

Notice of Meeting

THE EXECUTIVE

Tuesday, 29 September 2009 - 5:00 pm
Council Chamber, Civic Centre, Dagenham

Members: Councillor L A Smith (Chair); Councillor R C Little (Deputy Chair); Councillor J L Alexander, Councillor G J Bramley, Councillor S Carroll, Councillor H J Collins, Councillor R Gill, Councillor M A McCarthy, Councillor Mrs V Rush and Councillor P T Waker

Date of publication: 18 September 2009

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. **Declaration of Members' Interests**

In accordance with the Council's Constitution, Members are asked to declare any personal or prejudicial interest they may have in any matter which is to be considered at this meeting.
3. **Minutes - To confirm as correct the minutes of the meeting held on 8 September 2009 (Pages 1 - 3)**
4. **Revisions to Approved Street Naming List (Pages 5 - 12)**
5. **Council Pandemic Flu Preparations (Pages 13 - 30)**
6. **Putting People First - Personalisation (Pages 31 - 41)**
7. **Remodelling and Tendering of Contracts for Residential Care Services for People with Learning Disabilities (Pages 43 - 51)**
8. **Pre-Tender Report - Framework Agreement for Professional Construction Services (Pages 53 - 60)**
9. **Any other public items which the Chair decides are urgent**

10. **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 as amended). ***There are no such items at the time of preparing this agenda.***

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

THE EXECUTIVE

Tuesday, 8 September 2009
(5:00 - 5:32 pm)

Present: Councillor L A Smith (Chair), Councillor R C Little (Deputy Chair), Councillor G J Bramley, Councillor S Carroll, Councillor H J Collins, Councillor R Gill, Councillor M A McCarthy, Councillor Mrs V Rush and Councillor P T Waker

Apologies: Councillor J L Alexander

The Chair welcomed Tracie Evans, recently appointed Interim Divisional Director of Corporate Finance, to her first Executive meeting.

53. Declaration of Members' Interests

Councillor Gill declared a personal interest as a member of 'Refuge' one of the organisations competing for the contract for the Provision of Housing Related Support Services to Women Fleeing Domestic Violence (agenda item 8). Councillor Gill did not take part in the discussion or the decision relating to this item.

54. Minutes (25 August 2009)

Agreed.

55. Budget Monitoring

Received a report from the Corporate Director of Resources providing an update on the Council's revenue and capital position for the period April to July 2009/10 financial year.

The current forecast for revenue expenditure indicates that current budget pressures exist across all departments amounting to £3.4million (Adults and Community Services £1m, Children's Services £0.9 million, Customer Services £0.7 million and Resources £0.8 million). The most significant areas of pressures relate to expenditure on transition arrangements within Adult Services Learning Disability, transport services for children with Special Educational Needs (SEN), Looked after Children Placements and in meeting the Council's Leaving Care responsibilities, the Barking and Dagenham Direct division and various income generation.

Where pressures do exist, all departments will need to address these as part of their own, and the Council's, ongoing budget monitoring process. The outcomes and progress of any action plans will be monitored and reported to both the Resources Monitoring Panels and Executive through the regular budget monitoring meetings and reports.

Agreed, in order to assist the Council to achieve all of its Community Priorities and as a matter of good financial practice, to note the:

- (i) Current position of the Council's revenue and capital budget as at 31 July 2009;
- (ii) Position for the Housing Revenue Account; and
- (iii) That where potential pressures have been highlighted, Corporate Directors are required to identify and implement the necessary action plans to mitigate these budget pressures to ensure that the necessary balanced budget for the Council is achieved by year end.

56. Submission of Barking Town Centre Area Action Plan

Received a report from the Chief Executive regarding the outcome of final consultation on the Barking Town Centre Area Action Plan prior to the Assembly's approval for submission to the Secretary of State.

The Barking Town Centre Area Action Plan defines the Council's vision for how the town centre will function and look in 2025 and sets out the policies and site allocations that will stimulate the economic and commercial regeneration of the town centre whilst at the same time, protecting and enhancing the quality of the environment and improving the quality of life and the life chances of the local community.

The Action Plan has gone through extensive community and stakeholder consultation at various stages culminating in the final consultation stage which resulted in 124 separate representations of which the most significant issues raised for the Inspector's consideration are

- The proposed traffic management measures along Abbey Road and St Paul's Road
- The need for the proposed new bridges across the River Roding
- The affordable housing target
- The need for a new school to be provided on the Abbey Road Retail Park site
- The proposed approach to tall buildings

Agreed, in order to comply with statutory requirements and to assist the Council to achieve its Community Priorities of 'Safe' 'Clean' 'Healthy' 'Fair and Respectful' and 'Prosperous' to recommend the Assembly to approve the submission of the Barking Town Centre Area Action Plan to the Secretary of State.

57. Highways Investment- Accelerated Programme

Received a report from the Corporate Director of Customer Services concerning proposals to accelerate the Highways Investment Programme of work to three years rather than the previously agreed four years with £2m of extra investment.

Agreed, in order to assist the Council to achieve its Community Priorities of 'Clean' and 'Prosperous', that:

- (i) the Highways Investment Programme is shortened to three years with the capital allocation for 2009/10 increased to £10 million, and the allocation for 2010/11 increased to £3.5 million; and

- (ii) £1million of additional investment is made in 2009/10 and a further £1million in 2010/11; found through prudential borrowing supported by reduced spend on emergency highways repairs.

The Executive expressed its pleasure with the work carried out to date.

58. Changing Governance Arrangements in 2010: New Executive Arrangements

Received a report from the Corporate Director of Resources concerning proposals for public consultation on the new executive arrangements which the Council is required to adopt by 31 December 2009, in accordance with the Local Government and Public Involvement in Health Act 2007 (LGPIH 2007).

Agreed in order to comply with legislative requirements and to assist the Council to achieve its Community Priority of 'Fair and Respectful' to

- (iii) Reaffirm the previous decision taken at the Annual Assembly in May 2007 to retain the existing Executive arrangements on the basis of continuing to use the prescribed Leader and Cabinet model;
- (iv) Consider applying to the preferred option the additional provision of the power to remove the Leader during his/her term of office through a vote of no confidence taken at the Assembly;
- (v) The proposals for public consultation on the preferred and other option as detailed in section 5 of the report; and
- (vi) Note that in line with legislative requirements, a report will be presented to a specially convened meeting of the Assembly on 9 December 2009 seeking a resolution to formally adopt the new arrangements which will become effective immediately after the May 2010 municipal elections.

59. # Award of Tender: Supporting People Funded Domestic Violence Services

Received a report from the Corporate Director of Adult and Community Services regarding the outcome of the tendering exercise for the Provision of Housing Related Support Services for Women Fleeing Domestic Violence contract.

Agreed, in order to assist the Council to achieve its Community Priorities of "Safe" and "Fair and Respectful", to award the Provision of Housing Related Support Services to Women Fleeing Domestic Violence contract to Refuge for a period of three years with an option to extend up to a maximum of five years. The annual cost will be approximately £237,000 with a planned commencement date of 1 November 2009.

(# The appendix to this report was contained in the private section of the agenda by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972).

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THE EXECUTIVE

29 SEPTEMBER 2009

REPORT OF THE CHIEF EXECUTIVE

Title: Revisions to Approved Street Naming List	For Decision
<p>Summary</p> <p>Street naming and numbering is an important statutory Council duty. It is vital that streets are named and numbered clearly and logically as service providers, including the Emergency Services and many Council services, depend on this information. The naming of new streets is also a good opportunity to reference people and features of local relevance which can help increase civic pride and interest in the local area.</p> <p>As a result of ongoing development within the borough many of the names on the Approved Street Names list have now been used and a revised and expanded list is provided in Appendix 1.</p> <p>This revision consists of 2 parts: the first amends the current list and the second, at the request of Members, adds names of Barking and Dagenham residents who lost their lives during the war together with the names of servicemen and civil defence volunteers who either died in the borough whilst on active service or whose gallantry resulted in the award of the Victoria Cross, George Cross or George Medal. Details of these citations are attached as Appendix 2. This list has been prepared in partnership with Heritage Services.</p> <p>These names are compiled from various sources including cemetery reports from the Commonwealth War Graves Commission, memorial plaques on display in public buildings, and internet records of Gallantry Awards. It is standard practice to not use the names of people who have been dead for less than 20 years for street naming purposes. However the Executive is asked to consider the use of the names of those commemorated by the award of the Elizabeth Cross. The Elizabeth Cross is granted to the next of kin of Armed Forces personnel killed on operations or as a result of terrorism in a mark of national recognition for their loss. In these instances officers would seek the permission of the family to use the name for street naming purposes.</p> <p>This list is still a work in progress. Officers intend to do further research so they can order the names by the ward the individuals' resided in. This will make it possible to ensure that new street names are relevant to the area they are within.</p> <p>This report also seeks approval for officers to include further names of residents who died in active service abroad which may become apparent from the further research work to be carried, which will include information available in separate WWII books of remembrance for Barking, and Dagenham and as well as a Roll of Honour that has been compiled for the First World War which is held at Barking Library.</p> <p>It is important to note that all street names would be subject to final approval and agreement with statutory consultees including the Emergency Services.</p> <p>Wards Affected: All</p>	

Recommendation(s)

The Executive is recommended to agree:

- (i) The revised list of Street Names attached at Appendix 1;
- (ii) To delegate authority to the Chief Executive to add to the Approved List:
 - a) the names of further residents of the Borough who died in active service abroad that are not currently included in the list; and
 - b) the names of those commemorated by the award of the Elizabeth Cross, subject to obtaining families' approval before a formal proposal is made to use a name.

Reason(s)

To help deliver the Community Priority of "Fair and Respectful: a stronger and more cohesive borough so that it is a respectful place where all people get along, and of which all residents feel proud".

Implications

Financial

There are no direct implications arising from this report. As and when roads are named the cost of the road signage will be funded from existing budgets.

The further research that is necessary will be undertaken by existing officers within the Land Data team with the assistance of Heritage Services.

Legal

The present powers, which control street naming and numbering in the London Borough of Barking and Dagenham and the Greater London area, are derived from Part II of the London Buildings Act (Amendment) Act 1939. The original Act referred only to the inner London area and was amended by Section 43(1) of the London Government Act 1963 to include the whole of Greater London.

With the dissolution of the Greater London Council in 1985 the powers held by that Council, in respect of street naming and numbering, were devolved to the London boroughs by virtue of the Local Government Act 1985.

During its existence the Greater London Council applied policies to regulate the naming of streets and the numbering of buildings, and adopted Regulations, formulated by the London County Council in 1952, governing the display of numbers and names on buildings. These have subsequently been adopted by the London Borough of Barking and Dagenham.

Contractual

No specific implications

Risk Management

No specific implications

Staffing

No specific implications

Customer Impact

The new list of approved street names will help develop civic pride and thus promote community cohesion.

Safeguarding Children

No specific implications

Crime and Disorder

No specific implications

Property/Assets

No specific implications

Options appraisal

None

Head of Service: Jeremy Grint	Title: Head of Regeneration and Economic Development	Contact Details: Tel: 020 8227 (2443) Fax: 020 8227 (3490) E-mail: (jeremy.grint@lbbd.gov.uk)
Report Author: Daniel Pope	Title: Group Manager Development Planning	Contact Details: Tel: 020 8227 (3929) Fax: 020 8227 (3490) E-mail: (daniel.pope@lbbd.gov.uk)

1. Consultees

1.1 The following were consulted in the preparation of this report:

Councillor McCarthy, Cabinet Member for Regeneration
 Councillor Little, Deputy Leader and Cabinet Member for Culture and Sport
 Jeremy Grint, Head of Regeneration and Economic Development
 Alex Anderson, Departmental Head of Finance
 Yinka Owa, Legal Partner
 Andy Butler, Group Manager for Area Regeneration
 Dave Mansfield, Development Management Manager
 Darren Henaghan, Divisional Director of Environmental and Enforcement Services
 Anne Bristow, Corporate Director of Adult and Community Services
 Heather Wills, Head of Community Cohesion and Equalities
 Judith Etherton, Group Manager for Heritage Services
 Tahlia Coombs, Assistant Archivist
 Glynis Rogers, Divisional Director of Community Safety and Neighbourhood
 Services
 Bill Murphy, Corporate Director of Resources
 Sue Lees, Divisional Director of Asset Management and Capital Delivery
 Colin Beever, Group Manager for Property Services

2. Background Papers Used in the Preparation of the Report:

None

3. List of appendices:

Appendix 1 Revisions to approved list of street names.

Appendix 2 Details of Gallantry Awards

Revisions to approved list of street names

The Greater London Council Code of Practice is used when determining the appropriateness of street names. This guidance advises that street names should not duplicate any similar name already in use in a borough or neighbouring boroughs and that street names should not be difficult to pronounce or awkward to spell. In general, words of more than 3 syllables should be avoided and this generally precludes the use of 2 words as the name.

Staff have taken the opportunity to review the existing list of approved names against this code of practice. Staff have also suggested the removal of those words with undesirable connotations i.e. smack.

Added to the list is a new section consisting of residents of the Borough who died in wars and Residents and Servicemen who were awarded honours.

Revised list of approved names

Part 1 - Revised list

Local Trades People

- Gilderson
- Hobday

Riverside and Fishing

- Oxen Lees
- Ewars Marsh
- Sheeplees
- Cowland
- Fishmonger
- Herring
- Lobster
- Sailor
- Smuggler
- Ice
- Plaice
- Cutter
- Pilot
- Trawler
- Carrier
- Mast
- Tide
- Net
- Sole
- Mackerel
- Silver Pits
- Hulk
- Salting
- Ketch
- Cargo
- Mizzen

Fishing Industry Personalities

- John Farsby
- Fifeshire
- Leleu
- Shuckford
- Nonsuch
- Fleming
- Mather
- Whannel
- Forge

Historic References

- Abbess
- Prioress
- Rayhouse

- Conqueror
- Nun
- Firmaress
- Cellaress
- Sacrist
- Freytress

Aeronautical

- Moreing
- Hanger
- Airship
- Handley Page
- Fullerton
- Healey
- Voisin
- Pup
- Deverall Saul
- Gyroscope
- Meredith
- Weiss

Names with Local Connections

- Batts
- Clark
- Drovers
- Hearn
- Hill
- Roffe
- Bygraves
- Gould
- Henson
- Calvert
- Driberg
- Graves
- Hastings
- Glindoni
- Amies

Other names approved by Greater London Council

- Dowletts
- Gillhouse
- Caps
- Caters
- Sybil
- Grends
- Nollers
- Matthews
- Lawes
- Holdyard
- Shinwell
- Sawinghall

Part 2 – Residents of the Borough who died in wars and Residents and Servicemen who were awarded honours.

Please note street naming rules normally preclude the use of two words for a street name, hence the surnames of residents are provided below. Included in this list are the names of five Royal Engineers killed whilst attempting to defuse a bomb in Connor Road (1940).

Abrahams	Chantley	Fewell
Ager	Chipperfield	Gardiner
Andrews	Chivers	Samuel Garside - George Medal
Annis	Clifford	
Anslow	Clarke	Gearing
Anthony	Claxton	Gilbert
Argent	Coggins	Gilian
William Ash – Royal Engineers	Cole	Gill
	Collard	Griffin
	Convine	Gradley
Asser	Cornelius	Gregson
Atkin	Cosgrove	Hackett
Austin	Courtney	Harwood
Bailey	Cox	Hayes
Banks	Craze	Haylett
Banner	Crookbain	Hayward
Barrett	Curry	Hennessey
Bates	Curtis	Hiller
Baxter	Davis	Leslie Hitchcock – Royal Engineers
Baynes	Dalton	
Bearman	Dixon	
Beasley	Dobinson	Hodson
Beezley	Doherty	Hogg
Bedford	Dorrington	Holdbrook
Bessey	Job Drain – Victoria Cross	Hollingsworth
Bickers	Duke	William Hope – Victoria Cross
Bidgood	Dyster	
Bilton	Ellis	
Bird	Ellingworth – George Cross	
Blackaby	Evemy	Hopkins
Bones	Evans	Horwill
Bowles	Fairweather Fearnley	Hoy
Boyett	Feldwick	Hurren
Branton	Fennell	Huxtable
Brown	Ferguson – George Medal	Hymas
Bryant	Leslie Foster – Royal Engineers	Jackson
Buck		John Miller – George Cross
Burbridge		
Burkitt	Francis	Keegan
Laurence Calvert – Victoria Cross	French	Kiff
		Leader
		Lennox
Carver		Robert Lewis – Royal Engineers
Caunter		
Chamberlin		

Macey
Mann
Marlow
Marshall
Mather
Miller
Mitchell
Mollenhoff
Richard Moore – **George Cross**

Moy
Murphy
Neill
Negus
Newcombe
Newton
Oliver
Onslow
Pascall
Passfield
Pattle
Pavelin
Pearce
Peaty
Perkins
Podd
Purkiss
Raven

Richard Ryan – **George Cross (Posthumous)**

Ruffell
Sammons
Sanders
John Sayer – **Victoria Cross**
Scales
Sexton
Sharpe
Shoemith
Sinstadt
Snow
Speirs
Tarling
Tassell
Taylor
Tillett
Tobyn
Torry
Truscott

Stephen Tuckwell – **George Cross**

Turner
Tyrell
Walker
Walklin
Ward
Warner
Tasker Watkins – **Victoria Cross**

Waugh
Ernest Websdale – **Royal Engineers**

Wernick
Wiles
Wisher
Woolmore

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Details of Gallantry Awards

Recipients of the George Cross & George Medal

Capt Samuel Garside. GM.

Awarded for incidents at: The river at McNeils Wharf, Barking Essex , 24 September 1940 High Road, Twickenham, Middlesex, 1941. Garside is credited with one of the fastest and safest disposals recorded. He with his Sgt went to investigate a reported UXB, on arrival they found a clear pathway that the bomb had made through the ground, (called a trace). The bomb was a 500kg this was determined by the size of the entry hole, approximately 24 inches. Garside probed the hole until he reached the tail fins. As they were in reach he tied a rope to them, between him and his Sgt they were able to pull the tail fins from the ground. When these were removed it left a clear shaft, using a long pole Garside pushed an explosive charge down onto the bomb, which they then detonated exploding the bomb below. Site cleared without having to get a shovel out. For this and other incidents he received the George Medal.

Volunteer S. J. Ferguson

On the night of 17th/18th October 1940 during a heavy enemy attack from the air, in the Barking area, Volunteer Ferguson, who was on duty at his company headquarters, proceeded to a group of houses which had received direct hits.

"It was reported to him that a woman - a resident of one of the houses - was imprisoned under the wreckage. Despite the fact that the walls of the dwelling were collapsing, he made his way without hesitation into the ruins and found a woman bleeding from a severed artery. Ferguson at once applied first aid amid the flames of incendiary bombs and gave every help to her, at risk of his own life. He remained beside her until it was possible to remove her for conveyance to hospital."

Stephen John Tuckwell

GC awarded for great gallantry and undaunted devotion to duty. AB Tuckwell worked with Sub-Lt Miller on many occasions in the dangerous work of mine disposal and together they disposed of some ten of these deadly weapons. They were both awarded the George Cross for dealing with a mine that had fallen into the soft mud in Roding River, which runs into Barking Creek. Sub-Lt Miller decided to borrow a canoe and having put this on a fire-float with the necessary kit, he and AB Tuckwell went off up the creek to where the mine was thought to be lying. They then left the River Fire Service fire-float and went on in the canoe, until they sighted the black rim of the mine which was stuck in the mud by the nose. They worked together - AB Tuckwell having refused a suggestion that he should retire to a place of safety. He pointed out that as Sub-Lt Miller would be working under at least a foot of water he would need someone to hand him the tools - in short he preferred to take the same risks. They managed to get out one fuse, but could not reach the other, so appealed to several crane-drivers who had come to see what was happening, and they at once volunteered to help. The two experts got back into the water, put ropes round the mine, and with the assistance of the crane-drivers, the huge cylinder was dragged slowly out of the creek, over the muddy bank and up on to the wharf. The final stages of the operation were then completed in comparative comfort.

Commendation awarded for brave conduct and devotion to duty. Later served at 'HMS Mirtle', HMS Vernon's Mine Investigation Range at Buriton.

Richard John Hammersley Ryan

GC awarded posthumously for great gallantry and undaunted devotion to duty. Lt Cdr Ryan was one of two officers who stripped the first magnetic mine of Type C found in a German aircraft which had crashed at Clacton. When magnetic mines were first dropped over London he came forward without hesitation for the perilous work of making them safe, although, with his unrivalled knowledge of this work, he was well aware of the dangers he so readily accepted. The clock of the bomb-fuse was normally timed to explode the mine about 22 seconds after its fall. If it failed to do so, it might be restarted by the slightest movement, even a footfall. The amount of the clock already run off could not be known, and once it was restarted time for escape could not be more than a few seconds. Lt Cdr Ryan tackled six of these mines with his own hands, one of them in a canal where he worked waist deep in mud and water which would have made escape impossible. Here he found and removed the bomb-fuse only by groping for it under water. At Hornchurch he made safe a very hazardous mine which threatened the aerodrome and an explosives factory, and then he and his assistant, Chief Petty Officer Ellingworth with whom he had shared many dangerous assignments, went on to Oval Road North, Dagenham on 21 Sep 40. Here they tackled a mine hanging by a parachute in a warehouse and both were killed by its explosion as they entered the building.

Reginald Vincent Ellingworth

GC awarded posthumously for great courage and undaunted devotion to duty. Worked as assistant to Lt Cdr Ryan in rendering safe magnetic mines in London during 1940. They worked on many assignments together, sharing the dangers involved. The principal hazard of these mines was the fact that the clock of the bomb fuse was normally timed to explode the mine about 22 seconds after its fall. If it failed to do so, it could be restarted by the slightest movement, even a footfall. The amount of the clock already run off could not be known, and once it was restarted the time for escape could not be more than a few seconds. At Dagenham, Essex, the two men tackled such a mine hanging by a parachute in a warehouse, and were both killed by its explosion. CPO Ellingworth had previously been commended by HMS Vernon for his work on mines. Killed with Lt Cdr Ryan at Oval Road North, Dagenham 21 Sep 40 when GC mine hanging from its parachute in roof beams exploded as they entered the building.

Richard Valentine Moore

B&MD - GC awarded for great gallantry and undaunted devotion to duty. Although he had no practical training, he was called upon in an emergency and disarmed five mines. On the night of 20 Sep, four mines fell on Dagenham but only one exploded. Moore and his assistant accompanied police officers to the site of two of the unexploded devices. One had fallen on a road outside a factory which had been evacuated. On examination, it could be seen that the impact had distorted the fuse ring so that it could not be unscrewed. Moore borrowed a drill from the factory and drilled out two gaps on opposite sides of the ring so that it broke in two, thus allowing the fuse to be extracted. CPO George Wheeler was awarded the BEM (Mil Div for gallantry) in this action

John Bryan Peter Miller

GC awarded for great gallantry and undaunted devotion to duty. Worked with AB Tuckwell in the dangerous work of mine disposal during the early days of the Blitz. Called to deal with a mine which had fallen into the soft mud in Roding River, which runs into Barking Creek. Sub-Lt Miller decided to borrow a canoe and having put this on a fire-float with the kit, he and AB Tuckwell went up the creek to where the mine was thought to be lying. They then left the River Fire Service fire-float and went on in the canoe until they sighted the black rim of the mine which was stuck in the mud by the nose. They worked together - AB Tuckwell handing the necessary tools to Sub-Lt Miller who was working under about a foot of water. They managed to get out one fuze, but could not reach the other, so appealed to several crane-drivers who had come to see what was happening, and they at once volunteered to help. The two experts got back into the water, put ropes round the mine, and with the assistance of the crane-drivers, the huge cylinder was dragged slowly out of the creek, over the muddy bank and up on to the wharf. The final stages of the operation were then completed in comparative comfort

Recipients of the Victoria Cross

Job Drain

Job Drain, lived in Greatfield Road, Dagenham. He joined the army aged 17 in, 1912, as a volunteer and served all four years of World War 1. Job won his VC at the Battle of Le Cateau, in France on 24 August 1914. He was one of a group of soldiers who volunteered to save two artillery guns. One of the carriages was shot down, but Job, sitting on the 'wheeler' was one of three soldiers who brought one of the guns through, despite being under heavy shell and rifle fire from the German infantry. After the war, Job Drain worked as a messenger, fish porter, a local bus driver and finally for the London Electricity Board.

Sir Tasker Watkins

Tasker Watkins was born in Glamorgan, Wales, in 1918 and was Honorary Life Vice Patron of the Welsh Rugby Union Association. He spent his youth in Dagenham and married a local woman in Dagenham Parish Church.

Sir Tasker was awarded the Victoria Cross for action in France on 16 August 1944. His citation reads 'superb gallantry and total disregard for his own safety during an extremely difficult period'. Lieutenant Watkins, the only officer left in his company of the Welsh Regiment, single-handedly charged two gun posts in succession killing and wounding the occupants with his Sten gun. His courage saved the lives of his men and was a decisive influence on the outcome of the battle. After the attack he led his remaining men back to his battalion and safety.

Laurence Calvert

Laurence Calvert was born in Leeds on 16 February 1892. He was married with three children and lived for a while in Oglethorpe Road, Dagenham.

Calvert won his Victoria Cross at Havrincourt, France on 12 September 1918. He was a sergeant in The Kings Own Yorkshire Light Infantry. He single-handedly captured two machine guns and killed their crews.

His citation read: "For most conspicuous bravery and devotion to duty in attack when the success of the operation was rendered doubtful owing to severe enfilade machine-gun fire."

After the war Calvert moved to Dagenham when he was offered a job as a commissionaire for The National Provincial Bank in London.

He died 7 July 1964. There is a memorial plaque in the Garden of Remembrance, South Essex Crematorium, Upminster.

William Hope

William Hope leased the manor house at Parsloes and kept a herd of shorthorn cattle. He eventually became military attache to Lord Napier, the British Ambassador in Washington. The Hope family left Parsloes in 1878 following a financial crisis.

Lieutenant Hope won his VC on 18 Jun 1855 in the Crimea.

Under heavy fire from Russian batteries, Hope rescued two wounded soldiers who were lying outside the trenches. He searched for them and then returned with a team of four. But one of the injured required a stretcher. Hope ran across open land, found a stretcher and returned to rescue the soldier.

Hope died in Chelsea in 1909.

John Sayer VC

Son of Samuel and Margaret Sayer, of Chadwell Heath and Beacontree Heath, Dagenham. Lived at Wangey Farm in Chadwell Heath, commemorated in St Chads Church.

For the Most conspicuous bravery, determination and ability displayed on the 21st March, 1918, at le Verguier, when holding for two hours, in the face of incessant attacks, the flank of a small isolated post. Owing to mist the enemy approached the post from both sides to within 30 yards before being discovered. Lance-Corporal Sayer, however, on his own initiative and without assistance, beat off a succession of flank attacks, killing many and wounding others. During the whole time he was exposed to rifle and machine-gun fire, but he showed the utmost contempt of danger and his conduct was an inspiration to all. His skilful use of fire of all descriptions enabled the post to hold out till nearly all the garrison had been killed and himself wounded and captured. He subsequently died as a result of wounds at Le Cateau 18th April 1918 aged 39.

THE EXECUTIVE

29 SEPTEMBER 2009

REPORT OF THE CORPORATE DIRECTOR OF ADULT AND COMMUNITY SERVICES

Title: Council Pandemic Flu Preparations	For Decision
<p>Summary</p> <p>This report updates Members on the Council's preparedness for a possible Flu Pandemic, and documents the planning scenarios used, and the possible consequences for the London Borough of Barking and Dagenham.</p> <p>The Council's focus is:</p> <ul style="list-style-type: none"> • Providing community and civic leadership in the event of a flu pandemic • Supporting NHS Barking and Dagenham in its response to the Pandemic • Ensuring continued delivery of Council's own services and increasing those where required to support the additional needs of the community. • Helping to minimise the long-term impact on local people and the local economy <p>To achieve this result a Flu Pandemic Plan has been developed in partnership with the NHS Barking and Dagenham, the Police and Fire Services and the Voluntary Agencies, and forms the basis of our collaborative activity.</p> <p>In addition extensive work has been undertaken to ensure the resilience of Council Services, and to identify fall-back measures in the event of a major pandemic occurring. This work has identified services which may be considered critical, and also those which may be drawn upon to supplement critical services if required.</p> <p>The work has also identified specific risks, and has established mitigation plans to minimise or remove those risks wherever possible. Any residual risks are highlighted for Members' consideration.</p> <p>Wards Affected: All Wards</p>	
<p>Recommendation</p> <p>The Executive is asked to:</p> <p>(i) Approve the list of Critical Services identified in section 2.1 of the report, and those service areas where services may be curtailed in the short term if additional resources are required to support Critical Services as shown in section 2.3</p> <p>Reasons: To ensure ongoing delivery of Critical Services in the event of a flu pandemic occurring.</p> <p>Implications:</p> <p>Financial: The Council has made financial provision for direct costs associated with the swine flu pandemic. This will include items such as communication, public awareness, and sickness</p>	

monitoring arrangements. Cost pressures in respect of cover arrangements for staff sickness will be managed within service budgets. This financial pressure will be kept under review through the monthly budget monitoring process.

In the event of a worse case scenario, as explained later on in this report, there may be financial consequences arising from the need to provide additional services, or to maintain residents in a home environment where they might otherwise have been admitted to a hospital or other care bed.

Legal:

The Civil Contingencies Act 2004 places a statutory responsibility on the Council to make local arrangements for civil protection in times of emergencies. A flu pandemic or a combination of a mixture or series event combined is capable of leading to such an emergency. The Emergency Planning work is design not only to anticipate such a possibility and provide for it but also to work to avoid circumstances escalating to create an emergency.

The Statutory duties such as, for example, safeguarding children, older people and the vulnerable may require additional resources beyond existing provision as a developing civil emergency is likely to require greater intervention where existing caring arrangements face demands. As a result, in addition to the diversion of Council resources procurement of additional support at short notice may require waivers of contract rules and purchasing requirements.

Suitable arrangements need to be in place for delegations so decision making can be made swiftly and authoritatively to ensure that the primary responsibility of the civil protection of the welfare of the community is maintained. In such circumstances staff may be called upon to carry out tasks outside their daily role and duties and their contracts of employment should reflect this degree of flexibility.

Local Resilience Forums (LRFs) are the principal mechanism for the coordination of multi agency planning and responding to any major emergency at a local level . These forums are made up of bodies such as emergency services, local authorities and health bodies (known as category 1 responders). These organisations have a range of civil protection duties under the Civil Contingencies Act 2004 and associated regulation and guidance. This includes developing plans for maintaining services and business continuity during a pandemic.

It is recognised that local authorities will play a key role in planning for and responding to any pandemic with their responsibility for the range of social care and children's services, as well as exercising the crucial role of community leadership.

As most flu sufferers will need to be cared for in the community developing integrated health and social care plans is a particularly important part of local planning.

Planning for a pandemic should include an assessment of the risk of any potential legal liability that may arise from any breach of contractual obligations or statutory duties following any loss of service. Consideration may also need to be given to modifying human resources policies to facilitate cross-training and succession planning.

Contractual

Consideration is being given to the potential issues arising from the impact on contracted services to the Council. Also, as referred to above it may be necessary to enter into short term contractual arrangements to cover shortfalls in service provision.

Risk Management:

Failure to implement a suitable plan could result in Critical Services not being delivered, which could be detrimental to the health and welfare of the residents of Barking and Dagenham.

There is a risk that, due to the need to maintain Critical Services, there will be delays in the delivery of those services deemed to be non-critical. This may affect the Council's performance and its reputation. Our plans are established to mitigate this risk as much as possible.

The Chief Executive has corporate and operational management responsibility under the Council's Scheme of Delegation and, acting on the advice of the Internal Silver Group, will be able to take decisions on the reduction or closure of services in order to support the delivery of Critical Services if staffing levels reduce or service demand increases beyond capacity.

Staffing

The potential impact on staffing, both in terms of staff who may contract the virus and the availability of unaffected staff to assist in maintaining the Critical Services, has been considered as part of the contingency plans.

Customer Impact

The process of identifying the Critical and non-Critical Services took into account the impact on the local community and the need to maintain basic environmental services such as street cleaning and refuse collection, as well as public wellbeing and protection related services such as care homes and CCTV services. The full impact on customers can only be properly assessed when the extent of any pandemic is apparent.

Safeguarding Children

Flu projections indicate that this virus affects primarily the younger population. As such work is ongoing specifically with schools to ensure that we have robust systems in place to support younger people and their families, and to provide appropriate information and advice to them and to school staff. Equally work is being developed through social care systems to identify those vulnerable members of the community (both young and old) who may need specific assistance with daily living. These are detailed in the Pandemic Flu Plan. Traveller families have been identified as those who are most unlikely to engage in terms of medical intervention. Work is ongoing to ensure that the flu messages are getting to this vulnerable community.

Crime and Disorder: Section 17 of the Crime and Disorder Act places a responsibility on the Council to have regard to crime and disorder in its service planning and delivery. Should the pandemic reach critical levels then joint work with the police and other agencies will be necessary to address any emerging disorder issues which may arise from young people not being in school, or from excessive demand for medical services or remedies. Government are making contingency arrangements, e.g. education to be delivered via a series of programmes on the BBC, but uniformed staff from across the CDRP may be

called upon to assist if issues escalate.

Property/Assets

No Specific Implications

Options Appraisal:

Not applicable

Contact Officer: Roger Brett	Title: Group Manager, Emergency Planning	Contact Details: Tel: 020 8227 3119 Fax: 020 8227 3296 E-mail: roger.brett@lbbd.gov.uk
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1. Background

1.1 The H1N1 Virus

The H1N1 strain of the Flu Virus was first notified on 27 April 2009. Due to modern travel it quickly spread across the globe. On 11 June 2009 the World Health Organisation (WHO) announced a move to Phase 6 meaning that a pandemic had been declared. The term "pandemic" means that an influenza virus, new to humans, has appeared, is spreading and is causing disease in many parts of the world.

The criteria for making this declaration are based on the geographic spread of the virus and not its clinical severity.

1.2 National Picture

For most people, the illness appears to be mild. Cases have been confirmed in all age groups, but children and younger people seem much more likely to be affected and fewer cases have been confirmed in older adults.

Most people recover within five to seven days but for a minority of people, the virus has caused severe illness. In many of these cases, other factors have been identified that are likely to have contributed to the severity of the illness.

Worldwide, just over 0.4% of the laboratory-confirmed cases reported to the World Health Organization (WHO) have died. This is a similar rate to ordinary flu. The true number of swine flu cases is likely to be significantly higher than that reported to WHO and therefore the figure of 0.4% is likely to be an overestimate of the death rate.

Where complications do occur, they tend to be caused by the virus affecting the lungs. Infections such as pneumonia can develop. Under these circumstances there have been a number of deaths.

1.3 Local Picture

At the start of the outbreak all suspected cases were confirmed by a clinical test which meant that all of the figures were fully accurate. As reported figures grew a national decision was taken to cease clinical tests, and to diagnose on the basis of likelihood of an individual having Swine Flu, based on a description of symptoms. This, in combination with the introduction of the National Flu Line, has meant that it is no longer possible to give an accurate local figure as to the number of cases.

1.4 Multi-Agency Flu Plan

In partnership with NHS Barking and Dagenham, the Police and Fire Services and the Voluntary Agencies the Council has developed a Multi-Agency Pandemic Flu Plan the purpose of which is to assist all agencies in the response to a Pandemic.

The Plan operates on the same system of command and control as for any other Major Incident and is explained in Appendix 1

1.5 Planning Assumptions

1.5.1 General Information

The Department of Health, who lead on the pandemic, have provided a set of planning assumptions for use when preparing our plans.

The Council has made use of this guidance and also that provided by the Health Protection Agency and NHS London in formulating its understanding of, and response to, Pandemic Flu.

Pandemics usually come in two distinct waves. Each wave is about 15 weeks duration. With the first appearance of the Flu Strain in April the planning assumption was that there would be a decline in reported sickness rates in August and this is borne out by the figures from the Health Protection Agency (HPA).

Experts have agreed that there will be a second wave starting around September/October and have issued planning assumptions to be used when preparing plans for this wave.

These assumptions were -

- Clinical attack rate i.e. people expected to get symptoms of pandemic flu: 30% of population
- Hospitalisation rate: 2% of clinical cases of whom 25% could require intensive care if capacity existed
- Case fatality rate: 0.35% of clinical cases
- 10 – 12% of the population affected during the peak period

It should be noted that this planning assumption is simply considered to be a “reasonable worst case” scenario against which to plan.

These figures should be compared with the seasonal flu where the Department of Health estimates a clinical attack rate of 2% - 15%, with a clinical fatality rate of up

to 0.4%. On average over the last 12 years, around 8,000 deaths each year in England and Wales have been attributed to flu. However in 1989/90, an influenza epidemic in Great Britain caused an estimated 26,000 excess deaths (deaths in excess of what would normally be expected for the time of year), mainly in the elderly, over a period of 56 days.

The severity of the flu attack is expected to be similar to that of the seasonal flu whereby a period of 5 – 7 days in bed is followed by a further period of 3 -4 days to regain strength sufficient to return to work, amounting to approximately 10 days in total.

1.5.2 Within the Borough

In terms of the Borough population of 166,900 this would mean

- 50,070 residents would get symptoms
- 1,001 residents would require hospitalisation
- 250 residents would require intensive care
- 175 residents would die.

1.5.3 Within the Council

In terms of the Council on the basis of 9,121 employees (Adult and Community Services 1,219, Chief Executive 4, Children's Services 1,431 (Schools 4,273) Customer Services 1,153, Resources 1,041) this would mean

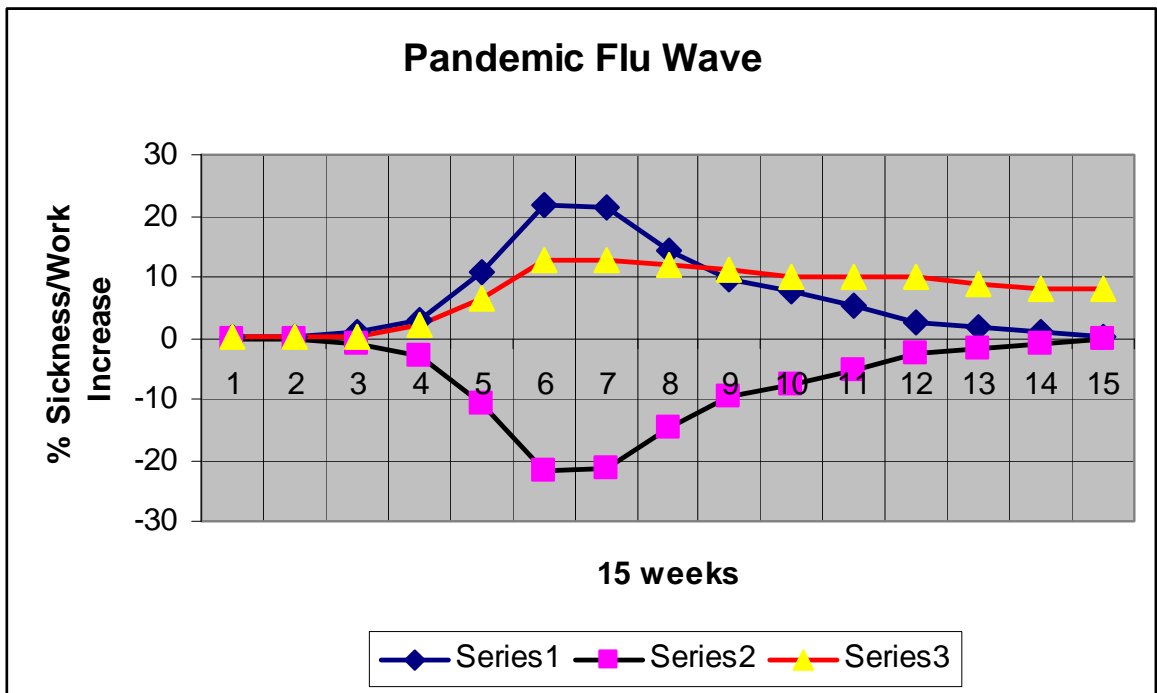
- 2,736 staff would get symptoms
- 55 staff would require hospitalisation
- 14 staff would require intensive care
- 10 staff would die.

1.6 Additional staff absence

The figures only refer to the clinical attack rate and take no account of those who will be away from work if schools are shut, if they are required to carry out caring responsibilities or there is a lack of transport etc.

1.7 The outline of a Pandemic wave

A Flu Pandemic wave works in the same way as seasonal flu in that during the early and later stages only a few people have the symptoms but middle weeks i.e. weeks five to eight are when the majority of sickness occurs.



Series 1 – Planning Assumption for Pandemic Flu Sickness Rate
 Series 2 – Staff Sickness rate not taking into account other reasons outlined in 1.5 above
 Series 3 – Additional Service delivery workload as outlined below

Council staff will be falling sick at the same rate as the rest of the population but several additional factors need to be taken into account when the delivery of services is considered.

- There will be an increase in the number of people requiring services such as home care packages because their normal carers such as relatives or friends fall sick or even die or there is an increase in hospital discharges to make room for flu patients
- The period of time for the provision of such services will increase as hospitals stop elective surgery for routine matters such as hip replacements or people are unable to move into care homes due to their own sickness rates.
- Those staff still at work will be working harder and for longer hours to meet the demand and may not be able to continue this for a long period
- The additional demand for services will continue even after the second wave has passed as organisations and families try to return service delivery to normality

1.8 Pandemic Flu Treatment

Currently the only treatment for the virus is to use Anti-virals of which Tamiflu is the most common. This comes in tablet form for most people and as a paediatric suspension for young children and is a prescribed drug. It is taken within 48 hours of contracting the virus and its effect is to reduce the severity and the time span of the virus. It does not prevent the virus being caught.

A preventative vaccine is being developed and the manufacturers anticipate that licences for their vaccines may be granted in late September or October. The

vaccination programme will only commence once vaccines are licensed and stock has been distributed around the country. Based on these assumptions, the earliest a vaccination programme could begin is mid-October.

Sir Liam Donaldson the Chief Medical Officer has stated that the following high risk groups should be prioritised for vaccination:

- individuals aged six months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
- all pregnant women, subject to licensing conditions on trimesters
- household contacts of immuno-compromised individuals
- people aged 65 and over in the current seasonal flu vaccine clinical at-risk groups

These groups were selected because they are at highest risk of severe illness.

In addition to these groups, frontline health and social care workers will be offered the vaccine at the same time as the first clinical risk group as they are at increased risk of infection and of transmitting that infection to susceptible patients.

In delivering the vaccine NHS Barking and Dagenham have to follow these guidelines.

2 Critical Services

2.1 Identification of services

In its response to the flu pandemic the Council has focused its resources and efforts on:

- Community and Civic Leadership
- Supporting NHS Barking and Dagenham in its response to the Pandemic
- Ensuring continued delivery of Council's own services and increasing those where required to support the additional needs of the community.
- Helping to minimise the long-term impact on local people and the economy

In order to do this a number of critical services have been identified.

Customer Services

- B&D Direct
- Housing function
- Benefits
- Cleaning, sweeping, bin collection
- Repairs and maintenance
- Environmental health
- Careline
- Cemetery burials (not mass fatality disposal)

Adult and Community Services

- Adult Social Care – identification of most vulnerable older people
- Running of residential sites and home care

- Domestic violence services
- Mental health services
- Meals on wheels
- Passenger transport
- Anti-social behaviour services
- CCTV and Security
- DAAT – Care Management and prescribing service
- YOS work with young offenders
- Neighbourhood Management

Children and Families

- Safeguarding and Rights including Foster Carers
- Support to schools
- School Catering
- Youth Diversion

Resources

- HR function
- Payroll
- Council building cleaning
- Communications, including web and internal
- Facilities provision for partnership
- IT systems
- Emergency Planning
- Processing of Disclosure of Information

2.2 Expected Scenario

Under normal circumstances service managers would expect to be working with fewer staff than their total establishment level due to sickness, leave, training etc. Loss of staff, for whatever reasons, can have a disproportionate effect across the council depending upon the original numbers of staff employed.

For services with lower levels of numbers even one or two people not at work could mean a reduction of up to 30% of staffing. For larger services the same absentee rate could mean just 2% or 3% level of staff reduction.

For the planning assumption that we have been given as outlined above the worst week for absence through flu sickness could mean a reduction in staff of 21%. In addition to this there will be staff away due to other sickness, caring responsibilities, school closure and so on.

But as has already been pointed out at the same time as this staff reduction there will be an increased requirement for service delivery in some areas.

2.3 Worst Case Scenario

In a worst case scenario we will see:

- a significant increase in demand for critical services in such as Social Care, Death Registration and Burial
- a reduction in staff available to supply the increased services.

For individual services this might mean a shift of resources from non-critical areas, in order to maintain base levels of services deemed to be critical.

As well as identifying critical services, officers have also identified a list of non-critical services, or areas where staff could be released to support critical areas. These areas are:

- Administration Staff
- Strategy and Performance
- Spatial Regeneration
- Community Services, Heritage and Libraries
- Leisure and Arts
- Procurement and Contracts Review
- Quality and School Improvement
- Skills, Learning and Enterprise
- Housing Strategy

Further resilience work has also been undertaken to establish external support, such as back-ups to IT systems, phone systems, and to ensure that our key service providers have suitable plans in place to deal with a pandemic. In some cases we have placed orders to ensure that we are able to call on these services as a priority.

The IT and telephone systems have full maintenance contracts with external suppliers with a 4 hours time to respond, However the Council is reliant on the availability of its external communications links over which it has no control

There are 4 staff within ICT who have the ability to either locally manage the systems and if necessary can manage the systems from another location and an external support contract is now in place

2.4 More detailed information on the maintenance of Critical Services is provided at Appendix 2.

3 Risks

3.1 Across London there is a lack of Critical Care beds for the under 5's. This is being investigated by NHS Barking and Dagenham.

3.2 At some point decisions may have to be made about who should be admitted to hospital to receive treatment and who should be refused, which operations should no longer take place etc. This is being investigated by NHS Barking and Dagenham.

3.3 Similar decisions will need to be taken about the provision of some of our services and criteria for prioritising are being developed

3.4 There could be substantial overspends in elements of our core operations as those staff who are at work are required to work for longer hours, more agency staff are

contracted to cover the staff who are sick and the additional workload, we are involved in the delivery of the mass vaccination programme for the borough, we experience an increase in demand and therefore the cost of home placements or even the cost of cleaning materials etc begins to rise

4 Links to Corporate and other Plans and Strategies

- Council Plan

5 Consultation

The following have been consulted on the content of the Flu Pandemic Plan, and in the preparation of this report:

Councillor Collins, Cabinet Member for Adults and Public Health
Councillor Rush, Cabinet Member for Environment and Sustainability
CMT
All Departmental Heads of Service
Yinka Owa, Legal Partner
John Hooton, Strategic Financial Controller

6 Background Papers

- Multi-Agency Pandemic Flu Plan

7. List of appendices:

Appendix 1 - Command and Control Structure of the Multi Agency Pandemic Flu Plan
Appendix 2 - Maintenance of Critical Services

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Command and Control Structure of the Multi Agency Pandemic Flu Plan

Gold – A Multi-agency Group chaired by the Chief Executive of the Local Authority with membership from the Emergency Services and the Health Sector. The purpose of the Group is to provide leadership for Barking and Dagenham in dealing with the local implications of a flu pandemic

Silver – A Multi-Agency Group chaired by the Director of Adult and Community Services with membership from each of the Bronze Groups. The purpose of the group is to:

- To maintain essential public services wherever possible
- To work collaboratively with all agencies, including local businesses and others
- To encourage community cohesiveness, resilience and self-help
- To ensure full normal services are resumed as soon as possible
- To make decisions about deployment of local resources, including restricting or withdrawing the usual standard of services in order to minimise the overall loss of life in the population at large during the epidemic
- To ensure co-ordination of bronze group activity and maintain overview
- To co-ordinate the public sector response to the pandemic

Bronze – There are a number of Bronze Multi-Agency Groups delivering the operational response. The groups are chaired by a number of people at Director or Head of Service level and cover the areas of

- Health and Social Care
- Medicines Management
- Infection Control
- Communications
- Human Resources
- Facilities
- Immunisation
- Information Management

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Maintenance of Critical Services

Heads of Service and Group Managers

In the absence of a Head of Service or Group Manager of a Critical Service or when where re-deployment decisions are required then another suitable manager will be identified to fulfil the role in the short term.

Customer Services

- B&D Direct – Staff suitable for re-deployment to assist this service have been identified and are being trained at short notice as required
- Housing function – Priority is being given to the Housing Advice and Homeless Prevention Team and the Homeless Assessment Team
- Benefits – Priority is being given to Revenue and Benefits Business Unit and the Income and Collection Business Unit
- Cleaning, sweeping, bin collection – These services are being maintained by the re-deployment of staff from other less essential tasks such as Parks maintenance
- Repairs and maintenance – Routine and Replacement work is ceasing and the standard arrangements which are applied over Christmas and the New Year of only carrying out essential repairs will be continued
- Environmental health – Priority is being given to Food Safety, Health and Safety at Work and Consumer Safety
- Careline – A reduction in physical response and Careline system calls being taken as required by Tower Hamlets with whom there is a reciprocal arrangement
- Registrars – Additional support is being provided and if required the service will be re-located to one of the main Civic buildings in the short term to allow for greater customer access.
- Cemetery Burials – There is an increase in the number of deaths in the borough, if this becomes significant then it might not be possible for the often preferred option of cremation to take place (1 burial for 2.5 cremations). This additional requirement goes under the term 'Excess Deaths'. The preferred option for dealing with Excess Deaths is the management of numbers by changing working practices and therefore increasing capacity to handle and increase in the number of bodies. At a higher level of deaths local action will be needed to provide additional mortuary facilities for the short term storage of bodies prior to burial or cremation. The objective is that at all times the waiting between death and burial is as short as possible to minimise the distress caused to the bereaved. A potential site has been identified for a temporary mortuary facility and the necessary preparatory work is currently being undertaken to be able to mobilise at short notice. This involves the provision of refrigerated containers, welfare facilities for staff and the necessary office arrangements

Adult and Community Services

- Adult Social Care – identification of most vulnerable older people - Vulnerable adult list for domiciliary care is updated regularly on SWIFT which enables managers to make decisions regarding the most vulnerable adults regarding who to provide a service to in the event of a reduced staff team.

- Running of residential sites and home care - Services such as internal homecare and day and residential services are managing priorities internally within their services.
- Domestic violence services - – the DV Advocacy Service is being delivered through commissioned voluntary sector agencies. There is little capacity for enhancing the service and it is being closed to new referrals as critical levels are reached. Training has been provided to all those who come into contact with victims, both in the community and statutory sector to increase the universal offer and ensure that victims continue to be supported.
- Mental health services - For vulnerable persons with mental health problems, staff have identified potential high risk persons in terms of both isolation (those that might require flu friends) and mental health concerns. Those identified are being held on a manual data base as staff may need to move out of their service areas and come together to provide essential services only, and those identified, may not sit in the agreed essential services.
- For Older People with Mental Health problems, should services cease to them, staff have identified those who live alone and may require visits, flu friends and meals (these are likely to be current day hospital users where they receive a hot meal).
- Meals on wheels – Service is being reduced to all but the most vulnerable with friends and family being asked to support the remainder.
- Passenger transport – The service will endeavour to provide a reduced level of cover across the borough.
- Anti-social behaviour - most interventions from the ASB team are long-term and require problem solving. However where there is heightened anti social behaviour the Council's uniformed street based services is being visible, together with police to address these issues. The ASB Team are co-ordinating this activity.
- CCTV and Security – Even when limited staff are available, the cameras will still record 24/7 and will be fixed on the sites which are deemed most problematic. If the situation were deemed critical all TfL cameras are used for the purposes of crime and disorder reduction and as such are taken from their work around moving traffic offences/ Fixed Penalty Charge Scheme/ Penalty Charge Notices Police take control of cameras where necessary.
- DAAT – Care Management and prescribing service - This is a commissioned service and Nelft business continuity plans provide back up where staff cannot attend for work. If however Riverside was closed CMT Business Continuity Plans allow for GPs to prescribe methadone and other substitute drugs for those in treatment.
- YOS work with young offenders - – the service is delivered on a scaled approach, If the courts are closed then new referrals will not be made to the YOS, this will enable the service to deal with the existing cohort. In terms of the scaled approach resources will be placed firstly with those most 'high risk' young people.
- Neighbourhood Management - The team are being used mostly to measure cohesion and issues arising at a local level, the team has capacity through its management structure to cover all areas.

Children and Families

- Safeguarding and Rights including Foster Carers - There are a number of statutory requirements that will need to be maintained. Key priority areas will

include initiating child protection investigations when required through re-directing of staff resources; identifying placements for children who otherwise would be likely to suffer significant harm if they remained in the home environment, also met through a re-directing of staff resources; ensuring that children who have been identified as at risk under a Child Protection Plan are visited within their home environment as per visiting requirements, will be met by re-directing of staff resources; maintaining Care Planning / Contact requirements as part of Care Proceedings in court, will be maintained through re-directing of staff resources; ensuring Children in Care are visited as per visiting requirements, will be maintained through re-directing of staff resources. Dependent upon the extent of staff absence, additional resources may need to be sought outside of the Division establishment to ensure these priority areas are met.

- Support to schools - Information was issued to Head Teachers prior to the schools reopening after the holidays.
- School Catering – Reduced level of provision with parents being asked to provide packed lunches
- Youth Diversion – Youth diversion activities will continue to be provided according to staffing levels. We will attempt to maintain services in our two main centres initially, The Vibe and Sue Bramley and deploy detached workers to areas of rising crime or issues identified by the community safety teams.

Resources

- Keeping Critical IT systems operational - There are 4 staff within ICT who have the ability to either locally manage the systems and if necessary can manage the systems from another location. e.g. from home.
- The systems have full maintenance contracts with external suppliers with a 4 hours time to respond Service level Agreement with no guaranteed fix time
- Processing of Disclosure of Information - We are required to respond to a request for Information within 20 working days of receiving it. Our aim is to respond as quickly as possible within that timescale. If the information is easily retrieved we will continue to respond immediately. If however it requires more research possibly among a number of different Services then we would write to the applicant informing them of the situation and carry out the research as soon as possible
- HR function – Staff are being re-deployed from areas such as Business Change and Strategy and Business Support as required to ensure the continued running of Employee Relations, Occupational Health, Payroll and Pensions
- Payroll – The salaries payment for the previous month will be run again with minor adjustments for any new staff.
- Council building cleaning – Staff will be re-deployed to ensure that all buildings receive cleaning in the public areas and toilets. Staff are being requested to carry out their own cleaning of desks and areas
- Communications, including web and internal – Continued publication of theNews, and the corporate LBBB website (a shadow website is being maintained in case the main site goes down) regular internal communications to LBBB staff and members. A process has been put in place to provide cover in the event that managers are not available.

- Facilities provision for partnership - office space has been identified and prepared at the Town Hall which would accommodate Gold, Silver and Bronze Groups and at as a control / co-ordination point for any Borough wide emergency response. The areas will be equipped with both voice & data connectivity. Information required from Head of Service
- Emergency Planning – Sufficient trained staff are available to continue to maintain the required 24 hour on-call cover. Routine work will cease and the joint team will concentrate on the Flu issues across both Councils (London Borough of Barking and Dagenham and London Borough of Waltham Forest)
- Facilities Officers – Staff will be moved to ensure that cover is provided in all Civic Buildings to provide fire alarm system cover in order to allow each building to be used although opening times may need to be reduced.

Current situation and modelling

Officers will be able to give Members an update on the latest position and issues at the meeting.

EXECUTIVE

29 SEPTEMBER 2009

REPORT OF THE CORPORATE DIRECTOR OF ADULT AND COMMUNITY SERVICES

Title: Putting People First - Personalisation	For Decision
<p>Summary:</p> <p>This report outlines the policy background for the transformation of adult social care and describes the shape and scale of the transformation of adult social care required in order to achieve the personalisation agenda within Barking and Dagenham. The report sets out the implications for Barking and Dagenham and its citizens and outlines the anticipated service improvements and benefits.</p> <p>Wards Affected: All</p>	
<p>Recommendation(s):</p> <p>The Executive is asked to:</p> <p>(i) Agree the outline service delivery model for Adult Social Care as detailed in section 2 of the report and illustrated in Appendix A.</p>	
<p>Reason(s):</p> <p>To ensure the ongoing development and delivery of the Personalisation agenda within social care.</p>	
<p>Implications:</p> <p>Financial:</p> <p>The Personalisation Programme set out in the Putting People First Agenda, requires a change in the way Councils provide and fund services. Councils will be required to support clients in a different way, and this will have implications for Care budgets.</p> <p>The underlying principle of personalisation is to give the client choice in how they receive care. The “old model “ of providing care by a combination of arranging in-house council provision (eg home care) and council tendered care from Independent Sector providers, will change to the provision of an individual budget (sum of money) for service users to commission their own care .</p> <p>LBBB was one of thirteen Boroughs who took part in a successful National Individual Budget Pilot Scheme that ended in December 2007, this has provided an advanced and solid platform for Finance to take the Personalisation Agenda forward. In particular work around a RAS (Resource Allocation System) which converts care need into points / money is well developed at LBBB, whereas other Boroughs are still developing theirs.</p> <p>At present approximately £3.5m per annum of services are being provided for service users by means of individual budgets and direct payments, in contrast to approximately</p>	

£30m of services in Adults Care in traditional care format scenarios. This figure will increase (not least as there are National Targets that prescribe this), and it is therefore vital in terms of finance that the Resource Allocation System/Tool accurately converts need and current service costs where applicable into individual budgets.

The support systems in terms of Personalisation and Finance requirements (i.e. Payments and recording, contributions etc) are being developed nationally, and is part of the Personalisation Programme at LBBD.

The Personalisation Programme is supported by a three year Government Grant, which for LBBD is £752,000 in the current year, rising to £916,00 next year (2010/11) the final 3rd year. This money supports Programme Management, Project Managers and Officers, Support Brokers, IT systems and support, and additional Finance resources.

Legal:

The Transformation process of adult social care supports the Government's future vision as set out in the following - Welfare Reform White Papers "Raising expectations and increasing support: reforming welfare for the future" and "New Opportunities: fair chances for the future".

Contractual:

Transformation will have a range of implications for the way that we contract for services. It will mean that local authorities will need to have a wider range of contracts available to them to ensure they can offer the right approach for each individual. Key aspects of the way that we will contract in the future will need to include flexibility, transparency and a greater focus on outcomes rather than service inputs.

Ultimately with regard to contracting, the 'spirit' of Personalisation requires that you do not prescribe how or with whom users procure their services, and it is up to them. Prudence would suggest this would prohibit the arrangement of significant value contracts with specific providers , more so a mixed range of service accredited providers with broad service levels built into contractual agreements. This may limit the opportunities for economies of scale gain in contracting in future.

Risk Management:

There are a number of risks to the delivery of this programme:

- The new skills set required by of staff will need to be managed. Failure to deliver a culture change may make personalisation a paper exercise.
- There is uncertainty over the future shape of the market which will evolve as individuals exercise choice. This could lead to a mismatch between supply and demand which in turn may lead to the failure to decommission traditional services as service users begin to exercise choice.
- The financial consequences of personalisation are a risk. Strategically some needs have not been met as users opt not to receive the services offered. In the transformed service people will be able to elect to take an individual budget and spend it to meet their needs thus increasing the amount of expenditure on social care
- Safeguarding and prevention must be a cornerstone of the roll out of the programme. However, the existing processes will not reflect service user's ability to choose for themselves. Managing risk innovatively is essential.

The risks identified above have been taken account of and will be addressed in detail through implementation plans.

Staffing:

The personalisation programme will have significant implications for the future roles of some existing staff. The proposed vision for the service will create new teams from the existing staffing structure. It will require some staff to acquire new sets of skills in order to deliver self directed support. It is however anticipated that the shift in emphasis will create more opportunities for registered social workers to use their specialist professional skills to achieve better outcomes for local people. Increasingly all care staff will hold national vocational qualifications in care (NVQ) and this creates the opportunity for them to play a fuller part in the delivery of complex care.

These developments will be designed in consultation with staff and be subject to the Council’s agreed change consultation requirements.

Customer Impact:

Personalisation is a key activity in ensuring the social inclusion of individuals or families requiring social care support to live independent lives. As a key frontline activity of the council and its partners ensuring equality of access to all the community is a fundamental requirement of the service delivery. The changes to the structure of the service, the workforce development and the associated commissioning must all be Equality Impact assessed and designed in line with the CQC In Focus series “Putting people first: equality and diversity matters” to ensure that the future provision effectively delivers an inclusive service. A full equality impact assessment for the programme of transformation is being completed.

Safeguarding Children:

The proposed redesign will strengthen children’s safeguarding activity in Adult Social Services.

Crime and Disorder:

The Personalisation Agenda presents opportunities for the individual but brings risks in terms of the opportunity for those providing services to abuse vulnerable people, in particular (but not exclusively) in terms of financial abuse. Safeguarding of service users is embedded throughout all strands of the personalisation programme and is also a standalone stream.

Property/Assets:

It is not anticipated that the redesign of adult social care will increase the net accommodation requirements of the service. There will be a need to relocate officers to ensure that the new structure delivers its service efficiently.

Options appraisal

Not applicable

Head of Service and Report Author: Nick Kingham	Title: Programme Director for Personalisation	Contact Details: Tel: 020 8227 5158 Fax: 020 8227 2241 E-mail: nick.kingham@lbbd.gov.uk
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1. Introduction and Background

1.1 National policy context

- 1.1.1 The foundation for the personalisation agenda was laid by “In Control”, which is now an independent charity committed to promoting active citizenship, community development and the reform of the welfare state. They are funded by the Department of Health and developed the Self-Directed Support model in collaboration with Learning Disabled people, families and the social care professionals from six authorities.
- 1.1.2 The Cross-Government Concordat “Putting People First” (2007) gave shape to the overall policy. This was followed by a Department of Health circular “Transforming Social Care” (LAC2008/01) which established the expectations of local authorities in implementing the change.
- 1.1.3 “Transforming Social Care” is driven by demographic pressures and changes to public expectations. By 2022, 20% of the English population will be over 65 and the number of those over 85 will have increased by 60%. In Barking and Dagenham GLA population projections show that the population of over 65 year olds will have increased by 1,186 and the ONS estimate that the over 85s by 10% by 2022. It is estimated that there will be 19,600 people aged 65 and 3200 aged over 85 in Barking and Dagenham by 2022. Care and support costs can be very high: a 65-year-old can expect to need care costing on average £30,000 during retirement. But there are great differences in people’s needs and the amount that they pay: 20 per cent of people will need care costing less than £1,000 during their retirement – but 20 per cent will need care costing more than £50,000.
- 1.1.4 In July 2009 a Green Paper setting out a vision for a new care and support system was published. As discussed above, more and more people are living longer and more of us will also live with needs for care and support. Proposals on options and principles for a new system that is fairer, simpler and more affordable for everyone are included in the Green Paper. A report to executive on the implications of this will be brought to Executive on the 3rd November 2009.
- 1.1.5 Whilst the development of better housing options, such as Extra Care Housing, will be crucial, the majority of older people will expect to live in their own homes for as long as possible and with more people living longer and requiring support, an increasing number of families will feel the impact of these demographic changes – for example, working parents bringing up children while caring for ageing parents; an eighty year old caring for a wife or husband with dementia.
- 1.1.6 There is an increase in public expectations. Older people, disabled people and people with mental health problems expect both equality of citizenship and support which places dignity and care at the centre of any intervention. This expectation extends to greater choice and control over the support that they might need. These expectations cannot be met through traditional approaches to delivering social care services. A fundamental change in Adult Social Care is required in order to ensure that the needs of each person can be met in a way that suits their personal and individual circumstances. This new policy is referred to as “Personalisation”.

1.2 How does personalisation differ from current social care practice?

- 1.2.1 Personalisation requires a drive to provide earlier intervention with a growth in support for preventative services and accessible, good quality public information to assist people to arrange their own services. Research shows that people benefit from earlier intervention to support and maintain their well being and independence rather than relying on action at the point of crisis, and that this approach is also more cost effective.
- 1.2.2 A key element of personalisation is an allocation of an individual budget, which allows the customer to take control of their own care as described in their support plan this is also known as “self-directed” support. Social services can only fund support which meets an assessed social care need; other needs must be met through other funding streams.
- 1.2.3 Personalisation is a challenging agenda which cannot be delivered by social care alone. Achieving this transformation will require work across other Council services such as housing, benefits, leisure, libraries, customer access and transport, as well as with the NHS. It will also mean working with partners in independent, community and voluntary organisations as well as neighbouring local authorities to ensure a strategic balance of investment in local services.
- 1.2.4 All those people with care needs by virtue of age, physical disability, learning disability or mental health difficulties will be embraced within the new arrangements. Personalisation is closely linked with other important developments in social care. For example “Valuing People Now”, the new Government guidance on Learning Disability published in January 2009 includes personalisation as one of the “six big priorities” for improving services for people with a learning disability.
- 1.2.5 Department of Health will evaluate the progress of delivering a personalised adult social care service. This will be monitored through the National Indicator 130 (which measures the number of care clients receiving self directed support) as well as periodic surveys. The first survey was published in May 2009.
- ### **1.2.6 Current Position in Barking and Dagenham**
- 1.2.7 The London Borough of Barking and Dagenham was one of thirteen national pilots for developing individual budgets. Barking and Dagenham was selected as a national pilot because our local community particularly favoured direct payments – residents in Barking and Dagenham know how to look after their money and like making their own decisions. As a consequence of the pilot, the council is ahead of many other local authorities in developing a personalised model of social care service delivery.
- 1.2.8 A transparent Resource Allocation System (RAS) has been developed to calculate entitlement to individual budgets and to ensure that overall demand can be met from within available resources. We will need to develop new financial systems on which individual budgets can be administered as the existing processes would not cope with the expected increase in numbers of payments.
- 1.2.9 As at August 2009 Barking and Dagenham had 429 users receiving Self Directed support these include both people receiving direct payments and individual budgets,

this figure represents 8.12% of those receiving services. A direct payment is where an individual eligible for social care services receives a cash payment which they manage themselves and use to purchase their own social care support, buying from the Independent Sector. An individual budget is an allocation of funding from social services and other funding streams, calculated to meet the identified needs of a service user after a self-assessment. With an individual budget, service users can opt to take a direct payment and purchase their own social care support from the Independent Sector. However, they can also leave councils with the responsibility to commission services for them, or take a combination of direct payments and arranged services. Importantly, an individual budget allows users greater choice in how their needs are met and by whom.

- 1.3 However, to ensure all service users have the opportunity to receive a personalised service there will need to be significant change in the structure and skill set of the Adult Social Care Service. This change will require a review of roles and responsibilities of existing staff as well as commissioned services, as new and different kinds of services will need to exist in order to enable choice, flexibility and control. It will also provide opportunities for young people in the development of apprenticeships and personal assistants. There have been initial discussions with unions and once the new structure is designed it will be subject to consultation through the sounding board

2. Transformation in Barking and Dagenham and the Future of the Service

- 2.1 We believe that the transformation of social care in Barking and Dagenham will improve the overall experience for both customers and staff. The end to end service design and delivery will be focussed on the customer and improve the ability for people to help themselves through simplified and timely access to improved information, advice and services. Features of the transformed service are:

- 2.2 A **First Response** function who will deal with all new approaches to adult social services or repeat customers who have had a service break. This will be a multi-disciplinary team of practitioners who will provide brief interventions of around 6 weeks. This will include direct support such as:

- Initial information and advice.
- Re-ablement home care
- OT support
- Social work interventions
- Support planning to achieve a personal budget

The customer experience will be improved through improving online content and enabling some users/carers to find all the information they need or be signposted to activities/services.

- 2.3 **Self Directed Support** which will be the main option for all users of adult social care. The nature and extent of choice and control that individuals can exercise will vary but our approach must always be to maximise this. For most users personal budgets will become the norm and once in place many individuals will require little day to day support to manage their lives. It is essential to enable individuals to access universal services and to support themselves through community interactions available to all. For example, attend a book group in a library, go for a swim (if necessary with support), get involved in their Tenants Association or

maintain/develop links with a faith group of their choice.

2.4 **Information and Advice** will become a much larger part of what we do and will not be limited to purely to our First Response Activity. Some customers who pay for their own services (who are not eligible under Fair Access to Care Services criteria) will require support planning advice and the more detailed personalised information envisaged in Information Prescriptions.

2.5 **Long Term Support**; the reality is that some customers will need long term on-going support to manage their lives. For these individuals the aim is to provide each individual with a named contact who will remain in touch with him/her involving other professionals as needed. This approach should improve the customer experience but is not a substitute for proper and timely review of the service need and provision.

2.6 **Follow Up and Review** is essential for the following reasons; to improve the customer experience, to ensure resources are effectively targeted and to quality assure the arrangements

2.7 Set out in **Appendix A** is a high level outline of the future functions required for personalisation. These are grouped in a way which will enable the structures to be redesigned around the needs of people seeking social care support.

2.8 Key challenges to transformation

2.9 **Financial**; the vision set out in Putting People First will require the council to spend social care money in new ways. Some people taking up Self Directed Support are likely to spend personal budgets on non-traditional services and we need to shift our spending respectively, for example towards prevention and earlier intervention. Our current accounting system does not reflect the challenges put to us by personalisation. A new accounting system therefore needs to:

- Capture spending on an individual level not just for services
- Have a reporting system that captures outcomes for individuals and aggregates this up to a council level

2.10 Currently we pay Direct Payments to a small number of people. There will be a much wider audience for this option in the future which will challenge our current finance system. We will need to come up with a variety of payment options which might include pre paid cards a customer can use to purchase their preferred service option.

2.11 **Workforce**; the workforce will have to change considerably to meet the expectations of personalised services. Delivering Self Directed Support required more customer focused processes and the provision of information and advice enabling disabled and older people to make informed decisions about their support needs instead of professionals making those decisions for them.

2.12 We aim to build a strong workforce ready for the new challenges by using our apprentice scheme to develop skilled Personal Assistants who could then go on to be supported by a cross borough independent accreditation scheme which we are

developing together with neighbouring boroughs. We will have more generic roles with fewer job titles who will have more professional knowledge.

- 2.13 **Market Development;** commissioning will play a vital role in the way that we deliver social care outcomes, and achieve the vision set out in Putting People First. It requires a transformation in the commissioning role in terms of the investments commissioners make, the markets they work to shape and the relationships they seek to build to meet local needs.
- 2.14 Market development is a process involving a partnership between citizens, providers and local authority commissioners. In order to develop the market we will seek to shape the type, availability, flexibility and responsiveness of local services to ensure availability of support for all who wish to purchase them.
- 2.15 Market development will also involve targeted capacity building and funding for the voluntary and community sector. We will need to support the development of User Led Organisations, Community Interest Companies and Social Enterprises to support the local community and respond to their needs.
- 2.16 **Information Technology;** at the moment our customers can access very little information on-line if they wanted to. A challenge for us will be to make more and better information ready available for everybody who wants it. As part of the personalisation agenda we will make as much information available through customer and client portals as possible.
- The customer portal will contain information open to everybody from the public this could be information about services like leisure services, luncheon clubs, cleaning and gardening services. There could be links to equipment self assessment tools that are being developed, where people could find out by answering various questions what kind of equipment could help them to live more independent lives.
 - The client portal is for those customers only who have been assessed as being eligible for social care and have been registered in our SWIFT database.
- 2.17 There is an expectation from the Department of Health that local authorities will work together to deliver elements of the personalisation agenda. This expectation will enable authorities to maximise the purchasing power of the Social Care Reform Grant. It is proposed that this joint working with neighbouring authorities will be progressed in consultation with the lead Member for Adult Social Care.
- 2.18 **Communications and engagement;** Central to implementing this personalisation will be engagement with a range of stakeholders which will include current service users, the voluntary sector, providers, statutory agencies, staff, members and council departments. The LBBDD website and staff intranet pages have been updated with information on personalisation and our current progress. An article published in "The News" introduced personalisation to our residents and shared the stories of two current service users who receive an individual budget. Initial consultation meetings on personalisation have been undertaken, for example in the Learning Disability and Older People's Forums, and a Customer Reference group will be set up in order to involve service users in the development of the service design. We have also developed a questionnaire with Lancaster University which the PPP team have sent to all service users who currently receive an individual

budget to gain feedback on their experiences. The Personalisation Programme Board will monitor the engagement and consultation plans for the programme during the implementation of personalisation.

3. Links to Corporate and other Plans and Strategies

- Community Plan
- Older People's Strategy (draft)

4. Consultation

4.1 The following have been consulted on the content and in the preparation of this report:

Councillor H. Collins, Cabinet Member for Adults and Public Health
Corporate Director and all Heads of Service, Adult and Community Services
Steve Whitelock, Departmental Head of Finance

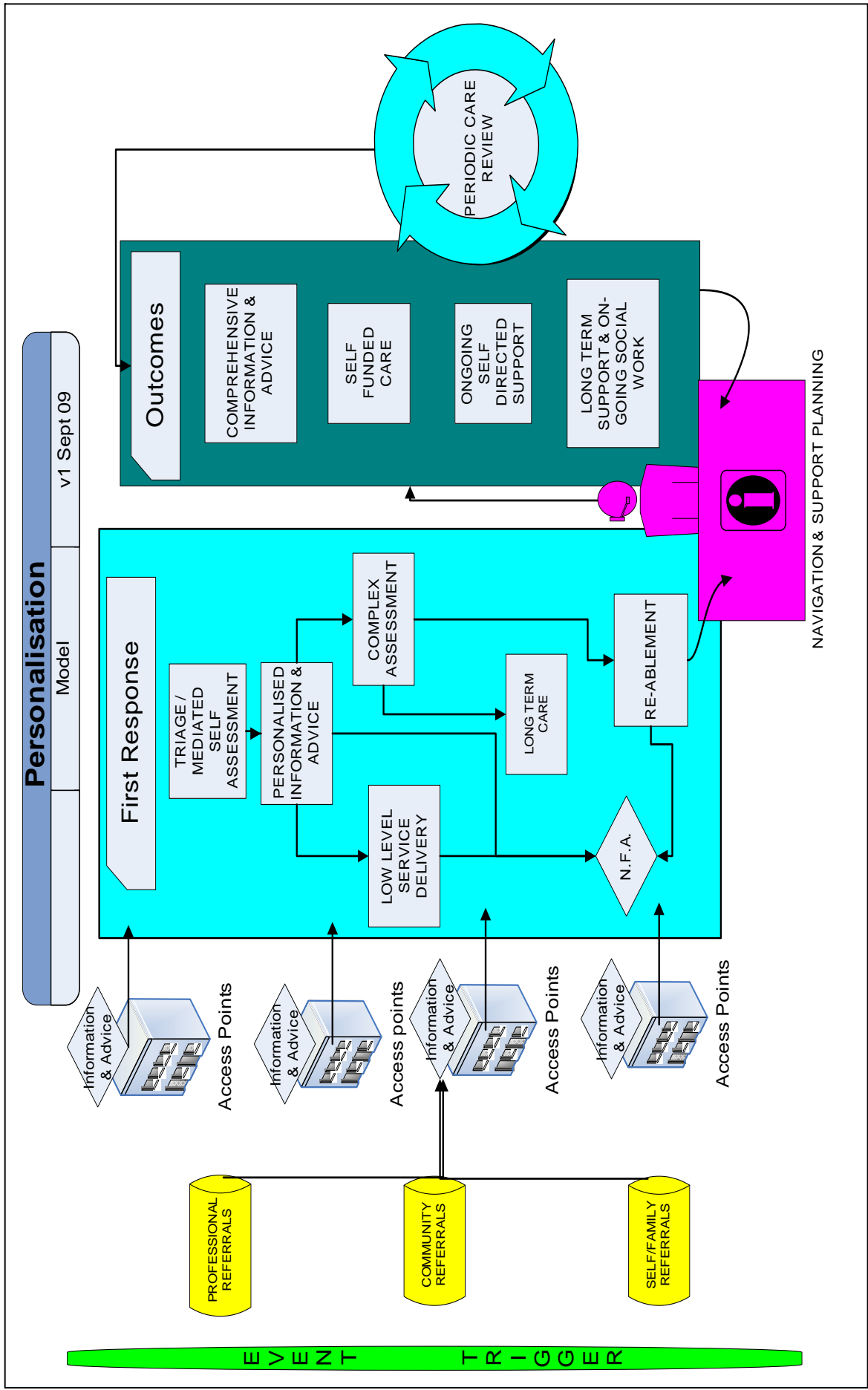
5. Background Papers used in the preparation of the report

- Putting People First: A Shared Vision and Commitment to the transformation of Adult Social Care – 10 December 2007 (www.dh.gov.uk)
- Common Assessment Framework for Adults: Consultation on proposals to improve information sharing around multi-disciplinary assessment and care planning launched 21st January 2009 (www.dh.gov.uk)
- 'Our Health, Our Care, Our Say': a new direction for community services - 30 January 2006 (www.dh.gov.uk)
- Transforming community services: enabling new patterns of provision - 13 January 2009 (www.dh.gov.uk)
- NHS Next Stage Review: 'Our vision for Primary and Community Care' - 30th June 2008 (www.dh.gov.uk)
- 'Transforming Community Equipment Services': A vision for the future - May 2009 (www.dhcarenetworks.org.uk/csed/)
- 'Independence, Choice and Risk': A guide to best practice in supported decision making - 21 May 2007 (www.dh.gov.uk)
- 'Living Well with Dementia': A National Strategy - 3 February 2009 (www.dh.gov.uk)
- 'Valuing People Now' – A new 3 year strategy for people with Learning Disabilities - 19 January 2009 (www.dh.gov.uk)
- 'Aiming High for Young People' – A 10 year strategy for positive activities - May 2007 (www.dcsf.gov.uk)
- Department of Health – Transition: Moving on Well (www.dh.gov.uk)
- Department of Health – Carers at the Heart of 21st Century Families & Communities: 'A Caring System on your side, a life of your own' – 10 June 2008 (www.dh.gov.uk)
- Office for Disability Issues (ODI) – 'Independent Living Strategy' 2008 (www.odi.gov.uk)
- R.N.I.B. – UK Vision Strategy – 'Setting directions for eye health and sight loss services' - April 2008 (www.rnib.org.uk)
- Audit Commission – 'Don't Stop Me Now' – Preparing for an ageing population - July 2008 (www.audit-commission.gov.uk)

- Department of Health – Safeguarding Adults – A consultation on the review of the ‘No Secrets’ guidance - 16 October 2008 (www.dh.gov.uk)
- ‘Cutting the Cake Fairly’- October 2008 (www.cqc.org.uk)

6. List of appendices:

Appendix A Outline service delivery model for Adult Social Care.



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THE EXECUTIVE

29 SEPTEMBER 2009

REPORT OF THE CORPORATE DIRECTOR OF ADULT AND COMMUNITY SERVICES

Title: Remodelling and Tendering of Contracts for Residential Care Services for People with Learning Disabilities	For Decision
<p>Summary:</p> <p>Adult Community Services have contracts with two organisations for the provision of residential care services for people with learning disabilities.</p> <p>A contract for the provision of residential care for people with disabilities with the Avenues Trust has a permitted end date of May 2010 within the terms of the contract. A contract with Outlook Care is due to expire on 9 December 2009. Two services within the Outlook contract have already been remodelled and will cease on 30 September 2009.</p> <p>Following a review and consultation process, officers are seeking approval to remodel the service provision. This will provide services through personalised routes providing greater choice, security of tenure and opportunity for independence. Subject to approval by the Care Quality Commission (CQC) all units will be remodelled into supported living services with an option of individual budgets or tendering. The units not funded through individual budgets will be tendered to achieve increased value for money.</p> <p>The 2007 cross Governmental concordat 'Putting People First' made an explicit commitment to transform services making them more personalised to the needs of the individual user. The process 'Person centred commissioning now - a pathway approach to commissioning learning disability support' is embedded within the self directed support agenda. This process will result in reformed residential care services as well as new models of supported living and people controlling their own support with individual budgets.</p> <p>'Valuing People Now', the new three-year strategy for people with learning disabilities published in January 2009, aims to offer all people with learning disabilities and their families the opportunity to make an informed choice about where, and with whom, they live. The paper notes that many people living in residential care have not chosen this type of housing and that it often restricts their lifestyle choices. A further delivery priority for Government and local authorities under PSA 16 is to measure the progress in the numbers of adults with learning disabilities known to social services moving into settled accommodation other than residential care and those working.</p> <p>The review has identified the service models that will meet the best interests of both service users and the Council. The majority of these services will be delivered through personalised arrangements including Individual Service Funds (ISFs) whereby service users choose their own provider, with the Council retaining the ability to monitor and regulate the service provided. This approach will not be appropriate for all, and some services are expected to be tendered. This decision will be based on the capacity of individuals to make choices about their own support and care, which will lead to the Council contracting on their behalf.</p> <p>The intended remodelling will offer better value for money, and ensure that people are able</p>	

to live the most independent lives possible.

Proposed new models are affordable within the budget and will secure significant savings. By designing services according to the specific needs of individuals and involving them in their design and delivery we are able to improve efficiency and outcomes, whilst reducing the resources needed.

The report seeks approval to extend contracts to carry out the changes, including the tendering of services which will not be delivered through ISFs, and for authority to be delegated to the Corporate Director of Adult and Community Services to approve the model for services to be tendered and to approve the decision to award.

In order to facilitate this process, the report seeks agreement to vary and extend the Outlook Care contract for a period of up to 31 August 2010. It also seeks agreement to extend the Avenues contract by a period of up to three months to the same date, to complete procurement processes if necessary.

These extensions represent the maximum period of time expected until the remodelling of all of the services is complete. If approved by the Executive, the tender process for both contracts is expected to commence in the first week of November 2009. The total annual value of new contracts awarded could be up to £2,700,000.

Wards Affected: All

Recommendation(s)

The Executive is asked to agree: -

- (i) An extension of up to 31 August 2010 for the contract with Outlook Care, whilst individual reviews, consultation and implementation of changes takes place;
- (ii) An extension of up to three months to 31 August 2010 for the contract with Avenues Trust, to be used only if required in order to complete procurement and implementation processes effectively;
- (iii) Delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Divisional Director of Finance and the Legal Partner, to carry out a procurement exercise based on the proposal outlined in section 5 of this report, and award the contract(s); and
- (iv) In accordance with paragraph 3.6 of the Council's Contract Rules (Part D of the Constitution), to advise the nature of Members' involvement in the procurement and award process, if any.

Reason(s)

To assist the Council in achieving national targets set out in PSA 16 (both housing and employment) and the Community Priorities of "Healthy" and "Prosperous".

Implications

Financial

Savings have been achieved from the contract price as a result of two services within the Outlook contract undergoing remodelling. The variation to the Outlook contract is expected to save in excess of £150,000 within this current financial year. The remodelling and tendering of the remaining services is expected to achieve an additional £250,000 extra during the next full financial year.

In total the full year saving on this project is expected to reach approximately £500,000. The final figure will vary according to the prices of tenders agreed and the resources allocated through financial allocations made to individuals. All savings will go towards agreed and future savings targets for the service.

The contract price for the variations to the extended contracts extensions will be:

- Outlook – up to £1,165,000 for 8½ months
- Avenues – up to £337,000 for three months

These amounts will be met from within existing budgets.

Legal

The value of this contract is over the EU thresholds and is therefore subject to the Public Procurement Regulations 2006. The Executive is asked to extend a contract beyond what is allowed for in the terms and conditions. Under such circumstances, the Legal Practice must advise the Council on whether this is permissible (see Contract Rule 4.3.3).

The Legal Practice advises the Executive that it can only authorise this extension in exceptional circumstances. The Executive must be satisfied that the reasons for granting the extension are exceptional – for example that a failure to have an existing contract in place would have adverse consequences to the community. At the same time, the Council must demonstrate that it is carrying out a formal procurement exercise and that any extension would be strictly time limited.

Recommendation (iii) seeks to re-model the contract to achieve cost savings. The Legal Partner should be consulted in this process, as fundamental changes to the contract terms could be considered a new contract and would therefore need to be formally procured.

If recommendation (iv) is approved, the Council's Corporate Procurement Unit and the Legal Partner should be consulted to advise and assist in the procurement exercise.

Contractual

The procurement will be carried out in compliance with the EU rules and the Council's Contract Rules.

Under the revised EU Procurement Rules (31 January 2006), the procurement of this service is a Schedule 3, Part B Service under Category 25 of Health and Social Care. Part B Services are not required to go through the full EU Procurement Procedure but are not exempt from many of the Regulations.

Risk Management

The project plan has identified key risks to the project, which are: -

- Service quality dips during process
- Tendering fails to secure improved services
- Remodelling fails to improve outcomes for users

All of these have risk management plans in place to mitigate the threats to the project. The overall risk rating to the project is low.

Risks that would arise if the services were entirely decommissioned are: -

- The council would fail to meet its statutory duty to support people who are eligible for care and support under Fair Access to Care Criteria;
- Alternative accommodation and support solutions are likely to be more expensive and cost the council more than the existing block contracted arrangement.

Staffing

There are no implications for the Council as these services are provided by third party organisations.

TUPE is likely to apply within any tender processes that take place at the end of the contract period.

Customer Impact

It is expected that the remodelling of services will result in positive impacts for service users. For those choosing to remain in residential care, they will enjoy a service designed around their needs and aspirations and outcome based monitoring that they take an active part in. Those who have chosen not to remain living in a registered service will enjoy greater security of tenure and increased life chances such as opportunities to work. For those who choose an individual budget, they will enjoy choice and control over their support including having the opportunity to move on or remain in situ.

Safeguarding Children

No specific implications.

Crime and Disorder

No specific implications.

Property/Assets

No specific implications.

Options appraisal

1. Re - tender the current service models with improved specifications. This would not be in line with national government agendas and the needs and aspirations of the current service users.
2. Tender current services, asking successful bidders to remodel on our behalf. This could present a risk to the authority if the provider is not able to effect change, delay achievement of savings, and prove unsettling for service users. This is not our preference but may be an option for a small part of the service given the complexity of the remodelling.

3. Offer all users individual budgets – it is likely that some service users do not have capacity to make informed decisions about the services they receive. Therefore decisions should be made on an individual basis, with the option for the council to procure on behalf of service users where necessary

Head of Service: Karen Ahmed	Title: Head of Adult Commissioning	Contact Details: Tel: 020 8227 2331 Fax: 020 8227 2241 E-mail: Karen.ahmed@lbbd.gov.uk
Report Author: Liz Williams	Title: Strategic Commissioning Manager (Learning Disabilities and Physical Disabilities)	Contact Details: Tel: 020 8227 2275 Fax: 020 8227 2820 E-mail: liz.williams@lbbd.gov.uk

1. Background

- 1.1 Community Care policies and the consequent closure of long stay hospitals created a need to re-provide community based supported homes for people leaving them. The current contracts with Outlook Care and Avenues Trust emerged from the closure of local long stay hospitals.
- 1.2 In 1989 three consortia were formed in partnership between the health trusts and local authorities in the Barking, Havering and Brentwood area who came together to form a single, not for profit, provider in April 1999 under the title of "Outlook Care". It is registered with the Registry of Friendly Societies as an Industrial and Provident Society.
- 1.3 A "spot purchase" type contract for the provision of five small group homes in the Borough accommodating a total of 34 people with learning disabilities was negotiated in 1997. Reconfiguration resulted in a 42 unit block contract for seven residential care homes, two of which were funded by the PCT.
- 1.4 In 2002, Members agreed a renewal and revision to a contract with Outlook Care for this provision for a period of five years, with effect from 1 October 2002 with an option to renew for a further two years.
- 1.5 Avenues Trust initially worked with Kelsey Housing as one unit and they put together a joint bid for the Little Highwood re-provision, for care and provision of the building. The care contract is in place with Avenues from June 2004 for five years. There is a 20 year contract for the accommodation that remained with Kelsey when it split from Avenues and Kelsey has now merged with a2dominion.
- 1.6 After some delay the two homes became operational mid 2004, offering 16 beds, 4 funded by Social Services and 12 funded by the PCT.

- 1.7 In August 2008, the Department of Health issued a circular (Gateway Reference: 9906) that stated that from April 2009 learning disability social care funding and commissioning will transfer from the NHS to local authorities as set out in “Valuing People Now”. The change in commissioning responsibility is part of the wider transformation of adult social care set out in “Putting People First”.
- 1.8 The two services in Outlook Care and 14 beds in the Avenues provision are included in this transfer, which is currently under negotiation.

2. Service Design

- 2.1 Outlook Care provide care and manage the building on behalf of the Registered Social Landlords in seven residential care homes, for 42 people.
- 2.2 The Avenues Trust provide care in four bungalows each of four units on two sites. These are purpose built ground floor accommodations including hoists and other specialist adaptations.
- 2.3 The recommendation is to move from a model in which residential care is provided to a model that delivers “supported living”. In this model people have more independence and choice and are able to take control of their own care and support.

3 The Review Process and Implementation

- 3.1 During 2009 a review has been underway to determine the best way of providing the service in the future. The approach that has been used is “Person Centred Commissioning Now” advocated by the Department of Health and IDeA.
- 3.2 This approach involves input from teams within the council, the service provider, advocates, carers and most importantly service users themselves. The starting point is to ask individuals where and how they would like to live, and then to implement the most person-centered service appropriate to meet these needs and aspirations.
- 3.3 The process of change is lengthy and involves a large number of parties. It involves an Individual Service Design for each service user, followed by work to aggregate these into a service specification. De-registration is also a detailed process in which the provider of the care within the service, the Landlord and regulators (Care Quality Commission) must be consulted alongside the users themselves and their families and other stakeholders.
- 3.4 The different units within the contracts are at different stages of this process. Some are in the final stages and changes have taken place. In others the process is at an earlier stage. The extension to the contract is intended to allow these changes to take place effectively and to ensure the most suitable outcome without unsettling service users.

4 Individual Service Design or Procurement

- 4.1 The objective of this project has been to arrive at the most appropriate service design for each individual, maximizing their choice and independence. This requires

a judgement about whether Self Directed Support (SDS) or contracting by the council on behalf of service users.

- 4.2 Deciding which type of contract and model of service to offer users maximum choice and control is a lengthy and complex process. It involves multiple agencies and processes including mental capacity assessment, needs assessment, resource allocation and panel agreement
- 4.3 Where possible SDS will be used, as this is the option that gives individuals the most control over their service. This approach is still contractual in nature but it involves a new contract between the citizen and the state. There are a range of six possible types of contracts that can be used in different contexts.
- 4.4 The likely contract in this project will be Individual Service Funds (ISFs) where contracts are set up with a service provider chosen by the user who commits to manage the Personal Budget on their behalf. The starting point for each of these contracts is a needs assessment that leads the user of a 'resource allocation tool'.
- 4.5 This tool gives an indicative budget allocation to each individual of how much it costs to meet their needs and crucially includes multiple sources of funding (statutory benefits, Independent Living Fund, Supporting People).
- 4.6 Where SDS is not considered appropriate due to the complex needs of individuals and their capacity to make decisions, the council will procure services on their behalf in partnership with families. The process used to procure will be designed so that it involves the users as much as possible and is designed to meet individual needs and aspirations.
- 4.7 This process will embed user outcomes in the service specification and monitoring arrangements. Partners including advocates and families will be involved in the processes used to select a provider or providers that will be most able to meet the needs of service users.

5 Tender Process

- 5.1 It is our intention to advertise on the council's website and appropriate websites inviting expressions of interest from parties that can demonstrate relevant experience in delivering services to people with a learning disability.
- 5.2 The tender will be carried out in compliance with the EU rules. Interested parties will be invited to tender on the basis of a two-stage process. The first stage will be to invite expressions of interest requiring the completion of a pre-qualification questionnaire (PQQ) which will be assessed against the responses given. This will result in a shortlist of providers being invited to tender.
- 5.3 The contract will be awarded to the tenderer that submits the most economically advantageous tender. The evaluation of tender submissions will be based on a weighted quality/cost matrix, with a quality and price weighting of 70/30 respectively. The quality assessment will be based on the following criteria:
 - Proposed staffing & management arrangements (25%)
 - Service and quality standards (25%),

- Flexibility and innovation (20%),
 - Safeguarding (10%)
 - Service user involvement (20%).
- 5.4 An evaluation of the price will be carried out, to ensure potential suppliers offer fair and competitive prices that are consistent with the service outline.
- 5.5 Details of these criteria and scoring systems will be published in the invitation to tender. This will enable a fair and even handed approach to be taken.
- 5.6 Contracts will be awarded to the successful provider/s for a period of 3 years, with an option to extend for up to a further 2 years dependent upon future availability of funding and satisfactory performance.
- 5.7 There are no direct TUPE implications for the Council. Possible TUPE implications for staff employed in the provision of this service by the current provider have been taken in to consideration and time has been allowed in the project plan to facilitate any required meetings in respect of this and to ensure continuity of service to service users.

Expected Outline Timetable and contract period and value

Action	Date
Executive Approval	29 September 2009
Development of Service Models, consultation, Deregistration of Care Homes and packaging of residential homes for tender	6 November 2009
Advertise	9 November 2009
Expressions of interest to be returned	30 November 2009
Evaluate returns	December 2009
Invitation to Tender to be sent out	21 December 2009
Tenders to be returned	25 January 2010
Evaluate & Interview	February 2010
Contract Award	1 March 2010
Contract Delivery	30 May 2010

6. Links to Corporate and other Plans and Strategies

- Valuing People Now: a new three-year strategy for people with learning disabilities, Chapter Two, 'Personalisation, starting with the individual and their family'.
- Valuing People Now Implementation and commissioning plan
- Putting People First
- Housing Strategy
- Social exclusion and the Tackling Social Exclusion Partnership Group

7. Consultees

The following were consulted in the preparation of this report:

Councillor Collins, Cabinet Member for Adults and Public Health

Karen Ahmed, Head of Adult Commissioning
Yinka Owa, Legal Partner
Steve Whitelock, Departmental Head of Finance
Joan Hutton, Group Manager, Policy, Quality and Development
Sharon Roots, Corporate Risk Manager
David Robins, Group Manager, Corporate Procurement
James Oaten, Group Manager, Equalities & Diversity
LD Partnership Board and Housing Sub Group

External: current users, families and carers, providers, registered social landlords

8. Background Papers Used in the Preparation of the Report:

- Putting People First (2007) Department of Health. www.dh.gov.uk
- Valuing People Now (2007) Department of Health www.dh.gov.uk
- Valuing People Now: Transfer Of The Responsibility For The Commissioning Of Social Care For Adults With A Learning Disability From The NHS To Local Government And Transfer Of The Appropriate Funding (Gateway Reference: 9906) www.dh.gov.uk
- Person centred commissioning now - a pathway approach to commissioning learning disability support (2008) www.idea.gov.uk/idk/aio/8981043

9. List of appendices:

Not applicable.

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THE EXECUTIVE

29 SEPTEMBER 2009

REPORT OF THE CORPORATE DIRECTOR OF RESOURCES

Title: Pre-Tender Report – Framework Agreement for Professional Construction Services	For Decision
<p>Summary:</p> <p>In readiness for the expiry of the current framework agreement for professional construction services, this report asks for authority to seek tenders for a new framework agreement for professional construction services over a four year term with no option to extend the contract.</p> <p>Wards Affected: None</p>	
<p>Recommendation(s)</p> <p>The Executive is recommended to agree:</p> <ul style="list-style-type: none"> (i) To the procurement of a new four-year framework agreement for Professional Construction Services on the terms set out in the report; (ii) To delegate authority to the Corporate Director of Resources, in consultation with the Divisional Director of Finance and the Legal Partner, to award the contract following the procurement process; and (iii) In accordance with paragraph 3.6 of the Council's Contract Rules (Part D of the Constitution), whether it wishes to nominate a Member(s) to be involved with the packaging, specification, evaluation and award of the contract. 	
<p>Reason(s)</p> <p>In order to accord with statutory obligations and enable the Council to commission value for money services.</p>	
<p>Implications</p> <p>Financial</p> <p>Based on available payment information provided by Oracle, expenditure with the incumbent providers of professional construction services for the financial year 2008 / 2009 was approximately £2,150,000. This figure does not include off-contract or unknown expenditure on similar services.</p> <p>The cost of procuring services under this framework will be met through either capital budgets or operational revenue budgets of user areas in accordance with their own budgetary controls.</p>	

Legal

This report is seeking the authority of the Executive to seek tenders for a four-year framework agreement for provision of professional construction services.

The Council has power to enter into contractual agreements for professional construction services under section 1 of the Local Government (Contracts) Act 1997 on the basis that such services are properly required for the discharge of the Council's duties.

It is anticipated that the estimated value of the proposed framework agreement will be in excess of the threshold for application of the Public Contracts Regulations 2006 (the Regulations) of £139,893 and therefore subject to the full application of the Regulations.

The Regulations empower the Council to enter into a framework agreement of a duration of up to four years with contractors, and to select contractors to undertake specific projects from amongst those contractors with which it has concluded a framework agreement.

In compliance with the Regulations, the framework agreement will be tendered in the EU using the restricted procedure - two-stage tendering process which allows contracting authorities to draw up a short-list of interested parties by undertaking a selection/ pre-qualification stage, prior to the issue of invitation to tender documents.

The conditions of contract to be entered into between the Council and the successful tenderer are yet to be agreed and the Legal Practice will advise on the implications thereof upon receipt of instructions. The conditions of contract will need to include a mechanism for the selection of contractors for specific project contracts to be let under the Framework Agreement which complies with the provisions of the Regulations on framework agreements. The conditions of contract will also need to include provisions to ensure that the Council's legal obligations in relation to construction contracts, such as the appointment of CDM Coordination services for reporting notifiable projects to the Health and Safety Executive (HSE) etc, are met.

The report is furthermore requesting that the Executive delegate its authority to award the proposed framework Agreement to the Director of Corporate Director of Resources.

The Executive has the power under Section 15 (6) of the Local Government Act 2000 and under Part C of the Council's Constitution to delegate its powers to officers.

If the request for delegated authority to the Corporate Director of Resources is granted, the Corporate Director in deciding whether to award or not to award the framework agreement, to the recommended contractors must be satisfied that the provisions of the Regulations, including the EU public procurement principles of equal treatment of tenderers, non-discrimination and transparency have been complied with in the selection of the contractors, and should apply the principles of administrative law including taking into account all relevant considerations, the outcome of the valuation of each of the tenders and their financial implications. In particular in order to comply with the Council's duty to ensure Best Value, the Corporate Director must be satisfied that the tenders represent value for money for the Council.

The Legal Partner (Procurement, Property & Planning) confirms that there is no legal reason preventing the Executive from approving the recommendations of this report. The Legal Partner (Procurement, Property & Planning) should however be consulted in relation

to the contractual aspects of the proposed framework agreement.

Contractual

The procurement process will be carried out in accordance with the Council's Constitution, Public Contracts Regulations 2006 and European Procurement Directive 2004/18/EC comprising of an advertisement in the Official Journal of the European Union (OJEU) followed by a two stage restricted procedure consisting of a pre-qualification stage and followed by an invitation to tender.

Risk Management

There are no perceived risks with regard to this contract. The contract is a framework agreement for professional construction services and there is no obligation to use these services

Not letting a framework for these services would carry a risk that Officers procure these services from providers outside of a competitive framework and with the possibility of greater cost, lesser quality than contracted providers or that relevant experience, qualifications, health and safety or equalities and diversity issues had not been considered. The award of this contract would mitigate this risk.

Staffing

No specific implications.

Customer Impact

No specific implications.

Safeguarding Children

No specific implications.

Crime and Disorder

No specific implications.

Property/Assets

No specific implications.

Options appraisal

1. Do nothing. In line with the Councils Constitution, national and European law, a formal tender process is required for the aggregated level of expenditure expected for the various services that would be procured and therefore this option is not appropriate.
2. That Officers procure their own construction related services as required on an ad-hoc basis. There would be time and cost implications as Officers would need to comply with the Councils Financial Rules each time they wanted to procure these services and often this would involve mini-competition between contractors that had at least passed pre-qualification from a select list such as Constructionline. There is no guarantee that this route would offer better value than a framework agreement nor a continuity of supply as the nature of select lists would mean that a randomly generated list of providers is produced for each requirement. Any individual commissions with a projected value over the limit prescribed by the Public Procurement Regulations would each need to be advertised in OJEU and follow the prescribed procurement route, lengthening procurement time and increasing the Officer resources required.

3. There are a number of consortium frameworks available in the public sector for similar services that offer the option of utilising them. However further to consultation with interested stakeholders who commission these services there was an emerging pattern that these frameworks were too complex and only employed large multi-disciplined providers that historically charge premium rates for the services provided. Stakeholders also voiced concerns that often the larger service providers sub-contracted work out to smaller specialised providers and that if we could utilise the smaller providers directly this would offer not only savings in terms of cost but also allow for Officers to liaise directly with the contractor. As previously outlined there is also a preference for the structure of this framework to enable local / SME businesses to bid for and win portions of the framework, which it is believed from recent benchmarking exercises will offer reduced costs and where a direct service provider-client relationship would lead to a better quality service, particularly where the Council is an important client for the contractor.
4. Re-tender for a new framework agreement. In line with the Councils Constitution, national and European law, a formal tender process would be required for this level of expenditure. Following consultation with internal stakeholders that utilise the current framework agreement, the preferred option would be to re-tender the agreement but with amendments to the structure of the framework.

Head of Service: Sue Lees	Title: Divisional Director of Strategic Asset Management and Capital Delivery	Contact Details: Tel: 020 8227 3300 Fax: 020 8227 3231 E-mail: sue.lees@lbbd.gov.uk
Report Author: Stephen Howells	Title: Procurement Officer	Contact Details: Tel: 020 8227 3907 Fax: 020 8227 5261 E-mail: stephen.howells@lbbd.gov.uk

1. Background

- 1.1 A framework agreement is used to establish the terms of a contract for price, specification and quality. Services would then be called off by the Council subject to mini competition as required and invoiced by the supplier in accordance with the terms of the agreement. There would be no obligation to purchase any service or quantity under this arrangement
- 1.2 This framework agreement would allow Officers to procure construction related services as required in accordance with the conditions and accepted set rate percentages as laid out in the framework
- 1.3 The current Professional Services Term Consultancy contract expires on 23rd April 2010. On expiry of this contract the Council would then only have the choices as outlined in the previous options appraisal open to it.
- 1.4 In accordance with EU Procurement Regulations the proposed framework agreement would be for a period of four years with no opportunity to extend the contract.

2. Report detail

- 2.1 It is confirmed that the relevant provisions of the “Contracts Guidance Notes”, “Contracts Rules”, “Contracts Codes of Practice” and the “Financial Rules” of the Council’s Constitution and the EU Procurement Regulations will be fully adhered to
- 2.2 The framework agreement will cover construction related services and offer a panel of qualified and expert service providers, already vetted and approved, that can be accessed by all departments of the Council to support in-house capability and to meet peak workloads. The intention being to ensure delivery of projects on an as needs basis where either there is not currently an in-house capability or that projects exceed Officers workload capacity.
- 2.3 The services to be provided under this contract should not be confused with management consultants that stay for long periods of time. Commissions will be on an individual project or part of project basis and each commission will be specifically targeted and limited to the life of each individual project. They will not be used to cover staff vacancies. This will achieve a combination of internal and technical resources that will provide a response pool of expertise required to ensure the delivery of programmes particularly where work loads can be technical, complex or unpredictable or where project timeframes are tight
- 2.4 As result of the consultation process the proposed Professional Construction Services Framework Agreement thirteen professional services have been identified that Officers would require on a regular basis:
- Architectural Services
 - Landscape Designers
 - Urban Designers
 - Surveying Services
 - Cost Managers (Quantity Surveyors)
 - Services Engineers
 - Structural Engineers
 - Civil Engineers
 - Project Managers
 - CDM Coordinators
 - Planning Consultants
 - Clerk of Works
 - Breeam Consultants
- 2.5 The consultation process highlighted an expressed desire to engage smaller specialist firms where possible. Not only because of a perceived qualitative advantage but also on value for money terms. A benchmarking example has been given during consultations where the engagement of a small Health and Safety Consultancy (for CDM Coordinator services) yielded savings of some 70% over the next lowest tender procured from the existing Professional Services Term Consultancy framework. This is probably not a typical saving and the use of such consultancies is not appropriate across all projects. Nonetheless, if this example is typical, fitting suitably sized consultancies to the right projects could yield efficiencies across the capital programme.

2.6 The framework would need to address a balance between ease of use, flexibility, quality and value for money. The issue with large frameworks is that they attract the large multi-disciplinary firms that have the capacity to respond to the demands of the public sector. However conversations with medium sized architectural firms has discovered that they no longer consider bidding for frameworks because of the perceived bias towards larger firms, that frameworks offer no guarantee of business and that quite often they do not have the resources necessary to dedicate to the PQQ / tender process. Yet it is precisely this size of firm that Officers have expressed a wish to see included on the contract.

2.7 In order to address the various concerns and expressed requirements of the framework a possible model can be summarised:

- Thirteen Professional Services
- Specialisms within certain disciplines e.g. Architectural services may have three separate disciplines
- High and low value “tiers” or levels under each discipline to encourage smaller firms onto the framework (suggested two firms per tier)
- The application of a PQQ process that gives opportunities for SME’s as well as large multidisciplinary firms

3. Financial Issues

3.1 As stated previously in this report the current expenditure with incumbent contractors for the Professional Services Term Consultancy contract that provides the same or similar contracts is in the region of £2,150,000. The cost of procuring services under this framework will be met through either capital budgets or operational revenue budgets of user areas in accordance with their own budgetary controls. There will be no obligation to purchase anything under this agreement.

3.2 Financial stability checks will be carried out on the recommended supplier.

3.3 At this early stage of the tender process it is not possible to accurately state the level of savings that may be achievable from letting a framework agreement that meets both internal needs and utilises SMEs, however stakeholders are confident that appointing SMEs to the framework should return cost savings. Recent OGC Guidance written as a result of the Glover report on SMEs, suggests that lower overhead and administrative costs associated with such firms can yield cost savings. During the tender evaluation stage of the process it will be possible to benchmark proposed fee % rates and hourly rates against the current framework to ascertain what savings the new framework would deliver.

3.4 In line with current Office of Government Commerce guidance (OGC) there are potential savings are based on the Efficiency Measurement Model guidelines on the Standard Valuation of Efficiencies (1.5) that can be claimed:

The figures quoted in terms of cash savings are:

- £2800 for each non-EU tender exercise not required.
- £2800 each time a framework is used for mini competition
- £280 per quotation exercise not required

- 3.5 There are also the efficiency benefits in terms of hidden costs and time saving in not having to go to tender under OJEU for expenditure that exceeds Public Procurement Thresholds.

4. Links to Corporate and other Plans and Strategies

- 4.1 In line with the One Barking and Dagenham principle of Business Process Engineering (BPR) methodology and approach, this project has consulted with those Council staff who regularly commission professional services. By having staff involved in the process we will be able to design a framework that best meets the requirements for Barking and Dagenham, rather than adopting the generic approach of large all encompassing consortium contracts. A core group of Officers have been appointed to a stakeholder consultation group that will ensure that their requirements are addressed and that they are kept informed of progress

5. Consultees

- 5.1 The following were consulted in the preparation of this report:

Councillors

Councillor Bramley, Cabinet Member for Finance and Human Resources

Officers

Sue Lees - Divisional Director of Strategic Asset Management and Capital Delivery

David Robins – Group Manager Corporate Procurement

Alex Anderson – Group Manager Corporate Finance

Ian Saxby – Corporate Client Construction Manager

Tony Wiggins – Corporate Client Delivery Manager

Jeremy Grint – Head of Regeneration and Economic Development

Andy Butler – Group Manager Area Regeneration

Mike Freeman – Group Manager Schools Estates

Michael Butler – Interim Group Manager Street Scene

Yinka Owa – Legal Partner, Procurement, Contracts & Property

Colin Beever – Group Manager Property Services

Ola Laniyan – Client Manager Housing

Peter Watson – Client Manger Built Environment

Marc Auden – Principle Architect

Andy Bere – Corporate Asset Manager

Tony Williams – Senior Surveyor

Clive Bennett – Principal Electrical Engineer (Acting Manager)

Dave Dare – Engineers Manager

Ray Aldrich – Principle Engineer

Jennie Coombs – Project Manager

David Harley – Regeneration Manager

Steve Benning – Interim Assets Manager

David Theakston – Group Manager Parks and Commissioning

6. Background Papers Used in the Preparation of the Report:

- 2004/18/EC European Procurement Directive

- Summary of Discussions with Consultees and Proposals for Professional Services Framework

7. List of appendices:

There are no appendices to this report