

London Borough of Barking and Dagenham

Notice of Meeting

THE EXECUTIVE

Tuesday, 24 May 2005 - 7:00 pm
Council Chamber, Civic Centre, Dagenham

Members: Councillor C J Fairbrass (Chair); Councillor T G W Wade (Deputy Chair); Councillor J L Alexander, Councillor G J Bramley, Councillor H J Collins, Councillor C Geddes, Councillor S Kallar, Councillor M A McCarthy, Councillor M E McKenzie and Councillor L A Smith (subject to confirmation at Annual Assembly)

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

13.05.05

R. A. Whiteman
Chief Executive

Contact Officer: Alan Dawson
Tel. 020 8227 2348
Fax: 020 8227 2171
Minicom: 020 8227 2685
E-mail: alan.dawson@lbbd.gov.uk

AGENDA

1. **Apologies for Absence**
2. **Minutes - To confirm as correct the minutes of the meeting held on 10 May 2005 (circulated separately)**

Business Items

Public Items 3 to 4 and Private Items 12 to 15 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. **Attendance at the Chartered Institute of Public Finance and Accountancy (CIPFA) Conference 2005 (Pages 1 - 2)**

4. **Future Development of Information Management and Technology (Pages 3 - 4)**

Discussion Items

5. **Dagenham Heathway Regeneration Strategy and Public Realm Improvement Programme (Pages 5 - 37)**
6. **Barking and Havering Local Improvement Finance Trust Strategic Services Development Plan (Pages 39 - 70)**
7. **Performance Monitoring 2004/05 (Pages 71 - 74)**

The Performance Monitoring graphs will be circulated to Members under separate cover and will also be made available on the Internet, in the Members' Rooms and at public libraries.

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

10. **Redevelopment of the Eastern End of Thames View Estate (Pages 75 - 87)**
11. **Corporate Strategy Department Re-Structure (to follow, restricted circulation)**

Concerns the proposed terms for the acquisition of property (paragraph 8)

Concerns a labour relation matter (paragraph 1)

Business Items

12. **Urgent Action - Disposal of Land at Undervalue: D'Arcy Gardens Allotment Site (Pages 89 - 91)**

Concerns the terms of a land disposal (paragraph 9)

13. Inspection of the Children's Services Adoption Service: Appointment of External Project Manager (Pages 93 - 95)

Concerns a contractual matter (paragraphs 7 and 8)

14. Community Music Service Redevelopment: Costs of Relocation of Barking Boxing Club (to follow)

Concerns the business affairs of a third party (paragraph 7)

15. Employment Tribunal (to follow, restricted circulation)

Concerns a staffing matter (paragraph 1)

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

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THE EXECUTIVE

24 MAY 2005

REPORT FROM THE DIRECTOR OF FINANCE

ATTENDANCE AT THE CHARTERED INSTITUTE OF PUBLIC FINANCE AND ACCOUNTANCY (CIPFA) CONFERENCE 2005	FOR DECISION	
<p><i>This report seeks approval for attendance at the CIPFA 2005 Conference in accordance with the Council's Conferences, Visits and Hospitality Rules as the total cost of attending the conference will exceed the £1,000 threshold.</i></p> <p>Summary</p> <p>The Executive is asked to agree representation from the Council by 2 persons to the Chartered Institute of Public Finance and Accountancy (CIPFA) annual conference which is to be held over a 3 day period.</p> <p>Recommendation</p> <p>The Executive is asked to approve attendance of the Chief Executive and the Director of Finance at the CIPFA annual conference 2005, in Manchester from 14-17 June 2005, at a cost of £595 per delegate plus accommodation and travel to be met from the existing departmental training budget.</p> <p>Reason</p> <p>Attendance at the CIPFA conference is an opportunity to learn about current issues affecting public sector organisations with a particular emphasis on strategic financial aspects</p>		
<p>Contact: Julie Parker</p>	<p>Director of Finance</p>	<p>Tel: 020 8227 2252 Minicom: 0208 227 2685 E-mail: julie.parker@lbbd.gov.uk</p>

1. Background

- 1.1 The Chartered Institute of Public Finance and Accountancy (CIPFA) is the professional body for accountants in the public sector. CIPFA holds an annual conference and exhibition in different locations every year. This year it is being held in Manchester from 14-17 June 2005.
- 1.2 The annual conference and exhibition is regarded as a valuable conference promoting the Institute's purpose to maximise the contributions that the CIPFA accountants at the senior level can make to the public sector.
- 1.3 Attendance at the CIPFA conference is an opportunity to learn about current issues affecting public sector organisations with a particular emphasis on strategic financial

aspects. Speakers are drawn from opinion formers and leaders in their fields. It is a good opportunity to speak to suppliers, consultants, gain exposure to new products and concepts via the exhibition area. It is also an ideal opportunity to network with senior finance staff from across the country. The majority of Directors of Finance attend this conference.

2. Detail

2.1 This year's conference is entitled "Raising the Bar ... Building Innovative and Enterprising Public Services". It will cover topics that include:

- Can we deliver significant improvement in public sector efficiency?
- Setting the standard for Public Service Governance.
- Scanning economic and political horizons.
- Regenerating cities – contrasting strategies.
- Serving the public interest.

The conference is one of the public services' largest events attracting 1,000 delegates from a broad span of the public, private and voluntary sectors, including a growing number of international guests.

3. Cost

3.1 In previous years the Director of Finance has attended alone but this year the Chief Executive, who is a CIPFA member and currently a co-opted member of the CIPFA Council, wishes to attend, so taking the cost over £1,000.

3.2 The cost per delegate is £595 (£560 each for two or more), plus hotel and travel costs, which is estimated for two to be:-

Conference	1120
Accommodation	760
Travel	<u>200</u>
	£2,080

3.3 These costs will be funded from the existing departmental training budgets.

Background Papers Conference Brochure

THE EXECUTIVE

24 MAY 2005

REPORT FROM THE DIRECTOR OF FINANCE

FUTURE DEVELOPMENT OF INFORMATION MANAGEMENT AND TECHNOLOGY	FOR DECISION	
<p><i>This report details the way forward to review the service provision and resulting structure of the IM&T department. IM&T will undertake a Best Value Review and with the agreement of the Executive, the actions in the review will be implemented and thus supersede the report on restructure from October 2003.</i></p> <p>Summary</p> <p>This report outlines the background to the current establishment of the IM&T Division, and identifies the way forward for a Best Value Review (BVR) of IM&T which will focus on the services provided within the Council for Information and Communication Technology (ICT) including IT infrastructure, web development, system management and development, IT support, guidance and advice, procurement, system integration and implementation and project management.</p> <p>Recommendation</p> <p>The Executive is recommended to agree that the BVR will be used to determine the future of IM&T service provision throughout the Council and an appropriate management structure.</p> <p>Reason</p> <p>The review of IM&T is to enable an analysis of the current ICT provision, focusing on future business and customer needs to ensure the Council delivers services to customers effectively and efficiently.</p>		
<p>Contact Officer Sarah Bryant</p>	<p>Head of Information Management & Technology</p>	<p>Tel: 020 8227 2015 Fax: 020 8227 2060 Minicom: 020 8227 2685 Email sarah.bryant@lbbd.gov.uk</p>

1. Background

1.1 A report to the Executive on 28 October 2003 (Minute 179 refers) detailed an outline review of the way IM&T delivers services throughout the Council. The report recognised that the Council faces significant changes which have and will continue to impact on the way in which ICT is delivered and proposed that the IM&T Service needed to be re-organised, resourced and structured to:

- 1 Focus on policy and performance at the Centre of the department;
- 2 Streamline technical support;
- 3 Deliver e-government programme across the Council;

- 1.2 The review was carried out along with an independent consultant from the Society of IT Management (SOCITM) who was brought in to assist.
- 1.3 To date, work has progressed to deliver the key recommendations of the review to improve the delivery of IM&T services to customers and a restructure has started to emerge with the centralisation of IM&T Services. However, over the past 18 months priorities for the Council for IM&T have changed.
- 1.4 With the Head of IM&T being in post since August 2004 the key priorities were identified as:
- 1 Establish e-government unit to deliver the e-government agenda across the Council indicating BVPI 157 – to provide services electronically.
 - 2 Establish an ICT Strategy.
 - 3 Improve services to customers by re-aligning IM&T Services to the Council's business needs.
 - 4 Integrate desktop support to provide a cohesive, consistent corporate service to customers.
- 1.5 Although a full restructure has not taken place, IM&T has undergone and continues to undergo, a transformation of the way in which it delivers services to customers with the main focus on continuous improvement, customer satisfaction and delivering an excellent service to customer needs.
- 1.6 IM&T have now been selected (2005/06) to undergo a service review under Best Value. This will ensure that IM&T Services are compared with external providers, challenging what is provided and the way of doing so, focussing on quality, value for money and customer satisfaction. The scope of the review is currently being determined.
- 1.7 This review will determine the future shape of the service provision along with actions to improve service delivery across the Council. Continuous improvements will continue to be made throughout the department focussing on delivering the key objectives (balanced scorecard) and transforming our services to customers
- 1.8 In view of the BVR and the progress made to date it is proposed that the restructure detailed in the report to the executive some 19 months ago is not implemented as the BVR will determine the appropriate structure and action plan to be implemented.

2 Consultation:

Corporate Management Team
Policy and Performance Unit
Director of Finance

Background Papers

Report to The Executive 28 October 2003 (Minute 179)
Balanced Score Card

THE EXECUTIVE

24 MAY 2005

REPORT FROM THE DIRECTOR OF REGENERATION AND ENVIRONMENT

DAGENHAM HEATHWAY REGENERATION STRATEGY AND PUBLIC REALM IMPROVEMENT PROGRAMME	FOR DECISION	
<i>This is a strategic issue concerning regeneration in Dagenham which is within the remit of the Executive.</i>		
Summary		
<p>This report seeks the Executive's approval for the Dagenham Heathway Regeneration Strategy in order to strengthen and improve the retail offer for local residents. The Strategy identifies a range of interventions and improvements across a broad range of areas, including planning policy, public transport investment, environmental / public realm improvements and new civic facilities. The Strategy will help to realise the full potential of the centre as a focus for retail, services and community facility provision for local residents and businesses and also identify development opportunities and guide future investment decisions.</p>		
Wards Affected - River, Village, Heath, Alibon, Parsloes, and Goresbrook		
Recommendation		
The Executive is recommended to agree:		
<ol style="list-style-type: none"> 1. The Dagenham Heathway Regeneration Strategy for the purpose of consultation within the Local Development Framework (LDF); and 2. The design of the first phase of the Public Realm Improvement Programme for the Heathway (Parloes Avenue – Dagenham Avenue). 		
Reason		
<p>To assist the Council in achieving its Community Priorities of <i>"Regenerating the Local Economy"</i>, and <i>"Raising Pride in the Borough"</i>, to assist in the good planning of the area and to promote the social, economic and environmental well-being of the area.</p>		
Contact Kevin Munnelly	Regeneration Implementation	Tel: 020 8227 3904 Fax: 020 8227 5326 Minicom: 020 8227 3034 E-mail: kevin.munnelly@lbbd.gov.uk

1. Background

- 1.1 Dagenham Heathway is an important district shopping centre within the Borough. A Regeneration Strategy is required to strengthen and improve the retail offer for local residents. This will identify a range of interventions and improvements across a broad range of areas, including planning policy, public transport investment, environmental / public realm improvements and new civic facilities. The strategy will help to realise the full potential of the centre as a focus for retail, services and community facility provision for local residents and businesses and also identify development opportunities and guide future investment decisions.
- 1.2 In preparing the Regeneration Strategy the consultant team carried out extensive research into the needs of the local residents and businesses and identified the wider economic and social challenges and threats facing the centre. A selection of the results of this analysis are contained in the final report, extracts of which are attached as Appendix 1. A full version of the Regeneration Strategy and Public Realm Improvement Programme is available in the Members Rooms at both the Town Hall and the Civic Centre.

2. Regeneration Vision and Priority Areas

- 2.1 The challenges that face the Heathway are self evident in the quality of the retail offer currently available to residents. The comparison between the Mall, with its good, if traditional appearance and demand for premises from multiples, and the high street with its inferior quality of unit and environment, is striking. The lack of modern retail units and development opportunities, allied to the quality of the public realm, together with changes in retail habits i.e. greater use of outer or edge of town shopping, have caused the Heathway to slip down the retail hierarchy and lose out to more vibrant centres such as Barking and Romford. The private sector alone is unlikely to significantly invest in the area without assistance from the public sector. It is therefore essential that the Council lead on developing policy and specific interventions which will stimulate development activity and ensure the long term sustainability of the Heathway as a valuable local town centre. The Regeneration Strategy proposes the following vision for the Heathway:

To maximise the potential of Dagenham Heathway by transforming the Centre into a sustainable, attractive, vibrant and safe town centre where people want to, and are able to live, work and access high quality public transport, shopping and leisure facilities.

- 2.2 The content of the Regeneration Strategy and the individual improvements and actions have therefore been developed to deliver this vision. In addition to the analysis of the background economic reports, the proposed improvement actions have also been informed by a comprehensive programme of public consultation which has included a household survey on shopping expenditure patterns, a business survey and a community street audit carried out as part of Urban Design week. For the purposes of this report the proposed improvements have been set out on a thematic basis as identified in the analysis.

Retail

2.3 The Strategy acknowledges the strength of the Heathway lies in the comparison goods offer, but recognised that the lack of a large food store is undermining the centres vitality and long term viability. The lack of investment over the past 20 years in the fabric of the current retail units and their irregular shape and size has not made them attractive to major retailers, who generally are looking for single units of 500 sq m. The Strategy identifies the need to increase the amount of time people stay in the centre, therefore adding to the vibrancy of the centre. The Regeneration Strategy proposes the following interventions to address the retail challenge:

- An urgent need to provide a food supermarket in the centre.
- Identification of opportunity sites that can be developed to provide high quality mixed use retail and housing schemes.
- The provision of larger modern retail units to meet the demands of multiples through the identification of development sites that can be promoted via the LDF process.
- A programme of environmental/public realm improvements for the Heathway, with the shopping core established as the first phase.

Housing

2.4 The Strategy recommends that, in line with Government policy, the Council should promote the development of high density housing at the Heathway through the development and re-use of previously developed land. The success of the Housing development at Reede and Blackbourne Roads have illustrated that there is a strong demand for new housing in this area. However, because of the shallow depths of many of the units on the Heathway there is limited scope to realise significant housing redevelopment without considerable site consolidation. This consolidation requirement has been reflected in the identification of housing development sites, many of which are backland sites.

Potential Development Sites

2.5 To support the delivery of the wider regeneration strategy the consultants carried out an extensive analysis of potential development sites in the Heathway core. This is attached as A26 in Appendix 1. This includes an analysis of each opportunity site, setting out individual development objectives, information on the site such as size, the current use and ownership. It then proposes a development mix for each site informed by the overarching development objectives of the Regeneration Strategy. The provisional timetable indicating a programme of development for the sites including phasing is set out in A37 in Appendix 1.

2.6 The indicative development phasing sees a number of sites A, A1 & B, being the first to be promoted before 2009 to meet the identified need of a new supermarket and larger retail units. The analysis by the consultant teams sees the remaining opportunity sites being developed out between 2013 and 2019 for a variety of mixed uses. The phasing document does make reference to the provision of the new Dagenham Library and Customer Care facility on Site F being commenced by 2007/8.

Public Realm Improvements

- 2.7 One of the key weaknesses of the Centre is the variable quality of the public realm all the way along the Heathway, with particular emphasis placed on the retail core. The Regeneration Strategy proposes a radical overhaul of the public realm and proposes an ambitious environmental improvement programme. A key part of the public realm improvement programme is therefore the adoption of a greening strategy for the Heathway. The basic concept promotes the idea of the Heathway as a continuous green corridor, using the generous street width and open greens as a key attribute. This would result in a programme of extensive tree planting of a varied selection of trees which would dramatically alter the appearance of the area. It is proposed that London Planes are planted as part of the 1st phase of the improvement programme in the retail core. The further stages of planting along the Heathway to Chequers Corner, will include species such as White Willow, Ash and Hybrid Poplar, which will allow for a mixture of colour and texture, which will change with the seasons and add colour to the street. Further details of the greening strategy is contained in B23 and B25 in Appendix 1.
- 2.8 The improvement programme also proposes a major overhaul of the hard landscape of the Heathway including pavements, kerbs, parking areas, street furniture including lamp columns, bins, seats, and the equipment for statutory undertakers such as public telephones and bus stops. In recognition that the area from the Heathway to Chequers Lane is one of the Mayor's designated 100 public spaces, the overall Regeneration Strategy proposes a major investment in upgrading the quality of the Heathway, which will be reflected in the design and selection of materials. Work has begun with the Council's Head of Arts Service to develop a range of complimentary Artscape projects, based on the experience of the successful A13 and Barking Town Centre Arts Schemes.
- 2.9 The general design principles underpinning the improvement programme seek to minimise the level of street clutter, providing one style of design and a material palette that will applied all along the Heathway. These include the selection of granite setts in the carriageway to delineate parking areas, granite flags on the pavements, and cast stone benches. It is a key element of the design of the hard landscaping scheme that it will be integrated with the tree planting scheme. The overall design will seek to integrate car parking within a remodelled carriageway and provide a dedicated cycle route. Sectional details of the overall design, including junction treatments are contained in B30 and B34 in Appendix 1.
- 2.10 In responding to the priority regeneration objective, to improve the retail core section of the Heathway, the Regeneration Strategy proposes that the Council should promote as the first phase of the improvement plan the section between Parloes Avenue and Dagenham Avenue.
- 2.11 With funding secured from the Thames Gateway London Partnership officers have been able to develop further these concept design drawings for the first phase of the improvement programme. This has included developing the improvement programme up to a pre-contract stage including cost estimates, which has estimated the cost implementing the 1st Phase as £2,254,597 (see Appendix 2).
- 2.12 It is acknowledged that the overall improvement programme for the whole of the Heathway will have to be phased over a number of years, the phasing of which will

be subject to funding being available to undertake the work. However, given the profile of the Heathway as one of the Mayor's 100 public spaces it is considered that this will release significant funds from Transport for London via the Local Implementation Plan and the Thames Gateway London Partnership transport funding. It is proposed that phase 1 of the improvement programme is included as a specific bid in the 2005-10 Borough Local Improvement Plan. It is also proposed that additional funding bids be made in 2005/6 to the London Thames Gateway Development Corporation and the ODPM Sustainable Communities Fund to match fund the LIP bid. It is also anticipated that officers will make a bid for funding in 2006/7 under the Council Capital Programme.

Improvement Plan

- 2.13 The regeneration strategy also proposes a further range of improvements which relate to managerial issues in the Centre. The Strategy recommends that there is a need to facilitate and foster an improved retail environment through partnership with existing retailers and by undertaking environmental improvements and promoting greater town centre management of the centre to deal with issues such as car parking, littering and anti-social behaviour. The full Town Centre improvement plan is attached as A42 – A49 in Appendix 1

3. Financial Implications

- 3.1 The adoption of the Regeneration Strategy for consultation as part of the Local Development process does not have any direct implications for the Council. The approval of the design for the first phase of the Heathway Public Realm Improvement Plan will result in the further development of the project to a funding stage, the implications of which for the Council will not be known until the outcome of the respective funding bids. There are currently no funds allocated for this improvement programme. Any public realm improvement programme will be subject to a full Capital Programme Monitoring Office (CPMO) appraisal.

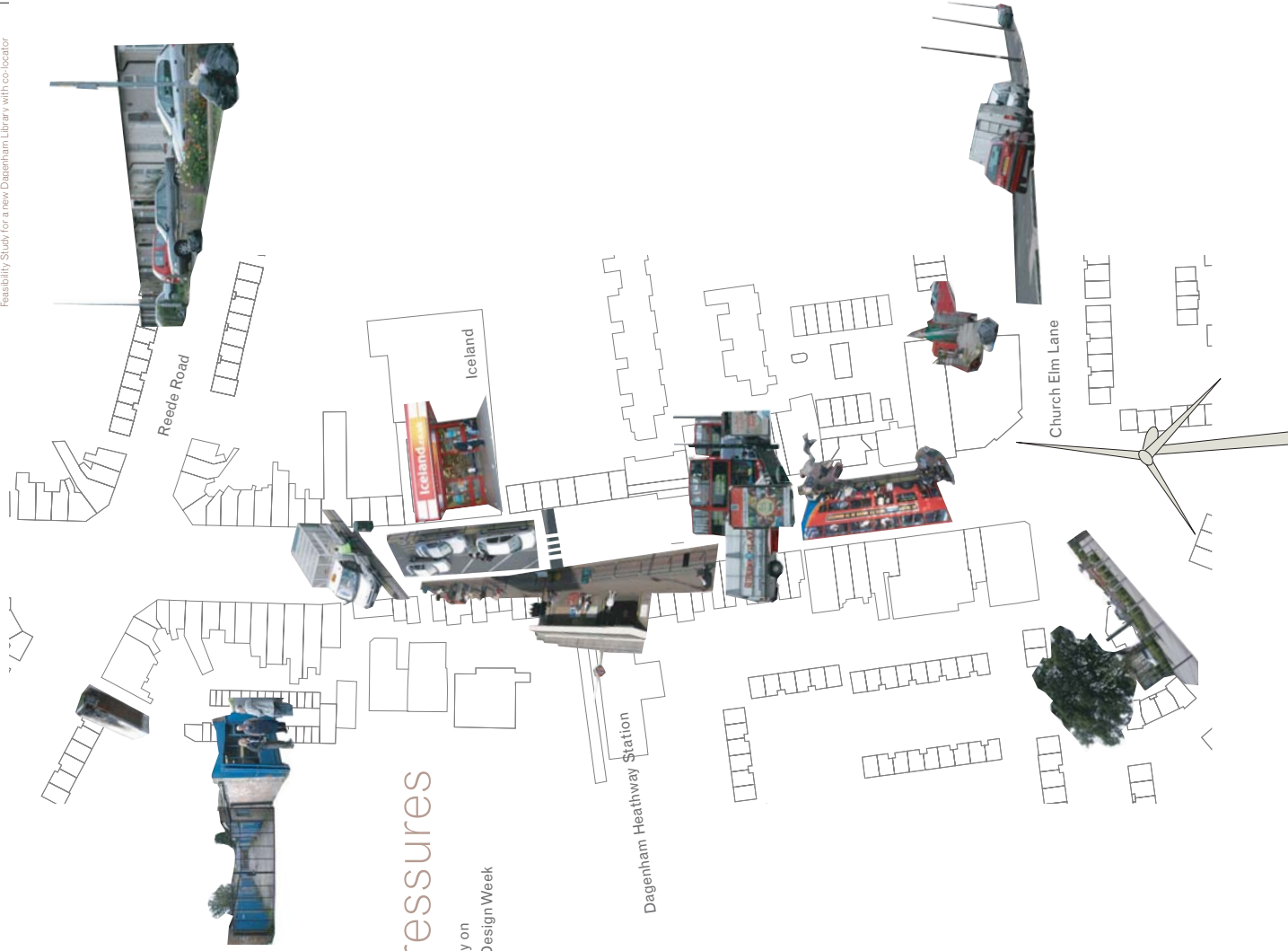
4. Consultation

- 4.1 The GLA's Architecture and Urbanism Unit have been fully involved in the development of the improvement programme and they have endorsed the broad approach. Internally, the improvement programme has been developed with inputs from Housing, Parks and Leisure, Highways, and the Urban Design Group who have been consulted. This report was also considered at the Council's Regeneration Board meeting on 25 April 2005.

Background Papers

- Dagenham Heathway Regeneration Strategy March 2005
- Dagenham Heathway Public Realm Improvement Programme

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Conflicting pressures

Issues raised during the consultation day on
17 September 2004 as part of the Urban Design Week

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Restricted pedestrian space around station and narrow crossing are insufficient. There is no drop off space, taxi stop or meeting point.

Pedestrian barriers block access to buses and trap passengers on exit



Scheme on the Green is a good quality initiative that is being undermined by lack of a clear maintenance regime and budget

The issues

The heathway gets quickly blocked by turning vehicles.



Poor definition between private gardens, pavement and road.



The pavements in the adjacent streets are used as car parking.



Cars temporarily park along Heathway and block traffic; continuous pedestrian barriers result in people jumping into roadway



Signs, telephone boxes, post boxes and posts straddle of the wide pavement and often restrict pedestrian movement



Yards at the rear of Heathway are insecure, act as dumping areas and present poor image of environment



Pedestrian barriers prevent access to refuse collectors. Gates left open led to one fatality this year.



Iceland store front is quite restricted.



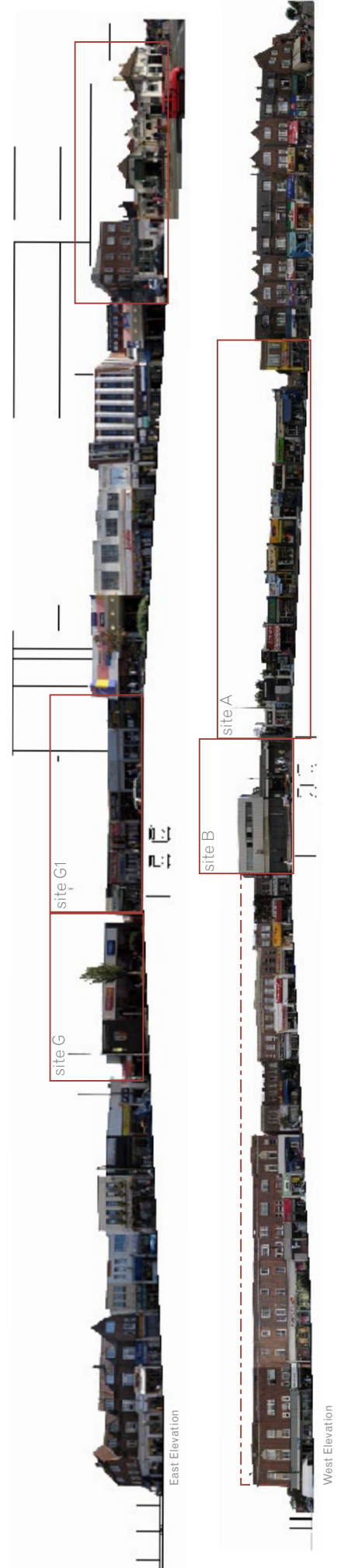
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3.1 Possible Development Opportunities

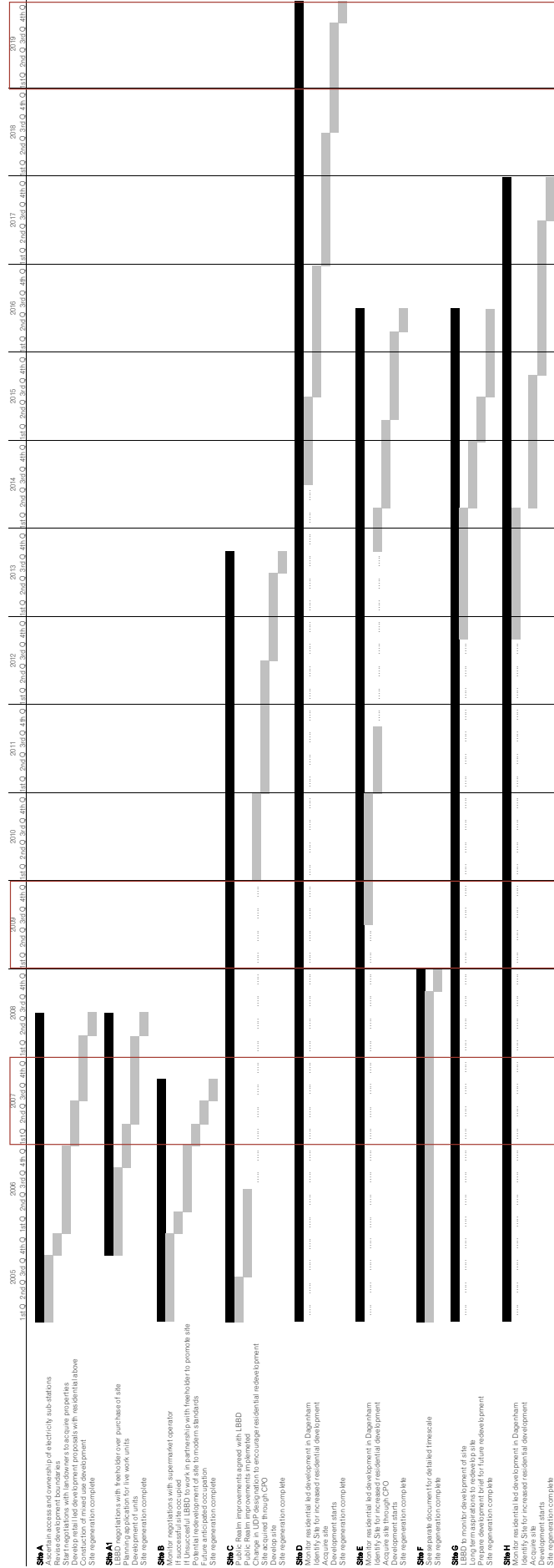
site A	3760m ²
site A1	11500m ²
site B	11000m ²
site C	3250m ²
site C1	450m ²
site D	750m ²
site E	10600m ²
site F	2100m ²
site F1	180m ²
site G	85000m ²
site G1	700m ²

 site boundary
 existing / possible public access routes



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3.10 Regeneration Plan



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Proposals: A bio diverse spatial strategy

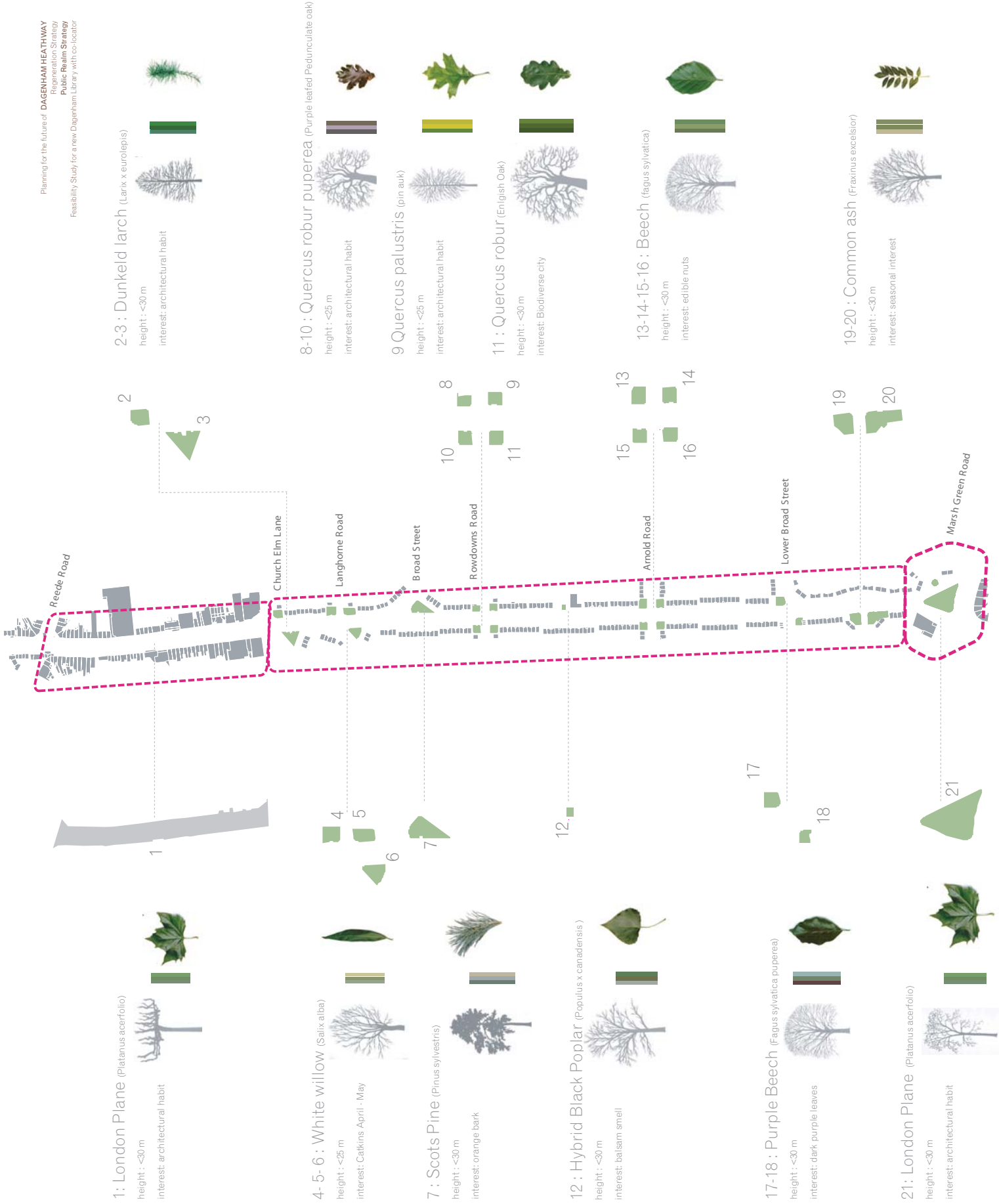
The Heathway has been divided into three sections for the purposes of analysis, however it is important to stress that the whole road envelope has been considered as an entity to generate an all-embracing vision. In each section there are particular issues and urban design constraints.

The concept promotes the idea of the Heathway as a linear arboretum, using the generosity of street width and the disposition of open greens as a key attribute. This bio-diverse spatial strategy reflects current environmental priorities. It is a simple, feasible and, in the long term, a dramatic proposition that could identify the Heathway as a road in its own league, depending on appropriate procurement and management. Regeneration therefore could be realised through a combined syvicultural, urban design and economic strategy.

The vision is broad and strong enough to be responsive and adaptable, as well as being of appropriate scale. It has the potential to enhance the quality of the retail and residential environments that the road unites, and contribute to the strategic landscape and urban design initiatives that are both historic and current.

The vision is sustainable in terms of ongoing maintenance and contribution to the regeneration ambitions of the borough. It offers environmental enhancement and demonstrate an ambition to create a place of civic status.

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For details of fragment, see page B29

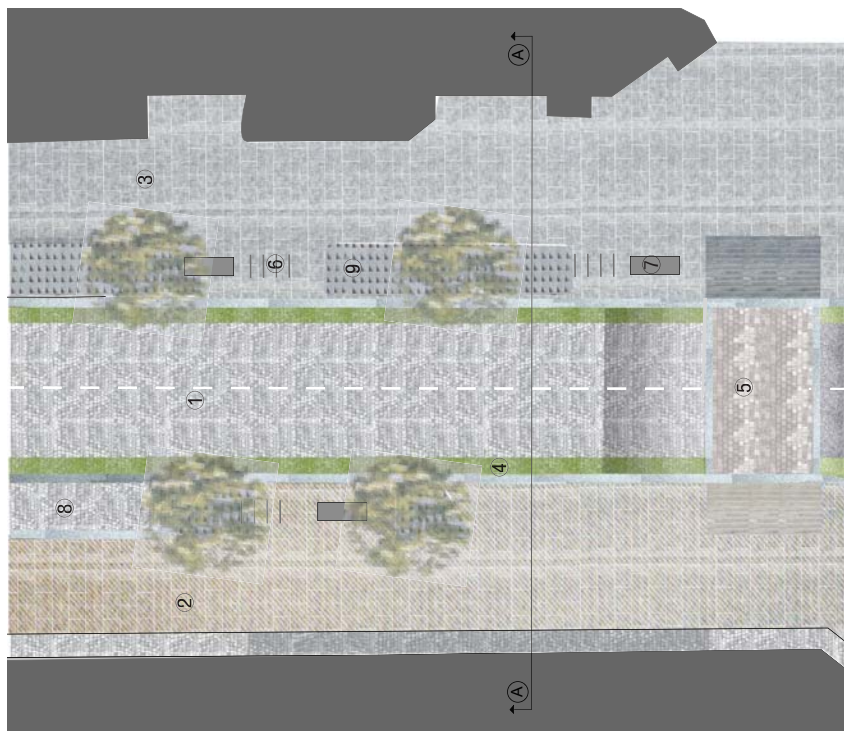
Proposed lay out for the 'Bridge'

B 3.2 Proposals : Section 1: the 'Bridge':General Arrangement

The scheme proposes an investment in the quality of paving and construction specification with a tight palette of traditional natural materials that will weather well with time. This includes the carriageway that will be paved as part of the composition to mark this section of the Heathway and reinforce its importance as a retail and civic focus. Kerb lines remain parallel with the buildings, and quadrant kerbs are proposed at dropped kerbs to minimise cut slabs. 'Straight-across' layouts of crossings are indicated to minimise delay to pedestrians with tactile paving and no guard railings. A 'Puffin' crossing should be considered to ensure quick reacting lights at the station crossing.

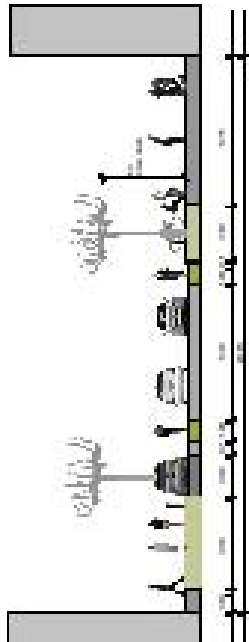
The scheme considers all road users equally rather than favouring one over another. In this regard the essence is of a mixed road space that promotes safety. The scheme does not therefore include a separate bus lanes. Current thinking suggests that they can often lead to greater congestion while creating a wide carriageway. Instead lay-bys are incorporated on either side of the station to encourage easy modal interchange, to encourage pedestrians to cross at the crossing, and to allow free flow of traffic while the buses pick up passengers. The lay-bys are generous to accommodate the numbers of busses associated with four bus routes

Only signs conveying essential information would be accommodated on the Heathway. There would be no non-regulatory signs unless there is a clear need, and signs should be combined or fixed to other structures to minimise the number of poles in the street. The minimum number of signs to enforce the short term parking for disabled and delivery use would be incorporated carefully on existing posts or lighting columns. Like wise all CCTV would be mounted on buildings or combined with other street furniture. Yellow lines would be 50mm width and zig zag markings only two marks long.



Fragment of the 'Bridge', scale 1/500

- 1 Granite setts carriageway
- 2 Yorkstone flags
- 3 Granite flags
- 4 Cycle path: mastic asphalt green
- 5 Granite blocks (300 x 150 x 100 mm) at road crossing / hazard warning
- 6 Stainless steel sheffield cycle racks
- 7 Cast stone benches
- 8 Disabled parking bay / taxi drop - off
- 9 Bespoke tree grills / planting through



section A of proposal

Architectural elements such as the bus shelters would be of architectural quality, fit for purpose, and durable. Market stalls and table and chair licences should be assessed in terms of location, amenity and safety and incorporated as the demand arises to encourage animation of the street.

Tree planting is broadly shown on 10m spacing but will depend on existing below ground services and structures. The contribution that these sculptural trees will make to the street should not be underestimated. They would provide immediate impact and create a distinctive character as an essential integral component. A detail location study will be critical at the next stage as will the commitment to maintenance by the Borough. Tree pit design should ensure a minimum of 5m³ of available uncompacted soil by creating a generous cantilevered tree grid construction over essentially a dedicated tree planting trench. This zone should ideally be 'sterile' in terms of services to protect the root systems from possible disturbance in the future.



tactile paving



View from the southside of the Bridge towards the station



View from the top the hill towards the North of the Heathway



B 3.2 Proposals : Section 2: the Heathway

There are two options on the Heathway.

Either the existing arrangement of overriding the kerb can be retained with the overridden portion of the pavement being defined with granite setts for better wear and tear, or indents could be inserted into the pavement, but this would potentially impact on the full length of the kerb line that would need to be realigned to reduce the pavement width. In either case kerb dimensions should match that of the Heathway at the bridge.

A similar strategy for signage and street furniture coordination apply to this section of the Heathway as for the Heathway at the bridge.

Cut backs are proposed to enable benches to be located on the edge of the greens on the side roads and an enhanced edge to the greens are proposed with a thin 75mm wide granite kerb edge and consistent, low, bow topped railings. Hedge reinstatement is proposed where it has been eroded.

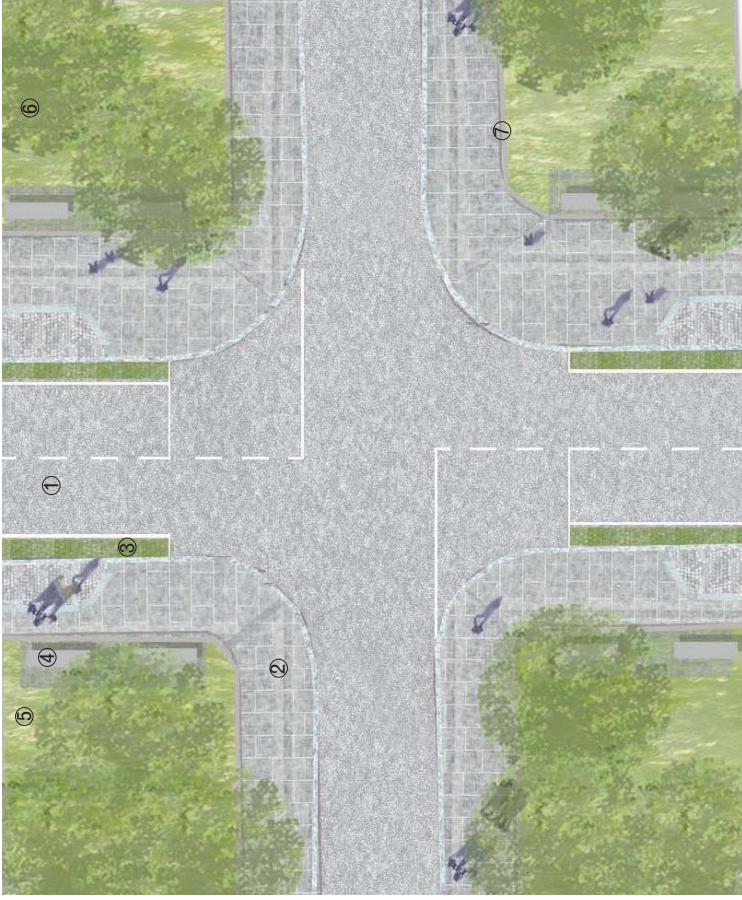
General pavement specification is enhanced to pre-cast concrete slabs, minimum dimension of 600 x 600 with staggered joints.

Cycle ways are proposed the full length with boxes at traffic lights for pedestrian diagonal crossing.





This drawing illustrates the potential of the junctions down the Heathway when paving materials, street furniture and tree planting is coordinated



Fragment of a corner on the Heathway, scale 1/500

- 1 Granite setts carriageway
- 2 Granite flags
- 3 Cycle path: mastic asphalt green
- 4 Cast stone benches
- 5 New lawn
- 6 Specimen tree planting
- 7 Hedge + railings to perimeter of the greens

Town Centre Improvement Plan

Short Term Action Plan

Action	How to achieve	Funding Sources	Implementation (who to action)	Timescale
Use development opportunities around the Heathway to improve secondary areas through section 106 agreements and planning gain.	Section 106 funding of significant projects around the town centre area. Contributions to be made to improvements including infrastructure of the Heathway, local facilities, public transport and traffic management initiatives and crime prevention measures	Funding provided by 106 agreement developments	Local investors/developers, LBBD	Short term
Encourage future investment in the Mall	The Mall owners are keen to invest further in improving their facilities. Suggested areas of improvement include improving signage, increasing public toilet facilities [This may require funding from LBBD] and encouraging cafes to the area	Private investors, London and Associated properties	London and Associated properties, Town Centre manager	Short term

Short Term Action Plan

Action	How to achieve	Funding Sources	Implementation (who to action)	Timescale
<p>Provide information through existing publications about changes and improvements to district centre e.g. new businesses and changes to layouts</p>	<p>Regular updates in town and business newsletters. A link into marketing campaigns and possible Heathway (see below) website. Regular newsletter to disseminate information. [Town Centre Forum, which maybe should be held after shops have closed and more locally (in the library when it is built).</p> <p>Local Authority/Town centre manager to coordinate newsletter and write into existing local publications</p>	<p>Town centre Manager's office, Council funding</p>	<p>Town centre manager, local business, LBBD</p>	<p>Short term</p>
<p>Amending existing Controlled Parking Zone (CPZ)</p> <p>Implement Double Yellow Line with bays for loading/unloading as well as others for limited parking duration (e.g. 20 mins).</p> <p>Review parking bays to allow for establishing of permanent market stalls on the Heathway</p> <p>Changes to be linked in to the Heathway plan</p>	<p>This will rationalise short term parking Can be achieved through reporting to the Executive</p>	<p>Highways Department</p>	<p>LBBD Highways</p>	<p>Short term</p>
<p>Promoting walking and cycling in order to provide more sustainable transport can be achieved as part of a general borough vision.</p>	<p>Encourage sustainable transport amongst local business and community groups</p> <p>Provision of Cycle Paths</p> <p>Provision of Cycle Parks which can be locked</p>	<p>Provision of cycle stands to be sponsored by local business? Highways department. Relatively low costs associated with cycling and walking provision</p>	<p>LBBD Businesses Community Groups</p>	<p>Short term</p>

Short Term Action Plan

<p>Identify possible new funding streams for town centre business improvements. These could be used to match fund existing budgets that are designated for environmental improvements</p>	<p>Use additional funding streams to boost investment in the Heathway Town Centre. Assess availability of funding streams such as Neighbourhood Renewal Funding, Single Regeneration Budget, European Funding. Apply for funding as a collective or for single larger projects. Encourage local business to apply for funds/grants to improve appearance of buildings and local streetscape.</p> <p>Use additional funding streams to boost investment in the Heathway Town Centre. Identify projects and initiatives that will make a significant contribution to the business development and environment of the town centre</p>	<p>Minimal costs associated with preliminary research</p>	<p>LBB, Local business, Town Centre manager, local community and voluntary organisations</p>	<p>Short term</p>
<p>Short/medium term interchange improvement should incorporate passenger information facility (e.g. countdown) at bus stops, better lighting and accessible by people with special needs (impaired mobility or impaired vision).</p>	<p>Upgrading of facilities – encouraging transport providers to invest in East London.</p> <p>Work with London Underground about the comprehensive redevelopment of the tube station?</p> <p>Positioning of the bus stops should be linked to the public realm strategy</p>	<p>TfL</p>	<p>TfL Signage and lighting in the short term. Countdown systems in the medium term and tied in with transport strategy</p>	<p>Short – medium term</p>

Short Term Action Plan

<p>Use Public Art Projects to provide a focus on the town centre and boost levels of civic pride associated with such pieces</p> <p>Places to locate public art been identified?</p>	<p>Commission local artists or volunteers to produce a piece or pieces of quality public art. Possibly run through a competition to obtain some media focus. Maybe one school to produce a piece and one piece from a member of the public or local community/voluntary organisation. Source money for funding of the project through local business contributions, external funding streams or Local Authority grant.</p>	<p>LBBB, Business sponsorship</p>	<p>Local people, local artists, LBBB, schools</p> <p>Continue schemes such as "Scheme on the Green" within the Heathway. Encourage private investment where necessary.</p>	<p>Short – medium term</p>
<p>Improve appearance of the town through seasonal and Christmas lights and local flower displays</p>	<p>Ask for local business contributions to a seasonal display. Tender for the most competitive providers.</p>	<p>Local business contributions, LBBB</p>	<p>LBBB, service provider</p>	<p>Short – medium term</p>
<p>Focus on a landmark building to define the quality of the area in terms of the built environment</p>	<p>Library to be widely publicised and used by lots of different members of the community. Need to create a sense of ownership that will translate to the town centre as a whole. Open the library up in 'twilight hours' with classes and exhibitions, in order to strengthen the evening economy</p>	<p>LBBB</p>	<p>LBBB</p>	<p>Short – medium term</p>

Medium Term Actions

Action	How to achieve	Funding Sources	Implementation (who to action)	Timescale
Co-ordinating all groups interested in promoting the town to have a branding strategy to boost identity. Boost profile of the Heathway as a place for business. Develop a website to support town centre business	Update websites that already exist? LBBD website. Market availability of vacant premises, starter units and business grants to attract new businesses. Local and regional advertising of available premises	Future funding streams to be identified, local business contributions?	Town centre manager, private business, LBBD	Medium term
Identify possible sources of shop frontage improvement grants and encourage businesses to take more care of their properties.	Campaign in the local media and around the town centre. Provision of improvement grants by LBBD?	Improvement grants/contributions, Local business with possible LBBD support through shop front improvement grants or similar schemes	Local businesses, local media, LBBD, Town centre manager	Medium term
Expand and capitalise on civic pride on the Heathway. There is a good sense of civic pride in the local area. This can be used to build momentum on improving the appearance of the public realm on the Heathway	Supporting civic pride initiatives focusing on improvements to street cleaning/ground maintenance/ graffiti and fly posting. This could be achieved by running an annual or bi-yearly campaign with local people and schools involved. Implementation of a specific graffiti and fly posting 'hit squad' with a designated call out number that can be used by local businesses and members of the public. Anti-litter campaign, Town centre Manager to co-ordinate operations. Local schools involved in the clear up along with publicity from a local media campaign [Enforcement of Bye-laws for littering, dog fouling, etc]	Salary contributions towards contributors, volunteers	Environmental Health, LBBD, Local Business, local people, local schools	Medium term
Establish a brand for the town centre to offer a sense of identity to the local area.	All groups interested in promoting the town, such as local business, local authority and local developers to assist in the creation of a branding strategy to boost profile of the Heathway as a place for business. Strategy to link in with advertising campaign and local website Market availability of vacant premises, starter units and business grants to attract new businesses. Local and regional advertising of available premises	LBBD, local business contributions	Town centre manager, local business, LBBD	Medium term

Medium Term Actions

Action	How to achieve	Funding Sources	Implementation (who to action)	Timescale
<p>Encourage the evening economy – more evening based businesses to be encouraged into the area</p> <p>Continue to improve evening transport provision in order that an evening economy be sustained</p>	<p>Development opportunities for evening activities to be identified and supported by transport and LBBD initiatives. Improve leisure offer at Heathway through cafés/sit down dining opportunities in the evening. Creation of local leisure centre?</p>	<p>Direct funding not required</p>	<p>TFL, LBBD, Local businesses</p>	<p>Medium term</p>
<p>A clear and engaging newsletter that details changes and opportunities in the town centre would give the Heathway a marketing focus</p>	<p>The newsletter should encompass changes and improvements in the built environment, notification of new retail outlets and offices, details of local events, a public forum and timetables for transport in the area as well as local employment opportunities</p>	<p>Town Centre manager's office</p>	<p>Town centre manager, LBBD, local business</p>	<p>Medium term</p>
<p>Encourage diversity of uses within the district centre through making the Heathway a more attractive place for different types of businesses. Build upon the retail mix in the area.</p>	<p>Local council working with the Mall owners – London and Associated Properties - to promote diversity of business. Implement a specific Heathway investment policy which will seek to safeguard an appropriate variety of retail, restaurant and other uses, both independents and national businesses</p> <p>Consider carefully the expansion in the number of discount, charity and fast food shops on the Heathway</p>	<p>Direct funding not required</p>	<p>Developers, LBBD, London and Associated Properties</p>	<p>Medium – long term</p>
<p>Create new employment opportunities for local people in the area</p>	<p>The council to work with developers to encourage employment and training opportunities for residents that arise from new schemes</p>	<p>Direct funding not required</p>	<p>Local developers, LBBD</p>	<p>Medium - long term</p>

Long Term Actions

Action	How to achieve	Funding Sources	Implementation (who to action)	Timescale
Provide public transport to connect new developments with Dagenham Heathway. This should be based on the frequent review of transport provision in the area. The possible options could be to redevelop the interchange between buses and the underground station on the Heathway and extend existing bus services, such as 174 and 175. The extension of 175 could provide appropriate connection to Dagenham Dock Station.	This needs to be worked up in parallel with the South Dagenham masterplan. This can be funded using S106 monies	TFL, future section 106 monies	Transport for London South Dagenham masterplan team	Long term
Increase the awareness amongst retailers about the need to improve disabled access. Identify possible funding sources to deal with this.	Articles in business newsletters, local media campaign. Need to portray the Heathway as a 'people friendly' local shopping centre	Local business with possible LBBB support	Town centre manager, LBBB's accessibility officers, private business	Long term

Ongoing Actions

Action	How to achieve	Funding Sources	Implementation (who to action)	Timescale
Involvement of the mayor?	Regular contact with the GLA to give the Heathway some London wide recognition with regards to the improvements underway	Funding not required	LBBB, Town centre manager	Ongoing
Public Realm Study to be further developed and actioned	Follow up recent study and ensure action points are being implemented. Ensure monies are applied for from Borough Spending Plan in early 2005.	Borough Spending Plan	LBBB, Town centre manager, Planning Consultants	Ongoing
Reduction and restriction of car use in the area. Environments can be significantly improved with effective management of road traffic. Traffic management improvements. There is concern over excess noise	Enforce parking restrictions to improve safety and relieve congestion. Review Special Parking areas and improved car park coordination. See also transport section.	Highways department	LBBB Parking team, car park providers, TFL	Ongoing

Estimated costs for Phase1

Heathway "The Bridge"
Improvements

Item Description	Value
SUMMARY	
Estimated Total For Civil Works	£1,729,390.00
Estimated Total for Street Furniture	£87,495.48
Estimated Total For Street Lighting	£67,980.00
Estimated Total For Bus Shelters	£49,044.00
Estimated Total For Trees and Tree Grills	£113,225.00
Estimated Line marking	£2,500.00
	£2,049,634.48
10% Fees	£204,963.45
Estimated Total for Value of works	£2,254,597.93

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REPORT FOR THE EXECUTIVE

24 MAY 2005

REPORT OF THE DIRECTOR OF HOUSING AND HEALTH

BARKING AND HAVERING LOCAL IMPROVEMENT FINANCE TRUST STRATEGIC SERVICES DEVELOPMENT PLAN	FOR DECISION	
<i>As a member of the Barking and Havering Strategic Partnering Board (SPB) the Council is asked to endorse the above Development Plan.</i>		
<p>Summary</p> <p>The Local Improvement Finance Trust (LIFT) partnership intends to deliver the facilities needed to meet the health needs of the population over the next 20 years. The four new schemes identified in the attached Strategic Services Development Plan (SSDP) continue the redevelopment of primary care health facilities in Barking and Dagenham and Havering.</p> <p>The Council needs to ensure the vision and plans set out in this document reflect the current and future needs of our population and take into account proposed new developments and regeneration schemes.</p> <p>Recommendation</p> <p>The Executive is asked to endorse the Council's support of the Local Improvement Finance Trust Strategic Services Development Plan.</p> <p>Reason</p> <p>The Council's agreement to the LIFT SSDP will enable the SPB to submit the Plan and progress the proposed schemes.</p>		
<p>Contact: David Woods</p>	<p>Director of Housing and Health</p>	<p>Tel: 0208 227 5700 Fax: 0208 227 5595 Minicom: 0208 227 5755 Email: david.woods@lbbd.gov.uk</p>

1. Background

- 1.1 The Barking and Havering Strategic Partnering Board (SPB) was established to manage and deliver the process of securing a LIFT partner and to monitor the development of LIFT locally. This Board draws its membership from across the entire local health authority and social care community. Its role includes the development of this and future Strategic Service Development Plans.

2. The Strategic Service Development Plan

- 2.1 The attached document (Appendix 1) sets out the Strategic Service Development Plan (SSDP) 2005 for primary and community services in Barking and Dagenham and Havering. It describes the vision of the local health community for an improved, modern, patient-centred service and plans to develop premises and facilities to help deliver the vision.
- 2.2 The Plan also details the steps forward that have taken place since the original SSDP was written in 2002. The success of this progress is demonstrated by the Barking and Havering LIFT scheme being recognised with an award for best LIFT scheme in the country.
- 2.3 By bringing the plans together and working together to develop the Barking and Havering LIFT, the local health economy intends to maximise the benefits of the approach for the whole population. In the coming year many individual schemes identified in the 2002 SSDP will open their doors to the public.

3. New Schemes Identified

- 3.1 Four new schemes are identified for future tranches of development:
- Barking Town Centre
 - Hornchurch
 - Collier Row
 - South Rainham.
- 3.2 The Barking Town Centre scheme will be incorporated into the regeneration scheme for the area. Barking and Dagenham Primary Care Trust (PCT) have worked closely with LIFT to identify the space required. The planned facility will provide a wide range of services for current residents and also cater for the increase in population that will arise as a result of the new housing schemes.

4. Conclusion

- 4.1 The Barking and Dagenham PCT has agreed to support the Strategic Services Development Plan (SSDP). The four new schemes identified in the Plan for future tranches of development will, once formally included in LIFT programmes, provide the opportunity to continue the redevelopment of primary care health facilities in Barking and Havering. The proposed scheme for Barking Town Centre is an essential component of the planned regeneration in that part of the Borough. It is therefore recommended that the Council supports the SSDP for 2005.

5. Consultation

Colin Rigby – Head of Finance - Housing and Health
Paul Feild – Legal Services
Rebecca Scott – Barking and Dagenham PCT
Corporate Management Team

Background Papers Used in Preparation of this Report

- Report to the Executive 23rd July 2002 – NHS LIFT
- Report to the Executive 15th April 2003 – Barking and Havering NHS Local Improvement Finance Trust (LIFT)
- Strategic Services Development Plan 2005 – attached as Appendix 1

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APPENDIX 1

**BARKING AND HAVERING
LOCAL IMPROVEMENT FINANCE TRUST (NHS LIFT)
STRATEGIC SERVICES DEVELOPMENT PLAN
2005**

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1 Foreword

Barking and Havering NHS Local Improvement Finance Trust

The Strategic Partnering Board of the Barking and Havering NHS LIFT project is committed to improving both the primary care estate and the access to services in Barking & Dagenham and Havering. This aim will be pursued through our Joint Venture Partnership, the Barking and Havering LIFT Company: - a partnership that is expected to work for local people for a period spanning at least the next twenty years.

Barking and Havering LIFT has gone from strength to strength. The success of Barking and Havering LIFT has been demonstrated in 2004 by it being the first LIFT in the country to have achieved financial close on two separate tranches of projects (eight schemes in total), and by the award of 'Best NHS LIFT Joint Venture Established' at the 2004 Public Private Finance awards. Contracts signed so far cover the building of eight new primary care premises.

This success is based on close working between public and private sector partners and a high degree of commitment to LIFT as a key component of meeting the premises needs of the health service of the future by all local stakeholder groups.

In the year ahead the benefits of LIFT will begin to be realised for patients and staff as a total of five of the new primary care health centres are due to open in 2005, one of which is already open at Thames View.

2 Executive Summary

In July 2000 the government published the NHS plan, a ten-year plan for modernising and reforming the NHS. The overwhelming majority of patient contacts with the NHS are with general practice and community services. Ensuring that primary care services work well is therefore key to delivering the NHS Plan.

The NHS Plan identified the urgent need to improve primary care facilities in England as a key constraint to the development of services. The NHS Plan states that the priority for investment will be those parts of the country - such as the inner cities - where primary care centres are most in need of improvement.

The government has provided the NHS with a vehicle for improving and developing primary and community care facilities - NHS Local Improvement Finance Trust (LIFT). The local LIFT is a joint venture between the Department of Health, the local health care community and the private sector and aims to develop and encourage a significant increase in investment in primary care and community based facilities. Substantial progress has been made towards this aim.

This document sets out the Strategic Service Development Plan (SSDP) 2005 for primary and community services in Barking & Dagenham and Havering. It describes the vision of the local health community for a radically improved, modern, patient centred service and ambitious plans to develop premises and facilities to help deliver the vision. It also details the huge steps forward that have taken place since the original SSDP was written in 2002. The success of this progress is demonstrated by the Barking and Havering LIFT scheme being recognised with an award for best LIFT scheme in the country.

By bringing the plans together and working together to develop the Barking and Havering LIFT, the local health economy intends to maximise the benefits of the approach for the whole population. In the coming year many individual schemes identified in the 2002 SSDP will open their doors to the public.

This Strategic Service Development Plan offers a substantial and long-term investment strategy for improving primary care infrastructure capacity and quality.

The four new schemes identified in this SSDP for future tranches of development will, once formally included in LIFT programmes, provide the opportunity to continue the redevelopment of primary care health facilities in Barking and Havering.

3 Introduction and Background

3.1 Overview

This document is the second Strategic Services Development Plan (SSDP) for Barking and Havering and describes the vision and strategy for the development of the primary and community care infrastructure in Barking & Dagenham and Havering. The SSDP provides a strategic framework for investment through a Local Improvement Finance Trust (LIFT) arrangement.

The document sets out:

- A shared local vision for primary and community service development based on the health and social care needs of the populations of the London Boroughs of Barking & Dagenham and Havering
- The means to meet national and local targets for improvements to primary care facilities, thereby supporting improvements in primary care services
- Progress since the first Barking and Havering SSDP published in 2002
- Details of investment requirements and timescales for development of required primary care infrastructure

3.2 What is LIFT?

The initials LIFT stand for 'Local Improvement Finance Trust'. LIFT is a form of public private partnership in which joint venture companies are formed with ownership shared between NHS organisations and private sector companies.

Private sector partners to the NHS under LIFT schemes are selected through a competitive tendering process and together the NHS partners and selected private sector consortium form a local LIFT company. This LIFT Company is set up to fund, design, build and maintain primary and community care health facilities.

Decisions around what clinical services should be provided from the new healthcare facilities built remain with the NHS partners.

3.3 Key Organisations

The Barking and Havering LIFT Company (LIFTCo) was formed on 4th December 2003 to build and maintain primary care resource centres and health centres in the two London Boroughs of Havering and Barking & Dagenham. Barking and Havering LIFT, at the time it was set up, was only the third LIFT project nationally to close contracts on new health centres and set up a LIFT company.

The responsibility for providing primary care services and commissioning secondary services for the residents of Barking and Havering lies with the two local Primary Care Trusts (PCTs). These are:

- Barking and Dagenham Primary Care Trust
- Havering Primary Care Trust

Each PCT has three main functions:

- to improve the health of the population and address health inequalities
- to deliver primary care and community services
- to commission a range of services which meet the patients needs

Whilst these functions are the same for each PCT across the country, it is the responsibility of each PCT to determine the most appropriate way to ensure that these functions are discharged having regard to local circumstances and the resources available.

The area served by this SSDP covers two London boroughs, both of which are co-terminous with the two PCTs. These local authorities are:

- London Borough of Barking & Dagenham
- London Borough of Havering

Both local authorities are fully supportive of the Barking and Havering LIFT project. Their support includes advice on site identification and on planning issues. The development of appropriately located and resourced primary care facilities are an integral part of both Boroughs community and regeneration strategies.

The area has one NHS acute hospital service provider, Barking, Havering and Redbridge Hospitals NHS Trust (BHRT), currently based at three main hospital sites. These sites are King George Hospital in Redbridge, and Oldchurch and Harold Wood Hospitals in Havering.

The area has one mental health NHS service provider: North East London Mental Health Trust (NELMHT). In addition to hospital based mental health services NELMHT provide a variety of community based mental health services, many of which are provided in primary care health centres. Services provided include those for adults, children, and older people, and also provides services for people with learning disabilities

This SSDP is only concerned with the Barking and Havering LIFT, which involves mental health services in the East Division of NELMHT, and therefore discussion of services within the West Division, covering Redbridge and Waltham Forest are excluded. Redbridge and Waltham Forest is also a second wave LIFT, and has its own SSDP.

NELMHT has a large development agenda driven by the NHS Plan and the National Service Frameworks, which affects its community services. A key

priority for the local NHS is to develop community based facilities to support inpatient services and provide an alternative to hospital care, where appropriate.

3.4 Key Population Characteristics

Barking and Havering lies on the North East edge of London. Havering has a generally prosperous suburban population. Barking and Dagenham has many of the deprivation difficulties associated with East London. The Barking and Havering area covers an area of 388,000 residents, with 164,000 residents in Barking and Dagenham and 224,000 residents in Havering.

The southern part of Barking, Dagenham and Havering is part of the Thames Gateway development in which the government plans indicate substantial population growth over the next decade. The 'London Thames Gateway – Health Services Assessment' published in October 2003 predicts an increase in population of 44,000 in Barking and Dagenham and 7,000 in Havering between 2001 and 2016.

4. Strategic Context/Case for Change

4.1 Introduction

This SSDP is consistent with national and local priorities, and its implementation will contribute to the achievement of the targets contained in these. The main areas of policy that are influencing the development of this SSDP are outlined below.

4.2 National Policy

4.2.1 NHS Plan and NHS Improvement Plan

The NHS Plan was published in July 2000 and remains the key national policy driver. It summarises current government policy on the NHS and sets the context for the modernisation agenda. It provides a planned programme of investment and reform. It is intended to transform the health and social care system so that it produces faster, fairer services that deliver better health and tackle health inequalities.

The Plan states that:

“Many GPs will be working in teams from modern multi-purpose premises alongside nurses, pharmacists, dentists, therapists, opticians, midwives and social care staff. Nurses will have new opportunities and some GPs will specialise in treating different conditions. The consulting room will become the place where appointments for outpatients and operations are booked, test

results received and more diagnosis carried out using video and tele-links to hospital specialists. An increasing number of consultants will take outpatient sessions in local primary care centres”.

The NHS Plan recognised the central role of primary care in the NHS and required that access to primary care be improved. The aims of the NHS Plan are central to the service philosophy underpinning this SSDP.

The NHS Improvement Plan (2004) provides further support to the policy of using LIFT to develop capacity within primary care in England.

4.2.2 National Service Frameworks

Local plans for future service provision are also shaped by the requirements of National Service Frameworks (NSFs). NSFs set national standards and define service models for a specific service or care group, put in place programmes to support implementation and establish performance measures against which progress within an agreed timescale will be measured. Together these national strategies point to the need for expansion in primary care provision to improve both treatment and prevention, and in the management of long-term conditions.

4.3 Local Policies and Priorities

The national policies outlined above have been integrated fully into local planning processes, most notably through inclusion in the Local Delivery Plans (LDPs) of the two PCTs.

4.3.1 Havering and Barking & Dagenham LDPs

Both local PCTs have existing locally owned LDPs. These have been developed in partnership with local health economy colleagues, and reflect how the national priorities will be implemented locally. The various local networks also feed into the development of the LDPs, as well as the local Public Health departments. These plans detail the service developments in primary care that will be housed in the new LIFT health care facilities. LDPs for 2005/06 onward are now in preparation on the same basis.

4.3.2 Local Modernisation agenda

Both PCTs have identified LIFT as a key driver to support the delivery of the local modernisation agenda:

- providing premises that allow for the delivery of modern health care services accessible by, and local to the population they serve
- providing sufficient numbers of premises to provide accommodation for the volumes of service we need to deliver to our populations

- providing suitable accommodation in the community to maximise the amount of outpatient activity that can be delivered close to the patient's home
- providing innovative premises that attract and retain staff
- providing premises designed to allow flexibility and encourage the ability of the built environment to change with the needs of the service and patients
- encourage independent sector involvement

4.4 Children's Services Review

Throughout 2004 Havering PCT in conjunction with Barking and Dagenham PCT has been reviewing the configuration of Children's Services. The agreed impact of this review is for a move towards more borough based services than exist currently. While details of premises needs have not been finalised the need to provide elements of the borough wide children's services in the new LIFT buildings is clear. The functional content of tranche 1.3 and further tranches of buildings will need to take this into account during the design process.

4.5 Primary Care Strategic Services Review

During 2001 the two PCTs completed a Primary Care Services Strategic Review. Its aim was to create a vision of the shape of Primary Care Services in five to ten years time.

Drivers for change include targets contained in the NHS Plan and the business case for the development of a new district general hospital in Romford. The conclusions reached regarding the future vision for primary care services was that there needed to be a significant shift from secondary to primary care, both in terms of service and resource.

The vision saw re-packaged primary and secondary care services providing a more local and accessible service. This would be primarily provided from a hub of local primary care treatment centres, supported by local clinic services as spokes with enhanced services being provided from GP practices. This vision is central to the design of the new buildings being built as a result of tranche 1 and of the new building proposed in this SSDP as part of later tranches.

Primary care resource centres (PCRCs) which would be one-stop shops providing a wide range of primary care services together with a wide range of diagnostic and therapeutic services and would include partnership working with NELMHT, social services and other agencies. The range of service distribution, within a primary care setting was seen as including the following:

- Increase the number of GPs in the area at least to the national norm
- Increased workforce - Community, District Nurses and Health Visitors
- Increase in Specialist Nurse Practitioners working in GP premises

- Diagnostics: X-ray, Ultrasound and Phlebotomy
- Enhanced treatment services including acute outreach provision
- Enhanced preventative services
- Development of Practitioners with a specialist interest services
- Specialist Clinics based in GP premises and/or PCTCs
- Access to direct referrals by GPs and other healthcare practitioners
- Therapists to be community based in PCTCs
- Partnership Working with NELMHT, social services, other agencies and the voluntary sector to be further advanced and services co-located in primary care as far as possible

The work of the Primary Care Strategic Services Review has been fed into the development of specific schemes for Barking and Havering LIFT.

4.6 Oldchurch Park Development

BHRT is, through a Private Finance Initiative (PFI) development, in the process of building a new single site 859 bed acute Hospital at Oldchurch Park in Romford. This will result in the closure of the existing Oldchurch and Harold Wood hospitals (though plans for the Harold Wood hospital site features in the strategy for primary care delivery in Havering PCT). The new Oldchurch Park Hospital is scheduled to open during the spring of 2007.

As part of this development there is a intention to relocate much of the outpatient activity from an acute setting into the community. A planning assumption in the development plans for Oldchurch Park was the transfer of 30% of general outpatient and 100% of physiotherapy outpatient activity from the acute setting into the primary care environment. The need to provide primary care facilities to allow this transfer of outpatient activity is an important driver behind the need for new primary care premises and behind the design of these premises.

4.7 London Regional Office Primary Care Premises Audit

The premises audit commissioned by the former NHS London Regional Office shows that prior to LIFT 96% of surgery premises in Barking and Havering fell below the acceptable standard. Specific issues include compliance with the Disability Discrimination Act. A detailed breakdown of the age, size and condition profile of all primary care premises in Barking and Havering was included in the previous SSDP so is not repeated here. The poor state of much of the primary care premises in the area remains an important driver for change and is reflected in the addition of new developments proposed in this SSDP.

4.8 Other Local Strategic Developments

4.8.1 Regeneration

There are a number of regeneration initiatives that are underway in the Boroughs of Barking & Dagenham and Havering. It is the express intention of this LIFT project to ensure that the LIFT development proposals, and the wider primary care strategy, are integrated with the other social, community, economic and education projects. For example within Barking and Dagenham the Jo Richardson scheme, planned for tranche 1.3, may involve combining health facilities on a school site. The redevelopment of South Rainham, in Havering, and Barking Town Centre and will also provide important opportunities for including health in regeneration.

4.8.2 New Housing Developments

There are a number of major housing developments proposed for both Boroughs over the next 5-10 years. Of particular significance are:

- Thames View/Barking Reach - up to 15,000 new residents
- Barking Town Centre – housing planned as part of redevelopment of the area
- Romford/Oldchurch Hospital site - when services transfer to Oldchurch Park new hospital
- Ford Works, Dagenham - possible major new residential development if Ford reduce activity on their Dagenham site and free up land
- Dover's Corner in Rainham where developers propose to build 500 units of new housing
- Harold Wood Hospital site - when services transfer to Oldchurch Park new hospital
- St. George's Hospital site – if some services transfer to Harold Wood hospital site, parts of this site may be designated for housing

4.9 Case for Change Summary

A detailed analysis of the condition of primary care and mental health services and facilities in Barking & Dagenham PCT, Havering PCT, and NELMHT is reflected in the 2002 SSDP. In summary, the key factors that determine the need for a change in the current primary care estate are as follows:

- The condition of the existing primary care estate and its suitability for the delivery of modern health care services is variable and existing premises are often poor and inappropriate for modern delivery of primary care
- Current facilities often fail to meet patients' expectations, with quality and access below an acceptable standard
- Service development in the past has sometimes been severely hampered by the limitations of the premises available to deliver care
- Investment in primary care facilities in the past has also tended to be on a piecemeal basis, not resulting from a strategically identified service need.

Rarely has it been designed to achieve integrated service delivery between different health and social care organisations

The fundamental challenge for primary health care is to invest in premises so that they meet the requirements for modern integrated primary care services and their effective delivery. Strong progress has been made in Barking and Havering towards achieving this aim.

5. Progress on Tranche 1 Schemes

Progress is detailed below on the eight primary care premises developments for which financial close has been reached and contracts have been signed. The table below provides a summary of construction start and complete dates and planned opening dates.

Tranche	Project	PCT	Construction Start	Construction Complete	Planned Open Date
1.1	Thames View	B&D	Jan 2004	Jan 2005	Feb 2005
1.1	Broad Street (previously Morland Road)	B&D	Apr 2004	May 2005	May 2005
1.1	Harold Hill	Havering	Jul 2004	Sep 2005	Oct 2005
1.2	Church Elm Lane	B&D	Oct 2004	Oct 2005	Oct 2005
1.2	Cranham	Havering	Jan 2005	Nov 2005	Dec 2005
1.2	South Hornchurch	Havering	Jan 2005	Dec 2005	Jan 2006
1.2	Marks Gate	B&D	Mar 2005	Feb 2006	Mar 2006
1.2	Annie Prendergast	B&D	May 2005	May 2006	Jun 2006

The following sections detail improvements that will be delivered through LIFT for the tranche 1 schemes summarised above.

Tranche 1.1 (Financial Close: 4th December 2003)

5.1 *Thames View*

- Enables the expansion of two existing practices (increases capacity from 3 to 6 GPs)
- Provides a better range of facilities, including treatment rooms, and minor operations facilities, which will expand the services

that can be delivered in primary care (provides new minor ops facility)

- Better enables the co-location of GPs and other primary care professionals, such as District Nurses and Health Visitors
- Allows for some growth in population size to reflect the significant increase in population forecast for the Thames Gateway area over the next ten to fifteen years
- Allows for a campus approach with the neighbouring newly opened Sure Start centre (being built on the neighbouring site to the Sure Start development).

5.2 *Broad Street*

- Allows the full development of an integrated hub of services for older people including the provision of an over-65 mental health day hospital alongside services such as podiatry and endoscopy, allowing the possibility of holistic care for the over 65s
- Provides a better range of facilities, including treatment rooms, minor operations facilities and diagnostics, which will expand the services that can be delivered in primary care
- Better enables the co-location of GPs and other primary care professionals, such as District Nurses and Health Visitors
- There is a possibility that a Walk In Centre is included
- Hub for the Practitioners with Special Interests (PWSI)

5.3 *Harold Hill*

- Provides enhanced space and scope for three existing practices from the old health centre and one new practice to develop and expand the services they provide (increases space from 6 GPs in the old health centre to 12 GPs)
- Provides space to begin to tackle the large list sizes within the locality by introducing more practitioners into the health centre
- Provides a better range of facilities, including dental and podiatry treatment rooms, minor operations facilities and diagnostics facilities, which will expand the services that can be delivered in primary care (introduces an outpatient suite, physiotherapy, minor ops room, x-ray and ultrasound rooms in addition to GP space)
- Better enables the co-location of GPs and other primary care professionals, such as District Nurses and Health Visitors

Tranche 1.2 (Financial Close: 19th July 2004)

5.4 *Cranham*

- Enables the expansion of an existing practice and provides capacity for a second practice (increases capacity from 2 to 6 GPs)
- Provides a better range of facilities, including treatment rooms, and minor operations facilities, which will expand the services that can be delivered in primary care
- Better enables the co-location of GPs and other primary care professionals, such as District Nurses and Health Visitors

5.5 *South Hornchurch*

- Enables the expansion of two existing practices, one from the old clinic and another from nearby sub standard accommodation (increases capacity from 2 to 4 GPs)
- Provides a fully equipped community dental service base, including provision for an emergency dental service out of hours
- Introduces podiatry services to the locality
- Provides a better range of facilities, including treatment rooms, and minor operations facilities, which will expand the services that can be delivered in primary care

5.6 *Annie Prendergast*

- Provides enhanced space and scope for three existing practices to develop and expand the services they provide (increases space from 5 GPs to 8 GPs)
- Provides space to begin to tackle the large list sizes within the locality by introducing more practitioners into the health centre
- Provides a better range of facilities, including treatment rooms and minor operations facilities, which will expand the services that can be delivered in primary care
- Better enables the co-location of GPs and other primary care professionals, such as District Nurses and Health Visitors

5.7 *Marks Gate*

- Enables the expansion of two existing practices (increases capacity from 2 to 5 GPs)
- Provides a better range of facilities, including treatment rooms, and minor operations facilities, which will expand the services that can be delivered in primary care
- Better enables the co-location of GPs and other primary care professionals, such as District Nurses and Health Visitors

5.8 Church Elm Lane

- Allows the introduction of a new practice into a location that is traditionally 'under-doctored' (introduces 4 new GPs)
- Provides a better range of facilities, including treatment rooms and minor operations facilities, which will expand the services that can be delivered in primary care
- Better enables the co-location of GPs and other primary care professionals, such as District Nurses and Health Visitors

Tranche 1.3 (Financial Close planned for 2005)

5.9 Jo Richardson Health Centre/Julia Engwell.

- Enables the provision of new GP space for a 3 GP practice
- Provides a better range of facilities, including treatment rooms, and minor operations facilities, which will expand the services that can be delivered in primary care
- Provides for the inclusion of X-Ray and other diagnostic facilities
- Provides for a Child Focus Centre, delivering more specialist children's health services, from a Borough based specialist centre
- May allow for the co-location with the local Connexions service, and a local crèche and day care centre for local children. This allows for the creation of a Children's Centre in accordance with government policy for the area

Two options are being investigated for this proposed development.

Option 1: Existing plan for building alongside the Jo Richardson school, built through LIFTCo.

Option 2: Alternative site, possibly comprising the Julia Engwell Health Centre site, and a neighbouring Local Authority site, providing combined site capacity for the scheme content as set out above - but with different design to suit the site. Julia Engwell services would need a decant in this option, but this may be deliverable through use of existing spare capacity (some GPs moving out of local space, some space at new CEL etc).

It is anticipated that all services currently at Julia Engwell Health Centre will be relocated into the new Jo Richardson Development if option 1 is pursued. There will be formal consultation with the public and existing occupants at Julia Engwell if this is the case

The new scheme will comprise extended and enhanced GP and community services accommodation, and the development of a child focus centre, to act

as a hub for the provision within Dagenham of children's services (a further hub will be developed for Barking in a later tranche of schemes).

This child focus centre will include child friendly reception and waiting areas, and child friendly consulting space. It will include the re-provision of the CAMHS service from Woodward Road, and the re-provision of some related social services for children, to provide a fully integrated service. The site is already located close to many key educational facilities for the area.

The Community Learning Disability Team will be relocated elsewhere.

The development has been sized as 2,590 square metres, to accommodate 3 GPs in 1 practice, plus car parking.

5.10 Romford Town Centre

The development of the Romford Town Centre hub has been slowed by the difficulty in securing land. The development of the existing Victoria Hospital site on Pettits Lane has not been possible given anticipated planning constraints and a very difficult and expensive decant requirement. An alternative site within a shopping complex has been investigated but proved to be impractical in terms of time and cost. Plans are now being developed for possible alternative locations.

The updated total specification for the Romford Town Centre scheme will be approximately 5,500 m² and includes facilities for mental health (including CAMHS) and substance misuse, 1 GP practice of 8 GPs, Podiatry, Dental, X-Ray, Ultrasound, Phlebotomy, Physiotherapy, Speech and Language Therapy, Minor Surgery, Endoscopy, Outpatients Suite, District Nursing, Health Visiting, School Nursing, Contraceptive Services, Voluntary Sector partners, and a Health Information Shop.

5.11 North Rainham

The initial SSDP identified North Rainham as a priority for development and highlighted the need to identify land to build a completely new health centre. Following extensive investigation it became apparent that no suitable sites were available in North Rainham to provide all the services wanted in that area. A London Borough of Havering site on Lambs Lane in North Rainham has now been identified and will be used to build a North Rainham Health Centre to provide accommodation for the GPs of North Rainham. The health centre will be approximately 800 m² and will provide space for 6 GPs in 2 practices, housing all North Rainham GPs, all of whom currently practice from unsuitable semi detached houses.

The Rainham wide community service elements that were to be included in this scheme will now be included in the South Rainham scheme included in future tranches.

5.12 *Porters Avenue*

The Porters Avenue development is scheduled for tranche 1.3. Discussions are ongoing with the LBBB regarding additional local authority children's services to be provided at this site. The health service element of this development is now in the region of 2,100 square metres. Other services are under consideration for inclusion including a private dental practice. Services currently planned for inclusion are:

- Podiatry
- Imaging
- Community team for long term conditions
- Specialist nurses
- Physiotherapy
- Social Services Mental Health Resource Centre
- Children's respite care
- Dentistry

6. Vision and Principles for Development

6.1 Introduction

This SSDP concentrates upon the primary care service strategy for each of the PCTs, and allied to that, the interlinked issue of the primary care estate. It also considers the services to be delivered in the community by NELMHT.

6.2 Model of Care

The work done to develop local strategies has already been outlined (Primary Care Strategic Services Review). This work has led to the development of a local model of care, which forms the basis of both PCTs plans for improving the primary care infrastructure and delivering key aspects of the Local Modernisation agenda and NHS Plan objectives.

The model of care envisages a number of larger, primary care resource centres located throughout the two PCT areas, highly accessible to all of the resident populations, supported by improved GP premises providing both core GMS/PMS services and, in some cases, extended models of primary care.

These resource centres will provide the following:

- a base for a number of local GP practices to come together under one roof in high quality facilities along with community health services and a range of other health and social care practitioners

- space to develop and deliver a wide range of extended primary care services including some services traditionally delivered in a secondary care setting such as some day case surgery
- diagnostic facilities to enable patients to receive a greater proportion of their care in a primary care setting (making access easier and reducing pressure on the acute sector)
- opportunities to reduce the isolation of individual practitioners
- physical and organisational structures that support high quality clinical governance arrangements and training and professional development
- vehicles for addressing the local problems of recruitment, retention and the impending retirement of significant numbers of local GPs, and other primary healthcare professionals
- the space and potential for improving inter-agency working with social care and the voluntary sector
- facilities to allow the development of new services at the primary and secondary care interface that will support the local re-engineering of acute services

In places the PCTs will use a 'hub and spoke' model where a larger centre is connected for operational and managerial purposes to a smaller facility or facilities. This will be governed by various factors including local configuration and quality of services and geographical factors.

In addition to the features detailed above, the partner organisations wish to continue to use the LIFT process and the development of primary care resource centres to create a more central role for dentists, opticians and community pharmacists in primary care provision.

6.3 Mental Health

Service models within NELMHT will work towards delivering the standards contained in the NSFs applicable to Mental Health.

It is crucial that mental health services support primary care to ensure that, as far as possible, those presenting with mental health problems are treated in primary care in order to prevent referral to secondary services and potentially admission to hospital.

6.4 Human Resources

The PCTs recognise that a suitably qualified workforce in the right number, is vital to their overall success. While human resource strategy is not detailed with this SSDP both PCTs are committed to staff development and are involved in initiatives such as Improving Working Lives. Havering PCT has developed workforce development strategies for primary care, nursing and for allied health professionals. Workforce strategies are also being developed in Barking and Dagenham. The new primary care centres will see great advances in physical access to premises for staff as well as patients.

The PCTs actively work with staff side on employment issues arising from the LIFT project. A joint management and trade union sub group of the Strategic Partnering Board exists where such issues can be raised. There is also staff side representation in the LIFT Strategic Partnering Board.

7 Approach to LIFT

7.1 Principles

The following principles underpin plans for current and future investment in LIFT. They respond to the future models of service delivery and care that are being developed by local partners. The principles address the NHS Plan, other national targets and respond to patient and client expectations. They are:

- co-location and co-alignment of relevant staff and services under one roof, for example, community health staff and social services care managers, pharmacists, dentists, etc. - a 'one-stop shop' approach
- all premises will wherever possible provide a point of access to all services through a common reception and patient/client administration system. This will be based on electronic health records. It will give equity of access to all patients and clients
- where appropriate, a reduction in the number of single handed premises. This does not necessarily mean a reduction in the number of single handed GPs, but rather the provision of buildings that will accommodate a number of GP practices, sharing support services, and thereby improving the support network available to sole practitioners
- extension of opening hours to widen access to services
- enhanced patient services through ICT developments, for example directly booked hospital appointments, electronic test results and, over time, email consultations. An open door will be provided through ICT to a range of services and information such as health advice 'off the net'
- provision of physical capacity to allow a shift of services between secondary care to a primary care setting
- shared diagnostic and referral protocols between secondary and primary care, to improve standards of elective care
- service design to reflect and meet the particular ethnic, cultural and language requirements of the population, and physical accessibility (to comply with the Disability Discrimination Act)
- support for family friendly principles and changes in working practice such as working from home and hot-desking, linked to changes in culture, organisational development and a new workforce strategy
- Flexible design to facilitate change and innovation

Those centres that feature specialist services (such as children's services), will be located conveniently to serve larger local populations, in a hub and

spoke model. Within Havering the intention is to develop three main primary care centres, one in each locality (Harold Wood, Hornchurch, and Romford).

7.2 Service Standards

New facilities will be designed having regard to all relevant legislation and design guidance. This will include the appropriate Health Building Notes, Design Guides, design related Health Facilities Notes and Technical Memoranda published by NHS Estates and any guidance issued by professional bodies.

7.3 Barking & Dagenham PCT Future Schemes

The schemes currently being developed in Barking & Dagenham PCT for consideration of inclusion in future tranches of LIFT development beyond tranche 1.3 include:

7.3.1 Barking Town Centre

The Barking Town Centre area has been identified as an area in need of regeneration and redevelopment. Plans for this redevelopment are at an advanced stage. Barking and Dagenham PCT, working closely with the London Borough of Barking and Dagenham have identified space within the redevelopment of the area for a substantial primary care health facility. This will provide a wide range of services to current residents and also cater for the increase in town centre living expected from new housing included in the regeneration programme. This scheme will require individual outline and full business cases. Once the outline business case is approved by the NELSHA the scheme will formally be included with Stage 1 approval, with other potential schemes, in tranche 2 of the LIFT programme.

The new Barking Town Centre scheme has been provisionally sized and costed at about 7,500 m² and includes provision for the following services.

- Child Focus Centre
- Physiotherapy hub
- Health Shop
- PCT Headquarters
- Child Health Services Headquarters
- Specialist Childrens' services including physiotherapy, speech and language therapy, audiology, continuing care team and the B&D PCT part of the St George's Child Development Centre.
- Community Dentistry
- Extended Primary Care services

7.4 Havering PCT Future Tranche Schemes

The schemes proposed by Havering PCT for consideration of inclusion in future tranches of LIFT development beyond tranche 1.3 include the following. Once any required business cases are approved by the NELSHA the scheme will formally be included with Stage 1 approval, with other potential schemes, in tranche 2 of the LIFT programme.

7.4.1 Hornchurch

Hornchurch will be one of the three main primary care hubs in Havering (along with Central Romford and Harold Wood). In addition to the extended primary care services to be provided the development provides the opportunity to relocate several nearby small GP practices currently working out of domestic properties, which do not meet modern NHS standards. While the location of this site is not yet finalised the likely locations are near to Hornchurch high street or in the grounds of St George's Hospital. This scheme is part of the St George's outline business case which is in preparation for submission in Summer 2005.

The new building has been provisionally sized at 4,600 m² and includes provision for the following services.

- 6 GPs in three practices
- Community Services (District Nursing, Health Visiting, School Nursing)
- Diagnostics services such as X-Ray, Ultrasound and Phlebotomy
- Outpatient Facilities
- Hornchurch Community Mental Health Team (CMHT)
- Podiatry
- Phlebotomy
- Physiotherapy hub
- Endoscopy and minor surgery
- Child Health services base and Child Development Centre

7.4.2 South Rainham

The South Rainham development brings an expansion of service provision to the most southerly part of Havering. Rainham will see most of the new housing being developed in the borough through the Thames Gateway developments, as is an area of relative deprivation. This 'mini hub' will provide general practice services to patients in South Rainham and extended primary care services for the whole Rainham area. This will provide the Rainham area with those services, which were planned in the first SSDP to go into North Rainham but could not be placed there due to the unavailability of land of the size needed in that area. Havering PCT and LIFTCo are in discussion with property developers about including the South Rainham scheme in plans for 500 units of new housing at Dover's Corner in Rainham.

The new building has been sized at 1,465 m² and includes provision for the following services.

- 4 GPs in two practices (this is new capacity)
- Community Services (District Nursing, Health Visiting, School Nursing)
- Diagnostics services such as X-Ray, Ultrasound and Phlebotomy
- Outpatient Facilities
- Podiatry
- Phlebotomy
- Physiotherapy
- Minor surgery

7.4.3 Collier Row

Collier Row is included in tranche 2 as a potential development, given the poor state of the existing building and strong interest shown by a large local practice with need for new premises to expand. The existing Collier Row Clinic site is very restricted and a new site would need to be identified for this development. This scheme may require individual outline and full business cases.

The new building has been sized at 2,380 m² and includes provision for the following services.

- 16 GPs in three practices
- Community Services (District Nursing, Health Visiting, School Nursing)
- Outpatient Facilities
- Dentistry
- Podiatry
- Phlebotomy
- Physiotherapy
- Minor surgery

7.5 Further Phases of LIFT

Further tranche(s) of new schemes are planned for LIFT in Barking and Havering. All current primary care premises not currently included as tranche 1 buildings are possibilities for tranche 2 and beyond. The inclusion of any subsequent developments in LIFT has been assumed.

Some key areas for potential development, which will be subject to the production of a number of business cases, in addition to those required to support the schemes outlined above, cannot happen prior to the opening of the Oldchurch Park hospital development in 2007 and the closure of current Hospital facilities at Harold Wood Hospital and Oldchurch Hospital at that time.

Havering PCT is considering the future of all of its services currently located at St George's Hospital and Hornchurch Clinic, including elements of PCT wide Older People and Rehabilitation inpatient services. In parallel the PCT is also considering services to be contained in a Primary Care Resource Centre hub to serve the Upminster locality and located at Harold Wood Hospital. The future options for these services were evaluated in a Strategic Outline Case approved in 2003 and will be the subject of an outline business case which is in preparation.

Barking and Dagenham PCT is similarly considering the future use of the Barking Hospital site. Barking and Dagenham PCT will take over the running of the Barking Hospital site when Barking Redbridge and Havering Hospitals NHS Trust concentrate secondary care services on two sites at the expanded King George's Hospital and new Oldchurch Park Hospital.

Barking Hospital will then be redeveloped to provide a hub for primary care and intermediate care services. NELMHT and BHRT, as joint owners of the site, are working with the PCT and LBBB to consider the options for the whole site including the existing mental health provision. An outline business case is in preparation for this project and currently includes provision for the following services.

- Intermediate Care Beds
- Birthing Centre
- District Nursing, Health Visiting and School Nursing
- Diagnostics services such as X-Ray, Ultrasound and Phlebotomy
- Outpatient Facilities
- Physiotherapy hub
- Sexual Health Service
- Dentistry
- Podiatry
- Endoscopy and Minor Surgery

It is anticipated that two new health centres will be required in Barking Reach over the next few years as new housing is developed in this part of the Thames Gateway zone. In addition the development of Five Elms and Oxlow Lane clinics may be included by Barking and Dagenham PCT in tranche 2 or 3.

NELMHT facilities in Becontree Clinic and at Suttons House, St George's Hospital may also be included in future tranches.

8 Financial Analysis and Affordability

This section sets out the financial aspects of the LIFT. These include indicative capital and revenue consequences for the schemes currently being considered for future tranches of projects for Barking and Havering LIFT.

8.1 Financial Context

Barking & Dagenham and Havering PCTs are part of the local health economy covered by the North East London Health Authority.

Based on current advice, the Government has indicated that 7.5% is the optimal level of real NHS growth in England over the next few years. With this unprecedented level of funding above inflation it is the aspiration of the PCT that some of this extra funding will go towards the improvement of Primary Care and part of that will be in the form of the LIFT programme for improving local health facilities.

8.2 Cost of planned new schemes

The table below summarises budget estimates of construction and revenue costs for the four schemes identified. As with the existing LIFT schemes construction costs are the responsibility of LIFTCo, while the local health service will be responsible for lease costs for these buildings. A full financial affordability analysis for each scheme will be required prior to financial close, and some will require business cases (as described above).

Scheme	Lead Tenant	Building Size M²	Broad Estimate of Capital Cost MIPS 425 inc VAT & Equipment £000	Estimated addnl Revenue Cost £000
Barking Town Centre	B&D PCT	7,500	22,000	1,920
Hornchurch	Havering PCT	4,600	13,000	930
South Rainham	Havering PCT	1,465	5,000	340
Collier Row	Havering PCT	2,380	8,000	290

9. Stakeholder Support and Involvement

9.1 Introduction

A Barking and Havering Strategic Partnering Board (SPB) was established to manage and deliver the process of securing a LIFT partner and to monitor the development of LIFT locally. This Board draws its membership from across the entire local health and social care community. Its role includes the development of this and future Strategic Service Development Plans.

9.2 Stakeholder Support

The SPB, which has approved this strategy, includes each key stakeholder organisation, to ensure that the SSDP is locally owned and supported. It is chaired by a Non Executive Director of Havering PCT.

The vision and plans within this document have been agreed by the Health Authority, PCTs, North East London Mental Health Trust, Barking Havering and Redbridge Trust, and the London Boroughs of Havering and Barking & Dagenham.

While every opportunity is taken to include patients in the LIFT process this has principally been through project specific groups, which meet regularly for each scheme.

10. Project Management and Associated Timetable

10.1 Introduction

The SPB has monitored the progress of the PCT LIFT project team in the production of the Strategic Services Development Plan, as well as setting the overall strategy and providing leadership across partnership organisations. The SPB has also actively monitored progress in the tranche 1 developments, including the reaching of financial close on eight new health centres over the last year.

10.2 Project Management Arrangements and Timetable

In order to deliver this efficiently and effectively, Barking and Havering has established robust project management structures to ensure:

- the project is delivered with timeliness and efficiency
- ownership of the project is as wide as is practicable
- all stakeholders are properly consulted and informed
- the benefits offered by NHS LIFT are maximised
- the opportunity for step change is delivered

Below the Strategic Partnering Board, which will steer and control the overall objectives for the project, is the following:

- a Project Director is appointed who is the named senior individual responsible to the Project Board for the day-to-day management of the project. The Project Director is directly employed by the two PCTs.
- project management support is provided within each PCT to support the Project Director, and will be the key point of contact, with responsibility for the day-to-day detailed management of the project within each PCT. They will provide the interface between the Project Director and the supply side of the project team.
- an additional assistant project manager post has been agreed to provide support in delivering equipment procurement for the new health

facilities and to support work on decanting into temporary health premises

- LIFTCo have appointed a Chief Executive with responsibility for delivery of the new health care facilities
- the LIFTCo Chief Executive is supported in this capacity by a project management team with staff focused on the development, building and maintenance of new health facilities in Barking and Havering

10.3 Partnerships for Health

Partnerships for Health have assisted the Barking and Havering LIFT by:

- providing detailed input to the planning and management of the procurement of the partner and the processes leading to the establishment of a LIFT company in December 2003
- developing a standard suite of documentation that can be used to deliver local schemes as efficiently as possible.

Partnerships for Health are a 20% shareholder in the Barking and Havering LIFT Company.

10.4 Timetable

Tranche one was split into three sub-tranches to facilitate earlier financial close for those schemes that were ready to go earlier in the process which allowing a longer time for development of other sites. A timetable with details of start and completion dates and provisional opening dates for the eight health centres included in tranche 1.1 and 1.2 was included earlier in this SSDP.

The table below details estimates on timescales for tranche 1.3 schemes. Exact timetables for these schemes will be set prior to financial close for these schemes.

Tranche	Project	PCT	Construction Start	Construction Complete	Planned Open Date
1.3	Jo Richardson	B&D	2005/6	2006	2006
1.3	Romford Town Centre	Havering	TBA	TBA	TBA
1.3	North Rainham	Havering	2005/6	2006	2006
1.3	Porters Avenue	B&D	2005/6	Early 2007	2007

12 Glossary

BHRT	Barking, Havering and Redbridge Hospitals NHS Trust
CAMHS	Child and Adolescent Mental Health Services
CDAS	Community Drug Advisory Service
CHD	Coronary Heart Disease
CMHT	Community Mental Health Team
DOH	Department of Health
FM	Facilities Management
GLA	Greater London Authority
GMS	General Medical Services
GPs	General Practitioners
LBBD	London Borough of Barking and Dagenham
LBH	London Borough of Havering
LDP	Local Delivery Plan
LIFT	Local Improvement Finance Trust
LRO	London Regional Office
NELHA	North East London Health Authority
NELMHT	North East London Mental Health Trust
NHS	National Health Service
NSF	National Service Framework
Primary Care	Those health care services provided by health care professionals in the community
Secondary care	Those health care services usually provided from or at hospitals
PCT	Primary Care Trust
PCTC	Primary Care Treatment Centre
PFI	Private Finance Initiative
PMS	Personal Medical Services
PPP	Public Private Partnership
SPA	Strategic Partnering Agreement
SPB	Strategic Partnering Board
SSDP	Strategic Service Development Plan

THE EXECUTIVE

24 MAY 2005

REPORT OF THE DIRECTOR OF CORPORATE STRATEGY

PERFORMANCE MONITORING 2004/05	FOR DISCUSSION	
<p><i>To update the Executive on 2004 / 2005 end of year actuals for the following performance indicators:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Best Value Performance Indicators (statutory)</i> <input type="checkbox"/> <i>Council Scorecard Performance Indicators</i> <input type="checkbox"/> <i>Local Public Service Agreements (LPSA) targets</i> <p>Summary</p> <p>This report:</p> <ul style="list-style-type: none"> • Provides background information on the monitoring of the Statutory and Council Scorecard Performance Indicators detailed in Futures, Barking and Dagenham's Performance Plan together with our LPSA targets. • Presents a series of graphs reporting performance on a number of Performance Indicators highlighted by CMT for your consideration (Note: the graphs are circulated under separate cover). <p>Recommendation</p> <p>The Executive is asked to discuss performance as highlighted by the performance indicators presented.</p>		
<p>Contact: Laura Nicholls</p>	<p>Policy and Review Officer</p>	<p>Tel: 020 8227 2517 Fax: 020 8227 2806 Minicom: 020 8227 2685 E-mail: laura.nicholls@lbbd.gov.uk</p>

1. Background

- 1.1 In June 2004, the Council published its annual Performance Plan – Futures 2004 / 2005 - setting out how the Authority aims to improve its services over the next 12 months. The document was published on the Council's website on 30 June 2004.
- 1.2 The Statutory Performance Indicators are National Indicators which have been determined by ODPM (Office of the Deputy Prime Minister – the Government department overseeing Best Value) and the Audit Commission.
- 1.3 The Council is required by law to collect and publish this information. In the process of developing the scorecards, services have identified key indicators for measuring improvement. This year's plan lists the Council Scorecard Performance Indicators for 2004 / 2005 (Chapter 2 – Managing the Council). Internal Audit has again carried out an audit of all the Council Scorecard Indicators to ensure they are

robust and collectable. A central system is used to monitor each Performance Indicator, which is updated by departments on a quarterly and, in some cases, monthly basis.

- 1.4 The performance indicators that will be presented at the Executive contain CPA PIs, CPA 'Killer' PIs and our progress on the LPSA targets. From 2005, a number of performance indicators in the CPA basket now have special rules applied to them. The performance weighting of these PIs is higher than the rest in the CPA basket and poor performance of these PIs will result in a lower service block score. These PIs have been designated as 'CPA Killer PIs' on the graphs.
- 1.5 In addition, the Executive will receive a pack containing end of year actuals for all other Best Value Statutory PIs and Council Scorecard PIs.
- 1.6 For presentational purposes, each Performance Indicator is being reported in a graphical format, which allows performance to be shown over time and compared with other Local Authorities. PI headings are traffic light colour-coded and "smiley faces" have been added to clearly express how we are performing. Those indicators in the CPA basket and those that are considered High Risk are highlighted with a red tab at the top left hand of the graph.
- 1.7 For the national indicators, neighbouring Borough information is shown as vertical bars on the graphs. Top 25% National and London target lines have now been removed from the graphs. This has been replaced with horizontal bands of colour. These bands show the National top 25% (green), middle 50% (amber) and bottom 25% (red). The graphs now clearly show how far performance is into or away from the bandings. (Please note it is only possible to compare our performance with the previous year's top quartile targets as these are only released in the December of each year following the outturns for that year). This will not be possible for the majority of Council Scorecard PIs, as they are unique to Barking and Dagenham.
- 1.8 For Social Services performance information, comparison is not made with top quartile data. Comparison is made with Performance Assessment Framework (PAF) performance targets for England.
- 1.9 The notes section underneath the graph enables Chief Officers to be consistent in the way they report the PI's performance. (*See headings below*).

Headings

Improvement / Deterioration since last reported

Further action planned at last quarter

Progress of action since last quarter

Further action planned for next quarter

Additional Information

Corporate Impact

- 1.10 For the majority of Council Scorecard PIs this is the third year of reporting. Targets have been set for the next three years for the majority of these and are presented on the graphs.
- 1.11 The annual deadline for the publication of Futures, Barking and Dagenham's Performance Plan is 30 June. It is still a requirement that a summary of performance information should be published by 31 March. Our summary of performance information for 2004 / 2005 was published in the March 2005 Citizen and is available on the Council's website.
- 1.12 The Government have specified 96 Best Value (statutory) PIs for 2004 / 2005 compared to 98 in 2003/04 and 97 specified for 2002/03. 94 have been specified for 2005 / 2006.

2. Quarterly Monitoring

- 2.1 Each Performance Indicator contained in the Performance Plan is being monitored on a quarterly basis where possible. Some indicators can only be calculated on an annual basis and this is shown on the individual graphs. As the majority of the Council Scorecard PIs are strategic, they will only be reported annually unless otherwise stated.
- 2.2 Quarterly monitoring allows the Council to identify problem areas at an early stage and take remedial action to improve performance. It also identifies areas of good practice within the Council so that it can be shared throughout the organisation. The graphs are a useful visual aid to enable Members of the Executive to challenge Chief Officers on poor performance. The changes to the notes section should further assist Members in performing this role.
- 2.3 This quarterly process is also used to monitor our Local Public Service Agreement (LPSA) targets which were agreed with Government in 2003. From April 2003 the following Council scorecard indicator, **CS17b: Percentage of LPSA targets met on an annual basis** is used to monitor its progress.

3. Comparing Performance

- 3.1 Guidance from the ODPM advises each Authority to compare performance with other Local Authorities. The monitoring system established allows the comparison of performance across a number of levels. National indicators provide the greatest opportunity for comparing performance as each Local Authority is collecting and reporting identical information.
- 3.2 *Neighbouring Boroughs* – Research undertaken by the Audit Commission has identified that people are particularly interested in comparing the performance of their Local Authority with neighbouring areas. Barking and Dagenham compare their performance with the neighbouring boroughs of Redbridge, Havering and Newham.
- 3.3 *Top 25% of performing Councils* – It is a requirement under Best Value that each Council must aim to perform within the top 25%. For indicators relating to the quality of services, comparison should be made with the top 25% of Councils across the country. For indicators relating to the cost of the service, comparison should be

made with the top 25% in London. The ODPM have determined that in most cases, a low service cost is preferable.

3.4 *Local targets – For the majority of Council Scorecard Performance Indicators* comparisons can be made both over time and against the target set. These are identified on the relevant graphs.

4. Conclusion

4.1 This is the last report on the monitoring of Futures 2004 / 2005 Barking and Dagenham's Performance Plan.

Background papers used in the preparation of the report

- Best Value Performance Indicators 2003/2004 (burgundy book)
- Futures 2004 / 2005 – Barking and Dagenham's Performance Plan
- Consultation on Best Value Performance Indicators for 2005 / 2006.

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