

Notice of Meeting



THE CABINET

Tuesday, 23 November 2010 - 5:00 pm
Council Chamber, Civic Centre, Dagenham

Members: Councillor L A Smith (Chair); Councillor R Gill (Deputy Chair); Councillor J L Alexander, Councillor H J Collins, Councillor C Geddes, Councillor M A McCarthy, Councillor L A Reason, Councillor G M Vincent, Councillor P T Waker and Councillor J R White

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

In accordance with the Council's Constitution, Members are asked to declare any 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 2 November 2010 (Pages 1 - 8)

4. 2010/11 Budget Monitoring - April to September 2010 (Pages 9 - 29)

5. Fees and Charges 2011/12 (Pages 31 - 95)

6. Draft Local Implementation Plan (Pages 97 - 103)

The draft Local Implementation Plan document is included under separate cover (Supplementary 1).

7. Olympic Legacy - Mayesbrook Park Sports Centre (Pages 105 - 117)

8. Joint Procurement of Highways and Street Lighting Contracts with the London Borough of Havering (Pages 119 - 126)

9. Re-tendering of the Banking Contract (Pages 127 - 137)

10. Local Development Framework - Draft Biodiversity Supplementary Planning Document and Draft Trees and Development Supplementary Planning Document (Pages 139 - 145)

The Draft Biodiversity Supplementary Planning Document and the Draft Trees and Development Supplementary Planning Document are included under separate cover (Supplementary 1)

11. Health for North East London - Final Proposals for Reconfiguring Acute and Secondary Health Services (Pages 147 - 205)

12. Building Schools for the Future - Progress Report (to follow)

13. Governance Arrangements for New Joint Venture with Agilisys (to follow)

14. Adult Social Care: CQC Inspection Reports Findings (Pages 207 - 254)

Appendices 3 and 4 to this report, which relate to the Care Quality Commission's annual performance assessment report, are included in the confidential section of this agenda as the information is embargoed until 25 November 2010.

15. Any other public items which the Chair decides are urgent

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

Private Business

The public and press have a legal right to attend Council meetings such as the Cabinet, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended).

17. Adult Social Care: CQC Inspection Reports Findings - Appendices 3 and 4 (Pages 255 - 278)

These appendices are confidential as the CQC has embargoed its findings until 25 November 2010.

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

THE CABINET

Tuesday, 2 November 2010
(5:00 - 5:50 pm)

Present: Councillor L A Smith (Chair), Councillor R Gill (Deputy Chair), Councillor J L Alexander, Councillor H J Collins, Councillor C Geddes, Councillor M A McCarthy, Councillor G M Vincent, Councillor P T Waker and Councillor J R White

Also Present: Councillor E Carpenter, Councillor J E McDermott, Councillor A Salam and Councillor M M Worby

Apologies: Councillor L A Reason

46. Declaration of Members' Interests

Councillor Alexander declared a personal interest in respect of item 10 on the agenda (Dagenham and Redbridge Football Club Lease) as she is a member of the Club.

47. Minutes (28 September 2010)

Agreed.

48. 2010/11 Budget Monitoring - April to August 2010

The Cabinet Member for Finance, Revenues and Benefits presented the report on the Council's revenue and capital position for 2010/11 as at the end of August 2010.

The projected service overspends (not taking account of any in-year savings required) have reduced from £3.9m to £3.2m since July 2010, the main reason being a reduction in projected overspends in the Customer Services department. The projected year-end deficit for the Housing Revenue Account (HRA) has increased to £417,000 and an action plan is in place to address the causes.

The Corporate Finance Controller also referred to a number of proposed allocations from the Contingency budget, one of which relates to an additional £750,000 to fund the one-off professional support relating to the joint venture that the Council has recently entered into with Agilisys. In response to a question on this issue, the Cabinet Member for Customer Services and Human Resources confirmed that the original budget provision of £300,000 had not been properly developed at the time and that the new provision has been benchmarked against costs incurred by other local authorities who have undertaken similar projects and is broadly comparable.

The Cabinet Member for Finance, Revenues and Benefits also responded to questions in relation to:

- Budget pressures within the Legal Services division - It was noted that the main

pressure related to safeguarding children cases which had created similar pressures within the Children's Services department. Steps have been taken to meet these additional costs and the Cabinet Member confirmed that a review of the Legal Service is being carried out which will include exploring the possibility of sharing services with other boroughs.

- The £1m contingency previously allocated to Revenues and Benefits - It was noted that the next Budget Monitoring report will seek to formalise the return of £600,000 which has not been required.

With regard to the HRA, the Cabinet Member for Housing advised that he is to chair a Working Group which will look at rent collection issues and the recharging of services to the HRA.

Agreed, as a matter of good financial practice, to:

- (i) Note the current projected outturn position for 2010/11 of the Council's revenue and capital budgets, as detailed in paragraphs 3 and 5 and Appendices A and C of the report;
- (ii) Note the position for the HRA, as detailed in paragraph 4 and Appendix B of the report; and
- (iii) Approve the allocation from the Contingency budget, as detailed in paragraph 3.1.5 of the report, of the following:
 - a. £220,000 to enable specific backlog maintenance projects to be undertaken;
 - b. £750,000 to fund the one-off expert financial, legal and procurement costs for the set up of the Joint Venture;
 - c. £684,000 to regularise the General Finance budgets which contains budgeted corporate savings which the service departments are achieving;
 - d. £100,000 to meet the anticipated shortfall in income arising from not implementing the proposal to charge staff for parking in council owned sites.

49. Borough-wide Estate Renewal Programme - Phasing and Decant Options

Further to Minute 21 (6 July 2010), the Cabinet Member for Housing presented a report on the detailed proposals and costings in respect of the first phase of estate renewal across the Gascoigne (East), Goresbrook Village and The Leys estates, as well as an outline of the issues that will need to be considered to progress the wider programme.

The first phase proposals are for a £7.1m, two-year project taking in the three high-rise blocks at Goresbrook Village, one high-rise and one low-rise block at Gascoigne and an initial phase at Birdbrook Close. The funding would cover decanting, buying back leasehold properties and master planning. For the longer term, a £23m programme has been developed and the Cabinet Member confirmed that a detailed options paper would be presented to Cabinet in the New Year.

In response to questions, the Cabinet Member confirmed that:

- The £7.1m funding is not being met from land sales but from existing borrowing

originally intended for the Council house building programme. He explained that this is no longer needed for this purpose as the new build programme, which is already underway, is to be met directly from the rents on the new properties.

- The reference in the report to the possibility of the Council transferring assets to a development partner is just one of the options that will be explored in the further report, and that no discussions with potential development partners have taken place to date. That further report will also explore the feasibility of establishing a model similar to a Local Housing Company.

The Leader highlighted the need for the Council to replenish its housing stock through the use of land and funding that is earmarked for housing purposes and referred to a positive meeting with the Deputy London Mayor for Housing, Simon Milton, to discuss the Council's housing proposals.

Agreed, in order to assist the Council in achieving the Community Priorities "Safe", "Clean", "Fair and Respectful" and "Healthy" and the improvement priorities for housing set out in the Council's Local Area Agreement, that:-

- (i) The £7.1m funding be apportioned as set out in Table 4 in the report to enable decant and buyback works to progress on the three blocks at Goresbrook Village, one high-rise and one low-rise at Gascoigne (East) and a first phase of flatted accommodation at Birdbrook Close on The Leys estate;
- (ii) A comprehensive Options Appraisal based on the Treasury Five Case Model is undertaken for the whole renewal programme covering the Gascoigne (East), Goresbrook Village and The Leys estates that takes into account potential delivery models, developer interest, value for money considerations, tenure mix and type, and design parameters, the results of which will be reported to the Cabinet alongside the results of an Independent Review of the Options Appraisal following consideration by the Member Estate Renewal Steering Group in the New Year;
- (iii) A programme of community consultation and engagement with residents of the affected areas of the Gascoigne, Goresbrook Village and The Leys estates be undertaken;
- (iv) The decant programme and the purchase of leasehold interests be commenced;
- (v) Initial Demolition Notices be served on all secure tenants within the wider £23 million programme (as detailed in Table D of Appendix 1) in order to suspend the requirement for the Council to complete Right-to-Buy applications for as long as the Notices remain in force;
- (vi) The Council use its Compulsory Purchase Order (CPO) making powers pursuant to Section 17 of the Housing Act 1985 for the acquisition of the outstanding leasehold interests in the properties outlined in the report, for the purposes of securing land needed to allow the redevelopment of the Gascoigne (East), Goresbrook Village and The Leys estates; and
- (vii) The Corporate Director of Finance and Resources, in consultation with Legal Partners, be authorised to take all necessary steps to secure the making,

confirmation and implementation of a CPO including the publication and service of all Notices and the presentation of the Council's case at any Public Inquiry following the making of the CPO for the properties outlined in the report.

50. Proposed Provision of a Shared Civil Contingencies Service for Barking and Dagenham and Waltham Forest

The Cabinet Member for Environment presented a report on the success of a pilot project for the provision of a joint Civil Contingencies Service with the London Borough of Waltham Forest (LBWF) and the proposal to formalise the arrangement.

The pilot project commenced on 1 April 2009 with staff from LBWF being seconded to Barking and Dagenham's team to deliver a single service to the two Councils. The Cabinet Member outlined the main advantages that the joint working has brought about and suggested that opportunities to extend the joint service model should be explored with other boroughs, particularly those in North East London.

Agreed, in order to enable the Council to continue to meet the statutory requirements of the Civil Contingencies Act 2004 in a more resilient and cost effective way, to **recommend the Assembly:-**

- (i) That the Council and the London Borough of Waltham Forest form a single Civil Contingencies Unit to meet the needs of their joint populations and the requirements of the Civil Contingencies Act;
- (ii) That the Council enter into a formal agreement with the London Borough of Waltham Forest in a form to be agreed by the Legal Partner, under which the Council accepts a delegation of function from the London Borough of Waltham Forest in respect of their duties and obligations under the Civil Contingencies Act 2004, in return for funding and other contributions to be made by the London Borough of Waltham Forest; and
- (iii) That the Cabinet be authorised to agree the extension of the joint service arrangement to include other Local Authorities in the event that it is considered to be in the Council's interests to do so.

51. Tendering of Sue Bramley Children's Centre Day-Care Nursery Services

The Cabinet Member for Children and Education presented a report on the proposal to commence a tendering exercise for the procurement of a provider of day-care nursery services at Sue Bramley Children's Centre, Thames View, Barking.

The Cabinet Member explained that the three Council-run nurseries - the other two being at Abbey and John Perry Children's Centres - are subsidised by the General Sure Start Early Years and Childcare Grant but the Government's recent Comprehensive Spending Review will inevitably result in significant cuts to this funding. In anticipation of this, officers conducted a review of the services aimed at ensuring their long-term sustainability and the service at the Sue Bramley Centre was considered to be the most attractive to external providers at this point

in time due to its location within a major area of regeneration and its long waiting list for places. The Cabinet Member added that the staff at the Sue Bramley Centre will transfer to the remaining two Council-run sites.

Agreed, in order to assist the Council in achieving its Community Priority of “Inspired and Successful” by ensuring the future sustainability of the nursery, to:-

- (i) The procurement of a provider of day-care nursery services for Sue Bramley Children’s Centre Day Nursery on the terms detailed in this report;
- (ii) Authorise the Corporate Director of Children’s Services, in consultation with the Corporate Director of Finance and Resources and Legal Partners, to award the contract and coterminous lease for Sue Bramley Children’s Centre Day Nursery Services to the preferred bidder directly upon successful completion of the tender process; and
- (iii) Note that a further report will be presented to Cabinet in relation to the future provision of the Council-run nursery services at the Abbey and John Perry Children’s Centres.

52. Essex and Suffolk Water Agreement

The Cabinet Member for Housing presented a report on the outcome of negotiations with Essex and Suffolk Water (ESW), who trade as Northumbrian Water, regarding the collection of water and sewerage charges from social housing tenants by the Council on behalf of ESW.

The negotiations result in the Council receiving an increase in the administration recoupment rate from 6.5% to 13% of the charges made by ESW, with an additional £1 million plus in back-payment of administration recoupment and claw backs for overpayments on the basis that the new agreement will be effective from 1 April 2009. The Cabinet Member confirmed that these and other favourable arrangements would bring significant additional revenue to the Housing Revenue Account (HRA).

Agreed, in order to achieve better value for money for the benefit of the HRA, to the Council entering into the revised three-year agreement with Essex and Suffolk Water effective from 1 April 2009 on the terms set out in this report.

53. Tender for Corporate Contract for the Supply of Security Industry Authority (SIA) Licensed Security Personnel

The Cabinet Member for Crime, Justice and Communities presented a report on the proposal for the renewal of the corporate contract for the supply of Security Industry Authority (SIA) Licensed security personnel, the current contract for which is due to expire on 28 February 2011.

The Cabinet Member highlighted some of the key terms to be included in the new contract and the types of service that will be provided and advised that officers will continue to investigate alternative solutions to address security issues and reduce the need for dedicated security personnel.

Agreed, in order to assist the Council to achieve its Community Priority “Safe”, to:-

- (i) The procurement of a new contract for the supply of Security Industry Authority (SIA) Licensed Security Personnel over a three-year term, with an option to extend for a further year subject to satisfactory performance, on the terms detailed in the report; and
- (ii) Authorise the Corporate Director of Adult and Community Services, in consultation with the Corporate Director of Finance and Resources and Legal Partners, to award the new term contract following the conclusion of the procurement process.

54. Dagenham and Redbridge Football Club Lease

The Cabinet Member for Finance, Revenues and Benefits presented a report on the proposed terms of a new 30-year lease for the Dagenham and Redbridge Football Club (D&RFC).

The Cabinet Member explained that the current lease is not due to expire until 2026 but D&RFC is seeking the new lease to enable it to meet the conditions of agreements associated with the development of the stadium. In turn, the Council will benefit from the rent level being brought up to current market levels. In response to a question, the Cabinet Member confirmed the funding arrangements that were agreed by Minute 133 (17 February 2009).

Agreed, in order to assist in achieving the Community Priorities of “Healthy” and “Fair and Respectful”, to:-

- (i) Approve the surrender of Dagenham and Redbridge Football Club’s existing lease and to grant a new 30-year full repairing and insuring lease on the same terms and conditions as the existing agreement, subject to bringing the rent up to date with current open market value and drafting the necessary legal documentation to modern standards.
- (ii) Authorise the Corporate Director of Finance and Resources, in consultation with Legal Partners, to agree the final terms of the lease.

55. Implications of the Health White Paper "Equity & Excellence: Liberating the NHS" for Barking and Dagenham

The Joint Director of Public Health presented a report summarising the key implications of the Health White Paper “Equity & Excellence: Liberating the NHS” which sets out radical reforms to the NHS that will have significant implications for the providers, commissioners and users (patients) of health services.

The Health White Paper also proposes important new powers and responsibilities to local authorities along with other significant changes to the way health services are commissioned and held to account. The Joint Director highlighted the key tasks within the Outline Transition Plans that have been developed between the Council and NHS Barking and Dagenham (NHS B&D) and confirmed that steps will be taken to ensure that the appropriate resources accompany any transfer of responsibility. He also advised that proposals regarding the future NHS management structure will shortly be out for consultation.

The proactive approach taken by the Council and NHS B&D to developing the transition plan means that several aspects can be implemented ahead of schedule and in advance of any resulting legislation. In response to an issue raised regarding the role of local NHS service providers and an example of poor consultation with the local community on services affecting a local area, the Joint Director confirmed that under the proposed new arrangements the Council will be directly involved in the discussions regarding local NHS services and, therefore, in a far better position to influence major service redesign and public awareness

Agreed, in order to assist the Council to achieve its Community Priority of “Healthy”, to:-

- (i) Note the scale of health responsibilities that the Council will gain under the proposals for NHS reform; and
- (ii) The outline transition plan summarised in paragraph 2.10 of the report.

56. Future Operation of the Plant Nursery at Central Park

The Cabinet Member for Culture and Sport presented a report on the proposal to provide a ‘starter farm’ facility from the current site of the Council’s plant nursery at Central Park, Dagenham.

The Council’s plant nursery has experienced a decline in business over recent years which mirrors a nationwide shift in the way that bedding plants and other horticultural supplies are sourced by local authorities. As a result, the nursery is operating at a loss and a study undertaken by officers indicates that this position is unlikely to improve in either the short or long term.

With this in mind, officers explored alternative options for the site and have worked alongside Thames Chase in developing a business plan to provide a development opportunity for a social enterprise to establish a community-led organic food growing starter farm.

The Cabinet Member confirmed that the current nursery staff will be retained to support projects at Eastbrookend Country Park and Dagenham Washlands and the intention is for the new service to be in place from April 2011.

Agreed, in order to assist the Council to achieve its Community Priorities “Clean”, “Healthy” and “Prosperous”, to:-

- (i) The closure of the existing loss-making plant nursery at Central Park; and
- (ii) Authorise the Corporate Director of Adult and Community Services, in consultation with the Corporate Director of Finance and Resources and on the advice of Property Services and Legal Partners, to agree the terms of the lease for the nursery site to a suitably qualified organisation under a 10 year commercial lease which allows the tenant to use the site as a community-led starter farm.

57. Update on Remodelling and Tendering Residential Care Services for People with Learning Disabilities

Further to Minute 65 (29 September 2009), the Corporate Director of Adult and Community Services presented a report providing an update on the remodelling and procurement arrangements for residential care services for people with learning disabilities and the proposal to further extend the current contract with the Avenues Trust while the tender process is being completed.

The Corporate Director advised that the remodelling exercise is aimed at providing service users with the level and type of care that they both want and need, moving away from a reliance on traditional residential home care to a “supported living” model, where service users would each have their own tenancy and a personal budget to commission support services. This new approach reduces the costs associated with registered care homes and further efficiencies will be achieved through the remodelling process. The Corporate Director also referred to the present arrangements with Outlook Care and Avenues Trust who currently provide residential care services.

Agreed, in order to accord with the Council’s Contract Rules and statutory obligations and to provide value for money services, to note the report and approve a further extension of the contract with the Avenues Trust for a period up to 31 March 2011 to enable completion of the tender process and award of contract.

58. Darren Henaghan, Corporate Director of Customer Services

The Leader extended the Cabinet’s congratulations to Darren Henaghan on his recent appointment to the post of Corporate Director of Customer Services.

CABINET

23 November 2010

REPORT OF THE CABINET MEMBER FOR FINANCE, REVENUES AND BENEFITS

Title: 2010/11 Budget Monitoring - April to September 2010	For Decision
<p>Summary:</p> <p>This report updates Cabinet with the Council's revenue and capital position for 2010/11 based on data to end September 2010.</p> <p>The council started the 2010/11 financial year in a better financial position than twelve months ago with General Fund (GF) balances estimated at £8.1m, and a robust budget process to set meaningful 2010/11 budgets.</p> <p>Central Government has already required that nationally local government needs to contribute £1.165bn toward the £6.2bn of in-year savings. The specific impact on the council is a reduction in funding of up to £5.5m. In order to protect the council's position the Corporate Director of Finance and Resources has instructed the council to continue with the measures put in place during 2009/10 to contain spend. Last month Cabinet approved in-year savings of up to £8.4m to address this shortfall in resources.</p> <p>The projected service overspends (taking account of the in-year savings) have increased from £3.2m to £3.9m since the August 2010 report. The main reason for this is an increase in projected overspends in the Customer Services department. The 2010/11 budget includes a £3m contribution to GF balances. If the projected service pressures materialise then GF balances would not increase to the targeted £10m but drop by £0.9m to £7.2m.</p> <p>The Housing Revenue Account (HRA) is projected to incur a deficit of £302k resulting in the decline of its balance from £3.4m to £3.1m. The HRA is a ring fenced account and cannot make contributions to the General Fund.</p> <p>In regard to the Capital Programme, the current projection is that there will be an underspend of £1.5m but anticipated re-profiles are expected to result in spending to budget. Capital budgets cannot contribute to the General Fund although officers are working to ensure that all appropriate capitalisations occur.</p> <p>Wards Affected: All</p>	
<p>Recommendation(s)</p> <p>The Cabinet is recommended to:</p> <ul style="list-style-type: none"> (i) Note the current projected outturn position for 2010/11 of the Council's revenue and capital budget as detailed in paragraphs 3 and 5 of the report, and Appendices A and C; (ii) Note the position for the HRA as detailed in paragraph 4 of the report and Appendix B; (iii) Approve the return to contingency of £603k from Customer Services as detailed in paragraph 3.1.5 of the report; (iv) Approve the changes to capital budgets as detailed in paragraph 6 of the report and 	

Appendix D;

- (v) Note the Financial Health Indicators for quarter two as detailed in paragraph 7 of the report and Appendix E.

Reason(s)

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

Comments of the Chief Financial Officer

This report indicates the assessment that the council continues to face significant pressures in remaining within its 2010/11 budget, in particular following the in-year reduction in resources arising from the Government's emergency budget. The Corporate Director of Finance and Resources has already implemented actions to control spend and departments resources have been reduced to contribute towards the reduced corporate resources.

Comments of the Legal Partner

Previous reports have advised Members of the obligation upon a billing authority to set a balanced budget each year by virtue of section 32 Local Government Finance Act 1992 taking account of required expenditure, contingencies and reserves among other things. Section 43 makes corresponding provision for major precepting authorities. Those sections require the relevant authorities to set an 'appropriate' level of reserves for the year in question. The reserves may be drawn upon during the year even if as a result they fall below the minimum. Members will note the reported position and comments made in relation to reserves and the budget position for this year going forward.

Members will note the progress highlighted in this report and wish to satisfy themselves that sufficiently robust actions are being taken to manage service delivery within a shrinking budget base.

Members will wish to be satisfied that appropriate actions are being taken to deal with any projected overspends and deliver services in the tougher economic climate the council finds itself in.

Head of Service: Jonathan Bunt	Title: Corporate Financial Controller	Contact Details: Tel: 020 8724 8427 E-mail: jonathan.bunt@lbbd.gov.uk
Cabinet Member: Councillor Geddes	Portfolio: Finance, Revenues and Benefits	Contact Details: Tel: 020 8227 2116 E-mail: cameron.geddes2@lbbd.gov.uk

1. Background

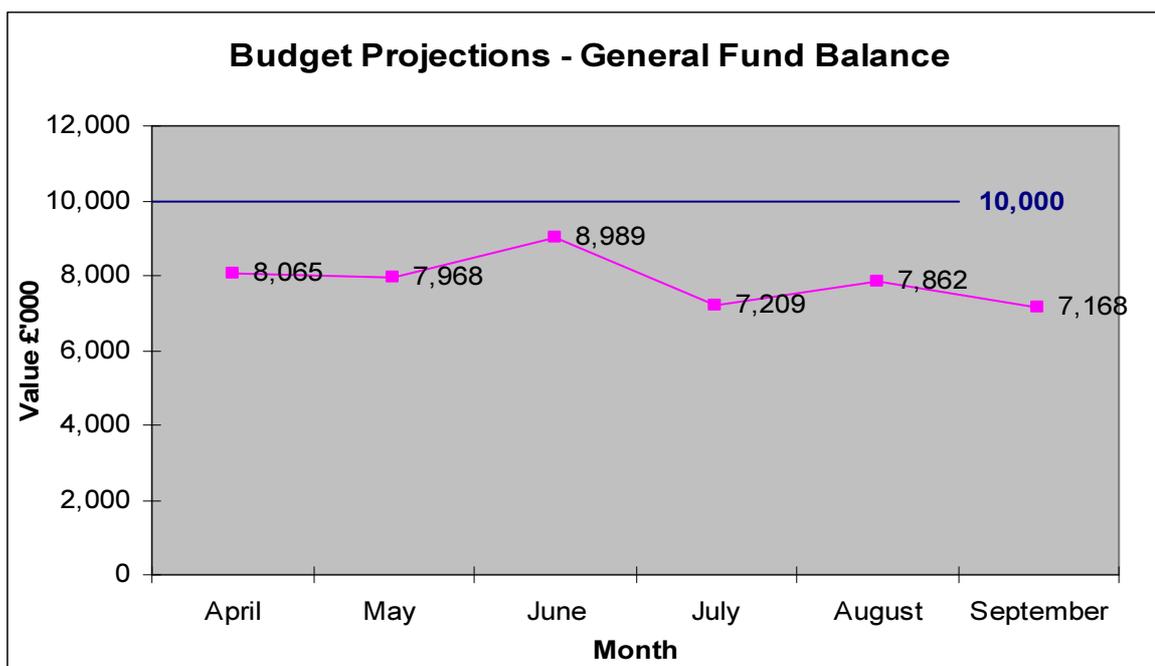
- 1.1 The Outturn report to Cabinet on 8 June 2010 reported that, as at 31 March 2010, general fund balances stood at £8.1m, an increase of £4.4m on the position twelve months earlier. This position is subject to review by external audit and therefore may change prior to the finalisation of the accounts.
- 1.2 This report provides a summary of the Council's General Fund (GF) revenue, HRA and Capital positions and consequent balances based on recurring pressures from last year, risks to anticipated 2010/11 savings, any new pressures and the effect of the reduced in-year resources.
- 1.3 It is important that the Council regularly monitors its revenue and capital budgets to ensure good financial management. It is now practise within the Council for this monitoring to occur on a regular monthly basis through both monthly briefing to the Cabinet Member for Finance, Revenues and Benefits, and this report to Cabinet. This helps Members to be regularly updated on the Council's overall financial position and to enable the Cabinet to make relevant decisions as necessary on the direction of both the revenue and capital budgets.
- 1.4 The report is based upon the core information contained in the Oracle general ledger system supplemented by examination of budgets between the budget holders and the relevant Finance teams. In addition, for capital monitoring there is the work carried out by the Capital Programme Management Office (CPMO).

2 Current Overall Position

- 2.1 The impact of the current revenue projections to the end of the financial year is that the Council's General Fund balance will not increase by the anticipated £3m but reduce to £7.2m. The Chief Finance Officer has a responsibility under statute to ensure that the Council maintains appropriate balances. Actions have already been put in place to reduce the Council's cash out-goings.
- 2.2 In the report to Members regarding the setting of the 2010/11 annual budget and Council Tax, the Corporate Director of Finance and Resources, after consideration of the factors outlined in the CIPFA guidance on Local Authority Reserves and Balances 2003, set a target GF reserves level of £10m. The current projected balance for the end of the financial year is below this level. Whilst the external auditor has not offered an opinion on a minimum acceptable level of general balances the Local Government Act 2003 requires the Authority to set an appropriate level of reserves.

When setting the HRA budget for 2010/11 the surplus anticipated for 2009/10 was £3.392m leading to estimated balances as at 31 March 2011 of £4.369m. The final 2009/10 outturn surplus was £2.423m giving the current opening balance of £3.4m.

	Balance at 1 April 2010	Projected Balance at 31 March 2011	Target Balance at 31 March 2011
	£000	£000	£000
General Fund	8,065	7,168	10,000
Housing Revenue Account (including Rent Reserve)	3,400	3,098	4,369



2.3 The current projected variance at the end of the year across the Council for the General Fund is shown in the table below.

	September Projected Variance £'000	August Projected Variance £'000	July Projected Variance £'000	June Projected Variance £'000	May Projected Variance £'000
<u>Service Expenditure</u>					
Adult and Community Services	0	0	0	0	0
Children's Services	2,764	2,732	2,764	1,488	2,030
Customer Services	1,133	471	1,092	546	967
Finance & Resources	0	0	0	42	100
General Finance	0	0	0	0	0
Total Service In-Year Pressures	3,897	3,203	3,856	2,076	3,097
<u>Corporate Issues</u>					
Budgeted contribution to balances	3,000	3,000	3,000	3,000	3,000
Total In-Year Pressures	897	203	856	(924)	97

2.4 Additional to the risks identified in the tables above are other pressures where the financial consequence is not yet known and where Directors and Head of Services are attempting to manage the issues. If, however, these pressures come to fruition either wholly or in part, then the financial position will worsen.

3 General Revenue Services

3.1 The departmental positions are shown in Appendix A. The key areas of potential overspend and risks are outlined in the paragraphs below.

3.1.1 **Adult and Community Services**

The department continues to project a break-even budget position for year end with the normal caution that this is based on activity for half of the year. The department's base budgets have now been reduced by the required £1.8m in-year savings made necessary by the national emergency budget. It anticipates the months ahead will be challenging to remain within budget.

There are significant pressures being experienced within its residential care budgets, particularly in relation to residential placements required from people leaving local hospitals. These pressures are presently being managed within the department.

The Department and its Management Team have a track record of dealing with issues and pressures throughout the year to deliver a balanced budget.

3.1.2 **Children's Services**

The department is projecting an overspend of £2.8m, consistent with the position reported last month. This projection includes the achievement of the department's allocated in-year savings target of £1.8m. The overspend relates to the increased demand on the Safeguarding and Rights placement budget and the overspend on the Legal budget due to increased costs associated with child protection cases. Overspends in Assessment staff costs and the Life Chances service (around £655k) are being managed in the service.

Children's Services DMT are making significant effort to reduce the overall overspend by identifying compensatory savings, reviewing commitments that will not be renewed or can be stopped in year, and considering alternative placements arrangements.

There are added pressures from intended government cuts in specific grant funding (£108k from the Training and Development Agency grant; £60k from Buddy Programme and the cessation of Contact Point grant from Quarter 2), unresolved claims from the implementation of Single Status and the rapid population growth that remain a significant concern which management is looking to find additional savings to mitigate.

A pressure (around £400k) in the transport of SEN children is being managed through the implementation of a Transport Strategy which has already brought a reduction in the number of routes plied from 49 to 39.

A number of posts are being held vacant to help offset the overspend and pressures.

Dedicated School Grant (DSG)

There are pressures of around £948k (£614k reported last month) as a result of additional funding not being made available to meet the additional number of places and children with SEN from September 2010. This will be managed in conjunction with the Schools Forum. Start up costs on equipment purchases for new schools also present additional pressures to this fund.

3.1.3 Customer Services

The department is forecasting an increased overspend of £1.1m, up by £662k, from the previous figure of £471k reported for the last period. This increase is predominantly due to the identification of additional income pressures and the deduction of in-year savings of £1.246m.

There are continuing budget pressures being experienced in staffing costs and income generation as previously reported. New income pressures have emerged in E&E Highways Maintenance relating to footway crossings (£391k) and R&B from council tax court costs that are not likely to be achieved due to a policy change.

Customer Services DMT is alert to these risks and is reviewing actions plans to ensure they are robust enough to continue to drive costs down through efficiency savings.

3.1.4 Finance and Resources

The department is projecting a break even position as per last month. This projection takes into account the achievement of its £3m in-year savings target. Significant work has been undertaken by both the departmental and divisional management teams to ensure the in-year budget pressures being experienced by some services are contained and spend is focused on achieving both its cash limited budget and in-year savings target. A number of posts are being held vacant in order to achieve these targets.

There is a pressure within marketing & communications in delivering savings and mitigating any potential overspend related to raising adequate sponsorship income and the review of design work. This requires close monitoring. The pressures reported last month in Legal Services in relation to the use of locum lawyers are being contained by holding posts vacant, having a tighter rein on in-year expenditure, and the funding approved earlier in the year for Legal Safeguarding & Rights.

3.1.5 General Finance and Contingency

General Finance continues to project break-even against its working budget.

An amount of £5.4m has been returned to contingency as a result of implementing the in-year savings requirement approved at the 28 September Cabinet meeting. As a result of these and previous transfers, the balance on contingency is £6.2m. Cabinet on 8 June allocated £1m from contingency to Customer Services in relation to increased costs of Revenues and Benefits. £603k of this allocation is not currently required and approval is sought to return this sum to contingency. The current level of contingency needs to be considered in relation to the continuing projected departmental overspends and the assumption that all the in-year savings are delivered.

4 Housing Revenue Account

- 4.1 The HRA is currently forecast to overspend by £302k compared to £417k projected overspend in August 2010. The key reasons for this improvement are better rental income streams from fewer void properties, a savings forecast in repairs and maintenance contract and a positive benefit from the review of the final subsidy claim

and depreciation charges on non-dwellings. These positive changes are occurring within the context of mitigating actions that have been put in place.

4.2 The detailed HRA position is shown in Appendix B.

5 Capital Programme

5.1 At this stage in the year, it is projected that there will be an underspend of £1.5m of the revised and appraised budget for 2010/11, but following further anticipated re-profiles the spend is expected to be within budget. The departmental analysis is at Appendix C.

6 Capital Scheme Re-Profiles/Adjustments

6.1 The delivery of capital schemes is continuously reviewed to ensure that projects are completed on time and within budget. As a result of this ongoing review process a need to amend the budget and funding profiles of several schemes has been identified.

6.1.1 Becontree Heath Leisure Centre

A detailed review of the expected spend on this project has identified a requirement to re-profile the budget to increase the available funds in 2010/11. The current and proposed profiles are shown in Appendix D. The suggested amendments mean that corporate borrowing will increase in 2010/11 by £2.3m and be offset by reduced corporate borrowing in 2011/12.

6.1.2 Backlog Maintenance

This scheme undertakes essential maintenance works to Council buildings to ensure that they remain safe and comply with all relevant legislation. In order to complete key projects to several Council buildings a budget of £500k is required. Members previously agreed this budget in setting the 2009/10 four year programme on 17 February 2009 and approval is now sought to confirm its inclusion in the 2010/11 programme. The expenditure incurred will be funded from corporate borrowing.

The proposed net increase in borrowing of the above 2 items will not breach the Council's authorised limit on borrowing previously approved by members.

6.1.3 Dagenham Heathway

Additional funding for this project of £113k has been secured and received from Transport for London (TfL). This additional funding will be used to deliver the existing scheme and any revenue implications of this increased spend will be met within existing budgets.

6.1.4 Playbuilder

The Department for Education has confirmed that funding for this project will decrease by £170k to £430k. Project managers were prepared for this decrease in funding and have scaled back the elements to be delivered by the scheme accordingly.

7 Financial Health Indicators

- 7.1 To enable Members to monitor effectively on a quarterly basis we report the position against a range of financial health indicators. These indicators include income collection, level of variance from budget, prudential framework indicators and capital programme management. Attached at Appendix E is a list of the Council's significant health indicators for the period ending 30th September 2010. At this stage there is nothing significant to report.

8 Legal Issues

- 8.1 See summary section for Legal Partner comments

9 Other Implications

- **Risk Management**

The final financial position for 2009/10 is still subject to review by the external auditor and is therefore at risk of change. The risk to the Council is that if the currently projected overspends are not eliminated the level of balances will fall to a level which is below the level recommended by the Corporate Director of Finance and Resources in order to meet potential future financial risks.

- **Contractual Issues**

No specific implications

- **Staffing Issues**

As part of the measures to reduce in-year pressures a freeze on recruitment has been implemented. Recruitment will be limited to essential appointments only and overtime payments will be minimised. A Voluntary Severance Scheme has been run and over 100 staff will be leaving over the course of the next three months as a consequence. This will make a significant contribution to managing in-year pressures.

- **Customer Impact**

As far as possible all restraints have been placed on non-essential services spend. Some cuts may directly or indirectly affect customers but every effort will be made to mitigate any impact on front line services. All departments are required to consider the equalities impacts of their savings plans, and to put in place mitigating actions where necessary.

- **Safeguarding Children**

All actions taken to mitigate the overspend of the placements budget in Safeguarding and Rights will need to be undertaken within a risk management framework to ensure that the safeguarding needs of individual children are not compromised.

- **Health Issues**

No specific implications

- **Crime and Disorder Issues**

No specific implications

- **Property / Asset Issues**

Some non-essential maintenance to properties may be re-phased

10 Background Papers Used in the Preparation of the Report:

- Councils Provisional Revenue and Capital Outturn 2009/10 – Cabinet 8 June 2010, Minute 8
- 2010/11 Budget Monitoring Report, Cabinet 6 July 2010 Minute 26
- 2010/11 Budget Monitoring Report, Cabinet 28 September Minute 31

11 List of appendices:

Appendix A – General Fund Revenue Budget Monitoring Statement – September 2010

Appendix B – Housing Revenue Account (HRA) Budget Monitoring Statement – September 2010

Appendix C – Capital Programme Budget Statement – September 2010

Appendix D – Capital Programme Re-profiling

Appendix E – Financial Health Indicators

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REVENUE MONITORING STATEMENT - SEPTEMBER 2010/11

SERVICES	2010/11				
	Provisional Outturn 2009/10	Original Budget	Working Budget	Projected Outturn	Projected Variance
	£'000	£'000	£'000	£'000	£'000
<u>Adult & Community Services</u>					
Adult Care Services	5,451	5,340	5,601	5,601	-
Adult Commissioning Services	44,371	45,722	46,462	46,462	-
Community Safety & Neighbourhood Services	3,303	4,119	4,109	4,109	-
Community Cohesion & Equalities	7,461	8,130	8,003	8,003	-
Leisure & Arts	6,443	6,053	5,773	5,773	-
SSR/ Other Services	512	616	640	640	-
	67,541	69,980	70,588	70,588	-
<u>Children's Services</u>					
Quality & Schools Improvement	6,711	9,197	8,972	8,861	- 111
Integrated Family Services	593	1,694	1,604	1,463	- 141
Safeguarding & Rights Services	36,248	31,545	31,798	34,898	3,100
Children's Policy & Trust Commissioning	1,408	6,597	6,010	6,010	-
Skills, Learning and Enterprise	1,712	4,366	4,846	4,762	- 84
Other Services	7,623	6,885	6,676	6,676	-
	54,295	60,284	59,906	62,670	2,764
<u>Children's Services - DSG</u>					
Schools	- 2,948	- 14,320	- 13,272	- 13,272	-
Quality & Schools Improvement	7,944	10,920	8,307	8,307	-
Integrated Family Services	2,899	1,560	2,941	2,941	-
Safeguarding & Rights Services	140	-	131	131	-
Children's Policy & Trust Commissioning	1,562	1,070	1,123	1,123	-
Skills and Learning	423	770	770	770	-
Other Services	54	-	-	-	-
	10,074	-	-	-	-
<u>Customer Services</u>					
Environment & Enforcement	21,410	19,520	18,526	19,168	642
Housing Services	939	4,616	3,692	3,893	201
Revenues & Benefits	3,723	1,214	2,034	2,256	222
Barking & Dagenham Direct	- 15	- 500	- 633	- 565	68
	26,057	24,850	23,619	24,752	1,133
<u>Finance & Resources</u>					
Chief Executive	458	60	59	59	-
Marketing & Communication and Other Directorate Costs*	- 506	647	401	401	-
Legal & Democratic Services	949	827	836	836	-
ICT & eGovernment	- 153	- 414	- 415	- 415	-
Human Resources	- 342	- 181	74	74	-
Strategic Asset Management/Capital Delivery	3,747	1,982	2,440	2,440	-
Corporate Management	5,205	5,411	5,321	5,321	-
Finance & Commercial Services	951	144	442	442	-
Strategy and Performance	- 210	- 164	- 164	- 164	-
Regeneration & Economic Development	4,379	5,477	5,212	5,212	-
	14,478	13,501	14,206	14,206	-
In-year savings target			- 3,000	- 3,000	-
			11,206	11,206	-
<u>Other</u>					
General Finance	- 33,296	- 27,850	- 26,442	- 26,442	-
Contingency	-	6,023	7,911	7,911	-
Levies	7,642	7,983	7,983	7,983	-
TOTAL	146,791	154,771	154,771	158,668	3,897

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Housing Revenue Account 30 September 2010	Revised Budget 2010/11	Forecast 2010/11	Variance 2010/11
	£'000	£'000	£'000
Total Income	-90,082	-90,409	-327
Repairs and Maintenance	23,838	23,787	-51
Supervision & Management	29,431	29,783	352
Rent Rates and Other	577	647	70
HRA Subsidy Payable	18,385	18,235	-150
Depreciation	14,169	13,970	-199
Increase in Bad Debt Provision	800	1,128	328
Corporate and Democratic core	811	811	0
Revenue Contributions to Capital			
Outlay	2,071	2,350	279
Total Expenditure	90,082	90,711	629
In Year overspend	0	302	302

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APPENDIX C

SUMMARY OF CAPITAL EXPENDITURE - SEPTEMBER 2010

	<u>Original Budget</u>	<u>Revised Budget</u>	<u>Actual to date</u>	<u>Percentage Spend to Date</u>	<u>Projected Outturn</u>	<u>Projected Outturn against Revised Budget</u>
	<u>(1)</u>	<u>(2)</u>				
<u>Department</u>	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>	<u>%</u>	<u>£'000</u>	<u>£'000</u>
Adult & Community Services	17,603	20,517	7,200	35%	22,735	2,218
Children's Services	80,499	41,140	16,428	40%	37,194	(3,946)
Customer Services (3)	46,953	39,133	9,966	25%	42,715	3,582
Resources (3)	14,977	17,672	3,516	20%	14,293	(3,379)
Total for all Schemes	160,032	118,462	37,110	31%	116,937	(1,525)

- 1) Original Budget per Executive 16 February 2010
- 2) Revised budget takes account of roll forwards/back
- 3) Projects relating to ICT were reclassified from Resources to Customer Services during the month

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Capital Programme 2010-11 Onwards

Reprofiling of Schemes

Department: Adult & Community Services
Division: Leisure & Arts
Scheme Name: Becontree Heath Leisure Centre
Project Number: 2603

Brief description:

A more accurate spend profile has been determined for this project.

	Previous Years	2010/11	2011/12	2012/13	Total
	£'000	£'000	£'000	£'000	£'000
Current profile	5,746	11,200	6,169		23,115
Proposed profile	5,746	13,500	3,617	252	23,115

The financing of these profiles is shown in the following tables:

Current Profile	Previous Years	2010/11	2011/12	2012/13	Total
	£000	£000	£000	£000	£000
Corporate Borrowing	5,746	11,200	1,769		18,715
Departmental Borrowing			4,400		4,400
External Funding					0
Source of External Funding					0
Total	5,746	11,200	6,169		23,115

Proposed Profile	Previous Years	2010/11	2011/12	2012/13	Total
	£000	£000	£000	£000	£000
Corporate Borrowing	5,746	13,500	(531)	0	18,715
Departmental Borrowing			4,148	252	4,400
External Funding					0
Source of External Funding					0
Total	5,746	13,500	3,617	252	23,115

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Key Financial Health Indicators to 30th September 2010

Revenue

Financial Monitoring	<u>2010/11</u> <u>Variance</u> <u>Projection</u>	<u>Current</u> <u>Budget</u>	<u>Projected</u> <u>Outturn</u>	<u>Quarter 2</u> <u>Variance</u> <u>Projection</u>	<u>Variance to</u> <u>2010/11</u> <u>Projection</u>	<u>Next</u> <u>Quarter</u> <u>Variance</u> <u>Target</u>	<u>Year end</u> <u>Variance</u> <u>Target</u>
	<u>£m</u>	<u>£m</u>	<u>£m</u>	<u>£m</u>	<u>£m</u>	<u>£m</u>	<u>£m</u>
Service Departments	0.0	181.2	185.1	3.9	3.9	0.0	0
Other Services	0.0	(26.44)	(26.44)	0	0.0	0.0	0
Total	0.0	154.8	158.7	3.9	3.9	0.0	0

Narrative:

All departments of the council are reporting budgetary pressures. Where action plans are in place to address these they are not projected as overspends. The current adverse position at the end of Quarter 2 is not considered irreversible and departments are actively managing the projected overspends. Full details of the September position is included in Section 3 within the main text of this report.

<u>Income Collection</u>	<u>Target</u> <u>Collection</u> <u>Rate</u>	<u>Cash</u> <u>Equivalent</u>	<u>Actual</u> <u>Collection</u> <u>Rate</u>	<u>Cash</u> <u>Equivalent</u>	<u>Variance to</u> <u>Target</u> <u>Rate</u>	<u>Cash</u> <u>Equivalent</u>	<u>Next Quarter</u> <u>Target</u>
Council Tax	56.00%	£28.822m	54.82%	£28.217m	-1.18%	-£606k	83.00%
NNDR	57.00%	£29.603m	56.11%	£29.143m	-0.89%	-£460k	80.00%
Ctax Arrears - prior years	10.00%	£1.230m	8.82%	£1.084m	-1.18%	-£146k	15.00%
Rent Collection	97.00%	£87.941m	95.84%	£86.888m	-1.16%	-£1.053m	97.00%

Narrative:

The collection rates for both Council Tax and NNDR at the end of Q2 although down against the more aggressive target are up against the same period for 2009-10 and still on target to hit our final outturn positions. Rent Collection at the end of Q2 stands at 95.84% and this is an improvement of 1.1% on the Period 4 outturn (this was the first 2010-11 report available).

Key Financial Health Indicators to 30th September 2010

Investments

	<u>Average</u> <u>Investment</u> <u>Balances</u> <u>£m</u>	<u>Benchmark Return</u>	<u>Return to 30th Sept 2010</u>	<u>Variance</u> <u>against</u> <u>Benchmark</u>	<u>Total Interest Earned</u> <u>£m</u>
Council in House team	38.6	1.50%	1.12%	-0.38%	0.522
External Fund Manager (1)	28.1	1.50%	0.50%	-1.00%	0.140
External Fund Manager (2)	16.4	1.50%	0.54%	-0.96%	0.097
External Fund Manager (3)	15.0	1.50%	0.34%	-1.16%	0.057

Narrative:

The above statistics show investment performance to the end of September 2010. Bank rates remain at 0.5% for the past 2 years and is predicted to remain so between now and the rest of the financial year as a result of the slow economic recovery in the UK and further government spending cuts. This continues to create a significantly bleaker outlook for investment income. However forecast from the Council's treasury advisers Sector Treasury Services indicate that the perception that bank rate will increase in 2011 is strong. Returns are currently expected to achieve the benchmark return.

Capital

<u>Capital Programme</u>	<u>Original</u> <u>Budget</u> <u>£m</u>	<u>Appraised</u> <u>Working</u> <u>Budget</u> <u>£m</u>	<u>Actual</u> <u>Spend @</u> <u>Q2</u> <u>£m</u>	<u>Projected</u> <u>Spend</u> <u>£m</u>	<u>Variance to Working Budget</u> <u>%</u>	<u>£m</u>
Capital Spend	72	124	53.8	108	12.90%	16

Narrative:

Actual spend as at the end of September was £53.8m, which is 43% of the working budget. At this stage in the year, it is expected that the outturn will be £107.9m against the budget of £123.9m, however, this position will be subject to robust scrutiny to ensure that timetables and milestones can be adhered to, and that budgets are realistic.

Key Financial Health Indicators to 30th September 2010

Capital

Prudential Indicators	Original Indicators @ 1/4/10			Revised Indicators @ 30/9/10		
	2010/11	2011/12	2012/13	2010/11	2011/12	2012/13
<u>Indicators</u>						
<u>Capital</u>						
Capital Expenditure (£'000)	£160,032	£103,182	£117,528	£165,319	£110,014	£113,212
<u>Financing Costs</u>						
- Ratio of HRA Financing costs to Net Revenue Stream	15.06%	15.06%	15.06%	0.55%	0.55%	0.55%
- Ratio of General Fund Financing Net Revenue Stream	4.53%	5.72%	6.66%	3.60%	5.40%	6.01%
Impact on Band 'D' Council Tax	£135.73	£171.37	£199.65	£108.97	£162.49	£182.48
Impact on Average Housing Rent	£0	£0	£0	£0	£0	£0
Capital Financing Requirement	£105,221	£126,721	£135,221	£68,721	£93,258	£94,515
<u>Treasury Management</u>						
Operational Limit on Borrowing	£115m	£130m	£135m	£115m	£130m	£135m
Authorised Limit	£200m	£200m	£200m	£200m	£200m	£200m

Narrative:

The capital expenditure indicator is showing an increase in the capital programme budget as a result of schemes being successfully appraised through the CPMO process. The remaining capital indicators look at the affordability of the capital programme, and at this stage of the year, there are no signs that this affordability will be different from that which was projected at the beginning of the year. The Treasury indicators look at the level of borrowing required to finance capital expenditure. As at the end of quarter 2, the projection is in line with budget.

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THE CABINET

23 November 2010

REPORT OF THE CABINET MEMBER FOR FINANCE, REVENUES AND BENEFITS

Title: Fees and Charges 2011/12	For Decision
<p>Summary:</p> <p>Local Authorities are involved in a wide range of services and the ability to charge for some of these services has always been a key funding source to Councils.</p> <p>This report concerns itself with recommending the appropriate level of fees and charges for the period from 4 January 2011 to the end of the 2011/12 financial year for those services where the Council has decided to set fees.</p> <p>In preparing the proposed fees and charges, Departments have worked within the framework of the agreed Charging Policy. In order to protect residents and users the council has decided not to impose an across the board increase in fees and charges considering the proposed increases to VAT from 4 January 2011.</p> <p>A number of the savings proposals for 2011/12 require increases in fees and charges. As a result, the recommended increases in fees and charges for 2011/12 contained within this report will be reflected in the 2011/12 budget strategy and the 2011/12 departmental budgets.</p> <p>The proposed charges for 2011/12 are detailed in Appendix A to this report.</p> <p>Wards Affected: All wards.</p>	
<p>Recommendation(s)</p> <p>The Cabinet is recommended to:</p> <ul style="list-style-type: none"> (i) Approve the proposed fees and charges for 2011/12 as set out in Appendix A of the report, to be effective from 4 January 2011; and (ii) Delegate authority to the Corporate Director of Children's Services, in consultation with the Corporate Director of Finance and Resources and the Cabinet Member for Education and Children's Wellbeing, to set fees and charges which are applied from September for schools and academic year based activities. 	
<p>Reason(s)</p> <p>To assist the Council in setting a robust budget for 2011/12.</p>	
<p>Comments of the Chief Financial Officer</p> <p>The ability to charge for some services is a key funding source to the Council. Based on the proposed fees and charges the Council should generate an additional £177k in a full year. The proposed fees and charges within this report will be reflected in the 2011/12 budget strategy, the 2011/12 base budget position and the 2011/12 savings proposals,</p>	

and are necessary in order for the Council to set a robust 2011/12 budget.		
<p>Comments of the Legal Partner</p> <p>Local authorities have various powers to charge for services. The power may arise from a mandatory duty, an express discretionary power or an implied or incidental power. With some services the governing legislation will specify the entitlement to charge and may prescribe limits. With other services there is now a wide discretionary power under section 93 Local Government Act 2003 in a council to charge for discretionary services. The charges can only be used to recover costs of provision and taking one year with another, the income from the charges cannot exceed the cost of that provision. The report sets out the proposed charging regime for services in 2011/12.</p>		
<p>Head of Service: Jonathan Bunt</p>	<p>Title: Corporate Financial Controller</p>	<p>Contact Details: Tel: 020 8724 8427 E-mail: jonathan.bunt@lbbd.gov.uk</p>
<p>Cabinet Member: Councillor Geddes</p>	<p>Portfolio: Finance, Revenues and Benefits</p>	<p>Contact Details: Tel: 020 8227 2116 E-mail: cameron.geddes2@lbbd.gov.uk</p>

1. Background

- 1.1 Local Authorities are involved in a wide range of services and the ability to charge for some of these services has always been a key funding source. The types of services provided by the Council where fees and charges are currently levied often fall into a broad category of traditional income services.
- 1.2 These traditional income services contain both statutory and discretionary services. Where fees and charges apply to mandatory services, these are often set nationally, for example, planning fees. The majority of mandatory services are not funded directly from fees and charges but instead from the Council's main income sources being its Government grant and its Council Tax revenue. Examples of services funded in this way are Highway Maintenance, Children's Services, Cleansing and Refuse services.
- 1.3 The remaining traditional income services where the Council levy fees and charges are those of a discretionary nature. These cover a whole range of services such as Care services, Libraries, Licensing, Pest Control, Commercial Waste, Drainage, Markets, Leisure and Recreation facilities, Parking and the Registrar service. This report concerns itself with recommending the appropriate level of fees and charges for 2011/12 for these types of services.
- 1.4 In addition to those traditional income services, the Council also has the power under the Local Government Act 2003 to charge for other discretionary services that it may already provide or may wish to provide in the future.
- 1.5 There is no definitive list as to which discretionary services are covered by the powers provided in the Act although the Government have provided limited examples of what could be included such as maintenance of older/disabled peoples' gardens, arboricultural work in private gardens, operating consumer protection approved lists, pre-application planning and development advice, highway services

to private industrial estates, home energy advice, home security services and use of excess capacity in local authority services.

- 1.6 To date, in keeping with most other local authorities, the Council has not taken any significant advantage of these powers but will be reviewing their potential in due course.

2 Medium Term Financial Strategy 2011/12

- 2.1 The Council's Medium Term Financial Strategy for 2011/12 assumes an overall nil percentage increase for income generated from fees and charges. However, as a result of the emergency budget announced by Central Government in June 2010 which included an increase in VAT from the current 17.5% to 20% to be effective from Tuesday 4 January 2011, a number of fees and charges will be increased to reflect this.

- 2.2 Every year Corporate Directors need to assess those services which warrant higher or lower increases in fees and charges to reflect the achievement of their overall budgets, the economic climate and market conditions. In addition, a number of the savings proposals planned for 2011/12 require increases in fees and charges.

3 Charging Policy

- 3.1 The Council has an agreed Charging Policy which requires that all charges are reviewed annually as part of the budget setting process.

- 3.2 The Charging policy has three fundamental principles:

- Services should raise income wherever there is a power or duty to do so;
- The income raised should cover the full costs of providing the service including all overheads;
- Any departures from this policy must be justified in a transparent manner with reference to the Council's priorities and policies.

- 3.3 In preparing the proposed fees and charges for 2011/12 departments have worked within the framework of the MTFs and the Charging Policy.

4 Proposed Fees and Charges for 2011/12

- 4.1 Attached to this report at Appendix A are the proposed fees and charges for 2011/12 which will be effective from 4 January 2011. Rather than make a change to just VATable fees and charges in January and then make further changes to all fees and charges from April 2011 onwards the Council has decided to undertake its annual review of fees and charges in parallel with the VAT change.

- 4.2 The majority of charges which are subject to VAT will show an increase of at least 2.5% in line with the VAT increase in addition to any changes proposed following the review process. VATable charges are clearly indicated in the appendix by a double asterisk.

- 4.3 The Appendix details the following information:
- Description of Service provided;
 - Current 2010/11 Charge;

- Proposed 2011/12 Charge;
- Proposed Increase in £;
- Proposed Increase in percentage terms.

4.4 A summary of the services that Appendix A relates to are listed below along with relevant supporting information:

4.4.1 **Adult & Community Services**

The Department has taken account of a number of factors in establishing the level of increase in fees from January 2011, including current inflation of circa 4% (RPI), market conditions, current income levels and the VAT increase from January. Further detail and explanations from specific service areas within the Department are provided below.

Adult Social Care

The Department has broadly increased client charges by approximately 4% in line with the current RPI and charges to self funders (ie those with income in excess of £23k) and other Local Authorities who use our facilities by 9%.

The vast majority of charges in the Adult Social Care area are means tested, so regardless of the level of charge, if a client is assessed as not having sufficient disposable income they will either not pay at all or pay a lesser amount towards their care. Approximately 70% of service users in Adult Care fall into a nil assessed category.

The Charging Policy for care has not been reviewed for some considerable time and an extensive review of charging is underway, led by the Head of Adult Commissioning and recommendations for revisions to the current policy will be made during Spring 2011 with a proposed implementation through the normal channels by 1st October 2011. Members will be advised in due course of any proposals.

Some charges contained within Appendix A will be subject to further consideration as part of the budget setting process such as additional income through increased charges for Meals on Wheels.

Included in Appendix A is a confirmation of the Council's Residential Care benchmark prices which indicates the level at which the Council will normally pay for Residential and Nursing Care from independent providers. No increase is proposed next year to the prices the Council pays and this is deemed reasonable within the current marketplace for Residential Care and the current economic climate.

Heritage (Museums etc)

Valence House Museum

A thorough review of charges was carried out last year prior to the reopening of the Museum after the completion of major capital works at the site. In light of this, and

given the current market conditions, only a small number of fee changes are proposed this year.

Eastbury House

As with Valence House, last year a thorough review of charges took place at Eastbury Manor after major capital works were completed. In many cases fees had not been increased since 2004-05 and so a number were increased above inflation. In light of this, and in line with Valence House, only a small number of fee changes are proposed this year.

Libraries

Fines for the late return of books are proposed to be increased by 2p to 20p, an 11% increase. The increase has been benchmarked against neighbouring authorities and is considered reasonable. The majority of other fees remain unchanged taking into consideration market conditions.

Barking Learning Centre (BLC)

The majority of fees remain unchanged, although, after benchmarking comparable facilities and considering current income levels, it is proposed to reduce the rate for commercial room hire. In light of the current economic climate it is considered prudent not to price the BLC out of the hire market but to seek to maximise income from all available sources and this has been reflected in lower prices to commercial hirers.

Community Halls

No changes to community hall charges are planned as they are subject to a separate savings submission.

Events

The proposed charge for commercial hire of Parks has been broadly uplifted in line with RPI (4%). The charges have been benchmarked and the increase is felt achievable. Parks use by Fairs has also been proposed to be increased by approx 3%. All other charges have remained frozen.

Leisure Activities

The Fees & Charges for leisure activities were overhauled in 2010 to make the pricing structure more user friendly and easier to follow.

The majority of fees from 4 January 2011 are proposed to increase by 2-3% although some higher increases and reductions are also proposed, where market conditions dictate.

Parks Sports & Ranger Services

In light of market conditions, benchmarking and previous increases, the majority of charges have been frozen to help maintain bookings from recreational clubs,

voluntary organisations and the education sector, who are all facing financial pressures within the current economic climate.

Allotments

These have not been amended this year due to the current leasing arrangements.

4.4.2 **Children's Services**

Butler Court

An increase of 5% in fees for teachers' accommodation at Butler Court is proposed. This will bring the fees in line with that of similar provision whilst continuing to keep the costs comparing favourably with the rental market. It is proposed that the new fees for Butler Court will apply from September 2011 to coincide with the new academic year.

Catering

In order to help offset the increased cost of provisions and labour it is proposed to increase the price of school meals from 4 January 2011 by 10p to £2.00 for Primary and £2.20 for Secondary.

Nursery Fees

The three nurseries currently being maintained by the authority are projected to accrue a loss of £220k for 2010/11. In an attempt to reduce this deficit, yet also retain the client base, it is proposed to raise the weekly fees from 4 January 2010 by 10% from £190 to £210 for a full time place. It is anticipated that the demand for services will remain at the current levels and this will generate an additional £40k in revenue.

4.4.3 **Customer Services**

Refuse Collection

It is proposed to increase the net charge by 4.6% in line with RPI to cover the additional cost of refuse disposal.

Licences

A benchmarking exercise identified that the net charges for some of the licences are some of the highest in comparison to neighbouring authorities. For this reason many of the charges have been maintained at the 2010/11 level. Some of the relatively expensive licence fees have been reduced to ensure that prices are competitive and comparable to neighbouring boroughs and that the council continues to offer value for money services to its customers.

Building Control

This is a new charge introduced to enable the council to charge a fair and reasonable fee for the services being provided for building control activities. The

charges have been calculated in line with the statutory rules and guidelines of the Building Control regulations introduced in April 2010 and implemented on 1 October 2010. The charges are based on chargeable and productive number of hours directly relating to building control activities. This is to ensure that the cost of non-productive activities are borne by the council and not passed on to the end user. The charge is subject to review in January 2011 and this will be published in line with the requirements of the Building Control Regulatory Body.

Graffiti Deep Cleaning

An overall increase of 4.5% is proposed, of which 2.5% is due to the VAT increase and 2% is an increase on the charges to reflect the potential increase in operating costs.

Barking Market

There is a proposed increase of 13% on market licence charges due to the increasing cost of maintenance of the market arising from volume of commercial waste collection, increasing cost of trade waste disposal and increased cost of maintaining the new carriage way.

Other charges relating to street trading within Barking Market has been revised down as a previous review indicated that these charges are well above average when compared to the neighbouring boroughs. This reduction will make the Council's services competitive and able to deliver value for money to service users.

Street Trading

Net charges for street trading are proposed to be reduced by an average of 2.3% to ensure that charges are competitive and comparable to neighbouring boroughs.

Pest Control

It is proposed to increase the net charges for pest control by 10%. This proposed increase is a result of a review to realign the charges to those of neighbouring boroughs and to recoup the cost of the service provided. Benchmarking information shows that despite this increase, the Council will still be offering a value for money service.

On and Off Street Parking

An overall increase of 4.5% is proposed. 2.5% is to cover the VAT increase where applicable and 2% on fee charges for 11-12 to cover the operating costs of providing the service.

Cemeteries

In order to cover the additional cost of providing the service in 2011/12 an increase of 4.6% is proposed.

Depot MOT Services

The income generated from the Depot will be part of the outsourcing contract

between Vehicle Fleet and Translinc (a specialist fleet management and Passenger Service company). The pricing schedule has therefore been removed for 2011/12.

4.4.4 **Resources**

Street Naming and Numbering and Pre-Application Charges

A modest inflationary increase is proposed for these planning related services. Small fee increases in this area are not expected to have any increase in demand as the fees generally represent a very small proportion of the costs of the projects they relate to.

Local Land Charges

It is proposed that there be no increase in search fees for 2011/12. This is because fees are calculated on a cost recovery basis and as expenditure budgets are not increasing an increase in fees cannot be justified. In addition, if fees were to be increased there could be a decrease in demand particularly as members of the public now have the option of using the Personal Search which the Council is not allowed to charge for following new Government legislation.

Right to Buy

The proposal is to not increase charges for Right to Buy services due to the decline in demand the service has experienced in recent financial years. It is felt that any increase in charges in 2011/12 could have a further adverse effect on demand.

5 Options appraisal

Officers have considered a range of options as to changes to existing fees and charges and where appropriate used market knowledge and benchmarking to inform the proposals.

6 Legal Issues

6.1 There are no legal implications regarding this report.

7 Other Implications

• Risk Management

In proposing these revised fees and charges officers have considered the impact of increases adversely affecting demand for the service and in turn on the achievement of both the community priorities and the Council's budget. The risk of these proposals will be monitored through the Council's various performance indicators, its service scorecards and the budget monitoring processes.

• Contractual Issues

There are no direct contractual implications arising from this report.

• Staffing Issues

There are no direct staffing implications arising from this report.

- **Customer Impact**

Officers have amended fees and charges such to have a minimal impact on customers during these difficult times while, at the same time, enabling the Council to achieve a balanced budget. For specific groups the review of fees and charges has attempted to be sensitive to their position, for example, in parks the majority of charges have been frozen to help maintain bookings from recreational clubs, voluntary organisations and the education sector, who are all facing financial pressures within the current economic climate.

- **Safeguarding Children**

There are no direct safeguarding implications arising from this report.

- **Crime and Disorder Issues**

There are no specific crime and disorder implications insofar as this report is concerned.

- **Property / Asset Issues**

There are no direct property/assets implications arising from this report.

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

- 2010/11 Medium Term Financial Strategy
- Local Government Act 2003
- Benchmarking Information

10. List of appendices:

Appendix A - Schedule of Proposed Fees and Charges

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FEES AND CHARGES from 4 JANUARY 2011

APPENDIX A

Not Vatable *
includes VAT **

Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
Adults & Community Services						
Social Care						
1	Home Care Services - Up to 2 hours per week of service or £0-£22 personal Budget	*	18.75	19.60	0.85	4.53
2	Home Care Services - Between 2 and 10 hours of service or £22- £120 personal budget per week	*	21.50	22.50	1.00	4.65
3	Home Care Services - Over 10 hours of service or £120+ personal budget per week	*	24.00	25.10	1.10	4.58
4	Home Care Services - Full cost payers (ie , clients with in excess of £23,000 savings) - Charge per hour	*	11.25	12.25	1.00	8.89
5	Residential - Elderly Residential Homes (Charge to Other Local Authorities and full cost payers) per week	*	596.00	655.00	59.00	9.90
6	Residential - Respite Rate per week - standard charge determined by benefit rates.	*	75.35	78.80	3.45	4.58
7	Residential - Learning Disability Residential Home (Charge to Other Local Authorities & full cost payers) per week	*	849.00	933.00	84.00	9.89
8	Day Centres - Mental Health Resource Centre (Charge to Other Local Authorities) Per Day	*	34.35	37.75	3.40	9.90
9	Day Centres - Learning Disability Day Centres (Charge to Other Local Authorities) Per Day	*	59.85	65.80	5.95	9.94
10	Day centres - Heathlands Day Centres (Charge to Other Local Authorities) * Up to 3 sessions Per Day	*	141.10	141.10	0.00	0.00
11	Supporting People - Housing related Support Schemes for Vulnerable People - (Minimal number, charges included above lines 1 - 10)	*	£2 to £48	£2 to £48	0.00	0.00
12	Meals on Wheels - Welfare Meal Charge (Current meal cost = £4.30 to Council)	*	3.45	3.60	0.15	4.35
13	Residential - Externally purchased (Benchmark price i.e. maximum normally payable)	*	463.00	463.00	0.00	0.00
14	Nursing Care - Externally purchased (Benchmark price i.e. maximum normally payable)	*	585.00	585.00	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
<u>Community services</u>						
15	Eastbury Manor House - Commercial - Standard Room hire	*	18.00	18.00	0.00	0.00
16	Eastbury Manor House - Commercial - Hire of East Chamber	*	36.00	36.00	0.00	0.00
17	Eastbury Manor House - Commercial - Hire of whole house	*	54.00	54.00	0.00	0.00
18	Eastbury Manor House - Commercial - Hire of equipment (Flip chart)	**	13.34	13.62	0.28	2.10
19	Eastbury Manor House - Commercial - Hire of PowerPoint	**	20.03	20.46	0.43	2.15
20	Eastbury Manor House - Commercial - Catering tea/coffee	**	1.18	1.20	0.02	1.69
21	Eastbury Manor House - Commercial - Catering tea/coffee/biscuits	**	1.47	1.50	0.03	2.04
22	Eastbury Manor House - Sale of bottled water	**	1.18	1.20	0.02	1.69
23	Eastbury Manor House - Commercial - Catering menu A	**	5.88	6.00	0.12	2.04
24	Eastbury Manor House - Commercial - Catering menu B	**	8.23	8.40	0.17	2.07
25	Eastbury Manor House - Commercial - Catering menu C,D,E	**	9.40	9.60	0.20	2.13
26	Eastbury Manor House - Commercial - Catering menu F	**	16.10	16.44	0.34	2.11
27	Eastbury Manor House - Non Commercial - Room hire	*	13.50	13.50	0.00	0.00
28	Eastbury Manor House - LBBB Internal - Standard Room Hire	*	18.00	18.00	0.00	0.00
29	Eastbury Manor House - LBBB Internal - Hire of East Chamber	*	36.00	36.00	0.00	0.00
30	Eastbury Manor House - LBBB Internal - Hire of Whole House	*	54.00	54.00	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
31	Eastbury Manor House - LBBB Internal - Hire of Equipment	*	11.35	11.35	0.00	0.00
32	Eastbury Manor House - LBBB Internal - Hire of Power Point	*	17.10	17.10	0.00	0.00
33	Eastbury Manor House - LBBB Internal - Catering Teas & Coffees	*	1.00	1.00	0.00	0.00
34	Eastbury Manor House - LBBB Internal - Catering Teas/ Coffees/Biscuits	*	1.25	1.25	0.00	0.00
35	Eastbury Manor House - Education LBBB Half day school hire with facilitators up to 35 children	*	110.00	110.00	0.00	0.00
36	Eastbury Manor House - Education LBBB Half day school hire with facilitators up to 70 children	*	150.00	150.00	0.00	0.00
37	Eastbury Manor House - Education LBBB school hire with facilitators up to 35 children	*	180.00	180.00	0.00	0.00
38	Eastbury Manor House - Education LBBB school hire with facilitators up to 75 children	*	240.00	240.00	0.00	0.00
39	Eastbury Manor House - Non LBBB half day school hire with facilitators up to 35 children	*	150.00	150.00	0.00	0.00
40	Eastbury Manor House - Non LBBB half day school hire with facilitators up to 70 children	*	190.00	190.00	0.00	0.00
41	Eastbury Manor House - Education Non LBBB whole day school hire with facilitators up to 35 children	*	240.00	240.00	0.00	0.00
42	Eastbury Manor House - Education Non LBBB school hire with facilitators up to 70 children	*	300.00	300.00	0.00	0.00
43	Eastbury Manor House - Public tea room - sale of tea	**	0.80	0.80	0.00	0.00
44	Eastbury Manor House - Public tea room - sale of coffee	**	1.10	1.10	0.00	0.00
45	Eastbury Manor House - Civil marriage and partnership ceremony Fridays	*	180.00	180.00	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
46	Eastbury Manor House - Civil marriage and partnership ceremony Saturdays Oct- April	*	210.00	210.00	0.00	0.00
47	Eastbury Manor House - Civil marriage and partnership ceremony Saturdays May- Sept	*	265.00	265.00	0.00	0.00
48	Eastbury Manor House - Civil marriage and partnership ceremony Fridays - additional hour for drinks reception only	**	211.50	216.00	4.50	2.13
49	Eastbury Manor House - Civil marriage and partnership ceremony Saturdays Oct- Apr - additional hour for drinks reception only	**	246.75	252.00	5.25	2.13
50	Eastbury Manor House - Civil marriage and partnership ceremony Saturdays May- Sept - additional hour for drinks reception only	**	246.75	252.00	5.25	2.13
51	Eastbury Manor House - Admission charges Adult - Saturday	*	3.00	3.00	0.00	0.00
52	Eastbury Manor House - Admission charges Adult - Monday/Tuesday	*	3.00	3.00	0.00	0.00
53	Eastbury Manor House - Admission charges concessions	*	3.00	3.00	0.00	0.00
54	Eastbury Manor House - Admission charges Child aged 5-15	*	1.50	1.50	0.00	0.00
55	Eastbury Manor House - Admission charges family (2 adults with up to 4 children)	*	1.00	1.00	0.00	0.00
56	Eastbury Manor House - Admission charges special events - minimum	*	6.00	6.00	0.00	0.00
57	Eastbury Manor House - Admission charges special events - maximum	*	20.00	20.00	0.00	0.00
<u>Heritage Services - Valence House</u>						
58	Valence House - Commercial - Education Room (half room) per hour	*	18.00	18.00	0.00	0.00
59	Valence House - Commercial - Education Room (whole room) per hour	*	36.00	36.00	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
60	Valence House - Commercial - Function Room per hour	*	13.50	13.50	0.00	0.00
61	Valence House - Commercial - Equipment hire (Audio/Visual)	**	20.03	20.46	0.43	2.15
62	Valence House - Commercial - Equipment hire (flip-chart)	**	13.34	13.62	0.28	2.10
63	Valence House - Commercial - Catering tea/coffee	**	0.80	0.82	0.02	2.00
64	Valence House - Commercial - Bottled water	**	1.10	1.13	0.03	2.55
65	Valence House - Commercial - Catering plate of biscuits	**	2.06	2.10	0.04	1.94
66	Valence House - LBBB Internal - Education Room (half room)	*	18.00	18.00	0.00	0.00
67	Valence House - LBBB Internal - Education Room (whole room)	*	36.00	36.00	0.00	0.00
68	Valence House - LBBB Internal - Function Room	*	13.50	13.50	0.00	0.00
69	Valence House - LBBB Internal - Hire of Equipment	*	11.35	11.35	0.00	0.00
70	Valence House - LBBB Internal - Hire of Power Point	*	17.10	17.10	0.00	0.00
71	Valence House - LBBB Internal - Catering tea/coffee	*	1.00	1.00	0.00	0.00
72	Valence House - LBBB Internal - plate of biscuits	*	1.75	1.75	0.00	0.00
73	Valence House - Education LBBB School hire half day with facilitators up to 35 children	*	110.00	110.00	0.00	0.00
74	Valence House - Education LBBB School hire half day with facilitators up to 70 children	*	150.00	150.00	0.00	0.00
75	Valence House - Education LBBB School hire full day with facilitators up to 35 children	*	180.00	180.00	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
76	Valence House - Education LBBB School hire full day with facilitators up to 70 children	*	240.00	240.00	0.00	0.00
77	Valence House - Education Non LBBB School hire half day with facilitators up to 35 children	*	150.00	150.00	0.00	0.00
78	Valence House - Education Non LBBB School hire half day with facilitators up to 70 children	*	190.00	190.00	0.00	0.00
79	Valence House - Education Non LBBB School hire full day with facilitators up to 35 children	*	240.00	240.00	0.00	0.00
80	Valence House - Education Non LBBB School hire full day with facilitators up to 70 children	*	300.00	300.00	0.00	0.00
81	Valence House - Education Heritage Officer session /talk per hour(min charge 2 hours)	*	27.00	27.00	0.00	0.00
82	Valence House - Education loan box per week	*	15.00	15.00	0.00	0.00
83	Valence House - Public tea room - Sale of tea	**	0.80	0.80	0.00	0.00
84	Valence House - Public tea room - Sale of coffee	**	1.10	1.10	0.00	0.00
85	Valence House - Workshops Children's half -day	*	3.00	3.00	0.00	0.00
86	Valence House - Workshops Adults full -day (minimum)	*	6.00	5.00	-1.00	-16.67
87	Valence House - Workshops Adults full -day (maximum)	*	12.00	10.00	-2.00	-16.67
88	Valence House - Workshops Talks (minimum)	*	3.00	2.50	-0.50	-16.67
89	Valence House - Workshops Talks (maximum)	*	5.00	5.00	0.00	0.00
90	Valence House Reprographics - A4 b/w	**	4.75	5.00	0.25	5.35
91	Valence House Reprographics- A3 b/w	**	11.90	12.20	0.30	2.55

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
92	Valence House Reprographics - A4 colour	**	9.25	9.50	0.25	2.75
93	Valence House Reprographics - A3 colour	**	21.00	21.50	0.50	2.40
94	Valence House Reprographics - Digital scan for e-mail	**	3.70	3.80	0.10	2.81
95	Valence House Reprographics - Cutting to CD	**	1.50	2.00	0.50	33.60
96	Valence House Reprographics - Recorded post and packing	**	2.75	3.00	0.25	9.09
97	Valence House Reprographics - Photocopies A4	**	0.20	0.20	0.00	0.00
98	Valence House Reprographics - Photocopies A3	**	0.40	0.40	0.00	0.00
99	Valence House Reprographics - Photocopies A4 - colour New Charge for 2011-12	**	0.00	0.50	0.50	
100	Valence House Reprographics - Photocopies A3 - colour New Charge for 2011-12	**	0.00	1.00	1.00	
101	Valence House Reprographics - Microfilm printout A4	**	0.80	0.45	-0.35	-43.90
102	Valence House Reprographics - Minimum cost for non-visitor inc time charge	**	2.50	2.50	0.00	0.00
103	Valence House Reproduction fees for publications - books/periodicals one country one language b/w	**	50.00	60.00	10.00	20.00
104	Valence House Reproduction fees for publications - books/periodicals one country one language in colour	**	75.00	90.00	15.00	20.00
105	Valence House Reproduction fees for publications - books/periodicals world one language b/w	**	80.00	96.00	16.00	20.00
106	Valence House Reproduction fees for publications - books/periodicals world one language in colour	**	95.00	114.00	19.00	20.00
107	Valence House Reproduction fees for publications - books/periodicals world multi language b/w	**	100.00	120.00	20.00	20.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
108	Valence House Reproduction fees for publications - books/periodicals world multi language in colour	**	120.00	144.00	24.00	20.00
109	Valence House Reproduction fees for publications - book jackets, CD video cases one country one language b/w	**	85.00	102.00	17.00	20.00
110	Valence House Reproduction fees for publications - book jackets, CD video cases world one language b/w	**	120.00	144.00	24.00	20.00
111	Valence House Reproduction fees for publications - book jackets, CD video cases world multi language colour	**	150.00	180.00	30.00	20.00
112	Valence House Reproduction fees for stills for TV/films and exhibitions - One programme, one transmission one country	**	75.00	90.00	15.00	20.00
113	Valence House Reproduction fees for stills for TV/films and exhibitions - One programme, one transmission one country with one repeat	**	105.00	126.00	21.00	20.00
114	Valence House Reproduction fees for stills for TV/films and exhibitions - One programme, one transmission world	**	100.00	120.00	20.00	20.00
115	Valence House Reproduction fees for stills for TV/films and exhibitions - One programme, one transmission world with one repeat	**	140.00	168.00	28.00	20.00
116	Valence House Reproduction fees for stills for TV/films and exhibitions - One programme, 5 year unlimited licence	**	300.00	360.00	60.00	20.00
117	Valence House Reproduction fees for stills for TV/films and exhibitions - Postcards, greeting cards, posters and other advertising material	**	150.00	180.00	30.00	20.00
118	Valence House Reproduction fees for stills for TV/films and exhibitions - CD rooms, Photo CD and commercial web pages	**	75.00	90.00	15.00	20.00
119	Valence House Reproduction fees for stills for TV/films and exhibitions - Personal web pages	**	35.00	42.00	7.00	20.00
Library Service						
120	Libraries - Adult Fines per day	*	0.18	0.20	0.02	11.11
121	Libraries - Maximum fine per item	*	6.00	6.00	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
122	Libraries- Hire of video/DVD children's/NF- per week	*	1.00	1.00	0.00	0.00
123	Libraries- Hire of video/DVD adults- per week	*	2.00	2.00	0.00	0.00
124	Libraries - Hire of video/DVD adults blockbuster titles - per week	*	3.00	3.00	0.00	0.00
125	Libraries- Hire of video/DVD fines per day	*	0.65	0.65	0.00	0.00
126	Libraries - Language courses - 3 weeks	*	1.15	1.15	0.00	0.00
127	Libraries - Language courses - fines per day	*	0.18	0.20	0.02	11.11
128	Libraries - Hire of CD singles	*	1.00	1.00	0.00	0.00
129	Libraries - Hire of CD box sets	*	1.55	1.55	0.00	0.00
130	Libraries - Hire of CD fines per day	*	0.18	0.18	0.00	0.00
131	Libraries - AV annual subscription	*	33.00	33.00	0.00	0.00
132	Libraries - AV 6 month subscription	*	17.50	17.50	0.00	0.00
133	Libraries - AV 3 month subscription	*	12.50	12.50	0.00	0.00
134	Libraries - Reservations-non stock items	*	1.50	1.50	0.00	0.00
135	Libraries - Reservation - British Library item New Charge for 2011-12	*	0.00	4.00	4.00	
136	Libraries - Photocopying/Printing A4 black and white	**	0.20	0.20	0.00	0.00
137	Libraries - Photocopying/Printing A4 colour	**	0.50	0.50	0.00	0.00

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
138	Libraries - Photocopying/Printing A3 black and white	**	0.40	0.40	0.00	0.00
139	Libraries - Photocopying/Printing A3 colour (where available)	**	1.00	1.00	0.00	0.00
140	Libraries - Printing A4 black and white Charge now incorporated in line 136	**	0.20	0.00	-0.20	-100.00
141	Libraries - Printing A4 colour Charge now incorporated in line 137	**	0.50	0.00	-0.50	-100.00
142	Libraries - Printing A3 black and white (where available) Charge now incorporated in line 138	**	1.00	0.00	-1.00	-100.00
143	Libraries - Printing A3 colour (where available) Charge now incorporated in line 139	**	1.50	0.00	-1.50	-100.00
144	Libraries microprinting - from microfiche or microfilm A4 New Charge for 2011-12	**	0.00	0.46	0.46	
145	Libraries - replacement membership card - Adult	*	1.00	1.50	0.50	50.00
146	Libraries - replacement membership card - Child	*	0.50	1.00	0.50	100.00
147	Libraries- Managed room hire per hour- minimum charge	*	5.00	5.00	0.00	0.00
148	Libraries- Managed room hire per hour- maximum charge	*	22.50	22.50	0.00	0.00
149	Dagenham Library -Small meeting room (2-10people)- hourly hire rate- Council / Commercial/ Voluntary & Community sector New Charge for 2011-12	*	0.00	15.00	15.00	
150	Dagenham Library -Small meeting room (2-10 people) - full day hire rate - Council/ Commercial / Voluntary & Community sector New Charge for 2011-12	*	0.00	75.00	75.00	
151	Dagenham Library -Small meeting room (2-10 people_ - half day hire rate - Council/ Commercial/ Voluntary & Community sector New Charge for 2011-12	*	0.00	45.00	45.00	
152	Dagenham Library -Large meeting room (16-28 people)- hourly hire rate- Council/ Commercial/ Voluntary & Community sector New Charge for 2011-12	*	0.00	30.00	30.00	
153	Dagenham Library -Large meeting room (16-28 people) - full day hire rate - Council/ Commercial/ Voluntary & Community sector New Charge for 2011-12	*	0.00	150.00	150.00	

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
154	Dagenham Library -Large meeting room (16-28 people) - half day hire rate - Council/ Commercial/ Voluntary & Community sector New Charge for 2011-12	*	0.00	90.00	90.00	
155	Laminating A3 1hr service Charge Withdrawn for 2011-12	**	1.50	0.00	-1.50	-100.00
156	Laminating A4 1hr service Charge Withdrawn for 2011-12	**	1.00	0.00	-1.00	-100.00
157	Libraries- Hire of books on tape fines per day	*	0.18	0.20	0.02	11.11
158	Fax per sheet (where available)	**	1.00	1.50	0.50	50.00
159	Fax per sheet (where available) incoming Charge Withdrawn for 2011-12	**	0.50	0.00	-0.50	-100.00
160	Internet Non-members / Guest passes 1 hour New Charge for 2011-12	**	0.00	1.00	1.00	
161	Internet Non-members / Guest passes 30 mintues New Charge for 2011-12	**	0.00	0.50	0.50	
<u>Barking Learning Centre</u>						
162	Small meeting room (2-15 people)- hourly hire rate- Council hires	*	26.00	26.00	0.00	0.00
163	Small meeting room (2-15 people) - full day hire rate - Council hires	*	130.00	130.00	0.00	0.00
164	Small meeting room (2-15 people) - half day hire rate - Council hires	*	78.00	78.00	0.00	0.00
165	Small meeting room (2-15 people)- hourly hire rate- Voluntary and Community sector New Charge for 2011-12	**		26.00	0.00	
166	Small meeting room (2-15 people) - full day hire rate - Voluntary and Community sector New Charge for 2011-12	**		130.00	0.00	
167	Small meeting room (2-15 people) - half day hire rate - Voluntary and Community sector New Charge for 2011-12	**		78.00	0.00	
168	Small meeting room (2-15 people)- hourly hire rate- Commercial	**	61.10	31.20	-29.90	-48.94

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
169	Small meeting room (2-15 people) - full day hire rate - Commercial	**	305.50	156.00	-149.50	-48.94
170	Small meeting room (2-15 people) - half day hire rate - Commercial	**	183.30	78.00	-105.30	-57.45
171	Large meeting room (16-28 people) - hourly hire rate- Council hire	*	36.00	36.00	0.00	0.00
172	Large meeting room (16-28 people) - full day hire rate - Council hire	*	180.00	200.00	20.00	11.11
173	Large meeting room (16-28 people) - half day rate - Council hire	*	108.00	100.00	-8.00	-7.41
174	Large meeting room (16-28 people) - hourly hire rate- Voluntary and Community sector New Charge for 2011-12	**		36.00	0.00	
175	Large meeting room (16-28 people) - full day hire rate - Voluntary and Community sector New Charge for 2011-12	**		200.00	0.00	
176	Large meeting room (16-28 people) - half day rate - Voluntary and Community sector New Charge for 2011-12	**		100.00	0.00	
177	Large meeting room (16-28 people) - hourly hire rate- Commercial	**	84.60	43.20	-41.40	-48.94
178	Large meeting room (16-28 people) - full day hire rate - Commercial	**	423.00	240.00	-183.00	-43.26
179	Large meeting room (16-28 people) - half day hire rate - Commercial	**	253.80	120.00	-133.80	-52.72
180	Conference centre (28-120 people)-hourly hire rate- Council hire	*	46.00	46.00	0.00	0.00
181	Conference centre (28-120 people)-full day hire rate- Council hire	*	230.00	300.00	70.00	30.43
182	Conference centre (28-120 people)-half day hire rate- Council hire	*	138.00	150.00	12.00	8.70
183	Conference centre (28-120 people)-hourly hire rate- Voluntary and Community sector New Charge for 2011-12	**		46.00	0.00	
184	Conference centre (28-120 people)-full day hire rate- Voluntary and Community sector New Charge for 2011-12	**		300.00	0.00	

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
185	Conference centre (28-120 people) - half day hire rate - Voluntary and Community sector New Charge for 2011-12	**		150.00	0.00	
186	Conference centre (28-120 people) - hourly hire rate - Commercial	**	108.10	55.20	-52.90	-48.94
187	Conference centre (28-120 people) - full day hire rate - Commercial	**	540.50	360.00	-180.50	-33.40
188	Conference centre (28-120 people) - half day hire rate - Commercial	**	324.30	180.00	-144.30	-44.50
189	IT Room (22 people) - hourly hire rate - Council hire New Charge for 2011-12	*		36.00	36.00	
190	IT Room (22 people) - hourly hire rate - Voluntary and Community sector New Charge for 2011-12	**		36.00	36.00	
191	IT Room (22 people) - hourly hire rate - Commercial New Charge for 2011-12	**		43.20	43.20	
192	Small meeting room projector per day - Council hire	**	15.50	15.50	0.00	0.00
193	Small meeting room projector per day - Voluntary and community sector New Charge for 2011-12	**		15.50	15.50	
194	Small meeting room projector per day - Commercial	**	36.43	37.20	0.77	2.11
195	Small meeting room PC/laptop per day - Council hire	*	21.00	21.00	0.00	0.00
196	Small meeting room PC/laptop per day - Voluntary and Community sector New Charge for 2011-12	*		21.00	21.00	
197	Small meeting room PC/laptop per day - Commercial	**	49.35	50.40	1.05	2.13
198	Use of china/glass for refreshments per person per session - Council hire	*	1.00	1.00	0.00	0.00
199	Use of china/glass for refreshments per person per session - Commercial/ Voluntary and community sector New Charge for 2011-12	**		1.20	0.00	

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
Community Halls						
200	Category A Hall - Saturday Let - First four hours	*	211.00	211.00	0.00	0.00
201	Category A Hall - Saturday Let - Each additional hour	*	42.20	42.20	0.00	0.00
202	Category A Hall - Saturday Let - Premium charge 2300hrs to midnight	*	63.30	63.30	0.00	0.00
203	Category A Hall - Sunday Let - First four hours	*	267.50	267.50	0.00	0.00
204	Category A Hall - Sunday Let - Each additional hour	*	53.50	53.50	0.00	0.00
205	Category B Hall - First four hours	*	156.50	156.50	0.00	0.00
206	Category B Hall - Each additional hour	*	31.30	31.30	0.00	0.00
207	Category B Hall - Premium charge 2300hrs to midnight	*	46.95	46.95	0.00	0.00
Events						
208	Park use - non commercial (Fun Days)	*	112.00	112.00	0.00	0.00
209	Park use - non commercial (small event - less than 200 people attending (fundraising sponsored events))	*	55.00	55.00	0.00	0.00
210	Park use - non-commercial fundraising event - walks and bike rides up to 50 people	*	15.50	15.50	0.00	0.00
211	Park use - non-commercial up to 500 people (no entry fee)	*	110.00	110.00	0.00	0.00
212	Park use - non-commercial up to 2,500 people (no entry fee)	*	310.00	310.00	0.00	0.00
213	Park use - non-commercial up to 5,000 people (no entry fee)	*	550.00	550.00	0.00	0.00

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
214	Park use - non-commercial over 5,000 people (no entry fee)	*	Price on application	Price on application	0.00	0.00
215	Additional Fee per six hours of consultation	*	57.00	57.00	0.00	0.00
216	Public liability cover for non commercial park use - up to £2 million	*	17.50	17.50	0.00	0.00
217	Park use commercial - category 1	*	565.00	595.00	30.00	5.31
218	Park use commercial - category 2	*	735.00	772.00	37.00	5.03
219	Park use commercial - category 3	*	910.00	955.00	45.00	4.95
220	Park use commercial - category 4	*	1100.00	1150.00	50.00	4.55
221	Park use commercial - per additional six hours of event time	*	175.00	184.00	9.00	5.14
222	Use of Premises Licence (Commercial) where applicable up to 5,000	*	520.00	550.00	30.00	5.77
223	Use of Premises Licence (Commercial) where applicable up to 10,000	*	1650.00	1732.00	82.00	4.97
224	Use of Premises Licence (Commercial) where applicable up to 15,000	*	3300.00	3465.00	165.00	5.00
225	Use of Premises Licence (Commercial) where applicable up to 19,999	*	5500.00	5775.00	275.00	5.00
226	Park use (Non-animal Circus) - Small - up to 500 seats per performance day	*	190.00	190.00	0.00	0.00
227	Park use (Non-animal Circus) - Medium - up to 750 seats per performance day	*	345.00	345.00	0.00	0.00
228	Park use (Non-animal Circus) - Large - up to 1000 seats per performance day	*	365.00	365.00	0.00	0.00
229	Park use (Non-animal Circus) - Extra Large - up to 2000 seats per performance day	*	550.00	550.00	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
230	Park use (Non-animal Circus) - Non performance day	*	61.50	61.50	0.00	0.00
231	Park use by Fairs - Small Fair	*	320.00	330.00	10.00	3.13
232	Park use by Fairs - Large Fair	*	415.00	428.00	13.00	3.13
233	Park use by Fairs - Event Fair - 2 days at Dagenham Town Show	*	675.00	695.00	20.00	2.96
234	Park use by Fairs - Non Operational Days	*	61.50	65.00	3.50	5.69
235	Car Park at Dagenham Town Show	*	4.00	4.00	0.00	0.00
Leisure Activities						
236	Leisure - LeisureSmart card - adult - pa	**	31.00	31.70	0.70	2.26
237	Leisure - LeisureSmart card - junior - pa	**	15.50	15.85	0.35	2.26
238	Leisure - LeisureSmart card - family - pa	**	78.00	79.70	1.70	2.18
239	Leisure - LeisureSmart card - replacement card	**	4.50	4.60	0.10	2.22
240	Leisure - fitness gym - STD card holder	**	5.30	5.40	0.10	1.89
241	Leisure - fitness gym - concession card holder	**	2.65	2.70	0.05	1.89
242	Leisure - fitness gym - STD card holder induction	*	12.00	12.00	0.00	0.00
243	Leisure - fitness gym - Concession card holder induction	*	6.00	6.00	0.00	0.00

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
244	Leisure - badminton - STD non card holder peak 1 hour	**	10.25	10.50	0.25	2.44
245	Leisure - badminton - STD non card holder off peak 1 hour	**	8.50	8.70	0.20	2.35
246	Leisure - badminton - junior off peak 60 mins	**	4.25	4.35	0.10	2.35
247	Leisure - squash court STD non card holder peak	**	7.75	7.90	0.15	1.94
248	Leisure - squash court STD non card holder off peak	**	5.75	5.90	0.15	2.61
249	Leisure - squash court concession off peak	**	2.90	2.95	0.05	1.72
250	Leisure - table tennis STD non card holder peak	**	3.60	3.70	0.10	2.78
251	Leisure - table tennis STD non card holder off peak	**	3.10	3.20	0.10	3.23
252	Leisure - table tennis - Concession card holder	**	1.50	1.60	0.10	6.67
253	Leisure - creche per child per hour Charge Withdrawn for 2011-12	**	3.00	0.00	-3.00	-100.00
254	Creche room hire	**	51.50	52.60	1.10	2.14
255	Leisure - five a side pitch outdoor synthetic STD non card holder peak	**	41.00	41.90	0.90	2.20
256	Leisure - five a side pitch outdoor synthetic STD non card holder off peak	**	36.00	36.80	0.80	2.22
257	Leisure - five a side pitch outdoor synthetic concession card holder peak	**	21.00	21.45	0.45	2.14
258	Leisure - five a side pitch outdoor synthetic concession card holder off peak	**	15.50	15.85	0.35	2.26
259	Leisure - five a side pitch outdoor tarmac STD non card holder peak	**	20.00	20.40	0.40	2.00

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4	£	%
			£	£	£	%
260	Leisure - five a side pitch outdoor tarmac STD non card holder off peak	**	14.50	14.80	0.30	2.07
261	Leisure - five a side pitch outdoor tarmac concession card holder peak	**	10.50	10.75	0.25	2.38
262	Leisure - five a side pitch outdoor tarmac concession off peak	**	8.00	8.20	0.20	2.50
263	Leisure - hall hire Goresbrook full peak -ph	**	82.00	84.00	2.00	2.44
264	Leisure - hall hire Goresbrook full off peak - ph	**	65.60	69.60	4.00	6.10
265	Leisure - hall hire Goresbrook half peak - ph	**	41.00	42.00	1.00	2.44
266	Leisure - half hall hire Goresbrook- off peak - ph	**	32.80	34.80	2.00	6.10
267	Leisure - hall hire Goresbrook quarter peak	**	10.25	10.50	0.25	2.44
268	Leisure - hall hire Goresbrook quarter off peak	**	8.50	8.70	0.20	2.35
269	Leisure - Dance Studio	**	52.00	53.00	1.00	1.92
270	Leisure - hall hire Wood Lane/Abbey full peak	**	41.00	42.00	1.00	2.44
271	Leisure - hall hire Wood Lane/Abbey full off peak	**	32.80	34.80	2.00	6.10
272	Leisure - hall hire Wood Lane/Abbey half peak	**	20.50	21.00	0.50	2.44
273	Leisure - hall hire Wood Lane/Abbey half off peak	**	16.40	17.40	1.00	6.10
274	Leisure - hall hire Wood Lane/Abbey quarter peak	**	10.25	10.50	0.25	2.44
275	Leisure - hall hire Wood Lane/Abbey quarter off peak	**	8.50	8.70	0.20	2.35

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
276	Leisure - Dance Studio - Abbey	**	27.00	27.60	0.60	2.22
277	Leisure - Dance Studio - WLSC	**	27.00	27.60	0.60	2.22
278	Leisure - rifle range per hour (Authorised Clubs) - WLSC	**	18.50	18.90	0.40	2.16
279	Bar	**	57.00	58.50	1.50	2.63
280	Leisure - swimming Dagenham/Abbey STD non card holder	**	3.30	3.40	0.10	3.03
281	Leisure - swimming Goresbrook STD non card holder	**	4.00	3.40	-0.60	-15.00
282	Leisure - swimming Dagenham/Abbey concession	**	2.20	2.25	0.05	2.27
283	Leisure - swimming Goresbrook concession	**	1.90	2.25	0.35	18.23
284	Leisure - swimming Dagenham/Abbey family	**	10.50	10.75	0.25	2.38
285	Leisure - swimming Goresbrook family	**	12.50	10.75	-1.75	-14.00
286	Leisure swimming Dagenham/Abbey family (single parent)	**	7.25	7.40	0.15	2.07
287	Leisure swimming Goresbrook family (single parent)	**	8.50	7.40	-1.10	-12.94
288	Parent & Baby - DSP	**	3.20	3.30	0.10	3.12
289	Parent & Baby - GLC	**	4.00	3.30	-0.70	-17.50
290	Leisure - swimming lessons STD non card holder 10 lessons	*	51.50	51.50	0.00	0.00
291	Leisure - swimming lessons STd card holder 10 lessons	*	41.50	41.50	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
292	Leisure - swimming lessons concession non card holder 10 lessons	*	41.50	41.50	0.00	0.00
293	Leisure - swimming lessons concession card holder 10 lessons	*	36.50	36.50	0.00	0.00
294	One to One Swimming lessons - All sites	*	15.50	15.50	0.00	0.00
295	Education School Swimming	*	1.90	1.90	0.00	0.00
296	Leisure - swimming pool hire - Galas - Dagenham 3 hours	**	290.00	290.00	0.00	0.00
297	Leisure - swimming pool hire - Galas - Dagenham hourly over run charge	**	115.00	115.00	0.00	0.00
298	Leisure - swimming pool hire - clubs per hour Abbey main pool	**	54.64	46.50	-8.14	-14.89
299	Leisure - swimming pool hire - clubs per hour Dagenham main pool	**	60.51	51.50	-9.01	-14.89
300	Leisure - swimming pool hire - clubs per hour Dagenham learner pool	**	38.48	32.75	-5.73	-14.89
301	Leisure - swimming pool hire - clubs per hour Dagenham diving pool	**	45.83	39.00	-6.83	-14.89
302	All Aerobics/workout sessions - STD card holder	*	4.50	4.50	0.00	0.00
303	Staff Aerobics	*	3.50	3.50	0.00	0.00
304	Elderberries - include 50+ sessions	*	3.20	3.20	0.00	0.00
Memberships						
305	Joining Fee	**	20.00	20.00	0.00	0.00
Active Fitness						
306	Active Fitness - Adult	**	36.00	37.00	1.00	2.78

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
307	Active Fitness - Couple	**	62.00	64.00	2.00	3.23
308	Active Fitness - Staff	**	23.50	24.00	0.50	2.13
309	Active Fitness - Concession (Student/Elders/Graduate)	**	23.50	24.00	0.50	2.13
Active Aqua						
310	Active Aqua - Adults	**	26.00	27.00	1.00	3.85
311	Active Aqua - Couple	**	41.50	44.00	2.50	6.02
312	Active Aqua - Staff	**	23.50	24.00	0.50	2.13
313	Active Aqua - Concession (Students/Elders/Graduate)	**	23.50	24.00	0.50	2.13
Fitness Gym						
314	Junior Gym - Concession card holder	**	3.30	3.35	0.05	1.52
315	Junior Gym Induction - Concession card holder	**	3.60	3.70	0.10	2.78
316	Personal Training	**	26.00	27.00	1.00	3.85
317	Health Checks	**	26.00	27.00	1.00	3.85
Holiday Activities						
318	Half Day	**	5.15	6.00	0.85	16.50
319	Full Day	**	8.75	13.00	4.25	48.57
320	Week	**	41.20	60.00	18.80	45.63

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
<u>Courses</u>						
321	NPLQ	*	225.00	230.00	5.00	2.22
322	NPLQ Renewal	*	78.00	80.00	2.00	2.56
323	First Aid at Work	*	225.00	230.00	5.00	2.22
324	First Aid at Work - Renewal	*	78.00	80.00	2.00	2.56
<u>Health Suite</u>						
325	Health Suite - STD card holder Peak	**	7.50	7.70	0.20	2.67
326	Health Suite - STD card holder Off Peak	**	6.50	6.70	0.20	3.08
<u>New Leisure Centre Prices</u>						
327	Leisure - badminton - STD card holder peak 1 hour	**	9.25	9.50	0.25	2.70
328	Leisure - badminton - STD card holder off peak 1 hour	**	7.50	7.70	0.20	2.67
329	Leisure - fitness gym - Std non card holder induction	*	13.00	13.00	0.00	0.00
330	Leisure - squash court - STD card holder peak	**	6.75	6.90	0.15	2.22
331	Leisure - squash court - STD non card holder off peak	**	4.75	4.90	0.15	3.16
332	Leisure - table tennis - STD card holder peak	**	2.60	2.70	0.10	3.85
333	Leisure - table tennis - STD card holder off peak	**	2.10	2.20	0.10	4.76

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
334	Leisure - swimming Dagenham/Abbey STD card holder	**	2.30	2.40	0.10	4.35
335	Leisure - swimming Goresbrook STD card holder	**	3.00	2.40	-0.60	-20.00
336	All Aerobics/workout sessions - STD non card holder	*	5.50	5.50	0.00	0.00
337	All Aerobics/workout sessions - Concession card holder	*	3.20	3.20	0.00	0.00
338	Junior Gym - non card holder	**	3.80	3.85	0.05	1.32
339	Junior Gym Induction - non card holder	**	4.10	4.20	0.10	2.44
340	Active Gym only	**	28.00	29.00	1.00	3.57
341	Active Fitness - Junior Membership	**	16.00	16.50	0.50	3.13
342	Admission Fee - STD	**	1.00	1.00	0.00	0.00
343	Admission Fee - Concession	**	0.50	0.50	0.00	0.00
344	Club/Block booking charge per booking 1-20 people - STD	*	20.00	20.00	0.00	0.00
345	Club/Block booking charge per booking 21-40 people - STD	*	40.00	40.00	0.00	0.00
346	Club/Block booking charge per booking 41+ people - STD	*	45.00	45.00	0.00	0.00
347	Club/Block booking charge per booking 1-20 people - Concession	*	10.00	10.00	0.00	0.00
348	Club/Block booking charge per booking 21-40 people - Concession	*	20.00	20.00	0.00	0.00
349	Club/Block booking charge per booking 41+ people - Concession	*	22.50	22.50	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
350	Function/Weddings/Parties and Presentations Charge per hour 1-200 people	*	150.00	150.00	0.00	0.00
351	Function/Weddings/Parties and Presentations Charge per hour 201-400 people	*	300.00	300.00	0.00	0.00
352	Function/Weddings/Parties and Presentations Charge per hour 401+ people	*	450.00	450.00	0.00	0.00
353	Therapy Room per hour	**	6.50	7.00	0.50	7.69
354	Health Suite - STD non card holder peak	**	8.50	8.70	0.20	2.35
355	Health Suite - STD non card holder off peak	**	7.50	7.70	0.20	2.67
Park Sports						
356	Parks - Central & Barking Park tennis court - Adults per court - 4 Players per court Maximum	**	5.50	5.50	0.00	0.00
357	Parks - Central & Barking Park tennis court - Juniors per court - 4 Players per court Maximum	**	3.30	3.30	0.00	0.00
358	Parks - Cricket adults - Mayesbrook Park & St Chad's Park	**	66.00	67.50	1.50	2.27
359	Parks - Cricket juniors - Mayesbrook Park & St Chad's Park	**	33.00	33.70	0.70	2.12
360	Barking Park - Cricket Net	**	6.70	7.00	0.30	4.48
361	Parks - Cricket - Adults 40 games plus pavilion - Mayesbrook Park & St Chad's Park	*	2640.00	2640.00	0.00	0.00
362	Cricket Clubs with Delegated Management / Lease Agreement on Pavilion Facilities - Adults Additional Matches	*	46.20	47.20	1.00	2.16
363	Cricket Clubs with Delegated Management / Lease Agreement on Pavilion Facilities - Adults - Season Booking	*	1848.00	1848.00	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
364	Cricket Clubs with Delegated Management / Lease Agreement on Pavilion Facilities - Juniors	*	23.00	23.00	0.00	0.00
365	Parks - Football pitch - adults	**	56.00	57.25	1.25	2.23
366	Parks - Football pitch - Juniors	**	28.00	28.60	0.60	2.14
367	Parks - Football pitch - Mini Soccer	**	14.00	14.30	0.30	2.14
368	Parks - Football clubs pitch adults season prepaid by 01/10/11 - 30 Games (15% discount for full payment before 01/10/11)	*	1428.00	1428.00	0.00	0.00
369	Parks - Football clubs pitch adults season (30 games) paid by 6 installments - first on signature of contract and 5 equal payments Sept, Oct, Nov, Dec & Jan. - 30 games	*	1680.00	1680.00	0.00	0.00
370	Parks - Football clubs pitch adults season prepaid by 1/10/11 - Alternate weeks - 15 Games (15% discount for full payment before 01/10/11)	*	714.00	714.00	0.00	0.00
371	Parks - Football clubs pitch adults season(15 games) paid by 6 installments - first on signature of contract and 5 equal payments Sept, Oct, Nov, Dec & Jan. - 15 games	*	840.00	840.00	0.00	0.00
372	Parks - Football clubs pitch juniors season prepaid weekly by 01/10/11 - 30 Games (15% discount for full payment before 01/10/11)	*	714.00	714.00	0.00	0.00
373	Parks - Football clubs pitch juniors season paid by 6 installments - first on signature of contract and 5 equal payments Sept, Oct, Nov, Dec & Jan. - 30 games	*	840.00	840.00	0.00	0.00
374	Parks - Football clubs pitch juniors season prepaid by 1/10/11 - Alternate weeks - 15 Games (15% discount for full payment before 01/10/11)	*	357.00	357.00	0.00	0.00
375	Parks - Football pitch juniors season (15 games) paid by 6 installments - first on signature of contract and 5 equal payments Sept, Oct, Nov, Dec & Jan. - 15 games	*	420.00	420.00	0.00	0.00
376	Parks - football training permit - up to 50 participants	*	32.00	32.00	0.00	0.00
377	Parks - football training permit - up to 200 participants	*	64.00	64.00	0.00	0.00
378	Parks - football clubs with delegated management of facilities - adults per pitch per game	**	39.20	40.00	0.80	2.04
379	Parks - football clubs with delegated management of facilities - juniors per pitch per game	**	19.60	20.00	0.40	2.04

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
380	Parks - football clubs with delegated management of facilities - mini soccer per game	**	9.80	10.00	0.20	2.04
381	Parks - football clubs with delegated management of facilities - adults 30 weeks	*	1176.00	1176.00	0.00	0.00
382	Parks - football clubs with delegated management of facilities - juniors 30 weeks	*	588.00	588.00	0.00	0.00
383	Parks - football clubs with delegated management of facilities - adults 15 weeks	*	588.00	588.00	0.00	0.00
384	Parks - football clubs with delegated management of facilities - juniors 15 weeks	*	294.00	294.00	0.00	0.00
385	Parks - Rugby per game	**	56.00	57.25	1.25	2.23
386	Parks - Rugby 30 week season- included previously with football pitches	*	1680.00	1680.00	0.00	0.00
387	Parks - Rugby pitch adults season prepaid by 01/10/10 - 30 Games (15% discount for full payment before 01/10/11)	*	1428.00	1428.00	0.00	0.00
388	Parks - Hurling per season	*	325.00	325.00	0.00	0.00
389	Parks - Bowling Greens - club rental price per green	*	4017.00	4017.00	0.00	0.00
390	Parks - Bowling Greens - Pavilion (20% Discount for Parsloes Park)	*	1030.00	1030.00	0.00	0.00
391	Parks - Pavilion Hire, The Leys - occasional letting 4hrs - Mon to Sat	*	160.00	160.00	0.00	0.00
392	Parks - Pavilion Hire, The Leys - occasional letting 4hrs - Sun	*	215.00	215.00	0.00	0.00
393	Parks - Pavilion Hire, The Leys - occasional letting - Additional hourly charge for above 4hrs use	*	32.00	32.00	0.00	0.00
394	Parks - Athletics - Licence Agreement with Mayesbrook and Havering AA (HMA) for use 3 times a week	*	5950.00	5950.00	0.00	0.00
395	Parks - Athletics - hourly charge for HMA use of arena	**	17.50	17.50	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
396	Parks - Athletics - hourly charge for use of arena by schools and other groups	**	35.00	35.00	0.00	0.00
397	Aero Club - Licence Agreement with Dagenham Model Aero Club	*	196.00	196.00	0.00	0.00
398	Barking Park Lodge Café	*	8500.00	8500.00	0.00	0.00
399	Barking Park Model Railway	*	1.00	1.00	0.00	0.00
400	Parks - Rugby 30 week season- junior	*	840.00	840.00	0.00	0.00
401	Parks - Rugby 30 week season (15% discount if paid in full by 1/10/11)	*	714.00	714.00	0.00	0.00
402	Mayesbrook Football Ground per game	**	85.00	102.00	17.00	20.00
403	Mayesbrook Football Ground - training session with floodlights	**	31.00	37.20	6.20	20.00
Allotments						
404	Cost per acre of usable allotment land leased to Allotment Associations	*	105.00	105.00	0.00	0.00
Ranger Services						
405	Environmental Education - 30 Students Maximum (School Visits to Eastbrookend Country Park, The Chase & use of Millennium Centre)	*	38.15	75.00	36.85	96.59
406	Millennium Centre - Internal Organisations - Hire of Classroom	*	8.75	8.75	0.00	0.00
407	Millennium Centre - External Organisations - Hire of Classroom	*	13.25	13.25	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
408	Millennium Centre - Out of Hours Hire - subject to staff availability	*	32.50	32.50	0.00	0.00
409	Angling License - Valence Moat (BecMain)	*	262.65	262.65	0.00	0.00
410	Outreach Sessions in Parks and Open Spaces	*	32.50	40.00	7.50	23.08
411	Out of Borough Schools - for standard 2 hour visit	*	65.00	75.00	10.00	15.38
412	Bardag Lake - Bardag Angling Society	*	4011.85	4011.85	0.00	0.00
413	Lake - Tom Thumb - Lake currently being redeveloped.	*	550.00	550.00	0.00	0.00
414	Lake - Eastbrook Pond & Chase Waters	*	2111.50	2111.50	0.00	0.00
415	Lake - Hooks Hall Pond	*	1214.11	1214.11	0.00	0.00
416	Lake - The Members Pool	*	950.18	950.18	0.00	0.00
<u>CHILDREN'S SERVICES</u>						
Childcare Services						
417	Early Years - Day Nurseries and Children's Centres - full time weekly rate	*	190.00	210.00	20.00	10.53
418	Early Years - Day Nurseries and Children's Centres - daily rate - morning session	*	21.00	23.00	2.00	9.52
419	Early Years - Day Nurseries and Children's Centres - daily rate - afternoon session	*	19.00	21.00	2.00	10.53
420	Catering Services - Primary Meal	*	1.90	2.00	0.10	5.26

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
421	Catering Services - Secondary Meal	*	2.10	2.20	0.10	4.76
422	Butler Court Teachers teacher room small room	*	75.00	78.75	3.75	5.00
423	Butler Court Teachers teacher room medium room	*	86.00	90.30	4.30	5.00
424	Butler Court Teachers teacher room large room	*	97.00	101.85	4.85	5.00
425	Butler Court Teachers teacher room double room	*	108.00	113.40	5.40	5.00
426	Butler Court Teachers teacher room double room large	*	138.00	144.90	6.90	5.00
427	Butler Court guest room single occupancy	*	46.00	48.30	2.30	5.00
428	Butler Court guest room double occupancy	*	57.00	59.85	2.85	5.00
429	Butler Court student rooms	*	40.00	42.00	2.00	5.00
CUSTOMER SERVICES						
<u>Environmental Services</u>						
<u>Refuse</u>						
430	Trade Refuse Collection - Refuse Sacks	**	4.58	4.89	0.31	6.83
431	Trade Refuse Collection - Euro or Paladin Bin Per Collection	**	22.99	24.56	1.57	6.83
432	Trade Refuse Collection - Euro or Paladin Bin Per Collection where there are more than six units on site	**	16.09	17.19	1.10	6.83

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
433	Trade Refuse Collection - Euro or Paladin Bin Annual rental	**	124.03	132.49	8.47	6.83
434	9 Cubic yard Demountable container -Charge per Collection	**	218.19	233.08	14.89	6.83
435	9 Cubic yard Demountable container - Annual rental	**	756.24	807.86	51.62	6.83
436	Clinical Waste Collections - Annual charge for weekly collections	**	415.28	443.63	28.35	6.83
437	Clinical Waste Collections - Charge per sack	**	8.30	8.86	0.57	6.83
438	Clinical Waste Collections - box	**	8.30	8.86	0.57	6.83
439	Miscellaneous Services - Cesspool Emptying	**	202.36	216.17	13.81	6.83
Fleet						
440	Miscellaneous Services - Motor cycle MOT Service & Income transferred to Translinc for 2011-12	**	30.31	0.00	-30.31	-100.00
441	Miscellaneous Services - Motor Cycle with sidecar MOT Service & Income transferred to Translinc for 2011-12	**	38.68	0.00	-38.68	-100.00
442	Miscellaneous Services - Class IV MOT Test Service & Income transferred to Translinc for 2011-12	**	56.20	0.00	-56.20	-100.00
443	Miscellaneous Services - Class V MOT Test (13 to 16 seats) Service & Income transferred to Translinc for 2011-12	**	61.00	0.00	-61.00	-100.00
444	Miscellaneous Services - Class V MOT Test (Over 16 seats) Service & Income transferred to Translinc for 2011-12	**	82.71	0.00	-82.71	-100.00
445	Miscellaneous services - Class VII MOT Test Service & Income transferred to Translinc for 2011-12	**	60.05	0.00	-60.05	-100.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
Licences						
446	Licences - Authorisations for Hypnotism under section 2 of The Hypnotism Act- Premises capacity up to 150	*	242.00	242.00	0.00	0.00
447	Licences - Authorisations for Hypnotism under section 2 of The Hypnotism Act- Premises capacity 151-300	*	410.00	410.00	0.00	0.00
448	Licences - Authorisations for Hypnotism under section 2 of The Hypnotism Act- Premises capacity 301-600	*	776.00	776.00	0.00	0.00
449	Licences - Authorisations for Hypnotism under section 2 of The Hypnotism Act- Premises capacity 601-1,000	*	1411.00	1411.00	0.00	0.00
450	Licences - Authorisations for Hypnotism under section 2 of The Hypnotism Act- Premises capacity 1,001-2,500	*	2682.00	2682.00	0.00	0.00
451	Licences - Authorisations for Hypnotism under section 2 of The Hypnotism Act- Premises capacity 2,501-4000	*	4257.00	4257.00	0.00	0.00
452	Licences - Special treatment premises- health and safety at work (a1) Issue	*	382.00	382.00	0.00	0.00
453	Licences - Special treatment premises- health and safety at work (b1) Renewal	*	382.00	382.00	0.00	0.00
454	Licences - Special treatment premises- health and safety at work (c1) Variation	*	382.00	382.00	0.00	0.00
455	Licences - Special treatment premises- health and safety at work (d1) Transfer	*	382.00	382.00	0.00	0.00
456	Licences - Animals (a) Dog Breeders	*	200.00	200.00	0.00	0.00
457	Licences - Animals (b) Riding Establishments	*	547.00	547.00	0.00	0.00
458	Licences - Animals (c) Animal Boarding	*	382.00	382.00	0.00	0.00
459	Licences - Animals (d) Pet Shops	*	300.00	300.00	0.00	0.00
460	Licences - Animals (e) Dangerous Wild Animals	*	382.00	382.00	0.00	0.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
461	Licences - Performing animals New Charge for 2011-12	*		200.00	200.00	
462	Licences - Sex shop Licence	*	22523.00	22523.00	0.00	0.00
463	Licences - Sex Shop - Variation	*	750.00	750.00	0.00	0.00
464	Licences - Safety at sports ground Act- fees charged on officer time spent processing application	*	174.00	174.00	0.00	0.00
465	Licences - Poisons Act -entry	*	114.00	114.00	0.00	0.00
466	Licences - Poisons Act -Retention or alteration	*	64.00	64.00	0.00	0.00
467	Licences - Auction Rooms Registration	*	496.00	496.00	0.00	0.00
468	Licences - Occasional Sales- up to 50 stalls/vehicles/pitches	*	102.00	102.00	0.00	0.00
469	Licences - Occasional Sales- 51-150 stalls/vehicles/pitches	*	166.00	166.00	0.00	0.00
470	Licences - Occasional Sales- over 150 stalls/vehicles/pitches	*	281.00	281.00	0.00	0.00
471	Licences - Motor Salvage Operators	*	170.00	170.00	0.00	0.00
472	Licences - Motor Salvage Operators certified copy of single register entry	*	39.00	39.00	0.00	0.00
473	Licences - Game Dealers	*	39.00	39.00	0.00	0.00
474	Other income - Pollution - Seizure of Equipment by Noise Patrol -Fee for reclamation of property (NON-BUSINESS)	*	185.00	185.00	0.00	0.00
475	Trespassing Animals - Reclamation of Animal (NON- BUSINESS)	*	70.00	70.00	0.00	0.00
476	Trespassing Animals - Kennelling Fees (NON-BUSINESS)	*	24.00	24.00	0.00	0.00

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
477	Micro chip implants - Implant and registration with national pet register per animal (VARIABLE)	**	47.00	48.00	1.00	2.13
478	Registration - Lotteries New Charge for 2011-12	*		100.00	100.00	
479	Registration - Lotteries renewal New Charge for 2011-12	*		100.00	100.00	
New Regional Casino premises licence						
480	Application for a provisional statement	*	16500.00	15000.00	-1,500.00	-9.09
481	Application for a new premises licence	*	16500.00	15000.00	-1,500.00	-9.09
482	Application to vary a new premises licence	*	8250.00	7500.00	-750.00	-9.09
483	Application to transfer a premises licence	*	7150.00	6500.00	-650.00	-9.09
484	Application for a new premises licence with Provisional Statement	*	8800.00	8000.00	-800.00	-9.09
485	Annual fee	*	16500.00	15000.00	-1,500.00	-9.09
486	Reinstatement of a licence	*	7150.00	6500.00	-650.00	-9.09
487	Copy of licence	*	16.50	16.50	0.00	0.00
488	Notification of change of details	*	38.50	38.50	0.00	0.00
New Large Casino premises licence						
489	Application for a provisional statement	*	11000.00	10000.00	-1,000.00	-9.09
490	Application for a new premises licence	*	11000.00	10000.00	-1,000.00	-9.09

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
491	Application to vary a new premises licence	*	5500.00	5000.00	-500.00	-9.09
492	Application to transfer a premises licence	*	2365.00	2150.00	-215.00	-9.09
493	Application for a new premises licence with Provisional Statement	*	5500.00	5000.00	-500.00	-9.09
494	Annual fee	*	11000.00	10000.00	-1,000.00	-9.09
495	Reinstatement of a licence	*	2365.00	2150.00	-215.00	-9.09
496	Copy of licence	*	16.50	16.50	0.00	0.00
497	Notification of change of details	*	38.50	38.50	0.00	0.00
New Small Casino premises licence						
498	Application for a provisional statement	*	8800.00	8000.00	-800.00	-9.09
499	Application for a new premises licence	*	8800.00	8000.00	-800.00	-9.09
500	Application to vary a new premises licence	*	4400.00	4000.00	-400.00	-9.09
501	Application to transfer a premises licence	*	1980.00	1800.00	-180.00	-9.09
502	Application for a new premises licence with Provisional Statement	*	3300.00	3000.00	-300.00	-9.09
503	Annual fee	*	5500.00	5000.00	-500.00	-9.09
504	Reinstatement of a licence	*	1980.00	1800.00	-180.00	-9.09
505	Copy of licence	*	16.50	16.50	0.00	0.00

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
506	Notification of change of details	*	38.50	38.50	0.00	0.00
Converted Casino premises licence						
507	Fast track conversion application	*	308.00	300.00	-8.00	-2.60
508	Non -Fast track conversion application	*	2200.00	2000.00	-200.00	-9.09
509	Application to vary a new premises licence	*	2200.00	2000.00	-200.00	-9.09
510	Application to transfer a premises licence	*	1485.00	1350.00	-135.00	-9.09
511	Annual fee	*	3300.00	3000.00	-300.00	-9.09
512	Reinstatement of a licence	*	1650.00	1350.00	-300.00	-18.18
513	Copy of licence	*	16.50	16.50	0.00	0.00
514	Notification of change of details	*	38.50	38.50	0.00	0.00
Bingo premises licence						
515	Fast track conversion application	*	308.00	300.00	-8.00	-2.60
516	Non -Fast track conversion application	*	1375.00	1750.00	375.00	27.27
517	Application for a provisional statement	*	3399.00	1200.00	-2,199.00	-64.70
518	Application for a new premises licence	*	3399.00	3500.00	101.00	2.97
519	Application to vary a new premises licence	*	1813.00	1750.00	-63.00	-3.47

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
520	Application to transfer a premises licence	*	1223.00	1200.00	-23.00	-1.88
521	Application for a new premises licence with Provisional Statement	*	1223.00	1200.00	-23.00	-1.88
522	Annual fee	*	1020.00	1000.00	-20.00	-1.96
523	Reinstatement of a licence	*	1223.00	1200.00	-23.00	-1.88
524	Copy of licence	*	16.50	16.50	0.00	0.00
525	Notification of change of details	*	38.50	38.50	0.00	0.00
Betting premises (other) licence						
526	Fast track conversion application	*	308.00	300.00	-8.00	-2.60
527	Non -Fast track conversion application	*	1485.00	1485.00	0.00	0.00
528	Application for a provisional statement	*	3059.00	3000.00	-59.00	-1.93
529	Application for a new premises licence	*	3059.00	3000.00	-59.00	-1.93
530	Application to vary a new premises licence	*	1530.00	1500.00	-30.00	-1.96
531	Application to transfer a premises licence	*	1223.00	1200.00	-23.00	-1.88
532	Application for a new premises licence with Provisional Statement	*	1223.00	1200.00	-23.00	-1.88
533	Annual fee	*	624.00	600.00	-24.00	-3.85
534	Reinstatement of a licence	*	1223.00	1200.00	-23.00	-1.88

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
535	Copy of licence	*	16.50	16.50	0.00	0.00
536	Notification of change of details	*	38.50	38.50	0.00	0.00
Betting premises (track) licence						
537	Fast track conversion application	*	308.00	300.00	-8.00	-2.60
538	Non -Fast track conversion application	*	1375.00	1250.00	-125.00	-9.09
539	Application for a provisional statement	*	2750.00	2500.00	-250.00	-9.09
540	Application for a new premises licence	*	2750.00	2500.00	-250.00	-9.09
541	Application to vary a new premises licence	*	1375.00	1250.00	-125.00	-9.09
542	Application to transfer a premises licence	*	1045.00	950.00	-95.00	-9.09
543	Application for a new premises licence with Provisional Statement	*	1045.00	950.00	-95.00	-9.09
544	Annual fee	*	1100.00	1000.00	-100.00	-9.09
545	Reinstatement of a licence	*	1045.00	950.00	-95.00	-9.09
546	Copy of licence	*	16.50	16.50	0.00	0.00
547	Notification of change of details	*	38.50	38.50	0.00	0.00
Adult Gaming Centre premises licence						
548	Fast track conversion application	*	308.00	300.00	-8.00	-2.60

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
549	Non -Fast track conversion application	*	1045.00	1000.00	-45.00	-4.31
550	Application for a provisional statement	*	2039.00	2000.00	-39.00	-1.91
551	Application for a new premises licence	*	2039.00	2000.00	-39.00	-1.91
552	Application to vary a new premises licence	*	1020.00	1000.00	-20.00	-1.96
553	Application to transfer a premises licence	*	1020.00	1020.00	0.00	0.00
554	Application for a new premises licence with Provisional Statement	*	1223.00	1200.00	-23.00	-1.88
555	Annual fee	*	1020.00	1000.00	-20.00	-1.96
556	Reinstatement of a licence	*	1223.00	1200.00	-23.00	-1.88
557	Copy of licence	*	16.50	16.50	0.00	0.00
558	Notification of change of details	*	38.50	38.50	0.00	0.00
	Family entertainment centre premises licence					
559	Fast track conversion application	*	308.00	300.00	-8.00	-2.60
560	Non -Fast track conversion application	*	1045.00	1000.00	-45.00	-4.31
561	Application for a provisional statement	*	2039.00	2000.00	-39.00	-1.91
562	Application for a new premises licence	*	2039.00	2000.00	-39.00	-1.91
563	Application to vary a new premises licence	*	1020.00	1000.00	-20.00	-1.96

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
564	Application to transfer a premises licence	*	1020.00	950.00	-70.00	-6.86
565	Application for a new premises licence with Provisional Statement	*	991.00	950.00	-41.00	-4.14
566	Annual fee	*	770.00	750.00	-20.00	-2.60
567	Reinstatement of a licence	*	991.00	950.00	-41.00	-4.14
568	Copy of licence	*	16.50	16.50	0.00	0.00
569	Notification of change of details	*	38.50	38.50	0.00	0.00
Building Control						
570	Hourly rate for fees and charges New Charge for 2011-12 (subject to Government Legislation)	**		94.44	94.44	
Graffiti & Deep Cleaning						
571	Graffiti & Deep Cleaning - First removal of graffiti - In Default (per sqm)	**	36.82	38.36	1.54	4.17
572	Graffiti & Deep Cleaning - Subsequent removal of graffiti - In Default (per sqm)	**	36.82	38.36	1.54	4.17
573	Graffiti & Deep Cleaning - First removal of graffiti - Subsidies (per sqm)	**	18.15	18.91	0.76	4.17
574	Graffiti & Deep Cleaning - Subsequent removal of graffiti - Subsidies (per sqm)	**	18.15	18.91	0.76	4.17
575	Graffiti & Deep Cleaning - First removal of graffiti - Parks (per sqm)	**	6.05	6.30	0.25	4.17

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
576	Graffiti & Deep Cleaning - Subsequent removal of graffiti - Parks (per sqm)	**	6.05	6.30	0.25	4.17
577	Graffiti & Deep Cleaning - Anti-Graffiti Coating - Parks (per sqm)	**	6.05	6.30	0.25	4.17
578	Graffiti & Deep Cleaning - First removal of graffiti is free when signed up to the Charter	*	0.00	0.00	0.00	0.00
579	Graffiti & Deep Cleaning - Subsequent removal of graffiti - With Charter (per sqm)	**	12.10	12.61	0.50	4.17
580	Graffiti & Deep Cleaning - Graffiti removal kit - With Charter	**	12.10	12.61	0.50	4.17
581	Graffiti & Deep Cleaning - Graffiti removal kit refill - With Charter	**	6.05	6.30	0.25	4.17
582	Graffiti & Deep Cleaning - Anti-Graffiti Coating - With Charter (per sqm)	**	6.05	6.30	0.25	4.17
583	Graffiti & Deep Cleaning - First removal of graffiti - Without Charter (per sqm)	**	18.15	18.91	0.76	4.17
584	Graffiti & Deep Cleaning - Subsequent removal of graffiti - Without Charter (per sqm)	**	18.15	18.91	0.76	4.17
585	Graffiti & Deep Cleaning - Graffiti removal kit - Without Charter	**	18.15	18.91	0.76	4.17
586	Graffiti & Deep Cleaning - Graffiti removal kit refill - Without Charter	**	9.68	10.09	0.40	4.17
587	Graffiti & Deep Cleaning - Anti-Graffiti Coating - Without Charter (per sqm)	**	12.10	12.61	0.50	4.17
<u>Pest Control</u>						
588	Pest Control - Council Tenants Low risk insects	**	100.00	112.35	12.35	12.35
589	Pest Control - Council Tenants Squirrels per trap per week	**	128.00	143.80	15.80	12.34

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
590	Pest Control - Council Tenants Pigeons per hour or part plus materials	**	72.00	80.89	8.89	12.35
591	Pest Control - Owner occupiers mice	**	72.00	80.89	8.89	12.35
592	Pest Control - Owner occupiers wasps	**	72.00	80.89	8.89	12.35
593	Pest Control - Owner occupiers fleas	**	93.00	104.48	11.48	12.34
594	Pest Control - Owner occupiers rats free in 2006/07	**	35.00	39.32	4.32	12.35
595	Pest Control - Owner occupiers bedbugs	**	93.00	104.48	11.48	12.34
596	Pest Control - Owner occupiers cockroaches	**	100.00	112.35	12.35	12.35
597	Pest Control - Owner occupiers pharaoh ants	**	100.00	112.35	12.35	12.35
598	Pest Control - Owner occupiers low risk insects	**	100.00	112.35	12.35	12.35
599	Pest Control - Owner occupiers squirrels per trap per week	**	128.00	143.80	15.80	12.34
600	Pest Control - Owner occupiers pigeons per hour or part hour plus materials	**	72.00	80.89	8.89	12.35
601	Pest Control - Owner occupiers on benefits mice	**	43.00	48.31	5.31	12.35
602	Pest Control - Owner occupiers on benefit wasps	**	43.00	48.31	5.31	12.35
603	Pest Control - Owner occupiers on benefit fleas	**	57.00	64.03	7.03	12.34
604	Pest Control - Owner occupiers on benefits rats free in 2006/07	**	57.00	64.03	7.03	12.34
605	Pest Control - Owner occupiers on benefits bedbugs	**	64.00	71.90	7.90	12.34

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4	£	%
			£	£	£	%
606	Pest Control - Owner occupiers on benefits cockroaches	**	57.00	64.03	7.03	12.34
607	Pest Control - Owner occupiers on benefits pharaoh ants	**	64.00	71.90	7.90	12.34
608	Pest Control - Owner occupiers on benefits low risk insects flies ants etc	**	57.00	64.03	7.03	12.34
609	Pest Control - Owner occupiers on benefits squirrels per trap per week	**	79.00	88.74	9.74	12.33
610	Pest Control - Owner occupiers on benefits pigeons per hour or part plus materials	**	43.00	48.31	5.31	12.35
611	Pest Control - Commercial including LBBD and private landlords mice	**	107.00	120.20	13.20	12.34
612	Pest Control - Commercial including LBBD and private landlords wasps	**	107.00	120.20	13.20	12.34
613	Pest Control - Commercial including LBBD and private landlords fleas	**	139.00	156.16	17.16	12.34
614	Pest Control - Commercial including LBBD and private landlords rats	**	107.00	120.20	13.20	12.34
615	Pest Control - Commercial including LBBD and private landlords bedbugs	**	139.00	156.16	17.16	12.34
616	Pest Control - Commercial including LBBD and private landlords cockroaches	**	139.00	156.16	17.16	12.34
617	Pest Control - Commercial including LBBD and private landlords pharaoh ants	**	149.00	167.39	18.39	12.34
618	Pest Control - Commercial including LBBD and private landlords low risk insects flies ants etc	**	149.00	167.39	18.39	12.34
619	Pest Control - Commercial including LBBD and private landlords squirrels per week or part	**	192.00	215.69	23.69	12.34
620	Pest Control - Commercial including LBBD and private landlords pigeons per hour or part plus materials	**	107.00	120.20	13.20	12.34

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
Careline Service						
621	Social Alarm Service - Charge per annum	*	202.00	202.00	0.00	0.00
Registrars						
622	Nationality Checking Service Flat Charge per Document	*	45.00	45.00	0.00	0.00
623	Individual Citizenship Payments	*	60.00	60.00	0.00	0.00
624	Individual Citizenship Payments (FAMILY)	*	80.00	80.00	0.00	0.00
625	Marriages/Civil Partnerships at Arden House (Mon - Thurs)	*	90.00	90.00	0.00	0.00
626	Marriages/Civil Partnerships at Arden House (Friday)	*	110.00	110.00	0.00	0.00
627	Marriages/Civil Partnerships at Arden House (Sat up to 12.30pm)	*	200.00	200.00	0.00	0.00
628	Marriages/Civil Partnerships at Arden House (Sat from 1.45pm)	*	210.00	210.00	0.00	0.00
629	Marriages/Civil Partnerships at Arden House (Sunday & Bank Holidays)	*	370.00	370.00	0.00	0.00
630	Marriages/Civil Partnerships at Approved Premises	*	310.00	310.00	0.00	0.00
631	Marriages/Civil Partnerships at Approved Premises (Sundays & Bank Holidays)	*	370.00	370.00	0.00	0.00
632	Non-Statutory Ceremonies (Renewal of Vows & Baby Naming) (Mon-Fri)	**	100.00	102.13	2.13	2.13
633	Non-Statutory Ceremonies (Renewal of Vows & Baby Naming) (Saturday)	**	135.00	137.87	2.87	2.12

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
634	Non-Statutory Ceremonies (Renewal of Vows & Baby Naming) (Sunday)	**	320.00	326.81	6.81	2.13
635	Application to be an Approved Premises - Non refundable application fee for 3 year approval excluding the cost of advertisement which is the responsibility of the applicant	*	650.00	650.00	0.00	0.00
636	Application for an Approved Premises - Non refundable application for renewal excluding the cost of advertisement which is the responsibility of the applicant	*	650.00	650.00	0.00	0.00
637	Approved Premises - Fee for review by the Review Officer or Assembly following refusal	*	287.00	287.00	0.00	0.00
638	Web Casting for Civil Marriages	**	10.00	10.21	0.21	2.12
639	Non-Statutory services - commemorative certificate	**	10.00	10.21	0.21	2.12
640	Citizenship - Framed Certificate	**	10.00	10.21	0.21	2.12
641	Priority service for copy certificates issued same day	**	10.00	10.21	0.21	2.12
642	Marriage Rehearsals	**	25.00	25.54	0.54	2.14
643	Appointments for Marriage Notices outside of normal office hours	*	10.00	10.00	0.00	0.00
644	Birth/Death/Marriage General Search (historical search by public in indexes)	**	18.00	18.38	0.38	2.13
645	Marriage - historical searches (if copy not provided)	**	7.00	7.15	0.15	2.17
646	Copy full & short certificates (open)	**	3.50	3.58	0.08	2.17
647	Copy full certificates (closed)	**	7.00	7.15	0.15	2.17
648	Copy short certificates (closed)	**	5.50	5.62	0.12	2.11
649	Registrar Attendance at place of worship (includes stat certificate)	**	50.50	51.58	1.08	2.13

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
General Housing						
650	Eastbrookend - Travellers caravan site Weekly Licence Charge - Single Pitch	*	88.41	91.95	3.54	4.00
651	Eastbrookend - Travellers caravan site Weekly Licence Charge - Double Pitch	*	110.51	114.93	4.42	4.00
On Street Parking Services						
652	Operational Permit	*	66.00	67.30	1.30	1.97
653	Annual Residents Parking Permit (for first vehicle)	*	24.75	25.30	0.55	2.22
654	Annual Residents Parking Permit (for second vehicle)	*	33.00	33.70	0.70	2.12
655	Annual Residents Parking Permit (for third vehicle)	*	44.00	44.90	0.90	2.05
656	Annual Residents Parking Permit (for fourth and subsequent vehicle)	*	66.00	67.30	1.30	1.97
657	Visitor Parking Permit (10 lines) - all areas	*	4.95	5.00	0.05	1.01
658	Visitor Parking Permit (20 lines) - all areas	*	9.35	9.50	0.15	1.60
659	Annual Heathway Business Parking Permit (On Street)	*	129.80	132.40	2.60	2.00
660	Suspension of parking space (per place 6 metre length on street)	*	22.00	22.40	0.40	1.82
661	Business Permit - Annual - Dagenham East, Upney, Heathway, Beconrtee and Chadwell Heath areas	*	129.80	132.40	2.60	2.00
662	Business Permit - Annual - Barking Town Centre	*	385.00	392.70	7.70	2.00

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
<u>On-street Pay & Display - Wakering Rd, Park Av, Longbridge Rd, George St, Linton Rd, London Rd, Abbey Rd, St Paul's</u>						
663	Up to 30 minutes	**	0.90	1.00	0.10	10.79
664	Up to 1 hour	**	1.60	1.70	0.10	6.09
665	Up to 2 hours	**	2.70	2.80	0.10	3.70
666	Up to 3 hours	**	3.80	4.00	0.20	5.26
667	Up to 4 hours	**	4.80	5.00	0.20	4.26
668	Shared Business Bays	**	376.80	392.50	15.70	4.17
<u>Off Street Parking Services</u>						
669	Doctor's Parking Permit	*	62.50	63.80	1.30	2.08
670	30 Day Temporary Cover (Residents Permits)	*	12.00	12.20	0.20	1.67
671	Annual Pre-Paid Parking Permit (local worker only) - London Rd & Linton Rd	*	440.00	448.80	8.80	2.00
672	Quarterly Pre-Paid Parking Permit (local worker only) - London Rd & Linton Rd	*	125.00	127.50	2.50	2.00
673	Annual Pre-Paid Parking Permit (local worker only) - Heathway	*	350.00	357.00	7.00	2.00
674	Quarterly Pre-Paid Parking Permit (local worker only) - Heathway	*	100.00	102.00	2.00	2.00
675	Metropolitan Police (Annual) London Road Multi-Storey Car Park	*	220.00	224.40	4.40	2.00
676	Essential Health Worker Parking Permit	*	36.00	36.70	0.70	1.94

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
<u>Off-Street Pay & Display Axe St including Broadway Theatre Service Road, London Rd & North Street Shoppers Car Park, London Road Multi Storey, Linton Rd Shoppers Car Park</u>						
677	Up to 1 hour	**	1.00	1.00	0.00	0.00
678	Up to 2 hours	**	4.65	4.90	0.25	5.38
679	Up to 4 hours	**	4.00	4.20	0.20	5.00
680	Up to 6 hours	**	7.00	7.30	0.30	4.23
681	Over 6 hours	**	12.50	13.00	0.50	4.00
<u>Off-Street Pay & Display Heathway Multi Storey Car Park</u>						
682	Up to 1 hour	**	0.50	0.50	0.00	0.00
683	Up to 2 hours	**	1.00	1.00	0.00	0.00
684	Up to 4 hours	**	1.70	1.80	0.10	5.64
685	Up to 6 hours	**	3.00	3.10	0.10	3.34
686	Over 6 hours	**	4.00	4.20	0.20	5.00
<u>Highways</u>						
687	Skip Permits	*	15.97	16.29	0.32	2.00
688	Footway Crossing Administration Fee	*	81.89	83.53	1.64	2.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
<u>Cemeteries</u>						
689	Grave fees - A Grade Mounded (50 years)	*	2420.00	2531.32	111.32	4.60
690	Grave fees - Mounded (50 years)	*	2058.00	2152.67	94.67	4.60
691	Grave fees - Lawn (50 years)	*	980.00	1025.08	45.08	4.60
692	Grave fees - Children's Corner (50 years) depth for one only	*	349.00	365.05	16.05	4.60
693	Grave fees - Ashes only grave in Garden of Rest (25 years)	*	214.00	223.84	9.84	4.60
694	Grave fees - Ashes only above ground vault (25 years)	*	968.00	1012.53	44.53	4.60
695	Internment fees - Private Grave - Non-private Grave (excluding still-born)	*	650.00	679.90	29.90	4.60
696	Internment fees - Additional Charge per Casket	*	128.00	133.89	5.89	4.60
697	Internment fees - Additional Charge per body over depth of two	*	111.00	116.11	5.11	4.60
698	Internment fees - Child in Non-private Grade (Aged between 3 weeks and 12 years)	*	113.00	118.20	5.20	4.60
699	Internment fees - Child up to the age of 12 years old in Children's Corner (depth for 1 only)	*	118.00	123.43	5.43	4.60
700	Internment fees - Still Born Babies & Children up to 3 weeks old	*	113.00	118.20	5.20	4.60
701	Cremated remains fees - Internment of child's cremated remains in Children's Corner	*	118.00	123.43	5.43	4.60
702	Cremated remains fees - Internment of cremated remains in Private Grave - Internment of cremated remains in Ashes Grave in Garden of Rest - Cremated remains in Garden of Rest	*	161.00	168.41	7.41	4.60
703	Cremated remains fees - Each additional line in the Book of Remembrance	*	36.00	37.66	1.66	4.60

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
704	Cremated remains fees - Second Internment of cremated remains in "above ground vault".	*	68.00	71.13	3.13	4.60
705	Memorial fees - Right to place memorial on lawn & non-lawn type grave - Right to place single or double memorial vase on any grave - Right to place memorial book or plaque on	*	128.00	133.89	5.89	4.60
706	Memorial fees - Provision of soil in kerb sets	*	59.00	61.71	2.71	4.60
707	Memorial fees - Adding inscription, levelling/straightening memorials, cleaning/restoration works	*	47.00	49.16	2.16	4.60
708	Use of Cemetery Chapel	*	77.00	80.54	3.54	4.60
709	Registration of declaration regarding Non-production of Registrar's Certificate	*	30.00	31.38	1.38	4.60
710	Transfer of Exclusive Right of Burial	*	30.00	31.38	1.38	4.60
711	Family Trace (per named entry)	*	24.00	25.10	1.10	4.60
712	Photocopies per A4 sheet	*	2.00	2.09	0.09	4.60
713	Grounds Annual Maintenance - non-lawn type grave	*	116.00	121.34	5.34	4.60
714	Grounds Annual Maintenance - lawn type grave	*	74.00	77.40	3.40	4.60
715	Memorial Benches (Standard 6ft Hardwood Bench)	*	599.00	626.55	27.55	4.60
716	Provision of Concrete Base onto which a bench can be placed	*	268.00	280.33	12.33	4.60
717	Provision of Commemorative Plaque - Standard	*	58.00	60.67	2.67	4.60
718	Provision of Commemorative Plaque - Large	*	69.00	72.17	3.17	4.60
719	Provision of Memorial Tree - (8/10 Standard Sized)	*	137.00	143.30	6.30	4.60

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Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
720	Provision of Memorial Tree Plaque	*	105.00	109.83	4.83	4.60
721	Scattering of ashes and plaque in Garden of Rest	*	133.00	139.12	6.12	4.60
<u>Housing Advice Services</u>						
<u>Private Sector Leasing</u>						
722	Private Sector Leasing, Administration Fee	*	100.00	100.00	0.00	0.00
<u>Street Trading Services</u>						
723	Street Trading Charges - 2 metres+	**	265.00	270.64	5.64	2.13
724	1 to 2 metres	**	220.00	224.68	4.68	2.13
725	Small area (-1 metre).	**	167.00	170.56	3.55	2.13
726	Mobile Catering Vans	**	265.00	270.64	5.64	2.13
<u>Barking Market Fees and Charges Saturdays.</u>						
727	Street trading licence - Barking market per linear foot	*	0.80	0.90	0.10	12.50
728	London Road	**	4.15	3.28	-0.87	-21.06
729	Ripple Rd	**	4.35	3.48	-0.87	-20.00

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Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
730	East Street	**	4.35	3.48	-0.87	-20.00
731	Station Parade	**	4.35	3.48	-0.87	-20.00
732	Old' East Street.	**	3.70	2.82	-0.88	-23.78
733	Market Square Zone A	**	4.25	3.38	-0.87	-20.38
734	Market Square Zone B	**	3.00	2.10	-0.90	-30.00
735	Market Saquare Zone C	**	2.50	1.60	-0.90	-36.16
<u>Midweek (Tues/Thurs)</u>						
736	London Road	**	3.20	2.30	-0.90	-28.00
737	Ripple Road	**	3.20	2.30	-0.90	-28.00
738	East Street	**	3.20	2.30	-0.90	-28.00
739	Station Parade	**	3.20	2.30	-0.90	-28.00
740	Old' East Street.	**	2.60	1.69	-0.91	-34.92
741	Market Square Zone A	**	3.20	2.30	-0.90	-28.00
742	Market Square Zone B	**	2.50	1.60	-0.90	-36.16
743	Market Saquare Zone C	**	2.00	1.08	-0.92	-46.00

FEES AND CHARGES from 4 JANUARY 2011

APPENDIX A

Not Vatable *
includes VAT **

Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
RESOURCES						
Planning Services						
744	Charges to consultant per hour	*	85.00	85.00	0.00	0.00
Street Naming and Numbering						
745	Street naming and Numbering Service - new property (1)	*	40.00	41.50	1.50	3.75
746	Street naming and Numbering Service - change of approved address	*	40.00	41.50	1.50	3.75
747	Street naming and Numbering Service - new Road Name	*	210.00	220.00	10.00	4.76
748	Street naming and Numbering Service - new property name	*	190.00	200.00	10.00	5.26
749	Street naming and Numbering Service Conversion of existing property to up to 4 units	*	95.00	100.00	5.00	5.26
750	Street naming and Numbering Service - new plots (2-25) each	*	31.50	32.00	0.50	1.59
751	Street naming and Numbering Service - new plots 26 to 99 each	*	26.25	27.00	0.75	2.86
752	Street naming and Numbering Service - new plots 100 or more each	*	21.00	21.50	0.50	2.38
Pre-Application Charges						
753	Category A - Major Scale Developments	**	1762.50	1860.00	97.50	5.53
754	Category B – Large Scale Developments	**	881.25	930.00	48.75	5.53

FEES AND CHARGES from 4 JANUARY 2011

APPENDIX A

Not Vatable *
includes VAT **

Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
755	Category C – Medium Scale Developments	**	470.00	492.00	22.00	4.68
756	Category D – Small Scale Developments	**	176.25	186.00	9.75	5.53
Local Land Charges						
Post & DX						
757	Full Search	*	150.00	150.00	0.00	0.00
758	LLC1	*	67.50	67.50	0.00	0.00
759	Con 29 <R>	*	82.50	82.50	0.00	0.00
760	Con 29 (O) Questions	*	16.00	16.00	0.00	0.00
761	Additional Parcel of Land	*	25.00	25.00	0.00	0.00
762	Common Land Village Green	*	16.00	16.00	0.00	0.00
National Land Information Service						
763	Full Search	*	113.00	113.00	0.00	0.00
764	LLC1	*	51.00	51.00	0.00	0.00

FEES AND CHARGES from 4 JANUARY 2011

APPENDIX A

Not Vatable *
includes VAT **

Description of Service			Current 2010/11	Proposed	Proposed Increase	
			Charge	Charge from 4 January 2011	£	%
			£	£	£	%
765	Con 29 <R>	*	62.00	62.00	0.00	0.00
766	Conn 29 (O) Questions	*	14.00	14.00	0.00	0.00
767	Additional Parcel of Land	*	23.00	23.00	0.00	0.00
768	Common Land Village Green	*	14.00	14.00	0.00	0.00
769	Personal Search (Currently Regulated) Charge withdrawn for 2011-12 (subject to Government Legislation)	*	22.00	0.00	-22.00	-100.00
770	Copy Documents - First Page	*	1.60	1.60	0.00	0.00
771	Copy Documents - Subsequent Pages	*	0.15	0.15	0.00	0.00
772	Copies of Searches	*	30.00	30.00	0.00	0.00
Right To Buy (RTB)						
773	Repayment of Discount	*	80.00	80.00	0.00	0.00
774	Deeds of Covenant/Rectification/Variation/Enforcement	*	425.00	425.00	0.00	0.00
775	Licences	*	425.00	425.00	0.00	0.00
776	Licences for Garden Land	*	200.00	200.00	0.00	0.00
777	Sale of Garden Land	*	425.00	425.00	0.00	0.00
778	Duplicate DS1/Replacement form 53	*	30.00	30.00	0.00	0.00

FEES AND CHARGES from 4 JANUARY 2011

APPENDIX A

Not Vatable *
includes VAT **

Description of Service			Current 2010/11 Charge	Proposed Charge from 4 January 2011	Proposed Increase	
			£	£	£	%
779	Deed of Release	*	550.00	550.00	0.00	0.00
780	Copy Transfer	*	55.00	55.00	0.00	0.00
781	Notice of Assignment	*	75.00	75.00	0.00	0.00
782	Notice of Mortgage	*	75.00	75.00	0.00	0.00
783	Notice of Sub-let	*	75.00	75.00	0.00	0.00
784	Postponements	*	65.00	65.00	0.00	0.00
785	Retrieval of file	*	15.00	15.00	0.00	0.00
786	Retrospective Consent (charged by Housing including VAT)	**	125.00	127.66	2.66	2.12
787	Lease holders Enquiries (including VAT)	**	125.00	127.66	2.66	2.12
788	Duplicate Transfer/Lease (Unsealed) - New Charge for 2011-12	*		35.00	35.00	
789	Duplicate Papers (Flats) - New Charge for 2011-12	*		35.00	35.00	
790	Duplicate Papers (House) - New Charge for 2011-12	*		25.00	25.00	
791	General Photocopy (Per sheet) - New Charge for 2011-12	*		1.50	1.50	
792	Copy of S.125 (Landlord's Offer Notice) - New Charge for 2011-12	*		15.00	15.00	

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CABINET

23 November 2010

JOINT REPORT OF THE CABINET MEMBER FOR REGENERATION AND
CABINET MEMBER FOR ENVIRONMENT

Title: Draft Local Implementation Plan (LIP)	For Decision
<p>Summary:</p> <p>The Draft Local Implementation Plan (LIP) is the Council's transport strategy covering the period 2011-12 to 2013-14. This aims to achieve a safe, sustainable and accessible transport system for the benefit of all those living and working in and travelling through Barking and Dagenham. It will replace the Council's current Local Implementation Plan which runs to March 2011.</p> <p>The Draft Local Implementation Plan comprises a set of objectives, a Three-Year Delivery Programme and a performance monitoring plan. The Three-Year Delivery Programme was approved by Cabinet on 28 September. The Draft Local Implementation Plan must be submitted to Transport for London (TfL) by 20 December, following which the Council must consult a range of statutory and local stakeholders before adopting the final version.</p> <p>The Council now needs to approve the Draft Local Implementation Plan for submission to Transport for London, and agree public consultation on it.</p> <p>The Draft Local Implementation Plan has been circulated under separate cover to members of the Cabinet. In order to reduce the number of paper copies produced, Councillors and members of the public can view a copy on the website at the following link http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=180&MId=5113&Ver=4</p> <p>Wards Affected: All Wards</p>	
<p>Recommendation(s)</p> <p>The Cabinet is recommended to:</p> <ol style="list-style-type: none"> 1. Authorise submission of the Draft Local Implementation Plan (LIP2) to Transport for London and the subsequent public consultation ; 2. Authorise the Divisional Director of Regeneration and Economic Development to make non-material changes to the draft LIP2 prior to submission to Transport for London; and, 3. Note that following the completion of the consultation, the final draft LIP will be presented to the Cabinet to seek the Cabinet's recommendation to the Assembly to approve and adopt the LIP in early summer 2011. 	

Reason(s)

To enable the Council to determine its priorities and set a series of objectives / targets for transport in Barking and Dagenham, and to deliver a range of transport improvement schemes in the borough in the three year period to 2013-14, which, in turn, helps deliver the Mayor of London's Transport Strategy goals and, to a greater or lesser extent, all six of the Community Plan priorities.

Comments of the Chief Financial Officer

A report was previously submitted to Cabinet on 28 September 2010, in which Cabinet was asked to approve the Three-Year Delivery Programme including the Annual Funding Submission to TfL, which has since been submitted. Subsequent to this, Cabinet is now asked to approve the full draft Local Implementation Plan (LIP), which includes the wider objectives, measures, and targets of the programme, for submission to TfL before 20 December 2010.

There are no changes to the funding position previously reported to Cabinet in September – the Council has been provisionally allocated circa £2.3 million for each of the next three years. The previous funding submission (necessary to receive this funding) demonstrated how the Council intends to spend this allocation – and TfL approval of this is anticipated in December 2010.

The minor costs of publishing and consulting on the full draft LIP, which provides further information on managing and monitoring performance against the plan, will be met from within the existing Regeneration and Economic Development Division budget.

Comments of the Legal Partner

The Council is required under Section 146 of the Greater London Authority Act 1999 ('the GLA Act') to submit its LIP to the Mayor of London for his approval. In preparing the LIP the Council must have regard to the Mayor's Transport Strategy. The Mayor will take into consideration whether the LIP is consistent with the Transport Strategy and the proposals and timetable are adequate for the implementation. The Council's submission to TfL will consist of the version of the LIP agreed by the Cabinet.

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Cabinet Member: Councillor Vincent	Portfolio: Environment	Contact Details: Tel: 020 8724 2892 E-mail: (gerald.vincent@lbbd.gov.uk)
Councillor McCarthy	Regeneration	Contact Details: Tel: 020 8724 8013 E-mail: (mick.mccarthy@lbbd.gov.uk)

1. Background

- 1.1 The report provides details of the Council's second draft Local Implementation Plan (LIP) submission to Transport for London (TfL). The plan, which includes a set of objectives, a Three-Year Delivery Programme covering the period 2011/12 – 2013/14, and a performance monitoring plan, represents the Council's strategy to achieve a safe, sustainable and accessible transport system for the benefit of all those living and working in and travelling through Barking and Dagenham. Whilst the focus of the draft LIP is addressing local transport issues, the plan must also deliver the Mayor of London's Transport Strategy (MTS).

2. The Local Implementation Plan

Plan Overview

- 2.1 In line with TfL guidance the draft LIP is split into four chapters:
- 2.2 Chapter 1 covers the background to the draft LIP including the policy context.
- 2.3 Chapter 2 examines the problems relating to transport experienced in Barking and Dagenham and identifies the key opportunities to address them. It also identifies the principal plan objectives. This chapter provides the context for the draft LIP Strategy and Delivery Plan presented in Chapter 3.
- 2.4 Despite the progress that has been made in recent years, there are still considerable challenges to improve transport in Barking and Dagenham. Table 2.6 in Chapter 2 provides an overview of the key transport and land use problems facing the borough, and the principal opportunities to overcome them. Key issues include:
- A significant increase in population and workforce over the next 20 years;
 - Poor public transport connectivity to and within parts of the borough and issues surrounding quality / frequency of some services particularly north-south public transport links and access to the employment and regeneration areas south of the A13;
 - Worsening performance of the road network, with average journey speeds / journey time reliability falling and congestion worsening. Problems are exacerbated by an increase in road freight movements and new trip generating developments; in this regard the Renwick Road Junction and Lodge Avenue Flyover are in need of improvement / replacement;
 - Lack of safe, direct walking and cycling links and facilities. Concerns over the quality of the public realm;
 - Poor air quality and traffic noise adjacent to some sections of the highway network;

- Need to reduce road casualties – particularly pedestrian and motorcycle casualties;
- Issues surrounding accessibility of public transport services – lack of step-free access at some stations and real time travel information a key factor.

2.5 Chapter 3 comprises a Three-Year Delivery Programme (2011-12 – 2013-14) and also outlines long-term priorities for 2014-15 and beyond which are consistent with the Council's Community Plan, Regeneration Strategy and Local Development Framework (LDF). The Delivery Programme, includes a range of transport improvement schemes (including road safety, traffic management, highways maintenance, cycling and walking and travel awareness schemes), and was developed to meet the draft LIP objectives and address the various transport problems facing the borough. The Annual Funding Submission forms the first year of the Delivery Programme. This had to be submitted to TfL by 8 October and for this reason the Delivery Programme and Annual Funding Submission was reported to and approved by Cabinet. (Cabinet Minute 38, 26 September 2010 refers.)

2.6 The long-term strategy includes the following priorities:

- Improving public transport access to employment and residential areas south of the A13;
- Improving north-south bus services;
- Improving public transport to London Riverside including Docklands Light Railway Extension to Dagenham Dock, implementation of East London Transit Phase 1b and Barking to Royal Docks Bus Corridor;
- Renwick Road junction improvements and Lodge Avenue Flyover replacement;
- Improving public transport access to Queen's Hospital, Dagenham East Polyclinic and Barking and Dagenham College;
- Barking Station Improvements;
- Crossrail;
- Capacity improvements on the C2C line including provision of 12 car trains and four trains per hour off-peak;
- Electrification of the Barking to Gospel Oak line;
- Roll out of Countdown 2 information at selected bus stops.

2.7 Chapter 4 comprises the Performance Management and Monitoring Plan which sets out the targets and trajectories for the five strategic performance indicators identified by TfL, and a number of other indicators that have been identified by staff. These will help determine whether the draft LIP objectives are being delivered.

Other Issues

- 2.8 There are a number of statutory duties and processes which the Council is required to consider in developing its LIP. These include the need to undertake a Strategic Environmental Assessment (SEA) and an Equality Impact Assessment (EIA) of the LIP, to identify and assess the impact of the LIP on the environment and different equalities groups respectively, and to propose appropriate mitigation measures where necessary. Chapter 1 of the draft LIP provides further information on how these requirements have been addressed.
- 2.9 Chapter 1 of the draft LIP also summarises the wide-ranging consultation, participation and partnership working arrangements that are central to the development of the LIP.
- 2.10 Boroughs are required to submit a draft LIP, incorporating a set of transport objectives, a Three-Year Delivery Programme to 2013/14 and a performance monitoring plan to TfL by 20 December 2010. It is the intention to then undertake a period of consultation with a range of statutory and local stakeholders ahead of reporting a final LIP to Cabinet and Assembly in early summer 2011.

3. Financial Issues

- 3.1 The Three-Year Delivery Programme, including the Annual Funding Submission for 2011-12, was reported to Cabinet on 28 September. The long-term priorities set out in the Delivery Programme either reflect existing Council commitments, for example the Council's Highways Maintenance Programme and Street Light Replacement and Maintenance Programme, or depend on the actions and funding from other partners, for example Network Rail, Transport for London, C2C, the Highway's Agency and Crossrail Ltd. Funding from S106 agreements will also be important. Otherwise the Council will continue to fund local transport improvements through the LIP funding process and explore other external funding sources, including the National Stations Improvement Programme.
- 3.2 The minor costs of publishing and consulting on the draft LIP will be met from within the existing Regeneration and Economic Development Division budget. The number of hardcopies will be kept to a minimum.

4. Legal Issues

- 4.1 The LIP is a statutory document required under Part IV, Chapter I of the Greater London Authority Act 1999. The second LIP will set out how Barking and Dagenham proposes to implement the Mayor of London's Transport Strategy between 2011-12 and 2013-14.

5. Other Implications

- 5.1 The following issues / implications have been identified:

- **Risk Management:** Failure to develop a LIP, including a set of objectives, a Three-Year Delivery Programme and a performance monitoring plan, or to submit an annual funding submission to TfL, could result in the Council's funding allocation for the period 2011-12 to 2013-14 being withdrawn and the Council having to bare the full costs of any planned transport schemes.
- **Contractual Issues:** No specific implications.
- **Staffing Issues:** No specific implications.
- **Customer Impact:** The draft LIP will be subject to a full Equalities Impact Assessment and will be consulted on in the New Year. This will inform the final LIP, including the detailed Annual Funding Submissions for years two and three of the Delivery Programme. In advance of this the findings of the Equalities Impact Assessment of the current LIP remain relevant:
 - The LIP is driven by the Council's Community Strategy in which a key policy is Promoting Equal Opportunities and Celebrating Diversity;
 - The LIP is extremely focussed on promoting improvements to transport in the borough, and in particular alternatives to the car and reducing social exclusion. These improvements are likely to be of importance to equalities target groups;
 - Safety is a key concern of the LIP - often of particular significance for the welfare of the young; and other (more vulnerable) groups who may be the target of anti social and violent behaviour;
 - Goals such as traffic restraint and cleaner air are also likely to have a more differential impact for target groups e.g. the very old and the disabled.
 - A key role of the LIP is to deliver the transport priorities of the Mayor of London, as set out in the MTS, at the local level. The MTS itself has been subject to a rigorous EIA. As the LIP is broadly in line with the MTS, it is considered that the measures proposed within it would not impact adversely on the various equality groups. Where specific issues have been identified, appropriate mitigation measures have been put in place.
- **Safeguarding Children:** The LIP programme includes schemes to improve road safety both through highway safety measures and also through initiatives such as cycle training.
- **Health Issues:** Improving the health and wellbeing of the boroughs residents, particularly children, has been identified as a key priority. The Council is addressing this issue by actively promoting the benefits of the cycling and walking network to all sectors of the community, with the aim of increasing the number of people using it.
- **Crime and Disorder Issues:** Personal safety has been highlighted as a concern by both users and non-users of the local transport network. The Council is addressing these concerns by working with TfL to ensure that roads and footways are well maintained and free from obstructions and infrastructure is safe and secure. The Crime and Disorder Act requires the

Council to have regard to crime reduction and prevention in all its strategy development and service delivery. The Council will work with partners to ensure that the infrastructure is delivered with due regard to safety and to reducing the fear of crime.

- **Property / Asset Issues:** Please see the “Financial Issues” section.
- **Procurement:** All expenditure with third parties will be conducted in line with the appropriate Council or EU Procurement Rules.

6. Options appraisal

- 6.1 The Council is required to develop a LIP, incorporating a set of objectives, a Three-Year Delivery Programme and a performance and monitoring plan, and submit a detailed spending submission to TfL each year. The LIP objectives and delivery programme have been developed following careful analysis of the key transport issues and opportunities facing the borough. Furthermore, by undertaking an SEA and EIA, the LIP will be screened to ensure that its policies and programmes do not impact adversely on the environment or different equalities groups. Where specific issues are identified, appropriate mitigation measures will be put in place.

7. Background Papers Used in the Preparation of the Report

- 7.1 The following papers / reports were used in the preparation of this report:
- Guidance on Developing the Second Local Implementation Plans, Greater London Authority, 2010
 - Mayor of London’s Transport Strategy, Greater London Authority, 2010
 - Cabinet Report and Minute 38, 28 September 2010: 2011-12 Local Implementation Plan Funding Submission and 2012-13 and 2013-14 Indicative Delivery Programme.

8. List of appendices

Appendix 1 - *LB Barking and Dagenham Draft Second Local Implementation Plan Draft LIP2 - (2011-12 to 2013-14)*

(Note: this has been circulated to members of the Cabinet under separate cover and is also available for view at on the Council’s website at [http://moderngov.barking-](http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=180&MId=5113&Ver=4)

[dagenham.gov.uk/ieListDocuments.aspx?CId=180&MId=5113&Ver=4](http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=180&MId=5113&Ver=4)

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CABINET

23 NOVEMBER 2010

REPORT OF THE LEADER OF THE COUNCIL

Title: Olympic Legacy – Mayesbrook Park Sports Centre	For Decision
<p>Summary:</p> <p>The Council has been approached by the Olympic Delivery Authority to potentially host a number of Olympic related activities in Mayesbrook Park.</p> <p>The proposal is for several pre-games training camps to be held in a purpose built sports centre, to be constructed by a private developer, Ebbsfleet Sports Centre Ltd (the “developer”), with the Olympic Delivery Authority part funding the development.</p> <p>In order for the developer to construct and run the sports centre it is proposed for them to be given a long-term lease of part of Mayesbrook Park. The development of the sports centre, will not only provide a games time training venue for the Olympic and Paralympic events, but also create a facility that will be used after the 2012 games by local clubs and the wider community.</p> <p>The development and subsequent operation of a sports centre is a long-term arrangement and as the Olympic Delivery Authority is only a temporary body, set up solely for the Olympics, it would not be appropriate for them to take on a lease.</p> <p>The Olympic Delivery Authority has made a commitment of £3.9 million towards the cost of the scheme, which it is expected will total over £9 million. The balance of the required funding will be provided by the developer.</p> <p>The developer and the Olympic Delivery Authority are proposing to enter into an arrangement for the facility to be used exclusively as a games time training venue for handball and potentially for some Paralympic sports.</p> <p>After the Olympics, it is proposed that the venue will be operated, at no cost to the Council, by the developer as a sports centre for the local community as well as acting as the home of British handball. The opportunity for the facility to act as a regional centre for tennis and futsal (5-a-side football) is also being investigated.</p> <p>There is a very tight timeline for the delivery of the new centre to meet the requirements of the Olympic Delivery Authority and as a consequence it is impractical for the Council to procure the scheme directly because it will not be possible to comply with European procurement legislation timescales.</p> <p>Following legal advice, it is proposed that the Council will instead grant a lease of the land to the developer. The developer will in turn directly procure the building to be erected. In return for permitting the development, it is proposed that the Council will receive an annual rental income of £25,000 from the developer, which will be utilised to support community access to the new sports centre and other participatory activities in the Park.</p> <p>The new sports centre which is to include an 80 space car park is to be built in</p>	

Mayesbrook Park, on the land shown red on the plan at **Appendix 1** and will be next to Mayesbrook athletics' arena. It is expected that the development will replace the outdated and dilapidated Mayesbrook Arena stand, food outlets and changing rooms and encompass all of the current arena car park area and the two outdoor football and basketball courts. The new facility will include outdoor football and basketball courts, which will be lit to give longer usage time. The developer will also be required to construct a new pedestrian and vehicle access from Lodge Avenue.

Apart from the cost of one off legal and property related advice, which can be contained within existing budgets, it is intended that there will be no capital or ongoing revenue costs incurred by the Council for the building and operation of the new sports centre.

On the back of this development, the Olympic Delivery Authority has also entered into an in principle agreement with the Council to use the Mayesbrook athletics arena and parts of the wider park for training camps for both Olympic and Paralympic athletics.

If endorsed by the Council, this arrangement will secure significant external funding to bring the athletics' arena up to Olympic standards. It is expected that the likely improvements could include the relaying of the existing running track as well as providing new long jump and triple jump lanes, changing facilities and other benefits for local schools and clubs.

As the plans for the necessary improvements have yet to be finalised, it is not possible to place an accurate figure on the likely level of investment this could bring and the range of improvements that may be provided. However, it is hoped that, as a result of this investment, the Arena will be able to host athletics' events of regional and national significance, as well as providing truly excellent facilities for use by local schools and sports clubs for the foreseeable future.

Existing sports clubs based in Mayesbrook Park and local schools, which use the Park's facilities, are being consulted to ensure that where possible they will benefit from these proposals. However, it must be noted that because the funding that may be secured for improvements will be ring-fenced for specific purposes, it will not be possible to improve all of the sports facilities in the Park. Also there will be some temporary disruption to allow building, renovation and making good works to be implemented.

Wards Affected: Mayesbrook, Longbridge, Becontree and Eastbury

Recommendation(s)

The Cabinet is recommended to agree:

1. Sports Centre
 - (i) To delegate final approval of the Heads of Terms of the legal documentation for the proposed sports centre to the Corporate Director of Finance and Commercial Services in combination with the Legal Partners, including grant of a lease of 100 years, between the Council and Ebbsfleet Sports Centre Ltd on commercial terms to enable the proposed development to go ahead;
 - (ii) That the rent received by the Council be utilised to support community access to the new sports centre and the provision of other participatory

activities in Mayesbrook Park;

- (iii) That the lease restricts use of the development to a sports / leisure centre within Planning Use class D2 plus necessary ancillary uses such as café and refreshment facilities. The use will also permit the centre to be used for holding seminars, music and performing arts events, provided that they do not constitute more than 20% of the total hours of use of the centre;
- (iv) To grant any ancillary documentation to the lease, to facilitate the development e.g. licences for carrying out works in compliance with planning consents etc.;

2. Athletics Training Camp

- (v) To approve the exclusive use of the athletics arena and other parts of Mayesbrook Park by the London Organising Committee for the Olympic Games (LOCOG) from early June to mid October 2012;
- (vi) To agree to implement the renovation of the Mayesbrook Arena and associated facilities at no capital cost to the Council; and accordingly;
- (vii) To authorise the Corporate Director of Adult and Community Services, in consultation with the Corporate Director of Finance and Commercial Services and Legal Partners, to award the contract for these works once they have been through the appropriate procurement process, which will be clarified once the scope of works has been finalised.

Reason(s)

The 2012 games provides a once in a lifetime opportunity to provide new and improved sporting facilities in the Borough which will help to encourage and enable local people to become and remain physically active.

Comments of the Legal Partner

There are special Planning Considerations concerning Mayesbrook Park as the Park is classified as Metropolitan Open Land and subject to the same level of protection as the green belt in the Council's Local Development Framework to prevent inappropriate development. The Council cannot grant permission without first referring the matter to the Secretary of State.

The Legal Practice has been consulted in respect of the proposed development of Mayesbrook Park, using funding from the Olympic Delivery Authority, and the advice provided as confirmed by external legal advisers (Eversheds), was that procurement of a developer by the Council to undertake the proposed development works would need to be undertaken in compliance with EU public procurement regulations.

As the report states, however, the very tight timelines stipulated by the Olympic Delivery Authority for completion of the development works made it impractical for the Council to procure the scheme directly because it will not be possible to comply with European procurement legislation timescales.

This report is therefore proposing that the Council grants a 100 year lease of part of the Mayesbrook Park to a private developer, Ebbsfleet Sports Centre Ltd, who will then procure the development works.

In return for permitting the development, it is proposed that the Council will receive an annual rental income of £25,000 from Ebbsfleet Sports Centre Ltd. The Council's Property Services have confirmed that this is the market value consideration for the land.

A lease agreement with a private developer with no specific requirements / controls or specification of uses or outputs generally falls outside the scope of the EU public procurement regime.

The Heads of Terms of the lease to be agreed with Ebbsfleet Sports Centre Ltd. should include a provision ensuring that the annual ground rent is reviewed regularly to keep it in line with inflation and the Council's consent is required before Ebbsfleet Sports Centre Ltd can assign its interest.

Head of Service: Paul Hogan	Title: Head of Leisure and Arts, Adult and Community Services	Contact Details: Tel: 020 8227 3576 E-mail: paul.hogan@lbbd.gov.uk
Cabinet Member: Liam Smith	Portfolio: Olympics	Contact Details: Tel: 020 8724 8448 E-mail: councillorliam.smith@lbbd.gov.uk

1. Background

- 1.1 The Council has been approached by the Olympic Delivery Authority to host a number of Olympic related activities in Mayesbrook Park, which have the potential to provide long-term benefit to Borough residents.
- 1.2 Prior to this approach and as previously reported to the Council Executive on 16 March 2010 (minute 146 refers), negotiations were underway with the Olympic Delivery Authority to secure a permanent shooting venue in the Borough as part of a multi use sports centre that would be used for the Olympic games and subsequently by local gun clubs and the wider community. However, it has not proved possible to secure agreement on a suitable specification for this facility that both meets the wider needs of the Council and has an adequate life span. As a result this opportunity is no longer being pursued.
- 1.3 If the proposals outlined in this report are approved, it is estimated that this will enable the Borough to benefit from several million pounds of external funding, which will be utilised to create a multi-sport hub in Mayesbrook Park. This is a key element of the plans for the renovation of the Mayesbrook Park which were supported by the Council Executive at its meeting on 16 March 2010.
- 1.4 It will also help to realise many of the community and stakeholder priorities for improvements to the park:

- Better safety and security;
- Better quality and range of facilities;
- More events and activities;
- Improved physical access and parking facilities; and
- Improved provision for sports and safe routes.

New sports centre for handball and other sports

- 1.5 The Olympic Delivery Authority has approached the Council to host a games time training camp for handball. Rather than a temporary venue with limited legacy benefits, the Olympic Delivery Authority will part fund the building of a permanent sports centre in Mayesbrook Park, which will meet the Olympic standard for handball, but will also be suitable in the longer term for a wide range of other sporting activities and events.
- 1.6 Alongside handball it is also expected that the facility will be used as a games time training venue for wheelchair rugby, Paralympic judo and Paralympic athletics.
- 1.7 After the Olympics, it is expected that the centre will become the national home for British Handball. As well as being the training base for the national team it is expected that the venue will also host regional, national and European handball tournaments and matches.
- 1.8 The potential to develop the centre as a regional centre of excellence by the Lawn Tennis Association is also being investigated. The facility is large enough to accommodate eight indoor tennis courts.
- 1.9 The Football Association has expressed interest in using the facility as a regional hub for Futsal (five a side football).
- 1.10 It is also expected that the centre will be widely used as a training venue by local sports clubs already based in the park as well as in the wider community. It is anticipated that the health and fitness, catering and other facilities will be used extensively by local people living in the catchment area of the new centre.

Sports centre – facility mix

- 1.11 In brief, the proposed development will comprise a sports centre measuring 100 metres x 60 metres x 12 metres high in size and will be large enough to house four Olympic size handball courts, eight changing rooms, a 175 station gym, mezzanine area overlooking the athletics track, restaurant, bar and snack/coffee area.
- 1.12 The centre will also have drug testing rooms, office space which can be utilised by the Council's Park Rangers and the parks Safer Neighbourhoods' Team and an area for educational and community based activities.
- 1.13 To enable the facility to better blend in with its surroundings it will be sunk into the ground to a depth of 1.5 metres and the extracted earth used to build a two to three metre high earth mound around the building's perimeter to the north and east.
- 1.14 The facility will be built next to the Mayesbrook Arena and will incorporate the removal of the dilapidated Arena stand, changing rooms, catering areas, Arena

car park, as well as the outdoor five a side football pitch and basketball court. All of these facilities will be re-provided in or around the new facility.

- 1.15 A new one way road system will be put in place so that vehicles enter the park at the existing Lodge Avenue entrance and leave via the Barking Football Club exit. A car park for up to eighty vehicles will be provided.
- 1.16 If the Council supports this proposal, it is likely that construction of the new sports centre will start in February 2011 and will be completed in January 2012.
- 1.17 The centre will not be available for club or public use until after the Olympics in September 2012.

Sports Centre - Strategic context

- 1.18 If built, the new sports centre will fully address the relative shortfall in sports hall provision in the Borough identified in the latest Sport England Facilities Planning model 2010 profile report.
- 1.19 An officer assessment indicates that the 175 station (pieces of equipment) gym proposed for the new sports centre will reduce the deficit of this type of provision in the Borough to fewer than 200 stations, which is equivalent to about five standard size gyms.

Athletics' training camp

- 1.20 Alongside the sports centre development, the Olympic Delivery Authority has entered into an in principle agreement with the Council to use the athletics' arena in the Park as a games time training venue for athletics. This would also require the fencing off of other areas of the Park that are currently used for football on a temporary basis for throwing sports (javelin, shot put, discus and hammer).
- 1.21 If Councillors agree to the use of the athletics' arena and wider Park for this purpose, it is expected that the Olympic Delivery Authority will invest significant funding to bring the athletics' arena up to the Olympic standard. This will probably include the relaying of the running track as well as the likely provision of new facilities for long jump, high jump and pole vault and a new protective cage for throwing discus and hammer.
- 1.22 It is expected that the athletics' club, which is based at the Arena, will benefit from these development opportunities if they are implemented. Also the maintenance of their current arrangements is guaranteed by the decision of the Development Control Board, which is outlined below.
- 1.23 The detailed specification for these improvements is currently being finalised. The potential to demolish and replace the derelict club house and changing rooms at the adjacent Council owned football stadium, which is used by Barking Football Club and others, is also being pursued as part of this development.

Procurement issues

- 1.24 Prior to this opportunity being made available to the Council, the Olympic Delivery Authority had been working with Ebbsfleet Sports Centre Ltd to provide the handball games time training venue at a site in Kent. This proposal fell through at the eleventh hour, when the proposed site was sold for residential development.
- 1.25 This left the developer without a site to build the sports centre on and the Olympic Delivery Authority short of an essential games time training venue. Subsequently the Government Olympic Executive, after consultation with the Olympic Delivery Authority, approached the Council to see if there was any interest in hosting the venue in the Borough.
- 1.26 Following discussions with the Corporate Management Team, the Leader of the Council and Mayesbrook ward councillors it was agreed, in principle, to pursue this opportunity. The Cabinet are now asked to formally approve the proposal.
- 1.27 The Council's legal advisors consider that the Council cannot directly procure the building of the new sports centre via a competitive tender process that would meet the Olympic Delivery Authority's tight timescale for delivery and at the same time comply with relevant procurement legislation.
- 1.28 They have advised that the only way the procurement and timescale issues can be addressed is by the Council agreeing to lease the land on which the sports centre will be built to the Olympic Delivery Authority's nominated developer, Ebbsfleet Sports Centre Ltd, and for the developer to then directly procure the construction of the sports centre.

Planning issues

- 1.29 The planning application for the construction of the new sports centre was approved by the Development Control Board on 18 October 2010 subject to the following key conditions, which are intended to ensure community benefit from the new facility and that the athletics' club, which currently has an annual hire agreement to use the Mayesbrook Arena, continues to enjoy the use of adequate facilities:

“a Section 106 agreement securing community use of the sports centre and a local labour and business agreement, and any direction of the Secretary of State, that the decision to approve any submitted amendment to the siting of the proposed changing rooms be delegated to the Regeneration and Economic Development Divisional Director in consultation with the Chair and Deputy Chair of the Development Control Board the provision of a convenient warm up/cool down area, storage space and space for refreshments for athletics club use of Mayesbrook Arena, the precise details of which be delegated to the Regeneration and Economic Development Director in consultation with the Chair and Deputy Chair of the Development Control Board.”
- 1.30 As the facility will be built on Metropolitan Open Land, the planning application also requires the approval of the Mayor of London and of the Secretary of State for Communities and Local Government. The Mayor has provided comments on the application and has agreed that the Council can proceed to its own decision without

further reference back to the Mayor. Discussions are ongoing with the applicant regarding the details of the Section 106 agreement, which must be signed before planning permission can be granted.

- 1.31 The Secretary of State's response is expected on 12 November 2010. A verbal update on this issue will be provided at the Cabinet meeting.

2. Proposal

- 2.1 It is proposed to utilise external funding to meet the costs of building a new sports centre in Mayesbrook Park and to renovate the Mayesbrook Arena athletics' facility.
- 2.2 To secure funding from the Olympic Delivery Authority to part fund the cost of building the new sports centre, it will be necessary in the first instance for the venue to be used to host a number of Olympic games time training camps, which will require exclusive, but time limited, use of the new sports centre.
- 2.3 The same restriction will apply to the Mayesbrook athletics' arena and the Park's football pitches, which will be used for throwing sports (javelin, shot put, hammer and discus).
- 2.4 Once the Olympics are over the sports centre and athletics' arena will be re-opened for community and club use. The football pitches will be reinstated and made available for use by local clubs.

3. Financial Issues

- 3.1 The new sports centre will not require any capital investment by the Council and the same applies to the improvements to the athletics' facilities at the Mayesbrook Arena.
- 3.2 The sports centre development will only be progressed on the basis that the capital and ongoing revenue costs will be wholly externally funded. The likely cost of building the sports centre is estimated to be £9.355 million, which will be met in total by the private developer. It is expected that the developer will secure a grant of about £3.9 million from the Olympic Delivery Authority to allow the facility to be used as a games time training venue for the Olympics and Paralympics.
- 3.3 As the lessee, the developer will be responsible for operating the sports centre during and after the Games. There are no ongoing revenue implications for the Council associated with this proposal.
- 3.4 Property Services have advised that an appropriate ground rent for this type of commercial arrangement is £25,000 per annum. It is proposed that this sum will start to be paid to the Council on an annual basis on the first anniversary of the lease.
- 3.5 This funding will be utilised to provide enhanced community access to the new sports centre and for the provision of participatory activities in the wider park.

4. Legal Issues

The comments of the Legal Partner appear above.

5. Other Implications

Risk Management

Athletics' training camp

- 5.1 There are not considered to be any meaningful risks associated with the potential improvements to the athletics' arena. If these go ahead it is expected that they will be delivered at no additional cost to the Council.

Sports centre

- 5.2 The Development Control Board has decided that the sports centre can only be built if adequate facilities are provided for the Havering Mayesbrook Athletics' Club.

- 5.3 There are three key risks associated with the sports centre development:

- (a) local residents, schools and clubs are not able to benefit from the development. It is planned that this risk will be managed through a S106 agreement with the developer which, it is proposed, will guarantee reduced price access to target groups and specify the support to be provided to local clubs and schools;
- (b) the developer could fail to complete the building of the new sports centre. It is planned that the Heads of Terms of the lease agreement will contain a performance bond from the developer to ensure that the building works can be completed under any and all circumstances; and
- (c) once completed, the sports centre could cease trading for a variety of reasons at some time during the course of the lease agreement with the Council. How this issue can best be managed will also be addressed in the Heads of Terms.

Customer Impact

- 5.4 The new sports centre and renovated athletics' facility will make a positive contribution to health and well being in the Borough. The sports hall and gym provision in the new sports centre will also help to address the strategic under provision of this type of facility in the Borough.
- 5.5 The S106 agreement should secure reduced priced access to be provided for specific target groups to help ensure that cost is not a barrier to participation. Also the sports centre will be designed to be accessible for disabled people.
- 5.6 Both the sports centre and the improved athletics' arena will be a valuable resource for local schools and clubs.
- 5.7 The Euro Dagenham Football Club and the Havering Mayesbrook Athletics' Club have raised specific concerns about how they might be affected by these proposals. Efforts are being made to ensure that, where appropriate, these concerns will be addressed in a positive way.

Safeguarding Children

- 5.8 The Council will work with the sports centre management team to ensure that current safeguarding standards for children and vulnerable adults that are currently in place across the Council's leisure centres will be implemented at the new centre.
- 5.9 Also the various clubs that will use the new sports centre have National Governing Bodies with rigorous governance and safeguarding arrangements in place.

Health Issues

- 5.10 The Council has approved a health and well being strategy, which has ten key priorities, one of which is to increase levels of physical activity in the Borough. If approved, the developments outlined in this report, will provide a significant improvement to the quality and range of facilities available to schools and sports clubs and will support many more local people to become and remain physically active.
- 5.11 Council and NHS Barking and Dagenham officers responsible for health improvement strongly support the proposed development. In particular the likely involvement of Paralympic sports will mean that the sports centre will have excellent access standards.
- 5.12 Similar to other areas of the Borough, the area surrounding the proposed development has high levels of obesity and cardio-vascular disease which could be reduced through increased levels of physical exercise. Physical exercise is also beneficial for mental health and the proposal would increase opportunities for physical activity for local people.
- 5.13 The provision of a health suite is important as this has the potential to attract a sports medicine or rehab unit in the community based at the new venue.
- 5.14 The sports centre operator will be encouraged to participate in the Access and Connect scheme to ensure the universal collection of leisure activity data.

Crime and Disorder Issues

- 5.15 Appropriate advice has been sought and will be implemented to minimise the likelihood and impact of vandalism, other types of crime and anti social behaviour at the new sports centre.
- 5.16 It is expected that the location of the new sports centre will help to address the vandalism and related problems being experienced at the adjacent athletics' arena. To help address anti social behaviour, the developer has allocated office space within the new sports centre (at no cost to the Council) to be used by the Neighbourhood Parks' team. Also the new sports centre will support a programme of positive and diversionary activities for young people who currently use the Park.
- 5.17 It is expected that the new sports centre will have a positive impact on crime and disorder in the Mayesbrook Park because the centre will be operating for seven

days each week and late into the night. The centre's staff and service users will provide a visible public presence in the Park, which it is considered will help to both counter anti social behaviour and enable it to be reported in a timely way if it occurs. This will be further enhanced by the provision of external lighting and CCTV equipment as part of the sports centre development.

6. Options appraisal

- 6.1 The Council has been provided with the opportunity to transform the sporting offer in one of its strategic parks through the renovation of dilapidated sporting facilities and the provision of a new multi purpose leisure centre at no capital or ongoing revenue cost. This is the preferred option.
- 6.2 Alternatively the Council could choose to forego this opportunity.

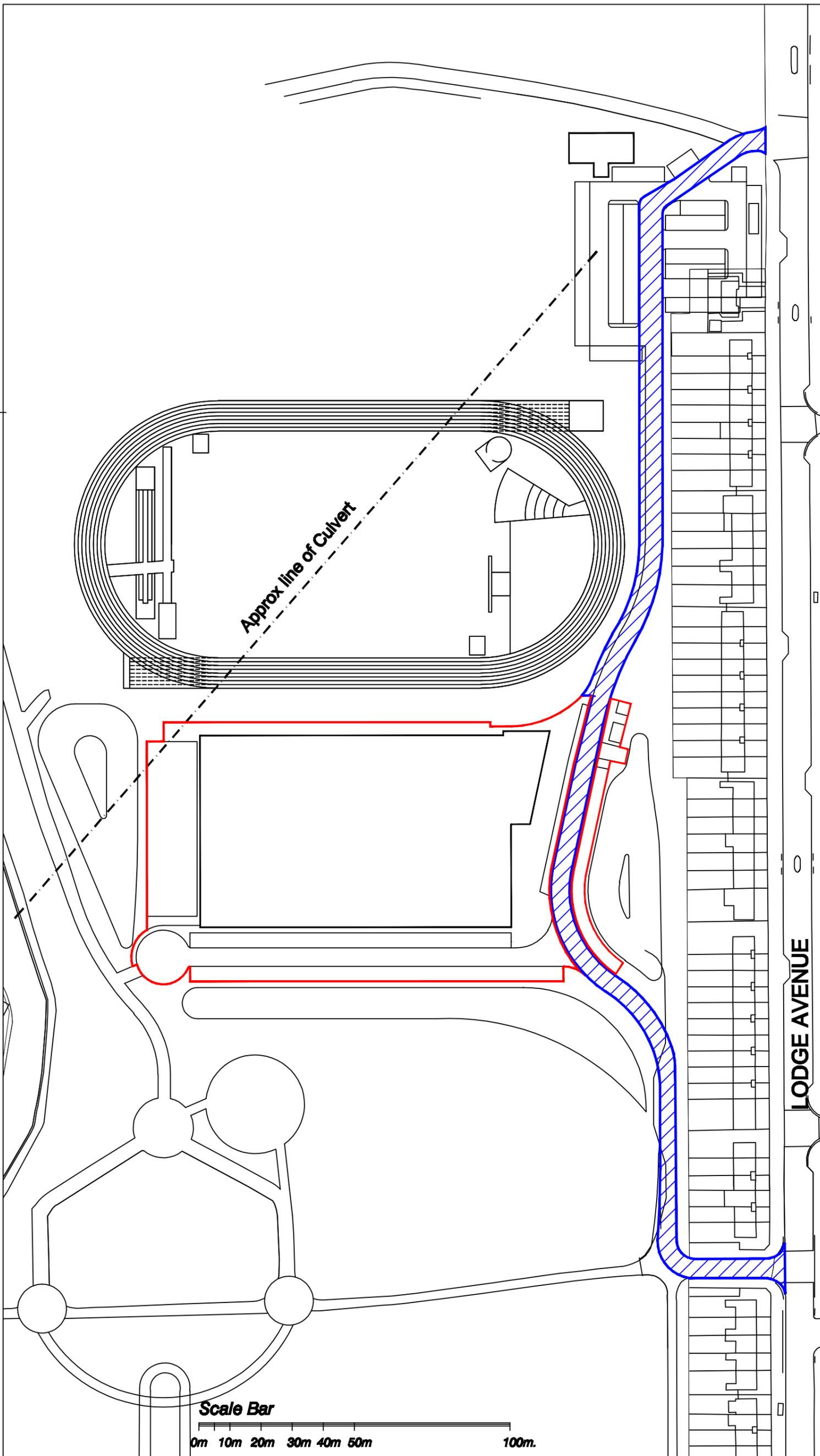
7. Background Papers Used in the Preparation of the Report:

Cabinet Minute 146 and report, 16 March 2010: Mayesbrook Park renovation scheme.

8. List of appendices:

Appendix 1 Plan of Mayesbrook Park showing proposed use as a games time training venue

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NOTES:
 Lease plan set up based upon LRK Associates drawing no. 1267 - 7001 dated October 2010 and used with LRK Associates permission.

Figured dimensions only to be taken from this drawing. **DO NOT SCALE.**

All dimensions to be checked & verified on site prior to any manufacture or construction work.



Key :

- Denotes Lease Area
- Denotes Right of Way

Rev.	Amendment	Date
B	General Revision. Right of way updated.	02/11/10
A	First Issued - Preliminary	26/10/10

The London Borough of
Barking & Dagenham

LBD Asset Management
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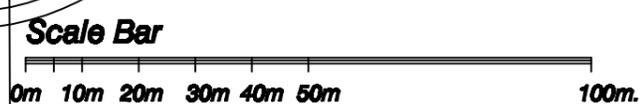
Scheme

Job
MAYESBROOK PARK
LODGE AVENUE
BARKING
ESSEX
RM8

Title
LEASE OF LAND AT
MAYESBROOK PARK

Drawn jw/LRK	Checked _
Scale 1:1250 @ A3	Date October 2010

Job. No. LBD/ODA	Drawing No. 001	Rev. B
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CABINET

23 NOVEMBER 2010

REPORT OF THE CABINET MEMBER FOR ENVIRONMENT

Title: Joint Procurement of Highways and Street Lighting Contracts with the London Borough of Havering	For Decision
<p>Summary:</p> <p>The purpose of this report is to seek Cabinet approval for officers to work with the London Borough of Havering to prepare contracts to procure works for planned highways works and street lighting when the current contract arrangements end.</p> <p>Highways are one of the larger spending areas of the London Boroughs and all boroughs have similar needs and requirements in this area. This report draws on research by Capital Ambition, London's Improvement and Efficiency Partnership, that demonstrated that efficiencies can be obtained through joint procurement, economies of scale and improvements in contract management. This proposed procurement is part funded by Capital Ambition.</p> <p>Objectives of jointly procuring highways and street lighting contracts are to:-</p> <ul style="list-style-type: none"> • Maximise the use of shared knowledge, expertise and resources • Standardisation of conditions of contract and specifications • Prove savings through greater purchasing power (economies of scale) • Improve management of contract and client activities <p>The longer term aim is to enter a joint procurement arrangement with the six boroughs that make up the East London Delivery Arm of Capital Ambition (East London Solutions). This broader work will take place in 2014 once their respective contracts end. Leading up to 2014, the joint procurement contracts by the London Borough of Havering and London Borough of Barking and Dagenham will serve to act as a pathfinder for good practice.</p> <p>The joint procurement exercise will be led by the London Borough of Havering with the active support of the London Borough of Barking and Dagenham. Assistance will also be provided by the Capital Ambition and East London Solutions.</p> <p>The collaborative contracts will seek to be sufficiently flexible so as to accommodate the various requirements of each individual borough.</p> <p>Wards Affected: ALL</p>	
<p>Recommendation(s)</p> <p>The Cabinet is recommended to agree:</p> <p>(i) To the request to seek tenders for a new contract for planned highways maintenance works and a second contract for street lighting, over an initial 2 ½ year term with the possibility of extending to a further 2 ½ years subject to satisfactory</p>	

- performance.
- (ii) That the procurement can be completed through a joint procurement exercise with the London Borough of Havering.
 - (iii) That the current contractual arrangements for planned highways maintenance and street lighting be extended to 31 October 2011 to coincide with the proposed procurement timetable
 - (iv) That the Corporate Director of Customer Services, in consultation with the Corporate Director of Finance and Resources, be given delegated authority to approve the use of the contracts following the agreed procurement process.

Reason(s)

As part of the Capital Ambition, analysis has identified that the boroughs in East London all have different contract arrangements in place and that there is the scope for efficiencies and savings to be made by increasing the size of the contract value. The purpose of this report is to get agreement from the Council and a commitment for a joint procurement exercise with the London Borough of Havering for two individual contracts for Planned Highway Works and Street Lighting works starting 1 November 2011.

Agreement is also sought to put the necessary arrangements in place to extend the existing contract. The boroughs will also look at how they can work together in the management of the contract and client activities.

Comments of the Chief Financial Officer

For this financial year the current street lighting contract of £1.9m is split between revenue (£900k) and capital £1m. An appropriate bid would need to be made for any future years' capital funding.

The £5m highways programme is for capital works only. As with the street lighting contract any funding for capital works will be in line with approved bids. However, it should be noted that approximately £1m of the funding is provided by TfL. The TfL grant claim is reviewed every 5 years and the next review date is due in August 2011. The value of future contracts is therefore yet to be determined so therefore it is not possible to give a firm indication of potential savings from re-negotiating the contract.

The joint procurement proposal is in line with modern procurement practise and increases the Council's buying power within the market. This, along with simplified monitoring arrangements, should achieve savings to the Council, but the extent of any savings cannot be quantified fully until later in the procurement process, but in any event it will be contained in existing budgets.

The contract for highways maintenance ends in August 2011. In order to align the contractual arrangements for the London Borough of Barking and Dagenham and the London Borough of Havering the contract start date for the joint arrangement will be 1st November 2011. By extending the existing contracts to this joint date, the Council is foregoing any potential savings although this cannot be quantified at this stage. To minimise this affect officers are currently in negotiation with the highways maintenance and street lighting suppliers to reduce contract costs.

Comments of the Legal Partner

1. This report is seeking Cabinet's approval of a proposal for the Council to enter into an arrangement with the London Borough of Havering for the joint procurement of two contracts – (1) a contract for planned highway works, and (2) a contract for street lighting works.
2. A larger-scale joint arrangement between the six East London boroughs for the procurement of these contracts had originally been contemplated, but upon further investigation it was discovered that due to existing contractual commitments by four of the boroughs, such an arrangement would not be possible until 2014 at the earliest, hence the proposal to enter into a joint arrangement with London Borough of Havering, as the only neighbouring borough that would be in a position to undertake a joint procurement with LBBB for now.
3. The report states that the proposed joint procurement exercise with the London Borough of Havering will reduce procurement costs, achieve economies of scale and efficiencies in contract management for both boroughs, and maximise the use of shared knowledge, expertise and resources.
4. The Government has for some time now been actively encouraging collaborative working between local authorities, and as far back as 2006, the Local Government White Paper – “Strong and Prosperous Communities” – encouraged joint commissioning of services by local authorities and highlighted its potential benefits, including achieving economies of scale.
5. It is anticipated that the proposed joint procurement exercise will be led by the London Borough of Havering with support from the London Borough of Barking and Dagenham in terms of preparation of common specifications and contract documents.
6. The respective value of the proposed joint contracts exceeds the EU threshold for works (currently £3.9m), therefore there is a legal requirement to tender the contracts in the EU.
7. In compliance with Contract Rule 3.6 which requires the proposed strategy for contracts above £400k to be presented to Cabinet for approval, the Cabinet Member for Environment has set out the proposed strategy for the joint procurement of the contracts in Section 5 of this report, for approval by Cabinet.
8. In deciding whether or not to approve the proposed joint procurement with the London Borough of Havering, Cabinet, having regard to the Council's fiduciary duty and its duty to deliver Best Value, must satisfy itself that the joint procurement will represent value for money for the Council.
9. Further to the request for approval of the proposed joint procurement with the London Borough of Havering, this report is requesting that Cabinet delegates its authority to approve the use of the awarded contracts to the Corporate Director of Customer Services, acting in consultation with the Corporate Director of Finance and Resources.
10. Cabinet 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.

11. The report is furthermore seeking Cabinet's approval of an extension of the Council's existing contractual arrangements for the provision of Planned Highways Maintenance works and Street Lighting until 31st October 2011, to facilitate continuation of the works pending the anticipated completion date of the proposed joint procurement of replacement contracts, which is 1st November 2011.
12. Contract Rule 4.3 empowers the Executive to approve contract extensions where such extensions have been provided for as an option within the terms of the original tendered contract.
13. The terms of the existing Street Lighting contract allows the contract to be extended up to 3 (three) separate times by the Council for a period of up to one year each time. The option to extend has been exercised once, upon expiry of the original term of the contract, thereby extending the contract until September 2010. The Council therefore has two further opportunities to extend the contract by a period of up to one year each time, subject to the agreement of the Contractor.
14. The report states that the Council's current Highways Maintenance contract will expire in July 2011 i.e. three months prior to the anticipated completion date of the proposed joint procurement of replacement contracts. The Highways Department have however confirmed that the current contractor is agreeable to a short-term extension of the contract pending completion date of the procurement of a replacement contract.
15. Although there is some scope for an argument that such an extension would amount to a separate contract which should itself be procured, the commercial reality is that a short-term extension pending completion of the contract re-procurement is the most efficient way of ensuring continuity of a service that the Council has a statutory obligation to provide, pending completion of the proposed procurement.
16. All reasonable endeavours should however be undertaken to adhere to the proposed joint procurement timescales, to ensure that the procurement is completed by the anticipated date of 1st November 2011, in order to obviate the need of a further extension of the current Highways Maintenance contract.
17. The Legal Partner (Property, Procurement and Planning) confirms that provided Cabinet is satisfied that the proposed joint procurement with the London Borough of Havering will represent value for money for the Council, there is no legal reason preventing Cabinet from approving the recommendations of this report. The Legal Partner should be consulted in relation to the contractual aspects of the procurement.

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Cabinet Member: Councillor Vincent	Portfolio: Environment	Contact Details: Tel: 020 E-mail: Councillor Vincent

1. Background

- 1.1 Planned highways works and street lighting are currently delivered through two individual contracts whose annual value are approximately £1.9m per annum for street lighting and £5m per annum for planned highways works. The Council has a statutory obligation to maintain highways and street lighting in accordance with The Highways Act 1980 and the code of practices for Well Maintained Highways (July 2005) and Well Lit Highways (November 2004)
- 1.2 The Contract for planned highways works is currently with Bardon Contracting and is valued at approximately £25m. It is due to expire in July 2011. The contract for Street Lighting is with May Gurney and expired in September 2010. It is valued at approximately £1.9m per annum and the contractual arrangement is currently being maintained.
- 1.3 Highways are one of the larger spending areas of the London Boroughs and all boroughs have similar needs and requirements in this area. This report draws on research by Capital Ambition, London's Improvement and Efficiency Partnership, that demonstrated that efficiencies can be obtained through joint procurement, economies of scale and improvements in contract management. This proposed procurement is part funded by Capital Ambition.
- 1.4 East London Solutions analysis has identified that boroughs in East London all have different contract arrangements in place, that prices differ across the boroughs and that there is scope for efficiencies and savings by economies of scale. East London Solutions, was created by a number of London Boroughs, East London Solutions is about shared solutions which create a range of opportunities for East London authorities to work together to achieve demonstrable improvement and efficiencies in service design, management and delivery and/or procurement and market management. The boroughs that form part of East London Solutions are the London Borough of Barking and Dagenham, London Borough of Newham, London Borough of Havering, London Borough of Redbridge, London Borough of Tower Hamlets and London Borough of Waltham Forest.

2. Proposal

- 2.1 In order to consider how savings can be realised an opportunity has arisen whereby the Council and the London Borough of Havering undertake a pathfinder project for Capital Ambition which is looking to take forward a regional approach to procurement of planned highways works and street lighting works. This involves joint procurement using common specifications and contracts which will in effect pilot contracts which will be used on a larger sub regional basis from 2014.
- 2.2 The joint contract arrangements with the London Borough of Havering will operate from 2011 until 2014 when six East London Boroughs will seek to operate single contracts for planned highways works and street lighting works using common specifications and contract arrangements.
- 2.3 Initially procurement will be led by the London Borough of Havering with support from the London Borough of Barking and Dagenham, the Capital Ambition and East London Solutions.

3. Financial Issues

- 3.1 There are potential savings to be made by jointly procuring services with the London Borough of Havering and subsequently with other Boroughs. Although the Council will need to provide resources in the preparation of common specifications and contract documents, the London Borough of Havering and East London Solutions will undertake the procurement exercise.
- 3.2 This exercise should mean a reduction in the cost of procurement, economies of scale and efficiencies in contract management. From 2014 further benefits should accrue when additional boroughs are able to enter into the procurement exercise.
- 3.3 By extending existing contract arrangements, the Council may initially be losing out on possible savings that more immediate long term contracts could generate.
- 3.4 For the purpose of preparing future contracts, the street lighting contract will have a valuation of up to £1.9m per annum and the planned highways works will be up to a value of £5m per annum.

4. Legal Issues

- 4.1 The Council is required to tender for both planned highways works and street lighting works. These contracts will need to be in place from 2011.
- 4.2 Liability for TUPE will rest with the incumbent and any future contractors.

5. Procurement Strategy

- 5.1 The two contracts are estimated to be valued at approximately £6.9 million per annum for the London Borough Barking and Dagenham and that the estimated value of the Contracts will be in excess of the threshold for application of the Public Contracts Regulations 2006 (the Regulations) and therefore subject to the full application of the Regulations. 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 in the proposed Joint Procurement.
- 5.2. The contracts will be tendered by the London Borough of Havering in full with European procurement rules Directive 2004/18/EEC and in accordance with their own procurement rules. Adverts will be placed in the Official Journal of the European Union (OJEU) requesting expressions of interest from prospective contractors. It is expected that the two stage Restricted procedure will be used.
- 5.3. It is anticipated that tenders will be evaluated on a price / quality ratio. The conditions of contract to be entered into between the Council and the successful tenderer(s) are yet to be agreed and Legal Services shall advise on the implications thereof upon receipt of instructions

6. Other Implications

6.1 **Risk Management** – There is a risk that when tenders are returned they do not provide financial savings. The outcome of the tendering exercises will be reported to Cabinet, with comments on financial outcome, for delegated approval.

6.2 **Contractual Issues** – There is a need to extend current contractual arrangements in order to let the two joint contracts with the London Borough of Havering.

The new jointly procured contracts will be operational until 2014 when it is intended that five East London Boroughs will enter, with the London Borough of Barking and Dagenham, into joint contracts for planned highways works and street lighting works.

All six boroughs should be in position to enter into a joint contract in 2014, however to protect the contractual interests of the London Borough of Havering and London Borough of Barking and Dagenham, the contracts let in 2011 will be operational until 2014 but with the ability to extend for a further two and a half years.

6.3 **Staffing Issues** – No significant staffing issues at this time

6.4 **Property / Asset Issues** – The Council has a statutory obligation to maintain highways and street lighting in accordance with the Highways Acts 1980 and the code of practice for Well Maintained Highways (July 2005) and Well Lit Highways (November 2004). The work to carry out the maintenance is contracted out and programme managed in accordance with the Council's Network Management Plan.

7. Options appraisal

7.1 Option 1 – The Council solely procures its contracts until 2014 and then considers the option of jointly procuring with the other five East London Boroughs. There are potential benefits of procuring larger contracts and a joint approach with the London Borough of Havering will provide an opportunity to realise these savings from 2011 and also to assess the benefits/difficulties of operating with other boroughs.

7.2 Option 2 – Do nothing. The Council is required to tender for contracts for planned highways works and street lighting works in 2011. The Council is not able to opt out of putting these contracts in place.

7.3 Option 3 – The Council works with the London Borough of Havering to prepare common specifications and contract documents to procure planned highways works and street lighting works contracts at the earliest opportunity. These contracts should operate until 2014; at that time four other East London Boroughs will be able to participate in joint, six borough, contracts for these works thereby appreciating benefits in terms of economies of scale and contract administration.

7.4 It is suggested to opt for Option 3 as this enables the Council to work with another borough to assess the level of potential benefit in terms of economies of scale and joint administration before entering into the larger contract arrangement in 2014 without significant or long term risk.

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

None

9. List of appendices:

None

CABINET

23 NOVEMBER 2010

REPORT OF THE CABINET MEMBER FOR FINANCE, REVENUES AND BENEFITS

Title: Re-Tendering of the Banking Contract	For Decision
<p>Summary:</p> <p>The Council's banking service is provided by Barclays Bank PLC under a five year contract which commenced 1 September 2005 with an extension of up to a further five years, which would run to 2015. However, procurement advice has been sought and it has been advised that it would be good practice to re-tender the contract rather than to let the extension run its course.</p> <p>It is anticipated that the tender process will be completed by 30 May 2010 and it is therefore proposed that the current contract with Barclays be extended for a period of up to nine months to cover this period.</p> <p>When tendered the expected contract value over five years will be approximately £400,000. The Council is required to obtain at least four potential tenderers by formal invitation to tender. Rules 6 and 8 (tendering and advertising) of the EU Public Procurement Regulations apply to contracts with value in excess of the EU thresholds tendering and advertising.</p> <p>The Council's Cashiers public function is also scheduled to close and this service is predominantly being moved to scan coins, web payment, cash less catering and prepaid cards. This also presents an ideal opportunity for the Council to consider the effectiveness and value for money of its existing arrangements.</p> <p>Wards Affected: None</p>	
<p>Recommendation(s)</p> <p>The Cabinet is recommended to:</p> <ul style="list-style-type: none"> (i) Agree the retendering of the contract for banking services on the terms set out in this report; (ii) Agree a extension of up to nine months of the current contract with Barclays whilst the tender process takes place; and (iii) Decide whether Members wish to be further informed or consulted on the progress on the tender process and award of the contract 	
<p>Reason(s)</p> <p>To assist the Council in achieving all of its Community Priorities and implement all aspects of its corporate plan and strategy.</p>	
<p>Comments of the Chief Financial Officer</p> <p>Changing bankers has its difficulties both strategically and often financially, however this is no reason not to test the market.</p>	

It is essential that the Council gets value for money from its contracts by regularly reviewing and retendering these contracts.

Comments of the Legal Partner

This report is seeking Cabinet's approval to re-tender the current contract for the provision of banking services to the Council, for a period of five years with an option to extend for a further two years

The value of the banking contract exceeds the EU threshold for services (currently £156,442), therefore there is a legal requirement to tender the contract in the EU. Furthermore, the Council's Contract Rules (Contract Rule 3.6) require the strategy for the procurement of contracts of above £400K in value to be submitted to Cabinet for approval prior to procurement of such contracts.

As the value of the proposed contract is circa £400k, the Cabinet Member, in compliance with the Contract Rules, has set out the proposed strategy for the procurement of the contract in Paragraph 2 of this report, for approval by Cabinet. This strategy complies with the EU public procurement rules as contained in the Public Contracts Regulations, 2006.

The Cabinet Member is furthermore seeking Cabinet's approval to extend the current banking services contract with Barclays Bank which expired on 31 August 2010 for a further 9-month period, to ensure continuity of provision of the banking service whilst the proposed re-procurement of the service is being undertaken. The report states that the contract with Barclays Bank contains an option to extend the contract, upon expiry, for a further period of up to 5 years.

The Legal Partner (Procurement, Property and Planning) confirms that there are no legal reasons preventing Cabinet from approving the recommendations of this report.

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1. Background

1.1 The current contract with Barclays Bank Plc commenced on 1 September 2005 with an extension for a further five years. Barclays provide the Council with a range of services to support its activities across the borough, for example:

- Paying in and withdrawal facilities
- BACS and CHAPS facilities
- Transmission of all web receipts
- Provision of statements
- Electronic banking
- Provision of reconciliation services

- Foreign currency transactions
 - Credit facilities
- 1.2 It is mandatory that the Council must have a bank account in other to transact its business.
- 1.3 The banking contract is managed by the Treasury Team. The quality of banking services affects people and services across the borough in a number of ways including:
- Payment of salaries and wages
 - Payment of Housing and Council Tax Benefit
 - Payment of Housing Benefit and Council Tax Overpayments
 - Receipt of Business Rates
 - Receipt of Council Tax and Housing rents
 - BACS /Cheques payments to contractors and Foster carers
 - CHAPS payments for precepts, levies and schools devolved budgets
 - Cancellation, tracing and recall of Housing & Benefit cheques & bacs
 - Cancellation, tracing and recall of contractor cheques & bacs
 - On behalf of the Council paying of foster careers who reside abroad
- 1.4 There are continual advances in the banking services industry, in terms of technology, processes and the range of services available. This re-tender process gives the Council an ideal opportunity to assess the effectiveness of the current arrangements in the light of these advances and Council's decision to close the Cashiers public function.
- 1.5 The re-tender process also gives an opportunity to ensure the Council gets value for money in respect of banking services.
- 1.6 It should be noted however that due to the value of the contract, the nature of business and other factors associated with the current financial climate, there are only a limited number of suitable banks who continue to provide this service.

2. Proposed Tender/Contract Package

- 2.1 Banking Services is a Part A (Priority) Service within the EU Procurement legislation. With a potential contract value of £80,000 per annum over the proposed contract period of five years, the potential value is £400,000 and therefore any tendering exercise must be carried out in full compliance with the legislation.
- 2.2 Officers propose to use the "Restricted Procedure" with regard to this contract – i.e. to invite expressions of interest (through an advert in the OJEU), receive initial responses, shortlist and then invite full tenders from between 3 or 4 banks which meet the Council's minimum credit criteria. With the required timescales in mind, officers anticipate that the contract will start in June 2011.
- 2.3 It is proposed that the new contract length be five years with an option to extend for a further two years. This proposal is to ensure that sufficient competition and challenge exists over the Council's contracting activity.

- 2.4 The Officers who will be involved in the tender evaluation include the officers from the Treasury Team and Procurement Team. The Cabinet is asked to decide if they wish for Member(s) to be further informed or consulted on the progress of the procurement and award of the contract.
- 2.5 The Council intends to award the Contract on the basis of the Tender that represents the most economically advantageous offer to the Council. Evaluation will be on the basis of the methodology set out in Appendix 1 of this report.
- 2.6 As set out in paragraph above, these criteria are Pass or Fail hurdles. Unless the tenderer passes all Selection Criteria they will not be considered against the Award Criteria and for the possible award of contract.
- 2.7 The contract will be awarded on the basis of a weighting of 40% quality and 60% price. The different criteria and sub-criteria together with the detailed scoring mechanism are set out in full detail in Appendix 1. Each tender will be scored against these criteria and a weighting attributed to each evaluation heading that reflects its relative priority. Scores will be aggregated under each heading to give an overall score for the tender.
- 2.8 A minimum threshold for each evaluation heading for the Award Criteria will be set as below for each tenderer. The minimum thresholds are:-

Quality – a score of 240 points out of a possible 400

Price – a score of 300 points out of a possible 600

Where there is a score tie, clarification meetings will be held concerning any aspects arising from the tender documents after the submission of the tenders.

3. Financial Issues

- 3.1 It is essential that the Council gets value for money from its contracts by regularly reviewing and retendering these contracts. The Council's current contract is a fixed fee contract.

4. Legal Issues

- 4.1 These are covered in the comments of the Legal Partner above

5. Other Implications

- **Risk Management**

The banking contract has risk implications to the Council. The treasury functions of the Council ensures that deposits are only placed with banks which meet the Council's minimum credit criteria of F1+ and AA (Fitch long and short credit rating). As part of the evaluation process, the Council will need to consider whether to apply these strict criteria. As the daily cash balance in the Council's bank account is very low and available at instant access, the risk is much lower than when placing term deposits with banks. The Council stands a risk of being unable to run its daily business if it does not have a bank account in operation.

- **Contractual Issues**

The contractual implications for the Council have been included in the comments of the Legal Partner above.

- **Staffing Issues**

There are no staffing issues affected by this report.

- **Customer Impact**

There are no direct impacts on customers of the re-tendering proposals although the service affects the Council's ability to pay or receive money from its customers.

6. Options appraisal

6.1 A number of options have been reviewed:

- Collaboration with our neighbouring borough - In the process of considering the option of collaboration with a neighbouring borough, the option could not be progressed as the two boroughs have significant differences in the management of schools bank accounts.
- Direct contract tender under EU procurement rules – this is the preferred option.
- Negotiation with the current provider for a review of existing price and extension of the existing contract for another 5 years - a renegotiation of price with the current provider would not give the Council full value for money.
- Use of existing consortia frameworks – There are no suitable existing frameworks.

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

- Corporate Procurement guide – tendering procedures over £50,000
- Barking & Dagenham Procurement Rules
- Retendering for the Banking Contract Report – Cabinet meeting 8th March 2005. Minute number 331.

8. List of appendices:

Evaluation Methodology and Selection Criteria - Appendix 1

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APPENDIX 1

EVALUATION METHODOLOGY AND SELECTION CRITERIA

Evaluation Methodology

The contract will be awarded to the most economically advantageous tender based on a combination of **Price** and **Quality**. This section is provided in the interests of transparency and fair competition and sets out and explains how that evaluation will be carried out.

Each bid must achieve a minimum level of acceptability as defined by the following compliance standards:

Compliance Hurdle	Rationale
Compliant and bona fide bid	Each bid shall be checked to ensure that there is no material breach of ITT conditions; that the Bid is complete; no collusion or corruption; no anti-competitive behaviour; all required information provided
Legal Acceptability	Each bid shall be checked to ensure that there is no legal impediment to the Council entering a contract with the Bidder. Each bid shall also be assessed as to whether any changes to terms and conditions are acceptable to the Council and to ensure that the proposals meet the Council's minimum requirements as attached.
Complete Bid	Each bid shall be assessed as to whether the Bidder has confirmed that it is able to deliver all services detailed within the specification.

The Council will reserve the right to reject without further discussion any Bid or Variant which does not meet these standards.

Selection Criteria

SELECTION CRITERIA	PASS	FAIL
ECONOMIC AND FINANCIAL STANDING		
Tenderers must meet the criteria for inclusion on the Council's counterparties list as regards medium and long term investments.		
TECHNICAL AND PROFESSIONAL ABILITY		
Tenderers must be authorised to act as a bank in the UK. The Council may seek documentary evidence of appropriate FSA (or equivalent) registration during the selection/evaluation process.		
Tenderers must provide access to the UK paper and electronic clearing systems. The Council may seek documentary evidence of appropriate clearing membership during the selection/evaluation process.		
Tenderers must have experience of providing banking services to local authorities or public bodies of a similar scale to the Council. Please therefore provide contact details of two local authorities/public sector bodies for whom you provide banking services.		
COMPLIANT AND BONA FIDE BID		

Evaluation Criteria/Weightings - Quality

Criteria Number	Description	Weighting
1	Bank accounts/account structures and cash management proposals/credit facilities	5%
2	Proposals for deposit of cash/cheques	5%
3	Cheque encashments	5%
4	Internet banking and reconciliation data	5%
5	Provision of paper statements/credit vouchers	5%
6	Implementation proposals	5%
	Total Service Requirements Score	30%
7	Total Service Quality	10%

Criteria for individual Questions

Summary	Criteria Number
Provision of accounts/HOCA's	1
Charge for opening/closing accounts	N/A (Price)
Will ID need to be provided to open accounts	1
Maintenance of mandates/signatories	1
Proposals for account structures	1
Automatic sweeps (from groups)	1
Charges to be fixed or inflationary increases	N/A (Price)

Can all charges be consolidated/debited to a single account?	1
Advice of charges 10 days prior to debit?	1
Discount/loyalty bonus	N/A (Price)
Pricing to be held beyond end of contract?	1
List of carriers with Bulk till arrangements	2
Proposed cash processing centres/authorised carriers	2
Proposed cheque processing centres/authorised carriers	2
Proposals for cheques from Vertex	2
Additional costs absorbed if branch/processing centres closes/relocates	2
Locations for branch deposits	2
Locations for cheque encashments	3
Inter bank agency fees to be absorbed	N/A (Price)
Additional charges for cheque encashment arrangements	N/A (Price)
HOCA counter fees to be waived	1
Contribution towards cheque stationery	N/A (Price)
Format/provision of standard cheque/credit books	1
Charges for statements	N/A (Price)
Provision of credit/HOCA vouchers	5
Assistance in relation to ceasing the return of vouchers	5
Provision of ad-hoc credit vouchers	5
Provision of ad-hoc cheques	5
Retention period of cheques	5
Procedure for stopping cheques	1
Value dating	N/A (Price)
Electronic/Internet Banking Service	4
Charges for Electronic/Internet Banking Service	N/A (Price)
Cut-off times for payments	4
Can individual HOCA transactions be viewed	4
Search capabilities	4
How robust is service	4
Security of proposed service	4
Back-up if service fails	4
Internet service to be launched	4
Single reconciliation data file	4
Proposal for delivery of data	4
Reconciliation data charges	N/A (Price)
Credit interest proposals	1
High interest deposit accounts	1
Auto-sweep to deposit account	1
Compliance with FSA regulations on recording phone treasury deals	1
Provision of BACS limits	1
Provision of overdraft facility	1
Excess fees/margins	1
Provision of Intra-day facility	1
Charges for appointeeship accounts	N/A (price)
Credit interest on appointeeship accounts	1
Internet banking service for appointeeship accounts	4

Procedure for opening appointeeship accounts	1
Charges if main contract transferred	N/A (price)
Contract transfer/implementation	6
SLA	7
Relationship management team	7
Key personnel involved in day to day management	7
Stability of branch network	7
Overseas call centres	7
Resolving transaction queries	7
Published response times	7
Statistics on bank errors	7
Quality programme	7
ISO accreditation	7
Compliance with Money Laundering , MiFid	7
Services outsourced	7
SAS 70 conducted	7
New developments brought to Council's attention	7
Examples of working in partnership with other public sector bodies	7

Each of the quality requirements will be scored as follows:

SCORE	RATING
0	totally unacceptable
1	below minimum acceptable standard with major concerns
2	below minimum acceptable standard but with no major concerns
3	minimum acceptable standard
4	good
5	excellent

The minimum acceptable standard (which in this system would receive a score of 3) is full compliance with the relevant legislation and full compliance with good industry practice.

Calculation of Quality Score

Responses to individual questions will be scored in accordance with the table above (i.e. scores of 0 to 5 applied).

The scores for all questions within each criteria will then be totalled and weighted accordingly.

For example:

Criteria 2 – Proposals for deposit of cash and cheques (5%)

- To be calculated to scores from 6 different questions
- Maximum score (30) will be given a total of 50 points

Other scores will be awarded points on a pro-rata basis in accordance with the following calculation:

Score

x 50 points

Maximum Score

- A score of 24 for criteria 2 would therefore be awarded 40 points

The threshold is 240 points out of a possible 400 points.

Evaluation Criteria/Weightings – Price

The price criterion is the annual price submitted by the tenderer for the provision of the services as set out in Part 3 of the Response Document. For evaluation purposes only where the tenderer has proposed inflationary increases, the annual price submitted will be inflated by 2% pa (the government's CPI target) to give a price for the 5 year period.

Price Scoring and Points

Each tender will be awarded points based on its relationship with the lowest priced tender. The tender with the lowest overall contract price, based on 5 years, will be awarded 600 points. Each of the remaining tenders will be awarded points on a pro-rata basis in accordance with the following calculation:

Lowest Tender for 5 years

x 600 points

Tender price for 5 years

For example

TENDERER	PRICE	POINTS AWARDED
A	£300k	600
B	£350k	480
C	£400k	400
D	£450k	343

The threshold is 300 points out of a possible 600 points.

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CABINET

23 November 2010

**JOINT REPORT OF THE CABINET MEMBER FOR ENVIRONMENT AND
THE CABINET MEMBER FOR REGENERATION**

Title: Local Development Framework - Draft Biodiversity Supplementary Planning Document and Draft Trees and Development Supplementary Planning Document	For Decision
<p>Summary:</p> <p>The Draft Biodiversity Supplementary Planning Document (SPD) (attached as Appendix 1) sets out the Council's guidance on protecting and enhancing biodiversity in the borough through the planning process. It explains how new development can be designed to benefit wildlife. The Draft Trees and Development Draft Planning Document (SPD) (attached as Appendix 2) provides guidance on how trees are protected in the borough and how this impacts on development proposals.</p> <p>Both SPDs provide guidance to developers on complying with planning policy in the Local Development Framework (LDF) including adopted Core Strategy policy CR2 Preserving and Enhancing the Natural Environment and emerging Borough Wide Development policy BR3 Greening the Urban Environment. They also provide guidance on the relevant legislation developers must follow in this area.</p> <p>Wards Affected: None</p>	
<p>Recommendation(s)</p> <p>The Cabinet is recommended to agree:</p> <ul style="list-style-type: none"> (i) the Draft Biodiversity Supplementary Planning Document for consultation and as a material consideration for Development Management in dealing with planning applications. (ii) the Draft Trees and Development Supplementary Planning Document for consultation and as a material consideration for Development Management in dealing with planning applications. 	
<p>Reason(s)</p> <p>To help deliver the Community Plan priorities:</p> <ul style="list-style-type: none"> • Priority 2: A clean, green and sustainable borough 	
<p>Comments of the Chief Financial Officer</p> <p>The two proposed Supplementary Planning Documents (SDP's) do not contain any new policies, but provide guidance on how to comply with existing legislation concerning the protection of wildlife and the implementation of LDF policy. Thus, they do not impose any</p>	

new onerous requirements or financial consequences (or rewards) onto customers (internal customers, developers, and householders).

The service is currently in receipt of Government grant income of £16,836 in respect of Biodiversity / Habitats Regulations. The work associated with consulting on and implementing the two SDP's will be carried out by current staff, and met from within existing Regeneration & Economic Development budgets. There will be some minor incidental expenditure incurred, such as that of advertising, postage, and printing, and this will be (more than) offset by the Government grant income received.

Comments of the Legal Partner

The Planning and Compulsory Purchase Act 2004 (the "Act") requires the Council to replace its Unitary Development Plan (UDP) with a Local Development Framework (LDF).

The Local Authorities (Functions and Responsibilities) (Amendment) (No 2) (England) Regulations 2004 provide that adoption of Local Development Documents are not a Cabinet function. Once consultation has been completed the necessary resolution to adopt the documents under Section 23 of the Act will need to be taken by the Assembly.

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1. Background

- 1.1 The 2004 Planning and Compulsory Purchase Act requires Barking and Dagenham to replace its Unitary Development Plan with a Local Development Framework (LDF). The LDF is a key corporate document which is focused on implementing the spatial dimensions of the Community Plan.
- 1.2 On 21 July 2010 the Council adopted the Core Strategy. The Core Strategy is the main LDF document which sets the vision for the future planning of the borough up to 2025. Core Strategy policy CR2 Preserving and Enhancing the Natural Environment states: "The Council will seek to preserve and enhance the borough's natural environment, including all sites of ecological or geological value (whether or not they have statutory protection) and all protected or priority species."
- 1.3 A further LDF document called the Borough Wide Development Policies Development Plan Document contains the development management policies for the borough and was reported to Members in 2009. This went through the process of independent examination in September 2010. Emerging policy BR3 in this

document establishes that the enhancement and protection of nature conservation should be a consideration of all development proposals.

2. Proposal

- 2.1 This report covers another important part of the LDF, Supplementary Planning Documents which provide further guidance on the implementation of LDF policies.
- 2.2 The purpose of the Biodiversity SPD is to provide guidance to developers, householders and planners on how biodiversity should be protected and enhanced in the borough in accordance with policies in the Core Strategy and the Borough Wide Development Policies DPD (BWDPDPD). The document provides advice on:
 - The legislation protecting plants, animals, birds and their habitats namely the Wildlife and Countryside Act 1981, the Conservation of Habitats and Species Regulations 2010 and the Badgers Act 1992.
 - The biodiversity information required when making a planning application, for example setting out when surveys of wildlife and habitats should be carried out.
 - How to integrate biodiversity into buildings and their surroundings so as to improve existing habitats and create new habitats. This can be achieved, for example, by including plants in landscaping schemes that are good for bees and birds or by providing nest boxes.
- 2.3 The document also provides information on the wildlife sites and species found in the borough which the guidance is focused on preserving or enhancing. The borough has a wide range of habitats, many of which are on protected sites providing access to nature for local people eg Eastbrookend Country Park was created on a restored landfill and quarry site and features a mosaic of water, scrub, woodland and grassland, providing ideal conditions for wildlife. The Ripple Nature Reserve is an example of a brown field site where plants and trees have re-colonised the land and where wildlife now flourishes. Waterways across the borough include the River Roding, the Mayes, the Beam and the Goresbrook, all of which make a significant contribution to the borough's biodiversity.
- 2.4 A Non-Technical Summary of the Draft Biodiversity Supplementary Planning Document has been prepared to assist with consultation and to assist with the delivery of the guidance.
- 2.5 The Draft Trees and Development SPD sets out the Council's policies on the protection of trees in the borough. These policies are based on the LDF, the London Plan and best practice as recommended by the Department for Environment, Food and Rural Affairs, and Communities and Local Government.
- 2.6 The purpose of the SPD is to guide developers and householders on legislation, planning requirements and the protection of trees.
- 2.7 Guidance is provided on:
 - Trees and the design of development
 - Surveys of land and trees that may be submitted with planning applications.
 - Protecting trees during construction on the development site.
 - Tree Preservation Orders (TPOs)

- Conservation Areas. (Trees in Conservation Areas receive a similar level of protection to trees protected by TPOs)
- Wildlife and trees.

2.8 Both SPDs are important tools in ensuring that the natural environment and the built environment are not pitted against each other but are regarded as being mutually interdependent. As set out in the recent Government discussion paper “An Invitation to Shape the Nature of England, A Discussion Paper (DEFRA, 2010)”, the natural environment underpins our economic prosperity, our food security, health and wellbeing and our ability to adapt to climate change.

3. Financial Issues

3.1 The costs of consulting on the draft SPDs and implementing the SPDs through the development management process will be met from the existing Regeneration and Economic Development budget. The Council also received a Government grant in 2010 and 2009 for new burdens associated with the Habitats Regulations, amounting to £16,836. This grant will also assist with the costs of consultation and implementation.

4. Legal Issues

4.1 The Local Development Framework regime was introduced by the Planning and Compulsory Purchase Act 2004. It replaces the Unitary Development Plan. The process is set out in secondary legislation namely the Town and Country Planning (Local Development) (England) Regulations 2004. The Regulations were amended in June 2008 by the Town and Country Planning (Local Development) (England) (amendment) Regulations 2008.

4.2 The proposed Supplementary Planning Documents are subject to defined consultation procedures requiring publishing on the Council’s website; advertising notice of the proposal and availability for inspection at the Council’s offices.

4.3 As part of the consultation procedure the draft SPDs should be sent to each of the specified consultation bodies to the extent that the local planning authority thinks that the SPDs affects the body and such that other bodies as the Council considers appropriate.

4.4 The consultation period must not be longer than six weeks or shorter than four weeks. If representations are received they must be considered prior to formal adoption.

5. Other Implications

Risk Management

Risk	Probability	Impact	Priority	Action
Failure to meet legal requirements.	Low	High	High	Relevant Act and Regulations will be followed in preparing and adopting SPD.

Policy not applied successfully	Low	High	High	Development Management staff will be fully briefed.
Failure to integrate fully with other Council policies and strategies	Low	High	High	The Draft SPD has been prepared in consultation with Natural England, the GLA, the London Biodiversity Partnership and relevant Council services.
Guidance is not upheld at appeal	Medium	High	High	This SPD is in line with Government guidance on protecting and enhancing biodiversity and protecting trees. Its purpose is to provide detailed guidance to developers on the implementation of LDF policy set out in the Borough Wide Development Policies DPD and the Core Strategy which has now been adopted.
Policy is challenged by developers.	Low	High	High	Other local authorities have issued similar guidance. The SPD does not impose any new requirements but instead provides guidance to developers on how to comply with legislation and LDF policy.

- **Customer Impact**

- The two SPDs do not contain new policies but they do provide helpful guidance on how to comply with legislation concerning the protection of wildlife as well as implementation of LDF policy.
- The consultation process will allow the general public, developers and statutory bodies to comment on these documents. Consultation will be undertaken in line with the Council's Statement of Community Involvement.
- The potential impacts on customers are identified below:

External Customers:

Developers

Both SPDs explain the requirement to protect biodiversity and trees during the development process and to identify mitigation measures where necessary. This should enable developers to incorporate the protection and enhancement of biodiversity and the protection of trees from the earliest stages of a new project. This will help ensure that the necessary information is provided with the planning application and that delays are avoided later in the planning process.

Householders

The documents set out the responsibilities of householders with regard to permitted development and the protection of wildlife and to the protection of trees. These responsibilities are defined by legislation and therefore do not represent any additional burden on householders.

Internal Customers:

These documents should help Development Management identify at an early stage in the planning process if

1. The necessary information has been provided
2. Measures to protect, enhance and create biodiversity and to protect trees are included in the application.

This will help Development Management staff ensure legal and policy requirements are met during the planning process.

- **Health Issues**

- Ultimately biodiversity sustains human life as we are all part of the same ecosystem which provides the resources for life to flourish. Biodiversity also contributes to our health and wellbeing whether this is due to the role of biodiversity in mitigating the impacts of climate change or the psychological benefits of biodiversity in the urban environment that recent studies have evidenced. The borough has a number of important habitats for sustaining biodiversity including 30 designated Sites of Importance for Nature Conservation, gardens, allotments, rivers and reed beds, and grassland. The borough is also home to a variety of protected species of plants and animals. The borough's biodiversity is enjoyed and accessed by many residents.

- **Crime and Disorder Issues**

- The two SPDs provide guidance on how to comply with legislation such as the Wildlife and Countryside Act 1981 and will help to address environmental crime in the borough.
- Trees often contribute to the sense of wellbeing of local areas. In siting trees, attention will be paid to the location of CCTV and the impact on line of site of trees once they mature and leaf.

- **Property / Asset Issues**

- Council proposals for the development of sites will also need to comply with LDF policy and as such will benefit from the guidance provided in the two SPDs.

6. Options appraisal

6.1 There are two options to consider:

1. Not prepare a Biodiversity SPD and a Trees and Development SPD. This would make the implementation of adopted Core Strategy policy CR2 and

emerging Borough Wide Development policy BR3 Greening the Urban Environment more difficult and may also result in unnecessary delays in the development management process.

2. Prepare a Biodiversity SPD and a Trees and Development SPD and undertake statutory and public consultation on these. This is the preferred option as it will help improve the protection of wildlife in the borough, increase access to the natural environment for local people, help mitigate against the impacts of climate change and provide guidance to prospective developers on how to comply with legislation and LDF policy.

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

Local Development Framework: Adoption of the Core Strategy Development Plan Document, 21 July 2010, Assembly Minute 14.

The submission Borough Wide Development Policies DPD

An Invitation to Shape the Nature of England, A Discussion Paper, DEFRA July 2010

8. List of appendices:

Appendix 1: Draft Biodiversity Supplementary Planning Document.

Appendix 2: Draft Trees and Development Supplementary Planning Document.

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CABINET

23 NOVEMBER 2010

REPORT OF THE CABINET MEMBER FOR HEALTH AND ADULT SERVICES

Title: Health for North East London - Final Proposals for Reconfiguring Acute and Secondary Health Services	For Decision
<p>Summary:</p> <p>The report outlines the background to the Health for North East London (HealthforNEL) proposals on the reconfiguration of acute and secondary health services, the final position as at October 2010, the concerns relating to this proposal from the Health and Adult Services Select Committee and the response to those concerns from Health for North East London.</p> <p>The final proposals are not hugely different from the original proposals. However, of great concern is there is neither a confirmed opening date for the birthing centre in Barking Community Hospital nor a commitment to opening East Dagenham Community Hospital in the final documents.</p> <p>The concerns previously raised by Health and Adult Services Select Committee (HASSC) also remain:</p> <ul style="list-style-type: none"> • Increased travel times to Accident and Emergency (A&E) and hospital visits for local residents following the closure of Accident and Emergency at King George Hospital • Quality of care at Queen's Hospital in the light of the Care Quality Commission conditions • Ability of Queen's Hospital to deal with increased numbers of patients in Accident and Emergency and for those who require complex care. <p>The current proposals were considered at Health and Adult Services Select Committee on 27 October and their comments are included in this report.</p> <p>Wards Affected: All</p>	
<p>Recommendation(s)</p> <p>The Cabinet is recommended to:</p> <ol style="list-style-type: none"> 1. Consider the revised proposals for reconfiguring acute and secondary health services; 2. Consider the views of the Health and Adult Services Select Committee when preparing the local authority's response to the Health for North East London proposals; 3. Consider the Health for North East London response to the Health and Adult 	

Services Select Committee attached as **Appendix 4; and,**

4. Agree the response to Heather O'Meara, Chief Executive Officer of Outer North East London Sector attached as **Appendix 1.**

Reason

The Health for North East London proposals must be consulted upon and the views of all local authorities affected by the proposals reported upon and taken into consideration in the final decision making process by the Joint Committee of Primary Care Trusts.

Comments of the Chief Financial Officer

It is vital that the Council protects its Health interests for residents with regard to proposals from Health for North East London. As alluded to at Paragraph 3 it is equally important that the Council protects its interests in terms of any financial consequences of health proposals that may impact locally and have a negative consequential effect on Council social care and prevention budgets.

Comments of the Legal Partner

Comments from the Legal Partner appear in section 4 of this report.

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
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1. Background

- 1.1 Health for North East London is a change programme led by all the Primary Care Trust's in north east London. In December 2008 the seven PCTs in north east London met to discuss the challenges facing healthcare across north east London and to agree a way forward.
- 1.2 "The Case for Change" was published in February 2009, followed by a detailed set of proposals based upon an options appraisal in November 2009. The NHS states that these proposals would radically transform access to secondary and acute health care across seven PCTs:
- NHS Barking and Dagenham
 - NHS City and Hackney
 - NHS Havering
 - NHS Newham
 - NHS Redbridge
 - NHS Tower Hamlets
 - NHS Waltham Forest.
- Proposals also impact on some of Essex.

The NHS has also engaged leading clinicians, both hospital and community based, in this work and are now encouraging local councils to support the way forward favoured by clinicians.

1.3 The proposals in question are summarised below:

Complex care on fewer sites - The Royal London Hospital and Queen's Hospital are proposed as the two sites to provide complex vascular surgery, urgent surgery, complex surgery on children and care of children needing more than a 48-hour stay.

Surgery and care for children - That all surgery for under-two year olds be undertaken on one site - the Royal London Hospital; and all urgent surgery and all complex surgery on children between two and 15 years old to be undertaken at either the Royal London Hospital or Queen's Hospital.

Separating planned operations from emergency care - That uncomplicated planned surgery be moved from Queen's Hospital to King George Hospital.

Emergency, critical and maternity delivery care - That hospitals providing A&E, critical care and doctor-led maternity hospitals in North East London be reduced from six to five with the preferred option being to remove these services from King George Hospital.

1.4 These proposals aim to improve access to acute and secondary hospital based health care but depend upon a parallel change in the way primary care services are delivered to prevent admissions, provide care in community based settings closer to home and improve discharge processes. However, as discussed at the Health and Adult Services Select Committee meeting on the 10 February 2010, all of the proposals are not new. A previous review "Fit for the Future" also looked at developing better community services for residents in four of the Primary Care Trusts (Barking and Dagenham, Havering, Redbridge and Waltham Forest). This was a joint process which involved local authorities and estimated the need for additional investment in adult social care services in each of the boroughs of £2-3 million in 2006-07. At that time it was proposed that the NHS would transfer funds to local councils.

1.5 A four month consultation on the Health for North East London proposals was launched in November 2009. These proposals were discussed at the Health and Adult Services Select Committee meeting held on the 10 February 2010. Councillors could not fully support the proposals because of the potentially negative impact on Barking and Dagenham residents. A number of concerns were raised which were fed into the consultation response from the Joint Overview and Scrutiny Committee (JOSC). At that time both the Council, and the London Borough of Redbridge, asked the Secretary of State for Health for an Independent Review.

1.6 Some of these concerns were subsequently addressed. However, it is important to note that there are still outstanding concerns for Barking and Dagenham residents and concerns about travel times will not be addressed until March 2011 when the Travel Advisory Group reports back.

1.7 On the 21 May 2010, Andrew Lansley, Secretary of State for Health, announced that any changes to health services must improve patient outcomes and be based upon clinical evidence. They must be based on:

- A focus on improving patient outcomes
- Supporting patient choice
- Be supported by GP commissioners
- Be based on sound clinical evidence

The Joint Committee of Primary Care Trusts (JCPCTs) need to be satisfied that the proposals meet these four tests. NHS London will also provide an external assurance role.

2. Outcome of the Second Round of Consultation

In the following paragraphs the report sets out the outcomes from the second round of consultation as they have been summarised by Health for North East London. These are not necessarily the views of Council Officers, which are set out later in this report.

2.1 Health for North East London summarised the outcomes of the most recent consultation as follows:

Overall, many of the proposals received broad support from local residents. There was clear support for moving complex care onto fewer sites, separating planned surgery and emergency surgery, separating the care of children from adults, and for developing new services at King George Hospital. Clinical Working Groups and the Clinical Reference Group engaging senior clinicians and GPs have continued to meet to work further on the proposals and a series of clinical and stakeholder engagement events were held in September for clinicians, GPs, patients and local authorities. These events invited discussion on proposals which were presented and support by lead clinicians for each workstream: - maternity and new born provision, children and young peoples' care, scheduled care and unscheduled care.

2.2 They state that there was **more support than disagreement** for:

- providing surgery for children aged under two only at The Royal London Hospital (and not at Whipps Cross, Newham or King George hospitals);
- providing urgent surgery and complex surgery for children under fifteen at The Royal London Hospital and Queen's Hospital (and not at Whipps Cross, Newham or King George hospitals);
- providing care for children with more complex needs at The Royal London Hospital and Queen's Hospital (not at Homerton, Whipps Cross, Newham or King George hospitals);
- moving uncomplicated planned surgery from Queen's Hospital to King George Hospital; and

- The Royal London Hospital and Queen’s Hospital becoming the two major acute hospitals in north east London.

2.3 However, there was **more disagreement than support** from respondents about:

- changing the number of A&E’s and maternity delivery departments in the area from six to five; and
- removing A&E and maternity delivery services from King George Hospital.

Around a third of respondents to the consultation questionnaire did not support these proposals. There was also opposition from stakeholders directly representing the public, including local authorities and LINKs. However, the general principle of reducing the number of hospitals offering A&E, maternity and critical care from six to five was supported by many stakeholders, including NHS organisations, though sometimes with qualifications.

2.4 They report that key concerns that related to almost all the proposals surrounded:

- Travel and access – length, complexity and cost of travel particularly for carers, families and people with a disability and black and minority ethnic women requiring a chaperone.
- Capacity – concerns over the perceived lack of capacity at Queen’s Hospital and The Royal London and that the proposals would increase waiting times.
- Workforce – concern over the workforce cost of the proposals to train staff, and whether the changes could improve recruitment and retention.
- Communications – respondents identified that new services would require clear, consistent communication with all stakeholders (NHS staff, patients, other services).
- Mental health – some respondents felt that the needs of those with mental health conditions had not been taken sufficiently into account in developing proposals.
- Finance – concerns about whether there would be any savings. Respondents wanted to see the shift toward care outside hospital more fully costed and evidence of the cost effectiveness of this approach.

2.5 Final Proposals

2.5.1 Final proposals are summarised below, followed by Health and Adult Services Select Committee meeting views, a summary response from Health for North East London and officer comments. It has often proved difficult to provide definitive comments to inform and advise as the information is constantly being revised and updated. It should be noted that the activity data supplied by Health for North East London is based upon a working draft which is constantly being updated – as is the financial impact information. **Appendix 2** shows how the changes would affect residents in Barking and Dagenham as published by Health for North East London.

Whilst we recognise that there have been some changes with respect to the wider Health for North East London proposals, and that there have been some assurances given, we are extremely concerned that many of the key issues for Barking and Dagenham residents have not been addressed. We have sought to work with ONEL and INEL through the entire process and Barking and Dagenham residents and officers have contributed to the process. However, there are still outstanding concerns for us at this stage.

The final proposals were discussed at the Health and Adult Services Select Committee meeting on the 27 October 2010. Councillors felt unable to fully support the proposals unless written assurances were given regarding concerns about the negative impact of the proposals on healthcare for local Barking and Dagenham residents. Health for North East London indicated that a further letter clarifying the position would be sent. This was finally received on the 10 November 2010 and is attached at **Appendix 4**. Unfortunately, the response does not give a sufficient level of assurance in the key areas of concern. Specifically, there is:

- no clear unequivocal assurance that **the CQC conditions** will have been withdrawn before any changes are made to increased capacity or complexity of care delivered at **Queen's Hospital**
- no clear unequivocal assurance that **capacity issues at Queen's Hospital** will be addressed before any changes are made.
- no clear unequivocal assurance to a commitment to a fully functioning **birthing centre** at **Barking Community Hospital** with an opening date in 2011
- no clear unequivocal commitment to the development of **East Dagenham Community Hospital**
- no recognition of the **financial impact on social care** and,
- given that the Transport Advisory Group will not report until Match 2011, a lack of clarity as to how the **travel** concerns of Barking and Dagenham residents will be dealt with.

2.5.2.1 **Unscheduled care, Scheduled Care, A and E and inpatient care**

2.5.2.2 Unscheduled Care, A and E and Inpatient Care proposals

The proposal to reduce A&E provision from six to five hospitals and to strengthen Urgent Care Centres remains. King George Hospital is still the hospital identified as best placed to lose its A&E facilities.

Following the consultation period, the proposals regarding developments at King George Hospital were changed and now a short stay observation and assessment treatment facility at King George Hospital will be developed. There will also be an urgent care and walk-in service at Barking Community Hospital from 2011.

Queen's Hospital and Newham Hospital will offer A&E treatment or in-patient admission to Barking and Dagenham residents. GPs and ambulance crews will direct patients to the correct hospital.

The Royal London Hospital would provide specialist care for major trauma patients, people suffering a heart attack and children (particularly those aged under three years).

2.5.2.3 The proposal to move complex scheduled care to Queen's Hospital and non-complex scheduled care to King George Hospital remains. The only variation to this would be where the concentration of clinical expertise on one site means that there is a business case for these procedures to take place at the relevant site.

The cancer day centre (the Cedar Unit) will remain at King George Hospital. The inpatient and day care rehabilitation service will be further developed and a new kidney dialysis service will be set up

2.5.2.4 Health and Adult Services Select Committee views - Scheduled and Unscheduled Care and Accident and Emergency Services

Commenting on these proposals the Health and Adult Services Select Committee stated that:

- The closure of King George Accident and Emergency service cannot be supported given the lack of evidence that Queen's Hospital can deal with any increase in demand.
- All CQC restrictions to be lifted before any changes are implemented, especially any changes in the increase in activity in terms of numbers of patients or complexity of care until there is complete confidence in the ability of the trust to provide good patient care.
- There needs to be sustained improvement of the management of A&E activity before any increase in complex emergency care at a hospital which cannot cope with the current demand.
- A clear written commitment to both Community Hospitals being fully operational before any changes are made.

2.5.2.5 Health For North East London response

BHRUT submitted a self-assessment against the registration criteria in March 2010. Further to this the CQC imposed eight conditions on the Trust's registration in relation to the following. An action plan was developed to address these areas. The programme expects these issues to be resolved before any substantial changes take place.

BHRUT and its partners fully acknowledge that improvement in A&E performance should be demanded and expected. BHRUT are committed to improvement and are working to ensure patients are treated quickly, effectively and efficiently. There are a number of action plans in place and PCTs have committed to buying more beds to prevent delayed transfers of care. All partners accept that there

needs to be significant improvement in performance at Queen's in order to implement the proposed models of care.

2.5.2.6 Officer Comments

The proposals to separate children and adult emergency services will improve access to healthcare for local residents. The proposals to enhance services for local people at King George Hospital will also enable better access to kidney dialysis.

Whilst the proposals to separate scheduled and unscheduled care appear to be persuasive, we cannot express strongly enough our concerns about the quality of care at Queen's Hospital, in the context of proposals to increase emergency and complex care on this site. The proposals are mainly based upon increasing senior clinical intervention and thus improving early access to highly skilled clinicians and fail to address the outstanding concerns about basic patient care.

The **8 conditions** imposed on Queen's Hospital by the Care Quality Commission include conditions which are directly related to safeguarding concerns about the care of children and older people (**Appendix 3**). Whilst we recognise that some progress is being made, it is completely unacceptable to propose any changes in increase in activity in terms of numbers of patients or complexity of care until there is complete confidence in the ability of the trust to provide good patient care. We would therefore wish to see the conditions lifted and a sustained period of good practice before any such changes are made.

As stated earlier the Council were so concerned by the proposed changes and the quality of care that these were raised directly with the then Secretary of State, Andy Burnham, in March 2010, requesting an Independent Review.

It continues to be a matter of concern that a hospital which is experiencing such significant workload pressures on a daily basis which results in the A&E department being on purple alert levels or Serious Internal Event (SIE) almost constantly is identified to take on additional capacity of 43,593 A&E attendances a year. Whilst we understand the clinical argument that a switch in balance of activity and focus would improve the service, we also note that the activity shift depends on the Urgent Care Centres picking up 50% of the care.

We recognise that there are plans in place to make the wider changes that need to be made to enable a reduction in patient admission, shorter stays and speedier discharge from Queen's Hospital thus freeing up additional bed capacity. We also note that a substantial additional number of beds (between 291 and 365) beds will be required at Queen's Hospital and this will mainly be achieved through productivity improvements. However, we remain to be convinced that the changes proposed will have the required impact within the proposed timescales. The Health for North East London response does not address the capacity issues and therefore these remain an area of concern.

The activity data which underpins the Health for North East London proposals depend heavily on care being provided closer to home. Whilst we welcome this in principle, and a commitment to **Barking Community Hospital** is demonstrated throughout, we can see no parallel commitment to **East Dagenham Community Hospital**. In fact the response received from HealthforNEL, following the Health

and Adult Services Select Committee, shows little commitment to the East Dagenham Community Hospital and we were surprised to see caveats referring to GP commissioners attached to this proposal. There are no such caveats attached to other proposals, and this is extremely concerning as these services are vital for our residents being able to access care closer to home. We therefore remain to be convinced that there is any commitment to delivering services from an East Dagenham Community Hospital.

2.6 **Maternity and New Born Care**

2.6.1 Maternity and new born care proposals

The proposal to reduce doctor led maternity delivery services from six to five hospitals remains. King George Hospital will continue to provide ante-natal and post-natal care only. This means increased capacity will be required at Queen's Hospital for Barking and Dagenham residents.

There is an expressed desire to offer women with low-risk pregnancies a choice of birth setting, including home births and midwifery led birthing units based in the community such as Barking Community Hospital or in Queen's Hospital and Newham.

The proposals contain an intention to develop midwifery led birthing services at **Barking Community Hospital** but no date from which this service will be provided.

2.6.2 Health and Adult Services Select Committee views on Maternity and New Born Care proposals

Commenting on these proposals the Health and Adult Services Select Committee stated that:

- *There needs to be a clear unequivocal written statement committing to the opening of a Barking Community Hospital Midwifery Led Unit during 2011 before these proposals can be supported.*
- *There also needs to be a commitment that local people will be able to choose where their babies are born.*

2.6.3 Health for North East London Response

Barking Hospital will be completed and occupied over the next six months. NHS Barking and Dagenham is working closely with BHRUT to facilitate ante-natal and post-natal care being provided from May/June 2011. The partners anticipate that births could take place from Autumn 2011, but there would need to be women who were both clinically suitable and willing to use this location so soon after the opening – it may take some time for the unit to become established as a birthplace of choice.

2.6.4 Officer Comments on Maternity and New Born Care proposals

We welcome the continued commitment to Barking Community Hospital. However, despite verbal assurances that there is a commitment to a midwifery-led birthing centre, nowhere in the final proposals is there an unequivocal statement committing to opening such a facility within a clear timescale. The response from

HealthforNEL merely anticipates that there could be a birthing centre from Autumn 2011, which does not give the level of assurance required.

The key factor in giving planning consent for Barking Community Hospital was that there would be “babies born in Barking”. Whilst verbal assurances were given at the Health and Adult Services Select Committee meeting on 27 October 2010 and in other meetings, given the changes in the NHS we would need to see a written commitment to have confidence.

2.7 Children and Young Peoples’ care

2.7.1 Children and Young Peoples’ Care proposal

Proposals to separate A&E provision and provide complex care for children at Queen’s Hospital remain. This means that all urgent and complex surgery on children aged two to fifteen years will only take place at the Royal London Hospital and Queen’s Hospital.

Most urgent care of children would be provided at GP surgeries, Barking Community Hospital and King George Hospital. The walk-in GP facilities, urgent care centre and children’s assessment and treatment service at King George would be able to cope with a large range of children’s illnesses and injuries. Newham and Queen’s hospitals would retain their 24/7 paediatric services. The Royal London Hospital would continue in its current role as a specialist paediatric centre (particularly for children under six months). Queen’s Hospital would also develop services for children with specialist surgical or high dependency medical care needs so that it is able to treat more children (particularly between six months and three years) closer to their home.

Great Ormond Street Hospital will continue to provide specialist services to children in north east London who would benefit from their facilities and expertise.

2.7.2 Health and Adult Services Select Committee view on Children and Young Peoples’ Care

Commenting on these proposals the Health and Adult Services Select Committee stated that:

- *All CQC registration conditions to be lifted before any changes are made.*

2.7.3 HealthForNEL Response

The Trust submitted a self-assessment against the registration criteria in March 2010. Further to this the CQC imposed eight conditions on the Trust’s registration in relation to the following. An action plan was developed to address these areas. The following table illustrates the current position. The Trust has already provided substantial evidence to the CQC and will submit evidence for the two conditions with compliance deadlines by the end of December in time. The programme expects these issues to be resolved before any substantial changes take place.

2.7.4 Officer comments on Children and Young Peoples’ Care

The registration conditions highlight concerns about the adequacy of staff training in relation to children’s safeguarding.

Whilst officers are aware that significant progress has been made during the last six months, it would be unwise for a Children's Services Authority to agree to more vulnerable children attending a hospital where the regulator Care Quality Commission (CQC) has imposed conditions.

2.8 **Travel times**

2.8.1 Travel times proposal

The issue of travel times likely to be experienced by borough residents has been acknowledged but at this stage no new proposals have been put forward.

2.8.2 Health and Adult Services Select Committee view on travel times.

Commenting on these proposals the Health and Adult Services Select Committee stated that:

- *It is a concern that Barking and Dagenham Council is being asked to endorse proposals without any knowledge of the outcome of this group, on an issue which is central to Barking and Dagenham residents. The travel concerns of Barking and Dagenham residents must be addressed before these proposals can be supported.*

2.8.3 Health For North East London Response

The proposals for the reconfiguration of hospital services include centralising specialist services to achieve better clinical outcomes. This will mean increased travel times for some people. The increase in travel times is considered to be relatively small and the integrated impact assessment showed that the potential disadvantages of further travel would be outweighed by the potential improvements in clinical outcomes. However, even though the increase in travel times that would result if the proposals were agreed is relatively small, we recognise the impact on those people affected – particularly on certain groups of people for example people with mobility problems, older people and those with young children. We also recognise that some people currently experience difficulties in travelling to existing services.

Health for north east London has established a travel project and travel advisory group (TAG) under the leadership of Maureen Worby, Chair, NHS Barking and Dagenham. NHS partners and key stakeholders are committed to seeing improvements in public transport and facilitation of private transport journeys.

2.8.4 Officer comments on the response to travel times.

We recognise that this issue will be addressed through the Travel Advisory Group which reports in March 2011. Whilst we acknowledge that there is little the NHS can do to affect travel times, it is of some concern to us that it has taken so long to address this issue.

We note the NHS view that overall travel times will be decreased because more care will be available closer to home. However, the lack of commitment to a birthing centre at Barking Community Hospital and the overall lack of commitment to the East Dagenham Community Hospital strongly contradict this view.

We also note the NHS view that although travel times for A&E and unplanned emergency admissions will be longer, they anticipate that waiting times before a

patient is seen by a senior clinician will be reduced. However this has yet to be evidenced.

In addition no proposals have been made nor impact analysis undertaken on interventions and treatment for people who arrive at the “wrong” place using their own transport. The travel impact analysis carried out for Health for North East London does not fully address the impact on local residents. These are detailed at 5.2 Customer Impact.

2.9 **NHS next steps**

2.9.1 The proposals for the reconfiguration of vascular services were agreed at the Joint Committee of the PCTs in October 2010. The Council had no particular comments on these proposals.

2.9.2 The remaining proposals, together with any comments will go to the Joint Committee of the PCTs in December 2010 for consideration and possible agreement.

2.9.3 At this meeting, the JCPCT must satisfy itself that the following four tests are met:

- Support from GP Commissioners
- Strengthened patient and public engagement
- Clinical evidence base
- Patient choice

Consultation with local authorities is a key part of the second test – strengthened patient and public engagement.

2.9.4 At the December meeting, the JCPCT will decide if they can give the assurances that the London Borough of Barking and Dagenham have requested.

Should the JCPCT decide to go ahead with no regard to the concerns of the Council, then it is recommended that the Cabinet considers whether we should exercise our right to an independent review of the proposals.

3 **Financial Issues**

3.1 **Impact on social care.**

Despite being very clear that the changes in acute and secondary hospital care are dependent upon significant changes being managed by primary and community care, there is no acknowledgement throughout the process of an impact on local authority services. Whilst difficult to quantify, there is a very real danger of the costs of providing care closer to home shifting to social and primary health care with no additional resources.

However, we have already locally seen an impact on rising adult social care costs as a result of a change in hospital discharge arrangements as there has been a real shift in the increase in frailty of older people discharged.

Financial information like all other data is subject to change but Health for North East London estimate that £21 million will be saved through the reconfiguration.

The 2006/7 detailed mapping raises concerns about whether social care is able to meet the changing demands without any transfer of resources. ONEL's current position is that there is no evidence to support such a transfer.

It is recommended that further work needs to be carried out to develop a better understanding of the financial implications of the shift towards more care being carried out in the community and in peoples' homes.

4. Legal Issues

The Council is aware of its responsibilities in promoting and identifying ways to improve the quality, and productivity of healthcare accessed by its community which includes safeguarding vulnerable adults and children. The Council are however of the view that some of the Proposals will have a detrimental impact on its residents being able to access high quality health care and treatment in a timely fashion unless assurances as set out in **Appendix 1** are given.

5. Other Implications

5.1 Risk Management

The Health for North East London proposals represent a significant risk to local Barking and Dagenham residents as they propose:

- The closure of A&E services at King George Hospital and subsequent increased travel times for access to emergency care.
- Concentration of complex care, paediatrics, maternity care and A&E activity at Queen's Hospital where there are currently concerns about safeguarding, basic patient care and the management of A&E services and subsequent capacity issues in terms of numbers of beds. Assurances have been given by Health for North East London that these issues will be addressed.
- To develop care closer to home, but show no commitment to supporting the development of East Dagenham Community Hospital.
- To develop care closer to home, but show limited commitment to developing Barking Community Hospital birthing centre.
- To develop care closer to home, but do not acknowledge the subsequent cost pressures on social care.

The draft letter to Heather O'Meara attempts to mitigate these risks by identifying key assurances which must be in place before the Council can support the proposals.

5.2 Customer Impact

The Risk Impact section highlights some of the key risks for local people.

A detailed integrated impact assessment was carried out on the Health for North East London proposals by the Public Health Action Support Team and Mott Macdonald. This examined the impact of the proposals on equality groups and also looked at the travel times issue.

The integrated impact assessment fails to recognise the significance of the changes as it considers only travel times and access and does not consider wider issues such as peoples' ability to fund the additional costs of travel, the practicalities of managing extended travel, public transport routes and accessibility of some sites.

The Health for North East London assessment identified the equality groups affected by the proposals for changes to children's services as children, black and minority ethnic groups, disabled groups and deprived communities. There was recognition that the increase in journey times would negatively impact on these groups.

The assessment also identified the equality groups impacted upon by the changes to scheduled, unscheduled care, accident and emergency services and maternity services. With the exception of maternity services, the core equality groups affected by the changes would be older people, disabled people and deprived communities. In addition, young people and black and minority ethnic groups would be impacted upon by changes in accident and emergency services. Women, black and minority ethnic groups, disabled groups and deprived communities would be affected by changes in maternity services.

Incredibly, the impact assessment concluded that there was no significant impact on the ability of the identified equality groups to access scheduled, unscheduled care, accident and emergency services and maternity services as a result of the changes. The impact assessment report concludes that the benefits of the changes outweigh the negatives impacts such as increased travel times.

We believe that the Health for North East London proposals will have a disproportionate impact on disadvantaged communities with the necessity to travel further for specialist care, sometimes with a sick child or adult, or to visit a sick relative. In some cases the additional costs of travel are likely to prevent people from accessing the healthcare that they need, including the cost of parking at the hospitals. This is likely to impact most on single parents, people with low incomes and disabled people.

There are also practical issues which make the reconfigured services difficult to use, for example there are no direct bus routes from Barking to Queen's Hospital. There is also a lack of parking spaces at both Queen's Hospital and the Royal London Hospital, including accessible parking spaces.

Local residents particularly new communities, disabled people and people who do not read English are likely to be extremely confused and may not attend the

appropriate venue to obtain care. This could result in a delay in treatment or even people not getting treatment at all.

5.3 Safeguarding Children

There are currently CQC restrictions on Queen's Hospital. These relate to both adult and children's safeguarding issues – the former relates to poor patient care and the latter lack of safeguarding training for midwives. There are also conditions relating to the lack of resuscitation training. The Health for North East London proposals include the intentions to concentrate paediatrics, maternity care and complex care at Queen's Hospital.

The proposals cannot be implemented until the restrictions are lifted and consistent good quality care consistently delivered.

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

- Health and Adult Services Select Committee Report, 10 February 2010 and minutes
- Report of the Outer North East London Joint Health Overview and Scrutiny Committee – Scrutiny of the Health for North east London proposals for Changes to Local Health Services.
- Health for North East London response to concerns from the ONEL JOSC.
- Delivering High-Quality Hospital Services for the People of North East London – an over view document
- Various unpublished documents distributed by Health for North East London as part of the consultation process.
- Clinical recommendations following consultation: What the changes would mean for residents in Barking and Dagenham October 2010
- Integrated Impact Assessment: Final Report – June 2010

7. List of appendices:

Appendix 1: Draft Letter to Heather O'Meara

Appendix 2: Clinical recommendations following consultation: What the changes would mean for residents in Barking and Dagenham. October 2010

Appendix 3: CQC Registration Conditions for Queen's Hospital

Appendix 4: Response to issues raised by the London Borough of Barking and Dagenham Health and Adult Services Select Committee

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DRAFT LETTER TO HEATHER O'MEARA

Dear Ms. O'Meara,

Re : Health for North East London proposals

The London Borough of Barking and Dagenham has fully considered the Health for North East London proposals, both at our Health and Adult Services Select Committee meeting on 27 October 2010 and at our Cabinet on 23 November 2010, for delivering high quality health services for local people.

Whilst we consider that much of what is contained in your proposals is to be welcomed and will improve health care, we have, nevertheless, a number of concerns. We believe that some of the proposals could have a detrimental impact on the residents of Barking and Dagenham being able to access both high quality health care and appropriate treatment in a timely fashion. We are therefore unable to fully support these proposals unless the following assurances are given:

1. A clear written unequivocal commitment to developing a midwifery led Birthing Centre at Barking Community Hospital together with an agreed start date for this service in 2011.
2. A clear written unequivocal commitment to developing the East Dagenham Community Hospital to provide the care closer to home that this reconfiguration requires, together with an agreed start date for this essential healthcare provision.
3. A clear written unequivocal commitment that no changes will be made as described in the proposals until such time as our local Community Hospitals are operating at full capacity.
4. A clear written unequivocal commitment that no changes will be made as described in the proposals until such time as all CQC restrictions on Queen's Hospital have been lifted and there is evidence of continued improvement in the quality of basic patient care
5. A clear written unequivocal commitment that no changes will be made until such time as there is sustained and evidenced improvement in the management of the Accident and Emergency services and increased capacity at Queen's Hospital
6. A clear written unequivocal commitment that no changes will be made until the implications of increased travel times for Barking and Dagenham residents are fully addressed.
7. A clear written unequivocal commitment that no changes will be made until the detailed forecasts of the full financial impact on the whole health economy are shared and full financial implications of the proposals are understood.

We need to emphasise that without these assurances we cannot support the Health for North East London proposals and in the unlikely event of the assurances not being provided, we must consider whether we exercise our right to request an independent review.

Clinical recommendations following consultation: What the changes would mean for residents in Barking and Dagenham

Introduction

This report is divided into two parts:

- An executive summary showing how the changes would affect residents in Barking and Dagenham.
- A longer report describing the changes across the whole of north east London.

Executive summaries for each of the north east London boroughs, south west Essex and west Essex are available on the website www.healthfornel.nhs.uk or on request (see below).

The report:

- sets out the original proposals for changing acute hospital services in north east London and how they have changed since consultation;
- explains how we think these changes would deliver improvements to local health services and address the issues of concern raised in the consultation; and
- describes what the next steps are before final decision making (scheduled for mid-December).

All the reports referred to in this document can be found at www.healthfornel.nhs.uk or on request from:

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Executive summary for Barking and Dagenham

Urgent care, A&E and inpatient care

All the hospitals in north east London face a range of pressing quality and sustainability issues in their current configuration. These pressures are only going to increase in the future. Hospitals are not meeting best practice for maternity and paediatrics because staff and resources are spread too thinly. The A&Es find it difficult to provide the best service to those requiring specialist care as well as dealing with more minor conditions.

The Health for north east London proposals aim to address these problems and reduce the burden on hospital services and staff. Local clinicians have endorsed the recommendation that we reduce the number of hospitals in north east London providing urgent, A&E and inpatient care from six to five – but recommended we strengthen urgent care services on all sites so that A&E services are really focused on those patients with the most serious conditions.

King George Hospital would provide 24/7 urgent care with access to a range of specifically targeted tests (e.g. ECG, x-ray, colonoscopy, blood tests); GP services and out-of-hours GPs; and a short stay assessment unit which would be open 24/7 so that we can provide a really good local alternative to A&E and inpatient care. This unit would be staffed by a team of skilled clinicians with expertise in primary care assessment and treatment as well as in emergency medicine and would carry out the initial assessment of patients arriving at King George. The service would also offer facilities for longer periods of observation, assessment and treatment including access to a range of tests not currently available to primary care clinicians, and specialist advice from hospital clinicians (including for example paediatricians, geriatricians, and mental health specialists). Staff would work closely with community health and social care services, including mental health services, so that as many patients as possible can be cared for in the community without recourse to a hospital admission.

Barking and Dagenham residents requiring full A&E or inpatient admission would need to go to nearby hospitals such as Queen's or Newham. Local A&E and hospital-based urgent care services currently see more than 80,000 Barking and Dagenham residents per year (see table below). Under the proposals we believe that the majority of Barking and Dagenham residents who currently attend King George would continue to have their urgent care needs met at King George (where at the moment more than 75% of emergency patients are discharged home without needing admission). If in future a GP or ambulance crew think it is likely a patient would require admission they would arrange for patients to be taken straight to the nearest A&E, usually Newham or Queen's hospitals.

Barking Community Hospital (due to open 2011) will provide urgent care and a walk-in service; child, outpatients, sexual health and mental health services, and a community pharmacy.

The Royal London would provide specialist care for major trauma patients, people suffering a heart attack (The London Chest) and children needing specialist care – particularly those under three.

The following table shows the current and expected demand for A&E and urgent care of **Barking and Dagenham** residents. See also section 2 of main report.

Hospital site → ↓ Configuration	King George Hospital	Queen's Hospital	Barts & the London Hospitals	Homerton Hospitals	Newham Hospital	Whipps Cross Hospital	Other sites	Grand Total
A&E and urgent care activity planned in 2010/11 (percentage)	31,400 (39%)	42,000 (53%)	1,800 (2%)	400 (1%)	3,600 (5%)	800 (1%)	0 (0%)	80,000 (100%)
A&E and urgent care activity forecast in 2016/17 after the proposed reconfiguration (percentage)	23,500 (27%)	55,200 (62%)	2,000 (2%)	500 (1%)	5,300 (6%)	2,100 (2%)	0 (0%)	88,600 (100%)
Unplanned inpatient spells planned in 2010/11 (percentage)	7,100 (34%)	11,500 (56%)	1,000 (5%)	200 (1%)	700 (3%)	200 (1%)	0 (0%)	20,700 (100%)
Unplanned inpatient spells forecast in 2016/17 after the proposed reconfiguration (percentage)	500 (2%)	17,800 (77%)	1,100 (5%)	200 (1%)	2,800 (12%)	500 (2%)	100 (0%)	23,000 (100%)

N.B. All figures rounded to the nearest 100.

* These figures take into account demographic growth and other changes as well as reconfiguration proposals.

Maternity and newborn care

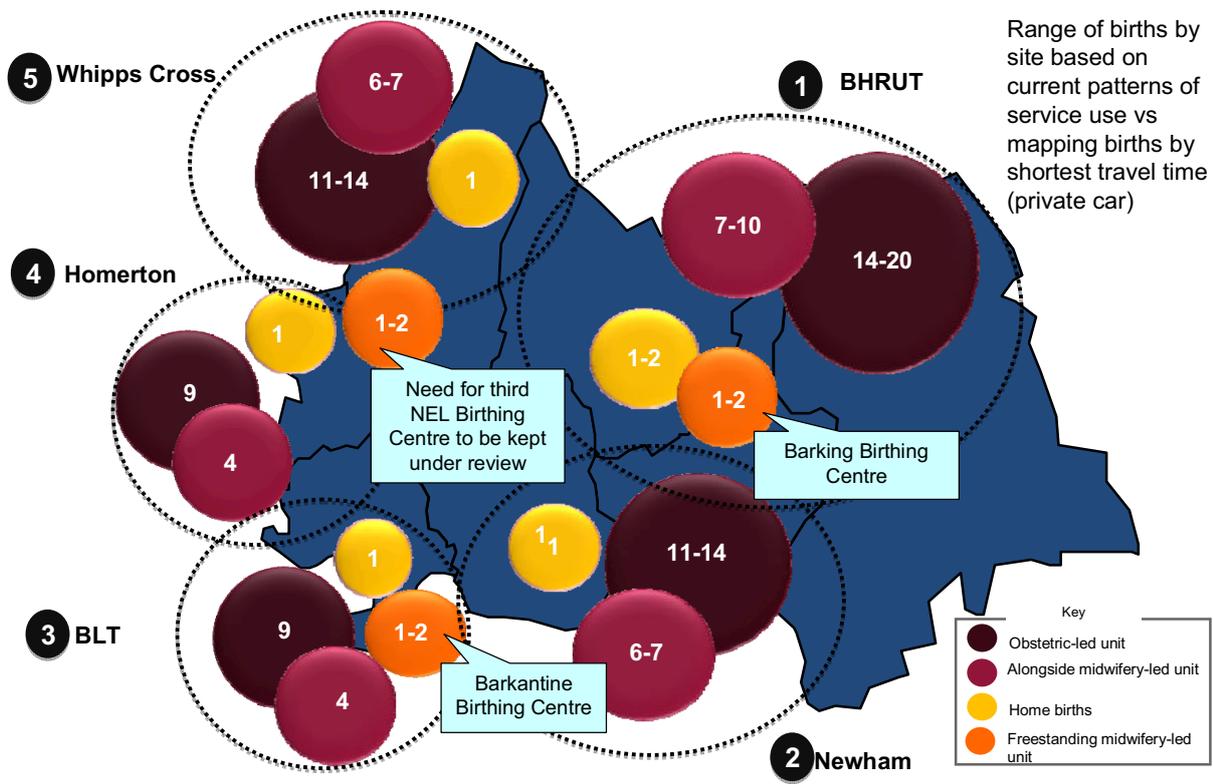
Each year around 2,400 women from Barking and Dagenham have their baby at Queen's, 800 give birth at King George and 100 at Newham. We know that clinical outcomes and patient experience for women in north east London are not as good as they need to be. In response to the feedback

received from people and organisations responding to the consultation the Clinical Working Group has set out a new model of care intended to deliver real improvements to maternity care services.

Our vision for women in Barking and Dagenham is to deliver a more ‘normalised’ care pathway for the majority of women who have straightforward pregnancies and births. We want to offer women with low risk pregnancies a real choice of birth setting, including home birth and midwifery-led birthing units – both ‘freestanding’ (community based such as at Barking Hospital) and ‘alongside’ (co-located with obstetric labour wards) as well as obstetric-led care at Queen’s or Newham. Midwifery-led care is currently not available at Queen’s and a new service provided there would mean that in future more women would be able to choose midwifery-led care than is currently the case.

King George Hospital would no longer provide maternity delivery services, but would continue to provide the full range of antenatal and postnatal care, including maternity day care / obstetric care.

Five maternity campuses. Daily birth projections for 2016/17



Scheduled (planned) care

The following table shows where **Barking and Dagenham** residents currently access planned care – and where we expect they will go in future if the reconfiguration proposals are taken forward. The

figures (rounded to the nearest 100) take into account demographic growth and other changes as well as reconfiguration proposals. These figures show the expected shift if King George becomes a centre of excellence for planned surgery. King George would also retain its cancer day care centre (Cedar Unit), develop its inpatient and day care rehabilitation services and establish a new local kidney dialysis service. *See section 2 of the main report.*

Hospital site → ↓ Configuration	King George Hospital	Queen's Hospital	Barts & the London Hospitals	Homerton Hospitals	Newham Hospital	Whipps Cross Hospital	Other sites	Grand Total
Scheduled inpatient spells planned in 2010/11 (percentage)	4,300 (33%)	6,800 (52%)	1,200 (9%)	100 (1%)	300 (2%)	500 (4%)	0 (0%)	13,200 (100%)
Scheduled inpatient spells forecast in 2016/17 after the proposed reconfiguration (percentage)	8,900 (70%)	1,800 (14%)	1,300 (10%)	100 (1%)	300 (2%)	400 (3%)	0 (0%)	12,800 (100%)

N.B. All figures rounded to the nearest 100.

* These figures take into account demographic growth and other changes as well as reconfiguration proposals.

Children

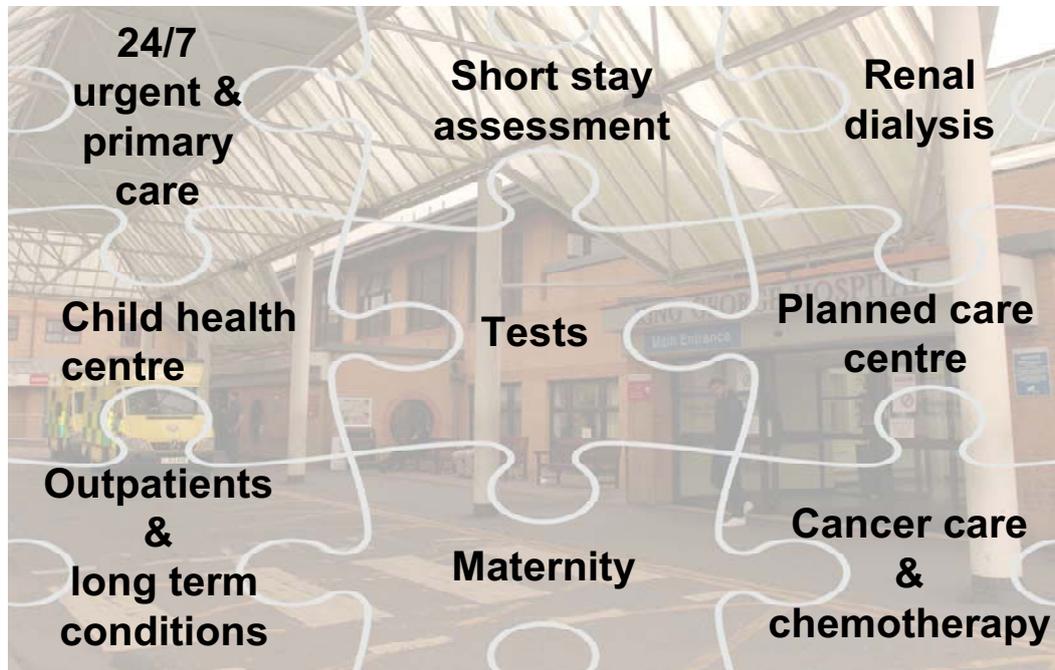
Most urgent care of children would be provided at pharmacies, GP surgeries, Barking Community Hospital and King George Hospital. The walk-in GP facilities, urgent care centre and children's assessment and treatment service at King George would be able to cope with a large range of children's illnesses and injuries. Newham and Queen's would retain their 24/7 paediatric services. The Royal London would continue in its current role as a specialist paediatric centre (particularly for children under six months). Queen's Hospital would also develop services for children with specialist surgical or high dependency medical care needs so that it is able to treat more children closer to their home.

Great Ormond Street Hospital will continue to provide specialist services to children who can't be cared for in north east London. *See section 2 of the main report.*

The vision for King George Hospital

King George Hospital would continue to play an extremely important role in meeting the health needs of local residents as well as providing some specialist services for a wider population. We have described the proposals for urgent care, maternity and planned surgery facilities, and the services available to children. Seen as a whole, we believe King George would become a hospital that really met the health and well-being needs of the whole community. Long-term conditions

would be better managed, and services in the community would be more coordinated – meaning that more residents of the borough could avoid having to go to A&E or spend time in a hospital as an inpatient. *See section 3 of the main report.*



Impact on other hospitals and other care

Under these proposals Barking and Dagenham residents would be able to access the services that they use and need most often at King George (e.g. urgent care, antenatal and postnatal care, children’s services, rehabilitation and outpatient services). Barking Community Hospital will provide additional urgent care facilities and extra choice for mothers who want to have a midwifery-led birth but can currently only access this at Newham Hospital or by having a home birth.

The proposed changes will allow senior doctors to be available much earlier on in a patient’s visit to the A&Es at Newham and Queen’s, and consultants would be on hand 24/7 in labour wards – not just over half the time, as they are now. The obstetric unit at Queen’s would not be as busy as more and more mothers choose to have their babies delivered in a midwifery-led unit and so safety would improve.

More specialist care would be improved at Queen’s. *See sections 2 and 3 of the main report.*

Travel

One theme that came up more regularly than any other in the consultation was concern over the time it would take to reach a hospital. We recognise this concern – and the difficulty that some people have in visiting hospitals – especially if they have no private means of transport. We are

working with Transport for London and have established a travel advisory group to look into how we can improve access to services in the area.

Under the proposed models of care overall access to care would improve. More care would be available closer to people's homes, either in their homes or in polyclinics, the Barking Community Hospital or in GP surgeries – which are now open for longer hours. For instance one proposal is to locate a new renal dialysis service at King George meaning that patients' regular trips would be shorter. Outpatient consultations and tests can be done in any of these settings, reducing the need to go to hospital. We also want to join up services in one-stop-shops so that patients need only make one visit rather than multiple visits to a range of different locations. In addition, because we intend to separate emergency surgery and planned operations fewer operations would be cancelled at the last minute – saving patients having to return at a later date and rearrange everything from time off work to child care and other domestic plans.

For some relatively rare or specialist care, for instance surgery on small children, when you really need the services of an A&E, or you're going to give birth, then for some residents the service will be further away. Clinicians have assured us that the extra travel time will be more than made up by the better, quicker, safer care that you would receive on arrival. *See section 4 of the main report.*

Implementation

We understand that people have significant concerns about whether concentrating some activities will overload services. However the Clinical Working Groups, having reviewed all the evidence available, are clear that many services are already unable to cope. The proposed models of care would provide economies of scale (and therefore capacity to provide better and safer care) that are simply unachievable with the current arrangements. Better care also means that there needs to be fewer readmissions, less time spent in hospitals, less need for extensive rehabilitation – and so on.

We know the changes we have described will be challenging to deliver and we will only succeed by working together across all parts of the health and social care system to deliver the vision. We recognise the fundamental importance of a measured and sustainable approach to change. An implementation plan is being developed to ensure that changes are made describe what needs to be in place before changes could occur and what improvements would need to be made before any changes were made.

The new model of care would also require a different type of workforce, for instance clinicians working in hospital urgent care services that can provide the holistic care of a primary care clinician, possess acute medical skills and have the knowledge to be able to call upon or utilise the additional

specialist services available on a hospital site. We also believe that these changes would assist in recruiting and retaining staff in key areas.

In 2008 local GPs, clinicians and healthcare staff told us that there was a pressing case for radically changing the way we provide healthcare in north east London. That case has not gone away and is more pressing than two years ago.

Questions and feedback

More information about the consultation and the proposals is available on Health for north east London's website, www.healthfornel.nhs.uk

If you have any further questions or feedback please contact the Health for north east London team – contact details are listed on the cover sheet of this report.

Clinical recommendations following consultation

This report is intended as a guide to help stakeholders make comments to the clinical leaders before the inner and outer north east London Clinical Commissioning Boards and the Clinical Reference Group makes its final recommendations to the Joint Committee of PCTs. The full clinical reports can be found on the website www.healthfornel.nhs.uk or on request (address on front cover).

Section one:	provides the background to Health for north east London and the four tests to support decision-making on the revised proposals.	Page 9
Section two:	summarises our original consultation proposals and the changes we have made in light of the comments received during and after consultation.	Page 11
Section three:	describes the vision for King George Hospital and how the proposed changes would impact on surrounding hospitals.	Page 21
Section four:	explains how the revised proposals address the key concerns raised during the consultation – or how those concerns will be addressed in future (for instance how we will ensure any changes are implemented safely and effectively).	Page 24
Section five:	describes what happens next.	Page 28

1. Background

Health for north east London is a clinically-led programme, led by all the PCTs in the area¹ in partnership with the local hospitals². In December 2008 the seven PCTs in north east London met to discuss the challenges facing healthcare across north east London and to agree a way forward. In February 2009 the north east London *Case for Change* was published which set out the urgent need to make changes to local health services to ensure both their immediate and longer-term clinical viability.

¹ NHS Barking and Dagenham, NHS City and Hackney, NHS Havering, NHS Newham, NHS Redbridge, NHS Tower Hamlets, NHS Waltham Forest

² Barts and the London NHS Trust; Barking, Havering and Redbridge University Hospitals NHS Trust; Homerton University Hospital NHS Foundation Trust; Newham University NHS Trust; Whipps Cross University Hospital NHS Trust.

Between February and June 2009 the Clinical Reference Group (CRG) and Clinical Working Groups (CWGs) developed options for changes to hospital services focusing on those that would deliver the biggest improvements to clinical safety and patient care. The working group reports (including their membership) are available on our website www.healthfornel.nhs.uk or on request.

An options appraisal was undertaken against a set of clinical, workforce, capacity, access and deliverability criteria and then the options were assessed for their financial affordability. A set of proposals for change based on the outcome of this option appraisal process was agreed by the inner north east London (INEL) and outer north east London (ONEL) Joint Committees of PCTs (JCPCTs) on 24 November 2009.

The public consultation commenced on 30 November 2009 and closed on 22 March 2010 and the results of consultation were considered on 13 July 2010 at a joint meeting of INEL and ONEL JCPCTs. Full copies of all consultation outputs are available at; www.healthfornel.nhs.uk/consultation/results-of-the-consultation

1.1 The 'four tests' and decision-making

Following publication of the White Paper, *Liberating the NHS*, the Department of Health published guidance on 29 July 2010 setting out four key tests for reconfiguration programmes. The guidance showed that in order to move ahead with the proposed changes the programme needs to demonstrate:

- support from GP commissioners;
- robust public and patient engagement;
- a clear clinical evidence base for the changes; and
- an understanding of the impact of the changes on patient choice (and demonstration that new service arrangements continue to offer choice to local residents as appropriate).

Since the consultation, the Clinical Working Groups and Clinical Reference Group have undertaken an extensive review of the original proposals since consultation. A summary of the recommendations from that review is set out in **section two** below. The full working draft reports are available from www.healthfornel.nhs.uk/resources/evidence-sources/clinical/ or on request and there are slide packs which are being used to present to local GPs and local authority members over the coming months.

We will present members of INEL and ONEL JCPCTs with a comprehensive summary of the outcome of these meetings so that they can take the views presented into full consideration as they make their decisions on any proposals. This decision-making meeting is scheduled for December

2010, however the JCPCTs will only make decisions if they are satisfied that the programme has met the four tests. Since we do not expect there to necessarily be a unanimous view from all stakeholders on the proposals the JCPCTs will need to weigh up the different views presented in coming to any decisions.

Strategic Health Authorities have been tasked with an external assurance role in relation to the four tests. As such, NHS London will undertake an external quality assurance process of the extent to which Health for north east London has met the new reconfiguration tests. The findings of this quality assurance process will be provided to the JCPCT to support decision-making.

2. Revised clinical recommendations

Since we reported the outcome of the consultation to the Joint JCPCT in July clinicians in north east London, including local GPs, have led a process to review the original proposals taking into account the feedback received during and after consultation³.

Each of the four clinical working groups (Scheduled Care; Unscheduled Care; Maternity and Newborn Care; and Children and Young People's Care) has developed a report that describes the work done to address the issues raised over the last nine months and sets out their revised proposals to support decision-making. These reports are presented as 'working draft' documents (see above) and will be finalised over the next few weeks as further feedback is obtained on the proposals.

Below we provide a summary of how clinicians have revised the clinical proposals for change following consultation. The CWG recommendations on best practice and new models of care apply to all services and hospitals across north east London. However as before, the biggest changes relate to services to be provided by Barking, Havering and Redbridge NHS Trust at King George Hospital and the impact this has for Queen's Hospital and, to a lesser degree, Whipps Cross and Newham Hospitals. This report therefore focuses on these changes.

2.1 Unscheduled care (A&E, unplanned or emergency medical and surgical care including paediatrics and maternity services)

We consulted on reducing the number of hospitals in north east London that provide a full A&E, critical care⁴ and maternity delivery facilities from six to five, with King George Hospital in

³ Some of the clinicians had been involved in drawing up the proposals in order to provide continuity. However, to ensure proper objectivity and scrutiny new experts were also asked to join the groups.

Redbridge no longer providing these services. King George Hospital would remain an important local health resource providing enhanced primary care (e.g. GP services open throughout the day and out-of-office hours, tests, specialist advice), 24/7 urgent care services as well as a wide range of planned medical and surgical care services.

Whilst there was a degree of support for these proposals (particularly from NHS organisations and employees) these were the only proposals on which a greater proportion of respondents disagreed with the recommendations compared with those who agreed. Views were strongest in outer north east London where around half of those responding disagreed with the proposals. Respondents were concerned about the accessibility (and therefore timeliness) of services being further afield; about the capacity of services to cope with additional volumes; and about confusion over where to go.

Notwithstanding these concerns ***clinicians have endorsed the overall principle behind the original consultation proposals*** on the basis of the significant clinical benefits and better patient care that they believe can be delivered by concentrating care on fewer sites.

Workforce challenges, particularly in the care of children and in maternity (particularly doctor-led) services mean it is not possible to provide the appropriate level of senior clinical cover to safely support the full range of specialist services at all six hospitals. By reducing the number of hospitals providing these services it would be possible to provide more senior clinical presence on wards at Queen's, Whipps Cross and Newham hospitals so that seriously ill patients, or women who have complications in labour, could receive the best care as early as possible on arrival at hospital and throughout their stay.

2.1.1 Urgent care, A&E and inpatient care

In the original case for change, clinicians made it clear that many A&E and urgent care services were under severe pressure. The reasons for this included:

- staff stretched too thinly across too many sites, making it more difficult to manage peaks and troughs in attendances;
- a lack of availability of specialist staff (sometimes driven by increasing sub-specialisation of clinical practice). This resulted in, for instance, children having to be cared for by clinicians experienced in adult assessment and treatment or the hospital having to call in specialists from elsewhere (on call or from other hospitals) or transfer the children to other hospitals;

⁴ The term critical care was used to describe the range of medical and surgical specialist services required to support a full A&E and non-elective inpatient service.

- A&Es full of patients requiring urgent care but not emergency or complex care – and often requiring a much more holistic treatment, for instance by a GP; and
- too many patients being admitted to hospitals because there were no alternative treatment options.

Local clinicians have reviewed the original proposals and considered the consultation responses. They endorsed the recommendation to reduce the number of hospitals in north east London providing traditional A&E and acute medical surgical and paediatric care from six to five. King George Hospital would provide extended primary care and 24/7 urgent care services.

In response to the concerns raised, however, our clinical advisors are recommending that the NHS invests in significantly developing urgent care services – training clinicians in the required new roles, describing new pathways of care that integrate emergency, urgent and primary care and developing new standards and protocols. This would enable A&E services to really focus on those patients with the most serious conditions.

Clinicians have reviewed the case mix at King George A&E and urgent care centre where more than 75% of patients are discharged home without needing admission.

- Only around 20% of patients require admission. If a GP or ambulance crew felt it was likely that a patient would require admission (and most of these patients arrive via these referral routes) they would arrange for patients to be taken straight to a neighbouring A&E.
- Most local residents would continue to receive their initial urgent care at King George Hospital. Approximately 50% of patients who attend the hospital could have their needs met by a primary care service.
- For many of the remaining 30% of patients who don't need full A&E or inpatient services (and for some of the patients who are currently admitted for very short stays) but aren't suitable for the current urgent care service, clinicians have recommended that we develop **short stay assessment and treatment services for adults and children at King George Hospital** so that we can provide a really good local alternative to A&E and inpatient care.

The **short stay assessment and treatment unit** would be staffed by a team of skilled clinicians with expertise in primary care assessment, diagnosis and treatments as well as expertise in emergency medicine. The service would take responsibility for ensuring that all patients presenting at King George are assessed and directed to the most appropriate service for their care, including ensuring the safe and effective transfer of patients needing A&E care to an A&E hospital. When necessary they would be responsible for stabilising acutely unwell patients prior to transfer.

The new short stay assessment service would offer a tailor-made service for patients who would benefit from longer periods of observation, assessment and treatment including access to a range of diagnostic tests not currently available to primary care clinicians. The service would have good access to specialist advice from hospital clinicians (including for example paediatricians, geriatricians, mental health specialists) to support effective clinical decision-making. The service would work closely with community health and social care services, including mental health services, so that as many patients as possible could be cared for in the community without recourse to a hospital admission.

Local urgent care services have reported that they are experiencing difficulty in recruiting sufficient skilled senior clinicians to staff current urgent care models. Whilst people or teams with the right range of skills may not be readily available now we believe that with a clear workforce strategy we can develop our workforce to successfully deliver this model.

We know that patients often experience difficulty accessing urgent care and are not always certain about which service is most appropriate to their needs. We know as well that current services don't always work as well they should and that sometimes people get sent round in circles looking for care (no appointment available at their GP practice, local urgent care or walk-in centre can't meet their needs and sends them to A&E, A&E directs them back to their GP). Many GP practices are extending their opening hours and working together to improve out-of-hours GP cover and we will continue to focus on improving access to primary care as a priority. We are also absolutely committed to developing a service at King George that genuinely meets the needs of the majority of patients with urgent and emergency care needs. This would ensure that those patients that do need to be transferred to an A&E or to an inpatient bed are managed safely and effectively but also that other patients, even where their needs are quite complex, could have their needs met locally and are not passed round and round the system.

We understand that as well as making services simpler to use we also need to do more to explain to local residents how and when they should access urgent care and this would be a priority if changes to services were introduced.

We believe if we strengthen urgent care services in line with the recommendations in the unscheduled care working group report then we can significantly improve services for patients and reduce pressure on hospital services. We will not make changes to A&E services at King George Hospital until we are confident that new services are in place to make sure changes can be made safely.

Further details of proposed improvements to urgent and emergency care services can be found in the unscheduled care CWG report www.healthfornel.nhs.uk/resources/evidence-sources/clinical/

For further information about the capacity of neighbouring hospitals to manage the acutely unwell patients that would previously have been treated at King George Hospital see section three below.

2.1.2 Maternity and newborn care

Previous studies have shown that better supervision of junior staff, and the presence of a more experienced doctor at the time of a complication in pregnancy, could have prevented more than three-quarters of all serious problems in childbirth⁵ and that better management would make a difference in 35% of all stillbirths and deaths in infancy⁶.

We also know clinical outcomes and patient experience for women in north east London are not as good as they need to be and the Maternity and Newborn Clinical Working Group (CWG) has set out a new model of care intended to deliver real improvements to local maternity care services. The CWG has carefully considered all the feedback received in consultation and in response has significantly enhanced the vision for maternity services in north east London.

In common with A&E, acute medicine and surgery, **local clinicians who reviewed the original proposals and consultation responses endorsed the recommendation to reduce the number of hospitals in north east London providing maternity birthing services from six to five.** King George Hospital would no longer provide maternity delivery services, although it would continue to provide the full range of antenatal and postnatal care, including maternity day care.

Concentrating doctor-led deliveries onto five sites would help these hospitals provide 24/7 consultant presence on labour wards. Currently no hospital is able to provide this level of care and consultant obstetricians are usually only available on labour wards for just over half of each 24 hour day. Women who experience complications in their labour 'out of hours' have their care managed by a doctor in training or they have to wait for the on call obstetrician to be called in.

In looking at the responses, the CWG:

- noted the vision of respondents wanting to see a more 'normalised' care pathway for the majority of women who have straightforward pregnancies and births and who would be

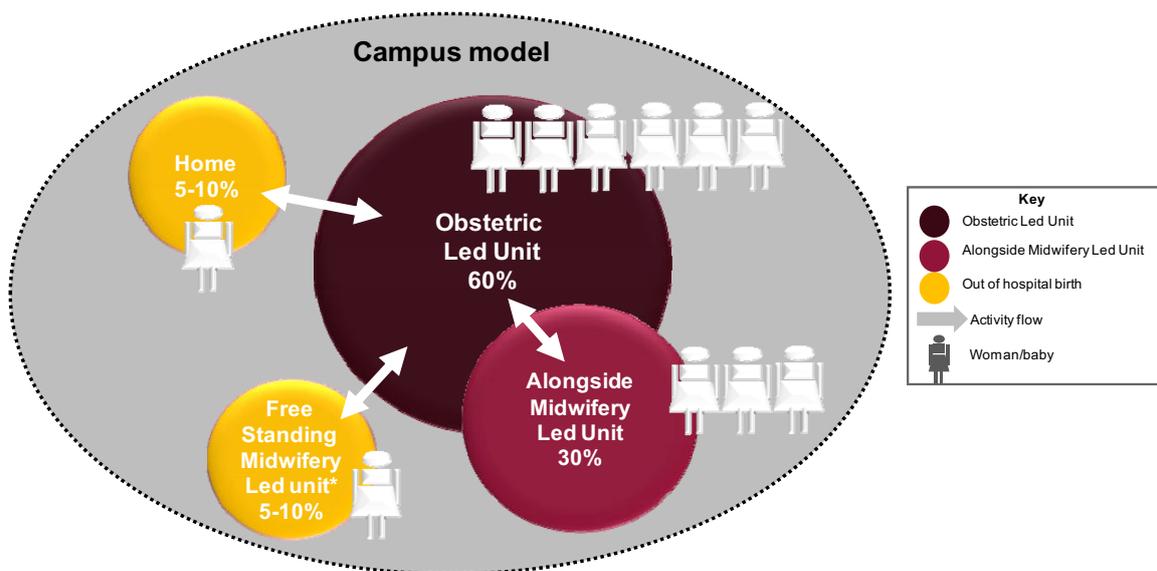
⁵ The Future Role of the Consultant, Royal College of Obstetrics and Gynaecology, Dec 2005

⁶ Summary of findings from the root cause analysis of 37 adverse events and near misses in obstetrics: A report for the NPSA, 2000

suitable for midwifery-led care. The CWG was clear that women with low risk pregnancies should be offered a real choice of birth setting, including home birth and midwifery-led birthing units – both ‘free-standing’ (i.e. based in the community) and ‘alongside’ (i.e. located next to an obstetric labour ward in a hospital);

- considered the concerns raised around the potentially large size of maternity units – at Queen’s Hospital in particular; and
- acknowledged the clear preference stated by women to deliver in midwifery-led units ‘alongside’ hospital doctor-led units.

In response, the CWG has proposed a ‘maternity campus model’ where all campuses would offer access to the full range of birth settings (see diagram below). Queen’s Hospital would develop a new ‘alongside’ midwifery-led service with capacity to manage more than 3,000 births per year (7-10 babies per day). These proposals would not therefore require the current obstetric unit at Queen’s Hospital to manage more births. In fact we would expect to see a small reduction in the number of births being managed through the current Queen’s obstetric unit.

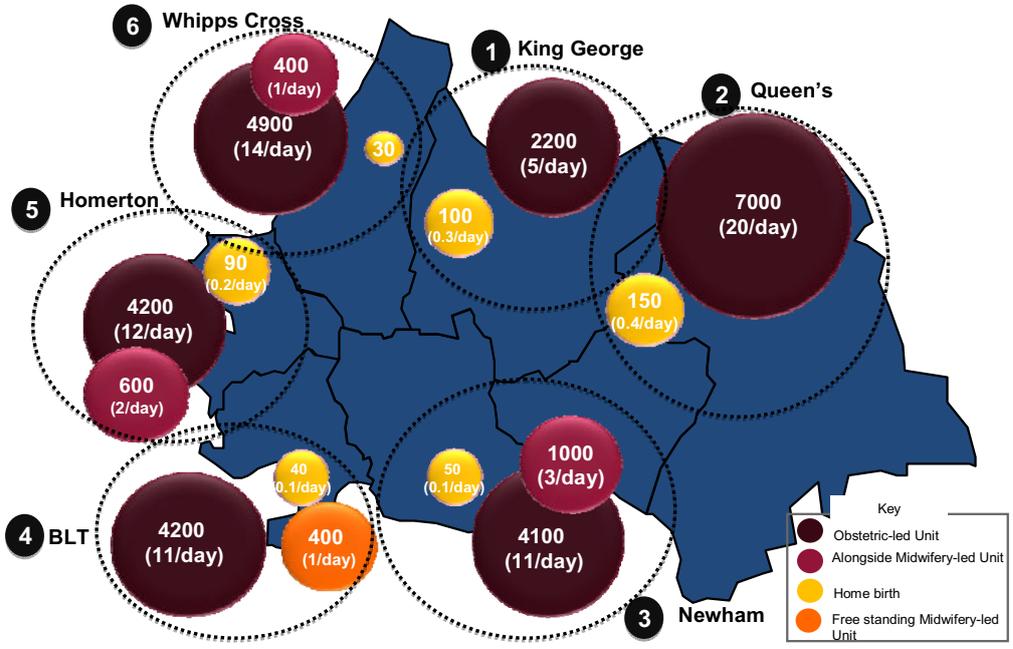


In addition we have also reviewed our initial demand / capacity modelling and identified that as many as 30% of women currently having their babies at either Queen’s or King George Hospital actually live closer to an alternative local hospital (Whipps Cross or Newham). We think that many women who would normally give birth at Queen’s or King George Hospital may be happy under the proposed future model to access care from one of these nearer hospitals.

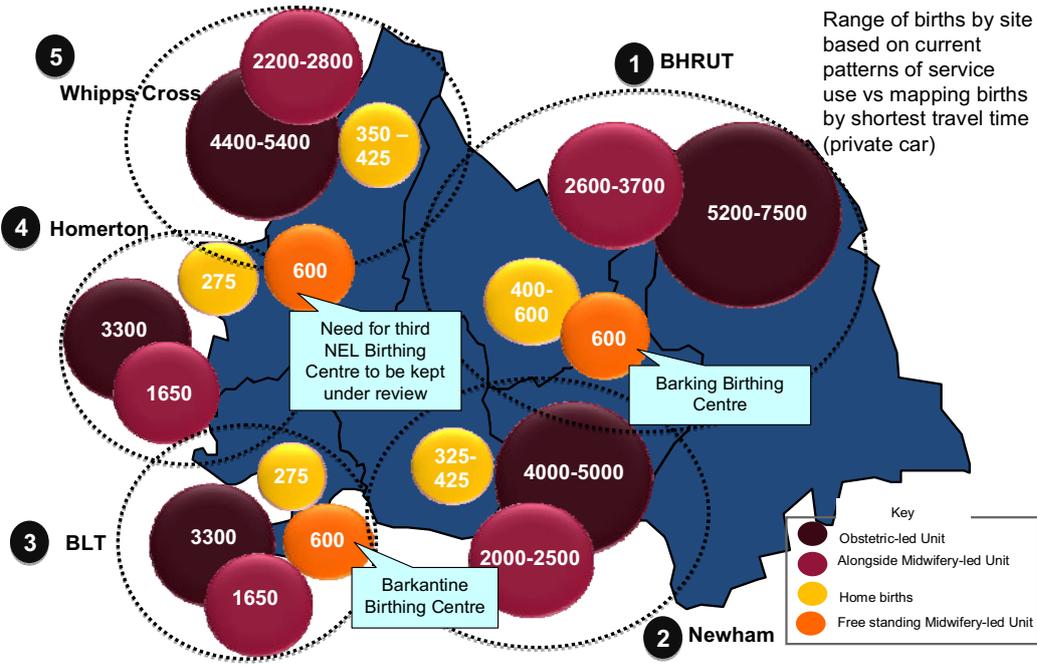
We have commissioned a small study to help us to better understand the factors that influence women’s choice in relation to maternity delivery services. This work will report in mid-November and

will be available to support local clinicians and the JCPCT in their final decision-making. Both Newham Hospital and Whipps Cross Hospital have indicated that they would be willing and able to expand maternity capacity to take on some of the work currently undertaken by BHRUT if this is required.

Current model. Six maternity sites – annual birth projections



Five maternity campuses – annual birth projections for 2016/17



The CWG also considered whether it would be possible to retain a midwifery-led unit at King George Hospital as well as the new free-standing midwifery-led unit due to open at Barking Hospital in 2011. The Barking Birthing Centre will provide state-of-the-art midwifery-led care facilities similar to those provided at the Barkantine Polyclinic in Tower Hamlets.

As part of the transition to the proposed new model of care at Queen's Hospital it is likely there would be a period where King George operates as a free-standing midwifery-led unit. Upon ongoing evaluation of the demand for this level of care at King George, a decision would be taken about the long term viability of retaining the 'transitional' free-standing midwifery-led unit at King George Hospital, especially taking into account factors such as its geographic proximity to Barking.

We recognise the significant workforce challenge that faces us in relation to recruiting and retaining sufficient skilled midwives and obstetricians to manage the growing number of births in north east London each year and to deliver the clinical vision that we have set out. However clinicians have told us that achievement of their 'vision' for maternity services will help recruit and retain midwives and encourage some to return to work. We are currently developing a workforce strategy designed to help us meet this challenge.

Further details of our vision for maternity and newborn services in north east London can be found in the CWG report www.healthforne1.nhs.uk/resources/evidence-sources/clinical/

2.2 Scheduled (planned) care

In the original proposals the clinical working groups recommended that all trusts in north east London adopt best practice guidance regarding separating planned surgery from unplanned and emergency surgery – either on the same site or on a separate site. We also specifically recommended that Barking Havering and Redbridge University Trusts (BHRUT) should move 'uncomplicated' planned surgery from Queen's Hospital to King George Hospital.

Separating elective care from emergency pressures through the use of dedicated beds, theatres and staff can (if well planned, resourced and managed) reduce cancellations, achieve a more predictable workflow (and therefore save money), provide excellent training opportunities, increase senior supervision of complex/emergency cases, and therefore improve the quality of care delivered to patients⁷.

⁷ Separating emergency and elective surgical care: Recommendations for practice, Royal College of Surgeons of England, 2007

The proposals were broadly supported within the consultation (56% agreed to the principle of separating emergency and planned surgery) with 18% against; and 43% agreed to the recommendation to move planned surgery from Queen's to King George with 20% against). **The Scheduled Care Clinical Working Group endorsed the proposals** and has undertaken further work to describe in more detail which surgery is generally suitable (and which is not) for a 'planned surgery centre' such as the one proposed for King George. BHRUT clinicians have worked with these proposals to develop specific recommendations relevant for King George Hospital and Queen's.

Further details of our vision for scheduled care services in north east London can be found in the CWG report www.healthfornel.nhs.uk/resources/evidence-sources/clinical/

2.3 Children and young people

The Children's and Young People Clinical Working Group has broadly endorsed the proposed model of care for children in north east London requiring hospital care. This would build on The Royal London's current role as a specialist paediatric centre and see Queen's Hospital further develop its services for children, so that more children could be cared for nearer their home.

Whipps Cross, Homerton and Newham would retain 24/7 paediatric services but would transfer children with specialist surgical or high dependency medical care needs to The Royal London.

Great Ormond Street Hospital will continue to provide specialist services to children who can't be cared for in north east London.

2.3.1 We recommended that all hospitals with A&E departments should have separate facilities for children and provide 24/7 paediatric care.

This recommendation was supported in the consultation and endorsed by the Children and Young People's Clinical Working Group reviewing the proposals. The clinical group has done some further work to describe how children's services in A&E hospital settings should be organised.

The key principle that clinicians have identified is the importance of senior clinical decision-making as early in the pathway as possible. Decisions about the best care for a child should be based on an individualised assessment of each child's need. Wherever possible care should be provided out-of-hospital and services should be organised in such a way as to support this. Where inpatient care is required this decision should be made by a senior doctor and children in hospital should have their care reviewed regularly by a senior children's doctor (paediatrician).

2.3.2 We recommended that children requiring hospital care of more than two days should be transferred to more specialist children’s services at The Royal London and Queen’s Hospitals.

Having reviewed the evidence and consultation responses **the Clinical Working Group endorsed the development of more specialist services at The Royal London and Queen’s Hospital** and agreed that children with high dependency or specialist needs should be cared for at these hospitals. However the group noted the comments made by parents concerned about their children being treated some distance from home and have suggested that decisions about when to transfer should be based on an individual assessment of the child. The group considered that expected length of stay is not a good predictor of which children would benefit from this more specialist level of care. Further work to provide guidance for local clinicians about when to transfer a child is being developed. This will ensure that more children are treated locally than originally anticipated but still have access to more specialist care when necessary.

2.3.3 We recommended that all surgery on children in north east London under two years of age should only be performed at The Royal London and that all urgent surgery and all complex surgery on children between the ages of two and 15 should only be performed at The Royal London and Queen’s.

Clinicians have endorsed the principle that The Royal London and Queen’s should act as a specialist resource for paediatric surgery. However the CWG has developed more detailed guidance to support decision-making about which children should transfer for specialist care and the procedures and conditions necessary for surgery to be safely undertaken on local sites. This will result in more surgery being retained locally than originally anticipated. However all services will need to demonstrate that they can meet an agreed⁸ set of minimum standards (skills and experience of staff, safeguarding children, child and family appropriate facilities).

Nevertheless The Royal London will continue to be the major provider of surgery on children aged two and under in north east London and Queen’s will further enhance its paediatric surgery services such that as many children as possible are able to be treated locally.

2.3.4 Children’s services at King George Hospital

The proposals for King George Hospital recommended that A&E and inpatient care for children would no longer be provided at the hospital and children requiring this type of care would need to be taken directly (or transferred) to Queen’s, Whipps Cross or Newham – these recommendations are discussed earlier in this section.

⁸ Draft standards included within CWG report. Further work required to finalise an agreed set for NEL.

Notwithstanding this, the clinical working group has reviewed the proposal to provide a range of other services at King George Hospital to offer care for the majority of children requiring urgent assessment and treatment. **The group considered the evidence and results of the consultation (49% of respondents supported the proposal with 9% against) and have endorsed the recommendation** which would see the following services at King George:

- a 24/7 urgent care service and a short stay assessment and treatment unit (described above). Whilst these services would be for adults and children, each would have a dedicated children’s area and would be supported by same day / next day paediatric outpatient clinics with rapid access to specialist advice;
- a child health centre providing specialist child health services (neuro-disability, therapy services) and Child and Adolescent Mental Health Services (CAMHS). These services are currently located in very poor quality buildings that provide a poor patient experience and prevent the services developing. We believe bringing these services together on the King George site would offer significant opportunities to improve the care of vulnerable children and improve co-ordination of care across organisations. We need to do more work with our partners to develop plans for this service; and
- safeguarding services including child protection medicals.

3. The vision for King George Hospital

King George Hospital would continue to play an extremely important role in meeting the health needs of local residents as well as providing some specialist services for a wider population.

Service	Description / explanation
24/7 urgent care and GP services	Open 24/7, with 12 hour a day walk-in GP practice, booked appointments, better access to tests, GP out-of-hours service and telephone advice. Access to range of specifically targeted diagnostics and urgent care support service.
Short stay assessment and treatment services for adults and children.	For the observation, assessment and treatment of those patients who do not require a hospital inpatient admission. Would have access to a wide range of specialist advice.
Diagnostics	Expected to include ECG, pulse oximetry, spirometry, x-ray, ultrasound, vascular doppler, colonoscopy, and standard haematology, microbiology and pathology.
Antenatal and postnatal maternity day care	Midwifery-led antenatal and postnatal care including obstetric review, ultrasound & foetal heart-rate monitoring.

<p>Child health centre</p>	<p>Would focus on providing non-acute children's services, enabling co-location of several inter-linked service areas and specialist practitioners. This would support child well-being, prevent A&E hospital attendances and inpatient admissions, and support families to provide care for their child at home. Services could include:</p> <ul style="list-style-type: none"> • Specialist children's nursing support to the urgent care service • Children's outpatient clinics including ongoing management of long term conditions • Child and Adolescent Mental Health Services (CAMHS), relocated from Loxford (for Redbridge) • Child protection and safeguarding services including child protection medical assessments (for Redbridge) • Multidisciplinary services such as children's neuro-developmental assessments could also be relocated to King George from an existing base at the Kenwood Child Development centre (for Redbridge) <p>The centre would have close links to care outside hospital services such as paediatric homecare teams.</p>
<p>Outpatient facilities including long-term condition management</p>	<p>Wide range of outpatient and diagnostic services including same day /next day appointments where rapid access to specialist advice is required to support primary & community based care.</p> <p>One-stop-shop, multi-disciplinary approach, with focus on long term condition management.</p>
<p>Cancer day care (Cedar Unit)</p>	<p>The Cedar Unit will continue to provide chemotherapy, supportive treatments such as blood transfusions and patient advice to over 400 cancer patients each year.</p>
<p>Renal dialysis</p>	<p>24 renal haemodialysis stations to provide a local service and meet the growing need for this service in outer north east London.</p>
<p>Inpatient and day care rehabilitation services</p>	<p>Multidisciplinary rehabilitation and intermediate care services, provided on an outpatient basis.</p> <p>Rehabilitation and intermediate care beds (approximately 50 beds), relocated from Heronwood and Galleon in Wanstead.</p> <p>Stroke rehabilitation service, with specialist unit including inpatient beds, and relocation of twelve stroke rehabilitation beds from Grays Court in Barking and Dagenham.</p>
<p>Planned surgical centre</p>	<p>A significant proportion of planned surgery would be relocated from Queen's to King George hospital.</p> <p>Services would include:</p> <ul style="list-style-type: none"> • Day care and inpatient care, outpatient clinics and pre-op assessments

	<ul style="list-style-type: none"> • Wide range of specialities and procedures including e.g. orthopaedics (hips and knees) eye surgery, treatment of hernias, breast surgery • Surgical high dependency unit • Planned medical care including endoscopy.
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3.1 How would these changes impact on neighbouring hospitals?

Before consulting on the proposals for King George Hospital we modelled in detail the implications of the changes on activity, capacity and finances. This work was set out in the pre-consultation business case which can be found on our website <http://www.healthfornel.nhs.uk/consultation/joint-icpct-meetings/jicpct-meeting-24-november-2009/>

We are in the process of updating all of this work to take account of the most up-to-date activity information. The latest projections for population growth are used but the model also builds in a range of forecasts about growth in demand for hospital services (for instance looking at changes to the way we expect people to use hospital services) and changes to health technology. For example:

- 50% of current A&E and urgent care centre attendances to be managed through urgent care services in future (currently 30 – 40%);
- small reduction in unplanned medical admission due to better access to specialist advice and better management of long term conditions in community and primary care settings; and
- more outpatient care in community and primary care settings (reducing hospital-based outpatient care).

We have also modelled where we think patients (and therefore activity) will flow should changes to services proposed for King George Hospital go ahead. This modelling is based on current patterns of service use and travel time analysis. The new urgent care and short stay assessment services at King George will manage up to 65% of current patients. However where full A&E or emergency medical and surgical inpatient care is needed this will be provided at a neighbouring hospital. Our modelling suggests that Queen’s Hospital will receive the highest amount of additional activity with relatively smaller flows to Whipps Cross and Newham hospitals.

The key issue from a capacity planning perspective is acute medical and surgical bed capacity. Required bed numbers are calculated based on number of admissions x average length of stay (this analysis is done at a detailed level that describes the types of admissions by hospital and takes account of age and complexity of case mix).

Current lengths of hospital stay in north east London are much longer than average – with significant differences between local hospitals. This is not good for patients and is a key factor in the financial difficulties that some of our hospital trusts are facing. Reducing length of stay is therefore both a clinical and a financial priority for local hospitals and will help ensure that we have sufficient bed capacity on each site to meet the needs of the new model of care. Our modelling shows that by reducing length of stay in line with London and national averages both Whipps Cross and Newham can manage the additional patient numbers that would flow to them under the proposals – without any additional beds. However to deliver the new model of care there is a requirement for a small increase in medical and surgical inpatient beds at Queen’s Hospital, once length of stay efficiencies have been achieved.

We are already making good progress in many areas. For example a new A&E rapid response team at Queen’s Hospital is preventing between five and ten hospital admissions per day and Whipps Cross Hospital recorded a 36% reduction in children attending its A&E when it introduced an urgent care centre in 2006.

We are working with local hospitals to ensure that we have robust plans in place to create the required capacity at each site and with the London Ambulance Service to ensure ambulance staff are experts in assessing whether patients need to be treated at an A&E or if they could be better cared for at the scene, or in an urgent care centre.

4. Addressing key themes and concerns arising from consultation

4.1 Travel and access

During consultation we heard people’s concerns about travel. Respondents described current problems for patients and visitors in accessing hospitals and specific concerns about their journeys becoming more difficult, expensive and time-consuming as a result of the proposed changes – in particular the changes to A&E and maternity services at King George Hospital. We believe the revised clinical recommendations set out above are the best balance between addressing the urgent quality and sustainability issues identified by local clinicians in local services and ensuring a good level of access to care.

We recognise the concerns about travel and access to health services and are committed to working with local stakeholders (including Transport for London (TfL), local authorities and interested local groups) to agree a clear, deliverable set of priorities to address the issues raised. A key priority is working with TfL to ensure relevant bus services drop-off and pick-up from Queen’s

and King George hospitals. Other priorities include ensuring patients and visitors are well informed about their travel options and developing a consistent approach to car parking charges across hospital sites. These issues will be taken forward through the **Travel Advisory Group** – for more information visit www.healthfornel.nhs.uk/events/engagement-events-in-september-2010/travel-advisory-group-discussion-event/

In our original pre-consultation business case we set out a commitment to improve overall access to services. This could be by:

- providing care closer to home or in people's homes;
- delivering services usually provided in a hospital, in the community – for instance in polyclinics; and
- joining up services in one-stop-shops so that patients need only make one visit rather than multiple visits to a range of different locations.

In developing our clinical recommendations we have given careful thought to assessing which parts of the care pathway could and should be provided out-of-hospital in locations closer to home. In maternity this means providing a much wider range of ante and postnatal care in community-based settings. Equally we are committed to providing as many services as possible at King George when these can be provided safely and effectively. Our plan for a new short stay assessment and treatment service is an example of this; as is the proposal to develop renal dialysis provision locally. A further example is our plan to increase the range and availability of paediatric outpatient services at King George Hospital (currently mainly provided at Queen's). So, although the profile of services at King George Hospital would change, access to a whole range of services currently not provided locally would improve.

See the Health for north east London website for more detailed analysis of the impact of our proposals on travel times for local residents www.healthfornel.nhs.uk

4.2 Capacity and quality

As can be seen in the revised clinical recommendations set out above, local hospital services face a range of pressing quality and sustainability issues in their current configuration. Local hospitals are not meeting best practice for maternity and paediatrics because staff and resources are spread too thinly. A&E services find it difficult to provide the best service to those requiring specialist care as well as dealing with more minor conditions.

At their core, the revised recommendations aim to ensure local people get the high quality services they are entitled to, and ensure those services continue to improve and develop in the future. Only

by concentrating some of the clinical expertise and working in new ways can we hope to provide the best level of care.

We understand that people have significant concerns about how concentrating activity – in particular obstetric-led maternity services, A&E and acute medical services – can possibly work. We have been asked how Queen’s hospital will manage, given that services there already seem unable to cope with current activity.

Sending more activity to a struggling service does not, on the face of it, seem to be the right answer. However, this is not about managing more people to the same services. In many circumstances the proposals suggest building extra capacity where it is most needed – for instance in alongside midwifery-led maternity units or utilising the economies of scale that would accrue from putting services together. However, as can be seen in the clinical recommendations, this is about fundamentally changing how maternity, emergency and urgent care services function at Queen’s and across north east London. By changing how clinical teams work together and how they work with colleagues in primary, community and social care we can provide better, safer services able to manage patients more effectively in hospital and ensure they return home quicker, avoiding the problems associated with delayed discharge and lengthy hospital stays.

Whether the clinical recommendations set out above are implemented or not, hospitals and commissioners are already addressing the high average lengths of stay and high demand, in particular around acute admissions, that are symptoms of current healthcare in north east London. These issues represent real challenges to good patient care and effective use of resources. Patients who stay in hospital longer than they clinically need to (perhaps because of a lack of senior clinical input or ineffective discharge systems or poor hospital processes) are vulnerable to infection. Older people, in particular, lose confidence and their ability to return to independent living is diminished. Many acute admissions can be avoided by better long term condition management and improved care pathways for frail older people. The recommendations to provide more holistic care in hospital urgent care centres across north east London (and the proposed services at King George in particular) aim to tackle this problem.

4.3 Workforce

Concerns were expressed in the consultation about the impact of the proposed changes on the workforce, in particular around recruiting and retaining staff and ensuring the workforce is trained and developed to be able to work effectively in any new clinical models of care.

However, as shown above, there are already severe workforce challenges that threaten the sustainability of local services, in particular in specialist paediatric care, A&E and maternity services. These proposals aim to address the significant workforce gaps which mean that, however good our staff are, and however hard they work, we are failing and will continue to fail to offer patients a consistently high level of care.

We believe the clinical models set out above, that have been devised by local clinicians, will support us in developing, recruiting and retaining the right local workforce so that we can better meet the needs of local people. However we recognise the need to develop clear workforce strategies to support us in delivering the proposed new models of care and we will be prioritising this work over the coming months.

4.4 Implementation

Many people responded to the consultation by agreeing with the principles and recommendations but questioning whether the NHS had the ability to implement the changes and make them work well.

We know the changes we have described will be challenging to deliver and we will only succeed by working together across all parts of the health and social care system to deliver the vision. We also recognise the fundamental importance of a measured and sustainable approach to change. Clearly the full benefits of the recommendations will only be achieved with careful and effective implementation. An implementation plan is being developed to describe:

- what needs to be in place before changes could occur;
- what improvements would need to be made before any changes were made; and
- information needed to support capital (generally building) plans or workforce development.

For instance we believe in order to transfer the obstetric-led maternity delivery service at King George Hospital we ‘must have’:

King George Hospital maternity ‘must haves’
A clear workforce strategy to ensure we can recruit and retain sufficient staff to manage the increasing birth rate
Demonstrable progress in increasing the percentage of births in midwifery-led settings
Local protocols in place to support safe care in midwifery-led settings
Queen’s Hospital alongside midwifery-led unit open and operating effectively
Quality assurance processes and service improvement plans for all maternity campuses
The earliest likely timeframe for changes to maternity services is early 2012

And in order to transfer the A&E, acute medicine and surgery service from King George Hospital we believe we 'must have':

King George Hospital A&E, acute medicine and surgery 'must haves'
A workforce strategy
Demonstrable progress in providing improved primary care both in hospital (the GP facility is currently due to be in operation in April 2011) and in the community; and in reducing admissions to hospital – e.g. from nursing homes, for end of life care and through better management of long term conditions
Urgent care services on hospital sites managing a minimum of 50% current urgent and emergency attendances
A new short stay assessment and treatment unit at King George Hospital open and demonstrably delivering safe and effective care such that 65% of current urgent and emergency attends on King George Hospital site are being managed without recourse to A&E or inpatient admission
Demonstrable progress in reducing length of stay / clear demonstration of available capacity on receiving sites. Reduction in 'delayed transfers of care'
Improved access to tests and improved turnaround times for test results, to support primary care management of acute medical conditions – standards to be defined
Barking, Havering and Redbridge University Hospitals NHS Trust's (BHRUT) Care Quality Commission registration conditions in relation to safeguarding children removed.
The earliest likely timeframe for changes to (adult) A&E and acute medical and surgical changes is April 2013 (changes to paediatric services may be required sooner than this on sustainability grounds)

We would welcome your views on this list and your suggestions for any additional 'must haves'.

We will only make changes to services when we are absolutely confident we are in a position to do so safely.

5. What happens next?

This document has been developed to support engagement with local stakeholders during October and November, prior to a Joint meeting of the ONEL and INEL Joint Committees of PCTs planned for December 2010. This phase of engagement will particularly focus on ensuring we fully understand the views of GP commissioners and GP practices locally as well as providing a formal opportunity for our local authority partners to comment on our revised proposals for change. Meetings have also been scheduled with inner and outer north east London Joint Overview and Scrutiny Committees.

The programme's People's Platform and all the Local Involvement Networks (LINKs) will also be invited to comment on the revised proposals. Patients and members of the public will be able to

feed in their comments through the Overview and Scrutiny Committees, LINKs or directly via email, letter or the website.

GP commissioning leads in each PCT are holding meetings with local GP practices to ensure that they fully understand the level of support in primary care. GP commissioning leads will be asked to provide an assessment of the level of GP support for the proposals to assist the Joint Committees of PCTs in their decision-making.

Key meetings:

Health for north east London Clinical Reference Group	17 November
INEL Transition GP Commissioning Board	19 November
ONEL Clinical Commissioning Advisory Board	30 November
Joint meeting of the inner and outer north east London JCPCTs	15 December

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Registration Conditions for Queen's Hospital

(source: CQC website)

1. Maternity and midwifery services

Condition 1

What has happened:

The trust has declared itself to be non-compliant with regulation 22 in their registration application. This is supported by evidence gathered during the CQC announced visit on 18th and 19th January 2010. The trust has a 15% vacancy rate. A general business case has been prepared by the trust to increase staffing levels; the business case has not yet been ratified.

What we have asked the trust to do:

The registered provider must ensure it employs sufficient numbers of staff with the appropriate skills, knowledge, experience and qualifications to meet the needs of patients at Queen's Hospital by 31 July 2010.

Condition 2

What has happened:

The registered provider is in breach of regulation 23 ('supporting workers') as follows: The registered provider cannot provide assurance to CQC that all midwives who require safeguarding training have attended the required safeguarding training and in not doing so are unable to provide assurance that the health, safety and welfare of people who use the services are being met. Training figures provided by the trust to the Care Quality Commission indicate 55% of midwives have attended safeguarding training although it is unclear at which level.

What we have asked the trust to do:

The registered provider must ensure that all midwives who have contact with children in the course of their duties receive training in child protection by 31 July 2010 and provide evidence of this to CQC by 31 August 2010.

Condition 3

What has happened:

The registered provider is in breach of regulation 23 ('supporting workers') as follows: The registered provider cannot provide assurance to CQC that there is evidence that all relevant staff have received an appraisal. Current data collected by the trust and provided to the Care Quality Commission indicate that at the end of January 2010 34% of staff had had an appraisal. If staff do not have an appraisal the trust are unable to provide assurance that the health, safety and welfare of people who use the services are being met.

What we have asked the trust to do:

The registered provider must ensure that all staff employed by it who have not received an appraisal within a 12 month period receive an appraisal by 31 December 2010.

Condition 4

What has happened:

The registered provider is in breach of regulation 23 ('supporting workers') as follows: 1. The registered provider cannot provide assurance to CQC that all relevant staff have attended the required resuscitation training and in not doing so are unable to provide assurance that the health, safety and welfare of people who use the services are being met. Training figures provided by the trust to the Care Quality Commission indicate 47% of staff required to attend basic adult resuscitation had attended, attendance figures for intermediate and advanced adult life support were unclear.

What we have asked the trust to do:

The registered provider must ensure that all staff employed by it who require training in resuscitation receive training in resuscitation techniques by 31 December 2010.

2. Surgical procedures

Condition 1

What has happened:

The registered provider cannot provide assurance to CQC that there is evidence that all relevant staff have received an appraisal. Current data collected by the trust and provided to the Care Quality Commission indicate that at the end of January 2010 34% of staff had had an appraisal. If staff do not have an appraisal the trust are unable to provide assurance that the health, safety and welfare of people who use the services are being met.

What we have asked the trust to do:

The registered provider must ensure that all staff employed by it who have not received an appraisal within a 12 month period receive an appraisal by 31 December 2010.

Condition 2

What has happened:

The registered provider cannot provide assurance to CQC that all relevant staff have attended the required resuscitation training and in not doing so are unable to provide assurance that the health, safety and welfare of people who use the services are being met. Training figures provided by the trust to the Care Quality Commission indicate 47% of staff required to attend basic adult resuscitation had

attended, attendance figures for intermediate and advanced adult life support were unclear.

What we have asked the trust to do:

The registered provider must ensure that all staff employed by it who require training in resuscitation receive training in resuscitation techniques by 31 December 2010.

3. Termination of pregnancies

Condition 1

What has happened:

The registered provider is in breach of regulation 23 ('supporting workers') as follows: The registered provider cannot provide assurance to CQC that there is evidence that all relevant staff have received an appraisal. Current data collected by the trust and provided to the Care Quality Commission indicate that at the end of January 2010 34% of staff had had an appraisal. If staff do not have an appraisal the trust are unable to provide assurance that the health, safety and welfare of people who use the services are being met.

What we have asked the trust to do:

The registered provider must ensure that all staff employed by it who have not received an appraisal within a 12 month period receive an appraisal by 31 December 2010.

Condition 2

What has happened:

The registered provider is in breach of regulation 23 ('supporting workers') as follows: The registered provider cannot provide assurance to CQC that all relevant staff have attended the required resuscitation training and in not doing so are unable to provide assurance that the health, safety and welfare of people who use the services are being met. Training figures provided by the trust to the Care Quality Commission indicate 47% of staff required to attend basic adult resuscitation had attended, attendance figures for intermediate and advanced adult life support were unclear.

What we have asked the trust to do:

The registered provider must ensure that all staff employed by it who require training in resuscitation receive training in resuscitation techniques by 31 December 2010.

4. Treatment of disease, disorder or injury

Condition 1

What has happened:

The registered provider is in breach of regulation 9 ('care and welfare of service users') as follows: The registered provider cannot provide assurance to CQC that suitable arrangements are in place to assess and identify pressure damage and prevent it before it occurs. During the CQC visit there was evidence that some patients developed pressure damage following admission to hospital and that the trust has limited staffing resources for tissue viability.

What we have asked the trust to do:

The registered provider must ensure that systems are in place to assess patients for pressure damage and records of the grade of any pressure damage are made in the patients' care plans by 30 June 2010.

Condition 2

What has happened:

The registered provider is in breach of regulation 23 ('supporting workers') as follows: The registered provider cannot provide assurance to CQC that there is evidence that all relevant staff have received an appraisal. Current data collected by the trust and provided to the Care Quality Commission indicate that at the end of January 2010 34% of staff had had an appraisal. If staff do not have an appraisal the trust are unable to provide assurance that the health, safety and welfare of people who use the services are being met.

What we have asked the trust to do:

The registered provider must ensure that all staff employed by it who have not received an appraisal within a 12 month period receive an appraisal by 31 December 2010.

Condition 3

What has happened:

The registered provider is in breach of regulation 23 ('supporting workers') as follows: The registered provider cannot provide assurance to CQC that all relevant staff have attended the required resuscitation training and in not doing so are unable to provide assurance that the health, safety and welfare of people who use the services are being met. Training figures provided by the trust to the Care Quality Commission indicate 47% of staff required to attend basic adult resuscitation had attended, attendance figures for intermediate and advanced adult life support were unclear.

What we have asked the trust to do:

The registered provider must ensure that all staff employed by it who require training in resuscitation receive training in resuscitation techniques by 31 December 2010.

Condition 4

What has happened:

The registered provider is in breach of regulation 24 ('cooperating with other providers') as follows: The registered provider cannot provide assurance to CQC that suitable arrangements are in place to protect the health, welfare and safety of service users in circumstances where responsibility for the care and treatment of service users is shared with, or transferred to others. During the CQC visit undertaken on 18th and 19th January 2010 concerns were identified around responsibility and facilitation of bed management and discharge planning; low nurse staffing levels and a lack of a multidisciplinary approach were all contributing to the concerns. This has caused problems with bed capacity in the trust resulting in patients being cared for in treatment rooms and other non designated in patient areas that are not designed to accommodate inpatients.

What we have asked the trust to do:

The registered provider must ensure that patients requiring a community care package as part of their discharge arrangements have an up to date discharge care plan. Discharge planning must commence on admission and care plans monitored and updated for the duration of their stay and in place by 30 June 2010.

Condition 5

What has happened:

The registered provider is in breach of regulation 15 ('safety and suitability of premises') as follows: The registered provider cannot give assurance to CQC that all patients are being provided with suitable accommodation throughout their stay. During the CQC visit on 29th December 2009 it was identified that treatment rooms were in use to provide beds for some patients. It was observed that treatment rooms are not close to the nurses station. Evidence was also provided by the trust during this visit that patients' were being accommodated overnight in the clinical diagnostic area and theatres recovery area.

What we have asked the trust to do:

The registered provider must ensure that patients are not admitted into beds in treatment rooms, the clinical diagnostic area and the theatres recovery area after 30 April 2010.

Condition 6

What has happened:

The registered provider is in breach of regulation 22 ('staffing') as follows: The trust has declared itself to be non-compliant with regulation 22 in their registration application for treatment of disease, disorder or injury and maternity and midwifery services. This is supported by evidence gathered during the CQC announced visit on 18th and 19th January 2010. The trust has a 15% vacancy rate and an internal assessment revealed the nurse to staff ratio when fully established is lower than other average when compared to other trusts. A general business case has been prepared by the trust to increase staffing levels; the business case has not yet been ratified.

What we have asked the trust to do:

The registered provider must ensure it employs sufficient numbers of staff with the appropriate skills, knowledge, experience and qualifications to meet the needs of patients at Queen's Hospital by 31 July 2010.

Condition 7

What has happened:

The registered provider is in breach of regulation 23 ('supporting workers') as follows: The registered provider cannot provide assurance to CQC that all midwives who require safeguarding training have attended the required safeguarding training and in not doing so are unable to provide assurance that the health, safety and welfare of people who use the services are being met. Training figures provided by the trust to the Care Quality Commission indicate 55% of midwives have attended safeguarding training although it is unclear at which level.

What we have asked the trust to do:

The registered provider must ensure that all midwives who have contact with children in the course of their duties receive training in child protection by 31 July 2010 and provide evidence of this to CQC by 31 August 2010.

Condition 8

What has happened:

The registered provider is in breach of regulation 23 ('supporting workers') as follows: The trust could not provide evidence that all nurses have attended safeguarding and tissue viability training through their three day mandatory training and in not doing so are unable to provide assurance that the health, safety and welfare of people who use the services are not being met. Mandatory training figures provided by the trust to the Care Quality Commission for nursing staff indicate 59% have attended for the year to 31 December 2009. Nurse mandatory training includes a session on child protection and tissue viability.

What we have asked the trust to do:

The registered provider must ensure all nurses who require mandatory training receive its mandatory training by 31 July 2010 and provide evidence of this to CQC by 31 August 2010.

10 November 2010

Response to issues raised by the London Borough of Barking and Dagenham Health and Adult Services Select Committee

At its meeting of 27 October 2010, the London Borough of Barking and Dagenham Health and Adult Services Select Committee requested commitment/assurances on five issues before it could give its agreement and support to implementation of the Health for north east London proposals. Whilst it is ultimately up to the JCPCTs to formally consider these issues, this paper addresses each issue in turn on behalf of the programme.

In summary – and in line with the assurances requested by the select committee, the Joint Committee of PCTs (which is ultimately responsible for making decisions) will require demonstrable improvements in performance, a clear implementation plan and robust monitoring arrangements before agreeing to any changes.

1. All CQC conditions imposed on BHRUT must be lifted

John Goulston explained at the committee meeting that the CQC Annual Health Check has been replaced by the system of registration under the Health and Social Care Act (2008). From April 2010, all health and adult social care providers which provide regulated activities are required by law to be registered with the CQC. To do so, providers must show (by April 2011) that they are meeting new essential standards of quality and safety across all of the regulated activities they provide. The new system is focused on outcomes, rather than systems and processes and places the views and experience of people who use services at its centre.

The Trust submitted a self-assessment against the registration criteria in March 2010. Further to this the CQC imposed eight conditions on the Trust's registration in relation to the following. An action plan was developed to address these areas. The following table illustrates the current position. The Trust has already provided substantial evidence to the CQC and will submit evidence for the two conditions with compliance deadlines by the end of December in time. **The programme expects these issues to be resolved before any substantial changes take place.**

Condition	Deadline for compliance	Evidence provided to CQC	CQC assessment
Treatment rooms	30 April 2010	Yes	Condition lifted
Pressure damage	30 June 2010	Yes	Awaiting assessment of evidence provided
Discharge planning	30 June 2010	Yes	Awaiting assessment of evidence provided
Child protection training	31 July 2010	Yes	Awaiting assessment of evidence provided
Nurse mandatory training	31 July 2010	Yes	Awaiting assessment of evidence provided
Staffing levels	30 Sept 2010	Yes	Awaiting assessment of

			evidence provided
Appraisals for eligible staff	31 Dec 2010	No	N/A
Resuscitation training	31 Dec 2010	No	N/A

Responsibility for delivery: Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT).

2. Sustained improvement in A&E services at Queen's hospital

BHRUT and its partners fully acknowledge that improvement in A&E performance should be demanded and expected. Staff are aware of the Trust's commitment to improvement and are working to ensure patients are treated quickly, effectively and efficiently.

At the last meeting of the committee John Goulston explained BHRUT's plans (in six workstreams) to tackle the issues surrounding four hour maximum waits and delayed discharges. Similarly PCTs have a range of improvement and action plans to address performance.

Due to the pressures being experienced at BHRUT, the PCTs have agreed to fund 60 beds for delayed transfer or care patients and the first 30 of these will be placed at King George Hospital to relieve pressure on patient flow. There is currently a review of the community rehabilitation resources with a view to opening additional rehabilitation capacity for Barking and Dagenham and Havering PCTs. This will have a further impact on reducing delayed transfers. **All partners accept that there needs to be significant improvement in performance at Queen's in order to implement the proposed models of care.**

Responsibility for delivery: BHRUT in partnership with NHS Barking and Dagenham, other PCTs, the London Borough of Barking and Dagenham and the Sector Acute Commissioning Unit.

3. Barking Birthing Centre to be open and delivering babies in 2011

Barking Hospital will be completed and occupied over the next six months. NHS Barking and Dagenham is working closely with BHRUT to facilitate ante-natal and post-natal care being provided from May/June 2011. The partners anticipate that births could take place from Autumn 2011, but there would need to be women who were both clinically suitable and willing to use this location so soon after the opening – it may take some time for the unit to become established as a birthplace of choice.

Responsibility for delivery: NHS Barking and Dagenham in partnership with BHRUT.

4. Travel concerns for Barking and Dagenham residents addressed

Travel was one of the top cross-cutting themes raised during the public consultation and is also an ongoing issue in the development of more care outside of hospital and in planning primary care services.

The proposals for the reconfiguration of hospital services include centralising specialist services to achieve better clinical outcomes. This will mean increased travel times for some people. The increase in travel times is considered to be relatively small and the integrated impact

assessment showed that the potential disadvantages of further travel would be outweighed by the potential improvements in clinical outcomes.

However, even though the increase in travel times that would result if the proposals were agreed is relatively small, we recognise the impact on those people affected – particularly on certain groups of people for example people with mobility problems, older people and those with young children. We also recognise that some people currently experience difficulties in travelling to existing services.

Key transport issues raised by Barking and Dagenham respondents to the consultation included ensuring that ambulances carrying non blue-light patients can use bus lanes. We understand that the council has also written to Boris Johnson. However the London Ambulance Service has confirmed that their policy states “*All London Ambulance Service A&E and Patient Transfer Service liveried vehicles are entitled to drive in bus lanes within the London area during their hours of operation when undertaking service duties.*” I hope that this clarifies the matter but please let me know if you believe there is still a problem that needs to be addressed. Other issues related to:

- Improving bus routes to Queen’s – in particular extending the route of the number five bus;
- Parking costs and availability at The Royal London and Queen’s; and
- Accessibility issues at Whitechapel tube (for The Royal London).

Health for north east London has established a travel project and travel advisory group (TAG) under the leadership of Maureen Worby, Chair, NHS Barking and Dagenham. The group includes representation from:

- Transport for London;
- London TravelWatch;
- Overview and Scrutiny Officers for all the outer north east London boroughs;
- Redbridge Borough Council and Barking and Dagenham Borough Council (transport leads);
- Essex (West Essex Link member and County Councillor);
- LINK members from Barking and Dagenham, Hackney and Waltham Forest;
- We have also invited members from hospital trusts, the Gateway regional planning group and the National Childbirth Trusts

The group aims to improve people’s experience of travelling to health services in north east London by focusing on stimulating action on a small number of agreed priorities. The concerns of Barking and Dagenham residents have been supplied to the group and are the key priorities to be addressed.

NHS partners and key stakeholders are committed to seeing improvements in public transport and facilitation of private transport journeys. It is intended that this work is taken forward in the longer term through improved travel planning by NHS organisations in the area and improved partnership working with local authorities and transport providers.

Decision-makers will be informed as to the progress of the group when discussing the proposals for change.

Responsibility for delivery: Health for north east London to support the Travel Advisory Group but it will be for local NHS bodies to progress actions along with their local partners and key stakeholders.

5. Both local community hospitals open (Barking and East Dagenham)

NHS Barking and Dagenham is committed to improving health services for residents through the development of two local hospitals.

For maternity services in at Barking Community Hospital, please see above. Other services are expected to become operational in the next six to twelve months. The Urgent Care centre at the hospital is anticipated to open in March/April 2011. It will be medically led and therefore able to manage a wide range of conditions.

The Dagenham Community Hospital is at a much earlier planning stage. It is anticipated it will be a LIFT project. The site is firmed up, and the local LIFTCo (BDHCV) is negotiating with the planners (the local authority has shown support) and the owner (Sanofi Aventis – which is a willing partner) of the site. However ultimately it will be for GP commissioners to consider whether the project is supported by the clinical and local community and is a viable service.

The clinical leaders in Barking and Dagenham have agreed that it should be a clinically led development and have asked for six people to form the leadership group for it. All the local GP practices are being visited to understand their levels of ambition, aspiration and anxiety, and to encourage greater engagement in developing the facility.

NHS Barking and Dagenham anticipates that, once the leadership group is established, a business case will be one of their first tasks. The outline business case could be complete in summer 2011. This would mean a build start around January 2012 with occupation 18 months later (July 2013).

The PCT has worked with clinicians to make an initial assessment of the likely services that might be incorporated, and these have been broadly supported by stakeholders (see below). Early quantification of space requirements have been made on the basis of those assessments although it should be noted that these are still for discussion.

Potential services	Dagenham Community Hospital
Primary, community and urgent care	GP practices Urgent care centre open 8am – 10pm including children Community Health Service clinical staff base and treatment facilities
Diagnostics	X-ray, ultrasound, blood tests, echocardiography, ECG and spirometry, diabetic retinopathy screening
Planned care Out-patients or equivalent.	Gynaecology, dermatology, ENT, urology, trauma and orthopaedics, rheumatology, ophthalmology, general surgery, gastroenterology, paediatrics (outreach from Children and Family Centre), minor surgery
Long term conditions	Integrated multi-disciplinary one-stop services (comparable with Porters Avenue)
Pharmacy	

Dental services	General dental services, private dental service (new practice) and 20 chair spoke of Barts and the London Dental School. This is a practical training environment which enables students to undertake free short term dental care interventions on suitable patients – generally stabilising their dental health before passing then on to the dentists (it would also generate some jobs).
Community mental health services	North East London Foundation Trust: Dagenham Community Mental Health Team and Early Intervention in Psychosis Team
Other partner services	London Borough of Barking and Dagenham information point and sensory team

Responsibility for delivery: NHS Barking and Dagenham in partnership with key stakeholders.

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CABINET

23 NOVEMBER 2010

REPORT OF THE CABINET MEMBER FOR HEALTH AND ADULT SERVICES

Title: Adult Social Care: CQC Inspection Reports Findings	For Decision
<p>Summary:</p> <p>In July 2010 an inspection team from the Care Quality Commission (CQC), the independent regulator of health and social care in England, visited the Council to find out how well it was delivering adult social care.</p> <p>CQC concluded that the Council was performing well in safeguarding adults and in supporting improved health and well being for people with learning disabilities.</p> <p>CQC also concluded that the Council's capacity to improve was promising.</p> <p>This report summarises the findings from the inspection</p> <p>Before their visit the inspection team reviewed the Council's own assessment of overall performance together with a range of key documents. During their visit, the team met with people who used services and their carers, staff and managers from the Council and representatives of other organisations.</p> <p>A full copy of the CQC report, which appears in Appendix 1, sets out the findings, areas for development and recommendations for improvements.</p> <p>In the confidential section of this agenda are an introductory report and the Care Quality Commission's annual performance assessment 2009-10. These documents are included as Appendices 3 and 4 respectively. The CQC have embargoed these documents until 25 November 2010.</p> <p>Wards Affected: All</p>	
<p>Recommendation(s)</p> <p>The Cabinet is recommended to :</p> <ul style="list-style-type: none"> (i) note the findings of the inspection and the judgement that Adult Social Care services are performing well with promising prospects (ii) agree action plan to improve services further which has been devised to respond to the recommendations 	
<p>Reason(s)</p> <p>The Council is required by the Care Quality Commission to present the inspection report to Cabinet and make publicly available the results of the inspection.</p>	

Comments of the Chief Financial Officer		
Any additional financial consequences resulting from the Action Plan will be met from within existing budgets.		
Comments of the Legal Partner		
The Council is required to publish its inspection report as required under the legislative provisions governing the operation of the CQC.		
Head of Service: Glynis Rogers	Title: Divisional Director for Community Safety and Neighbourhood Services	Contact Details: Tel: 020 8227 2827 E-mail: glynis.rogers@lbbd.gov.uk
Cabinet Member: Cllr L Reason	Portfolio: Health and Adult Services	Contact Details: Tel: 020 8724 8013 E-mail: linda.reason2@lbbd.gov.uk

1. Background

- 1.1 The Care Quality Commission (CQC), the independent regulator of health and social care in England, announced in March 2010 that it was to conduct an inspection of adult social care in Barking and Dagenham. Formal notification was received from CQC in April when the Council was advised that the focus of the inspection would be on adult safeguarding across all user groups and on improving health and wellbeing for people with learning disabilities.
- 1.2 The Council was one of seventeen local authorities inspected by the Care Quality Commission in 2010 and only one of three in which services for people with a learning disability was the focus.
- 1.3 Before their visit the inspection team requested a range of key documents supplied from the Council and assessed other information about how the Council was delivering and managing outcomes for people. This included, crucially, the Council's own self assessment of performance. The CQC team then refined the focus of the fieldwork to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the Council was performing.
- 1.4 The inspection team from CQC visited the Council over a two week period in July 2010. During their visit the team met with people who used services and their carers, staff and managers from the Council and representatives of voluntary and statutory organisations.
- 1.5 CQC wrote to the Council in late September with a copy of their inspection report findings, attached in Appendix 1, together with a request that it be presented to Cabinet in November 2010.

2. Proposal

2.1 In its inspection report CQC made the following judgments, below, of how well the Council's adult social care services were performing.

The Care Quality Commission judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

- **For Safeguarding Adults:**
CQC said that the Council was **performing well**
- **For Improved Health and Wellbeing for People with Learning Disabilities:**
CQC said that the Council was **performing well**

The Care Quality Commission rates a council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent'.

- **For Capacity to improve**
CQC rated the Council as **promising**.

2.2 Safeguarding Adults

The Council's performance in the area of safeguarding adults stood out as amongst the best of those council's inspected in 2010. In particular CQC noted that the Council had demonstrated a strong commitment to strengthening adult safeguarding arrangements and had invested significant resources in a delivering a safeguarding service. Also of note was the development of a good range of community safety services and initiatives which helped keep people safe in their own homes and in the local community. The leadership the Council demonstrated in providing a wide range of safeguarding training to both Council and partner agency staff, in particular through the *I-Care* campaign, was cited as an example of an excellent way of raising awareness of safeguarding issues within the community. The Council's work in both community health services and with housing was noted as being particularly strong.

2.3 Improved Health and Wellbeing for People with Learning Disabilities

The Council was one of three authorities inspected in 2010 in which services for people with a learning disability was the focus and the only council where the focus was on health and wellbeing for this user group.

The Council was praised for its focused work on improving awareness of issues around health and wellbeing for people with learning disabilities and their carers, which had been well received by stakeholders. Community health was cited as a positive example of focused partnership work leading to improved liaison across health and social care. A range of stakeholders reported improved communication between general health services and social care and significantly increased awareness of health issues relating to people with learning disabilities amongst health professionals. The high numbers of people with a health action plan was

seen as a success together with the observation that people felt that these were being developed positively.

Our work within and across Council services received the credit it has been due, with CQC noting our effective partnership working between adult social care and leisure services which has led to an increased range of leisure opportunities for people with learning disabilities. Additionally, over the year we focused work to improve accessibility to museums and leisure centres, and this was also noted.

Our innovative work in promoting access to information, including our recently developed range of literature about health and wellbeing, including easy-read versions for people with learning disabilities were noted as of good quality. Many of our staff came in for justifiable praise, being described as helpful and friendly.

CQC praised the work of the Council in addressing the wider personalisation and prevention agenda in line with national priorities and noted positively that work was well underway to develop systems that would support people to maintain their independence and well-being, thereby avoiding contact with health and social services.

2.4 Leadership

CQC praised the Council for our vision for adult learning disability services, whilst noting that this rightly reflected national and local priorities. Strong partnership working with health at both strategic and operational levels was also singled out. CQC took particular note of our work to develop a health and wellbeing strategy with health partners (with its overarching action plan supported by ten more detailed action plans) and were impressed that each was monitored by a dedicated multi-agency sub-group to the health and wellbeing board.

2.5 Commissioning and use of resources

CQC noted our strong partnership work with health on commissioning, supported by much positive work undertaken to engage with providers and third sector organisations. We have been successfully using this approach for sharing information and promoting the vision for implementing the personalisation agenda.

Budgets were noted as being “effectively and regularly monitored with a clear focus on using resources effectively and achieving appropriate value for money”.

2.6 Improvement Plan

As part of their inspection process CQC seeks to identify areas for improvement and requests that councils submit improvement plans. In Barking and Dagenham a number of suggestions were made, but with CQC noting that in many areas improvement work was already well underway. The improvement plan, which was submitted this month to CQC, appears in **Appendix 2** of this report.

3. Financial Issues

3.1 Preparations for the inspection were met from existing departmental budgets, as will any consequences arising from the action plan detailed.

4. Legal Issues

The Council is required to publish its inspection report as required under the legislative provisions governing the operation of the CQC.

5. Other Implications

5.1 Customer Impact

The inspection report notes the strong performance of the Council in the areas of adult safeguarding and for improving the health and wellbeing of people with a learning disability.

This Council's Safeguarding Adults Strategy will have a positive impact upon reducing the inequalities faced by vulnerable adults by providing them with an increased access to support and the level of protection available. The shared partnership response means that the Council will be able to provide support across agencies and respond more effectively and in a person centred way.

While the inspection report notes the strong performance of the Council in addressing the social care needs of residents and service users and their carers it also contains recommendations which can only serve to drive forward improvements for all.

5.2 Safeguarding Children

Although there are no specific implications for the safeguarding of children, the report does reference those young people in transition from children's to adult social services. In particular it identifies more effective support planning for young people with learning disabilities in transition as an area for development. The Council has begun to work with all parents at an earlier stage of transition.

Much of the CQC report is given over to analysing the Council's performance in the area of adult safeguarding. Central to safeguarding adults are the concepts of dignity, respect, equality and fairness. The Council's Strategy and Action Plan builds upon the acknowledgement that some individuals are more likely to be abused than others and less likely to be able to protect themselves against significant harm or exploitation. It also makes the connection that quite often the risk posed to these vulnerable adults are further compounded by the presence of wider discrimination in relation to sexuality, age, faith, gender and/or ethnicity

The report concludes that the Council is performing well in safeguarding adults and notes that the Council has a strong commitment to strengthening adult safeguarding arrangements, has invested resources in a dedicated safeguarding adult's team, developed an effective range of community safety services and initiatives and delivered training across the partnership.

5.3 Health Issues

A large proportion of the CQC inspection concerned the health and wellbeing of people with a learning disability. The inspection team found that much effective targeted work to improve access to, and take-up of, primary healthcare services for people with learning disabilities goes on in the borough. It also noted that a high number of people had a health action plan, that services were promoting healthy lifestyles and supporting people positively in respect of their health needs.

Much work has been undertaken to improve joint working across health and social care, particularly in community health and much of this has helped people to either avoid unnecessary hospital admission or supported people to maintain their independence following hospital discharge.

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

CQC Inspection Report.

7. List of appendices:

Appendix 1 - CQC Inspection Report

Appendix 2 - Adult Social Care inspection Improvement Plan

Inspection report

Service inspection of adult social care: **Barking & Dagenham Council**

Focus of inspection:

Safeguarding adults
Improving health and wellbeing for people with
learning disabilities

Date of inspection: July 2010

Date of publication: 12 November 2010

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Inspection of adult social care

Barking & Dagenham Council

July 2010

Service Inspection Team

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This report is available to download from our website on www.cqc.org.uk

Please contact us if you would like a summary of this report in other formats or languages. Phone our helpline on 03000 616161 or Email: enquiries@cqc.org.uk

Acknowledgement

The inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

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Introduction

An inspection team from the Care Quality Commission visited Barking & Dagenham Council in July 2010 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Barking & Dagenham was:

- Safeguarding adults whose circumstances made them vulnerable; and
- Improving health and wellbeing for people with learning disabilities.

Before visiting Barking & Dagenham, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with people who used services and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Barking & Dagenham. It will support the council and partner organisations in Barking & Dagenham in working together to improve people's lives and meet their needs.

Reading the report

The next few pages summarise our findings from the inspection. They set out what we found the council was doing well and areas for development where we make recommendations for improvements.

We then provide a page of general information about the council area under 'Context'.

The rest of the report describes our more detailed key findings looking at each area in turn. Each section starts with a shaded box in which we set out the national performance outcome which the council should aim to achieve. Below that and on succeeding pages are several 'performance characteristics'. These are set out in bold type and are the more detailed achievements the council should aim to meet. Under each of these we report our findings on how well the council was meeting them.

We set out detailed recommendations, again separately in Appendix A linking these for ease of reference to the numbered pages of the report which have prompted each recommendation. We finish by summarising our inspection activities in Appendix B.

Summary of how well Barking & Dagenham was performing

Supporting outcomes

The Care Quality Commission judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

Safeguarding adults:

We concluded that Barking & Dagenham was performing well in safeguarding adults.

Improved health and well being for people with learning disabilities:

We concluded that Barking & Dagenham was performing well in supporting improved health and well being for people with learning disabilities.

Capacity to improve

The Care Quality Commission rates a council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent'.

We concluded that the capacity to improve in Barking & Dagenham was promising.

What Barking & Dagenham was doing well to support outcomes

Safeguarding adults

The council:

- Demonstrated a strong commitment to strengthening adult safeguarding arrangements and had invested resources in a dedicated safeguarding adults team.
- Had developed a good range of community safety services and initiatives which helped keep people safe in their own homes and in the local community.
- Provided a range of safeguarding training to both council and partner agencies staff.
- Had taken a robust approach to ensuring staff met Dignity in Care standards.
- Had developed an action plan to address the safeguarding issues related to people who are in receipt of personal budgets.

Improved health and well being for people with learning disabilities

The council:

- Had undertaken effective targeted work to improve access to, and take-up of, primary healthcare services for people with learning disabilities.
- Had ensured that a high number of people had a health action plan, that services were promoting healthy lifestyles and supporting people positively in respect of their health needs.
- Had improved joint working across health and social care, particularly in community health.
- Had enabled access to an increasing range of sports and leisure opportunities for people with learning disabilities.
- Had helped people to either avoid unnecessary hospital admission or supported people to maintain their independence following hospital discharge.

Recommendations for improving outcomes in Barking & Dagenham

Safeguarding adults

The council and partners should:

- Develop clearer policy and guidance to help practitioners respond to situations where abuse of vulnerable adults was identified but victims were reluctant to have intervention, particularly if this could involve the police.
- Address variability in the quality of safeguarding practice and recording, ensuring consistent, high quality practice.
- Strengthen joint working between operational teams and the commissioning and contracts team.
- Ensure that the use of independent advocacy is promoted for people, particularly within safeguarding processes.

Improved health and well being for people with learning disabilities

The council should:

- Take steps to assure itself that people are experiencing a good quality service when contacting the community learning disability team and out of hours services.
- Address the gaps in provision for independent living, employment opportunities and social activities.
- Work with its partners to ensure that people with dual diagnosis and complex needs have access to specialist services to meet their needs.
- Ensure that there is effective support planning for young people in transition.

What Barking & Dagenham was doing well to ensure their capacity to improve

Providing leadership

The council:

- Had a clear vision for adult social care that reflected national and local priorities.
- Had strong partnerships with health at both strategic and operational levels that had led to positive developments to address access to healthcare services for people with learning disabilities.
- Had a structured performance management framework in place, with regular reporting on performance.
- Had strengthened the structure, governance and accountabilities of the safeguarding adults board to ensure safeguarding activity was effectively embedded across the partnership.
- Was strengthening the quality assurance and performance management framework for safeguarding work.

Commissioning and use of resources

The council:

- Managed its budgets effectively and costs were regularly monitored, with a clear focus on using resources effectively and achieving appropriate value for money.
- Demonstrated strong partnership work with health organisations on commissioning.
- Secured additional resources through external funding streams to develop support services.
- Resourced safeguarding work well across strategic partners.
- Had strengthened contract specifications with regard to adult safeguarding requirements to ensure the commissioning of safe services.

Recommendations for improving capacity in Barking & Dagenham

Providing leadership

The council should:

- Improve strategic co-ordination of issues relating to carers of people with learning disability.
- Improve feedback from consultation with people with learning disabilities and their carers.
- Take steps to assure itself that people are experiencing a good quality service when raising concerns, making a complaint and receiving feedback.

Commissioning and use of resources

The council should ensure that:

- Third sector organisations are more actively involved and engaged in the personalisation agenda and its impact on the future market for support services.
- Ensure that people using personal budgets have a wider choice of support and services.

Context

Barking & Dagenham is an outer London borough with a population of 164,346 at the 2001 census, estimated to be about 173,000 at the time of the inspection. Barking & Dagenham now has one of the fastest growing populations in the country and has above average levels of both children and older people. At the last census 15 per cent of the population classified themselves as non-white, which is lower than for London as a whole. However, refugee populations are relatively high. The expansion of Thames Gateway is expected to result in the population of Barking & Dagenham increasing by an estimated 60 per cent over the next 5 years.

Barking & Dagenham is the sixth most deprived borough in London. Health is poor compared with the general picture in London and mental health needs are above the national average (Primary Care Trust local services assessment). Barking & Dagenham is the 21st most deprived area in England. Fourteen of its 17 wards are among the poorest in the country. With the lowest household incomes in London, the borough is uniformly deprived. The percentage of residents with no qualifications is higher than the London average and the percentage with degree level qualifications or equivalent is the lowest in London.

In December 2009 the Care Quality Commission judged the delivery of outcomes for adult social care services to be performing excellently.

Key findings

Safeguarding

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods. People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

There was a good range of community safety services and initiatives which helped keep people safe in their own homes and in the local community.

The council had a strong corporate focus on equalities and diversity, to prevent discrimination and harassment. The council commissioned race equality advocacy which had supported anti-harassment work in the borough. Equality Impact Assessments (EIA) were undertaken when developing strategies and practice. The EIA of the safeguarding strategy and action plan had led to a proposal to use the 'Dignify' training model for harder to reach adults from black and minority ethnic communities. In partnership with Toynbee Hall the council delivered the Dignify project to roll out through local day services. This aimed to reduce elder abuse by raising awareness amongst older people and professionals about what elder abuse is, when it occurs, who can perpetrate it, and what can be done about it.

Positively, the borough's domestic violence strategy recognised the specific needs of vulnerable adults and had good read-across with safeguarding policies. There was access to two refuges and specific advocacy for victims of domestic violence.

The safeguarding adults board had identified the need to focus work on tackling disability hate crime. The council and its partners had worked to raise awareness in identifying, reporting and preventing hate crime amongst community groups. People with learning disabilities had benefited from targeted initiatives including the recent development of an easy-read version of the form to report hate crime, which was seen as a useful tool. Informal and social contact between groups of people with learning disabilities and agencies such as the police, the community safety team, and the safer neighbourhood teams had been developed to support early identification and response to any concerns or incidents of harassment.

The borough's community safety partnership plan recognised issues facing vulnerable adults. Work was being done to implement actions to promote the safety of specific groups, including advocacy services which had recently been engaged in reviewing and developing effective responses to community safety issues. A DVD was being made to raise awareness about keeping safe in the community for people with learning disabilities. Community safety officers ran presentations to raise

awareness about distraction crime and home safety across groups of vulnerable adults. Positive joint work was being done with partners in housing to raise awareness of issues affecting vulnerable adults, how to identify concerns and support tenants. Safeguarding practitioners felt that work with housing was an area of strength in the borough.

Practitioners across a range of services identified challenges when responding to situations where abuse of vulnerable adults was identified but alleged victims were reluctant to have intervention, particularly if this could involve the police. Policy and guidance was needed to support practitioners and police in assessing and responding to such situations.

People are safeguarded from abuse, neglect and self-harm.

The council demonstrated a strong commitment to strengthening adult safeguarding arrangements and had invested resources in raising awareness and expanding its dedicated safeguarding adults team.

A strong "I Care" campaign had promoted awareness of safeguarding issues across the borough. This was supported by targeted initiatives such as the Dignify campaign to raise awareness of abuse relating to older people, and the recent production of an easy read "Say No To Abuse" leaflet for people with learning disabilities. The council had used a variety of techniques for delivering memorable messages about safeguarding to a broad section of the community, including a pack of tissues with key information from the I Care campaign. Safeguarding alerts were increasing, including from family members. Stakeholders that we met identified that awareness of the different ways that carers could be affected by safeguarding issues needed more focused attention.

Partnership work across agencies regarding training and learning events was positive. The council's safeguarding adults team provided a range of safeguarding training to both council and partner agencies staff. This included training of a significant number of frontline council staff such as library staff on "Effective Conversations". This helped staff to pick up early signs of abuse in their face to face contact with members of the public who may be vulnerable adults. Training was also available to independent and third sector agencies in the borough and events had been held for people with learning disabilities. Health partners hosted learning events and worked on joint induction training. There had been joint training with the community safety team, and plans were being developed for dedicated training for local police officers. Generally, people found the training to be of good quality and helpful in the roles they performed within the multi-agency adult safeguarding procedures.

Adult social care safeguarding policies and procedures had been developed and published in 2008. These contained detailed information about recording safeguarding processes on SWIFT, the adult social care electronic recording system. The council recognised that the policy and procedures had needed updating to reflect changing national policy developments and priorities. A pan-London group

had been working on a single safeguarding policy for London boroughs with sign up from relevant pan-London agencies such as the Metropolitan Police; however, the production of this had been delayed. In the meantime, Barking & Dagenham had introduced interim single-agency policies in 2010 to support the restructuring of adult social care and safeguarding teams.

The council had recently invested in expanding its safeguarding adults team (SAT), to four members of staff. The team had a wide range of functions, including delivery of most of the safeguarding training, receiving and 'screening' safeguarding alerts, providing advice to safeguarding teams across health and social care, leading on 'Level 4 alerts', and providing a quality assurance role for on-going and closed safeguarding incidents.

Partnership work to raise the profile of safeguarding amongst practitioners across both health and social care services was positive and effective. Work had been particularly strong in community health services, supported by new safeguarding leads who led on policy and practice issues. Barking, Havering and Redbridge University NHS Hospitals Trust (BHRUT) was establishing a safeguarding team. Improvements had been made in promoting awareness of safeguarding and consistency of response across secondary health services, mental health and substance misuse teams. There were clear policies about the interface between serious untoward incidents and safeguarding issues. However, work remained to be done to ensure that all key staff, particularly in mental health and substance misuse teams, had relevant training and that this was translated into improved, good quality safeguarding practice.

The recent appointment of a dedicated detective constable was identified as a significant improvement in communication between practitioners and the police, particularly with the safeguarding adults team.

Overall, stakeholders that we met reported that the response to safeguarding issues in the borough had been strengthened and was continuing to improve since the expansion of the safeguarding adults team and increase in resources across key partners. Prior to this expansion, there had been some delays in allocation of safeguarding work to operational teams and delays in keeping partners informed of outcomes of intervention. It was acknowledged that capacity to respond to safeguarding would remain an area for focus as referrals were continuing to increase. The council was continuing to monitor and respond to this situation.

Practitioners that we met were generally clear about their role in safeguarding practice and felt that this had been clarified in recent months through the programme of training being rolled out. Support in identifying and responding to low risk alerts or managing the interface between safeguarding and care management was identified as an area for development by some stakeholders. Responding to incidents where both perpetrator and victim were service users was used as an example.

Safeguarding practice was very variable across the case files we saw during the inspection, although most were adequate in addressing the safety of the vulnerable adult. The persistent delays in the initial response to and allocation of safeguarding referrals had undermined the quality of safeguarding work, although it was reported

that this had been addressed by the increased resources in the SAT. Work remained to be done to ensure that timescales after allocation were more consistent. The quality of recording across the safeguarding case files we saw was patchy. The council had recently taken action to strengthen recording systems, and improve the quality of recording as well as practitioner compliance with policy and procedure.

There were clear reporting pathways for assessment and care management teams to report safeguarding issues or concerns about the quality of care in services to the commissioning and contracts team. However, joint working in this area needed to be strengthened to ensure clearer communication and clarity about what action would be taken by whom.

Most practitioners demonstrated a good understanding of managing risks when promoting independence. Although most stakeholders felt that practice had improved in this area, there were some concerns about managing risk with increasing use of self-directed support and personalisation of adult social care. Positively, the council had developed an action plan to address this area. The council was also working with some independent sector domiciliary care agencies to develop Home Care Apprentices. This was intended to support the development of a pool of personal assistants who had undergone safety checks and training, who could be matched to people using self-directed care.

People who use services and carers find that personal care respects their dignity, privacy and personal preferences.

The council had taken a robust approach to ensuring that relevant staff met the Dignity in Care standards. There was good awareness of promotion of privacy and issues around information sharing across agencies. The safeguarding adults board was also reviewing the information sharing policy. We found some positive examples across accommodation and day services of promotion of people's preferences and a person-centred approach to care planning.

Targeted work had been done by health partners in response to care homes raising concerns about skin care and pressure sores. This had led to significant improvement in promotion of skin health and a reduction in hospital admissions due to pressure sores.

There had been an increase of referrals under the Deprivation of Liberty scheme, attributed to increased training on the mental capacity act. Most people with learning disabilities that we met said they were treated with dignity and respect by their support staff.

The council had recently completed a review in line with national recommendations from the Six Lives Review, assessing how well health and social care services meet the needs of people with learning disabilities and promote their dignity. Action Plans for all agencies had been agreed across health and social care, and progress was monitored by the safeguarding adults board and its Case Review Sub-group.

There was a good range of advocacy services available, including specific advocacy for people using self-directed support that was shared across seven London boroughs. We saw some positive examples of advocacy being involved in a positive way in case files that we read but there were some missed opportunities where advocacy could have been promoted more actively. There were mixed views across stakeholders about how well access to advocacy was promoted by adult social care staff. The council recognised the need to ensure that the use of independent advocacy was promoted, particularly for people within safeguarding processes.

People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.

The council had a good understanding of the quality of provision it commissioned from regulated providers. It used contract monitoring and regulatory information and inspection reports from the Care Quality Commission to gain a better understanding of the experiences of people who used regulated services. A high number of registered services in the borough had been assessed as 'good' or 'excellent' by the Care Quality Commission.

Local home improvement agencies provided valued help with home repairs. Victim support services provided home safety checks to people living in their own homes. Good use was made of key-safe schemes to help enable people to have support while living independently. The provision of handyman services assisted people to maintain their homes in the way they wished, and an 'eyesore gardens' initiative helped identify and support vulnerable adults who were having difficulty maintaining their property.

Improved health and wellbeing

People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well-timed, well-coordinated treatment and support.

People are well informed and advised about physical and mental health and wellbeing. They take notice of campaigns that promote healthier and safer lifestyles. This is helping to lower the rates of preventable illness, accidents and some long-term conditions.

The council had recently developed a wide range of leaflets and information about health and wellbeing, including easy-read versions for people with learning disabilities. Plans were in hand for their distribution and to publicise them. Many of the easy-read leaflets were of a good quality but some were more difficult to understand, such as the information on personal budgets. The council needed to review the quality of, and response to, the range of leaflets being produced. The easy-read complaints leaflet was aimed at both adults and children, although the images and language used were more appropriate for children than adults.

The North East London Foundation Trust (NELFT) had produced a number of easy-read documents about health for people with learning disabilities and work was underway to produce accessible information about universal health services.

The council used a number of routes to promote access to information. New 'Elephant' information points (free-standing touch screen computer screens) were located in buildings used by large numbers of people, which made it easy for them to access information. Initial feedback about these information points was positive, although some of them were located in areas that made it difficult to hear the talking pages. The council was aware of this problem and was actively considering ways to address the issue. Library staff helped people access web-site information as well as printed materials and were aiming to build up contacts with members of the community, including people with learning disabilities, through coffee mornings, strengthening face-to-face contact and attending events such as at the council's learning disability week. Housing staff were working with the learning disability partnership board to produce easy-read information including a housing manual. Access to leisure and sports was being promoted well, for example through 'TV adverts' at leisure centres. Classes for healthy living were being run at adult learning centres. The Health & Well-being Board was undertaking an information audit and planning to develop an action plan to address any issues identified.

The council had focused work on improving awareness of issues around health and wellbeing for people with learning disabilities and their carers, with some success. It had been well received by stakeholders. Awareness raising, development of health action plans, and access to primary and preventative health services such as

opticians, community dental services, and Seeability had been supported by new health facilitator posts. A high number of people had a health action plan, and generally people felt that these were being developed positively. Accommodation and day services were also supporting people positively in respect of their health needs and promoting healthy lifestyles.

Carers spoke positively of being able to have extended consultation periods with GPs. This could be further embedded by a more proactive approach in primary health care to identify carers, targeting health information about areas that may affect them, and developing routine screening of carers' health.

The intake team had a role as a 'first contact' point for callers to adult social services. The intake team and community learning disability team (CLDT) provided information and signposted to other services where appropriate, for example where people did not meet eligibility criteria. The information that was available had very recently been revised and expanded. This had previously been quite limited and people had identified a need to address this issue, particularly in ensuring that people with mild or moderate learning disabilities had easy access to information that supported them to keep physically and mentally healthy. The vulnerable adults team provided two drop-in sessions for people with learning disabilities, including those who did not meet eligibility criteria. The team provided advice, support and signposting to other services and organisations, as well as undertaking specific work with nurses from the CLDT to offer health checks.

Some stakeholders, including people with learning disabilities and their carers, reported that they experienced great difficulty in contacting the CLDT, particularly in contacting specific members of staff. This meant that it was difficult for them to get information or help at the time they needed it. We heard of several occasions where people were not satisfied with their experience when contacting the team and had left messages but not had any response. Out of hours there was a council call centre service and people reported that they were no longer able to leave messages on the CLDT answering machine. Some people found the out of hours response to be unsatisfactory. This was identified as an important area for development by stakeholders. The council needed to take steps to assure itself that people were experiencing a good quality service.

People who use services and carers go into hospital only when they need treatment. They are supported to recover through rehabilitation, intermediate care or support at home. This helps them to keep or regain their independence as far as possible.

We saw several examples of comprehensive packages of care provided that were person-centred and positively promoted people's health. Focused partnership work had led to improved liaison across health and social care, particularly in community health. A range of stakeholders reported improved communication between general health services and social care and significantly increased awareness of health issues relating to people with learning disabilities amongst health professionals. This, along with the widespread development of 'hospital passports', meant that people

with learning disabilities were experiencing improved quality of service when they had contact with general hospitals and secondary health services. Continued focus on this area would help ensure that progress was embedded and promoted consistency, as there was still some variation in the quality of people's experience.

People with learning disabilities were a priority for discharge planning from hospital and were rarely delayed. Health staff in the CLDT were able to go into hospital and work with ward staff, promoting good discharge planning. The council's reablement service had helped people to either avoid unnecessary hospital admission or supported people to maintain their independence following hospital discharge through the provision of intensive person centred rehabilitation and support at home. The CLDT worked closely with this team as well. Vacancies in the CLDT occupational therapy (OT) team had led to long waiting lists. The senior OT post had very recently been recruited to; however, assistant OT posts remained unfilled. People identified access to OT, physiotherapy and Speech & Language therapy as an area for improvement that the council should review with health partners as the CLDT was to become integrated.

Joint working across learning disability and mental health services was identified as an area for improvement. Some stakeholders identified a lack of clarity as to where to refer people with dual mental health and learning disability diagnosis. There were few appropriate services for people with learning disabilities who also had mental health problems, including dementia. The NELFT had developed a memory service for people with dementia regardless of age. It was acknowledged that greater consideration could be given to meeting the needs of people with learning disabilities within this service.

The council had taken steps to address the wider personalisation and prevention agenda in line with national priorities. Work was underway to develop systems that would support people to maintain their independence and well-being, thereby avoiding contact with health and social services. Take-up of individual budgets was increasing and the council was launching a pilot for health personal budgets that included some people with learning disabilities. In-house services were adapting how they offered services to encourage people with learning disabilities to purchase services flexibly or to use other support services. We saw some positive examples of use of individual budgets but heard of variable experiences of how well they had been explained or set up and there was some doubt and resistance to their introduction amongst a range of carers that we met. Work was needed to promote the positive aspects of self-directed support and demonstrate their benefits. People arranging their own care were given information on the range of services available. However, when packages of care were arranged through brokerage people were matched to available domiciliary care agencies. Greater consideration could be given to providing more choice and control to people in this process.

Progress was varied across other strands of the personalisation agenda. A wide range of stakeholders identified the need for greater support, better care planning and more services for carers of people with learning disabilities. The lack of respite services was consistently identified as a significant gap and the experience of many people that we met was that what was available was difficult to access. There were insufficient services for people with mild or moderate learning disabilities, as well as

for those with complex needs, to support the role of carers. We saw some positive examples of carers assessments and support for carers in the case files that we read. However, reports of how well people felt that they had been involved in support planning by learning disability assessment and care management teams varied. Improvements could be made to how well carers were consulted or treated as partners in the care planning process. There was a lack of contingency planning for carers and there was a need for greater recognition of and response to the health needs of carers.

Effective partnership working between adult social care and leisure services had enabled an increasing range of leisure opportunities for people with learning disabilities. Focused work had been done to improve accessibility to museums and leisure centres and this had included consultation with groups of people with learning disabilities. Mencap was working with local sports centres to support people using their facilities and there was an 'Inclusive and Active' programme action plan to promote uptake. Some people with learning disabilities were to be involved as volunteers for the upcoming Olympic games. Access to education was also promoted, with high numbers of people with learning disabilities accessing a range of educational courses. However, access to, and choice of, social activities was identified as an area for development across a number of stakeholders, particularly the lack of choice of evening and weekend activities. People with learning disabilities and their carers wanted information about what specialist or mainstream social activities were available, a wider range of social activities and meeting places and support to be able to access what was available.

The council had a contract with Pure Innovations to work with people with learning disabilities to develop employment opportunities and offer support but this contract had recently been terminated due to lack of confidence that Pure Innovations was performing to required standards. The council acknowledged that it could do more to promote opportunities in employment and social enterprise and was committed to achieving this.

The range of accommodation that helped people with learning disabilities develop independent living skills was expanding but remained limited. There was insufficient accommodation providing different levels of support to meet the needs of people with learning disabilities requiring this type of provision. Representatives from the housing directorate now attended the learning disability partnership board housing sub-group and were involved in developing a housing strategy. A housing representative also attended the carers sub-group. This had enabled people with learning disabilities to raise awareness of their housing and support needs to key strategic and operational housing staff and there had been some positive developments as a result.

The easy-read housing manual being developed was focusing on issues around repairs because this had been identified by people with learning disabilities as a priority. Changes had also been made to the choice based lettings to ensure that people with learning disabilities could use the scheme. They were offered access to move-on accommodation with support from the vulnerable adults team. The team had been restructured to focus more on supporting people with learning disabilities to live more independently. This included supporting people in three training flats prior to moving to their own accommodation. Members of the team provided training,

support and help with shopping and preparing health meals. Work was being planned to identify people with older carers who may need alternative accommodation or more support in the future to help prepare them for changes in their situation.

There was a dedicated team within adult social services working with young people across all groups who were in transition from children's to adult social services. However, effective support planning for young people with learning disabilities in transition was highlighted by a range of stakeholders as an area for development. There was a transitions protocol in place and some positive schemes to support young people with learning disabilities learn independent living skills. But the transitions strategy was a work in progress. Some challenges in ensuring that issues around eligibility criteria were dealt with, to promote seamless transition to adult services, needed to be resolved. The council recognised the need to improve systems to work with parents of young people in transition who were using individual budgets and a need to start work with all parents at an earlier stage of transition. A joint protocol was being developed to ensure greater support for parents who had learning disabilities and/or mental health problems.

People who use services in care homes or in their own homes have meals provided that are balanced, promote health, and meet their cultural and dietary needs. People who need support are helped to eat in a dignified way.

People were satisfied with the quality of meals available in the services that we visited. The meals provided took account of individual preferences, religious, cultural and dietary needs, and staff were observed to support people to eat their meals in a dignified way where appropriate. There was a good range of equipment and aids available, including pictorial menus to enable people to indicate choices.

Residential and nursing care home providers in Barking & Dagenham performed well in meeting key national minimum standards for the quality of meals they provided and the contracts team had received no complaints in this area.

People living independently were supported to shop, buy and prepare healthy meals and this had prominence in care planning that we saw.

One day service we visited had stopped offering puddings as part of a drive to promote health and positive eating habits. This was well meaning but overly paternalistic and this approach would benefit from a review.

At the end of life, people who use services and their carers have their wishes respected and are treated with dignity.

The focus on promoting health within services for people with learning disabilities had supported positive work across a range of accommodation services in ensuring that people with increasing health care needs could remain in their placement. This was beneficial to people with learning disabilities in that it promoted continuity of care

and supported them in familiar surroundings.

We saw positive examples of effective work across health and social care when issues around continuing health care for people with learning disabilities were reviewed. The responsibility for the assessment and long-term management of continuing care had been delegated from a dedicated continuing care team to the joint community learning disability team and this was felt to be a positive development, supporting joint decision making. However, there were few appropriate services that could meet the needs of people with learning disabilities who had significant health problems that would require specialist services such as nursing care, hospice or specialist health treatment.

A palliative care co-ordinator provided advice and support to community health and social care staff, care homes and domiciliary care staff, and informal carers about end of life care. There were good links between the palliative care worker and the CLDT, although there had been few referrals of people with learning disabilities to date. It was planned to establish meetings to discuss individual cases needing end of life care planning as the need arises to ensure a seamless service. Despite this, insufficient work was done to identify and address the end of life care needs and wishes of people with learning disabilities and their carers. The council had adopted an approach to 'death and dying' which was considered more accessible and easily understood by the range of stakeholders involved. It had been identified as a priority area for planning. While registered care homes had done work with Mencap on developing funeral plans, little had been done to develop end of life care plans and it was widely recognised that this could be developed further.

Capacity to improve

Leadership

People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.

People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.

The council had a clear vision for adult learning disability services that reflected national and local priorities. Strong partnership working with health at both strategic and operational levels had led to positive developments to address access to healthcare services for people with learning disabilities.

The council had developed a health and well-being strategy with health partners, linked to the allocation of resources. An overarching action plan was supported by ten more detailed action plans, each monitored by a dedicated multi-agency sub-group to the health and well-being board. These plans did not specify action points for particular groups such as people with learning disabilities, reflecting the council's priority of promoting inclusion through access to universal services.

Good progress had been made against national milestones for transforming adult social care, particularly in promoting the uptake of individual budgets. Lead councillors had a clear understanding of the personalisation agenda, which included the vision for promoting Valuing People Now principles for people with learning disabilities.

Although several posts within adult social care held some responsibility for services relating to carers, there was work to be done to improve the strategic co-ordination for carers' issues and to oversee the finalisation and implementation of the draft carers' strategy 2010-15. The action plan for this strategy was insufficiently specific and the cost implications were unclear.

The safeguarding adults board had adopted a more strategic approach to its work. The structure, governance and accountabilities of the board and its sub-groups had been strengthened to ensure safeguarding activity was effectively embedded across the partnership. The board provided clear leadership for safeguarding work across all partners and was driving effective change.

People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.

The council had focused on strengthening the learning disability partnership board (LDPB), ensuring that its sub-groups worked effectively and promoted engagement of people with learning disabilities and carers in strategic planning. The board meetings had been split into an open forum and a business planning session, which allowed a balance between participation and efficient decision making. A group of people with learning disabilities formed an advisory partners group that had significant input into the LDPB. The group were involved in strategic planning in areas such as housing and health. This positive engagement was to be extended by the creation of a learning disability parliament to structure consultation with a wider range of people with learning disabilities. This was timely, as there needed to be wider representation of different groups of people with learning disabilities in strategic planning. Young people, people with complex needs and people from black and minority ethnic communities were under-represented on the LDPB. Young people with learning disabilities were already involved in strategic planning through a disabled children's parliament.

A carers' sub-group to the LDPB had very recently been established. This group was linked to a carers' coffee morning – a two-monthly informal gathering for carers to hear feedback from the sub-group and channel views back in. There was also a carer of a person with learning disabilities on the wider carers' partnership board. These recent developments would help address concerns amongst some carers that they were poorly consulted and had insufficient information about the implementation of the personalisation agenda and its implication for support and services. Feedback from consultation with people with learning disabilities and their carers needed to be improved. A clearer 'You Said, We Did' approach was needed to ensure people felt their views had been taken into account and to understand when their suggestions were not taken up.

There was a growing awareness of the council's vision across the wider community of stakeholders. The council had communicated with some sectors about the transformation agenda and promoting health and well-being. A customer reference group (CRG) had been established and was influential in the development of personalisation strategic planning. Provider forums had been used to share information and there had recently been workshops for providers, users and carers. These had initiated discussions about how services could be shaped in the future. However, we found that some partners were less clear about the implications of the vision for them. Work was needed to promote greater understanding of the vision for adult learning disability services across all stakeholders and to embed a change of culture to support it. This would be helped by the finalisation of the draft voluntary sector strategy.

The safeguarding adults board had good representation from across partner agencies at an appropriately senior level and was looking to expand this to include

representation from General Practitioners. There were strong links with other strategic boards including the health and well-being board, the Safer Borough board, MARAC and MAPPA. The safeguarding adults strategy and action plan were resourced with contribution from health partners.

The independent chair of the SAB was planning to meet with the learning disability partnership board and the board had adopted a 'Think Family' approach to consider the needs of parent who are vulnerable adults, including parents who have learning disabilities or mental health problems. There were plans to develop a joint action plan across adult and children's safeguarding boards, both of which reported to the Public Service Board as part of enhanced governance arrangements.

The council planned to adopt the pan-London safeguarding policy and procedures once these had been finalised, which had been developed with user and carer involvement through 'Big Partnership for London' events. Locally, plans were being developed to seek feedback from vulnerable adults and carers involved in safeguarding procedures to help inform quality assurance.

The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.

The community learning disability team comprised health and social care practitioners co-located in one team. Plans to develop more formal integration of health and social care staff were underway. Adult social care services were also in the process of being restructured across all directorates. The details about how teams would be structured was still a work in progress. This was causing some uncertainty about future role and responsibilities amongst members of staff, although a process of consultation was underway after which proposals would become more explicit.

The CLDT had experienced some turnover in management over the last year, although new permanent managers were now in post. Team managers were aware of the need to build upon the benefits of having a joint team and embed a culture to support working towards personalisation and the transformation of services. Awareness and acceptance of the personalisation agenda across the CLDT was considered varied. This would need to be addressed to establish a positive culture change that would support buy-in from people with learning disabilities and carers who remained ambivalent about the benefits of the personalisation agenda.

The council had a workforce strategy that included a rolling programme of training around the personalisation agenda. There was good range of learning and development opportunities for staff in the CLDT, including joint training events. The council was working with Skills for Care regarding developing staff skills across social care sector. There was good access to training on safeguarding processes and roles, and practitioners reported training to be of a good standard and helpful. Most practitioners were clear about who could lead investigations in terms of qualification but some had undertaken an investigator's role without having done relevant investigators training. A minority of key staff had not had formal

safeguarding training. There was increasing investment in resources for safeguarding, including a more robust approach to roll-out of the training programme.

Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

There was a structured performance management framework in place, with regular reporting on performance. Organisational risks were systematically managed. Team and service managers received regular performance reports with an effective risk rating system on performance indicators. Regular scrutiny reporting included recent updates on the older person's housing review, and review of dementia services, both of which included reference to services for people with learning disabilities.

We heard of some reports of poor experiences when raising concerns and making complaints from stakeholders that we met, which included people with learning disabilities and their carers. Work was needed to focus on the quality of experience of people using services, to ensure that they felt safe and confident in raising concerns. The annual complaints report had insufficient analysis of the quality of outcomes or trends in complaints, which would be helpful to strengthen the learning and action points.

There were systems in place for monitoring the quality of commissioned services, including regular monitoring visits and checks on performance. Examples of decisive action being taken in response to poor performance included the suspension of some services. There was a form for staff to complete to alert the contracts team of concerns. We found processes for on-going communication and action planning in some of these cases was insufficiently robust. In some case files there were examples of concerns and safeguarding alerts being identified in registered services without appropriate liaison with the Care Quality Commission.

The safeguarding adults board was strengthening the quality assurance and performance management framework for safeguarding work. The collection and analysis of safeguarding data informed the strategic action plan, service development and resource allocation. A number of quality assurance processes had been developed and implemented over the last year, including peer review, monitoring by the safeguarding adults team and a 'call-over' system so that managers and practitioners had feedback on any issues identified. Monitoring of safeguarding practice was reported to the safeguarding adults board, and there was a performance monitoring sub-group. The annual safeguarding report contained some analysis of reporting trends but greater analysis would help inform practice and target training as well as prevention. Some work was being planned to investigate trends such as increases in referrals of different types of abuse.

The appointment of an independent chair of the safeguarding adults board was valued for providing challenge and scrutiny to the work of the board. A greater focus on the effectiveness of sub-groups was supported by developing detailed and specific action plans, compliance of which was monitored by the board in quarterly reports.

The council had an appropriate focus on improving recording, which had been identified as an area for improvement prior to the inspection. We were told that this had led to noticeable improvement, supported by monitoring by the safeguarding adults team. Data capture had been supported by channelling all safeguarding alerts through the intake team. Management oversight had been increased and a new case closure process developed to help track timescales and action planning. The focus on performance was strengthening recording and leading to improved quality of outcomes.

Commissioning and use of resources

People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.

The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.

The council demonstrated strong partnership work with health on commissioning.

Forums for the council to engage with providers and third sector organisations had been used for sharing information and promoting the vision for implementing the personalisation agenda. Many stakeholders were positive about these forums. Some third sector organisations felt that the council could improve the quality of engagement with them in discussions about implementation of the vision for personalisation. Positively, specific capacity building workshops had recently been held, to discuss how providers could develop to meet changing needs and demands. Consideration was also being given to encouraging social capital and building social networks. There were examples of support being developed to support people with learning disabilities moving from residential care. However, the council recognised that they were at the early stages of engagement with the third sector regarding the personalisation agenda and responding to self-directed support.

There was insufficient information about how budgets, resources and commissioning activity would be managed over time to translate the overarching vision into a coherent reconfiguration of services. Consultation with stakeholders would be fully effective and robust once there was better information on what the modernisation process would involve.

The council engaged with people with learning disabilities and carers through the learning disability partnership board. There was much to be done to work with parents of people with learning disabilities to support a change of culture and moves to modernise services away from a dependence on traditional models of service provision

There were effective systems for capturing the experience of people using services through contract monitoring and accreditation schemes, which helped to maintain a generally high standard of service delivery.

Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.

A joint strategic needs assessment had been undertaken, which contained specific data on the needs of people with learning disability. This had been used to inform the joint learning disability commissioning strategy. Further work had been done to identify the needs of children and young people with learning disabilities who would be eligible for adult services over the next ten years.

The council managed its budgets effectively and costs were regularly monitored. There was a clear focus on using resources effectively and achieving appropriate value for money. Additional resources had been secured through external funding streams to develop specific priorities, such as developing more housing options for people with learning disabilities. However, the learning disability commissioning strategy was not yet linked to resources, or to a programme of disinvestment and reinvestment.

Discussions had commenced with providers about shaping the market to support greater choice, independence and self-directed support. Work was being done across neighbouring boroughs to review opportunities to access a wider market, including a 'People4People' initiative across four boroughs to develop a pool of trained and safety checked personal assistants to be matched to people using services. But the range of services was underdeveloped with some gaps and limited choice for people with learning disabilities and carers. The council recognised that further work was needed in this area and the pace of change needed to increase to support the increasing number of people with personal budgets.

More robust planning was needed to address future demands and the changing needs of people with learning disabilities. A transitions group was reviewing the needs of young people with learning disabilities who were leaving college and wanted a greater choice of day opportunities beyond traditional day centres. Options such as pooled budgets were being explored to help them have more choice and control.

Safeguarding work was well resourced across strategic partners. Contract specifications with regard to adult safeguarding requirements had been strengthened to ensure the commissioning of safe services.

Appendix A: summary of recommendations

Recommendations for improving performance in Barking & Dagenham

Safeguarding adults

The council and partners should:

1. Develop clearer policy and guidance to help practitioners respond to situations where abuse of vulnerable adults was identified but victims were reluctant to have intervention, particularly if this could involve the police. (page 11)
2. Address variability in the quality of safeguarding practice and recording, ensuring consistent, high quality practice. (pages 12 & 13)
3. Strengthen joint working between operational teams and the commissioning and contracts team. (page 13)
4. Ensure that the use of independent advocacy is promoted for people, particularly within safeguarding processes. (page 14)

Improved health and well being for people with learning disabilities

The council should:

5. Take steps to assure itself that people are experiencing a good quality service when contacting the community learning disability team and out of hours services. (page 16)
6. Address the gaps in provision for independent living, employment opportunities and social activities. (page 18)
7. Work with its partners to ensure that people with dual diagnosis and complex needs have access to specialist services to meet their need. (page 19)
8. Ensure that there is effective support planning for young people in transition. (page 19)

Providing leadership

The council should:

9. Improve strategic co-ordination of issues relating to carers of people with learning disability. (page 22)
10. Improve feedback from consultation with people with learning disabilities and their carers. (page 22)
11. Take steps to assure itself that people are experiencing a good quality service when raising concerns, making a complaint and receiving feedback. (page 24)

Commissioning and use of resources

The council should ensure that:

12. Third sector organisations are more actively involved and engaged in the personalisation agenda and its impact on the future market for support services. (page 26)
13. People using personal budgets have a wider choice of support and services. (page 27)

Appendix B: Methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2010.

The assessment framework for the inspection was the commission's outcomes framework for adult social care which is set out in full [on our website](#). The specific areas of the framework used in this inspection are set out in the Key Findings section of this report.

The inspection had an emphasis on improving outcomes for people. The views and experiences of adults who needed social care services and their carers were at the core of this inspection.

The inspection team consisted of two inspectors and an 'expert by experience'. The expert by experience is a member of the public who has had experience of using adult social care services.

We asked the council to provide an assessment of its performance on the areas we intended to inspect before the start of fieldwork. They also provided us with evidence not already sent to us as part of their annual performance assessment.

We reviewed this evidence with evidence from partner agencies, our postal survey of people who used services and elsewhere. We then drew provisional conclusions from this early evidence and fed these back to the council.

We advertised the inspection and asked the local LINKs (Local Involvement Network) to help publicise the inspection among people who used services.

We spent six days in Barking & Dagenham when we met with people whose case records we had read and we inspected a further range of case records. We also met with people who used services and carers in groups.

We also met with

- Social care fieldworkers
- Senior managers in the council, other statutory agencies and the third sector
- Independent advocacy agencies and providers of social care services
- Organisations which represent people who use services and/or carers
- Councillors.

This report has been published after the council had the opportunity to correct any matters of factual accuracy and to comment on the rated inspection judgements.

Barking & Dagenham will now plan to improve services based on this report and its recommendations.

Service Inspection of Adult Social Care

Improvement Plan

Safeguarding Adults

Improvement Area 1 – Develop clearer policy and guidance to help practitioners respond to situations where abuse of vulnerable adults was identified but victims were reluctant to have intervention, particularly if this could involve the police				
Ref	Action	Evidence of Improvement	Lead Officer	Timescale
1.1	Safeguarding Adults Board to lead a discussion on service refusals across agencies Devise best practice guidance for staff following discussion and disseminate to all relevant agencies	Discussion held at Safeguarding Adults Board – evidenced by copy of agenda and presentation Best practice guidance for staff in place	Helen Oliver	15 October 2010 January 2011
1.2	Develop and implement new interim safeguarding guidance for practitioners, based on the Pan-London draft	Copy of new guidance for practitioners	Helen Oliver	December 2010
1.3	Work with our partners at the Metropolitan Police to deliver their organisational Safeguarding Adults Work Plan	Work plan developed and agreed All actions within the work plan delivered – evidenced through monitoring report to Safeguarding Adults Board	Helen Oliver	October 2010 April 2011

1.4	<p>Conduct a mapping exercise of current safeguarding advocacy arrangements in the borough to determine gaps and increase awareness of available services amongst practitioners to encourage take up</p> <p>Include findings to inform the overall review of advocacy provision ensure all advocacy contracts are able to advocate on behalf of and support service users with safeguarding issues. (see action 4.3)</p>	<p>Mapping exercise completed and presented to Safeguarding Adults Board</p> <p>Review advocacy contracts to include safeguarding responsibilities</p>	Helen Oliver	<p>December 2010</p> <p>April 2011</p>
Improvement Area 2 – Address variability in the quality of safeguarding practice and recording, ensuring consistent, high quality practice				
Ref	Action	Evidence of Improvement	Lead Officer	Timescale
2.1	Continuation of the quarterly performance update report to the Safeguarding Adults Board by the Performance Monitoring Sub-group	Embedded Performance Management Framework for Safeguarding Adults Board in place - evidenced through regular performance reports and annual report	Helen Oliver	Quarterly report for each Safeguarding Adults Board meeting
2.2	<p>Review the current quality assurance framework in place for the Safeguarding Adults Board:</p> <ul style="list-style-type: none"> • Review LBBD Adult Social Care Quality Assurance process • Ensure inclusion of basket of indicators developed by NHS Barking and Dagenham • Integrate the Pan-London suggested indicators within Barking and Dagenham's performance management framework 	Improvement in the quality of safeguarding recording – evidenced through quarterly quality assurance and performance monitoring reports to Safeguarding Adults Board performance sub-group	Helen Oliver	<p>November 2010</p> <p>December 2010</p> <p>January 2011</p>

2.3	Implement 'Workflow' within AIS (Adults Integrated System) to alert practitioners of due dates for various tasks (such as strategy meetings, investigation end dates, conference and Adult Protection plan reviews)	<ul style="list-style-type: none"> Workflow to be operating in AIS Live Those jobs to be included within Workflow to be agreed and signed off by the AIS project board <ul style="list-style-type: none"> All staff trained in AIS and use of workflow Business Unit to monitor work in progress and produce exception reports to ensure robust performance management 	Mary Farinha / Tudur Williams	March 2011
2.4	<p>Production of a formalised quality assurance business process for the safeguarding adults team to include 'NFA' dip samples, timeliness of case conference and case closure analysis</p> <p>Formalised process to be signed off and adopted by the Departmental Management Team.</p> <p>Monthly audits of case closure sheets to highlight gaps in recording and improve practice</p>	<p>Quality assurance business process for Safeguarding Adults team in place</p> <p>–</p> <p>Quarterly quality assurance and performance monitoring reports to SAB performance sub-group</p>	Helen Oliver	<p>February 2011</p> <p>March 2011</p>
2.5	<p>Rollout the SAB Competency based training programme:</p> <ul style="list-style-type: none"> Agree Training Programme Secure funding for the programme Recruit Training Co-ordinator to lead on delivery of the programme Completion of 104 training sessions held for multi-agency professionals 	Improvement in safeguarding practice and recording – evidenced through quarterly quality assurance and performance monitoring reports to SAB performance sub-group	Helen Oliver	<p>October 2010</p> <p>December 2010</p> <p>February 2011</p> <p>October 2011</p>

Improvement Area 3 – Strengthen joint working between operational teams and the commissioning and contracts team

Ref	Action	Evidence of Improvement	Lead Officer	Timescale
3.1	Review the Quality Alert form process to enable practitioners to raise concerns regarding providers with the Commissioning Team	Minutes of full managers meeting with evidence of action taken as a result of concerns	Jenny Beasley/ Bill Brittain/ Tudur Williams	

	<ul style="list-style-type: none"> • Review of Quality Alert process completed • Formalised process signed off by the Adult Social Care full managers meeting • Monthly report to review all alerts raised and reported to Adult Social Care full managers meeting 			November 2010 December 2010
3.2	Regular report to monthly Adult Social Care full managers meeting from the Adult Commissioning team, highlighting trends in quality issues raised regarding providers and action taken	Minutes of full managers meeting	Jenny Beasley	Ongoing on a monthly basis

Improvement Area 4 – Ensure that the use of independent advocacy is promoted for all people, particularly within safeguarding processes

Ref	Action	Evidence of Improvement	Lead Officer	Timescale
4.1	Ensure that the new interim Safeguarding guidance for practitioners (see action 1.2) incorporates advocacy referral routes	Dissemination of guidance and training records	Helen Oliver	January 2011
4.2	Hold briefings sessions and Toolbox Talk with practitioners on the range of advocacy support that may be available, in addition to professional advocacy services e.g. families, friends	Sessions delivered	Helen Oliver	February 2011
4.3	Undertake a review of current advocacy provision (as per the Information and Advice (and Advocacy) Strategy): <ul style="list-style-type: none"> • Undertake review of advocacy services • Revise Information and Advice (and Advocacy) Strategy as appropriate 	Review compiled and report to Departmental Management Team.	Jenny Beasley	June 2011

Improved health and wellbeing for people with learning disabilities

Improvement Area 5 – The Council should take steps to assure itself that people are experiencing a good quality service when contacting the community learning disability team and out of hours services				
Ref	Action	Evidence of Improvement	Lead Officer	Timescale
5.1	<p>Continue to work towards a fully integrated Community Learning and Disability Team through the introduction of new joint working arrangements and a single line of management, including:</p> <ul style="list-style-type: none"> • Co-location of NHS and LBBDD staff in one open-plan office at Civic Centre • Introduction of a central contact telephone number and email address for the team to ensure that service users receive an appropriate and timely response, even if their allocated worker is not available. This will be monitored against the Corporate Customer Service Standards • Development of an easy read customer feedback questionnaire which will be sent to a sample of service users on a quarterly basis to measure the customer experience • Establish a “one stop information shop” at the Maples Day Centre, providing professional advice and information for service users from Monday – Friday 	<p>Increase in proportion of telephone calls and emails that are dealt with within the Corporate Customer Service Standards</p> <p>Increase in the proportion of service users stating that they are satisfied with the service received when contacting the CLDT following survey of regular callers</p>	Bill Brittain	<p>January 2011</p> <p>June 2011</p>

5.2	<p>Improve communication between the Emergency Duty Team and care management teams through:</p> <ul style="list-style-type: none"> • Weekly service availability bulletins submitted to EDT by Brokerage every Friday detailing placement and home care capacity. • Regular attendance by EDT manager at monthly Adult Care Services managers meetings. • Joint working to review procedures such as 'no replies' process chart. • Establish out of hours Group Manager rota 	Minutes of full managers meeting	Tudur Williams	<p>Completed</p> <p>February 2010</p> <p>December 2010</p> <p>Completed</p>
Improvement Area 6 – Address the gaps in provision for independent living, employment opportunities and social activities				
Ref	Action	Evidence of Improvement	Lead Officer	Timescale
6.1	<p>Work with an externally recognised body to develop options for further social activities that could be adopted in the borough for people with a learning disability:</p> <ul style="list-style-type: none"> • Identify external body • Consult with service users on activities they would like to see available • Range of options to be presented to the Learning Disability Partnership Board (LDPB) for agreement on which options to implement 	Minutes of LDPB	Karen Ahmed	February 2011
6.3	<p>Continue to focus on the gaps in provision for independent living through:</p> <ul style="list-style-type: none"> • Working with Outlook Care • Delivery of the Housing Strategy for People with Learning Disabilities 	Increase in the number of people offered independent living	Jenny Beasley/ James Goddard	December 2011

Improvement Area 7 – Work with partners to ensure that people with dual diagnosis and complex needs have access to specialist services to meet their needs				
Ref	Action	Evidence of Improvement	Lead Officer	Timescale
7.1	Establish a dedicated Complex Needs Service Unit as part of the reorganisation of Adult Care Services, to ensure that we are better able to meet the needs of people with dual diagnosis and complex needs, which often fit poorly within the remits of our existing services	New organisational structure in place and care pathways established as part of operational policy	Bill Brittain	April 2011
7.2	Ensure focus on planning for this group as part of service planning for implementation for NHS White Paper.	Joint Commissioning plans	Karen Ahmed	April 2012
Improvement Area 8 – Ensure that there is effective support planning for young people in transition				
Ref	Action	Evidence of Improvement	Lead Officer	Timescale
8.1	Continue operating the Transitions Operational Meeting Group, bringing together managers from Children's Services and Adult services to agree transition pathways for individual young people	Transitions Self Assessment Questionnaire 3	Karen Ahmed	December 2010
8.2	Establish and maintain a single comprehensive spreadsheet detailing service users at 14+ who may transfer from Children's Services to Adult Services	Concise spreadsheet for all relevant parties on the Transitions Operational Meeting Group Earlier support planning for potential service users in place	Bill Brittain	Completed
8.3	Development of a Transitions Strategy and Action Plan for the borough	Strategy and Action Plan in place and signed off by the Transitions Strategy Group Performance Management Framework to deliver the strategy in place and progress monitored at each Transitions Strategy meeting	Karen Ahmed	December 2010 Quarterly

8.4	Amalgamate the Transitions team with the newly integrated Community Learning Disability as part of the forthcoming reorganisation of Adult Care Services, to offer a more streamlined service to the large proportion of people who go through transition each year with a learning disability	New structure in place and pathways included in adult social care operational policy.	Bill Brittain	April 2011
8.5	Conduct an Adult Self Directed Support assessment for all young people who are 16 and are likely to require social care services when they reach adulthood (to be conducted prior to their 17 th birthday), in line with guidance from the Valuing People Now team.	90% of young people in transition assessed and offered an indicative adult resource allocation before the age of 18.	Bill Brittain	June 2011

Providing leadership

Improvement Area 9 – Improve strategic co-ordination of issues relating to carers of people with a learning disability				
Ref	Action	Evidence of Improvement	Lead Officer	Timescale
9.1	Recruitment of a Joint Strategic Commissioning Manager for LBBD and NHS Barking and Dagenham, with responsibility for carers across both organisations	Person in post	Karen Ahmed	March 2011
9.2	Implement a Carers Strategy for the borough, based on the new National Carers Strategy (due to be released in November 2010)	Draft strategy consulted on with a range of carers, signed off and in place	Karen Ahmed	February 2011
9.3	Development of a Young Carers Strategy for the borough	Draft strategy consulted on with a range of young carers, signed off and in place	Erik Stein	April 2011

Improvement Area 10 – Improve feedback from consultation with people with learning disabilities and their carers				
Ref	Action	Evidence of Improvement	Lead Officer	Timescale
10.1	Ensure that the service user representatives on the Learning Disability Partnership Board are given the required support to engage	Feedback from service user reps	Karen Ahmed	March 2011
10.2	Ensure that the views of the Learning Disability Parliament (supported by Mencap) are an integral part of strategic planning and development by implementing a standing item on the agenda of the LDPB meetings for feedback on issues raised by the Parliament	Minutes of LDPB	Karen Ahmed	March 2011
10.3	Post of Joint Strategic Commissioning Manager (see action 9.1) to work with carers to establish the methods in which they would like to be fed back on the results of consultation.	Carers Engagement Strategy agreed and in place.	Joint Strategic Commissioning Manager	September 2011
Improvement Area 11 – The Council should take steps to assure itself that people are experiencing a good quality service when raising concerns, making a complaint and receiving feedback				
Ref	Action	Evidence of Improvement	Lead Officer	Timescale
11.1	Re-structure the Children, Adult and Community Services Complaints Service as part of the review of the Performance, Policy and Programmes function	New structure in place	Glynis Rogers	March 2011
11.2	As part of the re-structure of the Complaints Service, review the mechanisms in place for recording and responding to concerns raised in quality alerts: <ul style="list-style-type: none"> • All concerns to be forwarded to Complaints team for recording • All concerns responded to within corporate and statutory guidelines 	Reports at full managers meeting Included in quarterly complaints report to DMT	Jenny Beasley Glynis Rogers	March 2011 June 2011

Commissioning and use of resources

Improvement Area 12 – Ensure that third sector organisations are more actively involved and engaged in the personalisation agenda and its impact on the future market for support services

Ref	Action	Evidence of Improvement	Lead Officer	Timescale
12.1	Continue to hold Provider Forums for third sector organisations to feedback to them the results of consultation exercises to establish the services that our service users want	Minutes of meetings with groups of providers.	Jenny Beasley	Completed
12.2	Dedicated post of Personalisation and Market Development Officer to be established within restructure of Adult Commissioning	Person in Post	Jenny Beasley	February 2011
12.3	Development of a Third Sector Commissioning Strategy for the borough	Consultation undertaken, strategy signed off and in place	Heather Wills	March 2011
12.4	Ensure engagement of third sector organisations within the Market Place events (see action 13.1)	Minutes of Market Place event	Jenny Beasley	April 2011

Improvement Area 13 – Ensure that people using personal budgets have a wider choice of support and services

Ref	Action	Evidence of Improvement	Lead Officer	Timescale
13.1	Hold a Market Place event to provide a forum for service users and providers to feedback on services required and those on offer	Minutes of Market Place event and increased numbers of Direct Payments	Jenny Beasley	April 2011
13.2	Create service specifications to focus on outcomes not outputs, to encourage and support innovative approaches to service provision locally.	Outcome monitoring frameworks in place. Fewer block contracts.	Jenny Beasley	September 2011
6.2	Develop a social enterprise which provides opportunities for former Health and Social care apprentices to become Personal Assistants.	Social Enterprise in place with 20% of service users choosing to purchase services from it.	Karen West-Whyllie	April 2012

APPENDIX 3

PRIVATE AND CONFIDENTIAL

Adult Social Services Assessment of Performance 2009/10**Summary:**

The information contained within this report is embargoed by the Care Quality Commission until Thursday 25 November.

Following our Adult Social Care inspection process this year, the Care Quality Commission (CQC) has commended Barking & Dagenham for its performance during 2009-10 and adjudged the authority as “**performing excellently**”, the highest category possible.

This report is a summary of the performance, produced by the Care Quality Commission (CQC), of how the Council has promoted adult social care for people in the council area for 2009/10. The summary also includes a written assessment about leadership, commissioning and the use of resources.

The overall grade for performance is combined from the grades given for the individual seven outcomes. CQC uses the following performance ratings:

Performing Poorly:	not delivering the minimum requirements for people.
Performing Adequately:	only delivering the minimum requirements for people.
Performing Well:	consistently delivering above the minimum requirements for people.
Performing Excellently:	overall delivering well above the minimum requirements for people.

For 2009/10 CQC overall grade awarded for delivery of outcomes was **Excellent**. CQC define an excellent service as one that “overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community.”

A full copy of the CQC annual performance assessment appears in **Appendix 4**.

1. Background

- 1.1 Each year the Care Quality Commission (CQC), the independent regulator of health and social care in England, conducts an annual assessment of performance for adult social services and provides an overall grade for performance. In addition, they identify areas from improvement.
- 1.2 CQC reaches its conclusions by considering the information and evidence provided by the Council throughout the year. This included the Council’s own self assessment of performance.
- 1.3 The Council is required by the Care Quality Commission to present the annual assessment report to Cabinet by 31 January 2011 and to inform CQC of the date

this will take place. In addition the Council must make the report available to members of the public.

2. Proposal

2.1 In its assessment report CQC made the following judgment of how well the Council's adult social care services were performing.

Using the following grading the Care Quality Commission judges the performance of councils as either: 'performing poorly', 'performing adequately', 'performing well' or as 'performing excellently'.

2.2 For 2009/10 the CQC overall grade awarded for delivery of outcomes was **Excellent**. This is the third year in succession that the Council's Adult social care services have been awarded the highest possible grading.

CQC define an excellent service as one that "overall delivers well above minimum requirements for people, is highly cost-effective and fully contributes to the achievement of wider outcomes for the community."

2.3 Set out below are the main judgments the CQC have delivered for performance over the period 2009/10:

Delivering outcomes assessment Overall council is:	Excellent
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Delivering Outcomes	Grade Awarded
Outcome 1 Improved health and well-being	Well
Outcome 2 Improved quality of life	Excellent
Outcome 3 Making a positive contribution	Excellent
Outcome 4 Increased choice and control	Excellent
Outcome 5 Freedom from discrimination or harassment	Excellent
Outcome 6 Economic well-being	Well
Outcome 7 Maintaining personal dignity and respect	Well

2.4 In delivering its overall summary of 2009/10 performance, CQC determined that the Council has continued to meet the challenges of the transformation agenda with strengthened partnership working and on-going commitment to innovative service delivery. Advice and information is readily available and workforce and

management restructuring continues in order to meet the cultural shift to more personalised models of care.

The Council was adjudged to be performing well in safeguarding, with strengthened governance arrangements and innovative information sharing initiatives that have been implemented and that it was successful in raising awareness and increasing the rate of referrals.

The Health & Wellbeing Strategy was identified as a decisive step forward in responding to local health inequalities. Commissioning for adult services was praised as being increasingly embedded and aligned with service improvement in terms of care pathways and value for money.

2.5 Leadership

CQC identified the following key strengths:

- A promotion of a clear vision for social care in line with the Putting People First agenda.
- Improved partnership working including engagement with a wide variety of stakeholders.
- A demonstration of the successful management of cultural change.

2.6 Commissioning and use of resources:

CQC identified the following key strengths:

- The Council has commissioning strategies in place that are appropriately informed by careful analysis of needs.
- The Council engages with partners, carers, providers and people using services so that commissioning strategies are targeted and resource led.

No areas for improvement were identified.

2.7 Outcome 1: Improving health and emotional well-being

CQC identified the following key strengths:

- The Council has set out a robust and comprehensive strategy for addressing health and wellbeing.
- The Council has run effective campaigns and strategies, which give people accurate and useful information about improving their health and wellbeing.
- An effective reablement services has reduced dependence on residential care.

CQC identified the areas for improvement:

- The Council should determine how they will assess the impact of the advice and information they provide.
- Services commissioned by the council for Young Adults provide flexible care which promotes independence and control. The Council should try to encourage commissioned services to achieve the same high standard for Older People

2.8 For the following outcomes CQC has agreed to accept the judgement awarded for the 2008/09 year into the 2009/10 assessment:

Outcome 2: Improved quality of life - Excellent

Outcome 3: Making a positive contribution - Excellent

Outcome 4: Increased choice and control - Excellent

Outcome 5: Freedom from discrimination and harassment - Excellent

Outcome 6: Economic well-being - Well

2.9 **Outcome 7: Maintaining personal dignity and respect**

CQC identified the following key strengths:

- The Council has sound governance arrangements in place and partnerships were committed to safeguarding.
- Training is above the basic awareness level and competency based.
- The Council has ensured that information and advice is available to the public about safeguarding and how to make referrals.
- The Council's *i-Care* campaign has been effective.
- Records of incidents have been well recorded and monitored as was safeguarding performance across agencies

CQC identified the following areas for improvement:

- The Council should improve the numbers of training opportunities from the independent sector.
- The quality of domiciliary care is below the national average potentially impacting on people's safety.
- The Council should follow-up the training opportunities in relation to the deprivation of liberty in order to increase the number of applications from providers.

3. **Other Implications**

3.1 **Customer Impact**

The annual assessment report 2009/10 notes the strong performance of the Council in delivering social care services to service users and residents, noting the decisive element of customer feedback incorporated into the strategic direction of the Council.

The progress made over the past year in delivering greater service user engagement is acknowledged together with a recognition that the Council has continued to meet the challenges of the transformation agenda with strengthened advice and information.

3.2 **Safeguarding Children**

The annual assessment report 2009/10 praises the Council's clear vision for social care with its strong commitment to prevention, personalisation and safeguarding. It also notes the Council's strong commitment to delivering high quality, safe and innovative services. There is a clear commitment to making safeguarding "everybody's business" and all staff within Adult Social Care are trained in Safeguarding procedures. There are close links between adult safeguarding and community safety agendas; the Council's governance arrangements reflect this, the report concludes.

In addressing the needs of adults the service has strong regard to the needs of children within families, particularly those who are carers.

3.3 **Health Issues**

The annual assessment report 2009/10 identifies the Health and Wellbeing Strategy as a decisive step forward in responding to health inequalities. The work towards realising personalisation priorities, through offering service users greater choice and control, was also positively commented upon. Ensuring that older people remain healthy and independent and live the lives they want is central to maintaining health.

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

CQC annual performance assessment 2009/10

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Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10: BARKING & DAGENHAM

Contact Name

Job Title

Tony Allen

Compliance Manager

The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.

Performing Poorly - not delivering the minimum requirements for people.

Performing Adequately - only delivering the minimum requirements for people.

Performing Well - consistently delivering above the minimum requirements for people.

Performing Excellently - overall delivering well above the minimum requirements for people.

We also make a written assessment about

Leadership and

Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

2009/10 Council APA Performance

Delivering outcomes assessment Overall council is:	Excellent
Outcome 1: Improved health and well-being	Well
Outcome 2: Improved quality of life	Excellent
Outcome 3: Making a positive contribution	Excellent
Outcome 4: Increased choice and control	Excellent
Outcome 5: Freedom from discrimination and harassment	Excellent
Outcome 6: Economic well-being	Well
Outcome 7: Maintaining personal dignity and respect	Well

Council overall summary of 2009/10 performance

The Council has continued to meet the challenges of the transformation agenda with strengthened partnership working and on-going commitment to innovative service delivery. Advice and information is readily available and this is enhanced by an interactive website allowing people using services an opportunity to directly engage with the wider public. Workforce and management restructuring continues in order to meet the cultural shift to more personalised models of care.

The Council has continued to perform well in safeguarding. Governance arrangements have been strengthened. Information sharing initiatives have been innovative and successful in raising awareness and increasing the rate of referrals. A recent service inspection is yet to report on safeguarding and improving health and well-being in relation to people with learning difficulties.

The Health & Wellbeing Strategy was a decisive step forward in responding to health inequalities and the outcomes from this will be eagerly awaited over its three year span. Commissioning for adult services is increasingly embedded and aligned with service improvement in terms of care pathways and value for money (exemplified by the in depth review of the dementia care strategy, the review of contract monitoring and preparatory work on home care accreditation).

Leadership

"People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".

Conclusion of 2009/10 performance

The Council's clear vision for social care is driven by a strong commitment to prevention, personalisation and safeguarding, which is integral to the agreed improvement strategy for the area and met local and national priorities as expressed in the Joint Strategic Needs Assessment (JSNA). The Council has exceeded its targets on most of the Putting People First milestones.

Incorporated into the strategic direction of the Council is a decisive element of customer feedback. There are well established arrangements in place, underpinning the transformation agenda, including access to information and advice, a remodelled, interactive website and partnership working out of which the Health and Wellbeing Strategy has emerged as a groundbreaking development. Further strengthening of partnership working with health has been underpinned by a restructuring of IT systems.

Against a background of service remodelling the Council has managed significant cultural change with some success. Recent workforce restructuring has resulted in a smaller, higher quality workforce having the right blend of skills and experience in order to improve outcomes for people by delivering targeted, personalised services aligned with value for money. However, whilst the council can demonstrate that they had a good retention rate of staff, there has been a significant increase in the number of days lost due to sickness.

Overall, the Council's commitment to delivering high quality, safe and innovative services is high. The apprenticeship scheme has

gathered pace with a grant of £200,000 from the Department of Health, the Adult Safeguarding Board is being re-configured and outcomes for people are improving. Restructuring at all levels has led to a cultural shift in staff and management understanding of the personalisation and preventative agenda, although the full impact of this on the workforce is yet to be determined.

Key strengths

- The Council promotes a clear vision for social care in line with the Putting People First agenda.
- There has been improved partnership working including engagement with a wide variety of stakeholders.
- The Council has demonstrated management of cultural change.

Areas for improvement

- The Council should aim to reduce the levels of sickness amongst the workforce

Commissioning and use of resources

"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".

Conclusion of 2009/10 performance

The commissioning of adult services is part the overarching, Commissioning Strategy. The Council has adopted Total Commissioning principles, which has led to some innovative partnership working to improve efficiencies and value for money. Local knowledge was well managed and systematic, bringing together learning and knowledge from different sources to inform commissioning. People who use services and their carers have been systematically engaged with and their feedback evaluated. There is increasing evidence of frontline staff and service users influencing the way providers deliver their care. For example, through improved person centred planning and more requests to find specific services through brokering and commissioning. A more in depth view, which took the Joint Strategic Needs Assessment (JSNA) beyond Council ward level, has given an insight into the inequalities and demographics in greater detail.

Innovative solutions have been applied in order to develop local services such as the re-commissioning of older people's services to widen the range of opportunities for social networking. In addition there has been work in developing joint protocols with partners, including providers, to develop a whole systems approach.

The Council has considered the future demographics of Barking & Dagenham to inform commissioning. As the population is ageing it has predicted the need for longer term residential care but this was set against the overall objective to deliver care in people's own homes for as long as possible. The Council has continued to work towards its personalisation priorities, offering service users greater choice and control whilst ensuring they offer good value for money. The Council has continued to reduce dependency on block contracts and prevented overlap in service provision by continuing to work in partnership with other agencies and providers. A three year transformation programme for the PCT is currently being implemented. Partnership boards work closely with directors of resources for each organisation to help manage budgets ensuring that priorities are met and spending cost-effective. The Council has achieved efficiency targets through workforce remodelling, bench-marking their

performance against others and comprehensive contract reviews.

Key strengths

- The Council has commissioning strategies in place that are appropriately informed by careful analysis of needs.
- The Council engages with partners, carers, providers and people using services so that commissioning strategies are targeted and resource led.

Areas for improvement

none

Outcome 1: Improving health and emotional well-being

“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.

Conclusion of 2009/10 performance

In acknowledgement of the challenges posed by poor health in the Borough, the Council with its partners has produced a Health & Wellbeing Strategy, which clearly outlines 10 priorities for attention over the next ten years. This is a significant event in terms of addressing health inequalities but is also as an indication of sound partnership working. The strategy sets out areas for action including clear joint commissioning arrangements, governance arrangements, a workforce educational programme, public engagement and Gold Star accreditation of care homes; however, as the Council readily acknowledges, it is soon to measure its affect on outcomes for the local community and the impact on improving health and well-being across all areas will be more evident in the months to come.

The Council has well coordinated campaigns that alert people to information relating to health and wellbeing, which use varied media, languages and assistive technology. Next steps should include analysis of the effectiveness of these campaigns.

The in-house First Response reablement service has reduced the need for further medical and social care intervention and for permanent residential placements. The rate of Delayed Transfers of care (DToC) for people over 65 increased although the number attributable to adult social care is low. The Council is working with its health partners to improve the discharge capacity; teams have been placed in Queens Hospital and King George’s Hospital and the Hospital Occupational Therapists are using the Retail prescription model which will minimise a delay in equipment being cited as the reason for DToC.

Forums and community groups are in place to provide training and support to people using services and carers. End of Life care is well co-ordinated across partnerships and work continues to affect the relatively high percentage of people dying in hospital as opposed to the specific home environment.

Performance against Key National Minimum Standards which support service users to take control of their own healthcare and management of their medication is above average. However, in comparison to services for Young Adults, services for Older People are not performing as well.

Overall service users are supported sensitively through the joint working of health and social care and are treated with dignity and respect.

Key strengths

- The Council has set out a robust and comprehensive strategy for addressing health and wellbeing.
- The Council has run effective campaigns and strategies, which give people accurate and useful information about improving their health and wellbeing.
- An effective reablement services has reduced dependence on residential care.

Areas for improvement

- The Council should continue working with health partners to reduce Delayed Transfers of Care.
- The Council should continue to gather evidence and monitor progress of the Health & Wellbeing Strategy.
- The Council should determine how they will assess the impact of the advice and information they provide.
- Services commissioned by the council for Young Adults provide flexible care which promotes independence and control. The Council should try to encourage commissioned services to achieve the same high standard for Older People

Outcome 2: Improved quality of life

“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”

Conclusion of 2009/10 performance

“The Care Quality Commission has agreed to accept the judgement awarded for Outcome 2 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at performing at excellently level in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.”

Key strengths

Areas for improvement

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Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

Conclusion of 2009/10 performance

“The Care Quality Commission has agreed to accept the judgement awarded for Outcome 3 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at performing excellently level in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.”

Key strengths

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Areas for improvement

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Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

Conclusion of 2009/10 performance

“The Care Quality Commission has agreed to accept the judgement awarded for Outcome 4 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at performing excellently level in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.”

Key strengths

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Areas for improvement

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Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

Conclusion of 2009/10 performance

“The Care Quality Commission has agreed to accept the judgement awarded for Outcome 5 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at performing excellently level in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.”

Key strengths

Areas for improvement

Outcome 6: Economic well-being

“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.

Conclusion of 2009/10 performance

“The Care Quality Commission has agreed to accept the judgement awarded for Outcome 6 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform at performing well level in 2009/10 for this outcome. CQC will continue to monitor any indicators of change to this performance.”

Key strengths**Areas for improvement**

Outcome 7: Maintaining personal dignity and respect

“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.

Conclusion of 2009/10 performance

The Council has a clear commitment to making safeguarding “everybody’s business” and there are close links between adult safeguarding and community safety agendas; the Council’s governance arrangements reflect this. Organisations in the local partnership are committed to a single safeguarding strategy, implemented by the Safeguarding Adults Board (SAB) which has created a designated Safeguarding Adults Team to ensure that referrals are dealt with in a consistent and robust way. Training of staff in both the public and independent sector is also embedded in the strategy and there are encouraging figures illustrating this across the public and private sectors; however, the Council should try to increase the number of people trained in the independent sector. Training is competency based and pitched at above basic awareness level in order to improve the response to alerts and referrals. Additionally, the council stated that all carers have been trained to help service users to remain as independent as possible. Support for carers is well-developed and they are treated as partners in designing care services.

Public awareness was raised through the iCare campaign and the dramatic increase in the number of referrals illustrates that many people in the community know what to do if they have a safeguarding concern. Evaluation of results demonstrates that the Council has been effectively intervening at an early opportunity. The SAB, through the Performance Management group continues to develop quality assurance systems in partnership.

In residential services the proportion of placements in good or excellent services is high and the number in poorly rated homes reduced to two. However, in order to align quality and safety, Barking & Dagenham is below the national average for domiciliary care services rated good or excellent. Whilst the increased use of domiciliary care is positive the Council should ensure that they commission better quality home care to ensure the safety of its service users. There has been a disappointing take up of Deprivation of Liberty applications by Providers although the Council and its partners, including neighbouring Boroughs are developing training to address this issue and the SAB monitors take up.

Key strengths

- The Council has sound governance arrangements in place and partnerships were committed to safeguarding.
- Training is above the basic awareness level and competency based.
- The Council has ensured that information and advice is available to the public about safeguarding and how to make referrals.
- The Council's iCare campaign has been effective.
- Records of incidents have been well recorded and monitored as was safeguarding performance across agencies

Areas for improvement

- The Council should improve the numbers of training opportunities from the independent sector.
- The quality of domiciliary care is below the national average potentially impacting on people's safety.
- The Council should follow-up the training opportunities in relation to the deprivation of liberty in order to increase the number of applications from providers.