

London Borough of Barking and Dagenham

Notice of Meeting

THE EXECUTIVE

Tuesday, 23 March 2004 - Civic Centre, Dagenham, 7:00 pm

Members: Councillor C J Fairbrass (Chair); Councillor C Geddes (Deputy Chair); Councillor J L Alexander, Councillor G J Bramley, Councillor S Kallar, Councillor M E McKenzie, Councillor B M Osborn, Councillor J W Porter, Councillor L A Smith and Councillor T G W Wade

Declaration of Members Interest: In accordance with Article 1, Paragraph 12 of the Constitution, Members are asked to declare any direct/indirect financial or other interest they may have in any matter which is to be considered at this meeting

15.03.04

Graham Farrant
Chief Executive

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AGENDA

- 1. Apologies for Absence**
- 2. Minutes - To confirm as correct the minutes of the meeting held on 16 March 2004 (to follow)**

Business Items

Public Item 3 and Private Items 10 to 11 are business items. The Chair will move that these be agreed without discussion, unless any Member asks to raise a specific point.

Any discussion of a Private Business Item will take place after the exclusion of the public and press.

- 3. Urban Planning and Design Conference - 19 and 20 May 2004 (Pages 1 - 3)**

Discussion Items

- 4. MORI Presentation - CPA and Staff Performance**

A presentation will be made at the meeting by MORI

5. **Social Inclusion Policy Commission (Pages 5 - 77)**
6. **Improving Social Services: Review of the Finance and Commissioning Framework (Pages 79 - 88)**
7. **Social Services Charging and Benchmark Prices for 2004 / 2005 (Pages 89 - 96)**
8. **Any other public items which the Chair decides are urgent**
9. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

Private Business

The public and press have a legal right to attend Council meetings such as the Executive, 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 legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972).

Discussion Items

None.

Business Items

10. **Contaminated Land Inspection Programme (Pages 97 - 102)**
Concerns a Contractual Matter (paragraph 8)
11. **Rents and Benefits Manager and Service Improvement Manager (Pages 103 - 106)**
Concerns a Contractual Matter (paragraphs 7, 8, 9 and 10)
12. **Any other confidential or exempt items which the Chair decides are urgent**

THE EXECUTIVE**23 MARCH 2004****REPORT FROM THE DIRECTOR OF LEISURE AND ENVIRONMENTAL SERVICES**

PLANNING AND URBAN DESIGN CONFERENCE MAY 2004		FOR DECISION
<p><i>This report includes details regarding conference costs in excess of the Delegated Authority allowed under the Council's Constitution: therefore approval is reserved to the Executive.</i></p> <p><u>Summary</u></p> <p>Urban design is a new area for the Council. The Lead Member for Regeneration has a remit for Urban Design and is the Borough's designated Urban Design Champion.</p> <p>A comprehensive two day conference on Planning and Urban design is being held in Central London on the 19 and 20 May 2004. Attendance at this comprehensive conference would provide an excellent grounding in design issues, assisting the Lead Member for Regeneration and the new Urban Design Group in promoting urban design in the planning and regeneration of the Borough.</p> <p>The total costs associated with this conference exceed the £1,000 limit set down in paragraph 2.2 of the Conference, Visits and Hospitality Rules in the Council's Constitution and therefore the Executive's consent is required.</p> <p><u>Recommendation</u></p> <p>The Executive is recommended to approve the attendance of the Lead Member for Regeneration and the Group Manager Urban Design at the Planning and Urban Design Conference on the 19 and 20 of May 2004.</p> <p><u>Reason</u></p> <p>To assist the Council in achieving its Community Priorities of <i>Making Barking and Dagenham Cleaner, Greener and Safer</i> and <i>"Raising General Pride in the Borough"</i>.</p>		
<p>Contact Bernadette McGuigan</p>	<p>Group Manager Urban Design, DLES</p>	<p>Tel: 020 8227 3881 Fax: 020 8227 3896 Minicom: 020 8227 3034 E-mail: bernadette.mcguigan@lbbd.gov.uk</p>

1. Background

- 1.1 Urban design is a new area for the Council, but is becoming increasingly important in the sustainable planning and regeneration agenda. The importance of and the need to strengthen urban design in the Borough was recognised in the Regeneration Best Value Review. A new Urban Design Group was established through the re-organisation of planning and regeneration to provide this function. In order to maximise the Council's consideration of urban design in the Planning

and Regeneration agenda, it is important to establish the working of this Group and the role of the Lead Member for Regeneration as Design Champion, as soon as possible.

2. Proposal

- 2.1 The proposal is that the Lead Member for Regeneration and the Group Manager Urban Design attend this comprehensive two day conference on Planning and Urban Design in May 2004. The conference covers all key aspects of Urban Design that are important to the sustainable planning and regeneration of the Borough, to raising quality and to influencing the design agenda.
- 2.2 All of these aspects could be covered through attendance at other conferences. It is estimated, however, that due to the broad and comprehensive issues addressed through this conference, that the alternative would be to attend possibly four conferences to gain the same level of information and knowledge sharing.

3 Financial Implications

- 3.1 The cost of attending the conference for Public Sector delegates is £1,129 + VAT per delegate. As the Council can offset VAT, the costs for two delegates would amount to £2,258 for the two days of the Conference. The Conference will be held at the Hatton Hotel in Central London, so travel for each delegate would be £5.70, peak rate travel fare from Barking per day. This would amount to a total of £22.80 for travel.
- 3.2 The Conference costs for the Group Manager Urban Design would be taken from the LESD Planning and Transportation Training Budget.
- 3.3 The Conference and travel costs for the Lead Member for Regeneration would be funded through the Members' Training Budget.
- 3.4 The Members' Development Working Party has agreed this expenditure for the Lead Member for Regeneration for May 2004, but stresses that this "should not be taken as a precedent".

4. Other issues to consider

- 4.1 The two day Urban Planning and Design Conference is an opportunity to learn from leading experts in the field of planning and design. Subjects covered include, the value of good architecture, best value rather than lowest cost, the issue of skills and learning, London's design led Urban Renaissance, Campaigning for Effective Urban Design, Raising Urban Design Quality, Creativity and Diversity, the deliverability of major infrastructure projects, urban transport planning, strategic regional development, energy efficiency in buildings, securing schools in the future and environmental performance.
- 4.2 As well as separate seminar sessions, the Conference will also include 4 best practice examples from the UK to illustrate the application of design to the issues raised.

4.3 Attendance at the Conference will enable the Lead Member for Regeneration and the Group Manager Urban Design to identify areas throughout the Borough where urban design initiatives should apply, and work with others to ensure that this is done. It will also help in striving towards design excellence in the Borough's built environment.

5. Consultation

The following people have been consulted during the preparation of this report and have either raised no objections or have indicated that they are happy with this report as it stands:

Councillor Kallar, Portfolio Holder Regeneration.
Bob Cooper, Interim Head of Finance, LESD
Su Jolly, HR Training and Development Advisor, LESD
Rossana Kendall, Head of Corporate Human Resources (training and development)

Background Papers:

None

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THE EXECUTIVE**23 MARCH 2004****REPORT OF THE SOCIAL INCLUSION POLICY COMMISSION**

SOCIAL INCLUSION POLICY COMMISSION	FOR DECISION
<p><i>Final Reports of Policy Commissions are submitted to relevant parts of the Political Structure as set out in paragraph 11 of Article 6 of the Constitution.</i></p>	
<p><u>Summary</u></p>	
<p>This report outlines the work of the Social Inclusion Policy Commission and sets out our findings and recommendations.</p>	
<p>The Policy Commission identified a number of areas within Barking and Dagenham where consideration of existing provision and the work of partners influences the lives of those who are socially excluded or are in danger of becoming socially excluded. These key considerations were:</p>	
<ul style="list-style-type: none"> ● Ensuring a decent family income, for example, by ensuring maximum take up of benefits ● Supporting families and the early development of children ● Raising standards in schools and making it less likely that children miss out through exclusion, truancy, not being motivated, or not being able to afford to stay on after 16 ● Improving the experience of local authority care, and helping care leavers ● Making it less likely that people become parents in their teens, or if they do, helping them back into learning and work ● Preventing crime ● Acting on the routes into homelessness, such as from the care system, the Armed Forces and prison ● Putting building blocks for economic opportunity in place by boosting regional capacity for innovation, enterprise, know-how and skills development ● Isolated elderly people ● Adult Basic Skills ● Mental Health 	
<p>The aim of the Policy Commission was to review existing provision and the pilot work undertaken as part of the Neighbourhood Renewal Programme, and look at ways of reducing the barriers to inclusion.</p>	
<p>The key objectives of the Social Inclusion Policy Commission were to ensure that:</p>	
<ul style="list-style-type: none"> ➤ families improve their income where appropriate by being aware of, and taking up their entitlement to benefits ➤ families with young children are supported by easy access to services through the provision of Children's Centres 	

- children and young people, especially those who are non-attendees or excluded from school, are encouraged to make the most of educational opportunities and supported in accessing further and higher education opportunities
- vulnerable young people who are in the care of the Local Authority receive appropriate support to become independent
- teenage pregnancy is reduced and young parents are supported to access learning and employment opportunities
- crime and fear of crime is reduced and the impact on the more vulnerable in society is lessened
- action is taken to assist those who are most at risk of becoming homeless or who become homeless
- local residents are able to develop and improve basic skills that enable them to access employment opportunities in the area and region
- isolated elderly people are aware of their entitlements and receive support to enable them to participate in activities in the community; and
- those who suffer from mental health problems are able to access support and assistance to enable them to participate in activities in the community

Lastly the Social Inclusion Policy Commission recognises the valuable work undertaken by the Anti Age Discrimination and Empowerment and Engagement Policy Commissions, and endorses the need to work in synergy with the actions and outcomes championed by those Policy Commissions in their recommendations and Action Plans.

Recommendations

Support for Families – Maximising Income

It is recommended that:

- a detailed mapping exercise be undertaken of organisations and initiatives providing aid, advice, support and positive action to combat financial exclusion
- a Financial Inclusion Strategy be developed to feed into the Community Strategy
- the Customer First Initiative be fully supported in its aims to help with the take up of welfare benefits
- pro-active community based methods of engagement be investigated and actioned where possible including 'door knocking' and the integration of benefits advice with other one to one based community consultation
- the Council continues to support the Department of Work and Pensions in implementing the Pensions Credit in the Borough
- the Council investigates and supports the development of Credit Unions and/or other appropriate financial management services within the Borough.

Raising Standards in Schools – Ensuring that Children are not Excluded

It is recommended that:

- a single framework be developed to ensure that children at risk of, or excluded from school, are identified and supported through a range of services and return to education with minimum disruption
- response times be improved to ensure access to services to early preparation of excluded children for re-integration
- processes and procedures be developed to enhance transfer arrangements for children with special educational needs
- investigation be undertaken of ways to improve the provision of school places, especially those that cater for children with difficult or complex backgrounds.

Improving the experience of Local Authority Care

It is recommended that:

- the Corporate Parenting Panel be supported in implementing their Improvement Plan
- a framework be developed for joined up working to deliver improvement in the take up of educational opportunities and in the attainment of looked after children
- the Education and Learning Sub-Group of the Borough Partnership be requested to give specific consideration to implementing action to raise attainment levels of looked after children within development of delivery of the Community Strategy.

Reduction in Teenage Pregnancy and Support for Teenage Parents to return to Learning and Work

It is recommended that:

- the Teenage Pregnancy Partnership Board be supported in delivering the Borough's Teenage Pregnancy Strategy and associated programme
- the Council concur with the Teenage Pregnancy Partnership Board's objective of reducing the conception rate in line with Government targets
- mainstream service providers ensure that they target appropriate resources to support young parents to reduce social exclusion impact and to improve their life opportunities for themselves and their children
- aspirational change be encouraged within young people via delivery of the Community Strategy, and to assist them through associated programmes to make informed life choices with regard to educational opportunities, life relationships, sexual health and parenthood.

Reduction and Prevention of Crime

It is recommended that:

- continued support is given to the work of the Community Safety Strategic Partnership (CSSP)

- links between the CSSP and the Barking and Dagenham Partnership are strengthened through the delivery of the Community Strategy
- work is undertaken through our Public Relations Unit to continue to improve and reinforce the positive measures being undertaken to combat it
- that domestic violence and hate crime are highlighted as a Key Priority and Target for improvement within the Community Strategy.

Acting on Routes into Homelessness

It is recommended that:

- the Homelessness Strategy be implemented with particular emphasis on understanding and tackling the root causes
- improvement be sought in the availability of advice and information before people are at risk of becoming homeless
- it is ensured that Customer First Information Point staff are trained to provide advice on homelessness avoidance and have information on support services
- it is ensured that the Voluntary Sector providers of advice and information are able to access up to date information on support available.

Providing the Building Blocks for Economic Opportunity

It is recommended that:

- the Council implement the Best Value Review of Regeneration in relation to Raising Skills
- improvement be sought in internal processes that attract and retain businesses that offer employment opportunities
- social enterprises continue to be developed
- support be given to the Gateway to Health Project to assist in training local people to access and take up opportunities.

Providing Support for Isolated Elderly People

It is recommended that:

- Social Services and their commissioned agents, particularly Age Concern be supported in developing and delivering the National Service Framework for Older People in Barking and Dagenham
- Partnership and corporate support is provided through the NSF Local Implementation Team and existing strategies and balanced scorecard implementation plans
- That the appropriate sub-groups of the Barking and Dagenham Partnership take an overview on the delivery of services to the elderly in the Borough with regard to Rights and Responsibilities, and Equalities and Diversities.

Improvement in Adult Literacy and Numeracy

It is recommended that:

- the Adult Basic Skills Initiative is secured and extended to enable current projects and contracts to be delivered and further opportunities to be exploited
- the Initiative is expanded to meet the challenges faced by the huge expansion of the government's basic skills, workforce development, e-learning and further education agendas.

Support and Provision of improved Services for People with Mental Health Problems

It is recommended that:

- the consultation document "Towards a Mental Health Strategy for Barking and Dagenham" be supported and developed into an agreed Mental Health Strategy for the Borough
- the recommendations within the consultation document be developed into an Action Plan for the future development and improvement of mental health services in the Borough
- consideration be given to the promotion of mental health services with a view to removing the stigma attached to mental illness
- the Council works with partners to champion a global approach on promoting a feeling of community well being
- areas.

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1. The Policy Commission's Membership and Terms of Reference

- 1.1 In October 2002 the Assembly agreed that the Social Inclusion Policy Commission should be set up, that it should commence in January 2003 and report to the Assembly in April 2004.

- 1.2 The membership included Councillors Bramley (Lead Member), Mrs Rush, Mrs Cridland, Geddes, Best and the late Councillor Felton.
- 1.3 The lead officer was Robin Tuddenham (Head of Policy and Performance, Corporate Strategy). Also supporting the commission was Sally Penessa (Corporate Policy and Information Manager) Riley Cullum (Policy and Review Officer), and Gareth Broad (Democratic Services Officer).
- 1.4 The Assembly suggested the following 'outline scope' for the policy commission:
 - identify key social inclusion issues in the Borough
 - ensure that poverty and its impact on health is reviewed
 - identify best practice in other Councils
 - identify current work being undertaken in the social inclusion area in the Borough, and
 - set out a way forward to ensure that social inclusion is mainstreamed across all the activities of the Council and its partners.
- 1.5 Like all Policy Commissions we were also asked to make sure that any general issues relating to equalities and diversity, social inclusion, sustainability and health and safety were mainstreamed into our deliberations.

2. The work of the Policy Commission

- 2.1 We met as a Commission 8 times starting with our first meeting on 23rd April and ending on 11th February 2004.
- 2.2 It was clear from the initial scoping report that there was much research around the issue of social inclusion and that there were many examples of good practice.
- 2.3 The Policy Commission identified a number of key areas where consideration of existing provision and the work of partners influences the lives of those who are socially excluded, or are in danger of becoming socially excluded.
- 2.4 Associated visits were undertaken to the London Borough of Lewisham and the City of Portsmouth to identify best practice.
- 2.5 Witnesses that were consulted as part of the Policy Commission included:

External Witnesses

- Bob Barr (London Borough of Havering)

Internal Witnesses

- Justin Donovan (Head of Lifelong Learning)
- Anna Harskamp (Head of Social Inclusion and PEP)
- Ken Jones (Head of Housing Strategy)
- Julia Ross (Director of Social Services)
- Cathryn Williams (Director of Services for the Community)
- Bob Kedward (Head of Children's Services)
- Ruth Du Lieu (Customer First Project Manager)

- Amanda Stevens (Revenues and Benefits Manager)
- Ray Keech (Revenue Project Manager)
- Christine Pryor (Early Years Development Childcare Partnership)
- Chris Bestwick (Early Years Development Childcare Partnership)

3. Financial Implications

- 3.1 That the recommendations contained in this report are implemented from within existing resources, and where appropriate external funding is sought.

4. Supporting Information

- 4.1 Social Inclusion Policy Commission Report

5. Appreciation

- 5.1 We wish to place on record our thanks to all those who contributed to this review. Without this valuable input we could not have carried out and concluded our work.

Background papers and information used in the preparation of this report

- Social Inclusion Policy Commission agendas and minutes
- The Census 2001
- Best Value Performance Indicators
- Council Scorecard and Balanced Scorecard Performance Indicators
- Corporate Performance Assessment Report December 2002
- A New Commitment to Neighbourhood Renewal: National Strategy Action Plan 2001
- Anti Age Discrimination Policy Commission Report
- Engagement and Empowerment Policy Commission Report
- Towards a Mental Health Strategy for Barking and Dagenham
- Crime and Disorder Strategy
- Strategy for the Prevention and Alleviation of Homelessness in Barking and Dagenham 2003-2008
- Tackling Teenage Pregnancy: A Strategy for Barking and Dagenham 2001
- A better education for children in care: Social Exclusion Unit Report 2003
- Health and Neighbourhood Renewal: Department of Health 2002
- Tackling Health Inequalities: Department of Health
- Availability of Mental Health Services in London 2003

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SOCIAL INCLUSION POLICY COMMISSION

FINAL REPORT

Forward

I have great pleasure in presenting the report of the Social Inclusion Policy Commission.

At the outset, I would like to thank all the Members and officers who have made their various contributions to what I hope will be an informative and thought provoking read, but above all, I hope that it will be a stimulus to action by everyone in the Borough who can contribute to social inclusion.

The Government have placed a great deal of emphasis on increasing social inclusion and reducing social exclusion. The Council of the London Borough of Barking and Dagenham agrees with the government's aims. Over the past few years, employment has risen to record highs, unemployment is at record lows, standards of health and education have risen, crime (especially youth crime) is falling and public services have improved thanks to increased investment.

These and many other things have contributed to social inclusion and most of the people of Barking and Dagenham have benefited. However, despite these successes, too many people are not leading the fulfilling lives they should be. The Government recognises this and so do we.

This document points the way forward for us as a community that values and includes everyone. We owe it to our community to succeed.

Councillor G.J. Bramley – Chair of the Policy Commission

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1. BACKGROUND

The Social Inclusion Policy Commission was established in October 2002, and its Members were appointed in January 2003. The following scope was suggested for the Policy commission in October 2002 by the Assembly:

- identify key social inclusion issues in the Borough
- ensure that poverty and its impact on health is reviewed
- identify best practice in other Councils
- identify current work being undertaken in the social inclusion area in the Borough; and
- set out a way forward to ensure that social inclusion is mainstreamed across all the activities of the Council and its partners

“Social Exclusion is something that can happen to anyone. But certain groups, such as young people in care, those growing up in low income households or with family conflict, those who do not attend school, and people from some minority ethnic communities are disproportionately at risk of social inclusion. There are also particular times when people are most vulnerable, such as when leaving home, care or education.”

‘Preventing Social Exclusion’ – Social Exclusion Unit, March 2001

The Government has defined Social Exclusion as:

‘a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown’

Social Exclusion can mean the following:

For an individual – underachievement in education and the labour market, low income, poor access to services, stress, ill-health and the impact on children

For the wider community – reduced social cohesion, higher crime and fear of crime, and higher levels of stress and reduced mobility

The Policy Commission identified a number of areas within Barking and Dagenham where consideration of existing provision and work of partners influences the lives of those who are socially excluded or are in danger of becoming socially included.

These key considerations were:

- Ensuring a decent family income, for example, by ensuring maximum take up of benefits
- Supporting families and the early development of children
- Raising standards in schools and making it less likely that children miss out through exclusion, truancy, not being motivated, or not being able to afford to stay on after 16
- Improving the experience of local authority care, and helping care leavers
- Making it less likely that people become parents in their teens, or if they do. Helping them back into learning and work
- Preventing crime
- Acting on the routes into homelessness, such as from the care system, the Armed Forces and prison
- Putting building blocks for economic opportunity in place by boosting regional capacity for innovation, enterprise, know-how and skills development
- Isolated elderly people
- Adult Basic Skills
- Mental Health

Aims

The aim of the Commission was to review existing provision and the pilot work undertaken as part of the Neighbourhood Renewal Programme and look at ways of reducing the barriers to inclusion. A number of service providers provided information and visits to Beacon Authorities, on some of the issues identified, were undertaken to improve knowledge of good practice.

Objectives

The Council wishes to ensure that:

- families improve their income where appropriate by being aware of, and taking up their entitlement to benefits
- families with young children are supported by easy access to services through the provision of Children's Centres
- children and young people, especially those who are non-attendees or excluded from school, are encouraged to make the most of educational opportunities and supported in accessing further and higher education opportunities
- vulnerable young people who are in the care of the Local Authority receive appropriate support to become independent
- teenage pregnancy is reduced and young parents are supported to access learning and employment opportunities
- crime and fear of crime is reduced and the impact on the more vulnerable in society is lessened
- action is taken to assist those who are most at risk of becoming homeless or who become homeless
- local residents are able to develop and improve basic skills that enable them to access employment opportunities in the area and region
- isolated elderly people are aware of their entitlements and receive support to enable them to participate in activities in the community; and
- those who suffer from mental health problems are able to access support and assistance to enable them to participate in activities in the community

2. Support for Families – Maximising Income

Key facts:

- There are 22,815 households in the Borough with dependent children

NB: Dependent children are aged 0 to 15 and 16 where they are a full time student and living at home with parents

- There are 10,005 households in the Borough who are Lone Parent families with dependent or non-dependent children
- Almost 30% of dependent children in the Borough are aged 0 to 4. This is 3.5 % higher than the national average
- 37.9% of dependent children living in Gascoigne ward are aged 0 to 4. This compares with the Borough low of just 25.7% in Mayesbrook ward.

Source: 2001 Census

- As at September 2000 there were 2,620 Child Benefit claimants
- As at August 1999 there were 1,555 Family Credit claimants
- As at August 2000 there were 2,155 Working families Tax Credit claimants

Source: Neighbourhood Statistics

- 15% of the population aged over 16 are the beneficiaries of Income Support

Source: Income Support Quarterly Statistical Enquiry, November 2002

Best Practice

Nationally and Regionally

Portsmouth City Partnership – Tackling Financial Exclusion

Portsmouth has developed a network of award winning services to address this issue. Their stated aim is to achieve a change from a culture of debt to a culture of saving.

There are 4 main strands to their financial exclusion action plan:

Portsmouth Area Regeneration Trust (PART)

This a partnership project between Lloyds Bank, Portsmouth Housing Association and the City Council. It provides banking services for personal and business loans to those people without access to traditional banking services.

The project was set up to deal with some of the consequences of financial exclusion including money management, short term credit involving the use of expensive money lenders, and financial security around inability to plan for the future. The first of its kind when established in July 2000 with private sector support and external funding PART operates with a staff of 7 persons plus volunteers, through High Street offices and community satellite locations.

PART will lend money for situations relating to debt relief (both consumption of debt and fresh start), and assistance in to training and employment (seed corn, learning and micro enterprise). Over the first 12 months of its operation PART lent over £350,000 to 550 people, gave advice, guidance or signposting to 500 people, helped over 70 people into employment and enabled 35 small businesses to start whilst giving advice to some 70 more. This led to PART winning a Business in the Community Award in 2001.

Integrated Benefits Advice Service (IBAS)

This is a partnership project between the City Council, the Employment Service, Benefits Agency and Inland Revenue supporting local people with benefit claims, and advice on employment and training opportunities within a community setting.

This project operates out of the most deprived wards in Portsmouth and the pilot initiative (the Portsea Access Point) won the Local Government Chronicle Community Initiative of the Year Award 2002.

The concept of local one stop shop 'Access Points' was developed. These schemes involve multi-agency staff with IT back-up and a pro-active door knocking campaign to ensure that all residents are able to access the service, particularly 'hard to reach' groups. The objectives of the project are to ensure that all residents have the opportunity to maximise all available income, and to also provide detailed knowledge of related issues, such as employment and training, childcare, debt advice, energy efficiency, and the promotion of the City's Leisure Card enabling cheaper leisure facilities.

The first 'Access Point' was opened to the public in Portsea, in June 2000, and this area was chosen as it is in a ward that is within the 10 % most deprived in the country. With regard to child poverty, it is the 23rd most deprived ward in the country with nearly 80% of its children in means tested benefits. The Portsea pilot ran for 2 years and in that time came into contact with 15,000 customers. It made 351 clients collectively over £1,000,000 financially wealthier. Further phases have been rolled out to other deprived wards within the City.

Citizens Advice Bureau Debtline

This offers telephone access to a specialist debt advisor between 8.00am and 8.00pm.

Portsmouth Savers Credit Union

A city-wide credit union encouraging people to make the first steps to saving for their future and even people with modest savings can benefit from low cost loans.

With 2 paid staff and a revenue budget of £85,000 per annum the following operating statistics were achieved in the first 20 months of trading:

- 1,065 accounts opened
- £217,056 in member savings
- £165,408 in outstanding loans; and
- £284,914 total loans given out

Locally

Through the Customer First initiative, the Council has recognised its role in modernising service delivery and promoting welfare benefits take up.

In terms of accessibility and awareness of entitlements all reception areas have been audited and a programme of adaptations and refurbishments is in operation to improve front line service delivery. Particular work is ongoing with the Revenue and Benefits office at 90 Stour Road. In the longer term there is an aim to move towards One Stop Shops which will give residents a local point of access to all services. The use of Information Kiosks in Council buildings is also being explored.

The Customer First initiative will specifically assist with the take up of welfare benefits entitlements in a number of ways:

- via the placing of promotional materials in all reception areas, and the basic training of all reception staff
- by changing the environment of the refurbished Revenue and Benefit reception area to bring about a move from 'claimant' to 'customer'
- via the instigation of alternative ways of queue management e.g. quick drop off points for submission of evidence
- long term development of One Stop Shops to enable benefit advice/entitlement to be borough wide and therefore more convenient for customers living in Barking and Dagenham.
- Customer Services Officers trained to give welfare benefits advice, and to assist in helping with the completion of application forms
- Improvements to IT systems to allow Customer Services Officers to identify customers not claiming benefits who may have entitlement

- the development of forms and self help guides which could be placed on the website to encourage residents to submit claims electronically from anywhere with internet access
- improved information material in community languages
- access to services 24 hours a day, seven days a week

The use of Neighbourhood Renewal (NRF) funding has pump primed the establishment of a Health Help – Advice on Prescription Project. The Citizens Advice Bureau (CAB) has been commissioned by the Primary Care Trust to operate the service providing access to advice for financially excluded people with stress related illness from Primary Care settings. This has concentrated initially on the Abbey and Gascoigne wards in line with neighbourhood renewal targets.

The service has been in operation for 12 months and is due for annual review. The half yearly progress report prepared by the CAB showed that in the six months (Nov 2002 – Mar 2003) 269 enquiries were received, 84 clients were taken on as casework. A total of £24,889 of additional entitlements were gained for clients and debt management arrangements were put in place for £25,644 of debt. This initiative has been approved for a further 2 years of NR funding

The dissimilation of the new Pensions Credit to all entitled over 60's will also target assistance and increased income at one of the most vulnerable groups in the Borough. The Pensions Credit is being operated by the Pensions Team in the Department of Work and Pensions and will be rolled out across the Borough over the next 18 months. This is set out in greater detail in the section of the report entitled Providing Support for Isolated Elderly Persons.

Analysis

- The elements of good practice identified in Portsmouth could be adapted to benefit local people in Barking and Dagenham
- The Health Help Project operated by Barking and Dagenham Citizens Advice Bureau using neighbourhood renewal funding has attracted £24,889 of additional revenue for those who used the service. This is continuing to be supported by neighbourhood renewal funding for a further 2 years and the benefits will begin to reach a wider client group.
- The growing notion of 'social responsibility' among banking service providers is opening up a range of beneficial routes to financial services for both individuals and small businesses.

Gaps

It is clear that there is evidence of good practice occurring in Barking and Dagenham to combat various elements of financial exclusion. However, it is considered that there is room for improvement in joined up partnership working across services and organisations.

There appears to be no strategic lead at present and Members could champion this work with partners on the Local Strategic Partnership and within its sub-group structure.

The Borough needs to make progress in exploring and developing alternative financial borrowing and saving mechanisms for residents such as Credit Unions, establishing relationships with established High Street financiers to explore what they can offer in terms of the 'social responsibility' agenda, and developing a 'joined up financial inclusion' strategy.

In view of the adult basic skill gap within the Borough consideration needs to be given to the methodology for contacting the vulnerable and most deprived elements of the community most in need of maximising their financial entitlements. It has been suggested by the Policy Commission that pro-active work including targeted 'door knocking' to promote benefit take up should be programmed both specifically and in line with any other one to one community consultation work. Where necessary this would involve the training of staff engaged in community consultation to deliver the pertinent advice and guidance.

Recommendations

It is recommended that:

- a detailed mapping exercise be undertaken of organisations and initiatives providing aid, advice, support and positive action to combat financial exclusion
- a Financial Inclusion Strategy be developed to feed into the Community Strategy
- the Customer First Initiative be fully supported in its aims to help with the take up of welfare benefits
- pro-active community based methods of engagement be investigated and actioned where possible including 'door knocking' and the integration of benefits advice with other one to one based community consultation;
- the Council continues to support the Department of Work and Pensions in implementing the Pensions Credit in the Borough
- the Council investigates and supports the development of Credit Unions and/or other appropriate financial management services within the Borough.

3. Raising Standards in Schools – Ensuring that Children are not Excluded

Key facts:

- 49.1% of 16 year olds achieved 5 or more GCSEs Grades A* - C (2003)
- 90.4% of 16 year olds achieving 5 or more GCSEs at Grades A* - G including English and Mathematics (2003)
- 9.5% of half days missed due to total absence in Secondary Schools maintained by the local Education Authority (2002)
- 6.7% of half days missed due to total absence in Primary Schools maintained by the local Education Authority (2002)

Best Practice

Nationally and Regionally

Moss Side Youth College – Manchester

Moss Side Youth College, involves a partnership of schools and colleges, careers, youth community and business agencies. It offers targeted education and training for disaffected and under-achieving young people, focusing especially on the needs of African-Caribbean pupils. Initiatives include an alternative curriculum, work experience, IT literacy schemes, homework clubs encouraging parental involvement, and education programmes operated outside of school. Over the past five years it has enabled over 2,500 pupils to improve their skills, has provided a new start for 148 excluded/self excluding pupils, and has helped 55 young people gain access to employment.

Improving Educational Attainment - Argyle Primary School, West London

In 1993 at Argyle Primary School, where 92% of pupils were from BME groups, there were a broad range of problems including unsatisfactory teaching in English, mathematics and science. 60% of children had a reading age of under 8 at their chronological age of 11. Serious behavioural problems included classroom violence and the average daily attendance rate was only 72%.

A new head teacher took over the school and introduced a programme of change. These included replacing temporary and supply staff with permanent staff with clear responsibilities, establishing a highly visible head teacher presence, outreach into the local community, and an improvements programme involving parents, Governors and pupils, part financed by business and community organisations. Results for Key Stages 1 and 2 have improved dramatically, and are close to the national average.

Attendance has risen to 90%. The school received an outstanding OFSTED report in 1997.

Locally

The Council is very proud of the progress made in recent years in raising the educational standards within its mainstream schools. A recent OFSTED inspection pointed out that Barking and Dagenham has broken the link between deprivation and educational performance. It is one of a very few to achieve this. The Council now wishes to ensure that all pupils benefit from a successful education, including those for whom a traditional curriculum has proved inappropriate.

The Neighbourhood Renewal programme is funding a number of interventions to improve children's ability to raise attainment or lessen the chances of them becoming disengaged from the learning process. Activities include the following:

- Reading Partners – provision of additional support to the Paired Reading Scheme in Primary schools within the Abbey, Gascoigne and former Fanshawe wards. The scheme operates by utilising trained volunteers to assist children in years 2 and 3, and via NRF, years 4, 5 and 6, who require additional individual support to help improve their reading skills and confidence.
- Learning Mentors – to work with disaffected and under achieving young people who have become disengaged from learning or who are in danger of doing so. The NRF funded activity sits within and links with the learning mentor strand of the Excellence in Cities initiative and is piloting the programme in Sydney Russell and Dagenham Priory Comprehensive Schools and through Barking and Dagenham Training Services.
- Alternative Learning Programmes - Employment of 2 full time Co-ordinators. The first to plan, establish and support alternative curriculum packages for pupils for whom existing school-based provision has proved inappropriate, and the second to plan, establish and manage work-based learning programmes for Key Stage (KS) 4 pupils. The Programme also uses sporting activities to re-engage disaffected young people and adults.
- Establishment of a pilot scheme to operate Healthy School Breakfast Clubs in 2 schools in the borough. The scheme aims to provide disadvantaged children aged between 5-11 years with the opportunity of attending extra curricular health promoting Breakfast Clubs. The scheme also provides a supportive healthy programme to promote a range of child centred activities for children who experience high levels of health deprivation.

Analysis

- External funding has been used to increase the number of Access and Attendance Officers. Increased staffing levels and a restructuring of the Service has made an immediate impact on attendance rates. Attendance rose by 1% in the last year.
- Over the last year, through the Council's policy of inclusion, a significant number of pupils with special educational needs have been brought back from private external residential or day care to Borough based provision.
- Enhanced multi-agency work and co-operation has allowed the Council to include an increasing number of pupils within the mainstream who were previously excluded.
- Specialist provision is now in place to provide full-time education for secondary aged pupils who have a history of very poor or non-attendance. Several of these young people had been out of education for more than a year.
- A range of alternative education programmes are in place for key stage 4 pupils.
- A panel of senior officers, together with Head Teacher representatives, has been established to help admit pupils with complex or challenging backgrounds into mainstream provision.

Gaps

Many performance indicators relating to the Council's strategy to ensure that all pupils, irrespective of their prior attainment or background, make good educational progress, have improved in recent years. However the Council remains concerned over four key areas:

- Permanent and fixed-term exclusions rates are too high. The Council has established a range of services to support schools in their work to manage the poor behaviour of a minority of pupils. However, the Council has not yet brought these together into a single, coherent and easily accessed framework.
- When pupils are excluded from school, the Council is currently slow to respond. This makes it more difficult to prepare these pupils for their eventual reintegration back into mainstream provision.
- The transfer of pupils with special educational needs from one key stage to the next and eventually from school to further education, training or employment is not smooth. The arrangements to support these particularly vulnerable children and young people at their times of significant and important change need to be enhanced.

- While recognising the work being undertaken to develop alternative educational curriculum's, the role of vocational education and training will continue to be developed to enable those children not benefiting from formal education to access occupational and training opportunities afforded by the regeneration ongoing and anticipated.
- A significant number of children and young people, resident in the Borough, have no school place. The Council's schools are largely full, many with long waiting lists. This makes it difficult to place children new to the Borough, especially those with difficult or complex backgrounds.

Recommendations

It is recommended that:

- a single framework be developed to ensure that children at risk of, or excluded from school, are identified and supported through a range of services and return to education with minimum disruption
- response times be improved to ensure access to services to early preparation of excluded children for reintegration
- processes and procedures be developed to enhance transfer arrangements for children with special educational needs
- Investigation be undertaken of ways to improve the provision of school places especially those that cater for children with difficult or complex backgrounds

4. Improving the experience of Local Authority Care

Key facts:

- At any one time there are around 350 children in care
- 29% of children in care are aged under 10 with 14% aged under 5
- More than three quarters of children in care live in foster placements or placed for adoption. Of the remainder, most live in children's homes or with their parents
- More than one in two children lives outside their home local authority. Out of authority placements can make planning for and supporting children's education particularly difficult

Source: Social Services Department

Best Practice

Nationally and Regionally

The Government believes that in order to deliver better outcomes for all children in care local authorities, schools and independent care providers need to build on the progress made so far in six areas:

- Planning.
- Prioritising children in care in local government policies;
- Support for children in care;
- Advocating for children in care;
- Training and support for social workers, carers and teachers; and
- Better use of data to inform service improvements.

Government recommendations for Local Action have been drawn up listing 30 action points across the above headings. These are:

Planning

1. Use the integrated Children's System to improve the use of management information to assess likely future placement needs
2. Develop regional and local placement forums to plan for and meet the requirements of all children in care
3. Develop the use of managed vacancies over the longer term
4. Develop contingency plans before a child is taken into care
5. Ensure that initial and subsequent case reviews take place more frequently when children are placed outside the authority
6. More effective Personal Education Plans (PEPs).

Prioritising children in care

7. Consider identifying a designated early years co-ordinator to liaise between social workers, carers and pre-school providers
8. Consider using the Vulnerable Children's grant, or other funding streams, to provide bursaries for children in care
9. Consider whether alternative types of provision would be more appropriate in meeting the child's individual needs
10. School admissions forums should aim to secure the agreement of schools to exceed their roll by one or two to accommodate children in care
11. Schools should review the workload of designated teachers
12. Governing Bodies should have an annual update on children's progress
13. LEA governors to act as 'designated governors' in schools and nurseries
14. Further education colleges should have a designated member of staff to advocate on behalf of young people in care or care leavers in their college
15. The particular needs of children in care should be addressed in youth service development plans and other plans for out of school activities
16. Ensure that carers are fully aware of and encouraged to access, local services for pre-school children
17. Consider offering young people in care work placements
18. Local authorities and health authorities to work together to introduce dedicated access routes to mental health services for children in care

Support for Children in Care

19. Ensure that every child in care has access to appropriate and up to date books, toys, and ICT equipment
20. Local authorities developing school based therapeutic services should ensure they are accessible to children in care
21. If a child does not have a school place, local authorities should make immediate alternative arrangements to provide full time education
22. Those who fall behind need to be given additional support to catch up, which should be recorded in their PEP
23. All children in care should have equal access and support wherever they are placed
24. Consider employing qualified teachers to offer additional educational support outside the classroom
25. Business in the Community to engage businesses on raising awareness of the needs of children in care and increase involvement in their initiatives
26. Leaving care services need to work with local further and higher education institutions, the local Learning and Skills Council (LSC) and Connexions partnerships to raise awareness of the specific needs of care leavers
27. Develop a variety of employment or work experience placements for young people in care

Locally

The Social Services department through their Children and Families Division are responsible for delivering on a wide range of duties and powers under the Children Act 1989, to provide for children in need in the area.

Most families will experience some difficulties at some point in their children's lives and the Children and Families Service receives over 2,000 referrals a year which range from requests for information to complex investigations of children in need of protection.

The Children and Families Service helps families to try to make sure that every child in the Borough has the chance of a safe and secure childhood and can go on to be as successful as possible in their lives. It does this by looking at the needs of children in Barking and Dagenham and working with families to make sure our services offer the most effective help and support.

There are approximately 43,000 children under the age of 18 in the Borough. Of these about one in every twenty is likely to need help from Social Services during the year. Some children may need to be placed on the Child Protection Register. At any one time the Council is likely to be directly looking after approximately 300 children.

Services are targeted to those children most in need. The Council believes a child to be in need, if he/she does not have a reasonable standard of health or development; or their health or development is at risk of deteriorating significantly. The Children and Families Service:

- Spends about £14 million each year helping children in need
- Employs 242 staff, 215 of whom work directly with the public; and
- Has over 45 foster carers

The service also has close links with other Council departments such as Education, Arts and Libraries and Housing and Health, the NHS and local voluntary organisations. The service offers an extensive range of delivery mechanisms of which those set out below are a sample:

- Initial Contact Service
- Assessment Team
- Childrens Care Management Team
- Children with Disabilities Team
- Childrens Mental Health
- Help for young people in trouble with the police
- Accommodation for children living away from home
- Protecting children
- Adoption and Fostering; and
- Help for young carers

The Council has recognised the raised profile of vulnerable children by the appointment of a Children's Champion and Executive Member.

The above service delivery areas are also monitored via a Member level Corporate Parenting Panel who take an overview of the issues and call for specific reports on service areas.

Analysis

- The Adult College is currently providing tutors to deliver the ECDL qualification within its UK On-Line Centres. This is helping to raise the qualifications base of young people leaving care.

Gaps

- Children within care and in key stage 4, need targeted and systematic support to help them with their GCSE coursework and examination preparation. Without this support they are likely to continue to keep up with their peers.

Recommendations

It is recommended that:

- the Corporate Parenting Panel be supported in implementing their Improvement Plan
- a framework be developed for joined up working to deliver improvement in the take up of educational opportunities and in the attainment of looked after children
- the Education and Learning Sub-Group of the Borough Partnership be requested to give specific consideration to implementing action to raise attainment levels of looked after children within development of delivery of the Community Strategy

5. Reduction in Teenage Pregnancy and Support for Teenage Parents to return to Learning and Work

Key facts:

- The conception rate for 15-17 year olds shows a decrease of 4.6% between 2000 and 2001 (The conception rate has fallen from 66.1 per 1000 15-17 year olds to 63.1)
- There has been a 18% increase in the under 18 conception rate from 1998-2001
- The conception rate for 13-15 year olds shows an increase of 15% between 2000 and 2001 (The conception rate has increased from 14.0 per 1000 13-15 year olds to 16.5)
- There has been a 53% increase in the less than 16 conception rate from 1998-2001.

Best Practice

“Teenage pregnancy is a cause and a consequence of social exclusion. The risk of becoming a teenage mother is almost ten times higher for a girl from the lowest social class compared to a girl from a professional background. Rates are also very high for those who have been in care and those who have been excluded from school. Teenage mothers are less likely to finish their education, less likely to find a good job and more likely to end up bringing up their child alone and in poverty.”

Between 1992 and 1997, 45% of teenage conceptions occurred in the 20% most deprived wards as measured by the Index of Multiple Deprivation.”

Teenage Pregnancy and Neighbourhood Renewal: Learning from New deal for Communities, published by the Department of Health Teenage Pregnancy Unit and the Neighbourhood Renewal Unit March 2002

Nationally and Regionally

Birmingham - Three Estates Youth Shop

This project occupies 2 shop units within a row of community shops, and offers an easily accessible, non-stigmatised sexual health service. Uptake for this is high, as it is run alongside 'The Matrix', a popular IT suite in the same premises. It is accessed by many 'hard to reach' young people who have little or no contact with other agencies.

The School Nurse estimates that the local comprehensive school has as many as 60-80 'ghost' pupils of both sexes who are school refusers and truants who use the Youth Shop. They were initially attracted by access to computers and the internet. Available services include;

- Daily drop-in sessions between 12-00-5.00 p.m. set in a private, convivial setting. Free condoms, contraception advice and pregnancy testing are available, facilitated by trained, young male and female staff.
- Young Men's Sexual Health Programme – a 10 week programme aims to address low self esteem, the implications of fatherhood, sexually transmitted infections (STI's), alcohol and drugs as being fundamental elements of teenage pregnancy issues. It includes 2 residential sessions away from the area to encourage team building and learn in a relaxed setting. The group's facilitator aims to set up a peer support group using graduates of the programme.

South Birmingham Family Service Unit – Young Parents Project

This project was established in 1996 by the South Birmingham Family Service Unit, which supports families in stress and provide a range of services to children and their families. Its aim is to empower young parents to improve the quality of their lives and increase the range of choices and opportunities available to them. Some support from New Deal for Communities (NDC) has helped to extend this programme. The group has attracted a large number of young parents during the duration of the programme and the group produced a video and resource pack called 24/7 to look at the issues that face teenage parents during pregnancy and after the birth of their children. The pack includes exercises that relate to images of parenthood, strengths of young parents, myths and stereotypes. Also covered are financial concerns, factual information about teenage pregnancy and where to get help.

Plymouth Tuition Service Young Mothers Centre

This DfES funded Plymouth Centre's services include mothers from the Devonport area. Up to 18 teenage mothers and mother's to be are supported while they finish their education by offering both childcare and personal attention to engage teenage mothers in returning to education. The crèche is staffed by qualified workers so the young women can be confident that their children are being adequately cared for while lessons are in progress. The Unit has a highly motivated staff and is run along 'sixth form' lines, allowing greater autonomy for the young women. A local health visitor, working in partnership with the Centre's Head Teacher. Recognised that the students faced many barriers in accessing primary health care services, increasing the risk of poor health outcomes for themselves and their children. The project involves the Centre having a dedicated midwife and health visitor to whom care can be transferred. This provides seamless, on-site, ante and post natal care as well as regular child development surveillance, for the duration of their education (often up to 4 years)

Newham, West Ham and Plaistow – Teenage Advice Project

New Deal for Communities is supporting the development of a first phase teenage advice project in the NDC neighbourhood, inspired by the Devon Tic-tac scheme, the project has been developed by a multi-disciplinary/multi-agency approach. The Newham teenage pregnancy Co-ordinator has been instrumental in the development of the proposal, ensuring that teenage pregnancy issues will be integral to the approach.

The programme aims to target 12-17 year olds who did not really make use of primary care or advice services. The project will be offered in school premises during lunch hours and after school. The service will be confidential, easily accessible and will be staffed by a multi-disciplinary team (including Community Health Improvement Workers, Health Visitor, drugs worker, alcohol worker, GP, School Nurse, Well Family Service Co-ordinator, Youth worker, and a worker for employment issues),. Health information, advice, counselling support, listening, career advice and consultation with other professionals will be among the services offered. Topics will range from bullying, gambling, alcohol, sexual health, contraception and pregnancy.

Locally

The Teenage Pregnancy Board has a strategic vision to:

- Provide 7 day access to young people friendly contraception services
- Ensure health, education and support services are specially framed to meet the needs of young people at risk from social exclusion
- Develop the role of professionals working at the interface of health and education to provide flexible, expert, needs led services; and
- Develop integrated support services for young people

A wide ranging programme is in operation to deliver the Teenage Pregnancy Strategy including specific project work around a number of headings:

- Better Prevention: Contraception, Advice and Information Services
- Better Prevention: Sex and Relationship Education (SRE)
- Supporting Young Parents
- Education/Training and Employment; and
- Better Support

A number of initiatives have or are being funded by neighbourhood renewal which impact upon the action plan of the Teenage Pregnancy Strategy:

- Commissioning of a feasibility study to provide an evidence base and cost benefit analysis to make recommendations on future funding, including condom schemes, patient groups, directions for emergency contraception, and extended nurse prescribing.

- Development of a programme aimed at empowering young mothers to make informed choices about future conceptions. Programme to include teaching resource pack and handbook for young mothers.
- Development of work started with Barking College students to develop a resource centre for peer educators, commission further training programmes for peer educators. Training to develop NVQ qualified peer educators in all wards
- Development of a scheme designed to encourage local organisations to develop a young people friendly approach and provision of non-judgemental services. The scheme will incorporate a handbook/training package, and development of a recognition scheme.
- Development of a local logo for use on publicity material and in the recognition scheme. Work with Barking College to develop range of logos, consult with focus groups of young people to test out logo's and develop materials for launch.
- Commissioning of work with local organisations to develop a pilot scheme to work with young men in hard to reach groups, the development of a handbook for local professionals working with young men, pilot means of working with 13 plus young men in school through extra-curricular activities

Analysis

It is recognised within the SEU report that there 3 main reasons for high teenage parent rates:

- Mixed messages from society to young people
- Poverty and low educational achievement; and
- Lack of knowledge around contraception

Gaps

The Teenage Pregnancy Partnership Board have identified the following key areas for further work in 2004/05:

- supporting young fathers, and working on relationships and responsibilities with young men
- provision of SRE to vulnerable children
- continuing to improve access to contraception, advice and information
- provision of self esteem/relationship workshop with young women, and
- developing education and support for parents

The Policy Commission have also highlighted the need to widen the focus of work to take into account not only the aim of lowering teenage pregnancy rates but also the issues of mother and child general health, and specifically sexual health including the increase in sexually transmitted diseases.

Recommendations

It has been recommended that:

- the Teenage Pregnancy Partnership Board be supported in delivering the Borough's Teenage Pregnancy Strategy and associated programme
- the Council concur with the Teenage Pregnancy Partnership Board's objective of reducing the conception rate in line with Government targets
- mainstream service providers ensure that they target appropriate resources to support young parents to reduce social exclusion impact and to improve their life opportunities for themselves and their children
- aspirational change be encouraged within young people via delivery of the Community Strategy, and to assist them through associated programmes to make informed life choices with regard to educational opportunities, life relationships, sexual health and parenthood

6. Reduction and Prevention of Crime

Key facts:

- Barking and Dagenham is the 4th best performing Metropolitan Police force area in London, and has the 4th best performing Youth Offending Team in London
- In the last financial year (2002/03) recorded crime in the Borough fell by 0.7%, the first time the figures have fallen since the inception of the Community Safety Strategic Partnership in 1997.

Crime rates for individual types of crime

Crime	2002/03	% change
Total Notifiable offences	20,394	-0.7%
Violent Crime	4,392	11.4%
Domestic Violence	3,072	24.3%
Sexual Offences	251	19.0%
Street Crime	833	-13.2%
Residential Burglary	1,262	-0.9%
Motor Vehicle Crime	4,675	-8.8%
Drug offences	868	85.9%
Criminal damage	21.3	-3.1%
Youth Offending	1,067	-15%
Racist Incidents	297	***

- The rise in violent crime mirrors national trends
- The rise in domestic violence follows improvement in the reporting mechanisms and publicity drive to encourage victims to come forward and contact the relevant authorities
- The drop in Street Crime highlights the extensive work undertaken on developing and implementing the Street Crime Initiative
- Crime figures for Motor vehicle crime have followed a downward trend for the past 4 years and are thought to be attributable to improvements in security and the fact that alternative crimes are currently more fashionable
- The large increase in reported Drug Offences is in direct correlation to the increased and targeted police activity undertaken
- The figure of 21.3 for criminal damage relates to offences per 1000 people
- The decrease in youth offending highlights the excellent performance of the YOT and the increased partnership working and targeting of resources around young people generally and particularly those at risk of offending
- The figure of 297 recorded racist incidents is significantly lower than the previous year (450) and is subject to further research

Source: Overview of Police Crime Statistics for Barking and Dagenham 2002/03
Produced by the Community Safety Unit (May 2003)

Best Practice

Nationally and Regionally

Many of the most successful approaches to crime now being put into practice draw on rigorous use of information about where crimes are committed, and creative thinking about how to increase preventative and protective factors. Examples of Best Practice include:

Cutting Crime: Safer Estates Task Force – Pennywell Sunderland

In 1997, Pennywell suffered from a burglary rate 40 times the national average. The task force – a partnership between police, the local authority and local Single regeneration Budget (SRB) projects – collaborated to address the problem. Since then burglary and juvenile disorder have been reduced by about 50%. Numbers leaving the estate have fallen substantially, with new tenants staying longer.

Tackling Youth Crime: York and Newham

A huge proportion of property crime is committed by young people, often by truants during school hours. Police have had the power to pick up truants since 1998. In York since truancy sweeps began, youth crime committed during school hours has fallen by 33%. In parts of Newham, car crime fell by 70% after sweeps were introduced.

Reducing anti-social behaviour: Monsall, Manchester

In Monsall, Manchester, reporting of anti-social behaviour (ASB) continues to increase following the introduction of new tenancy agreements for all social landlords. These include clauses on anti-social behaviour, common policies for all social landlords on lettings and intervention to stop ASB, and a community agreement created by residents to establish reasonable standards of behaviour.

Headstart: Thorncross Young Offenders Institute, Warrington

Ex-offenders are, statistically, highly likely to re-offend – some 58% of prisoners are reconvicted within two years of release. The most effective measure to prevent re-offending is finding and keeping a job. The Headstart project based in Thorncross Young Offenders Institute, provides skills training and work experience and tries to find jobs for its offenders prior to and on release. It also sends juvenile and young offenders to college, on training places and into work once eligible. There are also mentors to help them keep the job. In Headstart's first year, 41% of participants were in employment, education or on training placements on release.

Examples of Best Practice drawn from A New Commitment to Neighbourhood Renewal – National Strategy Action Plan, January 2001.

Locally

The nature and extent of crimes have varying implications for social inclusion. The perceived 'Fear of Crime' is a major issue for people's quality of life and has consistently been highlighted as a leading concern through various consultation exercises undertaken specifically by the Community Safety Unit, and other Council departments.

In response to this a great deal of the work undertaken by the Community Safety Partnership in delivering its Action Plan has revolved around increasing the visibility of policing and community based enforcement and inspection initiatives to improve confidence.

Anti-Social Behaviour and nuisance crime has also been targeted as this is more likely to effect the most people within the Borough and has a direct correlation with the perceived 'fear of crime' issue. Through Neighbourhood Renewal funding the Police have operated a dedicated Anti-Social Behaviour Patrol since September 2002. This targeted intervention has been extremely successful, particularly in working with the community on the Gascoigne Estate. The introduction of the Neighbourhood Warden pilot initiative within a target area around River, Village and Goresbrook Ward has provided a further visible presence, aimed not only at environmental inspection and enforcement, but at increasing confidence in the community to take back responsibility and pride in their own area.

The targeting of isolated elderly persons by distraction burglars was identified as a serious social inclusion issue and a pilot initiative has been undertaken in the Abbey, Gascoigne and Thames Community Forum area. 'Memo Minders' devices have been provided, which to date have been distributed to 130 over 70's with a further 180 persons to take delivery shortly.

Intervention with young people at risk of offending or who have offended previously has been an important focus for activity within the Community Safety Partnership's Action Plan. The excellent 15% reduction in youth crime has been achieved through the strength of partnership working across a range of activities stretching across sports and media related projects, arts based initiatives, and advice, mediation and counselling.

Drug and alcohol abuse among young people has been highlighted as a concern requiring early intervention. The Drug Action Team and Communities Against Drugs Programme are specifically targeting this issue. In addition to this Neighbourhood Renewal has funded targeted enforcement by the Police and Council's Environmental Health Team against retail premises selling alcohol to underage children. They have provided counselling and aid and advice by the establishment of a Specialist School Nurse post within the 'First Stop Project designed to reduce alcohol related youth crime among 14-18 year olds and improve the young persons health and well being.

Work has been undertaken to minimise the risk of social exclusion among young offenders. A comprehensive programme of community reparation has been established by the Youth Offending Team (YOT) with the purpose of enabling all young offenders to give back something to their local community for the hurt or damage they have caused by their actions. This is an important part of the restorative justice approach adopted by the YOT, and achieved in one of two ways: either by direct or indirect reparation.

By direct reparation the offender will meet with their victim(s) and develop a mutually agreed form of recompense. Indirect reparation involves the offender taking part in a core programme of various forms of reparation work at any of the current 20 and growing number of sites around the Borough.

Barking and Dagenham Victim Support offer support and guidance to victims of crime to offset the stigma of victimisation and guard against the likelihood of repeat victimisation. By the use of Neighbourhood Renewal funding, additionality has been provided to this service by its extension to young people. This was particularly relevant in relation to the correlation with street crime affecting young people e.g. mobile phone theft.

Analysis

At present the Borough is below the London average for offences and there has been a significant reduction in crimes committed by young people.

It is our aspiration to ensure that over the next 5 years crime is further reduced and the Community Safety Partnership continues to work on the reduction of fear of crime and particularly concentrates on crimes that are increasing.

The successes achieved to date have common characteristics in terms of :

- A high degree of partnership working across agencies
- Commitment to joint working
- Flexibility in adopting new methods of working
- Specific targeting of crimes, localities, or victim groups; and
- A greater understanding of the linkages to education, social, economic and cultural background, self esteem and aspiration

Gaps

The rise in violent crime, particularly around domestic violence and hate crime is of concern and is unacceptable to us in terms of creating the inclusive society we wish for our Borough

To this end we are proposing to highlight these areas within the review of the Community Strategy and have identified a Key Target to:

- reduce the total notifiable crime and encourage the reporting of domestic violence and hate crime

This outcome will:

- promote equal opportunities and celebrate diversity by supporting the reductions in crime overall and specifically tackle hate crime and domestic violence which impact on minority groups and women
- raise general pride in the Borough by having relatively low levels of crime and reducing fear of crime
- develop rights and responsibilities by working with offenders to prevent re-offending and encouraging the reporting of hate crime and domestic violence

Recommendations

It has been recommended that:

- Continued support is given to the work of the Community Safety Partnership
- links between the Partnership and the Local Strategic Partnership are strengthened through delivery of the Community Strategy
- work is undertaken through our Public Relations Unit to continue to improve and reinforce the positive messages about the real level of crime in the Borough and the successful measures being undertaken to combat it
- that domestic violence and hate crime are highlighted as a Key Priority and Target for improvement within the revised Community Strategy

7. Acting on Routes into Homelessness

Key facts:

- 595 households were accepted as unintentionally homeless and in priority need in 2002/3
- Priority need acceptances were 58% higher in March 2003 than in the previous year
- Vulnerable young people form a higher proportion of acceptances than our peer group authorities

Source: Strategy for the Prevention and Alleviation of Homelessness in Barking and Dagenham 2003-2008

Best Practice

The ODPM's Social Exclusion Unit has published a Good Practice Handbook on the development and implementation of Homelessness Strategies.

Effective local homelessness strategies can:

- provide information on the scale and nature of homelessness in the area
- identify the additional accommodation and support required to meet those needs
- identify the services needed to prevent homelessness occurring or re-occurring
- identify the resources currently available to meet those needs
- identify additional resources required
- involve other public, voluntary and private agencies in partnership work; and
- spread best practice among agencies

The key stages to be worked through in developing a local homelessness strategy are:

- Consultation
- Needs Assessment
- Audit of Services including an assessment of resources; and
- Development of a programme for planning and implementing the strategy

Joint working is seen as an important aspect in developing a successful response to homelessness. The key mechanisms for securing effective joint working are:

- agreeing roles and responsibilities of all participating agencies from the outset
- improved sharing of information between agencies
- joint training and visits between agencies
- an agreed individual officer or agency who will facilitate the process of joint work

Nationally and Regionally

Wakefield Rent Deposit Scheme

This scheme enables vulnerable homeless people to access private rented property of good standard by providing the financial deposit required by landlords. It supports tenancies in practical ways like helping with benefits, budgeting, health issues, and enables people to lead independent and settled lives.

Colchester Borough Council

Colchester Borough Council's housing advice service provides specialist advice on all aspects of housing. A spend to save approach has been utilised with the aim of preventing homelessness. Expert advice is offered on housing rights, housing benefit (including obtaining backdated and fast tracked payment where appropriate) and negotiating with housing providers to enable people to remain in their current accommodation. Since the establishment of a private lettings scheme in September 2002, the service has been able to negotiate the renewal of existing tenancies, arrange new lettings and provide low income households with access to suitable, affordable and sustainable private rented accommodation. It is estimated that the service prevents 100-120 priority households from becoming homeless each year.

Foyer Federation 'Safe Moves' Research

The Homelessness Directorate is funding research to evaluate the Safe Moves pilot, a partnership between local Connexions Services and the Foyer Federation in Suffolk, North Yorkshire, Wolverhampton and Birmingham. Safe Moves identifies young people between 13 and 20 at risk of homelessness. It offers a range of interventions including peer mentoring, informal life skills training and family mediation to help young people to stay at home. If this is not appropriate the project helps young people make a safe move to supported accommodation so that a young person is not exposed to the risks of homelessness.

Locally

In Barking and Dagenham the local authority has developed its Homelessness Strategy "Strategy for the Prevention and Alleviation of Homelessness in Barking and Dagenham 2003-2008, which was adopted in July 2003.

The broad aims of the Strategy are set out below with their principal service objectives:

Prevent homelessness

- Prevent households becoming homeless wherever possible, including the prevention of repeat homelessness through the provision of effective advice and support
- Ensure that social landlords fully contribute to the prevention and alleviation of homelessness, maximising measures to sustain tenancies

Alleviate homelessness and prevent social exclusion

- Provide a cost-effective, accessible, sympathetic but robust service for people who experience homelessness
- Provide sufficient accommodation of an appropriate type for people who are, or who may become homeless
- Meet the needs of homeless people within local communities, ensuring that work to promote equality is fully integrated into service planning and policy development

Eliminate the need for anyone to sleep rough by the end of 2003 and eliminate the use of bed and breakfast accommodation for families by 2004

- Maintain the current situation that there are no rough sleepers in the Borough
- Provide alternative forms of good quality accommodation to replace the use of bed and breakfast

Secure joint work and service delivery by relevant agencies to provide user/needs-led services and support

- Implement the legislative requirements for homeless services, providing the best possible service through their own staff and the work of other agencies
- Ensure that an effective homelessness casework service operates
- Demonstrate and maximise Best Value, reduce and eliminate duplication, and identify best practice within homeless services
- Ensure equality of access and service provision for all users
- Regularly audit the extent of homelessness and hidden homelessness in order to measure the success of/need to review the strategy
- Reduce or minimise potential homelessness in the long term through inter agency working

As the incidence of homelessness has increased use of temporary accommodation has also increased steadily. Historically limited use has been made of Bed and Breakfast accommodation whilst this has increased the scale is still modest in comparison with other local authorities. Greater use was made of Council stock to provide temporary accommodation and this reduced dependence on more expensive

forms of temporary provision. There has been increased use of private sector leasing (PSL) although this has been limited as other boroughs are using PSL accommodation in Barking. It is expected that the Borough will meet the government target of no families with children in B&B by 2004, except in an emergency.

A user survey conducted in May and June 2003 showed that service users were positive about the services received and especially about the quality of housing advice. There are particular issues regarding specialist accommodation to meet the needs of users with a disability, for substance misusers or people with HIV and Aids. In implementing policies on rent arrears and anti-social behaviour, the Council and RSL landlords may be contributing to homelessness.

The Strategy promotes partnership, strategic working, integration, innovation, user orientation, co-ordination, evaluation, and pragmatism.

The Strategy contains a detailed Action Plan describing actions and timescales which will be reviewed annually. The Housing Sub-Group of the Local Strategic Partnership will have the lead responsibility for ensuring delivery of the actions and reviewing progress, in partnership with stakeholders and users.

Analysis

- The Homelessness Strategy has drawn on national good practice and there is a clear programme of action
- The objective is to prevent homelessness but ensure that specific groups who may become homeless have access to advice services, mediation is available to families and that eviction is only a necessary option as a last resort having exhausted all other possibilities.
- Emphasis is placed on joint working and the importance linking with other services such as social services and health to provide support and advice

Gaps

There are identified gaps that are being filled through the implementation of the Homelessness Strategy, Particularly:

- working with BME community leaders to understand and tackle the causes of homelessness and to use this work to inform the development of a BME Housing Strategy; and
- the establishment of links to the Joint Commissioning Boards for Older People, Physical and Sensory Services, Learning Disabilities and Supporting People Commissioning Group.

Recommendations

It is recommended that:

- the Homelessness Strategy be implemented with particular emphasis on understanding and tackling the causes
- improvement be sought in the availability of advice and information before people are at risk of becoming homeless
- it is ensured that Customer First Information Point staff are trained to provide advice on homelessness avoidance and have information on support services
- it is ensured that the Voluntary Sector providers of advice and information are able to access up to date information on support available

8. Providing the Building Blocks for Economic Opportunity

Key Facts:

- Unemployment has not been historically as high as Inner London although there are high rates in Gascoigne, Abbey and Thames
- There are very low skill base 39.5% of the population aged 16-74 have no qualifications and 19% only have level one
- Barking and Dagenham has the lowest percentage of employees in managerial, professional and technical occupations in London
- Barking and Dagenham has the lowest median wage at £8.65 per hour in London 28% below the Greater London figure and the lowest of any borough
- There has been a fall of 36% in jobs in the manufacturing sector between 1999 and 2001
- A small increase of 9% in the public administration, education and health sectors between 1999 and 2001

Source : Workforce Development Strategy

Best Practice

Nationally and Regionally

The regional and sub-regional context is set out in the following extract from the draft Economic Development Strategy

“The fundamental driver of employment change in London over the past thirty years has been the shift from manufacturing to a service based economy. Manufacturing employment has shrunk by two thirds, to be replaced by new jobs in business, financial, leisure and other services. The Draft London Plan predicts that these trends will continue with manufacturing possibly shedding a further 40% of jobs by 2016.

Alongside financial, business and people services, the Draft London Plan identifies creative and cultural industries and Information and Communication Technologies (ICT's) as new growth drivers. The Draft London Plan has also identified an “environmental imperative” created by international environmental agreements and EU and UK directives, standards and targets, which will force London to consume fewer resources, recycle more and promote alternative energy sources. This will lead to major changes in operation and behaviour for businesses and move green technologies from the fringe of London's economy to nearer its centre.

Responding to these past and predicted changes, the London development Agency's (LDA's) Economic Development Strategy seeks to balance further development of London as a world and European financial centre, with greater social cohesion and a broader range of economic activity. In addition to creative and cultural industries, environmental technologies and ICT's, the LDA will also prioritise help to tourism and leisure industries, the production sector (manufacturing), life sciences and pharmaceuticals, and the public sector. The LDA's choice of these sectors is based on the number and quality of jobs, past and future employment growth, national and international competitiveness and potential to help social inclusion.

The LDA recognises the importance of maintaining a "high value-added, design-led" manufacturing sector in the region. It has designated East London a "key strategic development focus for London" and set objectives of modernising its infrastructure (particularly its transport, telecommunications and housing) and creating new investment and land use opportunities for economic growth.

The Local Government Act 2000 placed a duty on local authorities to promote the economic, social and environmental well-being of their area. It is evident that the government sees this in the context of community leadership. Across the country local authorities have seen it as one of their priorities to promote inward investment and to seek to retain those businesses already located within their area, although there is no specific duty to foster business growth and development.

Essentially businesses are supported in the expectation that they will recruit a proportion of their workforce from the local population and/or will provide services to Borough residents. The former factor illustrates the importance of promoting local recruitment with an element of training and/or upskilling across the range of regeneration initiatives. This is particularly the case for the relatively low skilled workforce of Barking and Dagenham. At the extreme and in the absence of local control over business rates it would be possible for businesses locating within the Borough to impose costs without any attendant benefits e.g. a manufacturer not employing any local labour.

Locally

Barking and Dagenham are responding to the challenges outlined above through the development and implementation of our Economic Development and Workforce Development Strategies. The authority realises that it has a key role to play in promoting economic growth in the Borough, but it is not the only player.

The key recommendations of the draft Economic Development Strategy to achieve the 20:20 Vision's objective of a vibrant local economy and a well-educated, highly skilled population are set out below:

- provide leadership and co-ordination to economic development activity in Barking and Dagenham
- help build the enabling environment for business growth – transport, the built environment and information and communication technologies (ICT's)

- make Barking and Dagenham a business-friendly council, so that our policies take into account the needs of businesses
- support business growth, retention and competitiveness, working with our partners to ensure that businesses are able to find the sites, training and advice that they need to thrive within our borough
- promote social inclusion, encouraging the growth of social enterprise, intermediate labour markets and local entrepreneurship, so that all communities and neighbourhoods benefit
- help local people into employment and into more rewarding, better paid jobs, by increasing their access to employment opportunities and improving their skills, mobility and employability; and
- use the Council's power as a major local employer and purchaser of goods and services to foster economic growth in Barking and Dagenham

The draft Economic Development Strategy breaks down specific action either in progress or to be developed across the following themes:

To help build growth in retail, people and business services, we will:

- develop a viable retail strategy for Barking Town Centre
- discuss with businesses the feasibility of a Business Improvement District in Barking
- build upon the work at the Malthouse and Broadway Theatre to create a cultural industries quarter in Barking Town Centre; and
- consider how to provide high quality live-work accommodation at Barking Reach and start-up business units at South Dagenham

To help build growth in construction we will:

- explore new ways of meeting demand for building work
- make training in construction skills a priority for workforce development and use Section 106 agreements to encourage the training and use of local labour
- consider with other education providers how to provide construction-related skills, such as for architects and landscape designers
- encourage manufacturers of off-site construction materials to locate in the borough

To help build a viable high-technology manufacturing sector we will:

- promote the borough's locational advantage for manufacturing businesses
- build on the resources of high profile companies like Ford and Aventis Pharma
- help smaller manufacturing companies showcase innovative products and processes
- help build synergies for innovation and business support between the borough's new high tech centres (CEME, ETRCL and BIC)
- preserve employment sites for manufacturing through the new Local Development Framework and use planning guidance to encourage manufacturing development in key sites

- work with Gateway to Industry to improve manufacturing competitiveness
- use the planning system to encourage manufacturing development
- continue to provide support to the LSC-funded Executive Excellence in Industry programme

To support careers in the public sector we will:

- establish a Public Sector College in Barking Town Centre

To help build the enabling environment for business investment and growth in Barking and Dagenham we will:

- lobby and prepare for the speedy completion of transport improvements such as the DLR extension, C2C upgrade, the East London Transit, Crossrail and a new Thames Bridge
- implement a North-South Bus Strategy to link residents in the north of the borough with jobs south of the A13
- work with UEL, the East London Small Business Centre and BT to increase awareness and use of Information Technologies by businesses
- continue to improve the appearance and facilities of industrial estates
- improve the appearance of shopping parades where these have become run down
- investigate the possibility of creating an Enviro-Crime Unit
- work with police and businesses to tackle crime against businesses
- extend work to improve the appearance and security of the borough's shopping areas
- ensure the Thames East Strategy complements our efforts to improve the Riverside through effective landscaped policies
- develop policies to make best use of the borough's river wharves and railheads

To help build growth in environmental industries we will:

- establish London's home for green businesses at Dagenham Dock by;
- marketing the site to green businesses
- developing an Environmental Technology Resource Centre at the heart of the Sustainable Industrial Park
- promoting green business chains
- using the planning system to limit logistics operations on the site
- working with the LDA to improve the site's infrastructure and environment
- working within Benefits for Business to ensure that the new businesses receive a comprehensive business support service on the site

To ensure that disadvantaged, or hard to reach groups benefit from economic growth in Barking and Dagenham we will:

- develop our social enterprise network through LDA-funded champions
- help set up at least six additional social enterprises by 2005
- support Renew Dagenham's white goods recycling scheme

- establish more intermediate labour market schemes
- support the Prince's Trust programme
- work with Business Link and business associations to ensure the needs of BME companies are properly addressed
- continue to support the Young Enterprise programme in our schools
- promote the value of appropriate childcare to enable more women to work
- offer alternative learning programmes for young people of secondary school age who have disengaged from traditional schooling

To ensure that local people have the skills and training they need to compete for higher skilled and better paid jobs we will:

- continue to support CEME through our Engineering Innovation Programme and a new borough wide qualification for manufacturing and engineering
- continue to implement the Excellence in Industry initiative to support young people who want careers in industry
- establish a similar scheme for Excellence in Health and Care
- continue to improve literacy and numeracy through the Basic Skills Initiative
- establish the Barking Lifelong Learning Centre
- continue to improve links with local businesses, including through the Education Business Partnership
- evaluate and improve the schools careers education service
- continue to work with Job Net to help make job seekers "work-ready"
- provide high quality work-based learning programmes for young people aged 16-24 years
- consider with our partners and implement ways to encourage more small and medium enterprises to make provision for training and workforce development

Assistance from Neighbourhood Renewal has enabled:

- the employment of a Full Time Co-ordinator to support the implementation of the JIP Welfare to Work for Disabled People. Co-ordinating a multi-agency approach to implementation and increasing the number of local employers providing employment opportunities.
- The establishment of a Gateway to Health Project Co-ordinator 's post for one year to develop and implement a programme to encourage local people to access jobs in health and social care. Further funding for future years to develop this project has been secured from the LDA2 programme and partner organisations.

Analysis

- Businesses in the area need to be made aware of the potential local workforce emerging with qualifications through the local schools
- There is an increase in opportunities.
- There is a need to improve the take up of adult learning opportunities and specifically basic skills
- The average income in Barking and Dagenham needs to be increased
- Employment is becoming more knowledge based
- The recent development of the Workforce Development Strategy and Economic Development Strategy

Gaps

The Workforce Development Strategy and draft Economic Development Strategy documents are detailed and encompassing with clear recommendations for moving forward with the skills, training and employment agendas for the Borough.

While there are not any particular gaps within the above documents, it is worth reiterating the size of the challenge ahead to ensure that the existing and developing population of the Borough has the opportunity to develop or increase their ability to access the regeneration opportunities over the coming years.

Similarly there is a great deal of work to be undertaken to foster the relationships with existing and potential businesses to enable the linkages with use of the potential of local people to maximise the benefits for the Borough.

Development of the Borough's relationship with the emerging UDC will be a key element in achieving many of the aims and objectives set out in the strategies and links between physical and social regeneration initiatives will need to be strengthened through this relationship and the work of the Regeneration Board.

Recommendations

It is recommended that:

- The Council implement the Best Value review of regeneration in relation to Raising Skills
- Improvement be sought in internal processes that attract and retain businesses that offer employment opportunities
- Social enterprises continue to be developed
- support be given to the Gateway To Health Project to assist in training local people to access and take up opportunities

9. Providing Support for Isolated Elderly People

Key facts:

- 14.71% of people in Barking and Dagenham are over 65 years of age
- The largest proportion of elderly persons over 65 years of age are contained within Chadwell Heath ward (19.97%) with other larger than average concentrations spread across the Becontree Estate
- There are almost 21,000 one person households in the Borough
- There are almost 16,000 unpaid carers in the Borough

Best Practice

Nationally and Regionally

The National Service Framework (NSF) published in March 2001 has roots in Modernising Social Services and the NHS Plan. It is a ten-year plan, although the milestones and targets require a rapid pace of change. All new government guidance and priorities for older people's services either flow from the NSF or are closely linked to one or more of the standards. The NSF is led by a National Director, Professor Ian Philp, and on a regional basis by the Social Services Inspectorate and NHS London Region.

Progress is monitored through the Performance Assessment Frameworks, Position Statements, specific reports and visits. The NSF is therefore important in respect of the performance of the Older People's Service, Social Services and the Council. Local implementation of the NSF is led by the Director of Older People's Services, a joint Primary Care Trust/Council post. The local authority's NSF participation programme is designed to ensure that older people are at the centre of new developments. The programme is co-ordinated by a neighbourhood renewal funded participation co-ordinator, who is based in Age Concern, and led by a multi-agency steering group.

The National Service Framework establishes 8 service standards.

Standard One – Rooting out age discrimination

NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies, to restrict access to available services.

Benchmarking Tool

The NHS has developed a benchmarking tool designed to help those responsible for commissioning or delivering services at a local level to compare patterns of treatment at different ages with those in other areas. The Tool can be downloaded from Age-Benchmarking@doh.gsi.gov.uk

The Kings Fund has developed a document which provides wider advice on the identification of age discrimination in health and social care, what it may look like and how it might be addressed.

No overt or explicit discrimination has been identified within key local policies and documents. The Fair Access to Care policy agreed by the Council in December 2002 and implemented as required in April 2003 is specifically designed to eliminate unfair discrimination of all kinds. The Anti-Age Discrimination Policy Commission report to the Council's Executive in December 2003 noted that there was little if any evidence of age discrimination in service provision. The Council's Scrutiny committees and other new NHS bodies under development such as the Patient and Public Involvement Forum and Independent Complaints Advocacy Service will have also have an important role in rooting out age discrimination.

Standard Two – Person-centred care

NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.

Age Well programme in Sandwell Health Action Zone (HAZ) is typical of work developed in partnership with older people within HAZs to ensure that they have an equal voice in actively influencing policy and practice at strategic and local levels within partner organisations. The commitment to involving older people extends to those at particular risk of "missing out", for example those who are housebound or disabled. The involvement of black and other ethnic minority older people is also a significant theme of the project. At the same time a programme of practical work has been undertaken, including:

- publishing an A-Z of services for older people
- developing an approved list of local builders and tradesmen
- extending the availability of chiropody and similar services at local level
- enabling people to remain in their own homes by making increased investment in adaptations to support their needs
- piloting work to prevent accidents through Primary Care Teams in areas with high elderly populations.

Wolverhampton Health Action Zone's (HAZ) Older People's Forum is bringing about improvements in a range of health indicators affecting older people, including coronary heart disease, stroke and winter pressures. The work of the HAZ is aided by close participation of older people in the development of local services. More than 40 older people attend a monthly participant's forum and 20 peer health mentors are operating to work more closely with older people in the community to address their health needs.

In Barking and Dagenham the Single Assessment Process (SAP) has been successfully piloted within the Initial Contact Service, where the advantage of a nurse working closely with social care staff was demonstrated by the number of older people identified with infections that may have led to hospitalisation and permanent care, if not identified and treated at an early stage. The SAP assessment forms are now being integrated within the client record system (Swift), and will soon be tested on electronic notebooks. Single Assessment is more convenient for older people, improves assessments, and is a key element of integrated person centred health and social care.

Standard Three – Intermediate care

Older people will have access to a new range of intermediate care services at home or in designated care settings, to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.

The Torbay / CARRIE (Crisis and Rapid Reablement and Elderly) Team was jointly established by the local trust, GPs and social services and brings the services of an occupational therapist, physiotherapist and response co-ordinator together to supplement those of the usual community services (GPs, district nurse, health visitors and social workers). Rapid response is the key to the success of this service, which is provided in patient's homes and in other community settings like residential and nursing homes.

The service also co-ordinates the early provision and fitting of aids for daily living thus enabling patients to regain confidence and independence in the secure environment of their own home. Multidisciplinary joint team working has been the key to success in this scheme, which prides itself on providing short periods of structure and seamless care.

In Barking and Dagenham important developments in intermediate care this year include:

- The Grays Court site Intermediate Care Resource Centre with 45 beds and day facilities – a £4.9 million capital project – is on course for opening in the summer of 2005.
- The Fanshawe and Galleon Intermediate Care day centres will open in the spring of 2004

- The refurbishment of Lake Rise Intermediate Care Unit and use of intermediate beds at Brocklebank Lodge and the independent nursing home Hanbury Court
- The Intermediate Care Assessment Team (ICAT) has helped to keep delayed discharge from hospital well within target all year.
- The community geriatrician and support nurses and therapists are working closely with ICAT and secondary/primary care to support older people at home

Standard Four – General Hospital care

Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.

Camden & Islington Community Health Services NHS Trust have community based general and specialist palliative care services. All services for those with continuing care and palliative needs within the primary and continuing care arm of the NHS Trust are co-ordinated under one Director. The service includes:

- a specialist palliative care team
- HIV clinical nurse specialist
- community night nursing service (meaning that staff have access to a clinical nurse specialist and medical advice when needed. Also the availability of drugs, equipment, specialist assessment and, if needed, fast track admission are all facilitated)
- complex care management (District Nurse care managers)
- generic home carers (enable people with specialist palliative care needs to be maintained at home if this is their wish - 90% of people die in their place of choice).

Linked facilities include:

- in-patient provision with acute diagnostic and/or palliative interventions (for example radiotherapy and chemotherapy) at local teaching hospital
- three local hospices providing specialist palliative care beds, home and day care
- continuing care beds for frail older people at local hospital
- a rapid response service, funded by local authority, provides for carers at short notice in times of crisis.

The specialist palliative care team operates from a palliative care centre, which acts as the "hub" for combined services. The team offers clinical services, teaching, research, and training. Joint operational policies are agreed between the service and secondary hospital services. Staff, particularly doctors, work across hospital and community settings. Working jointly with primary and community health care teams, they attend case review meetings and provide specialist advice and support.

Barking, Havering and Redbridge Hospitals NHS Trust (BHRT) now has a new nursing structure in place, which includes modern matrons, discharge co-ordinators and A&E community liaison nurses. A Better Hospital Care Project Group is working on a range of targets associated with this standard and Improving the Patient Experience, covering the five dimensions needed for a good experience:

- Improving access and waiting
- More information and choice
- Building closer relationships
- Safe, High quality, co-ordinated care
- A clean, comfortable, friendly environment

The Barking and Dagenham Palliative Care Service brings together the expertise of the Council's Home Support Service, District Nurses and the St. Francis Hospice in one service designed to provide high quality care at home.

Standard Five – Stroke

The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate. People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.

Hull's Stroke Association is running two projects in the area. The Preventing Stroke and Saving Lives Project is targeted at patients who have experienced a TIA (transient ischaemic attack) and aims to provide an intensive follow-up service to limit the risk of stroke by providing a programme of lifestyle change, guidance and advice. The service is part of a multidisciplinary primary care team involved in the investigation and management of TIA patients within the pilot area. The service project is based at Primary Care Group level and working with GP Practices and the community. It's also offered to the patient's family so that they can encourage the patient and also to limit the risk of stroke to other family members.

The service employs a full-time Stroke Prevention Service Advisor who establishes a lifestyle change programme for patients diagnosed with TIA. The programme will be patient-led with a number of planned visits to the patient's home by the Advisor. Patients will also have the opportunity to attend group meetings on prevention issues and this is where the service project will link in with other partners in terms of health promotion e.g. the Primary Care Group Community Health Worker, Practice Nurses and Community Nurses.

The Stroke Prevention in Action Project is aimed at people who have experienced a first stroke. An advisor provides information and support to patients helping them to make long lasting changes to their lifestyles, based on the assessment of the patient's risk factors, which will reduce the risk of further strokes. The programme will be provided by a number of planned visits to the patient's home, telephone contact and group sessions when necessary. The service will also link into existing health promotion services and projects within the locality including Family Support Service.

In Barking and Dagenham a stroke plan has been developed which covers the need to have a specialised stroke service in each acute hospital. A community stroke group is being set up to co-ordinate and take forward primary and social care services. Preventative services offered by Age Concern and the Council's Leisure Service (including keep fit activities, guided walks, and Elderberries) all contribute towards reducing the incidence of stroke. In February 2004 an "Age Concern Ready Steady Cook" event was held as part of the NSF healthy ageing week.

Standard Six – Falls

The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.

The Elderly Health Unit at Broadgreen Hospital, Liverpool, is running a Falls Education Programme.

The aims of the programme are to examine the possible contributing factors and to offer the patients and their carers advice and practical instruction on how to prevent falls and their associated injuries. Following medical screening, an Occupational Therapy environmental assessment and Physiotherapy intervention the patients are referred to the Falls Education Programme which runs over eight consecutive weeks.

The programme consists of a session of Tai Chi and weekly educational talks, which include

- Physiotherapy (How to get up following a fall.)
- Occupational Therapy (Safety in the Home.)
- Doctor (Contribution of various health factors relating to falls.)
- Chiropody (Correct footwear and care.)
- Age Concern (Services available in the community.)
- Community Police Officer (Safety and crime prevention.)

Basic balance measurements using the Berg Balance scale and a visual analogue scale for fear of falling are recorded on the first and last week of the programme. The results for the past two years have shown that an eight week course of Tai Chi and Education for Elderly fallers held in the Elderly Health Unit setting results in improved balance and reduces the fear of falling.

Whilst setting up the programme we have forged valuable links with Age Concern who now offer our patients follow-up adapted Tai Chi sessions within their centres in the community.

Falls Clinic in Newham - The falls prevention service was established in 1999. Any person living in Newham, over the age of 65yrs who has suffered a fall in the previous year can attend the Clinic. We operate an open referral system. The Multi

Disciplinary Team in the Clinic comprises of a Consultant, Nurse, Physiotherapist, Occupational Therapist support workers and Podiatrist. Clients are interviewed and examined by the team. Treatment programmes are agreed and consent is obtained. Initial assessment includes:

- Levels of Confidence,
- Ability to get up from the floor safely and,
- Osteoporosis screen.

Most initial assessments by the team are carried out in the Clients Home. Should assessment reveal that the cause of the Fall is due to Cardiac disease (syncopy, irregular heart beats), the support worker can apply a 24hr tape to the client, the tape is then sent to the Cardiac Department at Newham General Hospital for analysis and a report is returned to the consultant who will take appropriate action.

A Falls care pathway and careplan has been developed for use by Health and Social care providers. Falls prevention leaflets and Postural Hypotension leaflets have been developed for Clients to use. During the Clients attendance at the Clinic, they will attend teaching sessions on:

- Anxiety management (from a Psychologist)
- Looking after your feet (from a Podiatrist)
- Tai Chi (improves balance)

All team members document information in the care plan, this avoids duplication and communication breakdown. The team also provides a discharge summary and this is sent to Clients, Health and Social care providers.

All local health and social care systems are required to have established an integrated falls service by April 2005. This work has started in Barking and Dagenham with the development of a Falls Strategy Group. Activity of this kind is usually more successful if there is a dedicated lead able to devote sufficient time to network building and development work. A bid for funding a Falls Co-ordinator made to the National Primary Care Development Board made a shortlist of 12 out of more than 70 bids, but was ultimately unsuccessful. Other sources of funding are now being sought.

A Falls Prevention event held at Fanshawe Hall on the 21st October attracted over 50 older people. Presentations were made by osteoporosis and older person's nurses and by the Fire Brigade who also distributed smoke alarms (and arranged fittings). A Leisure Services fitness adviser for older people led a chair based exercise session. Issues raised at the event by the older people are being followed up with London transport (District Line concerns), the Department of Leisure and Environmental Services (pavements) and through the Older People's Service (developing both prevention and treatment).

Standard Seven – Mental health in Older People

Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and their carers.

Salford Mental Health Services and Salford & Trafford Health Authority have undertaken a joint review of Old Age Mental Health Services in the area. It has identified the need to develop more services for older adults with mild to moderate mental health problems, and to enhance the awareness of primary care staff about mental health needs for older people. New developments based on local surveys include:

- accredited training for primary care nurses in the identification and initial management of mental health problems in older people, including dementia, depression and other conditions
- pilot training schemes for social workers, home carers, (NVQ mapped)
- basic protocols to assist primary care staff in making appropriate referrals
- improved access to psychology, occupational therapy and counseling
- mental health/primary care liaison to promote mental health in older people and facilitate an effective primary/secondary care interface.

Training developments have been extended over neighbouring districts, supported by Greater Manchester West Education and Training Consortium. Evaluations to date include positive feedback, and requests for future developments.

The Age Concern Oxfordshire Flexible Carers Service bridges the gap between the help offered by statutory and voluntary agencies and client need. Its purpose is to enhance the quality of life of older people with mental health needs by offering home-based active support in direct response to the individual's needs and wishes.

Trained care staff provide individual support to older people with significant mental health needs and who are reluctant to accept help. They also assist in rehabilitation improve levels of functioning, prevent further deterioration, enhancing quality of life and enabling the individual to remain in their own home.

In Barking and Dagenham during 2003:

- Work started in August on the 31 extra care housing units for people with dementia at the Saywood Lodge site. Completion is due in the spring of 2004.
- Work has also started at the Moreland Road LIFT financed day hospital and out patient's suite. Completion is due towards the end of 2004.
- Memory Lane Café for older people with dementia and their carers has become established as a popular service and is expanding to 5 days a week.

A new mental health strategy for older people is being drawn up following a consultation event arranged by Carers of Barking and Dagenham in November 2003.

Standard Eight – The Promotion of Health and Active Life in Older Age

The health and well-being of older people is promoted through a co-ordinated programme of action led by the NHS with support from Councils.

The Rotherham Active in Later Life (RAILL) project provides health promotion activities for older people in local leisure centres at six locations. It is managed by Age Concern and includes:

- keep fit sessions and line dancing
- health promotion speakers with question/answer sessions/debate/information
- a Consumer Committee and involvement regarding future planned activities.

RAILL has a part-time manager, development worker and administrative staff: Rotherham Borough Council provides the keep-fit instructors. The scheme is part funded through joint finance and Health Action Zone monies.

Clients pay 80p per attendance and this is paid to the leisure centres. Benefits include improved physical health with members reporting improved ability to climb stairs, and mental health through increased socialisation thereby reducing isolation. Consumer questionnaires demonstrate a high level of satisfaction with the service. Leisure Centres are very supportive as they were underused during the day and now some older people have taken up mainstream leisure pursuits like swimming because of this initiative.

This standard covers a wide range of local activity in the Borough, which extends the healthy life expectancy of older people. These activities include:

- Housing Shape Up
- Community Strategy and Cohesion
- Leisure programmes linked to prevention of heart disease
- Smoking Cessation
- Neighbourhood Renewal
- Winter Flu immunisation for staff and vulnerable people

The Frail Elders Service started in April 2003 at 5 centres and prevention work continues in Age Concern's 10 Active Ageing Centres.

"Age Direct" is a name chosen by the older people who are continuing to meet following the NSF participation events. The NSF participation co-ordinator facilitates continuing meetings in order to ensure that NSF consultation and involvement is part of a systematic and continuing process, and not confined to one off events

Further local developments

The Neighbourhood Renewal Fund has enabled the commissioning of work from Age Concern towards developing and overseeing some aspects of the Older Peoples' National Service Framework programme within the Borough. The activities will include promotion of older peoples' health and independence, and providing a person centred case that fits services around people's needs and roots out age discrimination.

A new Pensions Credit has recently come into being. This is a new entitlement which guarantees everyone aged 60 and over an income of at least:

- £102.10 per week if they are single; or
- £155.80 per week if they have a partner

For the first time, people aged 65 and over who have made modest arrangements for their retirement may also be rewarded. Subject to the criteria relating to the entitlement, Pensions Credit has the ability to give new money to those who have modest savings. This could be up to:

- £14.79 per week if they are single; or
- £19.20 per week if they have a partner

In Barking and Dagenham, the Pensions Credit is being co-ordinated and facilitated by the Pensions Team based within the Department of Work and Pensions Office. The Pensions Team have given presentations to both the Social Inclusion Policy Commission and the Neighbourhood Renewal Steering Group and have built up an extensive list of contacts within the authority and with partners.

The Pensions Team have 2 outreach advisers who are running weekly surgery sessions in every Community Forum area, and who also provide individual advice and assistance through home calling to the most vulnerable older people. Through the contacts they have made they are also visiting appropriate groups and meeting places for elderly persons e.g. Luncheon and Leisure Clubs.

As discussed previously under the Section entitled Reduction in Crime, elderly people have been identified as a major at risk group with regard to domestic burglary and particularly distraction burglary.

The Memo Minder initiative specifically targets this vulnerable group and in conjunction with other household adaptations such as the fitting of improved door and window locks and smoke alarms etc, supplied as part of the Supporting People Initiative operated by Social Services, goes some way to increasing confidence of the elderly with regard to personal and household safety. The Police have made a presentation on distraction burglary at the Social Services Home Support Providers Forum.

In relation to the above Age Concern are contracted to undertake some of the household adaptation work, and are very aware of the positive benefit of providing contact with particularly isolated elderly people as part of the initiative.

Analysis

- Elderly people are seen as a priority group within the Borough and there is evidence of good practice and service delivery, including the most isolated and vulnerable
- There are opportunities for increased partnership working across departments and partner organisations. The development of integrated health and social care teams will be an important step towards improving access to care
- The SSI Inspection of Older People's Services in 2003 noted that the Service had promising prospects and gave recommendations to improve the service even further. A CHI inspection of health services is scheduled for early 2004 (this will help to identify gaps in health care and improve services).

Gaps

It is obvious that there is much good practice being shown in delivering services to elderly people within the Borough in terms of their personal and household safety, potential to increase prosperity, and opportunity to lead a full and active life.

However, at present some initiatives still appear to be lead by individual service requirements and there is greater scope for service providers to liaise and plan service delivery in such a way as to maximise the potential benefits by increased joint working.

Recognition of the issues and differences raised by gender and ethnicity needs to be explicit and services tailored and scoped accordingly. Equalities impact assessments to be undertaken during 2004 will address these issues.

Identification of the most vulnerable elderly population and targeting of service delivery could be enhanced by the co-ordination of the various departmental databases including a greater use of the electoral roll, access to information restrictions not withstanding. This could be extended to external partners if the appropriate protocols can be agreed. An information sharing agreement based on the law and best practice has recently been agreed by the PCT and Social Services.

Further work needs to be explored to outreach the benefits of lifelong learning and IT capability to the isolated elderly. There is evidence that expanding the lifestyle possibilities of this target group in this way can help to alleviate some of the health and social disbenefits of isolation such as depression.

Recommendations

It is recommended that:

- Social Services and their commissioned agents, particularly Age Concern be supported in developing and delivering the National Service Framework for Older People in Barking and Dagenham
- partnership and corporate support is provided through the NSF Local Implementation Team and existing strategies and balanced scorecard implementation plans
- the appropriate Sub-Group of the Borough Partnership take an overview on the delivery of services to the elderly in the Borough with regard to Rights and Responsibilities, and Equalities and Diversities

10. Improvement in Adult Literacy and Numeracy

Key facts:

- Barking and Dagenham has the highest proportion of adults with no qualifications in London (39.5%).
- Barking and Dagenham has the highest proportion of adults with basic skills needs in London (58.5%).
- The authority was placed fourth from bottom in adult literacy and second from bottom in adult numeracy out of 400+ local authorities.

Qualifications held by Barking and Dagenham Adults

	% of Population by Qualification Type					
	None	Level 1	Level 2	Level 3	Level 4/5	Unknown/Other
	Basic skills needs		GCSE equiv.	A level equiv	Degree equiv	
LBBDD	39.5	19.0	18.1	5.8	10.2	7.3
London	23.7	13.0	17.0	9.8	31.0	5.4
England	28.9	16.6	19.4	8.3	19.9	6.9

Source: 2001 Census

Estimate of Level of Basic Literacy and Numeracy Skills (Below level 1)

Authority/Ward	Population 16-60	Low Literacy	Lower Literacy	Very Low Literacy	Total Poor Literacy
Barking and Dagenham	87,473	17.5%	6.7%	7.1%	31.3%
Authority/Ward	Population 16-60	Low Numeracy	Lower Numeracy	Very Low Numeracy	Total Poor Numeracy
Barking and Dagenham	87,473	15.2%	10.2%	8.8%	34.2%

Source: The Basic Skills Agency: Opinion Research Business Survey 1997.

Background

Skills for life, the national strategy for improving adult literacy and numeracy skills was launched in 2001. The strategy aimed to raise standards of three quarters of a million learners by 2004. This has recently been doubled to 1.5 million by 2006. Hard to reach groups are to be given priority as a major part of the social inclusion agenda. Research has shown clear links between poor basic skills and almost every measure of deprivation, including unemployment, crime, poverty and low pay.

The recently published DfES report indicates that over five million adults in England still cannot read or write at the level we would expect of an 11 year old. Up to 15 million were found to have basic numeracy problems.

The Success for all report gave a clear government commitment to fund provision of courses for all adults, including those in employment, up to and including level 3. Information and communications technology was recently designated a basic skill in the Government's skills white paper.

The recruitment drive for more learners has been successful following high profile publicity campaigns, although the number of adults gaining qualifications has not. Ofsted has recently branded the quality of teaching in this area as the worst in the sector.

Best Practice

The DfES report entitled 'What works' analysed successful features of the skills for life pilots. This highlighted the importance of:

- mapping local provision to local needs;
- capacity-building to increase the number of qualified tutors;
- high quality continuing professional development for all staff;
- a range of learning environments and learning programmes including the use of information communications technology (ICT);
- effective screening, initial and diagnostic assessment procedures;
- thorough quality assurance measures and
- the opportunity for learners to gain qualifications by taking national tests;

The DfES has produced a series of guides highlighting good practice in a number of different contexts including Adult and Community learning, e-learning, Further Education Colleges and Learners with Learning Difficulties and/or disabilities.

Locally

Improving the attainment levels of adult literacy and numeracy is one of the key priorities facing the borough if it is to enable its residents to access the regeneration opportunities afforded around employment and training over the coming years.

Within Barking and Dagenham the Adult Basic Skills Initiative, launched in autumn 2002, has been established to raise standards of adult literacy and numeracy. Working with the community in partnership across all Council departments and with the voluntary and private sectors this initiative aims to:

- move from one of the lowest levels of adult literacy and numeracy in the country to the national average;
- ensure that all groups, particularly the hard to reach are engaged and involved and
- develop the widest possible range of locations to provide access for the whole community

Building on the findings of the Best Value Review of Adult Literacy the establishment of the above Initiative has made tangible progress in terms of quality assurance and expanding the network of providers and courses available. An independent audit of physical provision, supplemented by a Basic Skills Agency consultancy, highlighted areas for development. These have contributed to a 'Whole borough framework for action'. A tutor-training group has been established to coordinate local training needs. Key partners are the Adult College, the Library Service, the Community Inspection and Advisory Service, Learndirect, Barking College, the Voluntary Sector Provider Network and via the Learning Village Network. Subject specialists who give support to improve the quality of teaching have provided literacy and numeracy materials.

Indicators show that these are beginning to take effect. The network of UK online centres has boosted the number of venues available for Adult college courses and opened up the possibility of IT based solutions. Linking to schools through the borough's Test Bed project has created opportunities to develop home, online and blended learning for adults.

The Neighbourhood Renewal programme has assisted the Adult Basic Skills Initiative via funding the following:

- Employment of a full time Co-ordinator within the Adult College, with the authority and influence to manage the work programme of the network of learning centres and maximise their potential benefits.
- Purchase of 4,000 licences for an adult basic skills software package to allow all providers of adult basic skills access to CATD software to support and track learning on-line.
- Employment of a full time Co-ordinator to ensure that a coherent approach is adopted to ESOL provision across the whole community and all providers.

The Initiative will also benefit greatly from substantial funding secured this year from the London Development Agency's LDA2 programme and the local Learning and Skills Council.

As a major employer within the borough the Council is an ideal starting point to tackle the stigma around adult literacy and numeracy. This has been recognised by the Adult Basic Skills Initiative and at the end of September a new programme was launched using LDA funding entitled 'Embedding Workplace Basic Skills'. All departments are supporting this. It aims to embed management and support mechanisms to ensure that people in need of improving their basic skills have the confidence to access the training opportunities.

Analysis

- The national and local strategies for improving adult literacy, numeracy, language and workforce development present unique opportunities to tackle the educational disadvantage amongst Barking and Dagenham residents.
- The Council's commitment to tackle this issue has gained national recognition and acclaim.
- External funding for projects to improve the quality of teaching, expand and join up provision and tackle workplace basic skills and ESOL has been attracted to the borough.

Gaps

The current initiative and projects represent only the tip of the iceberg in terms of what is needed to close the inter-generational gap in educational disadvantage which has been allowed to develop. The scale of the problem in Barking and Dagenham makes consolidation of existing initiatives and further expansion of work in this area vital. The most pressing tasks are:

- ensuring all tutors have training and gain new teaching qualifications which recognise subject knowledge and teaching skills;
- developing a range of innovative courses and learning environments to meet the needs of target groups;
- demonstrating the importance of workplace basic skills training in all sectors;
- co-ordinating a response to meet the needs of adults with learning difficulties and disabilities.

Recommendations

It is recommended that:

- The Adult Basic Skills Initiative is secured and extended to enable current projects and contracts to be delivered and further opportunities to be exploited.
- The Initiative is expanded to meet the challenges faced by the huge expansion of the government's basic skills, workforce development, e-learning and further education agendas.

11. Support and Provision of Improved Services for People with Mental Health Problems

Key facts:

- 23% of all mental health admissions are for schizophrenic, schizotypal and delusional disorders
- There are 12 community psychiatric nurses per 100,000 population (needs weighted)
- 11.5% of PCT budget spent on mental health services as opposed to 15.73% required budget spend as predicted by relative need
- Estimated that two thirds of GPs do not have direct access to psychological therapies
- There are currently 82 acute bed spaces including 3 PICU beds

Sources:

Business Case report for Acute bed Space Provision – Mascalls Park (2003)
Availability of mental health services in London – a report for the Mayor of London by Dr. Foster (2003)

Best Practice

Nationally and Regionally

Statement of Best Practice taken from 'Health and Neighbourhood Renewal' Guidance from the Department of Health and the Neighbourhood Renewal Unit

Mental health problems are common. They are associated with high levels of distress and morbidity. The national Psychiatric Morbidity Survey shows one adult in six suffers from a common but moderately severe mental disorder. The problems range from anxiety and depression to rarer but very severe conditions such as schizophrenia.

Depression is one of the most common mental illnesses, affecting at least 6% of the population at any one time. It is estimated that up to one quarter of routine GP consultations are with people with a mental health problem. Mortality among people with schizophrenia is 1.6 times that in a general population of similar age and gender.

Some groups face very high risk of mental illness e.g. individuals who have suffered severe abuse, BME groups, people who sleep rough, people in prison, and people with physical illnesses. Single or divorced/separated people living on their own have a higher risk of mental illness, as do those who are unemployed and socially isolated. Depression in people from the BME communities, and among refugees and asylum seekers is thought to be high, but is frequently overlooked. Communities can

tackle the underlying factors as well as help to ensure that such individuals are not socially excluded.

In addition there is evidence that:

- mental illness is under-recognised and under-treated
- Families where there are mental health problems are overburdened
- Standards of care are variable and services sometimes un-coordinated
- Services are not always delivered equitably to BME groups

Saving Lives: Our Healthier Nation - makes mental health one of four priorities for the health of the population alongside coronary heart disease, cancers, and accidents. The aims of actions set out are to reduce the rates of death, extend the quality of years of life lived to the full, and to improve health for the many as well as the few. The main planks of its new policies are outlined below:

- Modernising Mental health Services : safe sound and supportive
- National Service framework for mental Health
- The NHS Plan
- Saving Lives: Our Healthier nation

The NHS Modernisation Fund focused in 1999/2000 on securing:

- 24 hour access to services
- new assertive outreach teams
- More 24 hour staffed beds in the community
- More beds in secure settings
- Integrating health and social care teams to co-ordinate services
- Increases in staff education and training
- A better quality of care for people with severe mental illness

The NSF for Mental health was the first National service framework to be published and covers the mental health needs of working age adults, setting several national standards.

The NHS Plan (July 2000) provides an extra annual investment of over £300 million by 2003/04 to fast forward the NSF and deliver NHS Plan commitments. The complementary Implementation Plan (December 2000) sets targets and objectives for 2001/02. This builds upon the investment in secure beds, 24 hour staffed beds. Extra assertive outreach teams and improving access to services 24hours a day, 7 days a week.

Saving Lives: Our Healthier Nation – suggests that communities can promote mental health in the following ways:

- Encouraging individuals to be involved in the community, and to keep in touch with family and friends
- Reducing stress through relaxation and physical activity
- Encouraging people to talk about problems and ask for help

- Awareness of mental health issues, and encouragement to seek help from GP's
- Social support and skills development for unemployed people
- Practical health and care information and social support for carers
- Support groups offering practical help, social networks and parenting advice for isolated parents. (This also helps with child development)
- Self help support groups, e.g. for widows

In addition, it is possible to reduce the risk of various mental illnesses, such as depression by strengthening support systems, encouraging smoking cessation, healthy eating and physical activity.

People with mental health problems are among the most excluded of society. Conversely, social exclusion is a key risk factor for a range of mental health problems. It is therefore crucial that mental health services engage with the broader public health agenda and look beyond service delivery goals, important though these are. It is important to mainstream mental health promotion within mental health and other health services.

While effective medical care is essential it will achieve little unless the broader social needs of people with mental health problems are addressed. The lack of a job or suitable occupational activity, inadequate housing, confusion about appropriate entitlement to welfare benefits and a failure to tap into the range of support people need to recover, can lead to a cycle of despair and a lifetime of mental health problems. Effective mental health promotion strategies at a local level will engage with a whole range of broader community development initiatives to strengthen social networks and structures to support local communities.

Locally

Mental health is taking a higher priority in Barking and Dagenham with investment being increased from the local authority and the Primary Care Trust. In response to the Government agenda a consultation document has been prepared entitled 'Towards a Mental Health Strategy for Barking and Dagenham'.

When agreed by stakeholders the above document will set the direction of travel for the development of mental health services in Barking and Dagenham for the next 3-5 years. Implementation of the strategy is intended to form the basis for developing a modern, user centred service for people in the Borough. This whole system approach to mental health care and treatment encompasses the need for a range of different services available, and individual service elements will work together to provide a holistic and coherent care plan for individual service users.

Priorities for individual service developments are as follows:

- The development of a shared vision and set of values to underpin implementation of the strategy and development of services

Specific work on social inclusion to “include steps to reduce stigma and increase opportunities in the wider community. This will include health promotion activities traditionally within the arena of public health problems such as depression and stress as well as taking steps to improving opportunities and support for people in employment and maintaining tenancies.

- Development of the work and role of the mental health social inclusion co-ordinator who works across both Havering and Barking and Dagenham mental health services
- An audit of suicides in the Borough is currently being undertaken and systems will be established to enable the examination of local trends in a more informed fashion.

The document also recognises the need to see improvements in the capacity of primary care services ability to diagnose, manage and treat common mental health problems, as well as improving the earlier recognition of ore serious problems and clear routes for access to help. The creation and improvement of care pathways is highlighted as a way forward. Some of the features of potential future action include:

- Increased role of GP's in mental health issues and a lead role in planning and delivery of services
- Improvements in short term provision through the use of graduate workers
- The use of gateway workers who would work in a primary care setting and A&E departments to provide an experienced triage function and cut delay in the receipt of treatment
- Establishment of Practitioners with Special Interest – government incentives through the new contractual arrangements for GP's.
- Increased use of NHS Direct (telephone service)
- Walk-in Centres – possibly linked to the Gateway Worker initiative
- Implementation of the LIFT Programme to increase the number of GP's

The development of improved Specialist Mental Health Services

- Development of a Crisis Resolution Team – staffed by nurses, social workers and medical input to provide 24/7 operational services around mental health crisis
- Linkage of use of places at the short stay unit based in Romford with the work of the Crisis Resolution Team
- Investigation of the development of a Day Hospital in the Borough
- Overview and development of our existing Community Mental Health Teams
- Review of and development where appropriate of Assertive Outreach and Early Intervention Teams, the latter particularly in cases of psychosis

Within the remit of providing activity support and pathways to employment the document recommends review of the day and drop-in facilities in the borough, linkages with other potential users, and refurbishment where possible from the LIFT

programme. Pathways to employment are provided via links with the Shaw Trust, Rethink Employment Service and Rethink Befriending Service.

It is recognised that current inpatient services at Mascalls Park do not meet modern standards and NELMHT have prepared an Outline Business Case for addressing these issues proposing a new modern unit on a more local site.

The Health Scrutiny Panels are championing the de-stigmatising of mental health illness via publicity channelled through the Community Forums and The Citizen.

The report also recognises the importance of utilising services users and carers views in developing and reviewing the service, and have specific proposals in action and planned around breaking down ethnicity, gender, and language barriers to make the service more accessible, and improve peoples experience of the service.

Improvements to the provision of services for the mentally ill have been assisted by neighbourhood renewal funding by:

- Re-shaping the working practices within the Mental Health Team to provide a full time Emergency Duty Worker to improve access to times to initial diagnosis and referral. This has engendered a reduction in waiting times for initial assessment and referral from 5 weeks to 1 and a half weeks This service is targeted at people with severe mental illness, who for a variety of reasons, including those associated with social exclusion, might otherwise refuse a service leading to worsening mental health. The scheme is anticipated to reduce hospital admissions and re-admission, promote earlier discharge for people admitted to hospital, improve take up of services by the BME community, promote an improvement in long term clinical and social outcomes
- The extension of pilot work being undertaken in mental health settings to establish a primary care based advice service. The prevention of ill health through enabling individuals to overcome socio-economic obstacles to healthy living, and to reduce primary care access times by providing an alternative resource for those seeking non-health advice

Analysis

- The consultation document “Towards a Mental Health Strategy for Barking and Dagenham” identifies the key issues facing the Borough and its need to give renewed priority to mental health services
- The role of mental health as an indicator of social exclusion is becoming greater and the knock on effects for other social exclusion themes around unemployment, and general well being more marked
- There are examples of good practice but as with other social exclusion issues, funding and resources are stretched and benefits need to be identified in partnership and joint working arrangements.

Gaps

There is a great deal of very successful activity and service delivery ongoing around mental health. This is recognised in the consultation document. However, with the continued increase in the movement of populations with high levels of social needs from inner city boroughs to Barking and Dagenham, it may be assumed that there will be additional pressures on the service. When coupled with the Government's requirements for improvements in service delivery on mental health issues it is important that linkages are improved between existing providers and other practitioners.

It is also considered beneficial that emphasis be placed on improving service delivery in other areas of social regeneration which can ensure that every effort is made to enable people to access support and assistance to prevent their situation from reaching a level where they need to access mental health services.

Recommendations

It is recommended that:

- the consultation document "Towards a Mental Health Strategy for Barking and Dagenham" be supported and developed into an agreed mental Health Strategy for the Borough
- the recommendations within the consultation document be developed into an Action Plan for the future development and improvement of mental health services in the Borough
- consideration be given to the promotion of mental health services with a view to removing the stigma attached to mental illness
- the Council works with partners to champion a global approach on promoting a feeling of community well being.

**SOCIAL INCLUSION POLICY COMMISSION
IMPLEMENTATION PLAN**

<p>Lead Member : Councillor G J Bramley Councillor D F Best Councillor V W Cridland Councillor C Geddes Councillor V M Rush</p>	<p>Review Date: January 2005 (The Social Inclusion Policy Commission will meet again in January 2005 to review progress against the activity contained within this Implementation plan)</p>
<p>Other Partners/People Involved</p>	<p>Plans and Strategies: Teenage Pregnancy Strategy Homelessness Strategy Regeneration Best Value Implementation Plan Community Strategy (incorporating Neighbourhood Renewal) Education Development Plan Customer First Programme Crime and Disorder Strategy Economic Development Strategy Workforce Development Strategy National Service Framework for Older People Towards a Mental Health Strategy Children in Need Commissioning Strategy DAAT Action Plans</p>

Target	Activity and lead:
To improve support for families to maximise income	<ul style="list-style-type: none"> ➤ Improve the profile of partnership working to maximise take up of entitlements - Customer First/LSP Social Cohesion Sub-Group ➤ Undertake a detailed mapping exercise to identify gaps – LSP Social Cohesion Sub-Group ➤ That financial inclusion be included in the implementation plans to deliver the community strategy – Corporate Policy to co-ordinate Customer First actively ensures that welfare benefits advice is available through its access points and consider how they might work with partners to share facilities – Customer First ➤ That the council actively supports the Pensions Services in maximising take up of entitlements – Corporate Policy to co-ordinate ➤ To ensure that credit unions and other financial service providers offer appropriate services to borough residents – Corporate Policy/Community Development
Raising standards in schools – ensuring that children are not excluded	<ul style="list-style-type: none"> ➤ Develop a single framework to ensure that children at risk of, or excluded are identified and supported through a range of services and return to education with minimum disruption - DEAL ➤ Improve response times to ensure access to services to early preparation of excluded children for reintegration - DEAL ➤ Development of processes and procedures to enhance transfer arrangements for children with special educational needs - DEAL ➤ Look at ways to improve the provision of school places especially those that can cater for those with difficult or complex backgrounds - DEAL
Improving the Experience of Local Authority Care	<ul style="list-style-type: none"> ➤ Support the Corporate Parenting Panel in implementing their improvement plan – SS Children and Families ➤ Encourage development of partnership working to deliver improvements in attainment – DEAL/SS Children and Families ➤ Ensure that the needs of Looked After Children are taken into account in the delivery of the Community Strategy – Corporate Policy/DEAL/SS
Reduction in Teenage Pregnancy and Support Teenage Parents to return to Learning and Work	<ul style="list-style-type: none"> ➤ Deliver the Teenage Pregnancy Strategy through the implementation plan – Teenage Pregnancy Partnership Board ➤ Identify young parents at risk and provide appropriate support – Teenage Pregnancy Partnership Board ➤ To ensure that every opportunity is taken to raise the aspirations of young women to enable them to make informed choices - DEAL
Reduction and prevention of crime	<ul style="list-style-type: none"> ➤ That continued support is given to the Community Safety Partnership through delivery of the Community Strategy – CSSP/LSP Cleaner, Greener and Safer Sub-Group ➤ Work is undertaken thorough the public relations unit to continue and reinforce the positive messages about the real level of crime and measures in place to combat it – Community Safety/Public Relations ➤ That domestic violence and hate crime are highlighted as key priorities for resources to reduce the crime levels – CSSP/LSP Cleaner, Greener and Safer Sub-Group ➤ Work with partners to encourage initiatives to prevent re-offending – CSSP/YOT ➤ Ensure children are safeguarded - ACPC
Acting on routes into Homelessness	<ul style="list-style-type: none"> ➤ Implement the Homelessness Strategy with particular emphasis on understanding and tackling the causes – H&H ➤ Improving the availability of advice and information before people are at risk of becoming homeless – H&H/Customer First/Voluntary Sector ➤ Ensure that Customer First information points are trained to provide advice on homelessness avoidance and have information on support services – Customer First ➤ Ensure that the Voluntary Sector providers of advice and information are able to access up to date information on support available – H&H/Customer First/Voluntary Sector

Target	Activity and lead:
Providing the Building Blocks for Economic Opportunity	<ul style="list-style-type: none"> ➤ Implement the Best Value Review of Regeneration in relation to raising skills – DLES/DEAL/LSP Education and Learning and Regenerating the Local Economy Sub-Groups ➤ Increase employment opportunities for people with mental health problems, disabilities, and for children leaving care - SS ➤ Improve internal processes that attract and retain businesses that offer employment opportunities – DLES/ LSP Regenerating the Local Economy Sub-Group ➤ Develop Social Enterprises - DLES/ LSP Regenerating the Local Economy Sub-Group ➤ Support the Gateway to Health Project to assist in training local people to take up opportunities - DLES/ LSP Regenerating the Local Economy Sub-Group
Providing Support for Isolated Elderly People	<ul style="list-style-type: none"> ➤ Support the implementation of the National Service Framework for Older People – SS Older Peoples Services/Age Concern ➤ That partnership and corporate support is provided through the NSF Local Implementation Team and existing strategies and scorecard implementation plans - LSP Health, Housing and Social Care Sub-Group ➤ Ensure that the partnership work required to deliver the implementation plan is considered and supported by the appropriate sub group of the Borough Partnership – LSP Health, Housing and Social Care Sub-Group
Reduction in the number of adults with basic skills needs	<ul style="list-style-type: none"> ➤ The adult basic skills initiative is secured and extended to enable current projects and contracts to be delivered and further opportunities to be exploited – DEAL/Adult College ➤ The initiative is expanded to meet the challenges faced by the huge expansion of the Governments basic skills workforce development e.learning and further education agendas – DEAL/Adult College
Support and provision of improved services for the mentally ill	<ul style="list-style-type: none"> ➤ Agree a Mental Health Strategy for the Borough – SS/NELMHT ➤ Develop an Action Plan for the future development and improvement of services – SS/NELMHT ➤ Consider the promotion of mental health services with a view to removing the stigma attached to mental illness – SS/NELMHT

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THE EXECUTIVE**23 MARCH 2004****REPORT OF THE DIRECTOR OF SOCIAL SERVICES**

IMPROVING SOCIAL SERVICES: REVIEW OF THE FINANCE AND COMMISSIONING FRAMEWORK		FOR DECISION
<p><i>This report is submitted to the Executive as it contains significant strategic performance and resources issues for decision.</i></p> <p><u>Summary</u></p> <p>This paper reviews performance in Social Services, the commissioning of services, the financial framework and recommends further funding shifts to improve performance.</p> <p><u>Recommendations</u></p> <p>That the Executive endorses the Finance and Commissioning Framework and that in addition to the resource shifts approved last year and set out in Appendix 2, the Executive note additional spending to Formula Spending Share (FSS) as set out in Table 4.</p>		
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1. Background Information

- 1.1 On 18th March 2003, the Executive endorsed the Financial and Commissioning Framework for Social Services for 2003 – 2006, including the “Three Star Plan”, linking resource shifts to performance improvement. This paper reviews progress, pressures and new policy initiatives and updates the strategy.

2. Financial Context

- 2.1 Last year represented a significant investment in social services by the council, bringing spending up to that of the government’s Formula Spending Share for the first time.
- 2.2 The Formula Spending Share has increased from £53.911m in 2003/4 to £61.294 in 2004/5 (£7.383m), but when it is adjusted for disappearing grants subsumed into the FSS base, the like for like increase in FSS is advised at £4.264m (7.4%) by the DoH. This is illustrated in Table 1.

2.3 With regard to Specific Grants in Social Services, there is a new grant for Safeguarding Children (£569k), and increases to a range of existing grants. However, Quality Protects (£3.2m) is subsumed into base FSS, and the deferred Payments (102K) and the Performance Fund Grant (£431k) all cease. This is the equivalent of a reduction of £1.138m in specific grants. The movements in grants are detailed at Appendix 1.

SOCIAL SERVICES FINANCE SETTLEMENT 2004 / 2005 – TABLE 1

	2003 / 04	2004 / 2005	INCREASE	INCREASE	COMMENTS
FSS GRANT ALLOCATION	£.m	£.m	£.m	%	
Children's Services	18.824	23.609	4.785	25.42	Includes £3.2m of previous QP grant
Older Persons	22.176	24.023	1.847	8.33	
Other (Adults ETC)	12.911	13.662	0.751	5.82	
TOTAL FSS	53.911	61.294	7.383	13.69	
SPECIFIC GRANTS	7,543	6,405	1,138	-15.08	DoH Grants
Total Allocation	61,454	67,699	6,245	10.16	

3. Service Changes

3.1 One of the key dimensions of the Financial and Commissioning Framework was to address key priorities for investment and development – for instance in relation to service standards in children's services, developing mental health services and continuing the modernisation of older people's and disability services. It was also to address the council's expenditure on the major service blocks of the FSS in relation to a significant shortfall in relation to Children's Services and an "over- expenditure" in relation to older people's services over a three-year period.

3.2 The service block expenditure compared to FSS for the last 2 years is shown at Table 2.

Table 2

	FSS 2003/04 £	Budget 2003/04 £	FSS 2004/05 £	Provisional Estimate 2004/05 £	Spend Compared to FSS %
Children	18.823m	15.353m	23.609m	21.642m	-8%
OPS	22.176m	26.756m	24.023m	25.620m	+7%
Other	12.910m	11.801m	13.662m	14.049m	+3%

3.3 Significant progress has been made in realigning Older Person and Children Services spend at FSS, and this will be further pursued over the next 3 years. Currently the department is budgeting to spend 8% under on Children's Services

and 7% over on Older Persons Services FSS allocation for next year and further work to address this will continue.

4. Performance Improvement and Reaching 3 Stars

4.1 There has been continuous improvement in Social Services over the last three years. This is evidenced in improved Performance Assessment Framework indicators including taking account of targets and thresholds tightening and requiring higher performance. This is represented as follows –

Table 3

Performance Improvement 2000/04 – 2002/03

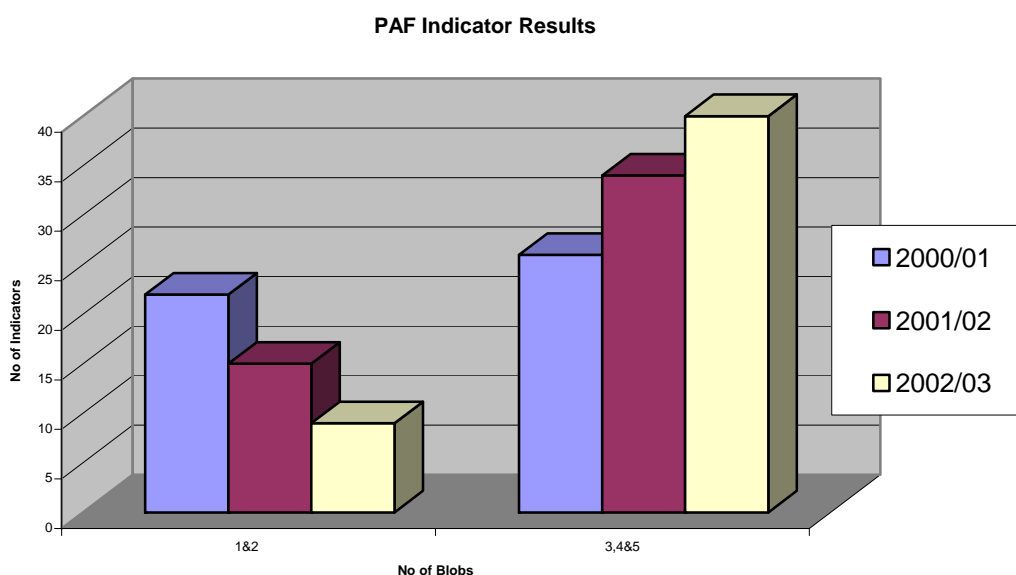
Social Services is measured each year by PAF indicators, the results for all Authorities are published by the Department of Health normally at the beginning of November. Below is a comparison of 2002/03 outturn figures against the previous 2 years.

This table clearly indicates that there has been a year on year improvement from average 2.77 to 3.12

Yr	1 blob	2 blob	3blob	4 blob	5 blob	Average
0/1	7	15	12	10	4	2.77
1/2	5	10	24	7	3	2.86
2/3	4	9	20	9	7	3.12

Adults – of the 31 Adult indicators 24 rated 3 blob or above (77%)

Children – of the 18 Children’s indicators 11 rated 3 blob or above (61%)



This shows the shift from 1 – 2 blobs to the higher proportion of 3 blobs and above over the 3 years. In addition, star ratings published in November 2003 showed improvement in Children’s services to one star and promising, although adults (which includes older people) remained with uncertain prospects. However, the Older People’s Inspection judged the service as having shifted from uncertain to “promising prospects”.

4.2 In order to sustain this level of improvement, the department will need to continue its pursuit of efficiency gains to free up resources. This will mean investigating all options around the balance of commissioning, procurement and providing functions.

4.3 Details of the improvements planned are set out in the three star plan and the finance plan (see Appendix 2).

5. Modernisation

5.1 Modernisation of Social Services for vulnerable people has continued and is extensive.

5.2 The following are of note:

Older People's Services:

- homes for elderly people have now been closed. Two of these have already been replaced by two high quality housing with extra care schemes. Capital plans for a third housing extra care scheme, a nursing home and an intermediate care centre are now progressing rapidly and the schemes are due to open in 2005.
- The use of intensive home care to support people in their own homes is now at a high level. (5 blobs)
- Funding to age concern now supports five day centres for frail elders
- The introduction of specialist in house home care teams, e.g. Dementia, Palliative, Intermediate Care
- The expansion of a multi-cultural and choice based welfare meals service.

Adults' Services

- Sweetland Court has been re-provided by supported Housing accommodation with extra care.
- St George's day centre closed and capital plans are in progress to replace the Gascoigne Centre in order to provide day services for adults with disabilities
- Capital is in place to also replace York House and Tudor House (residential and respite facilities for people with disabilities) with new establishments that meet Care Standards requirements in modern good quality environments on the Gascoigne Centre site.
- Investments in mental health (jointly with the PCT and NELMHT) have resulted in the Assertive Outreach Team being staffed up to the required standards and the Crisis Resolution team is now operational.
- A comprehensive mental health strategy is in consultation
- A Substance Misuse service has been set up that covers drugs, alcohol and smoking cessation services.
- The Valuing People agenda for people with learning disabilities is being taken forward through re-vitalised partnership arrangements and additional resources.

Children's Services

- Three nurseries have been replaced by three, now well established family centres
- The children's assessment and care management service has been restructured, new posts have been established (including consultant social work practitioners as alternatives to management) a recruitment and retention strategy is in place and extensive quality assurance has improved service delivery
- The ACPC has been relaunched and has undertaken a multi-agency audit of Safeguards for children
- 2 Children's Residential homes have been closed and replaced by more foster carers Adolescent Resource Centres
- A children's strategy has been produced across social services, education and the NHS that refocuses all services for children in the borough
- new Sure Starts have opened and Health Education Teams for Looked After Children are up and running.

6. Key areas for improvement for 2004 – 2005

6.1 Despite the extensive changes described above, there remain areas for improvement and each year new standards and areas for improvement are introduced nationally. For us, these relate to:

- Care Management – Waiting time for initial and core assessments (children) and assessments and care packages(adults), standards in case file/ SWIFT recording, implementation of the Single Assessment, Process for Older People, reviews and assessments for carers, developing a value for money approach by Care Managers
- Improving outcomes for children - increasing adoption and the range of local fostering placements and improving education and health outcomes
- Further work on the value for money and quality of in- house and out house Home Care
- Reducing the reliance on residential and nursing placements for older people
- Helping more older people to remain at home
- The Safeguarding Audit report identifies key improvements needed in further reviews of children and families staffing levels and in office accommodation and facilities for children
- Valuing people agenda for people with learning disabilities
- Continuing to develop mental health services from a very low base

7. Service and Policy pressures 2004/5

7.1 There are a small number of key policy changes that need to be taken account of in the finance and commissioning framework that have not yet been mentioned. These are:

- Unaccompanied Asylum Seeking Children – recent judicial review and subsequent guidance has indicated that all of these children (under 18s) could be supported as Looked After Children (i.e. Care Leavers).

- Recent judgements about after care services (S.117) for mentally ill people indicate a small number of local people who may fall into the relevant category for which the cost implications are approximately £200k.
- Expectations for people with disabilities and mental health problems to be able to live independently through Direct Payments and schemes such as Welfare to Work are gradually increasing and Direct Payments will be a key indicator next year
- Implementing the Mental Health Strategy and continuing to develop services from a low base
- Seeing returns from the Regeneration and Community Partnerships post through the implementation of prevention strategies increased external funding and planning for population increase
- Implementing a comprehensive workforce strategy and plan, and implementing single status.
- Developing information management and quality assurance.
- Embed supporting people arrangements into the department, reviewing services provided and costs.

7.2 Resources have been identified from this years FSS settlement increase to substantively cover the above areas.

7.3 Social Services have faced severe budgetary pressures during 2003/4; at one point projecting a near £1m overspend. Management actions taken throughout the year eliminated the projected overspend, and the department is confident going into the new financial year that the pressures causing previous overspends have been dealt with, and are covered in the budget.

8. Corporate and Departmental Recharges

8.1 As Social Services responsibilities and budgets expand, it is inevitable that some volume based support costs (such as accommodation, telephones and other support) increase pro-rata also. These increases are included in the financial strategy where advised. Work continues with colleagues to ensure recharges represent value for money especially in areas such as legal services and transport.

9. Capital Developments

9.1 Many of the above are contingent upon capital projects. These include the agreed capital projects for service refurbishment (major improvements to properties for instance lifts and windows in home for elderly people) and Fit for Purpose (office accommodation and care management facilities), and Grays Court, York House, Tudor house and the Disability Resource, this year. Work is ongoing to develop specifications for Older Peoples Services and a Mental Health Resource Centre. These were badged under "Barking Hospital" in the capital programme as at the time it was envisaged that it would be feasible to develop social care components on the hospital site. The feasibility of this is now being examined and off-site alternative options may be put forward.

9.2 Work is also ongoing in relation to specifications and costings for potential social care components of LIFT developments including Porters Avenue. The revenue contribution of this will be drawn in parallel.

10. Accelerating performance improvement

- 10.1 In order to make real the performance improvements (in addition to the resource shifts set out in the 3 star plan – Table 4) £734k of expenditure from this years settlement is ring – fenced against this, and is identified in this review, it is recommended that the use of the following additional resources is endorsed. This will bring Social Services Expenditure up to FSS, continue performance improvement and continue the shift of priorities to resources.

Background papers:

“Improving Social Services – Financial and Commissioning Framework”. The Executive 18th March 2003

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TABLE 4

SOCIAL SERVICES – EXPENDITURE PROPOSALS FOR FSS INCREASE IN 2004/5 (£2.634 MILL)

COST PRESSURES	£ 'k	Comments / Notes
1. Single Status – Working Week	185	Re-evaluation exercise in addition
2. Res. And Day Care Providers Inflation	625	Additional 2.5% inflation on top of general increase (total 5%) on £25m
3. Legal Services	320	Significant Cost Pressures
4. Transport Recharges	270	Significant Cost Pressures
5. UASC / Single Status / Pressures	500	Care Leaver / UASC – Gradings – Social Work
	1900	

ADDITIONALITY PROPOSALS FOR FSS £734 K (all linked to performance improvement)

PERFORMANCE IMPROVEMENT AREAS

Children and Families Social Work (£350k)

- 6. Improved Outcomes for Looked After Children – Educational support, care management and fostering support
- 7. Additional Staffing Numbers – Caseload ratios / waiting times

Older Person Care Management (£150k)

- 8. O.T.s and Equipment budgets – Delivery within 7 days
- 9. Additional Staffing – Caseload Improvement / waiting times

Health & Disabilities Care Management (£160k)

- 10. Physical D, Learn Dis, MH Staffing – Caseload improvement/waiting times
- 11. Direct Payments Officer

Performance, Quality and Value Infrastructure £74k

- 12. Information Management/Caldicott Officer
- 13. Second systems administrator
- 14. Website Content Manager

Performance Indicators Improved required detail - from 02/3 basis

2002/3 performance = 2 Blob (25%), need 50% minimum for 4 Blob

Reviews & durations on CP register in 2002/3 = 3 Blobs, need 33% improvement for 4

New measurement (7days) – was 21 days previously

Waiting time for statements, assessments, reviews & packages – averaging 2/3 Blob

Helped to live at home indicator & direct payments – Is 3 Blob need 20% imp. For 4 Blob

Helped to live at home indicator & direct payments – Is 3 Blob need 20% imp. For 4 Blob

Additional capacity to manage and improve all indicators

PERFORMANCE INDICATORS REFERENCE

6 PAF A2 / BV 50 / TRIP / PSA / C19 / C23 / BV163	8 D38 / BV 56 / TRIP	10 C29 / C51 / E50 / C30 / C31 / E50 / A6
7 Various Incl A3 / C20-21 / BV 162 / TRIP	9 D39 / DV 40 / BV 55 / BV 58	11 C30 / C51 / E50

APPENDIX 1

	2003 / 2004	2004 / 2005	Incr / Decr (-)	Incr / Decr (-)	Comments
<u>SPECIFIC GRANT ALLOCATIONS</u>	<u>£.000</u>	<u>£.000</u>	<u>£.000</u>	<u>%</u>	
CHILDREN'S SERVICES GRANT:-					
Quality Protects (QP)	786	-	(786)	Finished	Subsumed into FSS
Disabled QP	184	-	(184)	Finished	Subsumed into FSS
Leaving Care	2,150	-	(2,150)	Finished	Subsumed into FSS
Choice Protects	122	190	68	+56	
Adoption	74	145	71	+96	
SAFEGUARDING CHILDREN	-	569	569	New	Laming report recommendations
CAMHS-Adolescent	274	382	108	+39	
TEENAGE PREGNANCY	99	129	30	+30	
DEFERRED PAYMENTS DELAYED DISCHARGE MENTAL HEALTH	102	-	(102)	Finished	
PERFORMANCE FUND	227	452	225	+99	Hospital blocked bed fining -
PRESERVED RIGHTS ACCESS & SYSTEMS CAPACITY	524	527	3	+1	
CARERS	431	-	(431)	Finished	Need to fund from base budget.
TRAINING GRANTS: -	858	798	(60)	-7	
HR Development Strat.	770	2,064	1,294	+168	Primarily for Hospital transfers
National Training Strat	473	596	123	+26	
Training Support Prog.	41	108	67	+162	
TSP-Child Care Award	115	143	28	+24	
YOUNG PEOPLE substance Misuse	174	162	(12)	-7	Estimated figure – not available yet
AIDS / HIV SUPPORT	29	30	1	+3	Estimated figure – not available yet
TOTAL	7,543	6,405	(1,138)	(15.08)	

Appendix 2

COMMISSIONING & FINANCIAL STRATEGY 2003/4 to 2005/6

DIVISION	GROWTH MODERNISATION OR STRUCTURAL	SERVICE AREA	2003/04	2004/05	2005/06	DETAILS	PERFORMANCE IMPROVEMENT
GENERIC		1. Inflation for 2003/04 2. Current Overspends 3. Disappearing Grants 4. Increased Central Support Costs 5. Free Nursing Care 6. Loss of bridging funding 2002/3 7. Placements & Systems Contingency 8. Single Status 9. Legal Services 10. Transport Fleet 11. Performance Improvement 12. Contingency	£ 2,475,000 1,750,000 2,500,000 600,000 - 925,000 750,000 500,000	£ 2,255,000 3,119,000 500,000 -500,000 185,000 320,000 270,000 734,000 500,000	£ - - - - - - - - - -	General RPI=1.6m + 625k care Nursing Care £1m – Others £750k on 2003/04 Dtoc £1m- PIG £500k- Res Allow £1m-QP 2004/05 Incr. Computers, accomm, telephones etc Picked up by PCT from April 2003 Reduction of working week Cost and volume increases Leasing Policy cost increase Across the department UASC and Single Status pressures	SUMMARY Indicators relate to SS PAF, SSI, NSF BVPIs, NHS Plan, PSA Targets, "Red Lights" etc
		TOTAL FOR GENERIC / GIVENS	7,650,000	7,383,000			
CHILDREN & FAMILIES	GROWTH	Generic Children's Services Care Mgt. Recruitment & Retention Additional Staff Market Supplements / Agency Costs Q.A & Training & Development Overseas Workers Trainees SUB TOTAL	530,000	350,000	1,000,000	Growth to be determined R&R and additional staff Quality assurance and training and Development. Investment in fostering and adoption Serving children well, joint posts With ED and Health, ie Interface Indicators	<u>Investment aimed at waiting time, targets</u> <u>Reviews, CP Visits, and allocating work.</u> <u>Looked After Children Qualifications</u> (PSA Target/BVPI/PAF A2) Is now a 2 Blob 40%>>>4 Blob=70% <u>Employment, education, training for care leavers</u> (BVPI 161&PAF A4) Is now a 3 Blob 44%>>> 5 Blob =60% <u>Duration on Child Protection register</u> (PAF C21) Is now a 3 Blob 12%>>> 4 Blob = 10% <u>Children fostered or placed for adoption</u> (PAF B7) Is now a 1 Blob 45%>>>>4 Blob = 80+% <u>Adoptions of Children Looked After</u> (BVPI 163/PAF C23) Is now a 1 Blob 1%>>> 4 Blob = 7+% <u>Long term stability of Children Looked After</u> (PAF D35) Is now a 3 Blob 54%>>>> 4 Blob = 60+% <u>Unit Costs Children Looked After</u> (BVPI 151/PAF B8) Is now a 3 Blob £592 >> 4 Blob £433 to £578 <u>Convictions/Warnings of children looked after</u> (PAF C18) Is now a 2 Blob 4.5>>>> 3 Blob between 1 and 3 <u>Health of Children Looked After</u> (PSA?PAF C19) Is now a 2 Blob 58% >>>> 4 Blob 70+%
	GROWTH	Placements & Prevention Services: - Fostering & Adoption Existing OOB Placements Overspend Commissioning for In-Borough Prevention SUB TOTAL	"300,000" "300,000" "150,000" 750,000	} } 200,000 } 200,000	400,000	Commissioning for In-Borough fostering assessment and residential care. Proportion of current placements overspend. Additional resources also from QP and Leaving Care Grant.	
		TOTAL FOR CHILDREN AND FAMILIES	1,280,000	750,000	1,400,000		
ADULTS WITH DISABILITIES	GROWTH	Mental Health Services 24 Hour Crisis Home Support ASWs – Approved Social Workers S117 Resource Centre SUB TOTAL	230,000	500,000		In partnership with NELMHT and the PCT 24 hour crisis resource ASWs and a resource centre	NSF – RED LIGHTS >>> GREEN 24hr Crisis Resolution, Early Intervention-Recruit & Retention <u>Unit Cost of Residential Care for Mental Health</u> (PAF B15) Is now a 3 Blob £466>>> 4 Blob £321 to £426 <u>Adults with Learn. Disabilities helped to live at home</u> (PAF C30) Is now a 2 Blob 1.9>>>> 4 Blob 2.5 to 3
	GROWTH	Learning & Physical Disabilities LD Placements Growth Overspend	100,000			Re-provision institutional services	<u>Unit Costs of Residential Care for Learn. Disabilities</u> (PAF B14) Is now a 3 Blob £710 >>>> 4 Blob £528 to £704
	MODERNISATION	St George's Day Centre (over 65s) Service Expansion / Pressures	-150,000 150,000			Commission more cost effective services	<u>Unit Costs of Residential Care for Phys. Disabilities</u> (PAF B16) Is now a 3 Blob £640>>>> 4 Blob £463 to £617
	MODERNISATION	LD Day and Residential Service Expansion / Pressures		-1,700,000 1,700,000		Gascoigne/ Tudor/ York modernising	<u>Adults with Phys. Disabilities helped to live at home</u> (PAF C29) Is now a 3 Blob 3.5 >>>>> 4 Blob 4.2 to 5
	TOTAL FOR ADULT WITH DISABILITIES	330,000	500,000				
OLDER PERSONS	GROWTH	Generic Older Persons Services Modernisation and Efficiency CARE MANAGEMENT Assessment and reviewing officers Recruitment and retention	"50,000"		-1,000,000	Savings from efficiencies (5%) Additional reviewing officers plus additional care management capacity and retention Utilising new access & capacity grant	<u>Clients receiving a review</u> (BVPI 55/PAF D40) Is now a 2 Blob 43%>>>4 Blob 60+% <u>Older people helped to live at home</u> (BVPI 54 / PAF C32) Is now a 2 Blob 60 >>> 4 Blob 90+
	EFFICIENCY GROWTH	Home Care Traditional Home Care Intensive Home Care Intermediate Care	"150,000"	250,000	100,000	Improved efficiency. Capacity building 24 hour service Quality, cost and volume improvement Utilising new access & capacity grant also	<u>Waiting time for care Packages</u> (PAF D43) Is now a 2 Blob 42% >>>>> 4 Blob < 20% <u>Unit cost of Home Care for Adults and Older People</u> (PAF B17) Is now a 3 Blob £14 >>>>> 4 Blob £9.60 to £12.75
	MODERNISATION	Day Care / Community Services St Georges (Over 65)+Riverside Day Care	500,000			Repronision to Fr. Elder / Transport	<u>Cost of intensive care for adults and older people</u> (BVI 52 / PAF B12) Is now a 2 Blob £552 > 4 Blob £349 to £465
	MODERNISATION	Luncheon and Leisure Services Age Concern Frail Elderly Centres	-900,000 900,000			Changes to provision / client group	<u>Emergency Admissions (Interface)</u> (NSF ? PAF A5) Is now a 2 Blob 3%>>>>> 4 Blob < 1.62% <u>% of people receiving statement of need (Older Persons)</u> (BVPI 58 / PAF D39) Is now a 2 Blob 82.6% >> 4 Blob 96%
	GROWTH	Residential Care Placements & Repronision	250,000	-250,000		Based on current placements c/fwd	<u>Carers Assessments</u> (PAF D42) Is now a 2 Blob 17% >>>>> 4 Blob 40+%
	MODERNISATION	The Lawns Res Home Extra Care Housing & Care Packages	-750,000 750,000	-100,000		Res repronision as per agreed policy	<u>Delayed Discharges (Interface)</u> (NSF / PAF D41) = 1 Blob 10.5 >>>> 4 Blob < 1.68
	MODERNISATION	Riverside Res Home Intermediate Care / Resources		-750,000 500,000		Res repronision as per agreed policy	<u>Availability of Single rooms</u> (PAF D37) = 3 Blob 86% >>> 4 Blob 90+
	MODERNISATION	Kingsbridge Res. Home Nursing Care Resources Independent Resid. & Nursing Care		-900,000	-500,000		
	TOTAL FOR OLDER PERSONS	-250,000	-1,250,000	-1,400,000			
GENERAL		Contracting and Commissioning Asset Management Strategy, Policy and Change Management	50,000 "50,000" 90,000			Additional capacity & compliance post Capitalise Post & possible Joint with PCT New Posts Team, plus interim management etc	
		TOTAL FOR GENERAL OTHER	140,000				
		GRAND ALL DIVISIONAL TOTAL	£9,150,000	£7,383,000	NET £Zero		

1. **Background - Social Services Charging**

- 1.1 This report takes forward previous reports to the Executive on charging for Social Care services. It presents options and makes recommendations regarding levels of charges for the 2004/5 financial year.
- 1.2 There is statutory guidance “ Fairer Charging “ on Councils in deciding on charges for any non-residential services .The Guidance was issued under Section 7 of the Local Authority Social Services Act 1970, as such the Guidance is mandatory and must be followed if the Council implements a non-residential charging scheme.
- 1.3 To recap, the framework described by the guidance includes a number of key points, the main ones being:-
- The Fairer Charging guidance requires non-residential charges to take account of both the users ability to pay and the level of service received.
 - The level of charge should be set in order to prevent service users net disposable income from falling below basic levels of Income Support plus a 25% buffer (£132 per week for 2004/5). Service users with an assessed weekly income below this level **should not be charged**. This requirement in effect necessitates the need for a form of means test to be undertaken.
 - Full account should be taken of an individual’s disability related expenditure when assessing net income available for charging. Previous charging policies had assumed disability benefits are a form of income to pay charges. It is strongly argued by User Groups that these allowances are entirely to meet the additional costs related to disabilities (i.e. heating, clothing, aids and equipment) and not to pay for care.
- 1.4 The Fairer Charging Guidance is very similar in its principles to the Council’s Charging Policy Commission. The Council set up a Policy Commission on Charging in 2001. The commission recommended that full cost recovery charges should be levied wherever possible, and where powers exist for all services except where subsidies are agreed to meet community priorities.

2. **Current Charging Policy and (Income Base)**

- 2.1 Social Services charging policy was revisited last year , with the introduction of new guidance eluded to at 1.2 (Fairer Charging) This was informed by a Consultation process with Users . It is not proposed to change the policy this year, and only to review levels.
- 2.2 Income levels from Service Users is not large, being in the order of £200k for home care and £4m for residential and nursing care. Total gross expenditure in Social Services is in the region of £100m.

2.3 The current charges for Home Care services are:

Bands of Services	Charge 2003/2004
0 to 2 hours per week	£15.00 per week
2 to 10 hours per week	£17.50 per week
10 hours plus per week	£20.00 per week
Variable – Full paying Service Users	£7 per hour of service

2.4 Welfare meals (meals on wheels) are provided to approximately 360 clients per week, by Appetito Catering Services and the current charge to the Service User is £1.86 per meal.

2.5 Residential care charges are governed by statute (National Assistance Act 1948), whereby services users are financially assessed (including their properties) to pay towards their care. The charges levied on Users range from between £84 and £490 per week. The full charge also applies to other Local Authorities who place people in Barking & Dagenham establishments, although this is rare.

2.6 Charging can also be viewed as a component to contribute to service change and promoting inclusion and independence. Current Policy is that the department only charges for traditional residential and home care services, not for supported or sheltered employment, or for forms of independence building support.

2.7 There are some services Social Services currently do not charge for, these are Transport, Day Centres and Clubs, and Mental Health services. The Council also has the power under Schedule 3 of the Childrens Act 1989 to make a charge for Childrens Services. At present (in line with the vast majority of Boroughs) the council does not charge, but retains the option to charge in appropriate cases.

3. Ability to Pay and Assessment Process (“Means Testing”)

3.1 Social Services provide services to some of the most disadvantaged residents in the Borough. Consultation found that many clients find the financial assessments required under the statutory guidance as being intrusive and confusing. Complex means testing is also labour intensive and has its own costs, which may outweigh the income generated, (particularly in a Borough where residents have demonstrably low incomes, poor health and disability levels). Therefore, given the above factors it was agreed that the financial process and assessment adopted include the following aspects.

- 75% of a users disability benefits will be disregarded for charging purposes, to go towards their additional disability related expenditure. Service users have the option of asking for a full review if they feel that their disability related expenditure is greater than this. This is not un-common in low income Boroughs.
- There are approximately 10 questions to ascertain a client’s weekly income, largely in a simple tick-box format.

- In line with residential care statutory guidelines for 2004/5, a service user with in excess of £20,000 capital (i.e. savings and investments) will be assessed to pay the full cost of their services (based on current average unit costs). Approximately 5% of Service Users fall into this category.

3.2 Members are advised that the above policy and approach, has greatly assisted Users in completing their assessment forms, and has kept financial administration to a minimum.

4. **Charging Levels for Home Care – Options**

4.1 Home care income reduced with the introduction of Fairer Charging, due to the number of service users falling into the non paying income support levels. Currently, approximately 75% of current service users do not pay and receive a full subsidy. This is not un-common in low income Boroughs, some neighbouring Boroughs do not levy a charge at all, as the costs of the assessment and collection process outweigh the revenue collected. .

4.2 Three options for Home Care charges are provided for illustrative purposes. It is recommended to go for Option 2, which represents a £1 per week increase for the 100+ users assessed to pay (approx 5% increase) , and an increase of £0.50p per hour for full payers (approx 38) . Option 3 is based upon a full cost recovery, but is included for indicative purposes only, and is included to give an indication of the levels of charge required for full cost recovery. It is not viable due to service user income levels in the Borough.

4.3

Option 1 – increase current charges by 2.5%

Hours of Service Per Week	Charge Per Week £	Subsidy Per Week £	Service Users	Annual Income £k	Estimated Subsidy PA
Up to 2 hours	15.40	4.60	5	4	1k
2 to 10 hours	18.00	32.00	68	64	113k
10 hours plus	20.50	129.50	45	48	303k
Variable	Full cost £7.20	0.00	38	75	0k
Total			156	£191k	£417k

Option 2 – increase current charges by approx 5%

Hours of Service Per Week	Charge Per Week £	Subsidy Per Week £	Service Users	Annual Income £k	Estimated Subsidy PA
Up to 2 hours	16.00	4 .00	5	4	1k
2 to 10 hours	18.50	31.50	68	65	111k
10 hours plus	21.00	129.00	45	49	302k
Variable	Full cost £7.50	0.00	38	80	0k
Total			156	£198k	£415k

Option 3 - Full Cost Recovery

Hours of Service Per Week	Charge Per Week based on Full Cost £	Service Users	Full Cost £k	Estimated Subsidy PA
Up to 2 hours	20	5	5	0
2 to 10 hours (Ave. 5)	50	68	177	0
10 hours + (Ave 15)	150	45	351	0
Variable	Full cost £7.50	38	80	0
			£613k	£0k

It should be noted that even if Members chose to adopt Option, 3 because of the means test, actual income collection would not be significantly different to 1-2. Assessment information has indicated that approximately 75% of clients who are assessed to pay have less than £30 of assessable income to pay charges.

5. Other Service Areas (currently not charged)

5.1 Transport Services and Day Care

It is not recommended by Social Services that Policy changes, and charges be made for transport and day centres at this stage (approximately 100 clients). The Education Department have previously advised that under the Public Passenger Vehicle Act 1981, the direct or indirect charging for transport services will contravene current fleet licensing regulations. It is also estimated that charging in this area will result in minimal income due to the assessable income of the client groups (possibly 15 to 25 clients only). The majority of them who could pay will be assessed to pay for home care services also. This service to Users is thus subsidised fully, in the order of £900k per annum.

5.2 Frail Elderly Centres

The Council is commissioning approximately 120 places at 5 Frail Elderly Centres since May 2003, the majority (estimated at approximately 80 %+) of frail centre users will also be receiving home care and are thus being assessed accordingly for those services. A separate charge would not raise significant income due to clients not having sufficient disposable income to pay (if anything) on top of their home care charge of up to £20. This service to a very frail elderly client group is thus subsidised fully by approximately £100 per week (approximately £650k per annum).

5.3 Mental Health Day Care Clients

Under Section 117 of the Mental Health Act 1983, it is not permissible to charge mental health clients for services (deemed as aftercare services). A significant number of clients fall under the provision of S117. It is also proposed to continue to not charge the remaining non S.117 mental health clients. They are not receiving the traditional homecare services as other client groups. The service is more a “bridge to independence”, and a “key to engagement” with the emphasis on maintaining a contact with clients who might otherwise disengage. A charge for such services is likely to discourage service users from engaging. It is estimated that the costs of this subsidy is in the order of £20k per annum.

5.4 All areas of non-charging will be reviewed during 2004/5 and annually for reconsideration.

6. Supporting People

6.1 Supporting People is a complex piece of legislation, it is a relatively new (2003/4) revenue funding regime for the Support Housing sector. Supporting People unifies various funding streams (e.g. the support element of Housing Benefit, Supported Housing Management Grant, Probation Accommodation Grant, and Home Improvement Agency funding). A budget of £5m is paid to a range of service providers (e.g. LBBB Housing, Outlook Care, London Quadrant) via contracts.

6.2 Where services are eligible for client charging, the contracts will be paid to the providers net of the estimated income collected from clients. Collection of charges will remain with the service provider, and the financial assessment of clients to pay charges is aligned with Fairer Charging Guidance.

6.3 Supporting People users receiving Housing Benefit are exempt from charges. The remaining clients (approximately 10 to 20%) will be paying charges which range from £12 to £45, depending on the diverse range of support services offered by each provider. The charge is based on full cost recovery.

6.4 People living in Council sheltered accommodation are receiving a Supporting People service and this includes the warden and Careline service. The funding for these services has been un-pooled from the Housing Revenue Account and is paid as SP Grant. This service is also subject to a charge and is £12.77 p.w.

6.5 Existing tenants prior to the inception of the Supporting People regime as of the 31st March 2003 have not been paying for this service and will be transitionally protected. The length of the transitional protection is locally determined and lasts until the first scheme review (prior to 2006), at which time we can assess the funding needed to protect people for the duration of the tenancy.

7. Welfare Benefits Advice

7.1 We have had considerable success with Independent Sector partners in increasing benefits uptake in recent years. Social Services has a service agreement with the Disablement Association to provide benefits advice to Borough residents and service users. We will continue to work with partners to ensure service users maximise the uptake of benefits.

8. Welfare Meals

8.1 In line with other charging it is proposed to increase the charge to service users for Welfare Meals. Currently Appetito (External Meals Provider) is providing an estimated 130,000 meals (full year figure) and their charge is £3.93 per meal to the Council. Approximately 360 service users benefit from the service. The charge to Social Services is determined in accord with demand levels, as per the contract.

- 8.2 Currently service users pay £1.86 per meal (representing a £2.07 subsidy per meal). The meals service is categorised as ‘moderate plus’ service in terms of “Fair Access to Care Eligibility Criteria “ , i.e. a service that should be provided to prevent a person falling into critical / substantial care needs , thus justifying the subsidy levels in the region of £260,000 per annum.
- 8.3 Appetito will be increasing the charge for their meals in accordance with demand levels and allowable inflation from September 2004 (the anniversary of the contract) – and it is estimated that the increase will take the price to approximately £4.05.
- 8.4 Members are recommended to apply to service users a 6.5% increase from £1.86 to £1.98, in effect matching Appetito’s expected increase of 12p to the Council, which would maintain current subsidy levels at just over £2 per meal.

9. Nursery Charges

- 9.1 It is necessary to review Nursery Place Charges to working parents at Eastbury and Kingsley Hall Nursery – It is proposed to increase the current charge of £110 p.w. to £135 per week from May 1st to further eliminate the subsidised cost of a placement (full cost circa £150 p.w.) – This is felt acceptable in the current “market “and is further supported by the benefits available to working parents to help towards such costs. The policy of eliminating the subsidy is in line with the Early Years Development and Childcare Partnership (EYCDP) recommendation.

10. Charges to Full Cost Fee Payers and Other Local Authorities for LBB&D Residential and Day Care Places in 2004/5 and Benchmark Prices.

- 10.1 It is necessary to determine the charge to be applied to other local authorities on the occasions where their residents occupy places in the Council’s residential homes and day centres. The charge also applies to a relatively small number of London Borough of Barking & Dagenham residents (approximately 5%) who are financially assessed to pay full costs for their residential care.
- 10.2 Basically the method of calculating the charge is the estimated running costs of the homes divided by the number of places provided (i.e., a full cost recovery basis), subject to a statutory means test for contributions under the National Assistance Act 1948.
- 10.3 Proposed Charges for 2004/5
- 10.4 The proposed charges are based on the principle mentioned in 10.2 above. Previous advice of the Director of Finance Officer that all income estimates should be increased in aggregate of at least inflation has also been a salient factor in determining charges.
- 10.5 The proposed charges are summarised below and will come into effect from 12th April, 2004.

	Present Charge	Proposed Charge
Elderly Residential Homes	£460 pw	£505 pw
Learning Disability Res. Homes	£710 pw	£726 pw
Mental Health Day Centres	£28 per day	£29 per day
Gascoigne Centres	£47 per day	£50 per day
Heathlands	£120 per day	£123 per day*

* Up to 3 sessions per day (at £41 each)

10.6 **Benchmark Prices 2004/5**

With regard to Nursing Homes, this Authority has a 'bench-mark' price of £490 per week. This is the limit at which the Authority would normally pay for nursing home accommodation and the level at which if exceeded, residents' relatives would normally be asked to 'top up' charges. Given extremely competitive current market conditions, and after consultation with the Director of Older People's Services, Placements and Commissioning Managers, it is recommended that Members endorse a benchmark price of £515 (+5%) for 2004/2005. This will also facilitate speedier discharge from hospital, and prevent un-necessary Fining by the Hospital Trusts.

- 10.7 It is also proposed to increase the bench mark price for residential homes from £387 to £406 (i.e. a 5% increase). Again this is the limit at which the Authority would normally pay for older people's residential accommodation, and the level at which, if exceeded, residents' relatives would normally be asked to 'top up' charges. As alluded to the market for residential care beds is becoming extremely competitive, the increase in benchmark will allow the department to continue to place clients speedily and local.
- 10.8 The benchmark prices also act as guidelines and limits for packages of community care, in accord with the Department's Scheme of Delegation.

Background Papers

- Department of Health – Charging for Residential Accommodation Guide
- National Assistance Act 1948 – (Assessment of Resources Amendment) Regulation 2002
- Fairer Charging Statutory Guidance – Department of Health 2001/2002

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