throughout 2015/16.

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Appendix 2 - Glossary of Terms

1. **Authorised Limit** –represents the limit beyond which borrowing is prohibited, and needs to be set and revised by the Council. It reflects the level of borrowing which, while not desired, could be afforded in the short term, but is not sustainable. It is the expected maximum borrowing need, with some headroom for unexpected movements.
2. **Bank Rate** – the rate at which the Bank of England offers loans to the wholesale banks, thereby controlling general interest rates in the economy.
3. **Counterparty** – the other party involved in a borrowing or investment transaction.
4. **Capital Financing Requirement (CFR)** – the level of capital expenditure to be financed from borrowing.
5. **Liquidity** – The ability of an asset to be converted into cash quickly and without any price discount. The more liquid a business is, the better able it is to meet short term financial obligations.
6. **LIBID** – London Interbank Bid Rate - The interest rate at which London banks ask to pay for borrowing Eurocurrencies from other banks. Unlike LIBOR, which is the rate at which banks lend money, LIBID is the rate at which banks ask to borrow. It is not set by anybody or organisation, but is calculated as the average of the interest rates at which London banks bid for borrowed Eurocurrency funds from other banks. It is also the interest rate London banks pay for deposits from other banks.
7. **LOBO** (Lenders Option Borrowers Option) - Long term borrowing deals structured which usually has a short, initial period (anything from 1 year to 7 years), followed by a “step rate” to a higher rate of interest (the “back end” interest rate), which is to be charged for the remainder of the loan period.

The overall length of LOBO's is usually 50 or 60 years but can be shorter or longer periods. After the “step up” date, and at set intervals thereafter, the lender (the bank) has the option of increasing the “back end” interest rate. Whenever this option is exercised, if the proposed new rate is unacceptable, the borrower (The Council) can redeem the loan without penalty.

8. **Monetary Policy Committee** – independent body which determines the Bank Rate.
9. **Operational Boundary** – This indicator is based on the probable external debt during the course of the year; it is not a limit and actual borrowing could vary around this boundary for short times during the year. It should act as an early warning indicator to ensure the Authorised Limit is not breached.
10. **Prudential Code** – The Local Government Act 2003 requires the Council to ‘have due regard to the Prudential Code and to set Prudential Indicators for the next three years to ensure that the Council’s capital investment plans are affordable, prudent and sustainable.

11. PWLB – Public Works Loan Board. An institution managed by the Government to provide loans to public bodies at rates which reflect the rates at which the government is able to sell gilts.

CABINET**28 June 2016**

Title: Contract for Provision of Personal Protective Equipment (PPE) and Corporate Uniform	
Report of the Cabinet Member for Finance, Growth and Investment	
Open Report	For Decision
Wards Affected: None	Key Decision: Yes
Report Author: Tony Ralph, Operational Director, Clean and Green	Contact Details: Tel: 020 8227 2974 E-mail: Tony.Ralph@lbbd.gov.uk
Accountable Divisional Director: Tony Ralph, Operational Director, Clean and Green	
Accountable Director: Claire Symonds, Strategic Director for Customer, Commercial and Service Delivery	
<p>Summary:</p> <p>This report asks the Cabinet for approval to enter into a procurement exercise for the award of new Term Contracts for Personal Protective Equipment (PPE) and Corporate Uniform for a term of three years from 1 December 2016 to 30 November 2019, with the possibility of a one-year extension subject to satisfactory performance of the appointed contractor to 30 November 2020.</p> <p>These contracts are to provide PPE and Corporate Uniform to the Council's staff to meet its obligations under the Health and Safety Act 1974 and to satisfy the Council's own due diligence to ensure the well-being of its staff.</p> <p>The key benefits of the contract will be:</p> <ul style="list-style-type: none"> • Provide good quality and cost effective PPE • Provide good quality and cost effective Corporate Uniform • Cost efficiencies through economies of scale • Amalgamation of the current suppliers to a maximum of four, one for each Lot. 	
<p>Recommendation(s)</p> <p>The Cabinet is recommended to:</p> <p>(i) Agree that the Council proceeds with the procurement of a contract for Personal Protective Equipment (PPE) and Uniform in accordance with the strategy set out in this report; and</p> <p>(ii) Delegate authority to the Strategic Director for Customer, Commercial and Service Delivery, in consultation with Cabinet Member for Finance, Growth and Investment, the Strategic Director for Finance and Investment and the Director of Law and</p>	

Governance, to conduct the procurement and award the contracts for the initial term and if required the period of extensions to the successful bidder's in accordance with the strategy set out in this report.

Reason(s)

To ensure the Council fulfils its obligations under the Health and Safety at Work Act 1974 and the Councils own due diligence in maintaining the wellbeing of its staff.

1. Introduction and Background

- 1.1 The Council has a statutory responsibility to comply with the Health and Safety at Work Act 1974. The current contract with Rexel Parker Merchants (Parkers) for the provision of PPE and Corporate Uniform will expire on 30 November 2016.
- 1.2 In addition to Parkers, the Council also utilises six further suppliers, who provide specialist Uniform such as crossing Patrol Uniform, which could not be provided for under the existing contract.
- 1.3 The total current annual spend for PPE and Corporate Uniform is £177,403.31 per annum for the Council and £532,209.93 based on a three year contract and £709,613.24 for the full four year term which includes a possible one year extension). The spend has been calculated from management information provided by Parkers for 2014/15 financial year and the remaining six suppliers for the 2015/16 financial year.

2. Proposed Procurement Strategy

2.1 Outline specification of the works, goods or services being procured.

- 2.1.1 The multi lot approach for the service will be made up of a combination of PPE and Uniform across the Council as follows:

Lot 1 – Footwear, including boots and trainers.

Lot 2 – Heavy work wear and high visibility wear

Lot 3 – Corporate uniform, including LBBB branded uniform

Lot 4 – Equipment, including first aid kits, safety helmets, respirators and safety spectacles.

2.2 Estimated Contract value, including the value of any uplift or extension period.

- 2.2.1 In total, across all lots, approximately £532,209.93 for the three year contract period and £709,613.24 for the full four-year period, should the one-year extension option be taken up.
- 2.2.2 The precise total contract value will be dependent upon client budgets and requirement. This will give the Council the benefit of economies of scale and will enable the Council to standardise equipment and uniform used.

2.3 Duration of the contract, including any options for extension

2.3.1 Each Lot will be awarded for three years from 1st December 2016 to 30 November 2019 with the option to extend for up to a further year, until 30 November 2020.

2.4 Recommended procurement procedure and reasons for the recommendation.

2.4.1 To mitigate the Council's commercial and financial risk, it is proposed that tenders be sought for each lot using the open procurement procedure with an e-auction via the Bravo portal, following an advertisement in the Official Journal of the European Union (OJEU) and Contracts Finder.

2.4.2 The proposal is to use a multi lot approach:

- Lot 1 - Footwear
- Lot 2 – Heavy work wear
- Lot 3 – Corporate Uniform and
- Lot 4 – Equipment.

2.4.3 Each lot will be awarded to a single supplier, although bidders are able to apply for one or any combination of lots including all four lots.

2.4.4 Applicants will be assessed on their economic and financial standing, health and safety standards, technical capability, prices and references, as well as a qualitative assessment of performance targets and method statements on a range of criteria relevant to the contract. All goods will be required to meet, as a minimum, UK standards and must comply with the Councils responsibilities under the Health and Safety at Work Act 1974.

2.4.5 Applicants who have policies and methods in place to measure quality and performance and are able to provide this information to the Council will be considered as suitable tenderers.

2.4.6 Outline Procurement Timetable;

Procurement Strategy Report to Procurement Board	23 May 2016
Procurement Strategy Report to Cabinet	28 June 2016
Submit OJEU notice	11 July 2016
Project live on Bravo	13 July 2016
Tenders returned and evaluation	12 August - 20 Sept 2016
Award Report to Procurement Board	12th October 2016
Alcatel ends	25th October
Implementation	1st – 30th November 2016
Contract Commencement	1st December 2016

2.5 The contract delivery methodology and documentation to be adopted

2.5.1 The contracts will be let using London Borough of Barking and Dagenham's standard Terms and Conditions, which are appropriate for use by all employees who have a requirement for PPE and/or uniform.

2.5.2 The contracts will work on a “call off” basis for a number of departments within the Council, including but not limited to; Parks, Building Cleaning, Building Services, Security, Facilities Officers, Castle Green, Landlord Services, Repairs and Maintenance Housing, Culture and Sport Services, Children’s Services and Adult Social Care. The “call off” arrangements will not commit the Council to guaranteed payments to the contractor by way of any stand-by arrangements, but will ensure continued supply of important goods during the contract term.

2.5.3 The successful contractors will be required to maintain a full electronic set of Management Information of the goods provided to the Council. This data will be accessible to LBBD officers in the form of Management Information when requested.

2.6 **Outcomes, savings and efficiencies expected as a consequence of awarding the proposed contract**

2.6.1 Following this procurement strategy will provide the Council with a cost effective and high quality service through leveraging economies of scale by reviewing the range of products purchased and with a view to reduce the number of suppliers used.

2.7 **Criteria against which the tenderers are to be selected and contract is to be awarded**

2.7.1 Each lot will be awarded through a scoring matrix on the basis of 80% price and 20% quality. The process will include full quality testing of the proposed goods and an e-auction to ensure competitive pricing is achieved.

2.8 **How the procurement will address and implement the Council’s Social Value policies**

2.8.1 It is important to maintain sustainable procurement, by engaging with local and regional suppliers to promote the local economy and taking account of the social and environmental impact of spending decisions.

2.8.2 The Council, along with its policies, is committed to ensuring that services are delivered in a way that protects the quality of the environment and minimises any adverse impact on community well-being.

2.8.3 The Council plans to approach competition positively, taking full account of the opportunities for innovation and genuine partnerships which are available from working with others in the public, private and voluntary sectors.

3. **Options Appraisal**

3.1 **Option 1** - Tender four Lots, each with a three year term contract, with the option to extend for up to one year with the preferred service provider for each lot. This is the preferred option as it gives the benefits listed in Section 2 of this report.

3.2 **Option 2** - Access an open framework/collaboration

An EU compliant route to market would be to utilise an open framework or an accessible collaboration contract which is available to us.

Organisation	Framework / Contract Available
CCS (Crown Commercial Services)	Yes. Contract RM3763 – expires 16 July 2019.
ESPO (Eastern Shires Purchasing Organisation)	Yes. Contract 144 - expires 6 September 2018 but has option to extend for one year.
LCSG (London Contracts and Supplies Group)	No

At the time of submitting this paper, there are two active open frameworks available to LBBB to enter. Both the CCS and ESPO Framework's are not appropriate for LBBB to call off of as they do not meet all of the Council's sizing requirements for clothing for women and men.

3.3 **Option 3** - Do nothing – This option was considered but due to the levels of annual spend on the goods; to do nothing would be direct non compliance with the Council's and EU Procurement rules. This option has therefore been discounted.

3.4 **Option 4** – Collaborative procurement. This option was considered but due to other organisations different requirements for logos and colours for logos, in embroidered and heat sealed products there would be no economies of scale gained.

4. Other Considerations and Implications

4.1 Risk and Risk Management

4.1.1 The Insurance and Risk Team confirmed that in the last four years, no LBBB employee has claimed against the Council in regard to lack of or defective PPE products.

Current Risks;

1. Disaggregation of spend could leave the Council open to challenge through FOI requests or internal audit.
2. Non standardisation of quality could lead to complaints by staff, union representatives as the goods may be deemed as not fit for purpose and the Council has a duty of care under the Health and Safety at Work Act 1974.
3. Divisional budgetary overspend due to non contracted activity (costs can increase without prior agreement), which may result in cheaper goods being purchased (possibly not fit for purpose).

How these risks are managed;

1. The contract will be managed in accordance with the Councils requirements and maintaining our obligations under the Health and Safety at Work Act 1974.
2. The use of the proposed contract will enable the Council to accurately manage and forecast all of the associated costs in providing PPE and Uniform to its

staff. Full auditable data will be produced to enable Divisions to keep an eye on their budgetary positions.

3. Standardisation of products will be more manageable and will give a collaborative view of our services by residents and visiting public.
4. Stringent performance monitoring will ensure all goods are delivered on time, at the right quality and correct cost. This will also negate the issue of non approved price increases.
5. Contractual terms will be set for the operation of this service to ensure all parties adhere to their obligations.

4.1.2 **TUPE, other staffing and trade union implications** - There are no TUPE implications to the Council.

4.1.3 **Health Issues** - The Council has an obligation to its staff under the Health and Safety Act 1974 to provide fit for purpose equipment in order for their role to be carried out safely. The Council has a duty of care to its staff.

4.1.4 **Property / Asset Issues** - Appropriate PPE will enable staff to maintain and keep clean the Council's assets and surrounding areas which will benefit the residents and general public. In addition cost avoidance may be achieved by reducing the amount spent on minor repairs and works.

5. Consultation

5.1 The proposals within this report have been the subject of consultation with staff throughout the Council and in conjunction with the Unions.

5.2 The Project Team set up to input into the specification for each Lot, define product requirements, draft KPI's, test the quality of products and evaluate tenders has representation from all appropriate Council services.

5.3 In addition, involvement from both Unions has been sought. There is currently representation on the Project Team from Unison.

6. Corporate Procurement

Implications completed by: Sam Woolvett, Category Manager

6.1 The proposed approach will comply with LBBD contract procedures rules. As this procurement falls under the remit of the European regulations, an OJEU and Contracts Finder notice will be placed, timelines and the Alcatel standstill periods will be adhered to.

6.2 A full tender process is likely to yield the best value for money for this requirement and is suitable for this level of spend.

7. Financial Implications

Implications completed by: Richard Tyler, Interim Finance Group Manager

- 7.1 This report seeks approval for a procurement exercise for the supply of Personal Protective Equipment (PPE) Corporate Uniforms from 1st December 2016 when the current contract finishes.
- 7.2 The contracts will be on a call off basis and will not commit the council to any guaranteed payments to the contractor, hence limiting spend to the service needs (as set out in paragraph 2.5.2).
- 7.3 The cost of these contracts will be met from individual services' existing budget allocations.

8. Legal Implications

Implications completed by: Kayleigh Eaton, Contracts and Procurement Solicitor, Law and Governance

- 8.1 This report is seeking approval to tender a three year contract with an option to extend for a period of one year for the provision of Personal Protective Equipment (PPE) and Corporate Uniform from 1st December 2020, split into four lots according to the category of the supplies.
- 8.2 It is anticipated that the combined estimated value of the new contracts will be approximately £709,613.24 over the four years which is in excess of the threshold for supplies (currently set at £164,176) under the Public Contracts Regulations 2015 (the Regulations) and therefore a competitive tendering process will be required, which will be subject to the full application of the Regulations.
- 8.3 Contract Rule 28.7 of the Council's Contract Rules requires that all procurements of contracts above £500,000 in value must be submitted to Cabinet for approval. Furthermore, in line with Contract Rule 50.15, Cabinet can indicate whether it is content for the Chief Officer to award the contract following the procurement process with the approval of Corporate Finance.
- 8.4 It is noted that the proposed procurement route is to be conducted in accordance with the Regulations using the open procedure. This would appear to be following a compliant tender exercise and Legal Services will be available to assist and advise upon further instruction.
- 8.5 The report author and responsible directorate are advised to keep Legal Services fully informed at every stage of the proposed tender exercise. Legal Services are on hand and available to assist and answer any questions that may arise.

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

List of appendices: None

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CABINET**28 June 2016**

Title: Director of Public Health Annual Report 2015/16 “Focusing on what matters: Opportunities for improving health”	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: All	Key Decision: No
Report Author: Matthew Cole, Director of Public Health	Contact Details: Tel: 0208 227 3657 E-mail: matthew.cole@lbbd.gov.uk
Accountable Director: Anne Bristow, Strategic Director of Service Development and Integration	
<p>Summary:</p> <p>The Director of Public Health is required by law to prepare an annual report on the health of the borough’s population. The report is an occasion to focus attention on issues of concern and opportunities to improve health. As an independent professional report, the aim is not to make recommendations but to pose issues for discussion and further enquiry.</p> <p>This year the Director examines where we can realise the health improvement opportunities contained in the Report of the Barking and Dagenham Independent Growth Commission and the importance of “preventing the preventable”; as part of our plans to transform Council and NHS services.</p>	
<p>Recommendation(s)</p> <p>The Cabinet is recommended to approve the publication of the Director of Public Health Annual Report for 2015/16, as attached at Appendix 1.</p>	
<p>Reason(s)</p> <p>A number of the Director of Public Health’s specific responsibilities and duties arise directly from Acts of Parliament – mainly the NHS Act 2006 and the Health and Social Care Act 2012 – and related regulations.</p> <p>The Director of Public Health has a duty to write a report, whereas the authority’s duty is to publish it (section 73B(5) and (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report is something to be decided locally.</p>	

1. Introduction

- 1.1 The Director of Public Health is required to prepare an annual report on the health of the people in the borough. The report is an opportunity to focus attention on issues of concern and opportunities to improve health. As an independent professional report, the aim is not to make recommendations but to challenge others to propose solutions.
- 1.2 The report has been informed by and supports the achievement of the recommendations of Barking and Dagenham's Independent Growth Commission as well as Council and the NHS transformation planning. Our health and life chances are inextricably linked. The importance of "preventing the preventable"; as part of our plans to transform NHS and Council services is never more obvious as a means to improve the health of residents and future generations.
- 1.3 History shows that austerity has sometimes been important for change in health and social systems. The report takes austerity as a catalyst for change as its basis. The Health and Wellbeing Board is well positioned to know about economic determinants of health and that reduction in social care and health budgets create new inefficiencies, and may increase costs and inequalities. Health is wealth and only healthy populations will be engines for dynamic economies and creators of employment.

2. Focusing on what matters: Opportunities for improving health

- 2.1 Focusing on what matters will enable us to begin to realise the opportunities to improve the health. We need to re-focus what we do so that we identify the root cause of need and tackle it so that the individual or family in question have a better chance of living more independently now and in the future. In Chapter 1, the Director begins this process by examining our borough's Life Expectancy and Healthy Life Expectancy where the challenge of increasing numbers of adults with multiple long term conditions account for a high proportion of need and demand for health and care services. There are a number of interventions that are supported by a strong evidence-base and known cost-effectiveness in preventing and treating these conditions.
- 2.2 This theme is continued in chapter 2, which explains that health status is for many determined by where they live, by their education, employment, the homes they live in, the lifestyle they choose and how they deal with ill health once it has developed. This is discussed in the context of how planners identify the root causes of need and shape the borough's growth in ways that address health inequalities over the next 15 to 20 years.
- 2.3 In chapter 3 the report discusses what health outcomes could be considered for health improvement in the context of our demographic change and 5 year commissioning plans. This means we need to be clear about what does and doesn't work so that we increasingly focus our efforts on those things that have the most pivotal impact on improving the health and well being.
- 2.4 Chapter 4 follows on neatly recognising that the future for the Barking & Dagenham, Havering and Redbridge health and social care economy depends on much closer joint working between our partners both locally and at London level. This chapter

explores the opportunities provided by a partnership-based Accountable Care Organisation (ACO) method, using devolved powers which would deliver better outcomes for our residents. Local elected councillors and local authority chief officers may need to make some hard choices as they seek to increase the accountability of the health and care services that are provided to their local populations. There is an opportunity for the Council to think creatively about the powers and democratic representation they can bring to bear to influence outcomes.

- 2.5 In the final chapter, the Director discusses the scope and scale of health protection work by the Council and Public Health England to prevent threats to health emerging, or reducing their impact, driven by the borough's and London's health risks.

3. Consultation

- 3.1 This report represents the professional and independent view of the Council's Director of Public Health. The Director has conformed to best practice in consulting with the Cabinet Member for Social Care and Health Integration, the Strategic Director for Service Development and Integration and the senior leadership team of the Council, NHS Barking and Dagenham Clinical Commissioning Group and subject matter specialists in Public Health during the draft stages of the Public Health Annual Report 2015/16.
- 3.2 The Health and Wellbeing Board will be leading discussion and overseeing actions to protect and improve the health of residents. The report was considered by the Health and Wellbeing Board at its meeting on 14 June 2016.

Public Background Papers used in the preparation of the report: None

List of appendices:

Appendix 1: Director of Public Health Annual Report 2015/16 "Focusing on what matters: Opportunities for improving health"

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Focusing on what matters: Opportunities for improving health



One borough; one community; London's growth opportunity

The Council's vision recognises that over the next twenty years the borough will undergo its biggest transformation since it was first industrialised and urbanised, with regeneration and renewal creating investment, jobs and housing.

The borough's corporate priorities that support the vision are:

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

Contents

	Foreword	2
CHAPTER 1	What matters: Changing the fact that both women and men in Barking and Dagenham live shorter lives when compared to London and England	6
	How long are people in Barking and Dagenham living?	8
	How long are people in Barking and Dagenham living healthy lives?	9
	How can we increase Healthy Life Expectancy in Barking and Dagenham?	10
	Deprivation in Barking and Dagenham	10
	What are the conditions that are causing our poorer Life Expectancy?	11
	How many deaths do we need to prevent to bring Barking and Dagenham in line with the London and the national averages?	11
	Chronic obstructive pulmonary disease (COPD)	13
	Coronary heart disease (CHD)	13
	Newborn and infant mortality	14
	Taking action to decrease newborn and infant mortality	14
	Cancer	14
	Why is Barking and Dagenham an outlier?	14
	If we are to tackle one-year survival rates, we have to address variation within general practice	15
	Routes to diagnosis that have a significant impact on survival rates in Barking and Dagenham	15
	Delivering the Forward View: NHS Planning Guidance 2016/17	16
CHAPTER 2	Growing the borough to improve health	18
	Addressing social determinants to improve health in the long term	20
	The growth agenda	21
	Barking Riverside – London’s Healthy New Town	22
	Employment and skills	23
	One borough, one community?	24
	Conclusions	26
CHAPTER 3	Commissioning for Population Health	27
	The challenge - We need to get to the root cause of problems	28
	What is Population Health?	28
	Population Health: The role of commissioners	30
	Being clear about the outcomes that matter	32
	Conclusions	35
CHAPTER 4	New Model of Care: Accountable Care Organisation	36
	What is devolution?	38
	What does the evidence tell us about the benefits of establishing an ACO?	39
	How can we make it work?	40
	Conclusions	44
CHAPTER 5	Protecting the health of the local population: focusing on health protection (infectious disease and non infectious environmental hazards) – the future?	45
	Background	46
	Consultations – “Securing our future”	46
	Infectious Disease Cases and Incidents	47
	The future?	54
	Conclusion	55



Foreword

Matthew Cole

Director of Public Health

View of Barking Town Square from the 50th anniversary celebrations

Welcome to the Director of Public Health Report 2015/16 which coincides with Barking and Dagenham's 50th anniversary of becoming one borough. The next 50 years are going to be defined by how we use the Council's growth agenda and the investment it brings to release the unmet potential in our communities.



Council Leader Councillor Darren Rodwell health assessment by Harmony Health Clinic

Over the next five years we will need to radically redesign public services to address the scale of the financial savings to be made while the borough's population continues to increase. Meanwhile National Government is implementing reforms that will have a major impact on Council services, residents and local businesses. Collectively they present a profound challenge to many of the prevailing policy approaches of the Council and the services people are accustomed to receiving.

Simply put we can no longer afford to meet the rising needs of our population by spending more money on the kinds of services we currently provide. Instead we need to re-focus what we do so that we identify the root cause of need and tackle it so that the individual

or family in question have a better chance of living more independently now and in the future. At the heart of the Council's Ambition 2020 transformation programme¹ has to be the opportunity to improve the health of residents and future generations.

As Director of Public Health it's my responsibility to describe and advocate the need to improve health through a lens that's wider than care to the root causes of our poorer Life Expectancy relative to other London boroughs. In my reports of 2013² and 2014³, I identified a number of opportunities where collectively the partners could use their resources to improve health. Better Health for London⁴ and the NHS Five Year Forward View⁵ acknowledge that the future sustainability of the local health and social care economy hinges

on a radical upgrade in prevention that addresses the wider determinants of health such as income and housing; unless we take prevention and public health seriously, this will adversely affect the future health and wellbeing of residents, particularly our young residents, and the sustainability of the public services.

How we radically transform the relationship between our residents and the Council as well as between patients and the NHS will determine the delivery approaches we take where the best outcomes can be delivered at the right cost. The Health and Wellbeing Board recognises that whatever the solutions, it is increasingly clear that the future depends on much closer joint working between our partners both locally and at London level.

1 <http://moderngov.barking-dagenham.gov.uk/documents/g8164/Public%20reports%20pack%20Tuesday%2019-Apr-2016%2019.00%20Cabinet.pdf?T=10>

2 <https://www.lbbd.gov.uk/wp-content/uploads/2015/02/DHP-Annual-Report-2013-14-WEB.pdf>

3 <https://www.lbbd.gov.uk/wp-content/uploads/2015/02/018583-BD-Annual-Health-Report-2014-WEB.pdf>

4 <http://www.londonhealthcommission.org.uk/wp-content/uploads/London-Health-Commission-Better-Health-for-London.pdf>

5 <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>



A young Barking and Dagenham resident pledging to eat an apple everyday as part of the #makeachange campaign

My report gives a professional perspective that informs this approach based on sound epidemiological evidence and objective interpretation taken primarily from our Joint Strategic Needs Assessment 2015⁶. I hope my observations in the following chapters act as a starting point for systematically identifying 'where to look' before 'what to change' and finally 'how to change'.

In 2010, the 2012 Olympic boroughs agreed "that within 20 years the communities who hosted the 2012 Games will have the same social and economic chances as their neighbours across London⁷. A key outcome agreed was narrowing the gap or difference in both female and male Life Expectancy to the

London level. Chapter 1 focuses on our borough's Life Expectancy and Healthy Life Expectancy where improvement is noted, however the nature of the problem includes persistent and widening inequalities in health, the challenge of increasing numbers of adults with multiple long term conditions who account for a high proportion of need and demand for health and care services. There are a number of known interventions which are explored that have a strong evidence-base and cost-effectiveness in preventing and treating these conditions.

I continue this theme in chapter 2, where health status is for many determined by where people live,

by their education, employment, the homes they live in, the lifestyle they choose and how they deal with ill health once it has developed. The Council established a Growth Commission in 2015⁸ to examine the opportunities provided by becoming London's growth opportunity. I discuss these in the context of how planners can shape the borough in ways that address health inequalities over the next 15 to 20 years.

In chapter 3, I examine what health outcomes could be considered for health improvement in the context of a rapidly changing and growing borough population. Left unchecked, and coupled with entrenched social problems, demand for health and

6 <https://www.lbbd.gov.uk/council/statistics-and-data/jsna/overview/?loggedin=true>

7 <http://www.gamesmonitor.org.uk/files/strategic-regeneration-framework-report.pdf>

8 <https://www.lbbd.gov.uk/business/growing-the-borough/our-strategy-for-growth/overview/2/>



Community Games in Barking and Dagenham

care services will soon become unaffordable and unsustainable. This means we need to be clear about what does and doesn't work so that we increasingly focus our efforts on those things that have the most pivotal impact on Life Expectancy and Healthy Life Expectancy.

Chapter 4 follows on neatly to explore the opportunities provided by a partnership-based Accountable Care Organisation (ACO) method, using devolved powers which would deliver better outcomes for our residents. This will require the creation of an ambitious local blueprint for Barking and Dagenham, Havering and Redbridge health and social care system that is place-based, underpinned by multi-year

plans that are built around the needs of residents. Can the ACO method evolve our thinking from purely an integrated care focus for transforming care to one that has concern for the broader health of local populations and the impact of the wider determinants of health?

In the final chapter, I discuss the scope and scale of health protection work by the Council and Public Health England to prevent threats to health emerging, or reducing their impact, driven by the borough's and London's health risks. Changes to the health protection system are being planned and this is discussed in respect of our major programmes such as the national immunisation programmes, the provision of health services to

diagnose and treat infectious diseases, surveillance and response to incidents and outbreaks.

I hope you find the 2015/16 Report of the Director of Public Health for Barking and Dagenham of interest and value. Comments and feedback are welcome, and should be emailed to matthew.cole@lbbd.gov.uk

Matthew Cole

Director of Public Health



What matters:

Changing the fact that both women and men in Barking and Dagenham live shorter lives when compared to London and England.

Kinder Kitchen serve students at Monteagle Primary School as part of a theme day organised by Barking and Dagenham Catering Services. Photo courtesy of the Barking and Dagenham Post

The funding for local government is set to fall significantly over the next five years. By 2020 the cuts in funding mean that the Council will have roughly half the amount of money that it had to spend in 2010. Because of the growing needs of our residents, we estimate that if we did nothing, there would be a shortfall in our budget of £63 million by 2020. Instead of working out how to make cuts, we have concluded that we need to decide how to best spend what we still have available to us each year.

This reduction in resources requires us to think differently about the services we provide and how we provide them. It's a huge challenge, but one in which tackling health inequalities is a key goal within the Council's Ambition 2020 transformation programme¹. In short with our partners we want to focus on increasing Healthy Life Expectancy to improve outcomes such as quality of life and to reduce the demand on health and social care services; in turn, reducing the burden of disease in the borough.



Diversity with the Olympic torch at the 2012 torch relay events in the borough

This means re-imagining health care delivery and seeking a system that opens up the definition of health from clinical care to one that also encompasses the wider determinants such as income and educational attainment. There is significant evidence that where and how people live, affects their health. Professor Sir Michael Marmot suggests that 80% of health outcomes are determined by wider factors such as lifestyle choices, the physical environment and family and social networks². I address the wider determinants of health in chapter 2. In this chapter I consider the impact of primary and secondary prevention in the context of disease and Life Expectancy.

There is no doubt that people are living longer than they used to twenty years ago³. The reality is that people are often living longer with multiple health needs and long term conditions such as cardiovascular disease including hypertension, chronic obstructive pulmonary disease, diabetes and mental health problems. As a society our failure to prevent these conditions, where they are preventable, has meant that the demand on health and social care services is increasing annually. This trend is set to continue as our ageing population increases; however, it is clear that this state of affairs is not sustainable.

1 Ambition 2020, Barking and Dagenham <http://lbbdstaff/Marketing/Pages/Ambition2020.aspx>

2 <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

3 Barking and Dagenham, Joint Strategic Needs Assessment 2015 <https://www.lbbd.gov.uk/council/statistics-and-data/jsna/overview/>

How long are people in Barking and Dagenham living?

Both women and men in Barking and Dagenham live shorter lives when compared to London and England. We also know that Life Expectancy in the borough is lower than in any other London borough. Table 1 shows Life Expectancy in Barking and Dagenham and compares this with London and England, Figures 1a and b show the increasing trend in Life Expectancy in the borough for women and men.

Life Expectancy for females in the borough is increasing generally, but fell in 2012-14 from the high point of 2011-13. Baby girls growing up locally are more likely to die around 13 months earlier than the 'average' English girl. This gap has improved by approximately 6 months over the last 10 years; however, compared with the London average, the gap in Life Expectancy of women has widened by approximately 3 months in the last 10 years.

For males, improvements in Life Expectancy at birth have not been as fast as those seen nationally or in London, and the gap has widened over the last ten years. Baby boys living in Barking and Dagenham are likely to die 23 months earlier than the 'average' English boy. The gap between local Life Expectancy and the national rate has widened slightly in the last 10 years, with the gap being 4 months wider than in 2002-04. This is mirrored when compared with the London average, with the gap being two months wider than ten years ago.

Life Expectancy is a prediction of how long a baby born in this area would live if current age and sex death rates apply throughout its life. Life Expectancy for people has increased over the past 10 years in Barking and Dagenham, in London and in England.

Table 1:
Life Expectancy in women and men 2012-14.

Indicator	Period	England	London Region	Barking and Dagenham
Life Expectancy at birth (Male)	2012-2014	79.5	80.3	77.6
Life Expectancy at birth (Female)	2012-2014	83.2	84.2	82.1

Source: PHOF

Figure 1a:
Female Life Expectancy from birth, Barking and Dagenham, London and England, 2002-2004 to 2012-2014.

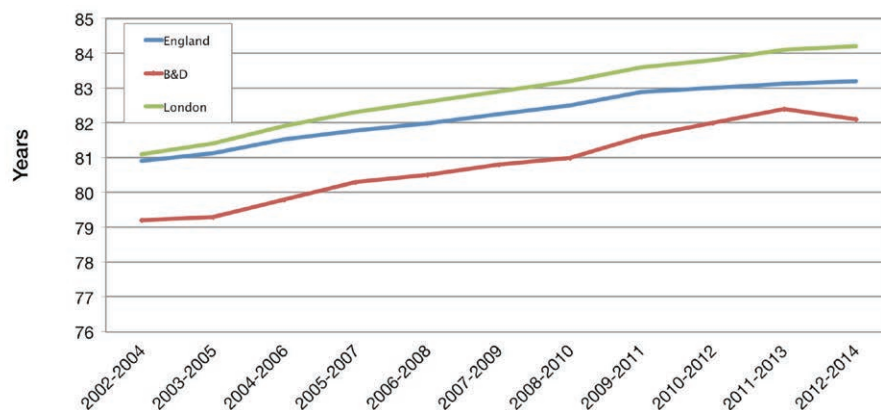
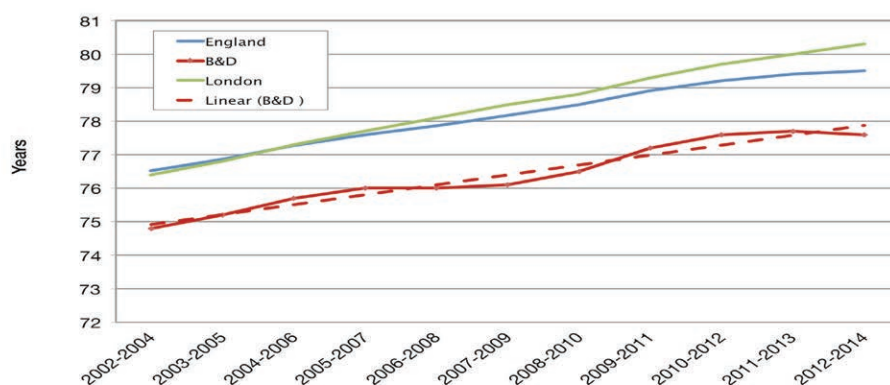


Figure 1b:
Male Life Expectancy from birth, Barking and Dagenham, London and England, 2002-2004 to 2012-2014.



Source: HSCIC/PHOF

How long are people in Barking and Dagenham living healthy lives?

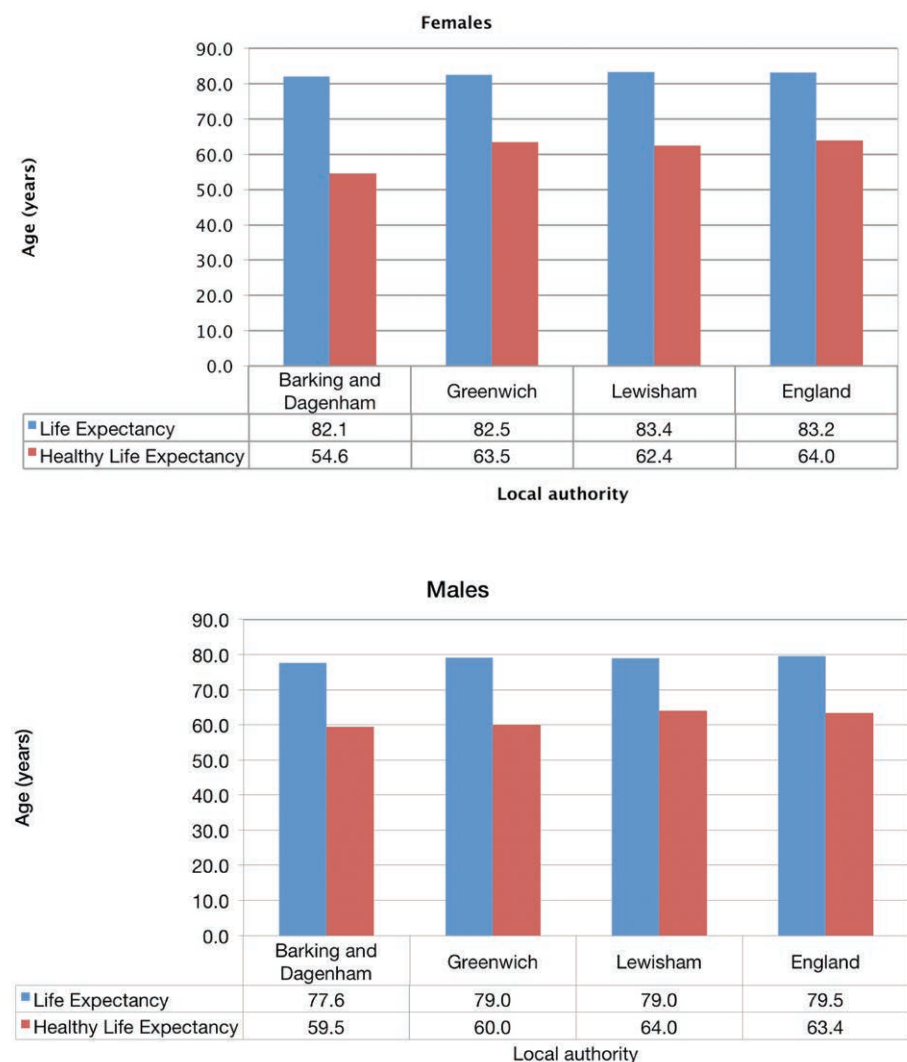
Healthy Life Expectancy in Barking and Dagenham for males is 4 years and for females is almost 7 years lower than the England average, and also is lower than for the most similar statistical neighbours in London (Greenwich and Lewisham). This difference is associated with the number of years' people live with chronic health issues, and often is dependent on health and social care support. Figure 2 compares the Life Expectancy, Healthy Life Expectancy and years with chronic health issues for males and females in Barking and Dagenham, Greenwich, Lewisham and England in 2012-14 (3 year average).

The difference between Life Expectancy and Healthy Life Expectancy shows the years that a person spends in poor health is important because it highlights the years where a person's demands on health and social care are greatest. Our joint Health and Wellbeing Strategy priorities include reducing this gap between Healthy Life Expectancy and Life Expectancy to improve quality of life and reduced demands on the health and care system. Barking and Dagenham has broadly similar figures to our statistical neighbours and England for Life Expectancy, but significantly lower Healthy Life Expectancy for all people, particularly for females.

Healthy Life Expectancy (or disability-free Life Expectancy) is a prediction of the length of time that an individual can expect to live free from a limiting long-standing illness or disability.

Figure 2:

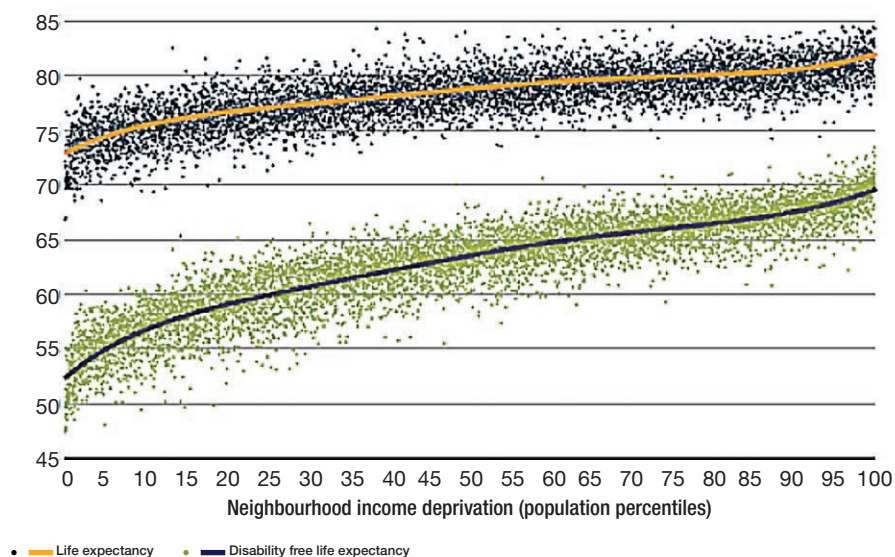
Life Expectancy and Healthy Life Expectancy, Barking and Dagenham, Greenwich, Lewisham and England, 2012-2014 (3 year average).



How can we increase Healthy Life Expectancy in Barking and Dagenham?

Fair society, healthy lives, more widely known as 'The Marmot Review' after its author Professor Sir Michael Marmot, has been highly influential in debate on health inequalities policy since its 2010 publication, especially among local authorities and health and wellbeing boards. One of the iconic charts in the review, referred to below as 'the Marmot curve', Figure 3, shows how Life Expectancy and disability-free Life Expectancy (that is, the number of years that we live free from disease) are systematically and consistently related to differences in income deprivation across thousands of small areas in England.

Figure 3:
The Marmot Curve.



Source: Bernstein et al 2010

Note: The original figure was first published in an independent review for government in early 2010, supported by the Fair society, healthy lives team.

Deprivation in Barking and Dagenham

The impact of the factors that affect Life Expectancy and Healthy Life Expectancy on our residents is significant. Barking and Dagenham is the 3rd most deprived borough in London and the 12th most deprived borough in England. This has changed since 2010 when Barking and Dagenham was ranked 7th most deprived borough in London and 22nd most deprived borough in England. It's important to understand that this worsening in rank does not equate to a worsening in deprivation, but rather is a result of a slower relative improvement in the borough than some other London boroughs and local authorities.

Communities like Barking and Dagenham, where residents have low incomes tend to have more ill health and lower Life Expectancy, with more people dying of preventable disease



Young residents of Barking and Dagenham pledging to make a change

before 75 years of age than in less deprived areas. Therefore, delivery of Council plans to achieve priorities will need to target resources to optimise improvements in borough Life Expectancy.

What are the conditions that are causing our poorer Life Expectancy?

More than half of the gap in Life Expectancy and premature death are caused by four conditions: chronic obstructive pulmonary disease (COPD), lung cancer, coronary heart disease and pneumonia. Falls also contribute to mortality in women over 65 and diabetes is one of the causes of coronary heart disease. The commonest causes of premature death (under 75 years old) in men and women are detailed in Table 2 in decreasing order.

How many deaths do we need to prevent to bring Barking and Dagenham in line the London and the national averages?

The common feature for all the conditions in Table 2 is that they are caused by smoking and the numbers of smokers in the borough (prevalence). Nationally, 17.2% of people currently die of a condition directly caused by their smoking (Table 3). This proportion will change as the effects of historic smoking prevalence rates work through the life course. In 2014, 218 deaths in Barking and Dagenham were directly attributable to smoking.

Table 2:

Most common causes of ill health and premature death in Barking and Dagenham.

	Men	Women
1	Coronary heart disease	Lung cancer
2	Lung cancer	Breast cancer
3	COPD	Coronary heart disease
4	Stroke	COPD
5	Colorectal cancer	Pneumonia
6	Liver disease	Colorectal cancer

Main Action 1

The London Health Observatory model estimates that around 7,000 people would need to quit annually in Barking and Dagenham to decrease the inequalities gap by around 32% in each sex over 10 years. Of these, it is estimated that 71% (around 5,000 annually) will start smoking again within a year so follow up is required and another quit attempt encouraged.

Table 3:

Risk percentage population attributable.

Condition	Number of deaths in B&D in 2014	Smoking attributable Percentage, England 2013	Estimated number of deaths in B&D attributable to smoking- 2014
COPD	96	85.3%	82
Lung cancer	93	80.5%	75
CHD	161	13.2%	21
Pneumonia	69	17.9%	12
Total deaths	1,266	17.2%	218

Data source: PCMD and HSCIC – 2013 Statistics on Smoking

In 2009, modelled smoking prevalence in Barking and Dagenham was the highest in London at 32%, and 8th highest in England. By 2013 it was estimated that local prevalence had declined to 23%, still the highest in London, almost 6% higher than the London and 4.5% higher than the national average. In 2014, it was estimated that smoking prevalence had further declined to 21.7% which puts Barking and Dagenham as the fourth highest in London. However, these estimates are based on responses to a national survey and should be treated with caution, particularly in relation to changes and trends. It is, however, clear that smoking is the cause of health problems for many residents in the borough.

In addition, according to research, the majority (two-thirds to three-quarters) of quit attempts are performed without any health service intervention. These have a poorer quit rate than supervised people but this will still be the largest route of quitting in Barking and Dagenham. This is an important route with vaping now being the preferred quit method for the majority of the population in the UK. Modelling would suggest that fewer than 1,000 people quit permanently each year in the borough. The stop smoking service contribution to this would only have been modest – between 140 and 360 people.

To substantially decrease the gap between Barking and Dagenham and the national Life Expectancy rate smoking must be seen as the highest priority. The following are key actions:

- i). Increase the stop smoking quitters (at 4 weeks) to at least 2,000 people annually. This quit rate has not been attainable over the past three years in Barking and Dagenham, and in part this is due to the variation in approach in independent practitioners in primary care.

Table 4:
Risk percentage population attributable.

	Estimate of current smoking prevalence	Estimate of number of smokers in B&D if same rate	Numbers needed to quit in B&D to reach same rate as national or regional rates
Barking and Dagenham	21 to 23%	30,100 (28,700 to 31,500)	-
London	17%	23,200	6,900 (5,500 to 8,300)
England	18%	24,600	5,500 (4,100 to 6,900)

Source: PHOF and ONS Population Estimation



Stop Smoking Service with Council Leader Councillor Darren Rodwell, Councillor Saima Ashraf and Councillor Syed Ahammad for No Smoking Day

- ii). Catching potential smokers before they start. Education interventions to decrease new starters are effective and the numbers of young people smoking in the borough is low in comparison to national averages.
- iii). Creating an environment that makes smoking the hard choice.
- iv). Strengthening tobacco enforcement and general education/advertising on how best to quit alone as around 2/3rds of future quitters will not seek any assistance.
- v). Training all front line staff to give smoking advice to all smokers.
- vi). Increase the extent and diversity of front line staff who can give Level 2 stop smoking advice, so that almost all facilities and staff groups have at least one provider.

Chronic obstructive pulmonary disease (COPD)

There are two main interventions that increase Life Expectancy in COPD. These are:

- i). Stopping smoking.
- ii). Domiciliary oxygen for those late in the disease.

It is particularly important to identify people with COPD at an early stage in their disease in order to advise on stop smoking techniques and referral for management to give symptomatic relief.

Coronary heart disease (CHD)

The rate of CHD in Barking and Dagenham is only slightly higher than the national and regional rates. However, this slight elevation results in 11 male deaths and 7 female deaths more than would be expected annually if the local rate was the same as the national rate. The London Health Observatory has performed modelling to show what interventions would have the most effect in reducing cardiovascular disease. These are:

- i). Decreasing smoking prevalence:
 - In the general population.
 - In those at high risk of cardiovascular disease (CVD) or with evidence of the disease. This is likely to include equipping more primary care professionals to deliver stop smoking advice.

Main Action 2

To eliminate the inequalities gap around 12,000 hypertensives would need to be diagnosed and/or known hypertensives have their blood pressure lowered into the target range over 10 years. It is not just a question of improving blood pressure control as there are only 4,000 people with inadequately controlled blood pressure. Instead, at least 8,000 hypertensives will need to be diagnosed (mainly via the Health Check programme) and the number excluded for not attending or where medication cannot be prescribed, commonly known as exception reported, (820) needs to be reduced substantially. Adequately, treating 1,200 hypertensive's annually would decrease the inequalities gap by around 10% over 10 years.

- ii). Improving blood pressure control:
 - Increasing diagnoses of hypertension to raise the prevalence nearer to the expected level.
 - Decreasing the number of hypertensives who are excluded from monitoring i.e. exception reported in primary care.
 - Improving drug and lifestyle management of hypertension to achieve adequate control.
- iii). Controlling cholesterol in those at risk of CVD:
 - Assessing all hypertensives for overall vascular risk and commencing a moderate proportion on statins.
 - Roll out of the vascular risk assessment project in order to detect more hypertensives and more people at high risk of CVD.
- iv). Secondary prevention of CVD:
 - This involves maximising the use of drug treatments with a good evidence base.

From a local perspective the work that is required is:

 - Detecting more people who have undiagnosed CVD but have not been placed on the primary care registers.
 - Decreasing the number of patients with disease who are excluded from performance monitoring i.e. exception reporting in primary care.
 - Improving drug and lifestyle management of CVD using well known evidence based approaches. This includes increasing uptake of some of the more 'difficult' treatments like Warfarin in atrial fibrillation and B-blockers in heart failure.

Newborn and infant mortality

There are only a small number of deaths in the first year of life or in the early years but each one causes a disproportionately large decrease in the overall Life Expectancy in the borough. A large proportion of children who die in infancy are born to mothers who have some degree of socio-economic deprivation. Worldwide, the level of infant mortality is more dependent on the educational and economic positions of the mother than the nature and extent of maternity and infant care. Hence, the major inputs into infant mortality include:

- i). Collaborative work to increase the wellbeing, education and aspirations of young people, especially women.
- ii). Antenatal care aspects especially:
 - Stopping smoking.
 - Early booking (first trimester) so that maternal or foetal problems can be identified and ameliorated at an early stage.
- iii). Delivery and early postnatal care including:
 - Promotion and maintenance of breastfeeding.
- iv). Care at home including:
 - Completion of vaccinations in timely fashion.
 - Continuation of breastfeeding to 6 months.

Taking action to decrease newborn and infant mortality

Preventing deaths around birth and in the first year of life are highly effective in decreasing the inequalities gap. Interventions include:

Main Action 3

Each life saved in utero, in the newborn or in the first year of life decreases the Life Expectancy inequalities gap by 0.5% in a single year. Reducing the annual number of deaths to around 17 infants (4.7 per 1,000 births over 3 years) will keep the infant mortality gap to a minimum.

- i). Collaborative work to increase the wellbeing, education and aspirations of young people, especially women.
- ii). Antenatal aspects especially:
 - Stopping smoking.
 - Early booking (first trimester) so that maternal or foetal problems can be identified and ameliorated at an early stage.
 - Delivery and early postnatal care.
 - Promotion and maintenance of breastfeeding.
- iii). Care in the first year of life include:
 - Completion of vaccinations in timely fashion.
 - Continuation of breastfeeding to 6 months.
 - Decreasing second hand smoke exposure.

There are very many socio-economic inputs with big effects on infant mortality. They are documented in the next chapter of my report.

Cancer

My aim to improve cancer outcomes demonstrates the need for a radical prevention approach to improve Life Expectancy and Healthy Life Expectancy.

Why is Barking and Dagenham an outlier?

Overall, Barking and Dagenham has the lowest net survival amongst

London and West Essex clinical commissioning groups (CCGs), ranking 33 (1 highest, 33 lowest). In part this is due to:

- Low percentage of residents able to recall a symptom of cancer⁴.
- Breast cancer screening coverage and uptake is consistently (over the period 2012 -2014) lower than the England average.
- There are 352 cancer deaths per 100,000 people each year. This is higher than the England average.
- Low bowel screening uptake.
- Two-week wait conversion rate. This is the number of referrals from general practice against the number of cancers detected.
- 25% of patients with cancer are diagnosed via emergency care services.
- Significantly lower Healthy Life Expectancy.

In 2009/10, only 31% of residents could recall a lump or swelling as a sign of cancer (68% England, 57% Havering and 50% Redbridge). This meant that we were the 2nd lowest out of 22 CCGs (Primary Care Trusts) in London who were surveyed using the Cancer Awareness Measure. Although one-year net survival index for Barking and Dagenham has increased steadily with 63.9% of those with all newly diagnosed cancers surviving one year or more in 2012 (ONS), it is lower than the London average of 69.7% and the overall England figure of 69.3%.

If we are to tackle one-year survival rates, we have to address variation within general practice.

Table 5 shows the considerable variation in early diagnosis within our general practices. Caution should be used when interpreting 0 as the bottom of the range.

Screening has a huge part to play in addressing one-year survival. About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying each year (Cancer Research, 2013). Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16% (Cochrane Database of Systematic Reviews, 2006). Colorectal cancer (using the faecal occult blood test) screening programme's target is 60% of patients with a definitive screening result, out of those invited. Uptake in Barking and Dagenham is below the England average and the screening programme target.

Routes to diagnosis have a significant impact on survival rates in Barking and Dagenham:

Table 6 identifies all malignant tumours newly diagnosed between 2006 and 2013 as well as selected benign and in-situ tumours. The methodology is consistent with previous work on the routes to diagnosis of cancers. Improved linkage to Hospital Episode Statistics data has helped to reduce

Table 5:

Indicator	Barking and Dagenham	England	Lowest	Highest
Two-week conversion rate	8.6%	8.4%	0%	22%
Breast screening	68.6%	77%	30%	82.1%
Bowel screening	43.7%	58.8%	28.1%	52.3%

Table 6:

	Routes to diagnosis - 2006 to 2013. All tumours (excluding C44)								
	Screen detected	Two week wait	GP referral	Other outpatient	Inpatient elective	Emergency presentation	Death certificate only	Unknown	Number of cases
2006	3%	20%	27%	11%	2%	32%	0%	5%	793
2007	1%	26%	30%	11%	2%	26%	0%	4%	771
2008	8%	24%	30%	9%	2%	26%	0%	2%	852
2009	4%	26%	34%	10%	1%	24%	0%	2%	875
2010	2%	29%	32%	10%	1%	24%	0%	2%	781
2011	8%	28%	27%	11%	1%	22%	0%	3%	809
2012	3%	34%	27%	11%	1%	22%	1%	2%	842
2013	1%	32%	28%	13%	1%	23%	1%	2%	818

Table 7:

Lung Route to Diagnosis - % for those diagnosed between 2006 and 2010, England.

Lung	All routes	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency Presentation	Unknown
Route	-	24%	21%	10%	2%	38%	3%
1-year survival	29%	42%	38%	42%	32%	11%	23%

Table 8:

Breast Route to Diagnosis - % for those diagnosed between 2006 and 2010, England.

Lung	All routes	Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency Presentation	Unknown
Route	-	28%	43%	16%	3%	0%	5%	5%
1-year survival	96%	100%	98%	96%	91%	85%	50%	95%

the proportion of tumours with an unknown route and provided a better understanding of how other routes originated.

If we examine further the routes of diagnosis and compare against 1-year survival rates in Tables 7 and 8 clear inequalities can be seen.

Delivering the Forward View: NHS Planning Guidance 2016/17⁵

The guidance describes Ambition 2020 for cancer in respect of the Government's mandate to NHS England 2016/17. Overall the 2020 goal is to deliver the recommendations of the Independent Cancer Taskforce⁶, including:

- Significantly improving one-year survival to achieve 75% by 2020 for all cancers combined (up from 69% currently); and
- patients given definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP.

The clear priority and deliverables for 2016-17 include:

- Adult smoking rates should fall to 13%.
- 57% of patients should be surviving for 10 years or more.
- 1 year survival should reach 75% for all cancers.
- 95% with a definitive cancer diagnosis within 4 weeks or cancer excluded 50% within 2 weeks.
- 75% bowel screening uptake.
- Achievement of cancer waiting time standards of 2 weeks, 31 days and 62 days.

The Health and Wellbeing Board in its system leadership role will need to focus on the following, if we are going to deliver the 2020 cancer goals:

Prevention

- Supporting a radical prevention approach to improve recall of signs and symptoms.

- Ensuring an active smoking control plan is in place.

Early Diagnosis

- Supporting primary care to reduce variation, improve early diagnosis and 1 year survival.
- Increasing the uptake of effective screening programmes e.g. cervical cancer screening, bowel cancer screening.
- Encouraging the population to present and improving access to primary care.

Survivorship

- As at the end of 2010, around 3,600 people in the borough were living with and beyond cancer up to 20 years after diagnosis. This could rise to an estimated 7,000 by 2030.
- Endorsing a move towards cancer being viewed as a long term condition.
- Encouraging improved, standardised Cancer Care Reviews in primary care.
- Lifestyle schemes are commissioned but currently underutilised.

Mental Health

Equally as important as physical health is mental health and although I have not reviewed the evidence base in this chapter mental health also impacts on Life Expectancy⁷. It's long been known that people with mental health problems tend to live shorter, less healthy lives, than people who are more resilient. In part this is due to the drug and alcohol dependency that people with mental health problems experience, and also due to the impact of drugs used to treat mental health problems.

There is a very large gap in Life Expectancy between people with mental health problems and the general population. A woman born in 2009 is likely to die twelve years early and a man is likely to die sixteen years early. Although suicide has some impact on the Life Expectancy of people with mental health problems, at most 20% of all early deaths are as a result of suicide, all other early deaths are as a result of medical conditions. This is not an acceptable position to be in and the borough has in place plans to improve both adult and children's mental health.

Conclusion

We need to address variation in care offered across the life course. In the cancer example we want to be able to say that our patients are diagnosed faster, have a better chance of survival, a better experience of care and are better informed and supported. The development of new models of care has to reduce variations in care from the front door, primary care providers, through to our hospital and community services.

The evidence base for what works and impacts on Healthy Life Expectancy and Life Expectancy is vast. This is best represented by Figure 4. In a very simple way this diagram shows that social determinants of health, such as housing, can take up to 15 years to impact on health, lifestyle interventions take up to 10 years and clinical interventions take up to 5 years to impact. It is important that all three approaches (A-C) are taken as shown in Figure 4. I examine this in chapter 2.

5 <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

6 <http://www.cancerresearchuk.org/about-us/cancer-taskforce>

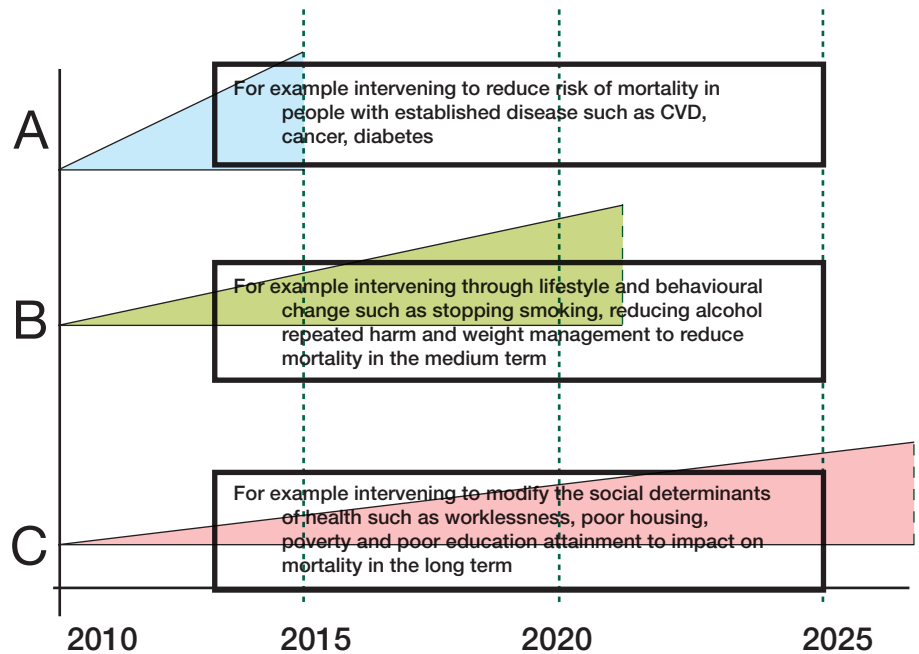
7 Lawrence, D (2011) Life Expectancy Gap Widens Between Those with Mental Illness and General Population. British Medical Journal. 21 May 2013.

While there are a number of known interventions that have a strong evidence-base and cost-effectiveness in preventing and treating the health conditions that lead to pre-mature death and ill health in respect of intervention design there is no one-size fits all solution that works across all community groups. For this reason, insight into our resident's needs and into the evidence-base is critical to the delivery of successful programmes to achieve good outcomes.

Implementation of the Council's Ambition 2020 programme and The Five Year Forward View both provide the opportunity to integrate approaches to commissioning and take more radical action on prevention. It is essential that we engage communities in developing all our plans and also to implement a combination of individual and societal interventions. These interventions can be universally applied and also targeted to reach those with the greatest need to improve the health of the poorest fastest.

Figure 4:

Health Inequalities, Different Gestation Times for Interventions.



Source: Health Inequalities National Support Team (2009)



Raising awareness of the impact of domestic violence on individuals, families, communities and services. Supporters included Councillor Maureen Worby, Cabinet Member for Adult Social Care and Health, and Chair of the borough's Health and Wellbeing Board



Growing the borough to improve health

Barking Riverside new housing opposite lake

Page 224

In 2015, the Council asked a team of independent experts to form a Barking and Dagenham Growth Commission¹, to review our ambition to be London's growth opportunity and recommend how to maximise the contribution of the borough to the London economy; generating growth in Barking and Dagenham in a way that benefits all residents. Their report was published on 24 February 2016 and included 109 recommendations.

The growth agenda gives us a chance to shape the whole borough very differently in the longer term with up to 35,000 new homes and 10,000 additional jobs over the next 20 years. It also brings challenges, in particular maximising the opportunities for improving health and tackling the inequalities. The challenge continuing on from chapter 1 is narrowing the gap in Healthy Life Expectancy in Barking and Dagenham compared to London. The outcome is defined in our joint Health and Wellbeing Strategy².

There is substantial scope for improvement in both Life Expectancy and Healthy Life Expectancy. Both aim to narrow the gap between those with poor health status and the population as a whole, a gap that is generally widening. Achievement of narrowing



Councillor Evelyn Carpenter Member of the Health and Wellbeing Board and children from Northbury Primary school planting apple and pear trees in Barking Park to encourage healthier eating

the gap is not only about saving lives overall, but is about ensuring that a higher proportion of the gains are made by those in poorer circumstances. It focuses attention on the distribution of health benefit, rather than simply on overall health outcomes from the provision of programmes and services. Improvements in Life Expectancy will be achieved through the wide range of actions recommended by the Commission.

The latest official Life Expectancy data for 2012-14 shows that Healthy Life Expectancy in Barking and Dagenham

is lower than that for London as a whole with Healthy Life Expectancy in the borough being 4.5 years less for males and 9.5 years less for females. Over the next 15 years we need to increase the Healthy Life Expectancy trajectory to achieve the London rate. For illustrative purposes in Tables 1 and 2 the values are based on a linear regression line generated from the three year rolling data based on 2009-11 to 2012-14. Table 1 predicts the current trend in both London and Barking and Dagenham over the next 15 years.

¹ <https://www.lbdd.gov.uk/business/growing-the-borough/our-strategy-for-growth/overview-2/>

² <https://www.lbdd.gov.uk/council/priorities-and-strategies/corporate-plans-and-policies/health-and-wellbeing-strategy/overview/?loggedin=true>

Table 2 examines the increased Healthy Life Expectancy trajectory to the London rate. In order for Barking and Dagenham to reduce the Healthy Life Expectancy gap with London and match Healthy Life Expectancy for males and females in 15 years time (2030) there will need to be a 2.4 year improvement in the next five years for males and 10.6 year improvement for females as described below.

This chapter draws on the evidence from the expert Growth Commission and elsewhere. I explore the potential for addressing the social determinants and for reducing inequalities in health for the whole borough.

Addressing social determinants to improve health in the long term

Inequalities in health result from inequalities in society, not simply because of inequalities in healthcare. Lack of access to high quality healthcare can contribute to health inequalities, and universal access is necessary to deal with problems of illness when they arise. But it is an important but, if the causes of health inequalities are social, economic, cultural and political, then so should be the solutions³.

A clear understanding of health inequalities is paramount for the development of our Growth policies and interventions that support all our communities in Barking and Dagenham. Many researchers view social position as the fundamental cause of ill health⁴. Using a pathways

Table 1:

Projection of Healthy Life Expectancy linear progression from 3 year rolling averages.

	Males			Females		
	B&D	London	Difference	B&D	London	Difference
2015-17	60.4	64.4	4	51.2	64.3	13.1
2020-22	60.9	66.0	5.1	45.6	64.9	19.3
2025-27	61.5	67.6	6.1	40.0	65.4	25.4
2030-32	62.0	69.2	7.2	34.4	66.0	31.6

Table 2:

Increased Healthy Life Expectancy trajectory to the London rate.

	Males			Females		
	B&D Projected	B&D Target	Difference	B&D Projected	B&D Target	Difference
2015-17	60.4	60.4	-	51.2	51.2	-
2020-22	60.9	63.3	2.4	45.6	56.2	10.6
2025-27	61.5	66.2	4.7	40.0	61.1	21.1
2030-32	62.0	69.2	7.2	34.4	66.0	31.6

approach, important influences on population health are presented in the form of an interlocking framework. Factors such as the education system and labour market, and the structure of society, help shape people's lives. An individual's social position, based on for example socioeconomic factors, sex, ethnicity and sexuality, affects their access to resources and relative exposure to health risks. Intermediary factors, including personal behaviour or lifestyle, environmental factors such as poor housing and the provision of health and social care, impact on health outcomes or a person's health and wellbeing.

Social determinants of health and health are inextricably linked. The cost to society, for example, from transport-related poor air quality, ill health and accidents is at least £40 billion per year⁵. Figure 4, chapter 1 shows the different gestation times for interventions (with people with established disease, lifestyle factors or via social determinants) to address health inequalities. The time lag for impact of social determinants is 0-15 years. Whilst the lag might be many years Marmot would argue that the social determinants approach, via housing and employment or environmental factors for example,

3 <http://www.bris.ac.uk/poverty/downloads/keyofficialdocuments/Tackling%20HE%2010%20years%20on.pdf>

4 [http://nwph.net/nwpho/inequalities/health_wealth_ch2_\(2\).pdf](http://nwph.net/nwpho/inequalities/health_wealth_ch2_(2).pdf)

5 <http://www.instituteoftheequity.org/projects/understanding-the-economics-of-investment-in-the-social-determinants-of-health>

has the most impact in the long term at reducing inequalities in health⁶. The Growth Commission supports this approach stating that the focus of the Council and its staff should be on “enabling every resident of the borough to fulfil their potential through the reform and the delivery of services aimed at reducing dependency and increasing employment, skills and growth in every part of the community”⁷.

The growth agenda

The Commission has advised the Council to focus on its much wider role of shaping local places. The opportunities to radically improve health lie in promoting economic, social and environmental wellbeing at the local level, for which it is ideally placed to deliver on behalf of residents.

There are 7 growth hubs which are the focus for the next 20 years in the borough⁸. Alongside the capacity for 35,000 new homes and 10,000 additional jobs, developments include transport infrastructure, industrial development (including on the former Ford stamping plant), green energy industries and advanced manufacturing industries, social infrastructure such as schools and health and social care as well as plentiful green and blue spaces including parks, nature reserves and two rivers.

The first of the Barking and Dagenham major growth areas and part of the London Riverside opportunity area is the Barking Riverside development⁹. Figure 1 shows a plan of this area.

Figure 1:



Artist impression of Barking Riverside Development

It is being developed on mainly brownfield, ex-industrial sites. It sits within Thames electoral ward, a ward with some of the worst socio-economic and health outcomes of the borough. There is planning permission for 10,800 new homes by 2031 – a new town similar to the size of Windsor. This will be supported by 65,500 square metres of commercial, retail and leisure space that will create an estimated 3,000-3,500 temporary construction jobs and 2,500 new permanent jobs. There will be five new schools, health centres, places of worship and community facilities. Transport developments will also be key, for example the extension of the Barking to Gospel Oak overground line

into Barking Riverside. There are plans for extensive new sports facilities, play stations, public open spaces, extensive parkland, nature reserve, green belt and there will be a reconnection of residential areas to 2km of the River Thames as well as other areas of open water (blue spaces). An innovative feature is a Community Interest Company (CIC), ultimately to be predominantly residents that will manage the public realm of Barking Riverside¹⁰. Work has already started and there are currently nearly 700 units built. This is a mix between private and affordable homes. Schools and green space developments are in place.

6 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4235358/>

7 <https://www.lbbd.gov.uk/business/growing-the-borough/our-strategy-for-growth/overview-2/>

8 <https://www.lbbd.gov.uk/wp-content/uploads/2014/09/GrowingTheBorough.pdf>

9 <https://www.london.gov.uk/what-we-do/planning/implementing-london-plan/opportunity-areas/opportunity-areas/london-riverside>

10 <http://moderngov.barking-dagenham.gov.uk/mgOutsideBodyDetails.aspx?ID=142>

Barking Riverside – London’s Healthy New Town

For Barking Riverside, as a new area on a brownfield site we can plan to get the social determinants of health right from the start. We can develop our housing, the built environment, use of green and blue spaces and economic regeneration to maximise health. This is a powerful opportunity to build a healthy new town. In recognition of this the area has now been designated a Healthy New Town (HNT) – the only one in London and one of 10 in the country. In chapter 4 I also examine this approach in context of the Accountable Care Organisation method.

The HNT affirmation brings access to expertise and some limited funding to rise to the challenge of regenerating the area in a way that improves health. As Barking Riverside will be built as a staged process over a further 15 years we have unique opportunities to work with our partners to evaluate impact and improve upon this as we go along and also to learn from other growth areas in the borough. The HNT proposal identified creation of an “age friendly” built environment and new models of health and social care as key opportunities. The proposal also majored on the use of green and blue spaces, community involvement and social and economic regeneration, including employment and skills, as key issues for Barking Riverside.

Looking in detail at two of these aspects, utilisation of green and blue spaces and the development of

employment and skills, we can see how they offer opportunities to improve health through addressing the wider determinants.

Green and blue spaces

Green spaces include parks, gardens, natural and semi-natural urban spaces, green corridors, outdoor sports facilities, community gardens, and landscape around buildings¹¹. Blue spaces cover ponds, lakes, canals, rivers, and any other areas of open water.

Why are they important?

Green and blue spaces bring a range of health benefits: the health benefits of green spaces include: space for physical activity (impacting on obesity), improved mental health (for those living in green areas), community cohesion and participation (for example, through a wide range of activities with vulnerable groups). Other impacts include benefits from community gardens in an improved environment, increased opportunities for older people to live independently and potentially reducing food poverty. Whilst there is less evidence for blue spaces¹² they have been shown to improve mental health (psycho restorative effect), and provide opportunity for physical activity and community participation¹³.

Opportunities from the green and blue spaces in Barking and Dagenham: green spaces comprise 34% of the borough. Barking Riverside has 2 km of frontage on the River Thames and access to the River Roding. There are sports facilities, open spaces, a nature reserve and green belt.

Inequalities in access and use of green spaces: despite the large amount of green space in the borough we have one of the lowest levels of utilisation in England. There are also parts of the borough with limited green space; in 4 wards more than 50% of the households have inadequate access to nature and green space. Nationally the most affluent 20% of wards have five times the amount of green space as the least affluent 10%. There are also inequities in utilisation by vulnerable groups such as the elderly, disabled and urban deprived.

Potential to improve poor health outcomes in the borough: in Barking and Dagenham we have the highest rate of adult obesity in London and high childhood obesity rates (26.2%) and low levels of physical activity (less than half our adults) compared to London and England¹⁴. Physical inactivity and obesity are risk factors for major causes of premature mortality in our residents: cancer (lung and colorectal) and cardiovascular disease (heart disease and strokes).

The future pattern of land development will shape the choice and mode of travel for future generations, as well as determine housing location and affordability. Evidence clearly shows that people who live in spread-out, car-dependent neighbourhoods are likely to walk less, weigh more, and suffer from obesity and high blood pressure and consequent diabetes, cardio-vascular and other diseases, compared to people who live in more efficient, higher density communities with access to green space (Ewing et al, 2003a).

11 <http://www.instituteofhealthequity.org/projects/improving-access-to-green-spaces>

12 <http://www.instituteofhealthequity.org/projects/improving-access-to-green-spaces>

13 <http://www.ecehh.org/research-projects/blue-health/>

14 http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

What works?

Reasons given for not using green and blue spaces include poorly maintained spaces, fear of safety, inadequate facilities and lack of transport. Accessible, good quality green spaces increase their utilisation. The evidence suggests that development of new spaces or physical regeneration of old spaces increases utilisation. Few studies demonstrate outcomes or address inequities or uptake by socially excluded groups¹⁵.

A cost effectiveness study showed £23 returned for each £1 spent in the Birmingham “Be Active” programme¹⁶. There are fewer studies of blue spaces, particularly fresh water, than of green spaces. However, the issues about access and use overlap with green spaces¹⁷. A new study of the use of blue spaces, “Blue Health”, is in development and we are in liaison with the researchers¹⁸.



Parsloes Park, Dagenham

Issues to consider

We have opportunities in our growth areas with plentiful blue and green spaces. A health impact assessment (HIA) of the green and blue spaces of the development built so far on the Barking Riverside site identified some issues for consideration including the role of the CIC in ensuring places are well maintained and actions to maximise wider health benefits such as tobacco free spaces and improved mental health. The HIA highlighted the importance of addressing issues such as transport (linked with active travel), fear of crime and affordability of formal facilities to ensure accessibility¹⁹. There is a gap in the evidence base regarding

uptake by socially excluded groups and impact upon inequalities in use or access of green spaces. We have an opportunity to work with academics to strengthen this research area and help to optimise the health benefits for the development.

Employment and skills

Why is this important?

Addressing the link between employment and skills and health: unemployment impacts on health through lower living standards, also

influencing social integration and self-esteem; through increasing distress, anxiety and depression and through impacting upon health behaviours (such as lower rates of physical activity)²⁰. The relationship between unemployment and health is cyclical: unemployment leads to poor health and poor health increases the risk of unemployment; the two becoming mutually reinforcing²¹.

Evidence suggests one in seven men develop clinical depression within six months of leaving their job. Good work is generally good for wellbeing but this is not necessarily the case for poor quality work. Job stress, job insecurity and lack of job control are strongly

15 <http://www.instituteofhealthequity.org/projects/improving-access-to-green-spaces>

16 <http://www.instituteofhealthequity.org/projects/understanding-the-economics-of-investments-in-the-social-determinants-of-health>

17 <http://www.instituteofhealthequity.org/projects/improving-access-to-green-spaces>

18 <http://www.ecehh.org/research-projects/blue-health/>

19 Wright F. Retrospective rapid health impact assessment (HIA) of green and blue spaces of Barking Riverside development to date. Barking and Dagenham Council, 2016.

20 <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

21 <https://www.gov.uk/government/publications/working-for-a-healthier-tomorrow-work-and-mental-health-in-britain>

related to poor mental and physical health outcomes²². Many people who are in paid employment live in poverty. Education and skills provide a route to good quality employment as well as increasing health literacy, reducing the risk of ill health²³ and increasing Life Expectancy.

Providing opportunities for employment and skills in the

borough: the borough has a strong history of industry - most notably Ford, which is still a local employer²⁴. There are new opportunities within the creative (such as the Ice House Quarter), advanced manufacturing and green energy industries. Developments of the health and social care sector include key worker housing and skills development in the innovative Care City test bed site²⁵.

High unemployment and low skill

levels: unemployment rates are higher than London and England at 13.1% compared to London's 6.5%. More than 10,000 residents have been claiming out of work benefits for more than a year (8.5% of working age) – the third highest in London (6.3%). For full time workers in the borough the median hourly pay is the third lowest in London and one of five are earning less than the £9.20 that is effectively equivalent to the London Living Wage²⁶. 42% of our residents of working age are unable to understand and make every day use of health information²⁷.

Potential to improve poor health

outcomes: good quality work and higher educational attainment can reduce the risk of unhealthy lifestyle behaviours and increase Life Expectancy. As discussed in chapter 1 smoking rates in the borough (23.1% of adults) are amongst the highest in London and both Life Expectancy and Healthy Life Expectancy for men and women in the borough is amongst the lowest. Women in our borough spend on average 26.9 years in poor health (difference between Healthy Life expectancy and Life Expectancy).

What works?

For most families' an adequate income is essential to live a healthy life. More widespread adoption of the living wage can reduce the number of working families on low income and improve public health, provided that the increase in wages is not cancelled out by reductions in benefits. Increasing benefit uptake amongst eligible households alongside addressing low wages is also important²⁸.

We can also improve the health of employees through positive work cultures, development of health promotion initiatives and establishing systems to recognise and manage ill health. Supported employment and job retention schemes, for example for people with mental health problems, are beneficial. Employee wellness programmes have been shown to return between £2 and £10 for each £1 spent²⁹.

Issues to consider

The Growth Commission proposes bringing in key work opportunities including the Billingsgate fish market³⁰. The Greater London Authority runs a Healthy Workplace charter award scheme that recognises good quality employment. The Council could lead the way and encourage partners and businesses to aim to achieve this award alongside implementation of the healthy living wage. Care City is an opportunity for skill development and key worker roles in health and social care.

One borough, one community?

Improving health or reducing inequalities?

The growth of the borough will bring communities into new, mixed tenure houses. Some of these will be more affluent people into a very deprived borough, potentially increasing both wealth and health inequalities. Whilst it may be welcome or necessary to do this for local economic regeneration (especially in a financially tight environment), arguably this presents the biggest challenge for improving health and, with that, reducing health inequalities through the growth agenda.

We know that policies may inadvertently widen health inequalities

22 http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

23 <http://www.nber.org/digest/mar07/w12352.html>

24 <https://www.lbbd.gov.uk/business/growing-the-borough/our-strategy-for-growth/overview-2/>

25 <http://carecity.london/>

26 <http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/previousReleases>

27 <http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-80>

28 <http://www.instituteofhealthequity.org/projects/health-inequalities-and-the-living-wage>

29 http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

30 <https://www.lbbd.gov.uk/business/growing-the-borough/our-strategy-for-growth/overview-2/>

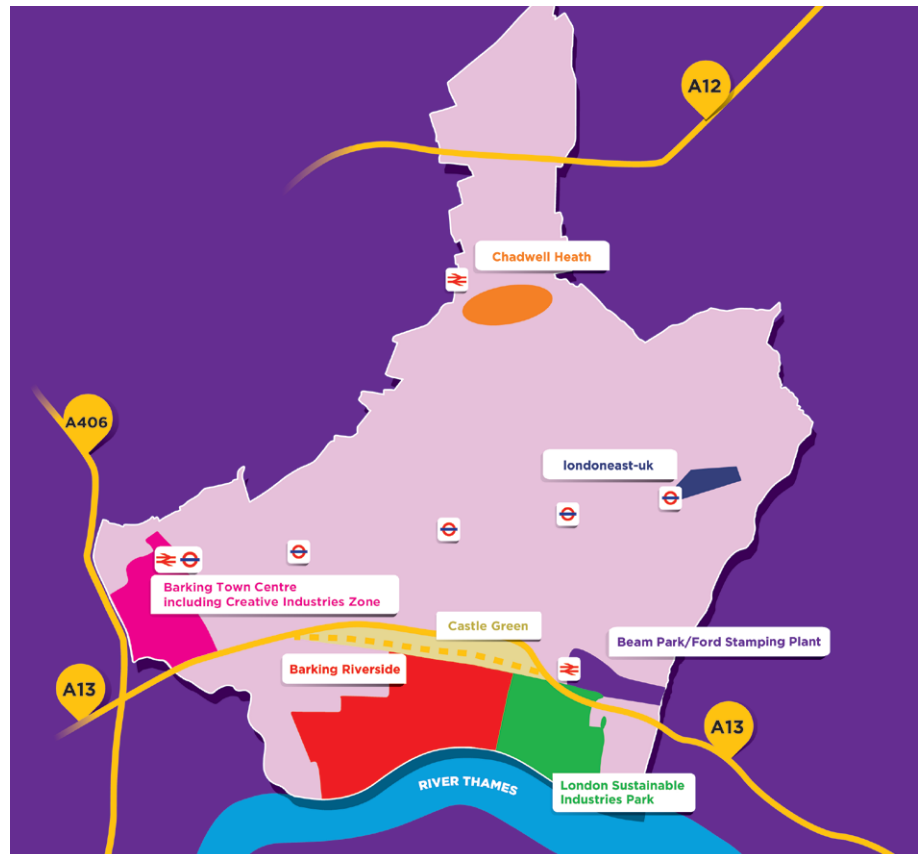
unless we specifically work against this³¹. There are plenty of examples of this such as uptake of screening programmes which are accessed disproportionately by more affluent groups. Even when taking action to address social determinants of health, such as in this regeneration programme, it is important to ensure our policies narrow rather than widen inequalities in health.

Wilson and Pickett³² explain that more equal societies are healthier societies. Less equal societies have poorer health outcomes, not only for those who are less affluent but for the affluent in those societies. Also strong social capital improves the health of the less advantaged in that community³³.

To achieve a healthy new town, it is important to have community cohesion and social capital. How do we bring old and new communities together so “no one is left behind”? How do we truly develop a growth area and the surrounding areas in the borough to achieve equality of health, social, economic outcomes over the coming years? How do we maximise assets in the borough and in the growth areas so as to ensure that health inequities are narrowed and not widened?

Some approaches and principles

The two examples above give insights into the potential for positive or negative impacts on community cohesion within a society and on inequalities. Inequities in access or utilisation of green spaces or of employment opportunities are seen by socio economic group and by vulnerable groups such as the elderly or disabled.



Barking and Dagenham's growth hubs

Notably much of the research evidence for both examples discusses the impact on health and fails to evidence impact on health inequalities or cost effectiveness. There are examples of good practice but these are often poorly evaluated. Resources for evaluation and health impact assessments of new developments will be important to further develop the evidence base. Local assets, such as the River Thames, as well as new creative or green technology industries are there to be maximised but again we need to be mindful to promote equity of access. For example, we should keep down costs of using formal

recreation facilities so as not to exclude low income groups and should skill up lower socio-economic groups to be able to obtain employment.

We can see that health cuts across different social determinants. A health in all policies approach is needed. For example, to maximise the health benefits of green spaces, accessible transport is needed. There are strong recommendations throughout the report of the Growth Commission about the importance of involving communities in planning and delivery of policy in order to address inequalities³⁴. The CIC for Barking Riverside is an example of this.

31 <https://www.gov.uk/government/publications/independent-inquiry-into-inequalities-in-health-report>

32 <https://www.equalitytrust.org.uk/about-inequality/spirit-level>

33 personal communication Dr Tim Huijts, Lecturer in Global Health, Queen Mary's University, 2014

34 <https://www.lbbd.gov.uk/business/growing-the-borough/our-strategy-for-growth>

Figure 2 proposes some principles to consider in policy development in order to achieve a reduction in inequalities. These are by no means complete as these issues are complex and challenging and merit further exploration. However, building on the expertise from the Growth Commission we will seek support from experts within the Healthy New Towns network to consider how we can address inequalities and community cohesion to ensure no one is left behind as we grow our borough.

Conclusions

The Council and our partners' commitment to reduce inequities and address the root causes of ill health are outlined in our joint Health and Wellbeing Strategy and Local Plan³⁵. Although the Growth Commission has refreshed our ambition of shaping a borough where people want to live, work, invest and visit whilst enabling our residents and businesses to achieve their potential, the basic principle has not changed. It is important to recognise the progress made over the last 10 years and look forward towards the next 10 years.

The Commission recommended developing a Borough Manifesto that casts our vision into concrete 20 year goals. These are to be developed in consultation with residents, businesses and partners. Learning from the failure to capitalise on the Olympic legacy, we then stick to it like glue delivering a step-change in regeneration

Figure 2:

Key approaches to consider in addressing inequities in the long term.

- **Address social determinants of health.**
- **Utilise local assets.**
- **Take a “health in all policies” approach.**
- **Implement proportionate universalism – mindful of a social gradient in many health outcomes - rather than just focusing on the most vulnerable.**
- **Consider vulnerable groups, such as the mentally ill or people with learning disabilities.**
- **Use health impact assessments and health inequality impact assessments to maximise positive impacts for the disadvantaged.**
- **Put resources into monitoring and evaluation, including of equity.**
- **Involve communities in decisions, planning and delivery.**

activity in Barking and Dagenham. The Manifesto underpinned by our Local Plan will drive an integrated programme of activity across the borough, taking advantage of our key assets and tackles constraints on growth. As with other interventions, planning solutions need evaluation of their appropriateness, cost and effectiveness, to help avoid future costs associated with ill-health, and wasted expenditure on what may be poorly designed, ineffective prevention approaches.

The 'lost art' of undertaking local health impact assessments, especially around policy and planning will need

to be found again. This will involve working with partners on policy aimed at reducing the impact of social disadvantage on health and minimising the influences that the physical and social environment has on health. Good health impact assessments move beyond the purely technical assessment of impacts on outcomes, to include community views. Imposing solutions on the public will be neither welcomed nor sustainable; and what matters to the public is not always what matters to experts. This commitment to improvement is an opportunity not to be missed, but improvements inevitably take time.



Commissioning for Population Health

Her Majesty The Queen receiving gifts whilst on her visit to Barking and Dagenham to celebrate the borough's 50th anniversary

In my reports of 2013¹ and 2014² I set out that in order to improve our Life Expectancy and Healthy Life Expectancy as described in chapter 1 we needed to look beyond illness to the wider social and public health context, reaching out to high-risk groups and working together to tackle the wider determinants of ill-health. This is essential if the future burden of increasing numbers of people experiencing multi-morbidity and dementia is to be reduced, against a backdrop of tighter financial controls and cuts that pose risks to the quality of care.

This chapter explores the means of delivering a radical prevention agenda at the scale needed to deliver the services, transformation and public health programmes required to achieve our joint Health and Wellbeing Strategy outcomes³.



Council Leader Councillor Darren Rodwell with children at Gascoigne Keep Active Fest

The challenge - We need to get to the root cause of problems

The combined impacts of austerity, socio-economic change and government policy lead us to a more profound conclusion about the need for change in the way we design and deliver services. Simply put we can no longer afford to meet the rising needs of our population by spending more money on the kinds of services we currently provide. Instead we need to re-focus what we do so that we identify the root cause of need and

tackle it so that the individual or family in question have a better chance of living more independently now and in the future. Our job becomes one of building resilience so that people are better able to help themselves. Over the next 5 to 15 years we need to work on significantly reducing the demand for our higher cost health, social care and housing services.

Reduction in demand can only be fully achieved by understanding and addressing the underlying causes of our residents' poor Life Expectancy. To achieve this you have to look beyond efficiency and effectiveness of health

1 <https://www.lbbd.gov.uk/wp-content/uploads/2015/02/DHP-Annual-Report-2013-14-WEB.pdf>

2 <https://www.lbbd.gov.uk/wp-content/uploads/2015/02/018583-BD-Annual-Health-Report-2014-WEB.pdf>

3 <https://www.lbbd.gov.uk/council/priorities-and-strategies/corporate-plans-and-strategies/health-and-wellbeing-strategy/overview/?loggedin=true>

and care services as evidence tells us the single most important thing that drives the health of our residents is the wider determinants of health such as education and economic development. We are indeed London's growth opportunity and with that growth comes the prospect of significantly improved lives for our residents now and in the future. But with this comes the challenge to cast our ambitions into concrete long term plans of up to 20 year goals. The science underpinning that is even stronger than the science underpinning healthcare.

To exemplify the point, the Council has examined the potential impact of the Housing and Planning Bill⁴ and the Welfare Reform and Work Bill⁵ currently going through the parliamentary process:

- 1% Rent reduction: wipes £33M from the Housing Revenue Account over the next 4 years (£450m over the next 30 years). Reduces our ability to build and maintain our social housing stock.
- Pay to stay: Market Rent for households earning over £40K. This will make Council housing unaffordable for many tenants and provide a further impetus for Right to Buy.
- Forced sales of high value council homes: will reduce our stock by up to 800 units over the next 5 years.
- Changes requirement for affordable housing: emphasis is on starter

homes (not affordable) and some limited shared ownership. New public investment will not be available for social housing.

- Welfare reform (benefit cap and local housing allowance): expect to see a 100% increase in homelessness applications with a £5m cost to the Council by 2020.

Set against our level of deprivation as measured by the Index of Multiple Deprivation⁶ the above will exacerbate housing as a health inequality issue and increase recognition of the importance of decent affordable housing as a prime requisite for health. Poor housing may pose a health risk that is of the same magnitude as smoking (and clearly interrelated) and, on average, greater than that posed by excessive alcohol consumption. The British Medical Association 2003 report Housing and Health⁷ drew attention to the vital importance of access to good quality housing for those in poor health.

Better Health for London⁸ and the NHS Five Year Forward View⁹ acknowledge that the future sustainability of the local health and social care economy hinges on a radical upgrade in prevention that addresses the wider determinants of health such as income and housing. When examining NHS sustainability in particular one should reflect on

the analysis by Dominic Harrison, Director of Public Health, Blackburn with Darwen Borough Council of the

recent Public Health England Older Age Mortality Report¹⁰: "Although variations in life expectancy are multi-faceted one cannot ignore the loss of wider 'community care' emerging because of social isolation and now dangerously exacerbated by cuts to Local Authority Adult Social Care Services: Older adults (the majority of deaths each year), with a number of long term conditions (which will be the majority) when becoming frail will contract routine infections – particularly respiratory which, if unobserved, undiagnosed and untreated will exacerbate quickly to the point that death is inevitable. Whilst their underlying vulnerability is biomedical, increasing social isolation coupled with the dramatic withdrawal of preventive adult social care services and the voluntary services they often commission which had often provided daily contact are now disappearing".

Dominic Harrison goes on to question whether it is possible to meet all four requirements of the NHS Planning Guidance - contain costs, improve quality, reduce inequalities and improve outcomes within a diminishing resource envelope. In Barking and Dagenham, we too need to acknowledge the risk to health outcomes from the pressure to contain costs in a context of increasing need, and comprehensively assess the impact of our policies against all four criteria.

4 <http://services.parliament.uk/bills/2015-16/housingandplanning.html>

5 <http://services.parliament.uk/bills/2015-16/welfarereformandwork/documents.html>

6 <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

7 http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a21_1/apache_media/G7L4PYLM6HGKVT8CXLVJGQBEPBK8K.pdf

8 http://www.londonhealthcommission.org.uk/wp-content/uploads/London-Health-Commission_Better-Health-for-London.pdf

9 <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

10 <https://www.gov.uk/government/news/life-expectancy-at-older-ages-is-the-highest-it-has-ever-been>

What is Population Health?

The Kings Fund¹¹ describes population health as more than just access to traditional health and care services, although recognising this plays an important part in determining the health of a population, evidence suggests that this is not as important as lifestyle, the influence of the local environment, and the wider determinants of health. This means that improving population health requires efforts to increase incomes, change behaviours and living conditions across communities. It also means that accountability for population health is spread widely across these communities, not concentrated in single organisations or within the boundaries of traditional health and care services.

For us the scale for the health and social care system is now defined as a population of 750,000 covering the geographical area of the London boroughs of Barking and Dagenham, Havering and Redbridge. This as a minimum requires greater pooling of data and budgets; population segmentation; place-based leadership drawing on skills from different partners and communities based on a shared vision and strategy; shared goals based on analysis of local needs and evidence-based interventions; effective community engagement; and incentives to encourage joint working.

However, using a population level lens to plan cross borough programmes at scale is not a means to an end in addressing the impact of changing

demography, lifestyles and health and care needs on facilities and services provided for local people and the role that individuals can take in their health and wellbeing. One size certainly doesn't fit all and there is a clear need in developing different strategies for different population segments, according to needs and level of health risk. In meeting the challenge the Health and Wellbeing Board in its system leadership role over the last 24 months has been setting out what good care and prevention looks like through the refresh of our joint Health and Wellbeing Strategy 2015–2018¹² and delivery plan. The Board recognises that commissioning at scale is an essential part of containing costs and managing demand in the health and care system.

Population Health: The role of commissioners

The history of well-intentioned public health strategies that have promised much but delivered less – dating at least as far back as Prevention and health: everybody's business in 1976 (Department of Health and Social Security 1976)¹³ suggests caution in claiming that things will be different this time around. This view has maintained through the decades as traditional commissioning strategy has tended to focus on processes, individual organisations and single inputs of care or lifestyle.

The government published a joint Spending Review and Autumn Statement on 25 November 2015¹⁴ which is a 'game changer' in respect of public sector planning and performance introducing five year commissioning plans. The strategic commissioning focus is now:

- Place based budgets predicated on the scale of natural health and social care economies.
- The role councils play in shaping the local health economy transformation plans.
- A five-year financial settlement.
- The ability and willingness of councils to use new council tax powers to fund social care. Even if councils decide to raise revenue in this way there remains a strong possibility that we could see serial failures of social care providers.
- Improving the quality of health and care sustainably with an 'upgrade in prevention and public health'.

The NHS Planning Guidance 2016/17-2020/21¹⁵ has asked every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the Five Year Forward View. Sustainability and Transformation Plans will be place-based, multi-year plans built around the needs of local populations. They will help ensure that the investment secured in the Spending Review does not just prop up individual institutions for another year, but is used to drive a genuine and sustainable transformation in patient experience and health outcomes over the longer-term.

11 <http://www.kingsfund.org.uk/publications/population-health-systems>

12 <https://www.lbbd.gov.uk/council/priorities-and-strategies/corporate-plans-and-key-strategies/health-and-wellbeing-strategy/overview/?loggedin=true>

13 Prevention and Health, Everybody's Business: A Reassessment of Public and Personal Health. Dept. of Health and Social Security, Majesty's Stationery Office, 1976.

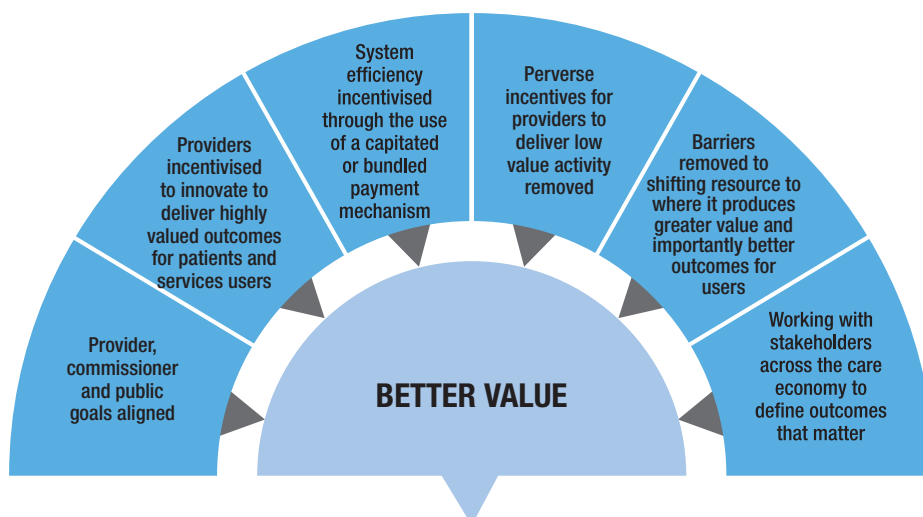
14 <https://www.gov.uk/government/topical-events/autumn-statement-and-spending-review-2015>

15 <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-20-21.pdf>

Whatever your view point there is an undeniable opportunity to assess how the prevention opportunities might contribute to the current demand and financial challenges. The analysis will support our Health and Wellbeing Board to identify where improved health outcomes and benefits can be achieved sustainably by working at scale and therefore which part of the system commissions and which particular prevention interventions are invested in.

This will require a fresh approach to commissioning that releases energy and ambition focusing the right conversations and decisions on prevention as an integral part of improving health and care outcomes, identifying the opportunities for co-ordinated and targeted intervention across agencies, and seeking to redeploy resource across the provider landscape. Commissioners will need to focus on what matters, improving population health, helping people to achieve goals, and delivering a quality service. Such a move to system wide outcomes-based commissioning approaches have already been successful in helping transform the delivery of care internationally, but are in their infancy in England. Careful thought is needed to understand how outcomes-based commissioning can be developed locally to enable changes in the way services are delivered.

Figure 1:
How does an outcomes-based approach provide better value?



Source: Outcome Based Commissioning Alliance (OBC Alliance) formed of PwC, Wragge & Co, Cobic and Beacon

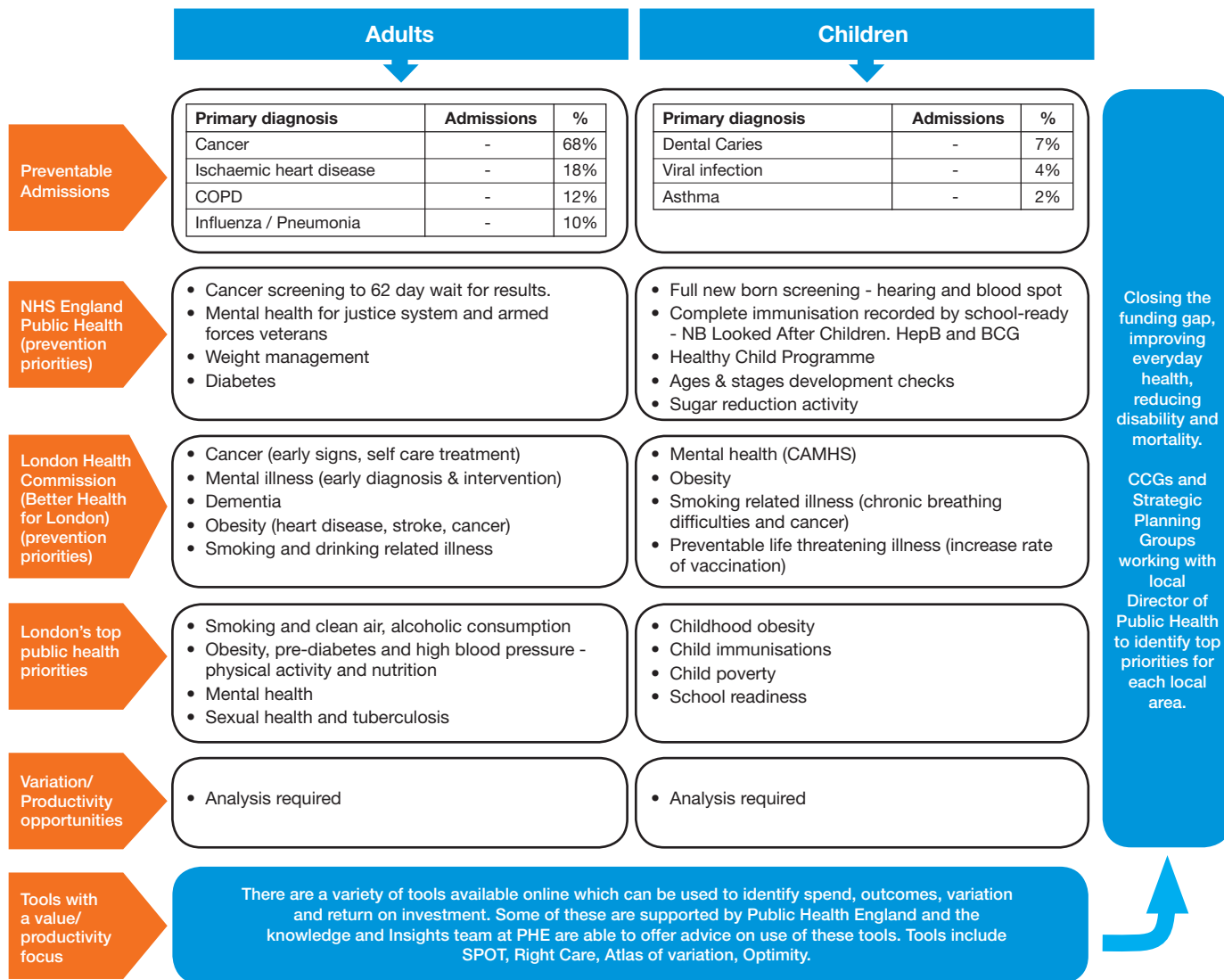
In principal the approach:

- is a way of paying for health and care services based on rewarding the outcomes that are important to the people using them;
- typically involves the use of a fixed budget for the care of a particular population group, with aligned incentives for care providers to work together to deliver services which meet outcomes; and
- aims to achieve better outcomes through more integrated, person centred services and ultimately provides better value for every pound spent on health and care.

This approach incentivises high-value interventions, shifting resources to community services, a focus on keeping people healthy and in their own homes, and co-ordinated care across settings and systems. The aim (see Figure 1) is to achieve better outcomes through integrated person-centred services and ultimately provide better value for every pound spent on health and care¹⁶. It also encourages a resident focus on becoming self sufficient and resilient, the experience of using the services, and achieving the outcomes that matter to them.

Figure 2:

Proposed approach to identifying priorities using illustrative figures.



Source: NHS England (London) (2015)

Being clear about the outcomes that matter

The Council, NHS England (London) and NHS Barking and Dagenham Clinical Commissioning Group are refreshing their 5 year plans in 2016 and there is an opportunity to align local strategies for prevention. All acknowledge that the future sustainability of the NHS and social

care hinges on a radical upgrade in prevention.

No partner can do everything that's needed by itself, but all acknowledge that collectively all public service partners need to be more activist agents of health-related social change, leading where possible, or advocating when appropriate, a range of new approaches to improving health and wellbeing. The NHS Planning

Guidance 2016/17-2020/21¹⁷ specifically calls on the NHS to offer more proactive prevention activities through primary care. Figure 2 from NHS England (London) outlines a draft approach to identifying those priorities that could describe a local cross-partner prevention plan, with particular action on national priorities of obesity and diabetes and locally identified priorities to reduce demand and improve the health of local people.



Wheelchair Basketball put on for the Festival of Sport as part of the 50th anniversary celebrations

Is this radical enough or just the usual NHS response that looks to ensure sustainability by developing priorities relevant to the full cycle of health and care, from an initial problem through to recovery? History tells us, we need to be more ambitious when defining outcomes that deliver a real shift in the way we plan and deliver services to achieve a switching focus towards identifying and achieving outcomes over 5 and 15 years that really matter, thus breathing new life into the services we commission.

For the most part this can only be realised in the way we focus our resources in delivering key health outcomes across the life course to enable a fairer distribution of health and wellbeing for our residents. From the Joint Strategic Needs Assessment 2015¹⁸, we know what impacts on the residents' health and Life Expectancy (social, environmental, physical and mental). The joint Health and Wellbeing Strategy¹⁹ sets out how the Council and its partners address the borough's poor Life Expectancy and Healthy Life Expectancy. Informed by this understanding of need the following five outcomes are put forward for discussion for improving both Life Expectancy and Healthy Life Expectancy over the next 5 to 15 years:

Starting Well

- **Childhood:** Children to have a good level of development at age 5 in order that they can participate effectively in school and aspire to become good citizens.
- **Adolescence:** Adolescents, including our most vulnerable, to have a good level of education, indicated by qualifications, in order that they can engage with society and aspire to maximise their potential to grow into healthy, socially and economically active adults.

Living Well

- **Early and established adults:** Adults to have opportunities to earn a good income in order to engage with society and maximise their social and economic potential.

Aging Well

- **Established and older adults:** Established and older adults who develop a long term condition and have unhealthy lifestyles (smoking, poor diet, alcohol and/or inactivity) to be able to maximise opportunities to manage their own health.
- **Older adults:** Older adults who are at the end of their lives to have a choice of where they die.

Once key outcomes are selected, we need to identify a range of indicators that will reflect change in the health of residents. It includes both indicators of the wider determinants of health and indicators of health. This will enable us to measure how education, housing and lifestyle impact on the mental and physical health of our residents.

How could this look for 0-5 year olds?

If we examine an outcome for early years: to enable children to have a good level of development at age 5 in order that they can participate effectively in school and aspire to become good citizens, we can see how this approach can be applied.

Why this is important?

The path to poor health and social outcomes starts before birth, with children in families with multiple risk factors such as debt, substance misuse, poor housing and domestic violence being more likely to experience development and behaviour problems, mental illness, substance misuse, low educational attainment and offending behaviour. Investment in our interventions has to focus on improving early years outcomes in the crucial first five years of life, and identify what matters most in preventing poor children becoming poor adults.

¹⁸ <https://www.lbbd.gov.uk/council/statistics-and-data/jsna/overview/?loggedin=true>

¹⁹ <https://www.lbbd.gov.uk/council/priorities-and-strategies/corporate-plans-and-strategies/health-and-wellbeing-strategy/overview/?loggedin=true>

Detailed research has been undertaken to identify the factors that affect child outcomes²⁰. As an example, maternal factors have been shown to be particularly influential when the child is 3 years old. In chapter 4 of my 2013 report²¹ I examined the evidence and factors influencing child outcomes including living in poverty and having parents who disagree about the upbringing of the child, as well as more obvious factors such as the child having a life-limiting illness and poor general health of the mother. A number of the indicators proposed in the 2013 report are included here.

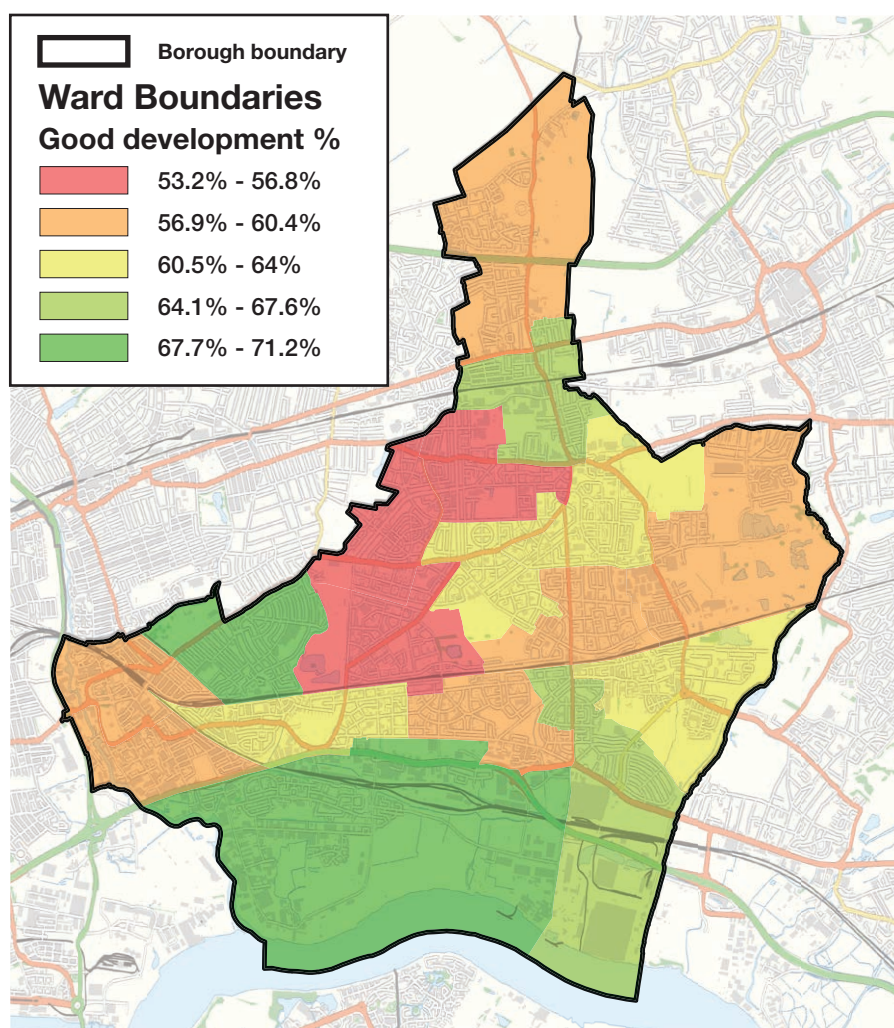
We want our children to have a good level of development at age 5. What happens during early years, starting in the womb, has lifelong effects on many aspects of health and well-being from obesity, heart disease and mental health, to educational achievement and economic status²². Good health supports good development. Figure 3 shows the level of good development in the borough.

In super output areas in the west of the borough children had a less good level of development in 2011/12. This indicates that the greatest need for child help is in this area and hence this area should be targeted.

The health economic case?

Public Health England in their report Improving school readiness Creating a better start for Londoners²³ put forward a compelling case to why we should invest. They argue that failing to invest sufficiently in quality early care for those who need it and education short changes taxpayers because the return

Figure 3:
Barking and Dagenham heat map of wards percentage of population achieving a good level of development at age 5, 2011/12.



on investment is greater than many other economic development options:

- Every £1 invested in quality early care and education services saves taxpayers up to £13 in future costs.
- For every £1 spent on early years education £7 has to be spent to have the same impact in adolescence.

- The benefits associated with the introduction of literacy hour have in the UK outstripped the costs by a ratio between 27:1 and 70:1.

For improving self sufficiency and resilience in later life investment in early years interventions targeted at those that need them have been shown to have a higher rate of return per investment than later interventions

20 <http://www.chimat.org.uk/preview/evidence>

21 <https://www.lbbd.gov.uk/wp-content/uploads/2015/02/DHP-Annual-Report-2013-14-WEB.pdf>

22 <https://www.instituteofthehealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

23 <https://www.gov.uk/government/publications/improving-school-readiness-creating-a-better-start-for-london>

with improved educational outcomes, reduced healthcare costs, reduced anti-social behaviour and increased taxes paid due to higher earnings as adults.

What works for our population?

There is an expectation that there will be whole system reforms both to streamline and to join up local services in order to provide better outcomes for families and reduce costs. This provides an opportunity to promote more effective integration of services locally with a focus on early intervention which will secure better returns on investment. Therefore, the partners are encouraged to work with families in ways that evidence shows to be more effective, such as:

- Joining up local services.
- Dealing with each family's problems as a whole rather than responding to each problem, or person, separately.
- Appointing a single key worker to get to grips with the family's problems and work intensively with them to change their lives for the better over the long term.
- Using a mix of methods that support families and challenge poor behaviour.

There is good evidence that the following interventions support good development:

- Giving priority to pre and postnatal interventions, such as early booking, stop smoking and intensive home-visiting programmes that reduce adverse outcomes of pregnancy and infancy.

- Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet health and social need via outreach to families. This approach is particularly important for 'at risk' families and links closely with our work on community solutions²⁴. One example of such a programme is Family and School's Together.
- Providing school based health services and lifestyle programmes to support good development and informed decision making.
- Additionally to improve immunisation uptake²⁵ a universal approach is needed that supports all children's services to encourage vaccination underpinned by appropriate training and information systems. Again this approach is particularly important for 'at risk' families and links closely with our work on community solutions.

Conclusions

Being clear on the outcomes that matter is the driver for transforming care and innovative prevention approaches. There is established consensus that outcomes based commissioning will expect providers to encompass and work with all the services and functions that contribute to achieving those outcomes. Finding ways to align providers' incentives to outcomes will be crucially important.

This chapter establishes that if we commission for outcomes for what matters, the Growth Commission recommendations and Accountable

Care Organisation method in chapters 2 and 4 respectively illustrate the place based approaches to achieving the outcomes. The principles on which the success of the approaches discussed in chapters 2 and 4 include:

- Focusing on the outcomes that matter to improve our borough's Life Expectancy and Healthy Life Expectancy for both females and males, combined with the alignment of incentives and indicators to drive improvement and co-ordination between providers.
- One size doesn't fit all and there is a clear need in developing different strategies for different population segments, according to needs and level of health risk.
- Moving to outcomes based commissioning predicated on longer term contracts will make it easier to focus on prevention and invest in services whose health improvement return may take several years to achieve.
- The need to focus our resources in delivering key health outcomes across the life course to enable a fairer distribution of health and wellbeing for our residents this includes economic benefits in reducing losses from illness associated with health inequalities.

²⁴ <https://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

²⁵ <https://www.nice.org.uk/guidance/ph21>



New Model of Care:

Accountable Care Organisation

Council Leader Councillor Darren Rodwell, Councillor Laila Butt and staff from Asda raising money for White Ribbon Day as part of the '16 Days of Activism' campaign against domestic violence

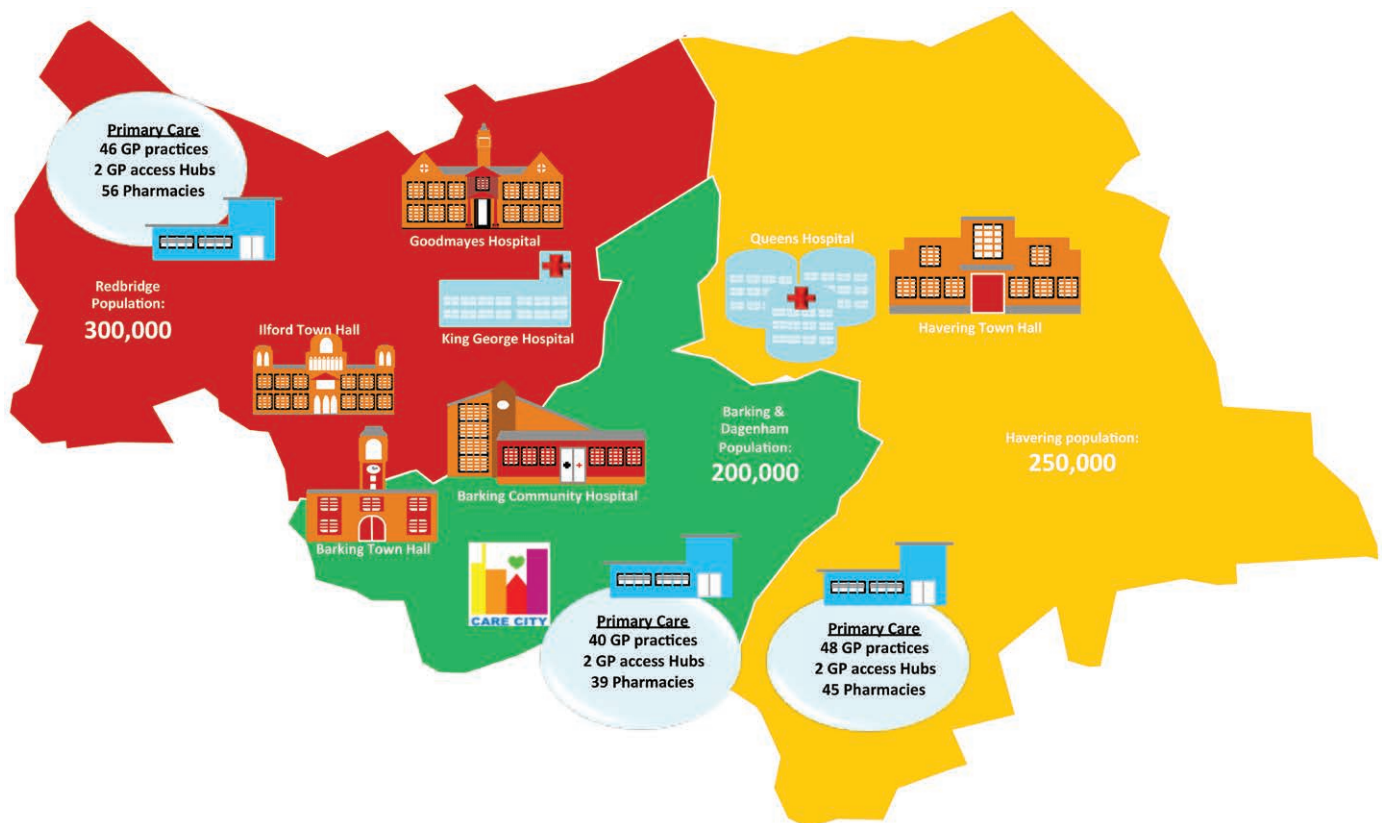
In this chapter I continue my interest in transformation with consideration of the new care models programme which was launched by NHS England in January 2015¹.

In my annual reports of 2013² and 2014³ I examined the necessity to identify ways of preventing ill health and moderate demand through integration of services. Our joint Health and Wellbeing Strategy⁴ directs us to shape fundamentally more productive services that are integrated and operate as a co-ordinated system. This requirement encompasses primary, community, hospital and social care services and is driven by the need to ensure meeting the needs of the residents goes hand in hand with the provision of services that are of high quality, but are also sustainable and affordable.

The Barking and Dagenham, Havering and Redbridge (BHR) health and social care system (see Figure 1) is recognised nationally as a patch with strong clinical and political leadership. We are now exploring whether a partnership-based Accountable Care Organisation (ACO) method, using devolved powers would deliver better outcomes for our residents while also helping to bridge our funding gap. The ACO method is set out in the NHS Five Year Forward View as one of five transformational models of care, which effectively mean the development of 'place based care' at a local level.

Figure 1:

The Barking and Dagenham, Havering and Redbridge (BHR) health and social care system.



1 <https://www.england.nhs.uk/wp-content/uploads/2015/12/acc-uec-support-package.pdf>

2 <https://www.lbbd.gov.uk/wp-content/uploads/2015/02/DHP-Annual-Report-2013-14-WEB.pdf>

3 <https://www.lbbd.gov.uk/wp-content/uploads/2015/02/018583-BD-Annual-Health-Report-2014-WEB.pdf>

4 <https://www.lbbd.gov.uk/council/priorities-and-strategies/corporate-plans-and-strategies/health-and-wellbeing-strategy/overview/?loggedin=true>

What is devolution?

Devolution is: “The transfer or delegation of power to a lower level, especially by central government to local or regional administration”. There is an opportunity to use these new powers and resources that are available through the London Health Devolution Agreement⁵ to build on what’s already working in BHR. With clinicians and elected representatives in the driving seat, we can work to dissolve the barriers between primary care, community services, mental health services, hospital and social care and come together in a stronger

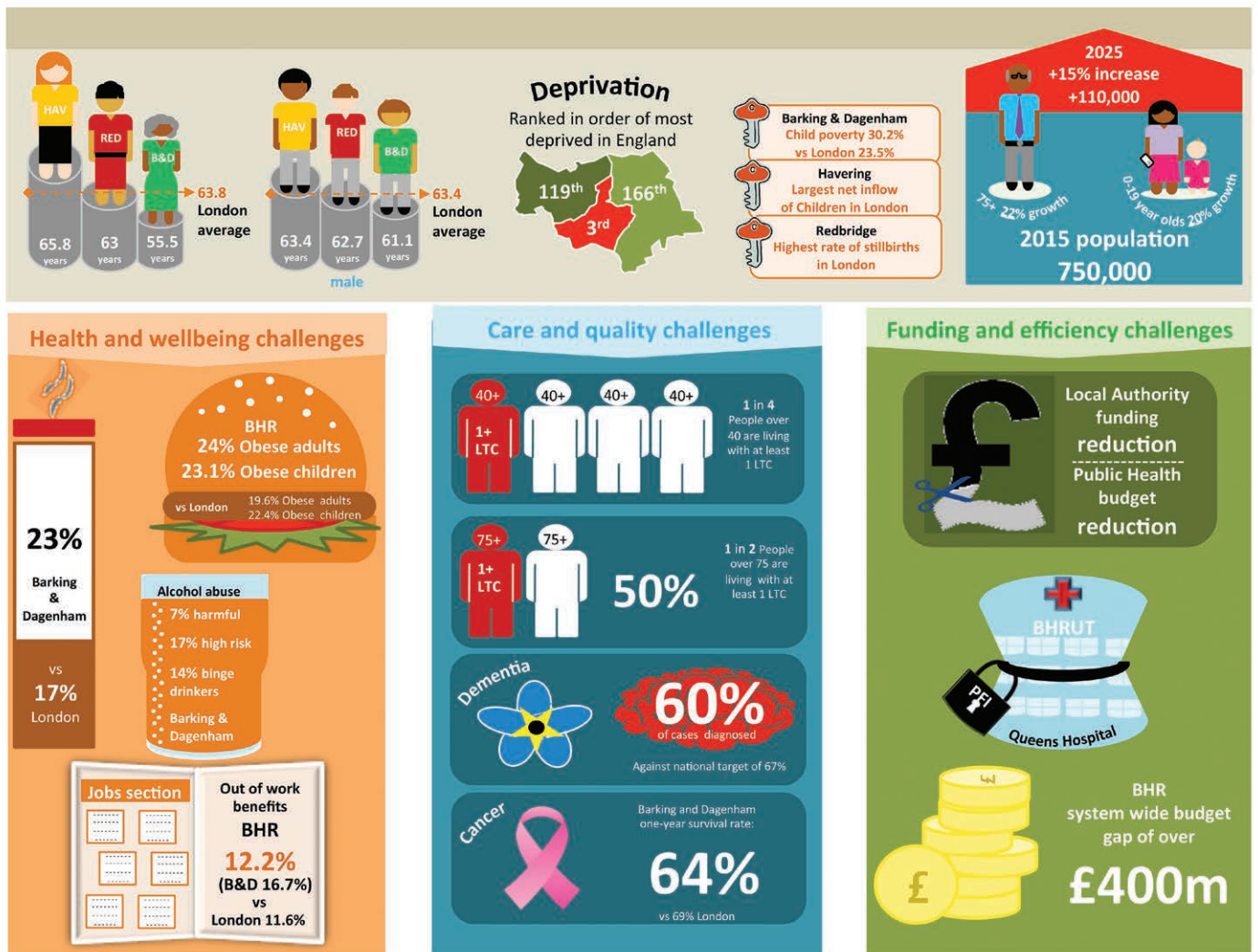
partnership for the benefit of our population.

The ACO is the method through which we will explore the potential benefits of devolution to determine whether we can deliver better outcomes and bridge the funding gap. A core goal of the London Health and Care Devolution Pilots is to shift services to prevention and early intervention, both to improve outcomes and reduce pressures on services. A key question in the business planning process is whether the creation of an ACO can unlock a significant shift towards prevention, in line with the Council’s aspiration to tackle the root causes of ill health. Any outcomes agreed to address the key

system challenges to BHR which are outlined in Figure 2 below, will require focused impact at the scale commensurate with population health gain.

The first full devolution model in England is ‘Devo Manc’ the new Greater Manchester Combined Authority, which like London, also has an elected mayor and assembly⁶. The evidence suggests that like ‘Devo Manc’ the ACO method is likely to be more effective if it can be aligned with a range of other public sector reforms to welfare and housing which also increase the emphasis on, and support for, improving quality and reducing costs.

Figure 2: BHR Health and Social Care key System Challenges.



5 <https://www.gov.uk/government/publications/london-health-devolution-agreement/london-health-devolution-agreement>

6 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/369859/Greater_Manchester_Agreement_i.pdf

What does the evidence tell us about the benefits of establishing an ACO?

The growing interest in new models of service delivery has been driven by a consensus that the existing NHS health care delivery and payment systems are neither effective nor sustainable⁷. The current system, based on volume and intensity, pays more for overuse of referrals to hospitals and undermines efforts to invest money and effort in delivery-system improvements that can sustainably reduce costs.

A review of the international evidence tells us that ACOs are essentially groups of doctors, hospitals, and other care providers, who come together voluntarily into networks to provide co-ordinated high quality care to a defined patient population⁸. The Kings Fund (2015)⁹ has found that the ACO method has a number of different potential configurations and that claims about its effectiveness are

not yet fully supported by a particularly strong evidence base. However, commentators argue that a real and enduring impact can potentially be achieved if understanding goes beyond the integration of care for patients and service users to explore how they can use their resources to improve the health of the populations they serve. Put simply, it is a case of simple economics; since providers only share in ACO savings when they decrease costs, it will be crucial for ACOs to switch from merely treating sickness to maintaining or improving health, to prevent costly avoidable illness and unnecessary care.

Whilst there are no set structures for ACOs¹⁰, there are some common basic principles, which include:

- Primary care being placed at the heart of all services.
- The development of integrated service models that span across organisational boundaries.
- A provider or group of providers is allocated a fixed budget to manage all health and care needs for a defined population group

(capitated payment), patient-linked IT datasets and a culture of continuous improvement/innovation.

- Closer working with local partners including primary care, social care and community services.

An important difference in the England context is the definition of the population group whose health is being managed or improved. Nevertheless, the American ACO method can be applied to English context. When considering the system challenges faced by BHR that are outlined in Figure 2, the NHS can no longer look through the narrow lens of care and needs to embrace its dual role in prevention and lifestyle support as well as developing new models of care. Indeed, changes to the planning framework outlined in the previous chapter now make the ACO an attractive option for delivering the population health benefits that we need to achieve.

A summary of the benefits for improving population health are contained in Box 1 and the challenges in Box 2 below:

Box 1:

The ACO method offers a number of opportunities for improving population health.

- Patients and service users will be at the centre of care, and should be offered increased involvement and engagement in the design, delivery and improvement of services.
- Health and care staff will be better able to keep their patients informed, as well as keep listening to and honouring their choices. This includes proactively contacting individuals to prevent disease in the first place, actively involving patients and their caregivers in setting care goals, and sharing decision-making.
- Provides the ability to better

manage and co-ordinate the care of individuals along the full length of clinical and social care pathways. This offers the potential to improve access and reduce the number of care transitions. Improved co-ordination should also lead to patients being treated and supported in a range of different, more appropriate, settings, which should contribute to ensuring greater continuity of care.

- Enhanced sharing of performance data within the network means the best performing partners within the ACO can be identified, and they can

then share what they are doing with the other partners in the network. The sharing of patient information and co-ordination of care within the network should improve patient care and also help drive efficiencies, for example by reducing the number of repeated medical tests.

- Proactive management of their defined patient populations, to inform early intervention and prevention. The aim will be to keep people healthy for longer, through an increased focus on primary care and a bias toward early intervention.

7 <http://hsr.sagepub.com/content/early/2015/06/16/1355819615590845.abstract>

8 <http://www.kingsfund.org.uk/publications/accountable-care-organisations-united-states-and-england>

9 http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/population-health-systems-kingsfund-feb15.pdf

10 http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/population-health-systems-kingsfund-feb15.pdf

Box 2:

The ACO method offers a number of challenges for improving population health.

Whilst the ACO concept offers significant opportunities for improving population health, there are also a number of challenges that would need to be overcome to achieve them. These include:

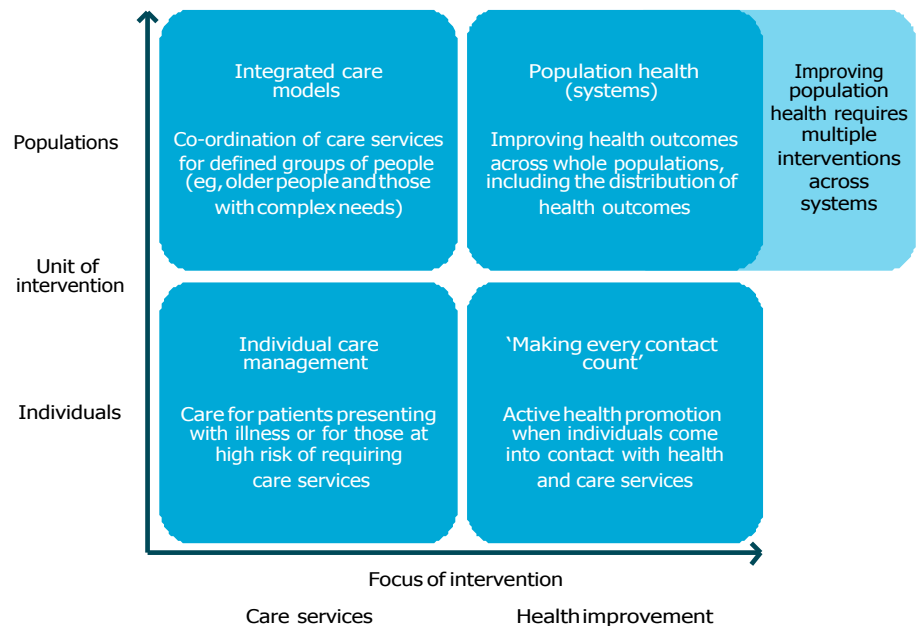
- The formation of seamless provider networks across the BHR system.
- The development of effective mechanisms to share data and information within the BHR Integrated Care Coalition.
- The development of mechanisms for actively engaging patients and their families in their care.
- Overcoming existing institutional barriers. Budgets within the Partner organisations and between the NHS and social services are separate and institutional separation between primary care, hospital care and social care is currently a significant obstacle. Staff employed by these different institutions may work together but they are separated through different cultures, and different terms and conditions.
- The need to develop effective joint commissioning between the partners of the BHR Integrated Care Coalition.
- Striking a balance between delivering standardised care and adopting a flexible personal tailored approach.

How can we make it work?

Firstly:

The Kings Fund set out a challenge to those involved in integrated care and public health to ‘join up the dots’. This means that any ACO development must have improving population health at its centre. Figure 3, describes the need to have a wider focus than our traditional approach to integrated care. While interventions focused on individuals and integrating care services for key population groups are important, they must be part of a broader focus on promoting health and reducing health inequalities across whole populations¹¹. Therefore, the ACO method will need to be shaped to support the Council’s vision as London’s growth opportunity as well as addressing the Government’s reforms that will have a major impact on Council services, residents and local businesses.

Figure 3: The focus of population health.



¹¹ <http://www.kingsfund.org.uk/publications/population-health-systems>

Secondly:

Partners within the Coalition must embrace the concept of 'place based care'. This involves organisations moving away from a 'fortress mentality' whereby health and social care organisations each act to secure their individual interests and future. Instead they must establish place-based 'systems of care' in which they collaborate across the BHR health and social care system to address challenges and improve the health of the populations that they serve.

This means that, rather than organising care around disease or organisation, it should be organised around the place in which people live. Consequently, teams should be structured around geographical areas and work as part of the local community in which they operate. This will enable them to tailor the care they provide to local needs and linking to local assets. While there are some current examples of this extending into population health, most of the current initiatives have started with local government (as in the case of the health commissions established in Liverpool and London).

For Barking and Dagenham a real opportunity has emerged as part of the growth agenda, which provides a place based and population health hook for the ACO approach. On 10th March 2016 NHS England chief executive Simon Stevens announced Barking Riverside (10, 800 new homes) as one of the locations of the 10 "healthy new towns". These are communities across England where health and wellbeing will be "designed into" their construction. The programme, runs in conjunction with Public Health England, aims to join up design of the built environment with health and care services. NHS England

plans to bring in clinicians, designers and technology experts to shape care provision in each location. Mr Stevens stated: "The much needed push to kick start affordable housing across England creates a golden opportunity for the NHS to help promote health and keep people independent. As these new neighbourhoods and towns are built, we'll kick ourselves if in 10 years' time we look back having missed the opportunity to 'design out' the obesogenic environment, and 'design in' health and wellbeing".

Although, caution should be used when comparing models used in other countries, there is sufficient evidence available to suggest that the 'healthy new town' model can be applied to the England ACO context. The Kings Fund (2015) looks at a number of successful international approaches that have evolved past a pure care based method. Counties Manukau Health, New Zealand provides an interesting case study of how an ACO method can go beyond care to incorporate housing and health as part of its community solution.

Thirdly:

In respect of population health, a planning framework operating at 3 levels within the BHR system may serve to improve outcomes for the diverse populations across the three boroughs:

- The BHR health and care economy level estimated population 750,000. This will involve partner organisations working together across systems to improve health outcomes for defined population groups. Unlike typical approaches to integrated care that focus primarily on groups that are frequent users of health and care services, the aim here is to improve people's health

across the whole of the populations that they serve. This population-level lens is used to plan programmes and interventions across a range of different services and sectors to maximise value for money and effectiveness of large blocks of care.

- The Locality model provides care for a defined population, usually 50,000 – 70,000 people. This will involve localities developing different strategies for different segments of the populations that they serve, depending on needs and levels of health risk. By grouping people with similar needs and tailoring services and interventions accordingly, this approach recognises that improving the health of older people and children, or healthy adults and those living with multiple long-term conditions, will require a different set of approaches, and involvement from different system partners to be effective.
- With the locality model there will need to be a neighbourhood level. This is primarily to address inequalities by delivering a range of interventions aimed at improving the health of individuals within the small geographical areas (such as deprived estates). These interventions are many and varied, and involve input from a number of organisations and services. In the Counties Manukau Health case study they include housing support, education programmes, vocational services, employment advice, exercise programmes, smoking cessation services and other lifestyle support, as well as more traditional health and care services like care planning and individual case management for people with complex health and care needs.

Case Study

Counties Manukau, New Zealand

Counties Manukau Health (CMH) is responsible for commissioning health and care services for the whole population of 500,000 people living in South Auckland, and for providing hospital and specialist services in the area.



It works with a range of local and national partners to integrate services and improve the health of the population living in Counties Manukau. This has had a major impact on Council services, residents and local businesses. As with many other integrated care systems, CMH has worked with local providers to develop locality-based integrated health and care teams

that are aligned with networks of general practices and working in partnership with hospital services. Services are tailored to the needs of different population groups within each locality, based on population risk stratification. Services range from primary prevention services and lifestyle support through to active case management for patients with complex health and social care

needs, with the emphasis being on supporting people to manage their own health. Each locality is served by a wider social care network to provide help and support to families with complex needs whose living environments are impacting on their health.

An example of this is CMH's Healthy Housing Programme which is a joint initiative between CMH, neighbouring district health boards and Housing New Zealand, (the government-owned social housing provider) which ran from 2001 to 2013. The programme was open to all people living in rented Housing New Zealand accommodation, and focused on:

- Improving access to health and care services;
- reducing the risk of housing-related health issues; and
- identifying social and welfare issues and providing a link to relevant agencies.

After a joint visit and assessment from local health and housing teams, typical interventions included educating families about their health risks, referrals to health and social care services, installing insulation to make houses warmer and drier, modifying houses to meet health and disability needs, and transferring families to alternative houses in cases of overcrowding. These interventions were tailored to the needs of different families and population groups, in particular, the Māori and Pacific Island groups, which are disproportionately affected by poor housing conditions. The programme took a locality-by-locality approach to ensure that every eligible household was reached systematically and to reduce the potential for stigmatisation of families involved in the programme.



Residents taking part in events for Older People's Week

Fourthly:

Local elected councillors and local authority chief officers will need to make some hard choices as they seek to increase the accountability of the health and care services that are provided to their local populations. The ACO method is an opportunity for the Council to think creatively about the powers and democratic representation they can bring to bear. The Nuffield Trust¹² argues that accountability for public services has three, inter-related elements (Brinkenhoff, 2003):

- Accountability for strategic decisions on provision and the allocation of resources, particularly which services are provided and to whom;
- accountability for the quality of services delivered, such as access, clinical quality, safety and outcomes; and

- accountability for the management of resources including value for money, probity and fairness.

All three of these elements are important. Over the next 5 years, for example, it will be crucial for the Health and Wellbeing Board to exert its system leadership role in how services respond to challenges such as:

- Emerging needs, such as addressing the challenge of care for the rapidly rising number of people with dementia and the demographic growth in children;
- how health and care services can be better integrated to provide more seamless care;
- how health and care services can be better integrated with other public services such as employment support, housing and leisure to better prevent ill-health; and

- embedding an ethos of quality across all care, following a number of high-profile failures in recent years.

The Health and Adult Services Select Committee (health scrutiny) also has a strategic role in taking an overview of how well integration of health, public health and social care is working. Relevant to this might be how well health and wellbeing boards are carrying out their duty to promote integration and in making recommendations about how it could be improved. Scrutiny is part of the accountability of the whole system and needs the involvement of all parts of the system and will have to evolve within a population health system.

Conclusions

The Kings Fund (2014) in their paper *Accountable care organisations in the United States and England testing, evaluating and learning what works*¹³ concludes that the context in which integrated care develops is itself a critical variable, suggesting that a 'made in England' approach is likely to have a greater chance of success than seeking to copy a model that itself remains emergent in the United States. Beyond the obvious attraction of a network of providers working under a capitated budget that creates incentives to improve outcomes lies the hard slog of converting concepts into practice. As Burns and Pauly (2012) argue, strategic change of the kind represented by ACOs needs to be carefully implemented, and yet implementation and execution are poorly understood processes.

Key messages which can be drawn to inform discussion include:

- There is neither a 'one-size-fits-all' approach to ACOs nor are ACOs the only solution, yet they provide a potentially viable means to realising the principal aim of using devolved powers to deliver better outcomes for our residents while also helping to bridge our funding gap.
- Review has shown that progress to date has been mixed and there needs to be realism about the hard work and time it will take for this method to demonstrate measurable benefits. While some ACOs in some contexts have slowed the rate of health care spending and delivered improvements in quality of care, other ACOs in other contexts have not done so.



Residents taking part in a class in the Ageing Well programme

- Real and enduring impact can be achieved if the ACO method is aligned with a range of other public sector reforms to welfare and housing. Understanding needs to go beyond the integration of care for patients and service users to using resources to improve the health of the populations of the three boroughs.
- Development of a primary care and localities approach based on populations of 50,000 – 70,000 is helpful. Establishment of a locality structure to enable general practice and wider health and care teams develop as a group of providers, to reward the achievement of better outcomes and to encourage discussion and exploration of solutions within each locality that address the wider determinants of health such as income and housing will increase the chance of success.
- Accountability arrangements are critical to any system. A clear framework needs to be in place for strategic decisions about how services are provided and to whom, the quality of those services and whether the funds available are well spent.



Protecting the health of the local population:

focusing on health protection (infectious disease and non-infectious environmental hazards) – the future?

Background

Local authorities have a key role in protecting the health of their population, both in terms of planning to address threats that are a Local Authority lead responsibility, and in ensuring appropriate responses are undertaken by other agencies when incidents occur, particularly Public Health England (PHE) and NHS England (NHSE).

PHE was formed in 2013 and saw the then Health Protection Units become Health Protection Teams but working closely with Local Authorities. Local teams have detailed plans in place for dealing with infectious and non-infectious environmental hazards. They are responsible for leading and responding to cases and incidents and report to the local Director of Public Health (DPH) who holds the assurance role to the Council. If there is a need for an incident meeting the DPH would be invited.

NHSE responsibilities include commissioning immunisation and screening. This was a change from the work originally undertaken by Primary Care Trusts and at first a difficult transition. The DPH, with their assurance role, found they were no longer responsible for many of the key initiatives such as linking directly with General Practitioners in order to improve vaccination uptake.

The Council have had a Health Protection Committee running before and after the transition in 2013 and this ensured that those responsible for the delivery of health protection were reporting to the DPH at regular meetings. Initially there were a few teething problems as it was difficult to get representation from NHSE who were working across London and were stretched. This was rectified some time later with staff from NHSE being responsible for patches. The Health Protection Committee since has seen regular attendance from the health protection team and the immunisation team but to date no representation from the screening team.

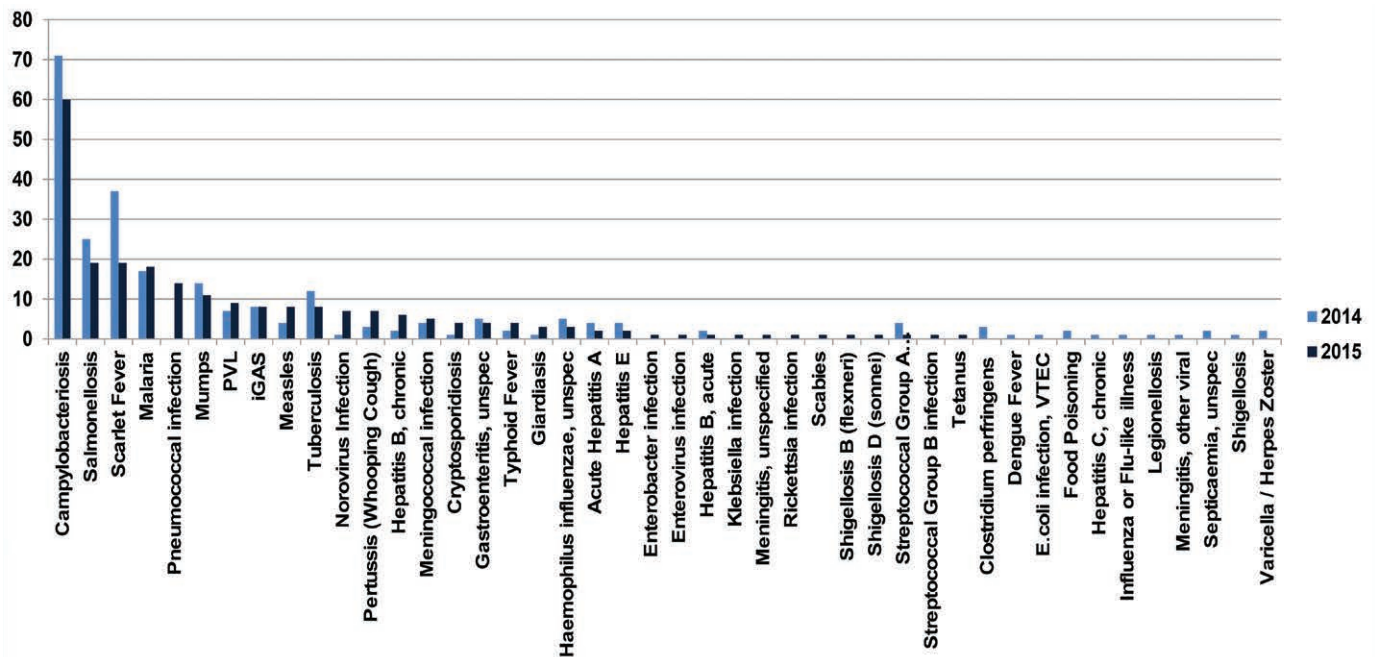
Consultations – “Securing our future”

The Council have always had a Consultant in Communicable Disease Control/Consultant in Health Protection who works closely with the DPH and more recently a named health protection practitioner. This has worked extremely well with cross cover for leave and ensures there is always a named person from PHE who can be called in the event of an incident. This can be especially important when there are concerns from the public or media interest.

Several consultations from PHE have been sent to the DPH for comment which are called “Securing our Future” Phases 1 and 2 and are looking at redesigning health protection teams due to cuts in funding. For many parts of the system it isn't broken and doesn't require fixing and the Health Protection Committee recommended that the system stays intact as much as possible with emphasis on improving the model for immunisation and screening.

The main changes seem to be, sadly, some redundancies with fewer Consultants left in London but those still left, working more strategically with boroughs (which has historically always happened in Barking and Dagenham). There appears to be a move to more reactive work for those who are not Consultants. Certainly from the Council's perspective we would want to keep our current links with our named PHE person(s) working in partnership with us and hope that this is not eroded. The danger could be that practitioners would not have the capacity to deal with incidents in depth or attend important local borough meetings due to reactive on call and with less Consultants in London there would be a potential to have too few, spreading them across areas with a lack of capacity to deal with anything strategically in a meaningful way. This report highlights some of the key successes and future challenges in our borough.

Figure 1:
Barking and Dagenham Cases by year reported (2014 & 2015)



Infectious Disease Cases and Incidents

Higher numbers of campylobacter, panton-valentine leukocidin (PVL), pneumococcal, scarlet fever, tuberculosis, hepatitis B, and gastro intestinal infections were reported in 2014/15 compared with 2015. Campylobacter was due to differences in laboratory techniques and there was

a national outbreak of scarlet fever. Increases in the other infections are too small to show a significant trend (Figure 1).

In 2015 there were 14 reported outbreaks in the borough mainly related to gastroenteritis outbreaks in care homes, two tuberculosis incidents in workplaces, a hepatitis B incident in a Spa, three cold chain incidents in surgeries, a water incident and a “needlestick” incident in a school.



Tuberculosis (TB)

Following major declines in the incidence of TB during most of the 20th century, the incidence of TB in England increased steadily from the late 1980s to 2005, and has remained at relatively high levels ever since. TB is concentrated in large urban centres, with rates in London, Leicester, Birmingham, Luton, Manchester and Coventry more than three times the national average.

In 2014, 68 cases of TB were notified in residents of Barking and Dagenham, a rate of 34 per 100,000 population. The rate varied across different wards in the borough. Overall in London, there were 2572 TB cases notified and a rate of 34 per 100,000 population. The TB rate in Barking and Dagenham decreased slightly in 2014 but is above the London rate.

In 2014, 9% of non-UK born cases were diagnosed within 2 years of entry to the UK and 18% in 2-5 years. The most common countries of birth for cases in 2014 were the UK, India, Pakistan and Somalia.

Figure 2:
TB rates for North East London residents.

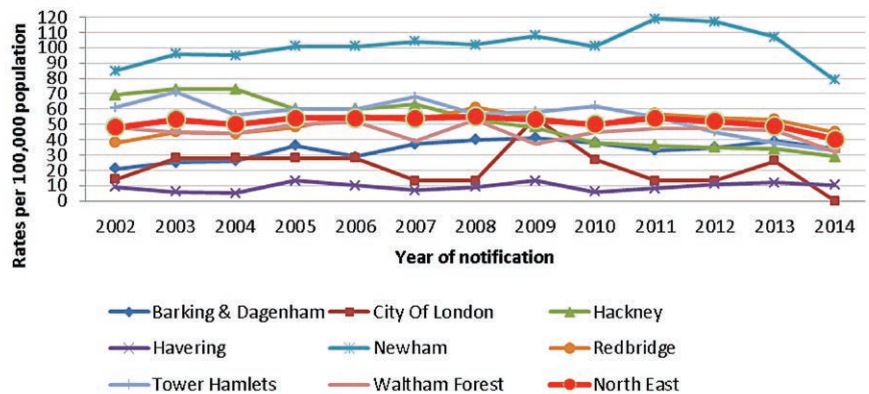
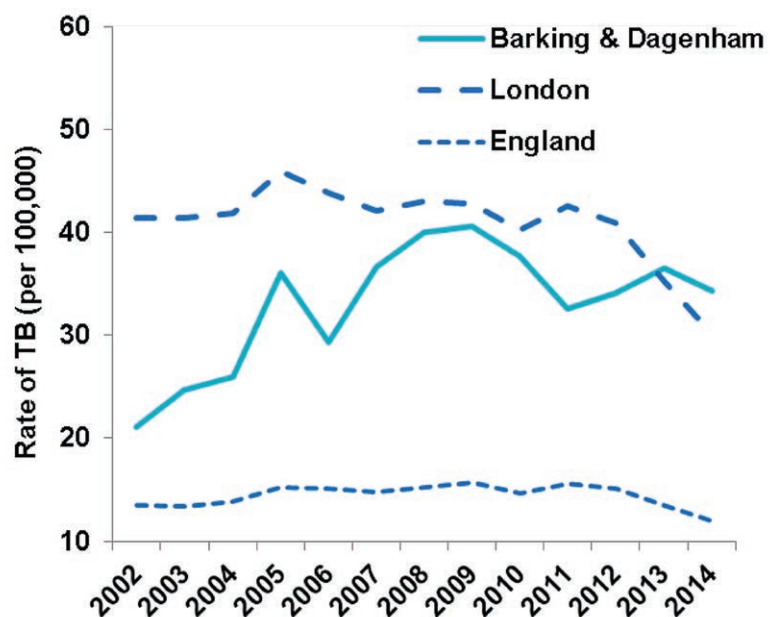


Figure 3:
TB case rates Barking and Dagenham compared with London and England 2002-2014.



A small number of TB cases in the borough were infectious and there were public health implications in two instances, where contact tracing exercises were undertaken in order to offer screening tests to those who were exposed.

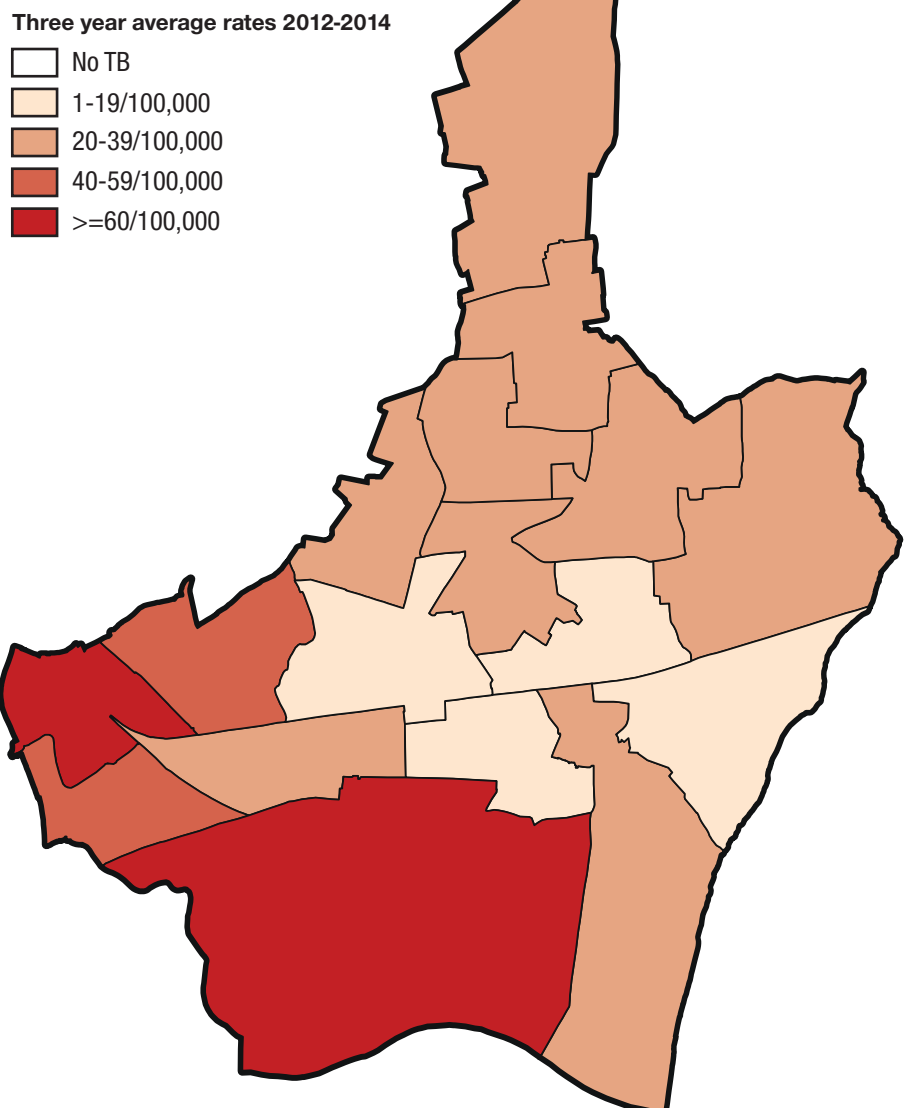
It has been found that it is likely that the majority of TB cases in England are the result of 'reactivation' of latent TB infection. Latent TB is where someone is carrying the bacteria that causes TB but are not infectious or symptomatic with active disease, an asymptomatic phase of TB, which can last for years. For this reason, funding has now become available for latent TB testing in some local authorities (those local authority areas with a TB incidence of ≥ 20 per 100,000 population or over).

We have had funding approved to carry out Latent TB testing in new migrants as part of the programme being rolled out across England. The testing is for those people who are: aged 16 to 35 years, entered the UK from a high incidence country ($\geq 150/100,000$ or Sub Saharan Africa) within the last five years and been previously living in that high incidence country for six months or longer.

The London TB team Extended contact tracing team (LTBEx) are to be disbanded in 2016 and although we have set up a proactive approach by engaging in latent Tuberculosis screening, the LTBEx team have been invaluable in dealing with contact tracing for large tuberculosis incidents. They were able to respond quickly and screen TB contacts on-site (e.g. at schools, workplaces, etc.) to ensure there is no onward transmission. With this function removed, there is a concern over capacity to deal with large scale TB incidents when there is a reduction in staff at a Health Protection Team level.

Figure 4:

Three-year average annual TB incidence rate by ward, 2012-2014.



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Contains National Statistics data © Crown copyright and database right 2014.

Vaccination

Vaccination continues to have a historical place - on a par with the provision of clean water and improved sanitation - as one of our society's most fundamental tools in the continuing battle for better public health. The borough has, for many years, had lower than average vaccination coverage levels, often markedly so.

The Cover of vaccination evaluated rapidly (COVER) programme evaluates childhood immunisation in England. Quarter 2; July–September 2015 is the latest available data. The borough is below the national target of 95% but achieving above the London average for diphtheria, tetanus, pertussis, pneumococcal, haemophilus influenza type b (DTaP/IPV/Hib) at 12 months with 93% uptake in Q2 15/16 compared to 90.2% for London and is similar to the England average of 93.5%.

Uptake for the 24 month vaccinations is below the national target, with 86.6% uptake for the pneumococcal (PCV) booster and measles, mumps and rubella (MMR1), and 86.4% for the haemophilus influenza type B and meningitis C (Hib/MenC) booster.

Figure 5:
DTaP/IPV/Hib at 12 months.

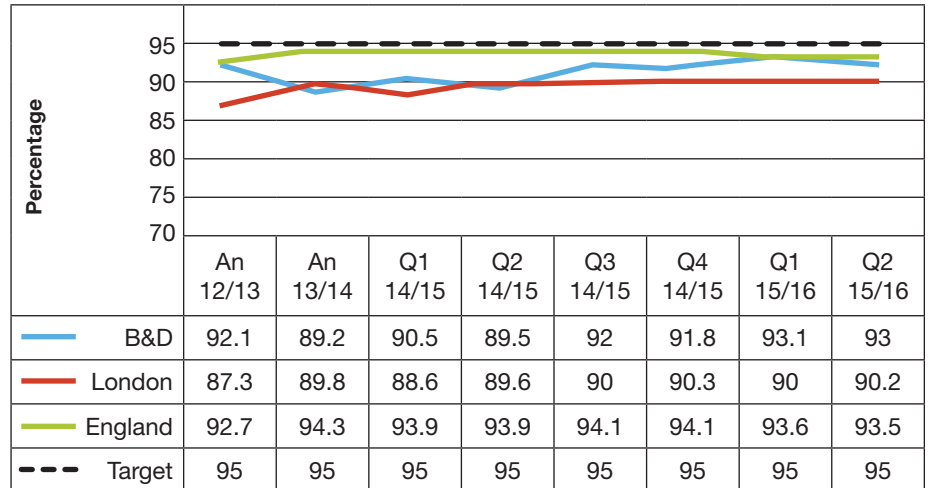
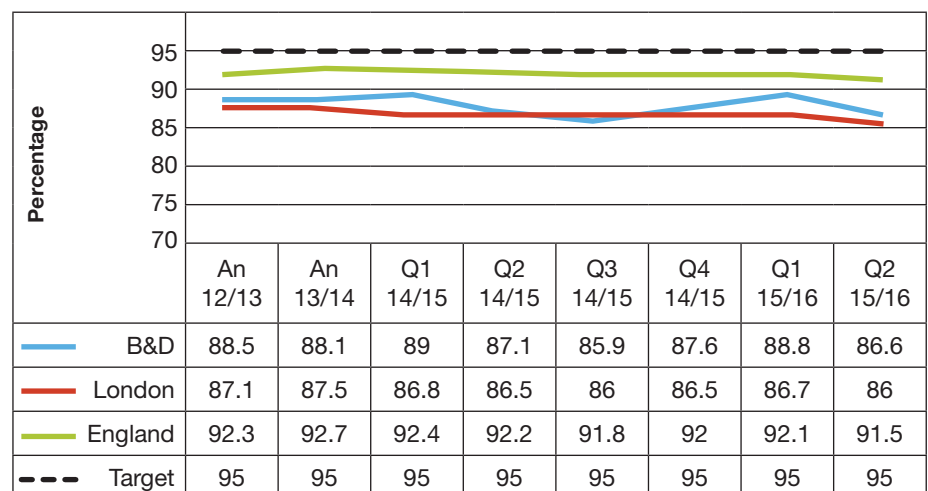
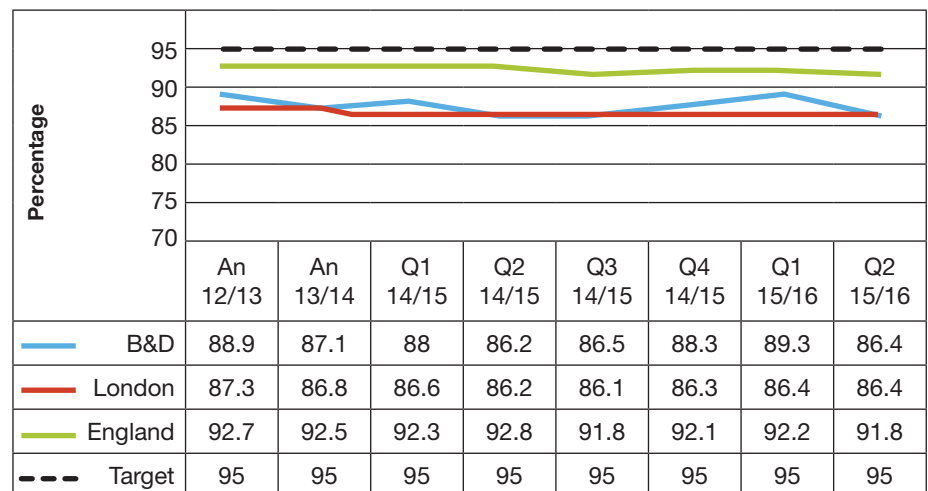


Figure 6:
Hib/MenC and MMR1 at 24 months.



Uptake for the 5 year vaccinations is below the national target at 84.1% for the DTaP/IPV booster, and 83.6% for the MMR2.

Barking and Dagenham hepatitis B vaccination rates are above the London and England averages.

Figure 7:
MMR2 at 5 years and the DTaP/IPV Booster.

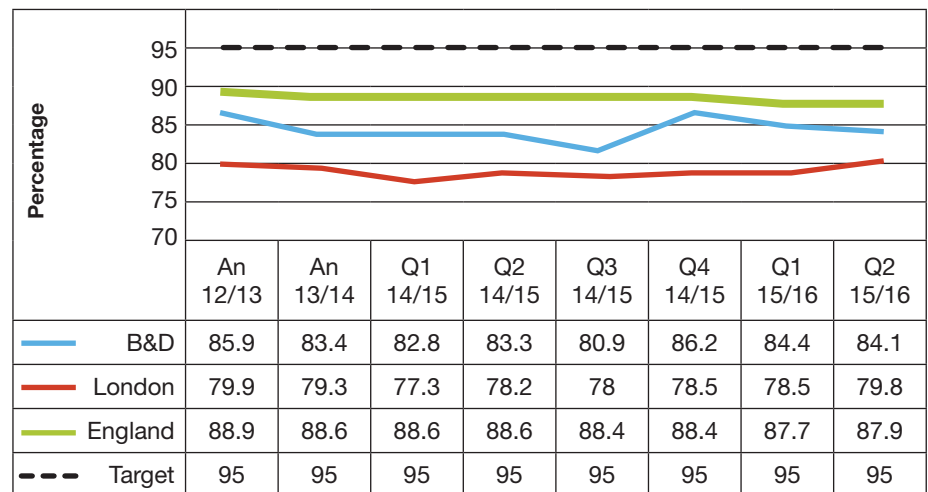
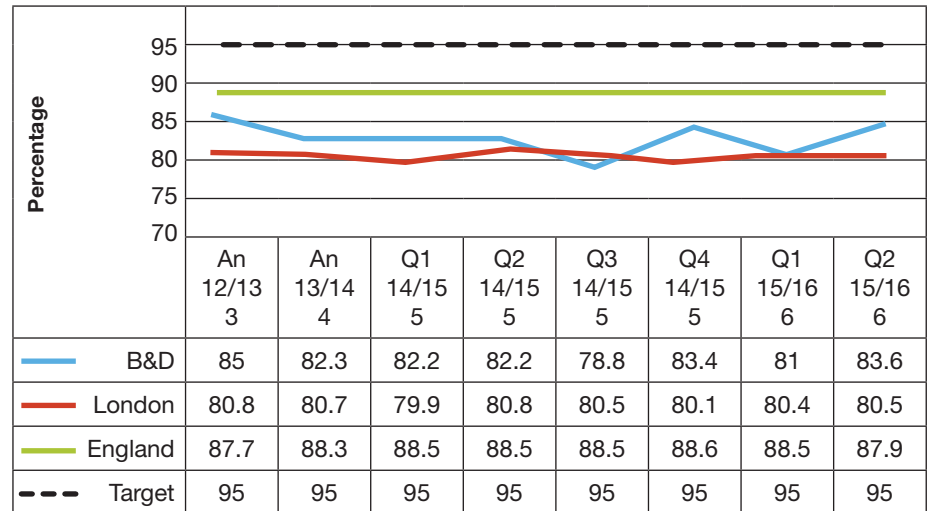


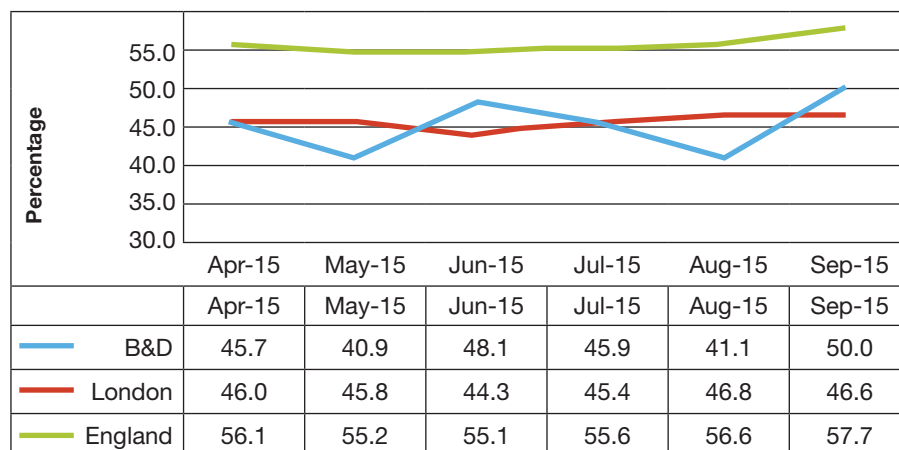
Table 1:
Barking and Dagenham Hepatitis B vaccination programme

Quarter	12 Months			24 Months		
	B&D	London	England	B&D	London	England
Q1 14/15	100	86.9	83.4	92.3	78.5	72
Q2 14/15	100	92.5	87.3	88.2	87.2	79.4
Q3 14/15	100	84.7	85.4	91.7	75.2	72.1
Q4 14/15	82	83	84	91	79	72
Q1 15/16	86	88	85	80	81	75
Q2 15/16	100	91	87	88	80	72

Pertussis vaccinations in pregnant women:

This programme commenced September 2012 as an interim programme and has been extended until 2019. There is no nationally set target for uptake. Vaccinations are given between weeks 28 and 38 of pregnancy. The borough is performing above the London average but remains below the England average for uptake.

Figure 8:
Pertussis in pregnancy vaccinations.



HPV Vaccination Programme:

Human papilloma virus (HPV) vaccine is offered to girls aged 12-13 years. The vaccine protects against cervical cancer. The borough is achieving above the London average for uptake. England uptake rates for 2014/15 are not currently available.

Shingles Vaccination Programme

The aim of the vaccination programme is to reduce the incidence and severity of shingles in those targeted by the programme. There is no national uptake target set. The borough is currently performing below the London average for shingles uptake, with 44.6% uptake in the 70 year olds, 45.4% in 78 year olds and 48.3% in the 79 year olds.



Stay Well this Winter national campaigning supported locally

Seasonal Flu programme

The seasonal flu programme is an annual programme offering flu vaccinations to people who are more likely to suffer from complications from getting flu. These include people aged over 65 years, people in clinical risk groups, pregnant women, children aged

2, 3 and 4 years and school years 1 and 2. Additionally carers and frontline health care workers can also receive free flu vaccinations. We rolled out the child flu school vaccination programme this academic year, for schools' years 1 and 2, and for children in special needs schools. National targets are set for those aged over 65 years and those in clinical risk groups (75%). The borough historically fell below the national targets for flu vaccination uptake.

Table 2:

Seasonal Flu Vaccine uptake amongst GP patients 1 September 2015 to 30 November 2015 (compared to 2014 data)												
Area	over 65s 15/16	over 65s 14/15	clinical risk groups 15/16	clinical risk groups 14/15	Pregnant women 15/15	Pregnant women 14/15	2 Yr olds 15/16	2 Yr olds 14/15	3 Yr olds 15/16	3 Yr olds 14/15	4 Yr olds 15/16	4 Yr olds 14/15
B&D	62	65.8	41.1	48.9	39.3	38.7	19.3	29.5	21.1	29.2	15.5	19.9
London	61	66.9	37.7	46.6	34.3	38.3	20.4	28.4	22.1	30.8	17	22.1
England	66.9	68.5	39.3	44.4	38.3	38.5	29.2	31	30.4	33.1	24.7	26
Target	75	75	75	75	75	75	40	40	40	40	40	40

Increasing immunisation uptake for both children and older people is a priority for the Council, NHSE, local GPs and NHS Trusts. The DPH advises that NHSE provides quarterly performance reports to the Health and Wellbeing Board on the arrangements being put in place to improve performance in achieving the optimum uptake of immunisation programmes by the eligible population of Barking and Dagenham.

The immunisation and screening teams are also going through a period of change and a move to working much more closely with local boroughs, agreeing local plans with the DPH. From the initial difficult start NHSE are moving from patch based groups to having either multiagency immunisation meetings or inclusion in local health protection forums where NHSE will be represented.

Moving to a better reporting structure such as quarterly infectious disease reports and quarterly immunisation cover, representation from PHE and NHSE at the Health Protection Committee will ensure that the DPH can make assurances to the Health and Wellbeing Board.

HealthCare Associated Infection (Data is for the time period: 2014/15)

Despite significant reductions in incidence, healthcare associated infections (HCAI) continue to be one of the biggest challenges the health and residential care services face. This is because, whilst we are performing much better, the targets we are setting ourselves are becoming ever-more challenging year-on-year, and rightly so. The rate of *C. difficile* infection for NHS Barking and Dagenham Clinical Commissioning Group in people aged over 2 years was 23.2/100,000 population. Although this is below the England average of 26.3/100,000 population, it is among the higher rates in North East London. This indicates that there is substantial work to be done around antimicrobial use and prevention of *C. difficile* infection in the community.

The Barking and Dagenham rate for MRSA bacteraemias for NHS Barking and Dagenham Clinical Commissioning

Group was 2/100,000 population; this provides an important indicator of infections in the community population. This is the same as the national average of 2/100,000 population. Work is needed to continue to improve training in the care of intravenous therapy lines (infusion of liquid substances directly into a vein) and catheters in the community to ensure that they are inserted safely and managed properly, so that MRSA bacteraemia can be prevented.

There is work to be done around antimicrobial use and prevention of *C. difficile* infection in the community; looking at the cause of the infections; education; and ensuring samples are taken appropriately. The infection control team at Barking Havering and Redbridge University Hospitals NHS Trust are already auditing practice and educating staff. The DPH recommends that HCAI prevention through key initiatives. For example, appropriate use of antimicrobials, appropriate insertion and care of invasive devices and lines, and all providers of care being trained in infection prevention and control.

Mind the Gap?

The changes in landscape since 2013 had initially been difficult to work with but through excellent historic working relations and an established health protection forum, the Council are in a strong position despite on-going changes. However, there are gaps emerging from the new systems and these are areas we need to focus on:

- Immunisation and training for practice staff was a gap with ad hoc providers and poor evaluation. PHE have recently trained practice staff on the new immunisation programmes but will there be on-going capacity?
- The Infection Control provision in the community e.g. GP/Dentist training does not directly come under the DPH and we are currently unsure of the capacity, roles and responsibilities. This can be problematic with CQC visits to practices that get reported to the health protection team and the DPH, such as breaches in storage of vaccines leading to a cold chain incident. There also appears to be confusion from practices around the provision of infection control training. There is an infection control team in the community but they do not sit on the Health Protection Committee. This is an area for the Committee to take forward.
- Screening is still an issue that needs to be addressed as there has been no representative at the Health Protection Committee.



The future?

In 2015 an outbreak of Ebola Virus Disease in Sierra Leone showed how easily it is to import an infection due to global travel. PHE had to set up screening teams at major ports. North East & Central Health Protection Team (NECLHPT) were responsible for port health screening at St Pancras International Station. PHE have a national and international horizon scanning team whereby issues can be identified early and worked through with the local authority. In 2015, the Council ran an Ebola workshop with key stakeholders.

Zika virus has been recently reported in the news. Zika is a mosquito-borne infection caused by Zika virus, a member of the genus flavivirus and

family Flaviviridae. It was first isolated from a monkey in the Zika forest in Uganda in 1947. Zika virus outbreaks have occurred in areas of Africa, Southeast Asia and the Pacific Islands. In May 2015, the Pan American Health Organisation issued an alert regarding the first confirmed Zika virus in Brazil. The infection causes symptoms such as mild fever, conjunctivitis and headache but has been linked to babies being born with undeveloped brains.

Aedes mosquitoes carry the virus and are found particularly in the above regions. The Aedes mosquito is not present in the UK and is unlikely to establish in the near future as the UK temperature is not consistently high enough for it to breed.

The mosquitoes predominately bite during the day and also around dawn and dusk (as opposed to mosquitoes

that transmit malaria, which bite at night between dusk and dawn). Advice for travellers is to use a good repellent containing N, N-diethylmetatoluamide on exposed skin, together with light cover-up clothing.

Locally the NECLHPT works closely with the Council to ensure any trends or changes in infections are identified and actions implemented. Some of the future priorities are around antimicrobial resistance. When drugs are no longer effective in treating infections caused by micro-organisms, minor surgery and routine operations could become high-

risk procedures, leading to increased duration of illness and premature mortality.

The biggest threat to the UK and the borough is still pandemic influenza and through joint working with our partners we have plans in place which are exercised and tested yearly.

Conclusion

The historic links built up over many years have meant that the Council and

our partners can safely respond to incidents and outbreaks. The potential of having immunisation links at a local level is welcomed and this same model could be used for screening. There appear to be gaps in service provision, some real and some perhaps due to lack of clarity that need to be addressed via our Health Protection Committee.

The health protection service re-design at PHE needs to ensure career pathways are attractive and maintain the established local links which have driven many excellent initiatives in the borough.

Acknowledgements

Contributors to this report include:

Sue Lloyd Consultant in Public Health – Chapter 1

Sandeep Prashar Head of Health Intelligence – Chapter 1

Dr Fiona Wright Consultant in Public Health – Chapter 2

Vivien Cleary Consultant in Communicable Disease (Public Health England) – Chapter 4

Sofia Saeed, Health Protection Practitioner (Public Health England) – Chapter 4

This report was prepared by:

Pauline Corsan Personal Assistant to Director of Public Health

London Borough of Barking and Dagenham Marketing and Communications Team

Advisors

Dr Benjamin Cole

Val Day

If you need a copy of this document in large print or an alternative format, please contact Barking and Dagenham Direct on 020 8215 3000.

London Borough of Barking and Dagenham
Phone: 020 8215 3000
Fax: 020 8227 3470
E-mail: 3000direct@lbbd.gov.uk

Out-of-hours emergencies only phone: 020 8215 3024

Website: www.lbbd.gov.uk

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