

Meeting of the

# OVERVIEW & SCRUTINY COMMITTEE

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Tuesday, 5 May 2009 at 7.00 p.m.

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## SUPPLEMENTAL A G E N D A

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### VENUE

M71, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London,  
E14 2BG

<b>Members:</b>	<b>Deputies (if any):</b>
<b>Chair: Councillor Abdul Asad</b> <b>Vice-Chair: Councillor Bill Turner</b>	
<b>Councillor Stephanie Eaton</b> <b>Councillor Ahmed Hussain</b> <b>Councillor Waiseul Islam</b> <b>Councillor Ann Jackson</b> <b>Councillor Shiria Khatun</b> <b>Councillor Abjol Miah</b> <b>Councillor Oliur Rahman</b> <b>Councillor A A Sardar</b> <b>Councillor David Snowdon</b>	<b>Councillor M. Shahid Ali, (Designated Deputy representing Councillors Abdul Asad, Waiseul Islam, Ann Jackson, Shiria Khatun, Oliur Rahman, A. A. Sardar and Bill Turner)</b> <b>Councillor Tim Archer, (Designated Deputy representing Councillors Ahmed Hussain and David Snowdon)</b> <b>Councillor Peter Golds, (Designated Deputy representing Councillors Ahmed Hussain and David Snowdon)</b> <b>Councillor Carli Harper-Penman, (Designated Deputy representing Councillors Abdul Asad, Waiseul Islam, Ann Jackson, Shiria Khatun, Oliur Rahman, A. A. Sardar and Bill Turner)</b> <b>Councillor Azizur Rahman Khan, (Designated Deputy representing Councillor Stephanie Eaton)</b> <b>Councillor Abdul Matin, (Designated Deputy representing Councillor Stephanie Eaton)</b>

Councillor Fozol Miah, (Designated Deputy representing Councillor Abjol Miah)

Councillor Harun Miah, (Designated Deputy representing Councillor Abjol Miah)

Councillor Tim O'Flaherty, (Designated Deputy representing Councillor Stephanie Eaton)

Councillor M. Mamun Rashid, (Designated Deputy representing Councillor Abjol Miah)

Councillor Salim Ullah, (Designated Deputy representing Councillors Abdul Asad, Waiseul Islam, Ann Jackson, Shiria Khatun, Oliur Rahman, A. A. Sardar and Bill Turner)

**[Note: The quorum for this body is 4 voting Members].**

**Co-opted Members:**

Mr D McLaughlin	– Roman Catholic Diocese of Westminster Representative
Mr Ahbab Miah	– Parent Governor Representative
Mr H Mueenuddin	– Muslim Community Representative
Mr Abdur Rouf	– Parent Governor Representative
Vacancy	– Church of England Diocese Representative

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact: Amanda Thompson, Democratic Services, Tel: 020 7364 4651, E-mail: [amanda.thompson@towerhamlets.gov.uk](mailto:amanda.thompson@towerhamlets.gov.uk)

**LONDON BOROUGH OF TOWER HAMLETS**  
**OVERVIEW & SCRUTINY COMMITTEE**

**Tuesday, 5 May 2009**

**7.00 p.m.**

**7 .1 Development of Pan Disability Panel (Pages 1 - 8)**

(Time allocated – 15 minutes)

**8. SCRUTINY MANAGEMENT**

(Time allocated – 10 minutes per report)

**8 .1 Parental Engagement in Secondary Education - Report of the Scrutiny Working Group (Pages 9 - 32)**

**8 .2 End of Life Care - Report of the Health Scrutiny Panel (Pages 33 - 62)**

**8 .3 Early Intervention, Child Protection - Report of the Scrutiny Working Group (Pages 63 - 94)**

**8 .5 Overview and Scrutiny Committee Annual Report (Pages 95 - 114)**

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# Agenda Item 7.1

<b>Committee</b> Overview & Scrutiny Committee	<b>Date</b> 5 May 2009	<b>Classification</b> Unrestricted	<b>Report No</b>	<b>Agenda Item No</b> 7.1
<b>Report of:</b> Assistant Chief Executive  <b>Originating Officer(s)</b> Michael Keating, Service Head, Scrutiny and Equalities  Saffron Romero, Tower Hamlets Pan Disability Panel development		<b>Title:</b> Development of Pan Disability Panel  <b>Wards Affected</b> All		

## 1. SUMMARY

- 1.1 This report informs Overview and Scrutiny of the Tower Hamlets Pan Disability Panel (THPDP) and seeks support and feedback for the proposed model. The THPDP model structure is set out in Appendix 1.

## 2. RECOMMENDATION

Overview and Scrutiny Committee are asked to

- 2.1 Note the work to develop the Tower Hamlets Pan Disability Panel
- 2.2 Agree to link with it by (i) inviting the THPDP to report on its work as part of the Diversity and Equality Action Plan (DEAP) six-monthly monitoring, (ii) involve the THPDP in review work when appropriate and (iii) include within the 2009/2010 work programme a scrutiny challenge session to help ensure that the THPDP can contribute to the ongoing work of the Council and Partnership.

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### LOCAL GOVERNMENT ACT, 1972 SECTION 100D (AS AMENDED) LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

**Brief description of background papers:**      **Name and telephone number of holder and address where open to inspection**

### **3. BACKGROUND**

- 3.1 At the Overview & Scrutiny Committee meeting, 13<sup>th</sup> January 2009 a representative from the Disability Coalition addressed the meeting on behalf of the Disability Coalition, and advised that there was a need for the Council to engage with local 3<sup>rd</sup> sector organisations and ensure that the outcomes of its reviews were implemented. Members of the Committee had asked a number of questions in relation to the type of problems faced by Tower Hamlets' disabled residents particularly, preferred methods of engagement, and working in partnership.
- 3.2 Michael Keating, Head of Scrutiny and Equalities, continued by outlining how the Council has worked with the Disability Coalition and other third sector groups and advised that the Council was currently establishing the Tower Hamlets Pan Disability Panel (THPDP). As well as consultation on broad questions there would also be specific focus groups established when required to deal with particular issues.
- 3.3 The THPDP is designed to improve engagement with the local disabled population - by increasing the actual numbers the Council talk to and the methods in doing so. The previous Disabled Access Group had been in place for a number of years and although it did make a significant contribution to the work of the Council it was increasingly becoming dysfunctional. Following discussion with the members themselves, there was overwhelming agreement to disband the Group in April 2008.
- 3.4 The development of the THPDP aims to provide a cohesive mechanism for community engagement with disabled people across all impairment groups. The outline for the new model arose from discussions with the Scrutiny and Equalities Team and Consultation & Involvement Team in the Partnership (CandI Team) about how to improve the quality of consultation and involvement with disabled residents. The structural and operational aspects of the model have been further developed in recent months to reflect the views of local disabled people and those with an interest in disability issues.
- 3.5 Tower Hamlets Council and the Primary Care Trust are the main drivers behind the establishment of the THPDP. Once established, the THPDP will provide cross directorate and partner organisation benefits by providing a variety of ways to access the views of disabled people. The THPDP has a key role to play in ensuring that disability equality is delivered in multiple services across the Council and the services of partner organisations.

### **4. DEVELOPMENT**

- 4.1 A process of internal and external engagement with stakeholders has been carried out since December 2008. This has taken place in order to:
- Review and develop the proposed structure of the THPDP
  - Encourage internal and external feedback on how it would work in practice
  - Review what disability related forums/consultation mechanisms already exist in the borough and how they could work in partnership with and strengthen the work of the THPDP.
  - Gain a sense of the desired membership of the subgroups and how members should be selected.

The process was also an important part of building relationships with key local disability networks and raising general awareness of the THPDP. The organisations visited or

contacted have represented a wide spectrum of impairments and have included carers and older people.

#### 4.2 There are 3 main components to the overall THPDP. Please confer Appendix 1

**General Pan Disability Panel** – around 500 members mainly consulted by post, phone and email. Focus groups can be drawn together for specific targeted consultations/involvement exercises.

**Community Plan Themed Subgroups** (5 subgroups) – to meet approximately 2-3 hours per month – each group having members with local community links and feeding into Council and partner governance structures. There is additional recommendation for a stand alone transport subgroup.

**Pan Disability Panel Steering Group** – chairs of subgroups meet with council officers (meet 3 – 4 times per year) – challenge/strategic role in relation to monitoring of Disability Equality Scheme

Links to governance structures are shown in Appendix 1 as an indication of how the THPDP could feed in and link to, for example, the Tower Hamlets Partnership on a more strategic level. Not all activities of the THPDP will require this strategic level of involvement. The THPDP lead officer and secretariat will work with key Council and partner stakeholders to progress the subgroup actions and recommendations arising from the subgroup work programmes.

#### 4.3 The engagement process raised a number of concerns in relation to the shaping of the THPDP. The relevant areas included for this report are summarised;

- How the work of the THPDP feeds into relevant Council and partners decision making processes and structures
- The support arrangements for the THPDP subgroups
- How does the THPDP develop links with the Overview and Scrutiny Committee and Cabinet and the wider equalities agenda?

### 5. FUTURE WORK NEEDED

5.1 The success of the THPDP will require a clear intention and commitment from the Council both in terms of accountability to the THPDP and links made with relevant decision making and review structures. Further clarification on the accountability and links with governance structures within the Tower Hamlets Partnership, such as the Partnership Board and LAP Steering Groups requires development. How the THPDP links into the Adults Health and Wellbeing Physical Disabilities, Learning Disabilities, Mental Health and Older People's Partnership Boards also needs further clarification. Further work is required around linking the work of the THPDP and the additional equalities strand forums, into the work of the Consultation and Involvement Team.

5.2 The THPDP has the potential to benefit a whole range of cross Council activities and provide the Council, when acting in its capacity as a public authority, the opportunity to fully consider any implications for disabled people. The secretariat for the themed subgroups and overall coordination of the work of the THPDP will be key factor in its establishment and long term success. The provision of secretariat for the subgroups has been a requirement raised by community organisations. Consideration should be given

by the Corporate Management Team to provide cross directorate funding for a full time Support Officer post.

## **6. WORKING WITH OVERVIEW & SCRUTINY**

- 6.1 There are considerable benefits in developing links between Overview and Scrutiny and the THPDP. The Overview and Scrutiny Committee aims to look outwards and involve communities and stakeholders. The views and ideas of service users (and non-users), service providers and organisations with an interest in an equalities area under review are all essential for effective scrutiny. The linking of the work programmes of the THPDP and the Overview and Scrutiny Committee could provide two way opportunities for both Overview and Scrutiny to include the views of disabled people on a wide range of issues in its work and for the THPDP to raise specific issues with the Committee. The development of these links can be achieved through reporting to the Committee as part of the DEAP monitoring, involving them in review work when appropriate and/or a scrutiny challenge session/review. These areas of work would help ensure that the THPDP can contribute to the ongoing work of the Council and Partnership and further demonstrate the commitment Overview and Scrutiny have to being accessible, relevant and the wider promotion of its work.

## **7. CONCLUSION**

- 7.1 Tower Hamlets continues to face big challenges in terms of inequality and the establishment of the Tower Hamlets Pan Disability Panel will further enhance the Council's capacity to both respond to and incorporate a wide range of disabled people's views.

## **8. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL)**

- 8.1 The Overview and Scrutiny Committee is asked to receive information about the Council's work on the Tower Hamlets Pan Disability Panel and agree to involve the Panel in the work of overview and scrutiny.
- 8.2 The Council is required by section 21 of the Local Government Act 2000 to have an overview and scrutiny committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee shall have a number of functions, including: reviewing and scrutinising actions taken in connection with discharge of the Council's functions; and considering any matter affecting Tower Hamlets or its inhabitants.
- 8.3 The report outlines how the work carried out in relation to the Tower Hamlets Pan Disability Panel relates to the Council's goal, expressed in the Community Plan, of achieving One Tower Hamlets. Having regard to the Community Plan is necessary if the Council is to rely on its power under section 2 of the Local Government Act 2000 to do anything which the Council considers is likely to promote the social, economic or environmental well being of Tower Hamlets (the well being power). The power may be exercised in relation to, or for the benefit of: (a) the whole or any part of Tower Hamlets; or (b) all or any persons resident in Tower Hamlets.
- 8.4 More specifically, the Council has legal duties under section 49A of the Disability Discrimination Act 1995 to eliminate discrimination and harassment in relation to disability, to promote equality of opportunity, to promote positive attitudes toward



disabled persons, to take account of disabled persons' disabilities and to encourage participation by disabled persons in public life. The Council's work in relation to the Tower Hamlets Pan Disability Panel may be viewed as supporting the discharge of these duties.

## **9. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

9.1 There are no direct financial implications arising from this report. Equalities issues should be embedded into service delivery, and they are taken into account when budgets are set. This report does however raise the requirement for cross directorate funding for a support role providing secretariat for the THPDP. At the current time funding for the support role has not been identified, but funding will need to be found from existing directorate revenue budgets.

## **10. ONE TOWER HAMLETS CONSIDERATIONS**

10.1 The THPDP represents an important step in progressing the Council's commitment to building One Tower Hamlets as a place in which people live together and where they are treated with respect and fairness regardless of their differences. The THPDP aims to bring together key stakeholders to work together to provide and improve services for local disabled people, their families and Carers. The THPDP brings local people to the decision making table in a variety of ways; from the very local level through to borough-wide initiatives, it helps to ensure that services are not only offered to the highest of standards but also offer the best value for money possible.

## **11. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

11.1 Efforts will be made to ensure that in delivering the commitments of the Tower Hamlets Pan Disability Panel the impact on the environment is kept to an absolute minimum. This includes the use of recycled paper in any documentation, and careful consideration of the methods used to engage with local communities, partners and staff.

## **12. RISK MANAGEMENT IMPLICATIONS**

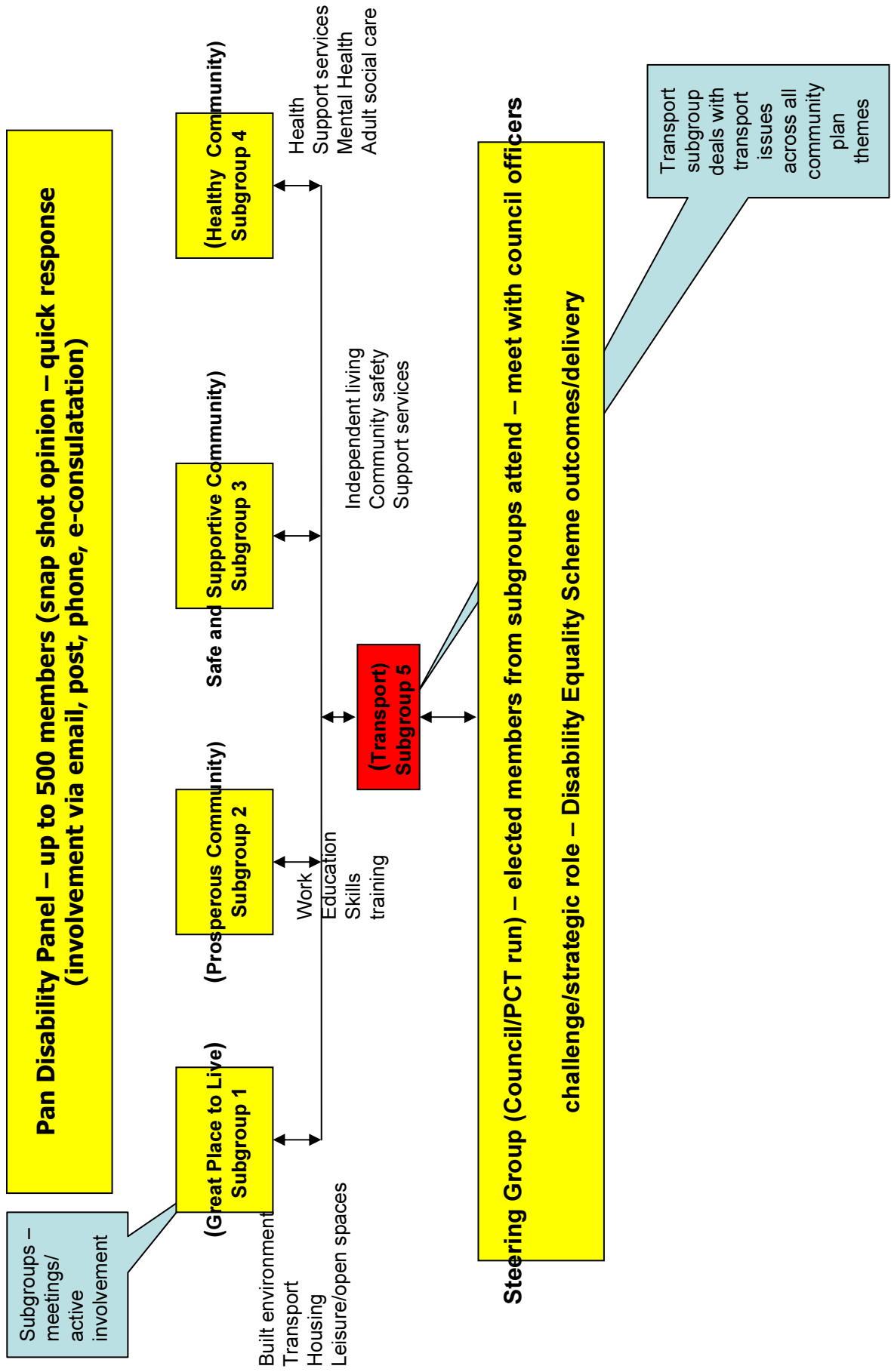
12.1 The Council is seeking to implement an ambitious diversity and equality agenda in the context of changes in national legislation and standards. Progress to date has been very positive, but there is still much to be done if all the Council's targets are to be achieved and all the new legislative requirements are fully complied with. Any slippage could potentially undermine this.

12.2 Diversity and equality performance indicators will help keep the focus firmly on delivery and outcomes. The emphasis on consultation and involvement will mean that the Council's performance in this area will be judged by the experiences of service users on the ground.

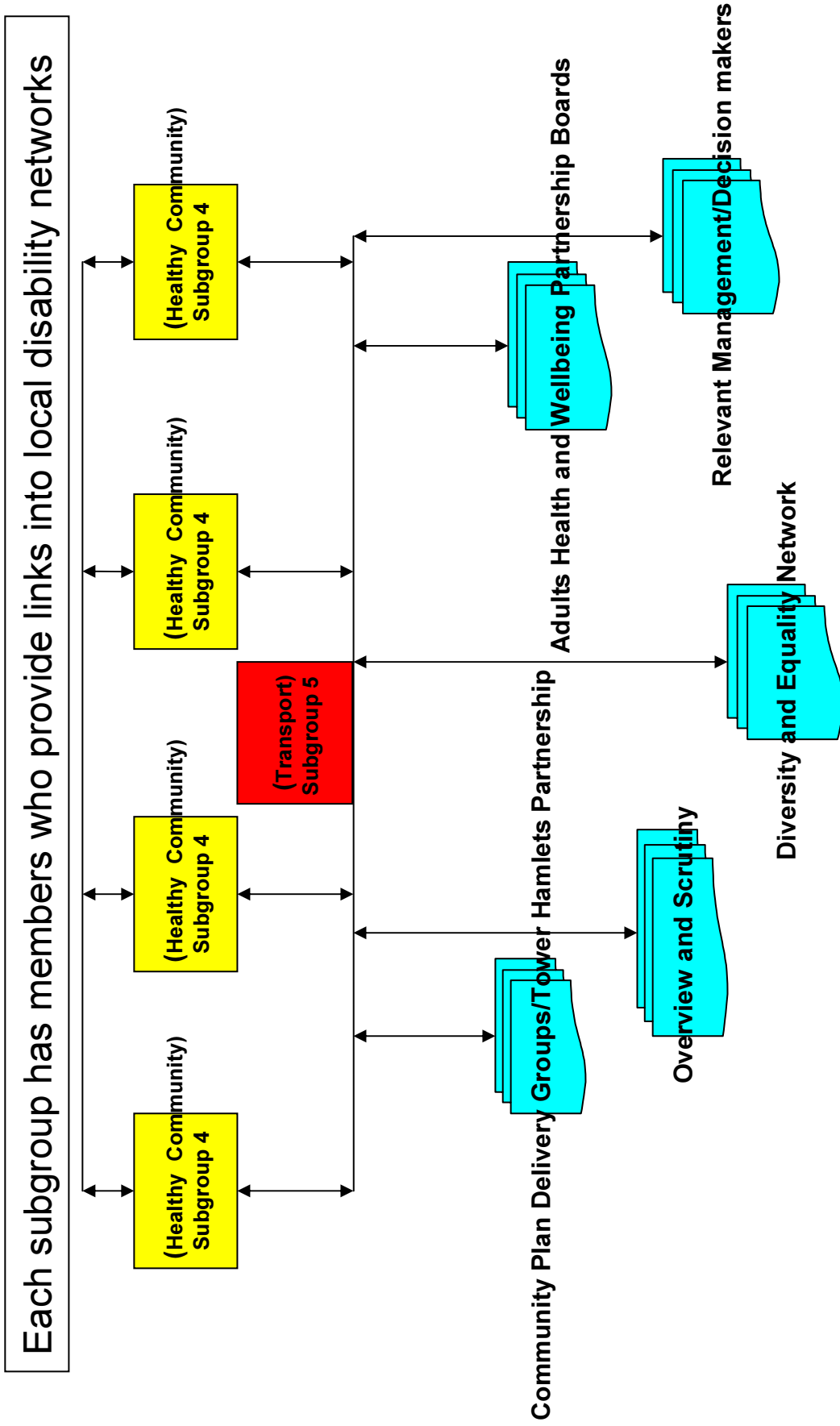
12.3 A greater emphasis will be given this year to communicating the progress that is being made to the wider community and to staff, including greater use of existing communications media such as East End Life, local communications networks and Pulling Together.

## **APPENDICES**

Appendix 1: Tower Hamlets Pan Disability Panel model April 2009



# THPDP Grassroots and Council/Partner links



THPDP subgroup work/recommendations - links/feeds into Council and partner structures

# Agenda Item 8.1

<b>Committee</b>  <b>Overview and Scrutiny Committee</b>	<b>Date</b>  5 <sup>th</sup> May 2009	<b>Classification</b>  Unrestricted	<b>Report No.</b>	<b>Agenda Item No.</b>  8.1
<b>Report of:</b> Lutfur Ali, Assistant Chief Executive  <b>Originating Officer(s):</b>  Ashraf Ali Scrutiny & Equalities		<b>Title:</b>  <i>Parental Engagement in Secondary Education: Report of the Scrutiny Working Group</i>  <b>Ward(s) affected: All</b>		

## 1. Summary

- 1.1 This report submits the report and recommendations of the Parental Engagement in Secondary Education Working Group for consideration by the Overview and Scrutiny Committee.

## 2. Recommendations

It is recommended that Overview and Scrutiny Committee:

- 2.1 Endorse the draft report.
- 2.2 That the Service Head for Scrutiny and Equalities be authorised to agree the final report before submission to Cabinet, after consultation with the Scrutiny Lead for Prosperous Community.

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### LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

#### **LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT**

Background paper	Name and telephone number of and address where open to inspection
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### **3. Background**

- 3.1 A Working Group was established in September 2008 to review current policy and practices and suggest improvements in supporting and encouraging parental engagement in secondary schools.
- 3.2 The review had six main objectives:
- To consider the role of the Council in assisting schools to improve relationships with parents and carers
  - To review service provision offered to parents by schools and the Council
  - To establish a common understanding of the importance that parents/carers play in influencing the educational achievement of their children
  - To find out how parents feel about their relationship with their children's school and how this could be further developed
  - To find out from secondary schools the level of parental engagement and the issues that schools face in seeking to engage with parents
  - To make appropriate recommendations designed to support Children's Services improve responsiveness to the needs of parents /carers in the borough
- 3.3 The Working Group held two meetings with Council Officers to review the current parental engagement initiatives. The Working Group also visited four parenting programmes to ascertain views about the quality of parental engagement provisions.
- 3.4 The report with recommendations is attached at Appendix A.
- 3.5 Once agreed, the Working Group's report and action plan will be submitted to Cabinet for a response to the recommendations.

### **4. Concurrent Report of the Assistant Chief Executive (Legal)**

The Council is required by section 21 of the Local Government Act 2000 to have an Overview and Scrutiny committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee shall make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions. The attached report contains recommendations in relation to Parental Engagement in Secondary Education. It is open to the Overview and Scrutiny committee to agree the report for presentation to Cabinet.

### **5. Comments of the Chief Financial Officer**

- 5.1 There are no specific financial implications emanating from this report.

### **6. One Tower Hamlets considerations**

- 6.1 Recommendations 2 and 6, specifically ask that Children's Services develops clear and accessible information and communication networks for parents. The Working Group was told by BME parents that information given to them is difficult to read and understand. This has clear relevance for equal opportunity implications.

6.2 The report also considers factors that stop parents from attending parental engagement programmes including: childcare commitments, lack of confidence when interacting with teachers and feeling intimidated by other parents. These are significant when considering One Tower Hamlets implications.

## **7. Risk Management**

7.1 There are no direct risk management implications arising from the Working Group's report or recommendations.

# Parental Engagement in Secondary Education

Tower Hamlets Council  
May 2009





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## **Acknowledgements**

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### **Working Group Chair:**

Councillor Abdul Aziz Sardar

### **Working Group members:**

Councillor Salim Ullah

Councillor Oliur Rahman

Councillor Motin Uz-Zaman

Councillor Abdul Asad

Councillor Azizur Rahman Khan

Shahanara Begum (Co-opted member, Future Women's Councillor Programme)

### **Council Officers**

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Helen Jenner, Service Head, Early Years Children and Learning

Lorraine Hachou, Joint Head, Extended Services

Shibbir Ahmed, Extended Service Cluster Co-ordinator (LAPs 3&4)

Tom Morris, Parent Early Intervention Project Manager

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Denise Hickford, Parents Workshop Facilitator

### **External Contributors**

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Patrice Canavan, Headteacher, Oaklands Secondary School

### **Scrutiny and Equalities**

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Michael Keating, Service Head, Scrutiny and Equalities

Farhana Khan, Tower Hamlets Youth Trainee

Nojmul Hussian, Support Officer, Scrutiny and Equalities

## Chair's Foreword

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To be completed

**Cllr Abdul Aziz Sardar**  
**Scrutiny Lead, Prosperous Communities**

## Recommendations

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The Working Group recommendations set out the areas requiring consideration and action by the Council to improve parental engagement in Secondary education. The recommendations cover three main areas:

- Better access to information
- Support to access services
- Improved consultation with parents

- R1 That Children’s Services help to develop the Parent Support Partner (PSP) role within schools to ensure parents have access to the information and support they might need to access services, including parenting programmes.**
- R2 That Children’s Services develops clear and accessible information and communication networks for parents through development of the PSP role, publications and newsletters, websites, parent forums and rep schemes as well as face to face meetings.**
- R3 That Children’s Services in partnership with primary and secondary schools develops a seamless and effective transition process from year 6 (primary school) by running transition information sessions (Parent Information Point) for all Year 7 parents. This should be followed by a structured induction into year 7 through workshops and short courses enabling parents to learn more about how secondary schools work and how they can support their child’s learning.**
- R4 That Children’s Services supports secondary schools to offer transition information sessions for parents of children in Y9 (making curriculum choices) and Y11 (making post 16 choices) and pilots a Choice Advice Service for parents who find it difficult to engage with the process.**
- R5 That Children’s Services support schools to ensure that there is a dedicated area for parents to meet or attend programmes, either in the school or nearby (eg the Community House shared by schools in the LEO – Lawdale, Elizabeth Selby and Oaklands - mini-cluster).**
- R6 That secondary schools, with the support of Children’s Services, introduce regular consultation events to obtain parents’ views and build trust and confidence (Parent Voice), ensuring parents receive feedback and see results.**
- R7 That Children’s Services supports schools to develop a welcoming School with training for front-line staff, both in the**

**office and the classroom, on how to make parents feel comfortable, particularly when discussing sensitive issues.**

- R8 That Children's Services support schools to develop an ongoing programme of interactive activities and workshops for parents to learn more about the curriculum, how children are taught and how they can support their child's learning, as well as approaches to parenting teenagers.**

## Introduction

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1. The role of parental engagement in childrens' education is a central issue in educational policy and research. Improving parental engagement and family-school partnerships is a fundamental challenge to strengthen student achievement and reduce educational inequalities.
2. A Working Group was established in September 2008 to review current policy and practices and suggest improvements in supporting and encouraging parental engagement in secondary schools. Four councillors and a co-opted representative made up the membership of the review including the chair of the Working Group Councillor Abdul Aziz Sardar, Scrutiny Lead, A Prosperous Community.
3. The scrutiny review topic was identified to help ensure the right support is provided to parents to help their children reach their full educational potential.
4. The review had six main objectives:
  - To consider the role of the Council in assisting secondary schools to improve relationships with parents and carers
  - To review service provision offered to parents by secondary schools and the Council
  - To establish a common understanding of the importance that parents/carers play in influencing the educational achievement of their children
  - To find out how parents feel about their relationship with their children's secondary school and how this could be further developed
  - To find out from secondary schools the level of parental engagement and the issues that schools face in seeking to engage with parents
  - To make appropriate recommendations designed to support Children's Services improve responsiveness to the needs of parents /carers in the borough
5. The following timetable for review work was agreed:

### **Introductory Meeting (October 2008)**

- To agree scoping document
- Review the Family Support and Parental Engagement Strategy
- Introduction to current Parental Engagement Initiatives in secondary schools

### **Meeting to consider current parental engagement initiatives in Secondary Schools (November 2008)**

- In-depth review of parental engagement initiatives

**Focus group with parents (January 2009)**

- Focus group with parents of children attending Oaklands Secondary, Lawdale and Elizabeth Selby Primary Schools – to hear views about quality of parental engagement

**School Visit –Stepney Green School (January 2009)**

- Review Ocean Maths Project and its work building relationships with local residents and improving parents' understanding of work children are doing in Schools

**Visit to the Pupil Referral Unit (PRU) (February 2009)**

- Participating in the Strengthening Families Strengthening Communities Parenting Programme at PRU and talking to parents about the impact of the programme in building relationships between parents and children

**Final Meeting (February 2009)**

- Consider draft recommendations

6. The Overview and Scrutiny Committee will consider the Working Group's report and its recommendations before submission to Cabinet.

## Findings

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### Background

#### National Legislation

7. The government has highlighted the importance of parents and parenting in recent legislation. *The Childcare Act 2006* places a duty on local authorities to broaden the scope of information provided to ensure that parents of children and young people up to their twentieth birthday can obtain the full range of information they need to fulfil their parenting role. It also places a requirement on local authorities to deliver information services which are accessible to all parents, particularly those who might otherwise have difficulty in accessing the information they need.
8. Since the launch of the *Every Child Matters: Change for Children Programme*<sup>1</sup>, the significance of parenting in improving child outcomes has become increasingly central to policy formation on family issues. Government Guidance issued in October 2006 by the Department for Children, Schools and Families (DCSF) asks local authorities to develop a strategic and joined-up approach to the design and delivery of a continuation of parenting support services, ideally through a parenting support strategy that informs the Children and Young People's Plan and takes account of parents' views. The DCSF says that:

*'Families are in most cases the key determinant of positive outcomes for their children, and good parenting is a major factor in improving children and young people's life chances.'*

#### Local Overview

9. April 1999 saw the first scrutiny review in Tower Hamlets that examined parental involvement in schools. The review carried out by the Education and Youth Scrutiny Panel sought to review work to increase involvement of parents in their children's learning and review barriers to greater involvement.
10. The scrutiny process involved hearing presentations and receiving information from voluntary and statutory organisations. Furthermore visits were made to a number of family learning sessions and focus groups were held with parents at four open meetings.

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<sup>1</sup> Every Child Matters: Change for Children reform aims to improve and integrate children's services, promote early intervention, provide strong leadership and bring together different professionals in multi-disciplinary teams in order to achieve positive outcomes for children and young people and their families.



11. Key findings from the 1999 review suggested that good practice already existed, with considerable work already happening locally. Moreover, it was clear that there is no one model approach to parental involvement and that different needs of different parents and communities have to be recognised. Furthermore, findings made apparent the enthusiasm of the Bangladeshi community to get involved. Nonetheless, there was still a lot of work needed to increase involvement.
12. The 2008/09 Working Group spent considerable time considering the findings of the report by the Education and Youth Scrutiny Panel. The 1999 report was used to help draft the scoping document, particularly the methods to obtain evidence. The current Members of the Working Group decided early to carry out visits to parenting programmes as was the case in the earlier review. It was argued that the best way to understand barriers to parental engagement was to talk with parents themselves.

### **Family Support and Parental Engagement Strategy 2007/08**

13. During the development of the draft scope, the Equalities and Parental Engagement team introduced the *Family Support and Parental Engagement Strategy 2007/08*, which sets out the Council's vision on the way better engagement will be achieved. This strategy states that:

*'The strategy for family support and parental engagement is designed to support the borough's vision by ensuring that parents and families have access to the support that they need, when they need it, so that children can benefit from confident, positive parenting from birth through to teenage years'.*

14. A key component of the 2007/08 strategy is the *Tower Hamlets Parents' Charter* which sets out shared principles and beliefs for key providers. These include ensuring that parents receive high quality service, clear and comprehensive information about services and how to access them, making sure that parents are consulted about existing services and involved in the planning of new initiatives.

### **Literature Review**

15. The belief that parental involvement has a positive effect on students' academic achievement is intuitively appealing to policy makers, teachers, parents and students alike. However this belief has a firm foundation both in the literature concerning parental involvement and in the school improvement research base. The empirical evidence shows that parental involvement is one of the key factors in securing higher

student achievement and sustained school performance (Harris and Chrispeels 2006<sup>2</sup>).

16. It would appear that involving parents in schooling leads to more engagement in teaching and learning processes. The importance of parents' educational attitudes and behaviours on children's educational attainment has also been well documented, especially in developmental psychology literature. This evidence shows that different elements of parents' 'educational attitudes and behaviours, such as the provision of a cognitively stimulating home environment, parental involvement in children's activities and parental beliefs and aspirations, have been identified as having a significant effect on children's levels of educational achievement' (Feinstein et al. 2006:1<sup>3</sup>).
17. Parental involvement in learning at home throughout the age range is much more significant than any factor open to educational influence. (Sacker et al. 2002<sup>4</sup>).
18. Parental aspiration/expectation of their children's achievements has a strong impact on results at school, while the effect of supervision of their work is only marginal (Fan et al. 2001<sup>5</sup>). Desforges and Abouchaar (2003<sup>6</sup>) list involvement initiatives as 'good' parenting in the home, including the provision of a secure and stable environment, intellectual stimulation, parent-child discussion, good models of constructive social and educational values and high aspirations relating to personal fulfilment and good citizenship; contact with schools to share information; participation in school events; participation in the work of the school; and participation in school governance' (Desforge & Abouchaar, 2003, p.2).
19. Evidence shows differences relating to economic status carry over into the area of parental engagement. While parents want the best for their children, working class parents may not automatically expect certain outcomes as do middle class parents (National Centre for Social Research 2004). As Lupton (2006<sup>7</sup>) points out 'most working class parents think education is important but they see it as something that happens in the school, not the home'. Their expectations of social mobility through education also remain small. It remains the case that their social class has a powerful impact on subsequent educational attainment.

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<sup>2</sup> Harris, A. & Chrispeels, J. H. (Eds.). (2006). *Improving Schools and Educational Systems: International Perspectives*. London: Routledge

<sup>3</sup> Feinstein, L. and Sabates, R. (2006). *Does Education have an impact on*

*mothers' educational attitudes and behaviours*. Research Brief RCB01-06, DfES.

<sup>4</sup> Sacker, A., Schoon, I. and Bartley, M. (2002). "Social inequality in educational achievement and psychological adjustment throughout childhood

<sup>5</sup> Fan, X. and Chen, M. (2001). "Parental Involvement and Students' Academic Achievement

<sup>6</sup> Desforges, C. and Abouchaar, A. (2003). *The impact of parental involvement, parental support and family education on pupil achievement and adjustment*

<sup>7</sup> Lupton, R. (2006). *How does place affect education?* London, Institute for Public Policy Research.

20. Finding from the literature review demonstrate clearly that parental involvement has a positive influence on students' academic achievement. Furthermore findings suggest parental involvement in children's activities and parental beliefs and aspirations, have effects on children's levels of educational achievement.
21. The literature review helped to further expand the scope of the review and to set the context for investigating current programmes and practices.

## **Current Programmes and Practices**

22. The Working Group was presented with information about current initiatives to increase parental engagement at the meeting in November 2008. Including:
  - Extended Schools
  - Strengthening Families Strengthening Communities Parenting Programme
  - Transition Information Sessions/ Parent Information Point (PIP)
  - Passport to Learning and targeted workshops for parents of year 7 students
  - Maths curriculum workshop – Ocean Maths Project

## **Extended Schools**

23. The Working Group was informed by the Head of Extended Services that services offered as part of the programme are in response to demand and delivered through schools and clusters. Programmes are delivered by teams within Children's Services, other statutory providers and voluntary, community or private sector organisations.
24. Extended Schools provide a wide range of services and activities, to help meet the needs of children and their families. The core parenting support that families should be able to access through schools include: information sessions for parents at key transition points, parenting programmes and family learning sessions to allow children to learn with their parents.
25. The Working Group was informed that a varied menu of activities exists to deliver the Extended Schools programme. These include: academic activities to boost children's school performance, homework clubs, booster and catch up sessions as well as arts, sporting and creative activities. Programmes are shaped through consultation with children and young people and by individual school development priorities.

## **Strengthening Families Strengthening Communities**

26. Information on the Strengthening Families Strengthening Communities (SFSC) parenting programmes was provided by the Parenting Early Intervention Project Manager. Members heard that the programme equips parents with more information on better parenting to help children to lead violence free, healthy lifestyles.
27. SFSC is a community based programme specifically designed to promote some of the protective factors associated with 'good parenting' (developing close and warm relationships between parents and children; using methods of discipline that support self-discipline in children; fostering self-esteem of children; developing strategies to deal with risky situations; managing anger). At the same time SFSC deals with the factors associated with increased risk (inconsistent parenting; harsh discipline in an overly critical environment; limited supervision; isolation and lack of knowledge of community resources). Importantly, the SFSC approach emphasises that the local environment impacts on parenting (for example the availability of good schools) and that parents should play an active role in helping to shape this environment by engaging with community resources.
28. SFSC achieves its aims through a range of methods which include:
  - Providing parents with information to empower them
  - Developing anger management and positive discipline techniques
  - Providing a cultural framework to validate the historical and family experiences of different ethnic groups
  - Decreasing isolation by helping parents to connect to community resources.
29. As noted in the Introduction, the Working Group visited parenting programmes. One of these was the SFSC programme at the Pupil Referral Unit where ten parents were present. All of them were female, two were Bangladeshi, two African Caribbean, five White British and one Polish. Members and parents talked in length about the benefits of this programme and its effect in building parents' confidence to influence their children's behaviour positively.
30. The majority of parents expressed strongly held views about the positive impact of this programme, and it quickly became clear that parents associated improvement in parenting with this programme. Almost all of the parents were supportive of an increase in the number of SFSC programmes in Tower Hamlets.
31. Many parents referred to the impact they felt the parenting programme was having in improving relationships with their children. The following excerpts are just a few examples:

*"I feel more relaxed around my daughter and this allows me to talk to my child in a more positive way";*

*"I am now more positive about parenting and look forward to spending some time with my children".*

32. One of the major aims of the course is to encourage positive discipline and communication approaches. One parent said:

*"Before if my daughter was behaving badly I would scream and just shout, but now I just talk to her and try to explain to her that what she is doing is wrong".*

One of the Members asked how the programme has helped her to change the approach taken to disciplining her child. The parent said that sessions on confrontation helped to manage her anger more.

33. The discussion then progressed to the barriers parents faced when trying to interact with schools. The Working Group specifically asked parents' views on how schools could improve parental engagement. Parents talked about the difficulty accessing information and support that informs them about parenting activities and programmes.

*"I hardly ever receive information from schools other than details about parents' evening or calls to say that my son is truanting".*

Another parent commented:

*"Most of the information I receive is about my child misbehaving".*

However, some did say they receive information at times about school activities but found those activities difficult to attend because of childcare responsibilities.

34. The Working Group also talked about the way information is presented and was keen to know if information about parenting programmes is translated into other languages. To which, one parent replied.

*"Most of the time the school does give me information in Bengali, I think they have to. But I can read English when it is simple and so would like information to be in plain English. I rather the school spoke to me than sent me letters as I feel more comfortable with that".*

35. During the final Scrutiny meeting, the Working Group presented its findings from the visit to Council Officers. Parents had specifically told the Working Group that information and support needs to encourage

parents to participate in their childrens' school. Information also needs to be in plain English to make it easy to read and understand.

36. Members were informed that one of the Council's long-term aims is to develop the role of parents as partners of schools by giving them more say in the way provisions is offered to pupils. Working with schools to improve information given to parents is a vital element of the Family Support and Parental Engagement Strategy 2007/08.

- R1 That Children's Services help to develop the Parent Support Partner (PSP) role within schools to ensure parents have access to the information and support they might need to access services, including parenting programmes.**
- R2 That Children's Services develops clear and accessible information and communication networks for parents through development of the PSP role, publications and newsletters, websites, parent forums and rep schemes as well as face to face meetings.**

#### **Transition Information Sessions/ Parent Information Point (PIP)**

37. Information about the Parent Information Point (PIP) was presented to the Working Group by the Senior Parent Support Co-ordinator. PIP sessions provide information and support for parents at key transition points. Parents of children new to a school or moving on to a new phase (e.g. from years 6 to 7) are invited to a meeting where they can find out more about the transition process and how they can support their child. An informal discussion and/or group activity is followed by a 'market place' session, where parents can pick up leaflets and information about facilities and activities across the borough.
38. Attention was drawn to the approach taken by Langdon Park School. When primary children visit the school at the end of the summer term parents are also invited. After a brief introduction by the Headteacher children go to class with their form tutor and parents are divided into the same tutor groups as their children. Each group of parents is facilitated by a member of staff and a year 11 student, who is able to translate. Parents then take part in a PIP session, where they have an opportunity to meet other parents and share information and concerns.
39. The second visit by the Working Group was to a Transition Information Session at Raines Foundation School. Many parents of year 7 pupils were present. The Working Group observed parents interact with teachers and talked to parents about the difficulty they and their children face when transferring from primary to secondary school.
40. The majority of parents talked about the benefits of this type of information session in helping their child to manage the transition

between primary and secondary schools. It became obvious that parents associated the programme with a more seamless and effective transition.

41. One parent said:

*"This programme is really good. I get to see the school that my son will be attending and meet his teachers. This is a very stressful time for me as I know my son is really nervous about starting year 7, so coming here reassures me that he will be ok. It's also good that my son is here. It will help to familiarise the place".*

42. The PIP session gives parents an opportunity to ask questions about the school that their children will be attending. As one of them said:

*"It's really good that there is a dedicated point to ask questions. I have so many things on my mind ..... really nervous about my son starting secondary school".*

43. The Working Group asked parents how they thought schools could improve the transition process. In response parents were keen to continue to have transition programmes for the first few months.

*"This session is great, but I would like to come back again to talk with teachers about how my child is doing. I don't mean parents' evenings, but regular meetings".*

One parent said:

*"I really want to support my daughter and so need to know what she will be studying. If I can meet with her teachers regularly then that would help me immensely".*

44. Another parent talked about her daughter who has just started year 10 to study GCSE. The Group was told that transition from year 9 to year 10 has been difficult:

*" My daughter is finding the adjustment hard to take. I only wish the school gave me more information about the transition from year 9 to GCSE so that I could have helped her cope".*

45. The Working Group presented its findings from the Raines Foundation School visit to Officers of the Council and other Members of the Working Group that could not attend. The Working Group felt that the PIP Session was successful and that parents found the opportunity to come into school to meet teachers useful. However, they did ask that more information is given to parents about secondary school work to enable them to support their child better. Moreover the group were

keen for a similar transition session to be available to parents of year 9 pupils about to start GCSE and parents of GCSE pupils about to start college or Post 16 courses.

- R3 That Children’s Services in partnership with primary and secondary schools develops a seamless and effective transition process from year 6 (primary school) by running transition information sessions (Parent Information Point) for all Year 7 parents. This should be followed by a structured induction into year 7 through workshops and short courses enabling parents to learn more about how secondary schools work and how they can support their child’s learning.**
- R4 That Children’s Services supports secondary schools to offer transition information sessions for parents of children in Y9 (making curriculum choices) and Y11 (making post 16 choices) and pilots a Choice Advice Service for parents who find it difficult to engage with the process.**

### **Passport to Learning and Targeted workshops for Year 7 parents**

46. The Parental Engagement Co-ordinator informed the Working Group of the Passport to Learning programme. The programme provides parents with a means of reflecting and recording on educational, training, work and volunteering experiences. Parents are supported to build up a record of skills and knowledge they have developed to support their children’s learning and development. Parents can attend a variety of Passport to Learning courses including “Building Skills and Confidence” and “Volunteering in your Child’s school”
47. The programme includes workshops aimed to increase parents’ confidence and improve attendance rates of children. Also to increase parents’ confidence and knowledge of the school system and increase parental involvement at parent conferences and consultations, pupil review days and school initiatives.
48. The Working Group was invited to attend a parents’ meeting run in partnership by Oaklands Secondary School, Elizabeth Selby Primary School and Lawdale Junior School. The group meet regularly to discuss parenting issues with each other. Ten parents were present.
49. Members were keen to understand the level of information and support parents receive from schools and whether information is translated into different languages. In general, parents felt very positive about the information the school provided.

*“My daughter’s school is very good in keeping me informed and up to date with her progress”.*



Another parent said:

*“The school provides clear information on how my child is getting on and gave information that helped me understand how I could support my child’s progress”.*

However one Bangladeshi female parent did say that information received at times was full of jargon and difficult to understand.

*“Sometimes I can’t understand the English.”*

The Working Group specifically asked if this is because English is her second language. To which the parent replied “yes”.

50. Furthermore, Members spent time discussing with parents whether they find their child’s school welcoming. In the introductory review meeting, Officers from the Equalities and Parental Engagement team informed Members that one way to improve parental engagement is for schools to be more welcoming, especially for the hard to reach groups. When talking with parents some said they feel uncomfortable attending parents’ evenings and at times would “stay away”. When asked the reason, one parent said:

*“I feel as if I am always in the wrong and that the teachers are always right”.*

51. One of the key aims of this review was to evaluate the relationship between schools and parents to see if schools are involving parents in key decisions. The Working Group discussed this with parents to distinguish whether it is easy for them to contact the school to have a say about the way the school is being run. The majority of the parents said that the schools that their children go to, on the whole, are accessible. However, one parent said that:

*“The setup is good within this cluster but really poor in my other child’s secondary school, where accessing the school is difficult. I just want the same for all my children”.*

Furthermore another parent said:

*“It’s the same faces that attend this programme, the school needs to find a way to encourage more parents to attend to get their views on how the school is run”.*

52. Parents also said that this cluster is specifically good at notifying parents of services and parenting programmes that its schools are running. Members heard that information about events and programmes are regularly sent to parents. Despite the success of this programme the Working Group was interested to know how attendance

at this meeting could be improved. Parents said that *“information needs to be in different languages”*. The Parental Engagement Co-ordinator did say that a continual effort is always made to translate documents.

53. The parents at this meeting clearly demonstrated the good work found within this mini cluster, during the development of the recommendations, Officers said that space to hold meetings are important and that the Oaklands mini cluster is lucky in that it has a community centre that can be used.
54. The Headteacher of Oaklands School, who was also present on this visit, stressed the importance of having a dedicated space to give parents an opportunity to discuss how their children’s school is managed. Patrice Canavan said that parents are *“customers of the education service as well as key partners in their children’s education. As such they should expect involvement in the running of their children’s school and for those who lead and manage the school to be accountable to them. Schools need to have a detailed understanding of the needs, expectations and experiences of parents in order to assess whether they are meeting them. Therefore all schools needed to develop a welcoming atmosphere that is understanding of the needs of the parent”*.

- R5 That Children’s Services support schools to ensure that there is a dedicated area for parents to meet or attend programmes, either in the School or nearby (eg the Community House shared by schools in the LEO – Lawdale, Elizabeth Selby and Oaklands -mini-cluster).**
- R6 That secondary schools, with the support of Children’s Services, introduce regular consultation events to obtain parents’ views and build trust and confidence (Parent Voice), ensuring parents receive feedback and see results.**
- R7 That Children’s Services supports schools to develop a welcoming school with training for front-line staff, both in the office and the classroom, on how to make parents feel comfortable, particularly when discussing sensitive issues.**

### **Maths curriculum workshop**

55. The Ocean Maths Project was originally set upon the Ocean Estate in Stepney and has expanded across the borough. The area has a high black, Asian and minority ethnic (BAME) population. The project aims to help raise the educational attainment and expectations of local young people and develop positive links between Schools and the local community.

56. The Director of Ocean Maths highlighted how the project uses specially designed homework, focussing on a game which children and parents or their carers can play together. This is designed to support and enhance what children learn in school. Each term, parents are invited to a workshop where they are shown how to play the games and offered additional ways to support their children's education.
57. The final visit of the Working Group was to see the Maths Project in action at Stepney Green Secondary School. Twenty parents were present, all of whom were of Bangladeshi background. The Group observed parents working with their children and afterwards talked to them about the project.
58. The majority of parents were positive about the impact of this programme, and it quickly became clear that parents associated improvement in understanding the work that their child does in school to this programme. Almost all of the parents were vociferously for an increase in this type of workshop across Tower Hamlets.
59. Many parents believed the parenting programme improved the relationship with their child's school. One parent said:

*"Before I would never attend the school, this workshop forces me to attend and meet my sons' teachers".*

Furthermore one parent said:

*"It has helped me to understand the education that my son receives".*

60. Members thought the workshop was a great example of parents working with their children and teachers. The atmosphere was lively and it was clearly visible that parents really enjoyed themselves.
61. At the final scrutiny meeting the Working Group gave feedback to Officers and those Members that could not attend the Ocean Maths Project Workshop. From observing the workshop and speaking with parents and teachers, it is the Working Group's view that this project plays an important part in encouraging parents to play an active role in the development of their child's learning and improving the relationship between parents and schools.
62. Officers informed the Working Group that the Ocean Maths Project continues to be a success at Stepney Green School and that the excellent GCSE Maths results that the School has obtained in the last couple of years can be linked to the success of the project.

**R8 That Children's Services support schools to develop an ongoing programme of interactive activities and workshops for parents to learn more about the curriculum, how children are taught and how they can support their child's learning, as well as approaches to parenting teenagers.**

## Conclusion

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63. The Working Group welcomed the opportunity to examine in detail the various parental engagement initiatives operating locally. From visits made to different schools it was clear that whilst a lot of good work is already underway to get parents more involved in their childrens' schooling, more work is required to secure engagement from hard to reach parents.
64. Members wanted to find ways to help parents feel more confident when interacting with schools. The review found that programmes such as the Strengthening Families Strengthening Communities Parenting Programme did to some extent help to build confidence amongst parents. Although upon reflection, more work is needed to empower parents to feel totally comfortable and confident when engaging with schools.
65. The recommendations are based primarily on the visits and reflect what parents have to say about ways engagement can be improved. Discussions have also been held with Children's Services throughout to ensure that the recommendations are necessary to improve parental engagement.
66. Finally, the Working Group hopes that the implementation of the recommendations and the on going work of Children's Services will further increase parental engagement and consequently improve educational achievement to improve outcomes for young people.

# Agenda Item 8.2

<b>Committee</b> Overview and Scrutiny Committee	<b>Date</b> 5 <sup>th</sup> May 2009	<b>Classification</b> Unrestricted	<b>Report No.</b>	<b>Agenda Item No.</b> 8.2
<b>Report of:</b> Lutfur Ali, Assistant Chief Executive  <b>Originating Officer(s):</b> Shanara Matin, Scrutiny Policy Officer		<b>Title:</b> Health Scrutiny Panel Review on End of Life Care  <b>Ward(s) affected: All</b>		

## 1. Summary

- 1.1 This report submits the report and recommendations of the Health Scrutiny Panel Review on End of Life Care for consideration by the Overview and Scrutiny Committee.

## 2. Recommendations

It is recommended that Overview and Scrutiny Committee:

- 2.1 Endorse the draft report.
- 2.2 That the Service Head for Scrutiny and Equality be authorised to agree final report before submission to Cabinet, after consultation with the Chair of the Health Scrutiny Panel.

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### LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

#### ***LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT***

Background paper	Name and telephone number of and address where open to inspection
Scrutiny Review File held in Scrutiny Policy Team	Shanara Matin 020 7364 4548

### **3. Background**

3.1 A Working Group was established in September 2008 to review how social care provision of end of life services meet the needs of local people and to examine the effectiveness of co-ordination across health and social care at end of life.

3.2 The objectives of the review were to:

- To scrutinise and contribute to the Tower Hamlets End of Life Care Services Improvement Programme, “Delivering Choice”
- To investigate the barriers to choice and equity of access to social care provision of end of life care services amongst equalities groups
- To assess the effectiveness of co-ordination of health and social care in end of life care services
- To investigate the needs of carers of people at end of life.
- To examine the role of the voluntary, community and faith sectors in end of life care provision
- To identify improvements to the commissioning process as a lever to improving end of life care
- To consider ways to improve the availability of information on services for patients, carers and professionals

3.3 The Working Group met four times and considered various information including, evidence from the Tower Hamlets PCT, LBTH Adult Health & Wellbeing Directorate and the National Audit Office Report on End of Life Care. The Group also visited the Royal London Hospital Chaplaincy and participated in focus groups with the Older People’s Panel and the Older People’s Reference Group.

3.4 The report with recommendations is attached at Appendix A.

3.5 Once agreed, the Working Group's report and action plan will be submitted to Cabinet for a response to their recommendations.

### **4. Concurrent Report of the Assistant Chief Executive (Legal)**

4.1 The Council is required by section 21 of the Local Government Act 2000 to have an overview and scrutiny committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council’s Constitution provides that the Overview and Scrutiny Committee shall make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions. The attached report contains recommendations in relation to end of life care. It is open to the overview and scrutiny committee to agree the report for presentation to Cabinet.

## **5. Comments of the Chief Financial Officer**

5.1 There are no specific financial implications emanating from this report.

## **6. One Tower Hamlets consideration**

6.1 The review focused on how local people from all communities experience and access end of life care services. A large number of recipients of this care are older and are likely to have needs around age or that are illness related and or related to physical disabilities. The review aimed to improve services around these equalities challenges.

6.2 The number of older Black and Minority Ethnic people is set to grow as the historically younger age profile of these communities changes over time. The take up of end of life care services is lower for BME communities compared to the proportion of people there are with chronic or long term conditions. The Working Group considered how service improvements would meet current and projected needs in the borough and considered the role of faith based work in improving take up of end of life care services.

## **7. Risk Management**

7.1 There are no direct risk management implications arising from the Working Group's report or recommendations.

Appendix A

# **DRAFT Report of the Health scrutiny Panel**

## **Review of End of Life Care**

**Tower Hamlets Council**

**March 2009**



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## **Acknowledgements**

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### **Health scrutiny Panel**

Cllr Stephanie Eaton – Chair  
Cllr Ann Jackson – Vice Chair  
Cllr Bill Turner  
Cllr Lutfa Begum  
Cllr Abjol Miah

### **Co-opted Panel Members**

Ann Edmead, Future Women Councillors Programme  
Myra Garrett, Interim Steering Group Member, THINK  
Dr Amjad Rahi, Interim Steering Group Member, THINK

### **London Borough of Tower Hamlets**

Helen Taylor Service Head, Commissioning and Strategy, AHWB  
Barbara Disney, Service Manager, Commissioning, AHWB  
Catherine Weir, Service Manager, Adults  
John Roog, Service Head, Older People and Homelessness, AHWB  
Ian Basnett, Joint Director of Public Health  
Michael Keating, Service Head, Scrutiny & Equalities

### **Scrutiny Policy Officers**

Shanara Matin, Scrutiny Policy Officer  
Afazul Hoque, Acting Scrutiny Policy Manager

### **Tower Hamlets Primary Care Trust**

Jane Milligan Deputy Director, Primary and Community Care Commissioning, THPCT  
Salma Yasmeen, Delivering Choice Programme Manager, THPCT  
Charlotte Fry, Associate Director of Primary and Community Care Commissioning, THPCT

### **External**

St Joseph's Hospice  
Age Concern  
Older Peoples Reference Group  
Chaplaincy Team at Royal London Hospital  
Tower Hamlets Interfaith Forum  
Carers Centre Tower Hamlets

## Chair's Foreword

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TBC

**Councillor Stephanie Eaton**  
**Chair**

## Chapter 1 – Introduction

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### Background

1. The Health Scrutiny Panel is the statutory body in Tower Hamlets established to respond to duties placed on local authorities in the Health and Social Care Act 2001. This includes having in place an Overview and Scrutiny function that can respond to consultation by NHS bodies on significant changes and developments in health services and to take up the power of Overview and Scrutiny on broader health and wellbeing issues.
2. The overarching aims of health scrutiny are to:
  - Identify whether health and health services reflect the views and aspirations of the local community
  - Ensure all sections of the community have equal access to services
  - Have an equal chance of a successful outcome from services.
3. These specific powers and duties are underpinned by the aim of putting patients and the public at the centre of health services.
4. Each year the Panel undertake an in-depth review of a health and or social care issue identified as a local priority within the context of a four year work programme focused on reducing health inequalities (2006/10). This document is the report of the health scrutiny review of 2008/09 into End of Life Care in Tower Hamlets.

### The review process

5. End of life care as a potential health scrutiny review subject was discussed with local health trusts through the induction programme for Health Scrutiny Panel members in June and July 2008. The Tower Hamlets Primary Care Trust (NHS Tower Hamlets from 1 April 2009), Barts and the London NHS Trust and the East London NHS Foundation Trust welcomed the proposed topic.

6. During the scoping period for the review the Primary Care Trusts' existing service improvement programme for end of life care provision was further expanded through the adoption of the Delivering Choice Programme piloting the use of the Marie Curie toolkit to redesign and improve end of life care services.
7. The Health Scrutiny Panel were keen to ensure that the scope was defined in a way to add value to the programme and avoid duplication over lines of inquiry and investigation. It was resolved that it would be useful for Members to bring their local knowledge of communities to bear on the wider programme, to provide a check on the robustness of the plans and to be consulted in their own right as key stakeholders over significant changes to the way services will be provided in the future.
8. During the scoping process it was agreed therefore that the review would include a critical friend role in overseeing the Delivering Choice Programme. The programme necessarily has a strong focus on health services giving health scrutiny scope to investigate more fully the relevant social care services and other related services for which the Council has responsibility. Through the scoping process members heard anecdotal evidence that there were challenges in providing a seamless service for recipients of this type of care and there was a clear role for the Panel in identifying improvements around how health and social care are integrated around an individuals needs.
9. Members also identified a significant community leadership challenge to promoting wellbeing within the scope of end of life care around the challenges of making talking about death and dying more acceptable and the concept of a planned and or good death.
10. The review did not consider end of life care provision for young people. This is a significant area of work that is being reviewed as part of the Delivering Choice Programme.

### **One Tower Hamlets considerations**

11. The review focused on how local people from all communities experience and access end of life care services. A large number of recipients of this care are older and are likely to have needs around age or that are illness related and or related to physical disabilities. By looking at how health and social care integrate to meet these needs the review aimed to improve services around these equalities challenges. The number of older Black and Minority Ethnic people is set to grow as the historically younger age profile of these communities changes over time. The take up of end of life care services is lower for BME communities compared to the proportion of people there are with chronic or long term conditions as identified by the Tower Hamlets Primary Care Trust Baseline Review. In reviewing the Delivering Choice Programme, Members considered how service improvements would meet current and projected needs in the Borough and considered the role of faith based work in improving take up of end of life care services. The Council's Equalities team had also commissioned a report in 2008/09 on the health and social care needs of older lesbian and gay people living in the Borough which was reviewed for information related to end of life care.

## Aim

12. To review how social care provision of end of life services meet the needs of local people and to examine the effectiveness of co-ordination across health and social care at end of life. The review will consider the policies, practices and systems that determine the provision of these services and identify solutions to the barriers faced by local people in accessing end of life care.

## Review Objectives

13. The objectives of the review were:

- a) To scrutinise and contribute to the Tower Hamlets End of Life Care Services Improvement Programme, "Delivering Choice"
- b) To investigate the barriers to choice and equity of access to social care provision of end of life care services amongst equalities groups
- c) To assess the effectiveness of co-ordination of health and social care in end of life care services
- d) To investigate the needs of carers of people at end of life
- e) To examine the role of the voluntary, community and faith sectors in end of life care provision
- f) To identify improvements to the commissioning process as a lever to improving end of life care
- g) To consider ways to improve the availability of information on services for patients, carers and professionals.

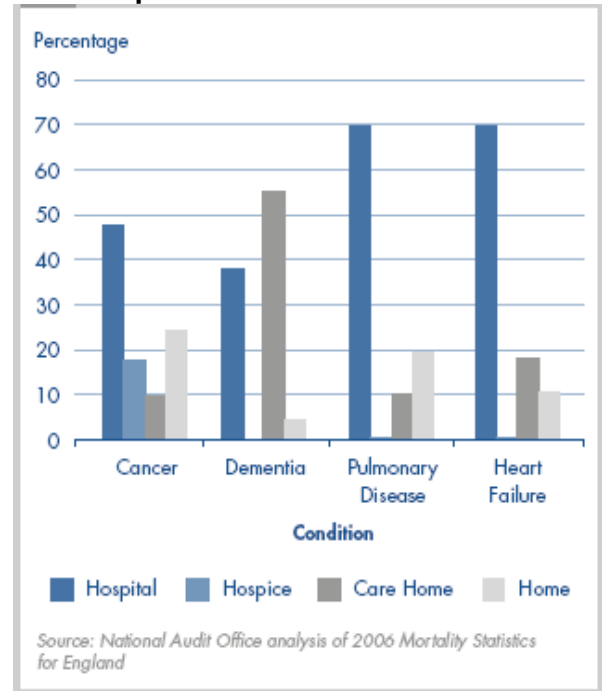
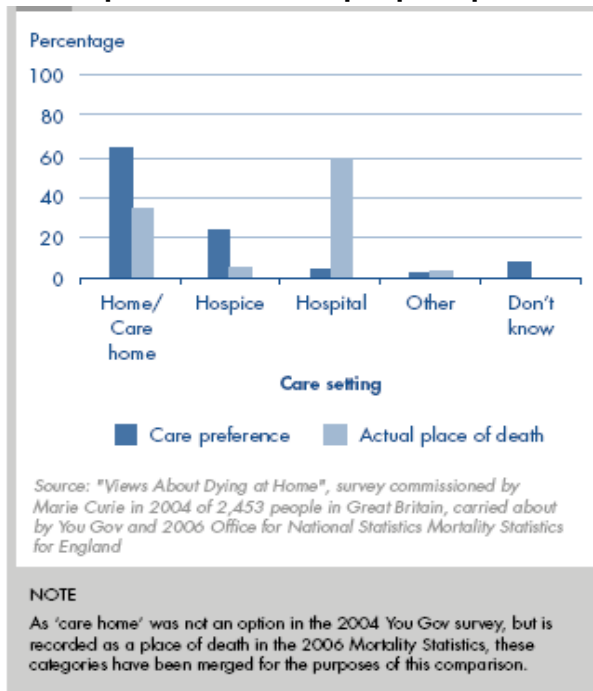
14. The Panel's work programme is outlined below:

Stage 1 (Oct 08)	<ul style="list-style-type: none"> <li>• Defining scope of review</li> <li>• Consideration of national and local policies</li> <li>• Delivering Choice Programme Objectives</li> </ul>
Stage 2 (Oct 08 – Jan 09)	Evidence Gathering from: <ul style="list-style-type: none"> <li>• Care-Plus Project: Carers Centre Tower Hamlets</li> <li>• Interim findings of the Delivering Choice Programme</li> <li>• National Audit Office Report on End of Life Care</li> <li>• Care Homes</li> <li>• Adult Health &amp; Wellbeing Directorate</li> <li>• Older LGBT Matters</li> </ul>
Stage 3 (Dec 09 – Feb 09)	Visits <ul style="list-style-type: none"> <li>• Older People's Panel</li> <li>• Royal London Hospital Chaplaincy Visit / Interfaith Forum</li> <li>• Older People's Reference Group Meeting and Focus Group</li> </ul>
Stage 4 (Mar 09)	<ul style="list-style-type: none"> <li>• Draft report and consultation</li> </ul>

15. Each year around half a million people die in England. The care provided to these people, their families and carers, is a significant proportion of the workload for many health, social care, and voluntary sector staff. However, too often care for this vulnerable group is not co-ordinated effectively across the different service providers, and is not designed around people's expressed wishes and preferences about their care.
16. In response to these challenges, the government has put in place a number of initiatives to improve care for people at the end of life. These include: the development of National Institute for Health and Clinical Excellence guidance for supportive and palliative care for adults with cancer (2004), the NHS End of Life Care Programme, and the NHS Next Stage Review which have all contributed to the national End of Life Care Strategy launched in July 2008. The strategy recognises that a step change is required in the way people are enabled to access high quality care at the end of their life, irrespective of age, gender, ethnicity, religious belief, diagnosis or care setting, and which respects each individual's needs and preferences.
17. The End of Life Care Strategy is backed with £286 million of funding to improve the quality of care for all adults approaching the end of their life. Its aim is to provide more choice to people about where they would like to live and die and is a strategy for all adults with advanced, progressive illness and the care given to them in all settings. The strategy champions a growing national momentum towards improving end of life care within primary care, care homes, generalist education and covers care for patients with all end-stage illnesses in the final months and years of life. The ten year strategy is the first of its kind.
18. Areas it will particularly focus on include:
  - **Improved community services** – working with PCTs and Local Authorities to ensure that rapid response community nursing services are available in all areas at all times. This is to enable more people to be cared for and die at home if they wish
  - **Workforce training and development** – to train health and social care professionals in assessing the needs of patients and carers to provide the best possible quality of care
  - **Development of specialist palliative care outreach services** – encourage PCTs and hospices to work together to develop specialist services in the community, to support all adults regardless of their condition
  - **Setting up a national End of Life Research initiative** – to further understand how best to care for those at the end of their lives.
  - **Quality Standards** – to develop in partnership with Next Stage Review End of Life Care Leads quality standards against which PCTs and providers can be assessed.
19. The strategy makes the salient point that implementing end of life care pathways requires a major organisational commitment to the goal of improving care of the dying, and may require specific resources and leadership.
20. The National Audit Office produced a comprehensive report on resourcing and challenges facing end of life care provision following the publication of the National Strategy in July 2008. The report is discussed in more detail within the review

findings. Some of the national level data from the report is included below which demonstrate the current challenges faced within this care sector.

## 1. Comparison between people's preferences and actual place of death



## 2. Place of death varies by condition

21. Fig. 1 presents the comparison between people's preferences and actual place of death. This suggests that many more people choose to die at home than are able to and suggests that Hospitals are one of the least likely preferences.
22. Fig 2 highlights the way medical condition influences people's place of death with heart and pulmonary disease patients most likely to die in Hospital.

## Next Stage Review of Healthcare for London

23. Lord Ara Darzi's report 'Healthcare for London: A framework for action' set out radical changes to health service provision in London which if implemented will have a significant impact on London's health economy. Overview and Scrutiny Committees across London established the Joint Overview & Scrutiny Committee (JOSC) to review the plans within the report including the work of the End of Life Care Working Group.
24. Members of that working group provided evidence to the JOSC and the key points from their evidence is set out below. The information provides an insight into the challenges currently facing end of life services in London.
  - 80% of the NHS' workload relates to supporting people with chronic conditions.
  - Surveys consistently reveal that the majority of people want to die at home or in a hospice. However, 70% of deaths in London take place in hospital, which is much higher than the rest of the country.

- End of life care in London is fragmented. The report proposes establishing five commissioning zones to achieve greater co-ordination of services. PCTs would be tasked to produce a specification of the required services to meet the needs of their population and commission providers for that zone. The providers would arrange for discussions to take place with individuals to find out their wishes for end of life care and then arrange for these services to be delivered (as far as possible). Service providers could be drawn from the NHS, or may be from the independent or voluntary sectors. Marie Curie deliver a similar service in Lincolnshire and this demonstrates the plans should roughly be cost neutral given the anticipated reduction in the number of people dying in hospital.
- The proposals will require people to overcome the taboo of talking about death. It will also require decisions to be taken to identify when someone is approaching the end of their life. It is not always straightforward to accurately predict life expectancy, although one option would be for people to be referred to end of life services when diagnosed with terminal illnesses.
- The proposals could impact on social care services, and like other aspects of chronic disease management it would be vital to ensure that the service specification for the end of life service providers include both health and social care.
- It was highlighted that these proposals (like other aspects of Healthcare for London) could again raise problems in that social care services are increasingly means-tested while health services are universal.
- Some London residents live in very poor quality accommodation and it is essential to ensure that these people are not forced to die at home. It was agreed that protections would need to be built into the system so that people who want to die at home are able to do so, while those wishing to die in hospital are able to also.
- It can be very difficult to find terminally ill patients a place in hospices, and individuals may be too poorly to be transferred by the time a space is available. Care homes may often refuse to take a very ill resident back after hospital treatment despite this being the person's home. This may be because the care homes do not feel they have the expertise to support a very sick resident or because they feel the death of a resident will affect their reputation. It was agreed that any proposals must address this situation.

25. In relation to palliative care for Cancer Patients the following points were made by the JOSC and are :

- Any reform must ensure appropriate out of hours care services are in place. Often when faced with severe pains or complications many patients currently attend Accident & Emergency (A&E) when other health services are closed.
- Further work is required to develop palliative care skills within general practice, and doctors may require additional training on how to offer emotional support to patients diagnosed or living with cancer. Carers must be identified and their views incorporated into end of life plans.
- Hospices do not receive guaranteed funding from PCTs and fund raising activities account for much of their income.



- The end of life proposals could impact on carers. It is vital to identify the needs of carers early on and ensure they have the support to cope in their role. Government policy can mean that carers receive less state financial support once they reach pensionable age. Dedicated support workers to help people claim benefits have been very effective at increasing benefit take-up.
- Disagreements between organisations as to what is 'health' and what is 'social' care can undermine the quality of care provided to individuals. Very sick people may not have time to wait for lengthy discussions to be resolved.
- Clinicians must be encouraged and become willing to start discussions with their patients about their life expectancy when diagnosed with terminal illness.
- The proposals for end of life care will require additional community nursing staff. This will not happen overnight. However, a failure to ensure that these staff are in place will increase the burden on carers.

### **Chapter 3 - Local Policy Context**

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26. In Tower Hamlets around 800 people die in hospital each year, nearly 2/3 of all deaths in the Borough. Approximately 11% of hospital spend is on unplanned admissions which accounted for 21,000 emergency bed days in 2006/07. There is not enough anticipated planned care for people in the Borough even though most deaths are related to long term conditions. On average there is one complaint a fortnight about end of life care around issues such as privacy, dignity and communication.
27. There are significant inequalities in access to end of life care, with people who have conditions other than cancer and people from BME groups tending to benefit least from specialist palliative care services. Strikingly people living in care homes are even more likely to die in hospital than older people living in their own home. The 2007 End of Life Care Baseline Review identified many services provided by health, social care and voluntary and community providers in the Borough. However it was difficult to get a clear sense of the quality and capacity of what is available and how to best access these services.

#### **Baseline Review**

28. Tower Hamlets Primary Care Trust baseline review of end of life care included the audit results of the Liverpool Care Pathway and the Gold Standards Framework. These are key tools, frameworks and pathways to guide staff and utilise the various assessment processes in recognising people at the end stages of life, their palliative care needs and supporting carers. The baseline concentrated on Trust commissioned services and that of known established providers such as Hospices and Marie Curie nursing services.
29. Of the 1200 deaths a year in Tower Hamlets nearly 75% of deaths were amongst people over 65 and 3% were young people often disabled children. 47% of all deaths are at the Royal London Hospital with people in their last year of life accounting for 20% of all emergency and 13% planned hospital bed days. Lengths

of stay for people in their last admission ranged from 15 days where the stay was elective to 24 days in emergencies.

30. The baseline review did look at social care and provision to carers and captured some of the basic information about key providers and arrangements for social care provision. The findings on this area include that carers assessment criteria would not identify many carers in need but very basic services could make a real difference to their quality of life.
31. The final place of care was revealed to be influenced more by disease, provision and resources rather than the patient / carers wishes. There are a number of contributing factors that were identified by the review:
  - Inequalities in access to care
  - 2/3 of deaths take place in hospital
  - Navigating and choosing appropriate services
  - Improving training amongst generalist staff who are involved in providing end of life care services.

### **The Delivering Choice Programme**

32. Following on from the Baseline Review, Tower Hamlets Primary Care Trust implemented the Marie Curie Delivering Choice Programme to assess and deliver service improvements to the way end of life care services are provided locally. The programme focuses on engaging leaders, managers, clinicians and frontline staff, service users and wider communities – in short all stakeholders in the process of understanding needs and the current state of services and redesigning models of care.

### **Conclusions**

33. There are a number of high profile national and local workstreams looking at how end of life services can be improved to better deliver on patient choice. Members of the working group discussed the scope of the scrutiny review in the context of broader programmes of activity. The working group concluded that it would be appropriate to focus the review on services provided by the Council that have an impact on the quality of end of life experiences. This included looking at the integration of health and social care but also supplementary services key to supporting and managing dying and death in the community. The working group would also have a critical friend role over the Delivering Choice Programme.
34. Social and economic inequalities prevent people from dying at home when they may want to and from accessing appropriate services. Tower Hamlets is the third most deprived local authority in England and has the third highest proportion of people living in the most deprived localities (super output areas in Indices of Multiple Deprivation 2007). One of the key factors that could help mitigate against the impact of inequality is having good access to a network of carer and professional support to enable people to live as well as they possibly could. The Baseline Review of long term conditions and palliative care highlights the wide range of services that exist in the Borough suggesting that these services could be well placed to overcoming the impact of inequality.
35. A large majority of deaths follow a period of chronic illness, where people are likely to be known to health and social care providers. This suggests that services could

be redesigned to trigger active consideration of end of life care issues but also that health and social care professionals will need to be sufficiently confident to manage these discussions with individuals and are aware of all the related services that they could be referring patients to.

## **Chapter 4 – Findings**

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36. This section details the consideration and discussion of evidence throughout the review. The development of the recommendations embedded within the findings have been broadly linear and where possible within this report reflect the chronological order of issues as they were discussed. The ideas underpinning the recommendations were however revisited many times in review discussions and reflect the wording agreed by members at the final review working group meeting.
37. Members of the Panel held the first formal review meeting at the Carers Centre in Tower Hamlets. The working group received presentations from Lyn Middleton, Chief Executive of the Carers Centre Tower Hamlets on the Care-Plus Tower Hamlets project and the services the Trust provides to carers more generally. The second presentation focused on the points where social care services interact with health services at end of life provided by John Roog, Service Head, Adult Health and Wellbeing Directorate at Tower Hamlets Council.
38. The Carers Trust presentation put forward key facts about carers nationally and locally, the role of carers and their support needs. There are currently 6 million unpaid carers in England and Wales saving the taxpayer £87 billion or the equivalent cost of another National Health Service. 80% of carers admit their caring role has an adverse effect on their health and the greatest worry for most carers is the concern over what would happen to the person they look after if they became ill. The number of carers is expected to increase by 50% over the next thirty years.
39. In discussing the strains that are often placed on Carers and the way people can fall between services, Lyn Middleton gave an example of a carer carrying the cared for person up and down stairs in their home over a long period of time and was now in need of surgery to replace kneecaps. GP's were not at any stage asking what or who they had been lifting to cause this type of health problem.
40. The issues around arranging carers assessments and carers often not identifying them as such and seeing it as fulfilling the role of a partner, child etc are two of the key challenges to enabling people to access the right services for the people they care for and themselves.

### **Care-Plus Tower Hamlets**

41. The presentation also covered the interim findings of the Care-Plus Tower Hamlets project, a three year research project funded by the Kings Fund. The project has been piloting an enhanced carer support service to determine the impact of a single point of contact for care coordination for carers of patients with end stage heart failure. It has been identified for its good practice by the Audit Commission and the Kings Fund. The evidence from the project has been nationally recognised that well supported carers can prevent unnecessary hospital admissions and identified that carers feeling unable to cope was a primary reason for taking the cared for person to hospital.

42. The services provided by the Care-Plus project included counselling, social activities that improve quality of life and support with financial issues for example benefit applications and maximising income. The project co-ordinator was also able to make applications for funding from charitable trusts when needs fell outside the remit of social care funding. A referral protocol specifically for end of life care packages has also been developed with St Joseph's hospice, enabling the co-ordinator to make direct referrals of patient and or carers into their services.
43. The evidenced outcomes were successful fast tracking to appropriate services, tailored co-ordination of care and an approach that works for the individuals but also for the organisations providing the goods and services.
44. In describing the key findings it was said that the Carers centre are able to be more flexible and try different routes as they do not have the same internal bureaucracies to deal with. One of the examples given included where the NHS are only able to provide patients home nebulisers. Where these are needed all the time by patients, having a home based nebuliser can adversely affect the individual's quality of life as they become house bound. Without the same bureaucratic constraints faced by public service providers the Care-Plus project organised for a portable nebuliser for the patient and thereby dramatically improving both patient and carer mobility and quality of life. The project had also been able to respond to other specific local needs for example the project has a short term wheelchair loan facility for people waiting to receive one through the formal process of application to social care services which can take weeks to complete.
45. Members discussed the issues behind these examples and whilst they welcomed the Joint Strategic Needs Assessment approach to Commissioning stated that in order for the commissioning process to be genuinely in tune with people's needs it should allow commissioned services flexibility to respond to these needs.
46. Health care professionals who have referred patients into the project have reported that they have been freed up to carry out their primary role and develop a more satisfactory relationship with patients around medical need. Clinicians and professionals interviewed as a part of the project overwhelmingly said that the service works extremely well and that they have a great deal of confidence referring their patients to the project and valued the ongoing contact with the co-ordinator.
47. The care plus project had at the time of the review meeting managed 62 cases, costing approximately £660 per person per year. The project is currently meeting expanding demand by taking on two final year nursing and social work students as volunteers. The Carers Centre Tower Hamlets has been asked to prepare a business case for continued funding. As at end of March 2009 there was not confirmed funding in place for the continuation of the project in the PCT Commissioning Intentions for 2009/2010 or from Social Care funding.
48. In subsequent meetings members discussed the role of the project in improving the quality of life of the individual and their carer through this approach. The focus on end stage heart failure also reflected local community needs as coronary heart failure is a major cause of death in the Borough. The project has won a number of national good practice accolades and Members were keen that options be explored for public service provision to learn from the experience of the project and that the Care-Plus project be commissioned to continue and expand its work because of the way it is able to respond to local needs.

### **Recommendation 1**

**That the Care-Plus project be commissioned by NHS Tower Hamlets and London Borough of Tower Hamlets for a minimum of a further two years. The scope for disseminating learning from the project locally should be explored within the commissioning of the project.**

49. The working group wanted to review the findings of the Older LGBT Matters report capturing the experiences of older lesbian, gay, bisexual and transgender adults in Tower Hamlets. The research project commissioned by the Scrutiny & Equalities Service at Tower Hamlets Council had been asked to include where appropriate any evidence around the experience of death and bereavement within the LGBT community. The nature of the research proposal meant that it was not specific to end of life care but did reveal that services across the board could be much improved to meet the needs of the LGBT community and indeed to many individuals who do not typically live in a “nuclear” or intergenerational family setting.
50. Throughout the review the working group heard anecdotal evidence of the need to recognise the role and rights of carers, partners and friends of the person coming to the end of their lives and finding some way of recording an individual’s preference for who could make decisions on their behalf if they are no longer able to do so. Members were keen to identify ways of addressing this and felt that this could be achieved through existing tools in use to facilitate end of life care discussion and provision of services.

### **Recommendation 2**

**That the needs and rights of carers, partners, single sex partners and friends be recognised within the context of end of life care. In particular the tools used to facilitate discussion with families at end of life be extended to cover these groups.**

### **National Audit Office Report on End of Life Care**

51. The working group reviewed the recently published National Audit Office Report (NAO) on End of Life Care (November 2008) as part of the discussion during the review meeting. The report states that the,  
*“provision of end of life care services has become increasingly complex: people are living longer and the incidence of frailty and multiple conditions in older people is increasing. As a result, people approaching the end of their life require a combination of health and social care services provided in the community, hospitals, care homes, or hospices.”*
52. Members discussed the suggestions within the report for learning from the hospice movement and how skills could be disseminated through outreach services and training. Councillor Stephanie Eaton also recounted her experience of visiting St Joseph’s Hospice as part of the evidence gathering work for the review.
53. St Joseph’s is the only local provider of hospice services to residents of Tower Hamlets. The hospice is a tremendous success story in the range and quality of services it is able to provide to people at end of life. During the visit Councillor Eaton discussed some of the challenges faced in promoting further uptake of these

services, particularly by ethnic minority communities. In part this was attributed to the way that hospices are perceived as places where “you go to die”, a service specifically for Christians or that it was Cancer specific. St Joseph’s Hospice were tackling these issues by promoting the facility as the pain and symptom management service it is and being more community facing through outreach work. Members were keen that the NHS Trusts in Tower Hamlets and the Council work in partnership with the Hospice around training of health and social care staff and explore options for joint outreach work in the community. Planned services include a new self-management facility and refurbishing of an area of the hospice that will be available to anyone who wishes to know more about end of life care. The new centre will offer information, advice, support and services, including a public education programme, available to schools and other community groups. The hospice is currently piloting the education programme with a Tower Hamlets Primary School.

54. Members of the working group pointed out that there were many ‘tools’ and methods being discussed as ways to improve end of life care services for example the Liverpool Care Pathway, Gold Standards Framework for use in GP surgeries and Preferred Priorities of Care. They concluded that there was a need to simplify ways of managing care for people at end of life to benefit the individual but also for the professionals using these tools and suggested that perhaps having one model with four or five criteria to identify and facilitate care across health and social services during end of life would be beneficial.

### **Recommendation 3**

**That the Council and NHS Trusts work in partnership with St Joseph’s Hospice to extend hospice care in the community and train health and social care and care home staff on managing end of life care discussions.**

### **Coordinating Health and Social Care**

55. John Roog, Service Head for Older People & Homelessness at Tower Hamlets Council, delivered a joint health and social care presentation that set out the patient pathway at end of life and the points at which health and social care interact.
56. The NAO report on End of Life Care describes “coordination between health and social care services in relation to the planning, delivery and monitoring of end of life care is generally poor and is hampered by different funding streams. It can be difficult to determine what proportion of patients’ needs are medical and fall under the NHS budget, or non-medical (social care) and are funded, in part, by local authorities and by the patient based on a needs assessment. A lack of integrated services and an absence of a single point of contact to coordinate care can lead to particular frustration.”
57. Amongst the challenges that were discussed in coordinating care at end of life the key factors that Members commented on were the need to prioritise improving the discharge process. Members felt that it was important to get transport and appropriate equipment into place and organised as part of the discharge process. Members were disappointed to hear that transport services, from for example the

Royal London Hospital, needs to be booked twenty-four hours in advance and that this could be the sole factor keeping a dying person in hospital.

58. Members raised issues around the need for Advance Directives and wills to prevent conflict between an individuals wishes and those of the family during what can be a highly emotive time. A number of the working group members raised questions around financial abuse of people that are cared for by friends or family and the need to have in place warning systems that prevent elder abuse.

#### **Recommendation 4**

**That the NHS Trusts in Tower Hamlets and London Borough of Tower Hamlets prioritise co-ordination across health and social care during discharge from hospital and as a part of this work that the major Hospitals in Tower Hamlets explore options to prioritise the transport needs of those at end of life.**

#### **Recommendation 5**

**That the Council provide signposting and advice services on how to make wills and put in place Advance Directives and that these should be linked to information provided by the Births, Deaths and Marriages Registry services in the Borough.**

### **Improving information share**

59. Members attended the Older Peoples Panel which co-ordinates packages of care across health and social services for older people as a result of which the panel decisions also includes co-ordinating services and products for people for those who may also be at end of life. The working group welcomed the approach taken to deciding care and the shared responsibility across service providers which prioritised the needs before working out whether the Council or the PCT would be funding it. The panel also has in place a mechanism to decide care packages on an emergency basis between the weekly panel meetings at the Chair's discretion.
60. Members felt this was a valuable start to taking an integrated approach to care whilst workstreams to develop formal processes are being developed to achieve better coordination of services. Members' key observations were that the method for sharing information about individual cases could be improved and that this should be looked at immediately to improve the efficiency of the Panel. The current approach is ad-hoc and reliant on individual professionals 'completing the picture' of a case. The benefits were that where it worked it was a genuinely person centred approach but that this process could be eased and ensure consistency of quality in the approach through having at least common key information about patients e.g. medical history or diagnosis, key people involved including carers and professionals and what current services they were accessing as standard information to be shared ahead of the meeting. Members recognised that currently there is no administrative support to the Panel to enable this to happen.
61. It was unclear whether there is an audit trail of the decisions that are taken or that there is an evaluation process for the outcomes achieved. These would be important considerations if the Panel is a long-term approach to coordinating care

for end of life care patients amongst its wider client base. Members asked questions about how issues such as Adult Protection were managed and whether there were any warning systems in place for professionals to raise concerns about an individual's care.

62. Social care services are provided on the basis of needs in terms of wellbeing and quality of life. This is a different organisational and cultural approach to the way health services identify end of life care needs. Members felt that a common approach should be agreed if integrated provision is to become a reality. Members discussed the role that a common definition could play in integrating care. It was felt that a definition was an important starting point and could benefit the commissioning process, by highlighting the need to recognise that an individual's end of life experience is likely to affect their level and type of needs in the context of possible rapid decline, the needs of carers and families and how healthcare and medication is administered to them. A common definition will not necessarily deliver integration of care as a working reality – it could however help social care service provision to factor in the need to have services that can respond very quickly to changes in need.

#### **Recommendation 6**

**That health and social care services develop a common definition of end of life care to be understood by all staff working with older people in particular. The definition should agree the trigger for health and social care services to consider the end of life care needs of the individual.**

#### **Recommendation 7**

**That a joint health and social care post be created to lead on the integration of health and social care services for end of life. The remit of the role would include creating a joint protocol for information share across health and social care including for the Older People's Panel and for co-ordinating care at the key points where health and social care interact.**

### **Supplementary Services**

63. In Tower Hamlets there is a much higher than national average of people ascribing to a faith. The diversity of faiths is also a particularly important feature of the communities that make up the hyper-diverse profile of the Borough. Members were keen to explore the faith needs around end of life care and the challenges that poses to service provision.
64. A visit to the Royal London Hospital Chaplaincy team was carried out on 9<sup>th</sup> February 2009 to which members of the Tower Hamlets Interfaith Forum were also invited.
65. The group highlighted some of the faith related needs around end of life care and in the immediate period following death. For example as part of their religious beliefs the Orthodox Jewish Community need to stay with the body before burial. Similarly friends and family needing to stay with patients, have needs around kosher food provision and to factor in that they are unable to use transport services during the Sabbath. A common feature for both Muslim and Jewish communities was the need



to avoid post mortems and for rapid release of bodies where possible to enable quick burials.

66. A question was raised about the Council's position on the Coroners Bill and whether the options to introduce MRI scanning as an alternative to post mortems would be supported. Councillor Eaton attending the visit on behalf of the working group stated that there were no specific plans for the local authority to comment on the Bill that she was aware of, but would highlight the value placed by faith communities on alternatives to post-mortems through the review.
67. The group also discussed the need for a rapid death certification service in Tower Hamlets. In the past the service had been piloted to cover the weekend closure period but was subsequently closed. Members of the Chaplaincy team were currently exploring what the service needs are and the group discussed the scope for an inter-borough approach to a rapid death certification service because of the nature of people moving across borough boundaries to access acute care and whether it would be more cost-effective through a wider geographic coverage funded by pooled resources.
68. Currently local residents can obtain emergency burial certificates on Saturdays between 12.00pm and 4.00pm through the Registrar and on Sundays and Bank Holidays there is a standby service for emergency burial certificates only between 9am and 10am (information from the Council Website). There is also a fast track certification service available through Barts and the London NHS Trust hospitals but not well known. Members who attended the visit heard anecdotal evidence that communities found it difficult to access existing services in some cases because they are not widely publicised.
69. In discussing the social care needs of individuals at end of life the group highlighted a number of cases where care was not in place when a patient was due to leave hospital. This was hampered by the limited scope of the role of hospital social workers to co-ordinate care as well as the difficulties caused by an increasingly stringent means tested approach to providing care.
70. The people attending the visit raised the need to be careful about the diversification of service delivery with partners so that individuals do not get 'lost' in the system. At a number of points in the review Members discussed the end of life care directories (professional and patient variations) that had been commissioned by the Tower Hamlets Primary Care Trust and questioned the capacity of the organisations listed to be able to cope if the raised profile of organisations led to increased demand. They also questioned the accessibility of a written directory given the vulnerability of people at end of life and the challenges posed by the demographic profile in Tower Hamlets.
71. In reviewing the evidence from the visit the working group considered the Council's responsibility over some services that can facilitate and ease pressure on carers, families and individuals at end of life and in dealing with death. These supplementary services include information on writing wills and Advance Directives (as captured in Recommendation 4) to protect vulnerable adults but also to provide clarity about peoples wishes. It was also agreed that the current Registry services for death certification meant that some families of individuals could be significantly delayed in arranging the burial of their loved ones. This is seen by communities not only as a key religious priority but key to people's cultural attitudes to bereavement and coping with the loss when a family member of close friend dies.

72. This reinforced the need for early discussion about end of life care and the need to prevent invasive treatment where this was against the wishes of the individual. The working group also considered the impact of housing conditions and overcrowding in the Borough on peoples choices over where they wanted to die but also of problems getting equipment into accommodation with restricted access. It was said that given the condition of some of the housing stock and the lack of data available on how people living in Tower Hamlets view end of life, it would be wrong to assume that people want to die at home especially on an extrapolation of national data as the basis of this.

#### **Recommendation 8**

**That the NHS Trusts and the Council review their provision of rapid death certification services to take account of local community needs including that of faith and explore the options for an inter-borough service to ensure 24 hour coverage. The service that is developed as a result of this will need to include a community engagement plan to publicise and improve access to the service.**

#### **Challenge of talking about death and dying**

73. The working group were keen to explore community views about end of life care provision and sought to get these views in a number of ways. This included an editorial article in East End Life and requests to community organisations to invite people to participate in the review. The challenge in generating these responses led to the working group opting to seek views in alternative ways. It did however also highlight the innate challenge of gauging community views around death, dying and the care needs related to that. The experience of the review discussions has been that it can be very emotionally charged and rooted in diverse cultural taboos around talking about death and dying.
74. The working group visited the Older Peoples Reference Group to discuss the review objectives and emerging findings. The subject was very emotive and difficult to separate out a discussion of the objectives of the review and peoples views that were on principle against having the consultation with the group on this subject. There were a number of people who did want the discussion to take place and were keen to see the taboo of talking about death and dying being addressed and there was a great deal of internal challenge within the group. The difficulties of the discussion within the group in many ways reflect the wider challenges around making talking about death and dying more acceptable in order to improve end of life care and the need for professionals to be highly skilled in managing these discussions. It was agreed that a follow up workshop would be held to look at the findings more closely and to give people the space to think about issues in a less formal setting. Councillor Ann Jackson who attended the reference group on behalf of the working group agreed to support a further discussion.
75. Unfortunately, the two participants who had found discussion most difficult failed to attend the workshop. It did however include participants who felt ambivalent about the subject or had questioned the review objectives and the reference group being asked to comment on this subject in particular. There was an enormously rich diversity of opinions about the challenge of talking about death, how dying should be managed and the needs of carers. "A wide range of issues were raised and

discussed addressed elsewhere in this report such as the difficulty for people in facing and discussing death and end of life issues; "Living Wills"; making a will, dying at home; role of and impact on carers; the need for a directory of end of life services for families."

76. The experience of engaging communities to talk about end of life care for this review highlighted the challenge faced by health and social care professionals in beginning these sensitive discussions. People taking part in the discussions suggested that the Council should explore funding organisations such as Age Concern to facilitate community discussions around end of life care.
77. St Joseph's Hospice also submitted information on their work to engage with ethnic minority communities as further ways of facilitating discussions around end of life. The Hospice has been working with Social Action for Health, a local community development organisation to work with mosques, local community centres, social clubs and schools to talk about the work of the hospice. They have opened up discussions about people's experiences, anxieties and aspirations with regard to end of life care, which have been fed back to hospice staff enabling them to consider how to develop services which are sensitive to the needs of the wider population.

#### **Recommendation 9**

**That the Council consider piloting a programme of community based discussions on end of life care.**

#### **The importance of an advocacy role**

78. In Tower Hamlets there are many services that could be used by people and their carers at end of life that would improve their quality of life and mitigate against the adverse impact of poverty and inequality in the Borough. Members welcomed the proposals within the Delivering Choice programme to understand this provision more fully and how it can be better co-ordinated.
79. Across all the review evidence sessions and visits there was an ongoing theme of the positive role advocates can play in the context of end of life care. The National Audit Office report, Care-Plus project and the challenges people spoke of and seen by the working group of knowing what services there are and accessing the right services in time was the most significant challenge to good end of life care. Carers and individuals at end of life often did not have the time, confidence or knowledge about who and how to contact the services they need.
80. The working group also reviewed the findings of Phase 1 of the Delivering Choice Programme. Members welcomed the honest and open way in which local challenges to providing good end of life care were addressed and welcomed all the proposed workstreams in the report. Members felt that in arriving to many comparable and similar conclusions through the health scrutiny review process, that this reinforced the value of the research and investigative work that the Delivering Choice Programme had delivered.
81. There are a number of workstreams related to improving communication across services which must underpin any redesign of services and key to enabling a single co-ordinator to pull together different service as one care package. Members agreed that the approach to managing care for an individual at end of life should be led by an advocacy approach.

#### **Recommendation 10**

**That on the basis of a common definition of end of life care being agreed by the Council and NHS Trusts, individuals should be assigned a single point of contact for co-ordinating all subsequent care.**

#### **Staff Training and Confidence**

82. Staff training and confidence had been identified as a key issue by the early work that Tower Hamlets Primary Care Trust had done to begin improving end of life care services. It is also a key feature of the findings of Phase 1 of the Delivering Choice Programme. During one of the review meetings members of the working group received presentations from Care Home representatives which highlighted some of the challenges faced by staff in the care home context. This included issues of non medical staff being trained to administer medication to enable people to die at home wherever they consider home to be. The discussion also explored some of the cultural challenges faced by staff in responding to the diversity of needs and views around death and dying in their day to day caring role.
83. Tower Hamlets commissions care across six local care homes. They deliver services independently and commissioning is done predominantly on a case by case basis with some contracts. There is a need to explore how these services are commissioned more strategically and for commissioning to be used to influence or incentivise service providers positively around training and development of staff confidence around managing end of life care issues. As part of the Single Status negotiations covering staff providing Home Care services a new agreement adding the administration of medicine to the cared for has just been agreed.
84. The care home representatives also highlighted issues around access to resources such as syringe drivers which often hampered staff ability to administer medication and respond to out of hours needs as much as possible within the care home. This type of equipment can represent significant costs to privately run businesses and they would welcome consideration of how access to these resources held by health care services could be shared. Members were keen that options be explored for care homes to purchase or have access to syringe drivers so that this did not prevent or delay treatment for individuals in care homes.
85. Members welcomed the range of options currently in use to improve end of life care provision such as the Gold Standards Framework, Liverpool Care Pathway and tools such as the Preferred Place of Care. Members felt that it would be important to ensure however that there was a balance between having a range of tools in place and whether this supported or hampered improved training and staff confidence and for example which tool would best be suited to a care home setting.
86. The working group discussed the evidence that there are a greater number of people at end of life living in care homes who die in hospitals than those living independently. The care home representatives acknowledged the challenges and underlying lack of staff confidence in dealing with these issues but highlighted the pressures on care home staff in terms of the wide range of training they are expected to complete of which end of life care is one part.
87. The proposed quality markers for care homes set out by the Care Quality Commission indicate a much more demanding performance regime around end of

life care which was welcomed by the working group. The working group felt that it was important that health and social care service commissioners take into account that care homes identified time and resourcing as key barriers to achieving better trained, resourced and more confident staff able to deal with end of life care.

#### **Recommendation 11**

**That a strategic approach to commissioning care homes be developed taking into account the need to deliver high quality and efficient services but also in a way that ensures there are sufficient resources and flexibility for care home staff to take up training to meet the end of life care needs of residents.**

### **Chapter 5 – Conclusion and Recommendations**

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88. This section draws together the recommendations emerging from the review which it is hoped will help to contribute to improving provision and co-ordination of end of life care for local people. Some of the recommendations build on each other and it is important that they are viewed in the whole by the organisations asked to respond to these to achieve the anticipated outcomes.
89. The working group recognise that end of life care is a very broad field of care provision and were clear from the outset that given the health service focus on improving provision through the Delivering Choice Programme it was important for the health scrutiny review to focus on areas that would add value to this programme. For this reason the health scrutiny review did not explore issues that were being extensively addressed through the Delivering Choice Programme. For example the needs of children with terminal illnesses, the needs of mental health patients or the specific health care services e.g. palliative care, out of hours services etc that are key to delivering good quality end of life care services.
90. In reviewing the progress of the Delivering Choice Programme, Members are very supportive of all the proposed workstreams in the Phase 1 report and commend the programme team for the honest, frank and comprehensive way in which the challenges have been mapped and described in the report. Members are keen that the findings are used to seek the appropriate funding from the Department of Health and from within Primary Care and Council resources that will deliver the step change required in end of life care provision in Tower Hamlets.
91. The working group recognise that responding to the varying and individual needs of people at end of life and the needs of their carers is challenging for both health and social care. Members are keen to see greater use of voluntary and community sector provision that can ease the pressure on health and social care provision. The lessons learnt and good practice emerging from the Care-Plus project also has potential to inform the action plan in relation to Recommendation 9 and how the Primary Care Trust and Council could develop care to be coordinated through a single point of contact.

#### **Recommendation 1**

**That the Care-Plus project be commissioned by NHS Tower Hamlets and London Borough of Tower Hamlets for a minimum of a further two years. The scope for disseminating learning from the project locally should be explored within the commissioning of the project.**

92. Advance Directives are documents which set out an individuals choices should they become unable to voice them through illness or reduced capacity at end of life. These are discussed further in Recommendation 5 which should support longer term planning of end of life care. There is however a need also for service providers to take into account the role of carers, single sex partners who may not have had a civil partnership or marriage ceremony and friends in determining end of life care provision for an individual.

#### **Recommendation 2**

**That the needs and rights of carers, partners, single sex partners and friends be recognised within the context of end of life care. In particular the tools used to facilitate discussion with families at end of life be extended to cover these groups.**

93. The Hospice movement has a history and rich diversity of knowledge on facilitating discussion and managing the delivery of end of life care services which should be tapped into by health and social care professionals who are likely to work with individuals at end of life. The level of training and awareness required by professionals will vary and should be agreed by the services managing these staff.

#### **Recommendation 3**

**That the Council and NHS Trusts work in partnership with St Joseph's Hospice to extend hospice care in the community and train health and social care and care home staff on managing end of life care discussions.**

94. Discharge from hospital is a key point at which coordination of health and social care needs to come together effectively. There are cultural and procedural barriers to change which need to be addressed now to ensure that vulnerable people are neither dying in hospital waiting to go home, nor are going home to die without the adequate care arrangements being made.

#### **Recommendation 4**

**That the NHS Trusts in Tower Hamlets and London Borough of Tower Hamlets prioritise co-ordination across health and social care during discharge from hospital and as a part of this work that the major Hospitals in Tower Hamlets explore options to prioritise the transport needs of those at end of life.**

95. Members discussed at length the benefits that supplementary advice and signposting services could have in facilitating end of life care discussions but also avoid family disputes and prevent the financial abuse of elderly people who may have reduced capacity to make decisions at end of life.

#### **Recommendation 5**

**That the Council provide signposting and advice services on how to make wills and put in place Advance Directives and that these should be linked to**

**information provided by the Births, Deaths and Marriages Registry services in the Borough.**

96. Two thirds of deaths in the Borough are “expected”, in that they are generally people nearing the natural end of their lives or have been diagnosed with a chronic or terminal illness. Social care provision is broadly age and means tested which is in contrast to health care provision which is universal and free at the point of delivery. These are significant organisational differences that need to be overcome to achieve genuine integration. Members were keen however to include ideas for developing a common definition under which integration could be secured at critical points in the end of life care pathway.

**Recommendation 6**

**That health and social care services develop a common definition of end of life care to be understood by all staff working with older people in particular. The definition should agree the trigger for health and social care services to consider the end of life care needs of the individual.**

**Recommendation 7**

**That a joint health and social care post be created to lead on the integration of health and social care services for end of life. The remit of the role would include creating a joint protocol for information share across health and social care including for the Older People’s Panel and for co-ordinating care at the key points where health and social care interact.**

97. The working group recognised that there were a number of areas where the Council and NHS services could work to improve the experience of death and dying for individuals and their families by providing culturally or faith sensitive services, giving them confidence that their spiritual needs following death will be met.

**Recommendation 8**

**That the NHS Trusts and the Council review their provision of rapid death certification services to take account of local community needs including that of faith and explore the options for an inter-borough service to ensure 24 hour coverage. The service that is developed as a result of this will need to include a community engagement plan to publicise and improve access to the service.**

98. The focus group discussion with members of the Older Peoples Reference Group highlighted the difficulty and challenges of talking about death and dying. It also raised a number of issues around the impact of a lack of dignity and respect for the dying individual and their families’ wishes can have on how people cope with dying and bereavement. Members would like to see greater consideration of bereavement needs through the Delivering Choice Programme and the key role that voluntary and community sector organisations are able to play in this area. Although this was not a specific area of investigation as part of the scrutiny review, Members were keen to

ensure that work is undertaken to facilitate discussion about death and dying and removing the taboos around the subject, seeing it as key to planning for end of life care.

#### **Recommendation 9**

**That the Council consider piloting a programme of community based discussions on end of life care.**

99. Members welcome the suggestions within the Delivering Choice Programme report for better coordination of care including ideas for have a one stop shop approach for accessing the wide range of services available. The evidence that has been looked at as part of this review indicates that a single point of contact for individuals and their carers is key to effective coordination. Members are keen that future health and social care workstreams to improve end of life factor this in as a priority.

#### **Recommendation 10**

**That on the basis of a common definition of end of life care being agreed by the Council and NHS Trusts, individuals should be assigned a single point of contact for co-ordinating all subsequent care.**

100. The working group felt that it was important to recognise care homes as the 'home' of the person living there and that it be treated as such in line with an individuals wishes. This should preface training and staff confidence building measures particularly in care homes and with professionals responsible for discharging patients from hospitals. Members believe that much greater results could be achieved by taking a strategic lead on commissioning care homes and that there is scope for working in partnership with care homes on sharing good practice and providing training.

#### **Recommendation 11**

**That a strategic approach to commissioning care homes be developed taking into account the need to deliver high quality and efficient services but also in a way that ensures there are sufficient resources and flexibility for care home staff to take up training to meet the end of life care needs of residents.**

101. On the final recommendation it is useful to reflect on the National Audit Office report conclusion on the scope and possibilities for delivering improvements through service redesign and better commissioning.

*“Given the potential to redistribute resources identified in our work, there is scope for PCTs to improve services in all settings by deploying existing and future resources more efficiently and effectively in supporting people in their preferred place of care. To achieve this improvement, there will be a continuing need for the Department to support PCTs as they reconfigure services and redeploy resources to better meet the needs of their local population.”*



102. This highlights an opportunity to get processes and services underpinning end of life care right and future proofed to meet the increasing needs of an ageing population. The working group puts forward these recommendations as a way of supporting this overarching objective.

## Scrutiny in Tower Hamlets

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To find out more about Scrutiny in Tower Hamlets

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# Agenda Item 8.3

<b>Committee</b>  <b>Overview and Scrutiny Committee</b>	<b>Date</b>  5 <sup>th</sup> May 2009	<b>Classification</b>  Unrestricted	<b>Report No.</b>	<b>Agenda Item No.</b>  8.3
<b>Report of:</b>  Lutfur Ali, Assistant Chief Executive  <b>Originating Officer(s):</b>  Judith Colvin Scrutiny & Equalities		<b>Title:</b>  <i>Early Intervention – Child Protection:</i>  Report of the Scrutiny Working Group  <b>Ward(s) affected: All</b>		

## 1. Summary

- 1.1 This report submits the report and recommendations of the Early Intervention – Child Protection Working Group for consideration by the Overview and Scrutiny Committee.

## 2. Recommendations

It is recommended that Overview and Scrutiny Committee:

- 2.1 Endorse the draft report.
- 2.2 That the Service Head for Scrutiny and Equality be authorised to agree final report before submission to Cabinet, after consultation with the Scrutiny Lead for Excellent Public Services.

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### LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

#### **LIST OF “BACKGROUND PAPERS” USED IN THE PREPARATION OF THIS REPORT**

Background paper

Name and telephone number of and address where open to inspection

### **3. Background**

- 3.1 The Working Group was established in August 2008 to review existing Early Intervention services, identify any gaps in existing provisions and explore the case for extending services to deliver greater value for money, improved access to services, and a more effective service for users.
- 3.2 The review had four main objectives:
- To investigate the level of need for Early Intervention and preventative services for Safeguarding Children.
  - To undertake a comprehensive value for money analysis of existing Early Intervention provisions.
  - To undertake comprehensive service mapping of existing Early Intervention services and identify any gaps in existing provisions.
  - To investigate the case for providing additional Early Intervention services and how this could add value.
- 3.3 The Working Group met five times to hear from Council Officers, the Police and the PCT, as well as hearing from a range of local practitioners who work with young people and their families. Working Group members also went out into the community to visit local practitioners and service users.
- 3.4 The report with recommendations is attached at Appendix A.
- 3.5 Once agreed, the Working Group's report and action plan will be submitted to Cabinet for a response to their recommendations.

### **4. Concurrent Report of the Assistant Chief Executive (Legal)**

- 4.1 The Council is required by section 21 of the Local Government Act 2000 to have an overview and scrutiny committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee shall make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions. The attached report contains recommendations in relation to early intervention, child protection. It is open to the overview and scrutiny committee to agree the report for presentation to Cabinet.

### **5. Comments of the Chief Financial Officer**

- 5.1 There are no specific financial implications emanating from this report.

### **6. One Tower Hamlets consideration**

- 6.1 In meeting the first and third objectives of the review – to investigate levels of need and to undertake service mapping of existing provisions – the Working Group has been mindful of issues of race and religion/belief. This is because different racial and faith communities may have different needs, access to and experience of services.

- 6.2 Issues of gender have been a consideration under Recommendations 1 and 2, which relate to domestic violence, with the Working Group needing to consider the needs of predominately male perpetrators of domestic violence as well as predominately female victims.
- 6.3 Any examination of issues surrounding mental health carries with it important considerations of disabled members of the community and their access to and experience of services. The review sought to consider disability and improve access to services for these members of the community in Recommendations 4 and 6.

## **7. Risk Management**

- 7.1 There are no direct risk management implications arising from the Working Group's report or recommendations.

# Early Intervention – Child Protection

Report of the Scrutiny Working Group

Tower Hamlets Council  
May 2009

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## **Acknowledgements**

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Cllr Bill Turner

### **Working Group Members:**

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Cllr Denise Jones  
Cllr Lutfa Begum  
Cllr Shahed Ali  
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Cllr David Snowdon

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Cllr Helal Abbas  
Cllr Abdul Asad  
Cllr Marc Francis  
Cllr Alex Heslop

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The Working Group would like to thank all Tower Hamlets officers and Partner agencies for their time and advice and all those residents and young people who made contributions and gave input into the review.

## Chair's Foreword

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To be completed.

## Recommendations

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- R1** That the Community Safety team in conjunction with Children's Services develops targeted services to work with families and perpetrators of domestic violence, particularly male perpetrators.
- R2** That the Community Safety team in conjunction with the Resident Social Landlord (RSL) forum and Tower Hamlets Homes explore options for using tenancy conditions to hold Domestic Violence perpetrators to account.
- R3** That the Community Safety team in conjunction with Children's Services and the Partnership give active consideration to publicising actions taken against perpetrators when safe to do so, through selection of appropriate cases.
- R4** That a piece of work is undertaken by Children's Social Care and the Domestic Violence team to chart the links between Domestic Violence and children's services in the borough.
- R5** That the Partnership explores ways in which support to parents with mental health problems could be increased.
- R6** That Adults' Health and Wellbeing in conjunction with Children's Services undertake an audit of cases in which an adult receives services from the Community Mental Health Team (CMHT) and where no referral was made to Children's Social Care.
- R7** That a review is undertaken on how the needs of children from CMHT areas not covered by a Children's and Adult Mental Health (CHAMP) worker can be addressed using a similar model, within budgetary constraints.
- R8** That further analysis be undertaken to identify how the needs of parents with substance misuse problems can be targeted. Further to this, funding will need to be identified to allow increased support is available to vulnerable parents.
- R9** That the Council works with partner agencies to ensure the successful launch and management of the ContactPoint system to provide a more effective early intervention service.
- R10** That Children's Services in conjunction with the Partnership further develops localisation of services through clarifying pathways between delivery and local centres and extended schools, and the wider integrated front door.

- R11 That Children's Services work with Children's Centres and other key partners to explore development of a model to have a designated lead professional for families, allowing them one point of contact amongst the many professionals that may be working in partnership.**
- R12 That Children's Services work alongside the Communications team to be more proactive in identifying and publicising good practice from both statutory social care services and other partner agencies in protecting vulnerable children.**
- R13 That the Children's Services, and particularly Children's Social Care, work with Members to explore ways of further involving Members in the overview and audit of safeguarding work.**
- R14 That the Excellent Public Services Scrutiny Lead should undertake a further piece of work in 2009/10 which focuses more explicitly on value for money and improved service outcomes, and how this message can be delivered effectively to the community.**

## Introduction

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- 1 The proportion of young people under 19 living in Tower Hamlets is markedly higher than the inner London average, at 24% of the total population. 70% of the under 19 population are from ethnic minority communities, with over 90 different languages spoken. In 2004, almost half (47%) of children in the borough lived in a household receiving benefits, and the proportion of children and young people receiving free school meals is nearly four times the national average. Combined with the fact that Tower Hamlets has the fastest growing children's population in Europe, more children than ever are set to come through Children's Services in future years. This means Children's Services needs to be thinking constantly about how to deliver better outcomes for families. Undoubtedly, this will have to be done against a background of tighter public spending. Therefore delivering high quality services which also provide value for money will therefore become even more important in future years.
- 2 In July 2008, the Scrutiny Lead for Excellent Public Services identified early intervention services relating to Children's Social Care as a priority area for review, given the high and growing workload of the service, and the excellent potential early intervention work has both in heightening outcomes for service users and providing value for money.
- 3 Revelations in November 2008 surrounding the 'Baby P' case in the London Borough of Haringey exploded interest in this subject, with the Working Group ('the Group') finding itself focusing on an issue at the forefront of national concern. The field now looks set to have changed irreversibly, with Children's Social Care services in the midst of a changing policy context and under an intense media spotlight.
- 4 The Group was established in September 2008 to review the Council's existing early intervention services in relation to Child Protection and explore the case for extending services from a value for money and customer service perspective. The membership of the Group was politically balanced, comprised of 7 councillors, and was chaired by Councillor Bill Turner.
- 5 The review had four main objectives:
  - To investigate the level of need for Early Intervention and preventative services for Safeguarding Children.
  - To undertake a comprehensive value for money analysis of existing Early Intervention provisions.
  - To undertake comprehensive service mapping of existing Early Intervention services and identify any gaps in existing provisions.
  - To investigate the case for providing additional Early Intervention services and how this could add value.

- 6 The nature of this review meant much attention was focused specifically on the work of our Children's Social Care (CSC) team. Group members were keen to contextualise in relation to other partners in the borough and the approach of neighbouring boroughs. The Group agreed the following timetable and methodology:

**Introductory Meeting (October 2008)**

- Agree scoping document
- Briefing from CSC and discussion – introduction to topic and work of team, investigation of Child Protection needs in the Borough

**Site visits – Duty teams and Children's Centres (December 2008)**

- Investigate current practice and gain an idea of challenges on the ground.

**Value for Money analysis (December 2008)**

- Briefing from CSC and discussion – value for money analysis of current early intervention services and their outcomes for service users.

**Focus group with practitioners (January 2008)**

- Round table discussion with officers (Children's Services, Community Safety and Adult's Health and Wellbeing) and partners (Police, East London NHS Foundation Trust, Extended schools, headteachers, CSC) to hear about local experiences.

**Spotlight on domestic violence and parental mental health (March 2009)**

- A later addition to the work programme, to give additional focus on the local domestic violence and parental mental health context, including service responses and evidence-based options in relation to potential interventions. Both were felt to be areas needing extra attention due to their importance to the recommendations in the Group's final report.

- 7 The review sought to understand the value of existing early intervention services relating to the field of Children's Social Care and to produce recommendations that ensure excellent value for money and optimum outcomes for service users, highlighting good practice both in this borough and elsewhere. The key aim of the Group is to make policy recommendations that support service improvement.
- 8 The Overview and Scrutiny Committee will consider the Group's report and recommendations. It will then be submitted to Cabinet for a response and action plan.

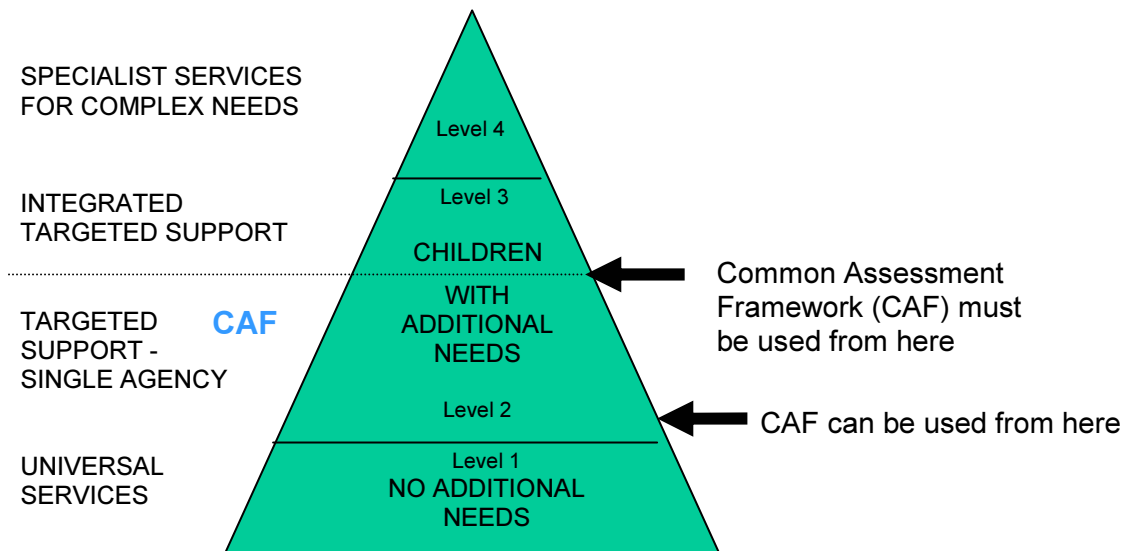
# Findings

## Background

### Definition of Early Intervention

- 9 Early Intervention is a term that eludes exact definition or classification. In its widest sense, 'early intervention' classifies any action that looks to identify problems early and intervene before the potential of the problem is realised, with the aim of producing a positive outcome instead. Early Intervention in relation to children in Tower Hamlets can thus potentially cover such diverse services as the Nurse-Family Partnership, the Family Intervention Project and Warrior Women Personal Safety Training.
- 10 Not only can early intervention potentially cover a host of different services, it can also cover a range of different timings of interventions. Figure 1 illustrates the various levels of a child's need, ranging from "Universal" (Level 1) to "Specialist" (Level 4). This continuum of need highlights the varying service responses required to address different levels of need:

**Figure 1: Triangle of support**



- 11 An immediate problem for the Group and an important conceptual foundation was thus the establishment of a definition of early intervention used for this review.

- 12 The definition of early intervention as adopted by the Wave Trust<sup>1</sup> is instructive here – early intervention is distinguished against primary prevention, where the latter refers to activity “designed to stop a predicted impairment to a child’s health or development before it occurs”. This covers such services as the Nurse-Family Partnership and perinatal care for pregnant women. By contrast, early intervention is defined as starting when the signs of impairment become apparent.<sup>2</sup>
- 13 In the initial scoping document, it was felt that the Group would be able to take a wider focus, and also look at early intervention from the universal level – supporting families before the need for a referral to CSC (from level 1 to 2). Inevitably however not all issues could be considered within the timescale available. Thus whilst the Group received evidence on early intervention from a range of perspectives and outcomes, it has needed to be selective for the purposes of maintaining a manageable focus for the review.
- 14 Therefore the Group defined early intervention as specifically those actions at the targeted end of the needs spectrum (levels 2 and 3). Essentially, this means those interventions that can help a troubled family whose problems are already known to service providers avoid crossing the threshold for statutory intervention. Another important qualification is the Group’s specific focus on the child protection context. Whilst early intervention can relate to a range of potential outcomes such as truancy, psychological illness, teenage pregnancy, delinquency, social deprivation – the Group’s attention has been specifically focused on interventions around avoiding a child needing to be taken into care. This social care context was felt to be particularly important due to the high cost and questionable outcomes for children and families of statutory interventions, and mirrors the Council’s aspiration to do everything it can for families to secure successful outcomes long before any statutory need arises.

## National Policy

- 15 The Every Child Matters: Change for Children Programme underlines as one of its five key priorities that children ‘Stay Safe’. As an umbrella term, this means ensuring that families, parents and carers provide safe homes and stability for children. In its ‘Staying Safe Action Plan’, the government outlines the key commitments it will be taking forward over

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<sup>1</sup> The Wave Trust is an international charity committed to reducing child abuse and interpersonal violence through understanding root causes, and the Trust has undertaken over ten years of global research. The Trust was commissioned by Tower Hamlets to produce ‘Early Intervention and Primary Prevention in Tower Hamlets’ – a discussion document’ - a research project that was conducted for the Borough between November 2007 and May 2008.

<sup>2</sup> Definition from ‘Early Intervention and Primary Prevention in Tower Hamlets’, p. 8.



the current Comprehensive Spending Review period (April 2008 - March 2011) to improve children and young people's safety. These include raising awareness of and promoting understanding of safeguarding issues, and ensuring this work is coherent and effectively coordinated across government. These objectives are reflected at a local level through the National Indicators Set (NIS) for Local Government. There are 16 indicators in the NIS relating to children and young people's safety.

- 16 Sections 10 – 11 Children Act 2004 impose a duty of cooperation between Children's Services authorities and other partners. The aspiration for children's social services is to provide an 'integrated front door'. This means providing integrated services and referral mechanisms across a range of partner agencies, to respond to issues in children's social care earlier. It is hoped that this 'integrated front door' can provide an effective interface between early intervention and statutory CSC involvement, and will ensure that families are responded to appropriately commensurate with the level of the child's needs.
- 17 The aspiration of the 'integrated front door' and 'back door' is that families can be supported without the need for ongoing or episodic CSC involvement, and is a key priority in terms of improving efficiency and outcomes for service users. The aspirations of the 'integrated front door' are to maximise both the effectiveness of Children's Services and improve customer access to them, and therefore form key considerations in the recommendations of this review.
- 18 The Common Assessment Framework (CAF) is a tool designed by the Government to support practitioners as part of the Every Child Matters agenda. The CAF aims to ensure that every young person receives the services they need at the earliest opportunity, through providing a standardised process for undertaking a common assessment. The aspiration is that, by supporting practitioners in identifying and meeting children's needs earlier, the CAF will act as a vehicle through which to inform referrals to CSC, and eventually will lead to a reduction in referrals. The CAF was rolled out across the Borough in July 2007.
- 19 Events in Haringey surrounding the Baby P case, which unfolded during the course of this review, have dramatically altered the landscape for practitioners. The sad circumstances of the Baby P case identified the crucial importance of effective partnership working and communication amongst agencies to secure the safety of children, and the grave consequences when these systems fail. National scrutiny has now been turned firmly on social workers and local authorities, providing a challenging and potentially hostile context for safeguarding work.

## The Tower Hamlets context

- 20 The 2008 Joint Area Review (JAR) of Children and Young Peoples' services found Safeguarding to be 'good' overall, with Early Intervention and preventative services praised for offering a wide range of effective support. As detailed in the Children's and Young People's Plan, the local vision is that:

"we want our children and young people to grow up free from harm, fear and prejudice. This means ensuring that children are effectively safeguarded from the risk of harm and neglect, reducing the involvement of young people in crime, both as victim and perpetrator, and protecting young people from bullying and harassment".<sup>3</sup>

- 21 In 2005, Tower Hamlets was awarded Beacon status for our innovative work around Early Intervention – Children at Risk. Key factors described as underpinning the authority's success in this Beacon round were a clear focus on outcomes, strong partnership working through the Social Inclusion Panel and Local Strategic Partnership, and a commitment to inclusion and innovation.<sup>4</sup>

- 22 Although the Council has continued to achieve considerable success in the field of early intervention, officers and Councillors recognise that there are still important possibilities for improvement. The Council is firmly committed to improving outcomes for all Tower Hamlets children, particularly those who are vulnerable and who are often a hidden section of the community. The aspiration is that we raise our goals even further and to develop innovative, proactive and effective approaches.

## **Levels of need**

### Workload of the Children's Social Care team/forecasting

- 23 The Group heard compelling evidence that the CSC team is experiencing a high and sharply increasing workload.
- 24 In the past two years there has been a significant rise in referral activity – in 2007/8, a rise of 38.5% was recorded, and trends from 08/09 suggest this activity is being maintained. In response to the queries of Group members, one explanation offered was the heightened awareness of partners and the community of Child Protection issues and the need to intervene earlier by referring to CSC. The reclassification of thresholds relating to domestic violence, from neglect to emotional harm, was also

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<sup>3</sup> Children and Young People's Plan (CYPP) 2009 – 12

<sup>4</sup> Tower Hamlets Beacon Submission – Early Intervention: Children at Risk (2005).

suggested as a reason for the particular increase in domestic violence referrals.

- 25 Figure 2 gives a snapshot comparison of increased demands on the CSC team between 2006 and 2008. In 2007/8, there were 300% more initial assessments made by CSC than in 2006/7, with the number of core assessments undertaken also rising by 59% in the same period. There has been a significant rise in child protection activity relating to section 47 enquiries started,<sup>5</sup> and high referral figures have been exacerbated by a 44% rise between 2006/7 and 2007/8. Trends for 2008/09 suggest that the rise in referrals, completion rates for Initial Assessments and Core Assessments, and numbers children in need of a Child Protection Plan will all be maintained, if not exceeded.<sup>6</sup>

**Figure 2 - Interim Data Comparison (1.4 – 31.03)**

<b>Year</b>	<b>No of referrals</b>	<b>Total number of Initial Assessments completed</b>	<b>Total number of Core Assessment completed</b>	<b>Total number of £47 enquiries</b>	<b>Total no of children in need of a Child Protection Plan at the end of the reporting year</b>
2006/07	1794	707	601	233	189
2007/8	2582	2564	956	324	234

- 26 It was envisaged that the CAF will better inform referrals to CSC, and in some cases eliminate the need for them where no child protection needs exist and support can be provided by partners working together. It is evident however that the role-out of the CAF has not yet led to a reduction of referrals. As identified in the JAR, there is a need for some developmental work to support the use of the CAF.
- 27 The impact on CSC is increasing workload and complexity for front line teams in terms of assessment activity and strategy discussions. The service is also experiencing a bottle-neck in transferring cases from Assessment to Fieldwork teams. Whilst the high level of referrals is being maintained, and CAF making little tangible reduction to referrals, the rate of work coming into CSC is not being matched by the volume of work going out. What this means is that there is a greater volume of work being maintained by CSC teams.

<sup>5</sup> Where an initial assessment indicates a child is suspected to be suffering, or is likely to suffer, significant harm. local authorities are obliged under s47 of the Children's Act 1989 to make enquiries so as to determine whether or not they need to take action to safeguard the child.

<sup>6</sup> Cabinet Budget 2009/2010 Document Pack (Wednesday 11<sup>th</sup> February 2009), Appendix E2 'Children's Fieldwork Budget', pp. 74 – 79.

- 28 Baby P has exacerbated these figures, leading to a pronounced increase in referrals to CSC. In recognition of this, in April 2009 the Cabinet adopted proposals from Lord Laming's report into child protection, limiting the maximum caseload of social workers. Combining increased public attention with predictions of an even larger children's population in Tower Hamlets over the next decade, current projections forecast a sharply increasing workload for CSC in the next few years.

## **Value for money**

### Costs versus outcomes

- 29 In analysing the value for money of Early Intervention it is impossible to give clear and incontrovertible evidence about what would have happened if these arrangements had not been in place. It has therefore been a key conceptual challenge in presenting evidence for this review to understand how various different costings can be used to give such an analysis.
- 30 The value of Early Intervention needs to be considered from the perspective of outcomes achieved for the children and families involved – a cost analysis means little if it is not supported by evidence that interventions are securing the best possible outcomes for the community. This consideration of cost versus outcomes is key to the review's definition of what value for money constitutes, and forms the crux of the framework around which value for money will be investigated.
- 31 The general principle that it is not only important, but crucial to intervene early in securing the five Every Child Matters outcomes for children is well-documented. Analysis shows that early intervention can be highly cost-effective,<sup>7</sup> and MacLeod and Nelson (2000), build upon this premise with the summary observation that "the earlier the intervention the better".<sup>8</sup> By intervening earlier and strengthening protective services, the number of children requiring the support of CSC services should be reduced. The aspiration is to maximise the services at an earlier stage and reduce referrals, thereby allowing CSC to focus on the statutory functions.

### International research

- 32 There is a wealth of international evidence posing the value for money case for early intervention such as Head Start (USA), Triple P and Sure

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<sup>7</sup> LBTH Family Support and Parental Engagement Strategy, 2007 – 8, pp. 5 – 6.

<sup>8</sup> Wave report, p. 8.

Start Family Programmes. Family-Nurse Partnership (USA) and Head Start give particularly strong evidence of the value for money case – families where intervention is delivered early have much lower costs in the long-term.

- 33 As an example Head Start, upon which the UK Sure Start programme is based, is a child development programme with the overall goal of increasing the school readiness of young children in low-income families. Returning to our definitions of early intervention (point 11 above), Head Start, which caters for families with children from three to school age, can be described as early intervention, as opposed to Early Head Start, which is aimed at families with infants and toddlers, and pregnant women, and thus is better described as primary prevention. Having run since 1965, the project has attracted long-term research into outcomes and gives us clear messages about the value for money case of early intervention.
- 34 Overall it has been found that the benefits of Head Start amount to between \$2.50 and \$10 for each \$1 invested. This cost finding can be accounted for in various ways. Olds (1993)<sup>9</sup> found that home visiting paid itself back within 4 years, with the next 11 years of home visiting thereafter, before the child reaches adulthood, amounting to clear gain in financial terms and social benefits for both the individual child and the wider community. In a similar fashion, it has been found that parenting training proved highly cost effective in reducing crime, as it has proven to be much cheaper than teenage supervision or prison.
- 35 In a similar fashion, it has been found that parenting training proved highly cost effective in reducing crime, with parenting training proving much cheaper than teenage supervision or prison.

### Local evidence

- 36 To help measure value for money the Group was given a number of different costing measures to gain an insight into the local context.
- 37 **COSTING EXAMPLE 1: Helping a family avoid eviction for ASB**
- Intervention 1: Solution Focused brief therapy (through Educational Psychologists in Children's Centres) costs on average £550 per family.
  - Intervention 2: Strengthening Families Strengthening Communities costs £684 per participant

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<sup>9</sup> David L Olds et al, Effect of prenatal and infancy nurse home visitation on government spending, Medical Care 31:2, pp. 155 – 174.

- Intervention 3: Family Intervention Programme (FIP) costs approximately £10,000 per family. So far no family on the FIP programme has been evicted from their home.
- Housing an evicted family costs £300 per week/at least £15,600 a year.
- Whilst none of these interventions is guaranteed to stop ASB and consequent evictions, families have reported that interventions have made a positive difference to their lives.

#### COSTING EXAMPLE 2: Cost of looking after children

- Average unit cost for a looked after child – £969 per week.
  - This excludes social worker and administration time, the cost of preparing a report, supervising the social worker costs and managing the independent review process.
  - In total, unit costs tend to be far in excess of £1,000 per week.
  - In Tower Hamlets there is a growing proportion of looked after children who are adolescents.
  - Research has indicated poorer outcomes for looked after children in adolescence, in terms of educational attainment, mental health problems, crime and teenage pregnancies.
  - Implication – taking children into care is a very costly intervention that struggles to deliver real benefits and thus emphasising the importance of intervening earlier.
- 38 Whilst the general principle that intervening earlier provides value for money and better outcomes was proved, it was brought to the Group's attention that the rise in activity within CSC, as described above at points 24 – 9, has occurred in a context of zero changes to CSC frontline resources. A FTE (full time equivalent) social worker with experience costs the borough £46,687 per year. Currently there are 69 baseline social work posts delivering services to 1627 children, a ratio felt by CSC to be unsustainable in light of static resourcing to the service.
- 39 Overall, the Group heard tangible evidence that intervening early – i.e. before the need to take children into care arises – is both cost effective, and produces better outcomes. The Group heard of the importance of supporting children at pre-school age, as intervening late is more costly and does not deliver better outcomes. In the medium term, there is a need to develop further capacity around hard to reach, complex families to prevent the need for highly expensive specialist services. This means developing capacity at the specialist and more targeted ends of the needs spectrum. It was this need that the Group focused on in formulating the recommendations of this report.
- 40 The Group welcomed the Cabinet's decision to invest a further £661,000 into CSC this year, in recognition of sharply increasing demands on the service.

## Service mapping

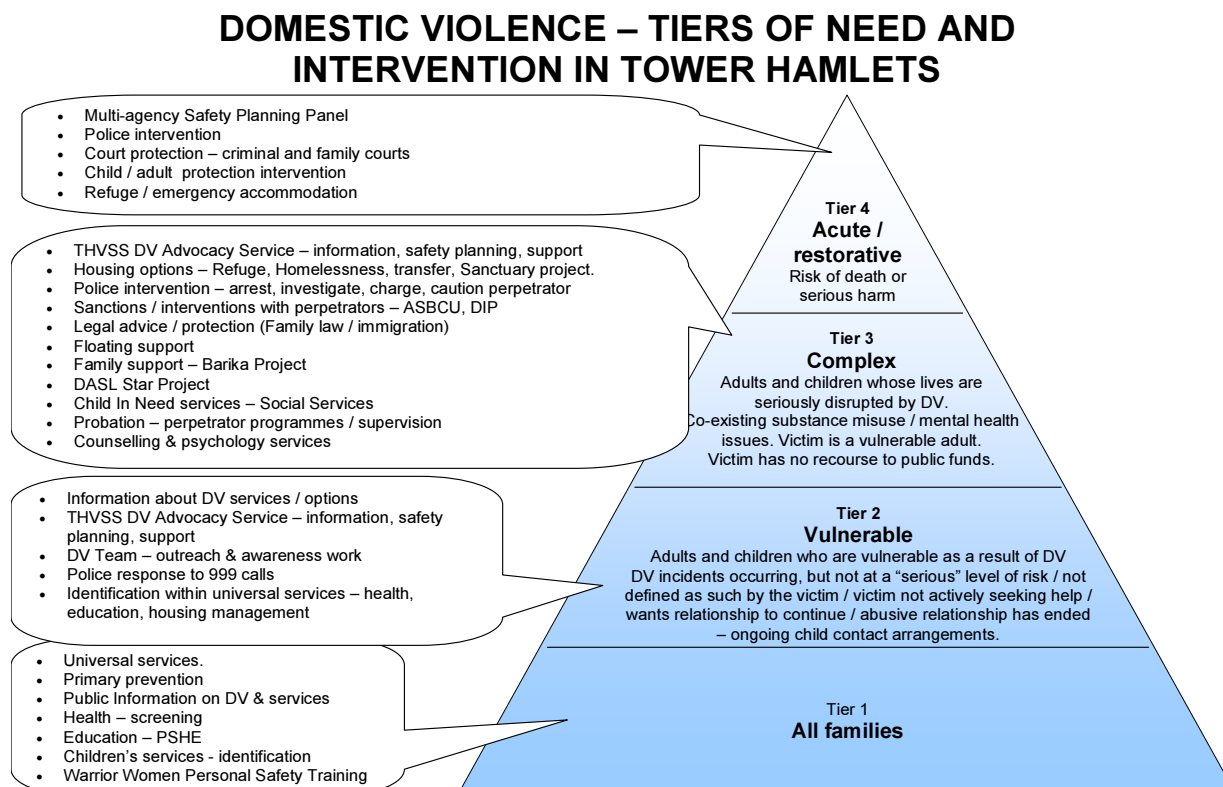
- 41 A consistent theme raised throughout the review was that better linkages need to be made between the CSC team and a number of key services areas, and how this could help to improve the efficiency and effectiveness of services to children and families.

## Domestic Violence

- 42 The Group heard on a number of occasions compelling evidence that there has been a sharp rise in numbers of referrals to CSC linked to domestic violence. Child protection cases involving domestic violence are also on the increase. According to practitioners' knowledge, the Group also heard that there may be an underestimation in the statistics of children living with domestic violence.
- 43 The “Co-ordinated Community Response” is an umbrella term for actions aimed to prevent domestic violence and reduce the harm it causes by
- increasing safe choices for adults and children
  - holding perpetrators to account, beyond the police response
  - reducing social tolerance of domestic violence and challenging inaction by individuals and agencies.

A summary of current interventions is summarised in Figure 3 below:

**Figure 3 – Tiers of need and intervention to domestic violence in Tower Hamlets**



**PREVENTION ~ PROTECTION ~ SUPPORT: A CO-ORDINATED COMMUNITY RESPONSE**

- 44 As the figure indicates, currently there is a lot of work being undertaken in the Borough. However the Group repeatedly heard that there is more we could be doing to provide targeted service to children living in families suffering domestic violence, as well as to domestic violence perpetrators.
- 45 Working with the male perpetrators of domestic violence was identified as an area worthy of special attention. The Group heard from officers that the idea of taking the, often male, perpetrator out of the home is not always the best solution. However offering services to male perpetrators of domestic violence is a gap in our current provision. This was further highlighted in both the practitioner focus group and the session on domestic violence. Members agreed they would like to see an appropriate perpetrator programme established for violent men, but believed that the primary beneficiaries of such a programme should be children.

### **Recommendation**

- R1 That the Council develops targeted services to work with families and perpetrators of domestic violence, particularly male perpetrators.

- 46 Members were particularly interested in the links between social tenancies and Domestic Violence convictions, and heard evidence that male perpetrators will often remain in the home once a female victim has left for her own safety. Members voiced concerns about the equity of this situation and suggested that in the case of criminal action being taken against a perpetrator of Domestic Violence, landlords should consider action against the perpetrator.
- 47 The Group accepts that this is a complex area of policy, in that evicting a domestic violence perpetrator may lead to undesirable consequences such as re-offending. The Group is keen that this area is explored more fully so that the potential of using tenancy conditions to hold Domestic Violence perpetrators to account is understood more completely.
- 48 The Group is also keen that the potential benefit of publicising actions taken against perpetrators is explored. This again is a complex issue, given the risk of a whole family being identified through publicising the perpetrator. Members are keen that the potential benefit in sending the message to all potential perpetrators that their behaviour will not be tolerated is explored further, mindful of the impact on children and families.

### **Recommendations**

- R2 That the Community Safety team in conjunction with the Resident Social Landlord (RSL) forum and Tower Hamlets Homes explore options for using tenancy conditions to hold Domestic Violence perpetrators to account.



R3 That the Community Safety team in conjunction with Children's Services and the Partnership give active consideration to publicising actions taken against perpetrators when safe to do so, through selection of appropriate cases.

49 The map of contact points between the CSC team and the Domestic Violence team is growing more complex due to changes in guidelines and proliferation of services. A constant theme throughout the review was the importance of partnership links. It is crucial for CSC and Domestic Violence services to be able to locate related services and maintain a working relationship with them so that referrals and partnership working can be successfully managed.

#### **Recommendation**

R4 That a piece of work is undertaken by Children's Social Care and the Domestic Violence team to chart the links between Domestic Violence and children's services in the borough.

### Parental Mental Health issues

50 The Group heard that a high proportion of parents of looked after children have a history of substance abuse, mental health problems and/or domestic violence issues. Nationally, the proportion of adult mental health service users who have children under the age of 18 is estimated at between 25 and 50 per cent.<sup>10</sup> In Tower Hamlets, the proportion was found to be between 30 and 35 per cent, or approximately 600 children. Practitioners in Children's Centres in the Borough also commented that they witnessed a high proportion of cases involving parental mental health issues.

51 Children living with a parent with mental health problems are affected in a variety of ways, and exposed to a catalogue of risks including: behavioural problems, physical health risk, psychological health risk, academic underachievement, dysfunctional social relationships and bullying. Members of the Group expressed concerns, based on their own knowledge, that the numbers of children living with a parent with mental illness are greatly underestimated.

52 For this reason, the interface between Adults' Health and Wellbeing and CSC is important, to ensure that practitioners in both fields feel confident about handling cases where there are both adult mental health needs and related child protection issues. A key element in strengthening this

<sup>10</sup> Gopfert et al, 1996; Falkov, 1998.

interface involves ongoing work on the formulation of protocols between Adults' Services and Children's Services, and once agreed, ensuring they are embedded robustly in each service.

- 53 It is estimated that 6 per cent of parents of looked after children have a history of mental health issues, which is believed to be a conservative estimate. Given that the annual cost of housing a child in an independent residential placement has been calculated at £114,000, an important value for money argument can be made for extending services to families where parents have a mental health issue, long before the need to take a child into care arises.

#### **Recommendation**

- R5 That the Council explores ways support to parents with mental health problems could be increased.

- 54 At the focus group session, mental health professionals in Adult's Health and Wellbeing described the difficulty of balancing the welfare of the adult – their primary professional consideration – with concerns about the welfare of children. Having a dedicated Children's and Adult Mental Health worker (CHAMP) within mental health teams has proved a success, affording more confidence to practitioners in addressing the needs of children living with adults with mental illness, and a better service for the children themselves. Activities undertaken by the CHAMP worker include:

- direct work with children;
- liaison with schools and CSC;
- arranging holiday provision for children;
- engaging families with outside agencies working with children

Practitioners advocated strongly that the number of CHAMP workers be increased to allow this work to be extended.

- 55 Members were impressed by the CHAMP model of working and suggested that further strengthening of the interface between Adult's Mental Health services and CSC is undertaken, particularly in relation to the Community Mental Health Teams (CMHTs). Members considered examples when an adult receives services from the CMHT but there is no referral to CSC. They questioned the safety of this response.

#### **Recommendations**

- R6 That Adults' Health and Wellbeing in conjunction with Children's Services undertake an audit of cases in which an adult receives services from the CMHT and where no referral was made to Children's Social Care.

R7 That a review is undertaken on how the needs of children from CMHT areas not covered by a Children's and Adult Mental Health (CHAMP) worker can be addressed using a similar model, within budgetary constraints.

### Parental substance abuse issues

- 56 The Group heard that a high proportion of parents of looked after children have a history of substance abuse, mental health problems and/or domestic violence issues.
- 57 Whilst the Drug and Alcohol Action Team is very active locally, a gap in service provision was identified by the CSC team relating to services supporting children in families where there is a history of substance misuse. Currently, there is only one such pilot programme in operation – AdAction. The Group also heard evidence that working relationships between agencies could be strengthened.
- 58 Intervening earlier where substance misuse issues are prevalent has an important value for money angle. Support can be given before a statutory need arises, and therefore avoid the need for ongoing or repeated CSC involvement. In Tower Hamlets 11 per cent of parents of looked after children have a history of substance misuse, and we know that the annual cost of housing a child in an independent residential placement has been calculated at £114,000. This poses a persuasive value for money case in extending support services for parents with substance misuse problems.

### **Recommendation**

R8 That further analysis be undertaken to identify how the needs of parents with substance misuse problems can be targeted. Further to this, funding will need to be identified to allow increased support is available to vulnerable parents.

## **The relationship between Children's Social Care, the Council, and wider partners**

### Information systems

- 59 At the practitioner focus group, the Group heard about how communication issues were central to the success of partnership

working. A particular barrier to fluent communication was identified in the workings of the IT systems between different agencies. For example, health professionals cannot access case files on central systems if they are not registered as a London Borough of Tower Hamlets worker. It was suggested that different database and information systems in use by the Council and its partner agencies be charted, and continuing attention be given to how these could be better integrated.

- 60 Whilst aware of the importance of data protection and confidentiality, Members feel that consideration of appropriate access requirements and information sharing arrangements needs to be given, both for the safety of children and to minimise duplication and time wastage for busy staff. Improving the efficiency of service delivery in this way also has an important value for money benefit, in ensuring efficient use of resources and optimum use of valuable practitioner time.
- 61 The Group learnt about Contact Point – an online directory that will be introduced next year in Tower Hamlets – that will make it quick and easy to find out who else is working with the same child or young person, making it easier to deliver more coordinated support. Contact Point is known to be an effective system and should greatly aid the fluency of communication between agencies. For this reason it is important that all partners are signed up to this directory, which will improve information sharing and knowledge, and ultimately work towards securing better outcomes for children in the Borough.

#### **Recommendation**

- R9 That the Council works with partner agencies to ensure the successful launch and management of the Contact Point system to provide a more effective early intervention service.

#### Customer Service and the Integrated front door

- 62 A key concern of the Group has been how services can be delivered more efficiently and cost-effectively through intervening earlier and improving partnership working. These considerations have led the Group to consider what increased efficiency looks like from a customer service perspective, and how the 'integrated front door' could be implemented successfully in practice.
- 63 At the practitioner focus group it was generally felt that cluster working is positive and should be continued. A community base for services would be more productive rather than having them centralised. It was also suggested that the integrated front door could take the form of a local one-stop shop, where families could access a range of support services

from one base. This could really help develop relationship between the various agencies and the clients. Issues around co-location were discussed and it was felt that this was neither feasible nor practicable – rather practitioners should work from local centres to deliver to families. Extended schools would be the ideal local centres from which to deliver these services, as long as they are well-resourced.

#### **Recommendation**

R10 That the Children’s Services in conjunction with the Tower Hamlets Partnership further develops localisation of services through clarifying pathways between delivery and local centres and extended schools, and the wider integrated front door.

- 64 At many points during the review it was highlighted that the success of interventions depends on the strength of relationships built with families. As child protection issues are never just about the children themselves, but children who are living within troubled families, engaging adults is crucial to secure good outcomes for the children involved.
- 65 Often if the case is complex there will be many professionals involved. Having one lead contact for the family would not only simplify matters from the service user perspective but would improve communication and help foster a relationship of trust.
- 66 Similar to other London boroughs, Tower Hamlets is experiencing challenges relating to recruiting and retaining high quality staff. Partners raised concerns about how to address continuity issues arising from the frequent turn-over of social workers. Having one lead professional would help manage any change-over in case workers, particularly from the point of view of the families involved.
- 67 Whilst the CAF is being rolled out, there is also still a need to support professionals within ‘Teams Around the Child’ and multi-agency working teams, and having a designated lead professional would assist in providing support.

#### **Recommendation**

R11 That Children’s Services work with Children’s Centres and other key partners to explore development of a model to have a designated lead professional for families, allowing them one point of contact amongst the many professionals that may be working in partnership.

#### Communication

- 68 Members considered that excellent work is done with vulnerable children and families, both by statutory social care services and other partner agencies. Given the current climate following the Baby P case, there has been a proliferation of negative and hostile of stories in the local and national media about social workers. Members believe the Council could be trying to do more to celebrate the achievements of our safeguarding work. Greater recognition would raise the morale of staff, provide more reassurance to families and service users, and reassure the wider community of the quality of our local service.

**Recommendation**

- R12 That the Children's Services work with Communications to be more proactive in identifying and publicising excellent practice from both statutory social care services and other partner agencies in protecting vulnerable children.

**Role of Members**

- 69 Members were generally supportive of the Corporate Parenting Steering Group, but noted that there is no comparable unit which oversees and audits safeguarding work more generally, especially with regard to children who are subject to Child Protection plans. Whilst aware that this is a particularly sensitive and confidential area of the Council's work, Group members felt that greater Member oversight and scrutiny of this work could be taking place.
- 70 In April 2009 the Cabinet, in consideration of the Safeguarding Children's Board Annual Report 08/09 and Lord Laming's report into child protection, enthusiastically supported proposals for more training for members in Children's Safeguarding, and for an enhanced role for councillors in scrutiny of this work.

**Recommendation**

- R13 That the Children's Services, and particularly Children's Social Care, work with Members to explore ways of further involving Members in the overview and audit of safeguarding work.

- 71 Members particularly welcomed the opportunity this review afforded to consider value for money in key Council services, given that these considerations are at the core of resident satisfaction. Members considered that this element of the scrutiny review process could be

extended, to help develop a better understanding of the relationship between value for money and improved service delivery – and particularly how this issue could be communication clearly to residents. This area of work would clearly sit within the remit of the Scrutiny Lead for Excellent Public Services.

**Recommendation**

R14 That the Excellent Public Services Scrutiny Lead should undertake a further piece of work in 2009/10 which focuses more explicitly on value for money and improved service outcomes, and how this message can be delivered effectively to the community.

## Conclusions

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- 67 The Group welcomed the timeliness of this review, given the current climate and the strong pressures being placed on councils across the country to review their safeguarding arrangements.
- 68 Members found that there were already numerous examples of excellent practice both within the Council and across partner agencies, and applauded the dedication of officers in earning Tower Hamlets its reputation for innovation and excellence in this field.
- 69 Members gained a strong impression of the crucial importance of the interfaces between services, given that Child Protection issues concern not just the child themselves, but families as well. Whilst much of the strategic thinking concerning early intervention, partnership working and the integrated front door are well-developed, the challenge remains in constantly shaping these concepts into tangible realities. The strategic coordination of services is still one of the key challenges, and the majority of the recommendations arising from the review look to address these challenges. As ever, strengthening and developing real and effective partnerships will be crucial to our future success.



## Scrutiny and Equalities in Tower Hamlets

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To find out more about Scrutiny in Tower Hamlets:

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# Agenda Item 8.5

<b>Committee</b>	<b>Date</b>	<b>Classification</b>	<b>Report No.</b>	<b>Agenda Item No.</b>
<b>Overview and Scrutiny</b>	<b>5 May 2009</b>	<b>Unrestricted</b>		<b>8.5</b>
<b>Report of:</b> <b>Assistant Chief Executive</b>		<b>Title:</b> <b>Overview and Scrutiny Committee Annual Report 2008/2009</b>		
<b>Originating Officer(s):</b> <b>Afazul Hoque, Acting Scrutiny Policy Manager</b>		<b>Ward(s) affected: All</b>		

## 1. Summary

- 1.1 This report provides a summary by Scrutiny Lead Members of their Overview and Scrutiny work during the civic year 2008/2009. It forms the basis of the Overview and Scrutiny Annual Report that will be reported to full Council and circulated more widely early in the new municipal year.

## 2. Recommendations

Overview and Scrutiny Committee is asked to:

- 2.1 Consider and comment on the draft annual scrutiny report to Council
- 2.2 The Service Head, Scrutiny and Equalities be authorised to agree the final report before its submission to Council, after consultation with the Chair and relevant Scrutiny Leads.

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### LOCAL GOVERNMENT ACT, 2000 (SECTION 97)

#### LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background paper

Name and telephone number of and address where open to inspection

Annual Scrutiny Report File in Scrutiny Policy Team

Afazul Hoque  
020 7364 4636

### **3 Report**

- 3.1 Overview and Scrutiny Committee co-ordinates all of the scrutiny activity within the Council. As well as the Chair of Overview and Scrutiny Committee, there are six Scrutiny Leads: one each for the five new Community Plan themes, with a further Lead for Excellent Public Services. Under the Council's Constitution, Overview and Scrutiny must submit an annual report of its work to Council. This is attached as a draft at Appendix 1.
- 3.2 The Annual Report outlines the work both of the Committee and of the Scrutiny Leads and their working groups over the last year. This highlights the constructive policy development role that scrutiny undertakes through its reviews. It also outlines the ongoing progress that has been made in embedding overview and scrutiny within the Council. Pre-decision scrutiny of Cabinet reports continues to encourage greater debate around key issues, while call-ins have been debated in a robust and rigorous manner at Overview and Scrutiny Committee. The majority of the work programme agreed at the start of the year has been delivered.
- 3.3 The Annual Scrutiny report will be submitted to the first full meeting of Council in the new Municipal Year (15 July 2009). Following the report to Council, it will be circulated widely within the Council and across to its partners. A summary article will also be placed in Eastend Life.

### **4 Concurrent Report of the Assistant Chief Executive (Legal Services)**

- 4.1 Article 6.03 (d) of the Council's Constitution provides that the Overview and Scrutiny Committee must report annually to full Council on its work. The report submitted to Council following this consideration will fulfil that obligation.

### **5 Comments of the Chief Financial Officer**

- 5.1 There are no financial implications arising from this report.

### **6 One Tower Hamlets Consideration**

- 6.1 Equal opportunities are central to the work of the Overview and Scrutiny Committee. A number of reports and reviews have specific equalities themes including End of Life Care, Child Poverty and Alcohol Misuse Amongst Young people.
- 6.2 Anti-poverty is central to some aspects of the work of the Overview and Scrutiny Committee particularly the review undertaken by the Scrutiny Lead on Child Poverty and Affordable Homeownership looks at reducing inequalities and improving putcome for our local residents.

### **7 Sustainable Action for a Greener Environment**

- 7.1 There are no direct implications.

### **8 Risk Management**

- 8.1 There are no direct risk management implications arising from this report.

Appendix 1 Overview and Scrutiny Annual Report to Council

**DRAFT**

**Overview and Scrutiny  
Annual Report**

**Tower Hamlets Council  
May 2009**



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## Overview and Scrutiny in Tower Hamlets

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Overview and Scrutiny looks at how the Council and its partners deliver services so that they meet local needs and contribute to the overall vision in the borough's Community Plan. It also monitors the decisions made by the Council's Cabinet to make sure that they are robust and provide good value for money.

Overview and Scrutiny has statutory powers to review and scrutinise local health services and make recommendations to NHS bodies. It also considers other issues of concern to local people, including services provided by other organisations, and advises the Cabinet, Council and sometimes other partners, on how those policies and services can be improved.

### Membership

The Committee coordinates all Overview and Scrutiny work. Reflecting the overall political balance of the Council during 2008/09 the Committee's membership comprised seven Labour councillors, two Conservative councillors and one each from the Respect and Liberal Democrat parties.

As well as the councillors, five other people served on the Committee. They have specific responsibilities for education. There were two representatives appointed by the Anglican and Roman Catholic Dioceses. There were also two parent governors. Each of these representatives can contribute to any matters discussed by the Committee but they can only vote on education issues. The final member was a non-voting representative of the Muslim community for education issues. The decision to have this position was a local one in recognition of the large Muslim community in the borough.

### Scrutiny Chair and Leads

The Chair of the Committee in 2008/09 was Councillor Abdul Asad. The Chair oversees the work programme of the committee as well as taking a lead on monitoring the Council's budget.

There are six 'Scrutiny Leads' one for each of the themes in the Tower Hamlets Community Plan, with a further lead on Excellent Public Services. These have been agreed this year following the refresh of the Community Plan and the introduction of new themes. The Scrutiny Leads were:

- Cllr Bill Turner (Labour) for "excellent public services" focusing on improving public services to make sure they represent good value for money and meet local needs and Vice-Chair of Overview and Scrutiny Committee.
- Cllr Abdul Aziz Sardar (Labour) for "prosperous community" focusing on raising educational aspirations, expectations and achievement, and bringing investment into the borough and ensuring residents and businesses benefit from growing economic prosperity .
- Cllr Waiseul Islam (Labour) for "great place to live" focusing on improving housing and the environment and providing a wide range of arts and leisure services.
- Cllr Shiria Khatun (Labour) for "Safe and Supportive" focusing on reducing crime, making people feel safer and providing excellent services to the borough's most vulnerable community.
- Cllr Ann Jackson (Labour) for "One Tower Hamlets" focusing on reducing inequalities and improving community cohesion through community leadership.
- Cllr Dr Stephanie Eaton (Liberal Democrats) for "healthy community", through the Health Scrutiny Panel, focusing on improving local health services and the co-ordination of different health service providers within the borough

The Scrutiny Leads actively promote the work of Overview and Scrutiny with residents, partners and other stakeholders. They also pick up any relevant issues on behalf of the Committee as a whole and led the working groups within their theme.

There are four non-executive Members who also sit on the Committee. These were:

Cllr Abjol Miah

Cllr Oliur Rahman

Cllr Ahmed Hussain – December 2008 – May 2009

Cllr David Snowden - December 2008 – May 2009

They have contributed both to the work of the Committee and Scrutiny Review Groups. In particular their contribution on the call-ins, scrutiny spotlights and performance monitoring have been really useful in holding the Executive to account and also ensuring that our services meet the needs of our local residents. They have also been actively involved in a number of the Scrutiny Review Working Groups and have contributed to the formation of a number of recommendations from those groups.

### **What does Overview and Scrutiny do?**

The Committee:

- looks at how the Council is performing by monitoring key strategies and plans
- looks at the Council's budget and how it uses its resources
- sets up time-limited working groups to look at issues in depth and make proposals for change. Suggestions for topics may come from elected Members, full Council, the Cabinet or from local organisations and residents.
- considers decisions made by the Cabinet that are 'called in'. This happens if there is concern about the decision or what information was considered
- reviews briefly the reports that are going to Cabinet for decision and raises any concerns.

As the Committee has such a broad responsibility, it focuses on a number of key priorities each year. These make up an annual work programme for each of the Scrutiny Leads. For each area there is usually one in-depth review, as well as other shorter pieces of work.

### **Health Scrutiny**

The Government has given local councils specific responsibilities to scrutinise health services. The Health Scrutiny Panel was set up to do this and can look at any matter relating to health services within the borough, including hospital and GP services, health promotion and prevention. This includes the way that health services are planned, how services are provided and how NHS organisations consult with local people.

Under the Healthcare Commission's new Annual Healthcheck for all NHS trusts, the Health Scrutiny Panel can comment on local Trusts' declarations against 24 Core Standards. These cover seven areas: safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities and public health. There is also a duty on local health services to consult with the Health Scrutiny Panel if they are making substantial changes to services.

### **Annual Report**

This report provides a brief summary of the work of Overview and Scrutiny in 2008/09. Each member of the Committee outlines the work that they have undertaken both in the reviews that they have led and also their work on the Committee.



## Overview and Scrutiny Committee Councillor Abdul Asad, Chair

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This is the fifth year since we changed our arrangements for Overview and Scrutiny in Tower Hamlets. These arrangements include:

- a single co-ordinating Overview and Scrutiny Committee
- five Scrutiny Leads scrutinising the new Community Plan themes and one for Excellent Public Services
- pre-decision scrutiny of Cabinet reports
- performance monitoring by considering the Tower Hamlets Index, Strategic Plan, the Diversity and Equality Action Plan, Corporate Complaints and Members' Enquiries
- a robust call-in procedure

We agreed a challenging and extensive work programme in July 2008 and I believe we have delivered on the majority of it. Over the year, we regularly monitored our progress to make sure we remained on track to complete our work.

This year, we have improved significantly the engagement with Lead Members at Committee. They have presented the majority of reports within their portfolio that the Committee considered, as well as responding to call-ins. This is really important in making sure we hold the Executive directly to account and encouraging more discussion and debate among councillors.

There has also been a good level of engagement with the public. Firstly, the majority of our reviews sought the views and experiences of local people through visits and focus groups. And secondly, a number of deputations were made by members of the public at Committee, usually related to a call-in that was being considered.

### **Performance Monitoring**

We monitor the Tower Hamlets Index (THI) regularly, quarterly the Council's Strategic Plan and twice a year we monitor the Diversity and Equality Action Plan. We are the only formal councillor forum that does this and it's important in making sure that our services are performing well. I believe this worked effectively and helped Overview and Scrutiny understand and comment on the wider performance of services - a key part of improving the quality of life of local people.

We also had monthly Scrutiny Spotlights at our Committee meetings for the Cabinet Members including the Leader and Deputy Leader of the Council. At all the sessions Lead Members discussed the performance and challenges facing services in their area of responsibility. This was particularly useful for us to discuss issues of concern and suggest ways performance could be improved. It also helped involve Lead Members more in the scrutiny process and several of them commented how useful they found the opportunity to discuss policy and performance issues with non-executive councillors at Committee. The Leader of the Council at his spotlight session commented that "*Overview and Scrutiny made a valuable contribution to the work of the authority, both through detailed reviews and comments on items referred to and from Cabinet*".

The Committee consistently challenged Cabinet Members on areas of underperformance, including anti-social behaviour, provisions for young people and perhaps most importantly on recycling. This last area was subject to a full-scale scrutiny review in 2006/07, and the committee was determined that the Council continues the improvement in recycling rates within the borough.

We also considered the Council's annual Corporate and Social Care Complaints report and an update on the Members' Enquiries system and performance. All councillors were pleased to see the improved performance in responding to both complaints and Members' enquiries. Councillors take up many complaints each year, and getting a quick and full response is an essential part of that work. We welcomed the on-going work the Council was doing with local Registered Social Landlords and other partners to improve their performance and quality of response on Members Enquiries.

### **Policy Framework**

Within the Council's Budget and Policy Framework there are a number of key policy documents that set out how the Council will act. The Overview and Scrutiny Committee consider these before Council agrees them and this year we discussed the following:

- **Tower Hamlets Community Plan to 2020 and Local Area Agreement( LAA)**  
The Committee welcomed the new Community Plan to 2020 and the areas identified in the LAA. The Committee highlighted that the lack of figures on some of the targets within the Community Plan proved difficult to understand and scrutinise. The Committee also reinforced to Cabinet the importance of increasing social rental housing and ensuing affordable housing within the borough is affordable for residents in this borough based on the average income. The Committee also believed that the Council should be benchmarking itself against other Boroughs, particularly the leading performers in each area, and thus driving forward its own goals and performance.
- **Crime and Drugs Reduction Partnership Plan 2008-2011**  
The Committee welcomed the Plan and noted that crime still remained a major concern for local residents in the Annual Residents Survey. Members commented that in line with the Community Plan theme of One Tower Hamlets this strategy should also refer to the needs of all communities rather than individual communities. Concerns were also raised about the limited consultation undertaken as residents input into this key strategy are vital to ensure it reflects the needs of all the community. The importance of up-to-date data was also highlighted in setting appropriate and ambitious targets. Members felt resident satisfaction survey on the police such as the annual residents' survey would be useful to help set appropriate targets for this plan.
- **Children and Young People's Plan 2009-10**  
The Committee welcomed the Plan and thanked the Lead Member for Children's Services and Officers for the extensive work that had gone into developing the plan. We raised a number of issues for Cabinet to consider which included the need to be more explicit about how to tackle bullying especially homophobic bullying, and about the support available for 11-13 year olds which was a very important time of transition for young people. The Committee raised concerns about inter-generational worklessness and felt that the Plan should outline how this problem was being addressed and how young people were supported to be successful.

## Scrutiny of the Budget

We considered the Council's budget at two of our meetings.

In July we considered the Resource Allocation and Budget Review 2009/10 – 2010/11 and supported the Council's approach in recognition of the strong financial management. However, we made the following observations for consideration by Cabinet:

1. The under spent in the General Fund and Housing Revenue was welcomed and Cabinet was encouraged to utilise this to address issues such as overcrowding;
2. That consideration be given through both the Council's fund and the Working Neighbourhood Fund on addressing unemployment in specific wards;
3. Continue engaging the local community and the third sector in the budget consultation process.

In February, we considered Cabinet's budget proposals for 2009/10. Committee Members challenged the Lead Member for Resources & Performance about the quality of consultation with residents and asked for improvements in future years. The Committee expressed concerns about the amount of money the Council was investing in waste disposal but welcomed the proposals to increase recycling. Finally, we welcomed the significantly increased investment in frontline services and supported the 1.69% per cent increase in Council Tax.

### Pre-decision scrutiny

The committee can submit questions about Cabinet reports before a decision is taken. I feel we have strengthened this over the year and commented on 38 Cabinet reports (compared to 65 last year). Among these were:

- Commission into the Public Safety of Young People in Tower Hamlet
- Local Area Agreement (LAA) Refresh
- Draft 2009/12 Tower Hamlets Housing Strategy
- Baishaki Mela Options 2009
- ASBO Publicity Protocol
- Resourcing Youth Services
- Working Neighbourhoods Fund Proposed Interventions
- Recycling Improvement Plan for Tower Hamlets

Our questions and concerns provided further information at Cabinet and clarified some uncertainties thus improving the decision-making process. The responses also inform councillors' decisions over call-ins.

### Call-ins

The Committee has considered five call-ins this year. This is a significant decrease from last year when there were 16.

#### Report Called-in

Heron Quays West – Proposal to Use Compulsory Purchase Powers to Aid Land Assembly and Development  
London Thames Gateway Development Corporation - Draft Bromley-by-Bow Land Use Design Brief  
33-37 The Oval and Bethnal Green Gasholders Site, E3 Disposal of Greenfel School Site  
Communities, Localities and Cultural Services Directorate Capital Programme 2009/10

#### O&S Decision

Confirmed  
Confirmed  
Confirmed  
Confirmed  
Awaiting Decision

Debate of the call-ins was robust and rigorous. We confirmed all the decisions of the Cabinet although on a number of these the Lead Members gave assurances that they would take some of the concerns raised on board. For example, on 33-37 The Oval and Bethnal Green Gasholders Site the Committee made 3 recommendations which have been taken on by the Lead Member and the Chief Executive and an update provided to the Committee informing us that the investigation is taking place and the Committee will be kept updated with the progress.

It is also worth highlighting that because of the items called in, attendance by local people and other councillors has increased substantially at the Committee meetings. This helps increase the profile of scrutiny and highlight the important role it has within the borough.

### **Co-opted and Appointed Representatives**

After the difficulty in appointing all of the co-opted Members last year we have now managed to recruit the two parent governors. We organised an Induction Session for co-opted members and considered how we could develop their role and help them be more effective. We also welcomed the appointment of 7 local residents from the Future Women Councillors Initiative onto all the Scrutiny Working Groups. This has been particularly useful in bringing local residents views into our scrutiny reviews and also the development of a number of recommendations of the Working Groups.

We intend to build on this further next year to enable co-opted Members to help us engage more local residents in the scrutiny process and ensure that more of their concerns come to the Committee's attention.

### **Raising the Profile**

We continue to improve how and when we communicate with Members, Officers and the public. We used the weekly Members' Bulletin regularly. The Manager's Briefing and the staff newsletter, *Pulling Together*, were also used to promote scrutiny work, so that council officers are well informed about the scrutiny work programme, upcoming reviews, review findings, and how they can assist.

*East End Life* and our Scrutiny web pages are also vehicles to keep residents informed about the work scrutiny was undertaking. A number of the reviews attracted significant interest from local people, particularly the Child Poverty and Alcohol Misuse Amongst Young People reviews. More detail of these is included in the reports by the Scrutiny Leads.

We organised a conference on "Scrutinising Partnerships" which was funded by Capital Ambition and part of a programme of events organised by the London Scrutiny Network. There were over 60 councillors and officers from across London in attendance which used the action learning principle with the aim of exploring the inroads made by the local partnership and scrutiny. Participants were bussed off to five different projects to gather evidence on the partnership in question and draw up the scope for a scrutiny review. The event therefore provided not only information into how different partnerships functioned in Tower Hamlets but also a way of practising how to scrutinise partnerships. A publication by the London Scrutiny Network "Holding to Account in London" recognised the innovative format of this event but more importantly highlighted the positive work scrutiny in Tower Hamlets have undertaken with the local partnership.

The Scrutiny review from 2007/08 - 'Licensing of Strip Clubs' - was recognised as an example of good practice by the London Scrutiny Network in the publication mentioned above. They highlighted how scrutiny can engage the local community on a controversial issue and bring

forward recommendations which directly represent the views of local residents. They highlighted the good practice and recommended it to other councils. The scrutiny report was also presented to the Department of Culture, Media and Sports as part of their consultation with local authorities on the control of lap dancing establishments. The Council's response to this consultation was primarily based on the scrutiny review and outlined the Council's support for all forms of striptease to be placed under the category of 'sexual encounter establishments'.

### **Checking our own progress**

Twice a year we monitor the recommendations we have made, not just those at committee but also those from our reviews and other investigations. Services are asked to provide an update so we can see whether progress is being made. The latest monitoring indicates that nearly all of our recommendations since July 2006 are being acted on or achieved. As part of the Health Scrutiny Panel's work programme we also considered the progress being made against the action plan of last year's review on Tobacco Cessation.

One key area of improvement that the committee needs to focus on in future years is the level of participation by back bench councillors in the Scrutiny Reviews. We recognise that members have many other commitments and that the meetings were mostly packed into the latter part of the year. Nevertheless, these reviews were heavily dependent upon the involvement of a small group of committed councillors. We hope that each of the Party Leaders will encourage all members of their Political Group to take an interest in at least one of the Scrutiny Reviews in future.

### **Communities in Control White Paper**

We have begun work with officers across the Council and our partners in developing a pilot for the Councillor Call for Action and also implementing other areas of actions identified in the Communities in Control White Paper and currently being considered by Parliament in the Local Democracy, Economic Development and Construction Bill. Discussions are underway and we hope to incorporate this into our work programme for next year.

### **Conclusion**

Overall, I believe the Overview & Scrutiny Committee has made considerable progress this year. In particular, having Lead Members attend the Committee to present reports and outline the reasons for decisions has significantly enhanced the role and value of scrutiny. We are holding the Executive to account - particularly around performance monitoring and through considering call-ins – and influencing Cabinet decisions. The reviews have also made an important contribution to addressing local people's concerns – for example, around alcohol misuse amongst young people and affordable homeownership – and worked with partners, officers and other councillors to improve services.

In the pipeline are Government proposals to extend the role of scrutiny through the proposals outlined in the Communities in Control White Paper in particular around increasing the visibility of scrutiny and increasing scrutiny of the partnership providing Councillors a greater say in place shaping their area.. This is an exciting time to be part of Scrutiny and I believe that our work this year has equipped us to strengthen the impact of the committee in the future.

The refresh of the Community Plan in 2008 has led to a new role for the Excellent Public Services Scrutiny portfolio, with the specific concern of the portfolio being to improve public services by ensuring they represent good value for money and meet local needs. I was keen this year to use this opportunity to review one of our key services to the community – safeguarding children.

### **Early Intervention – Child Protection**

This year's review focused on early intervention in the field of Children's Social Care, which involves providing support for families before the need for statutory interventions – such as taking children into care – arises. This area captured my attention as a key area for review given the high and growing workload of the Children's Social Care service. Given that Tower Hamlets has the fastest growing children's population in Europe, more children than ever are set to come through Children's Services in the next decade, meaning that Children's Social Care Service will continue to feel the pressure of producing cheaper and better outcomes for families. I firmly believe that our ability to protect children in the borough drives to the core of our responsibilities as a local authority, and events unfolding in the London Borough of Haringey during the course of this review gave a sobering back-drop for our work.

The key aim of the review was to investigate the value of existing Early Intervention services relating to safeguarding, identify any gaps in existing provisions and explore the case for extending the services in these areas.

Members found that there were already numerous examples of excellent practice both within the Council and across partner agencies, and that there was a strong value case in extending early intervention services, both in terms of value for money, and improved outcomes for families and children.

Working on this review underlined to me the importance of targeting the family as a whole in our response to the needs of children, and the working group has made recommendations relating to enhancing services around domestic violence, parental mental health and parental substance abuse. The crucial importance of integrated working was also highlighted in this review, and a number of recommendations have been made relating to improving interfaces between different services and partners to improve communication, and ultimately, the service provided to the families in need.

### **Conclusion**

The timeliness of this review, given the current pressures being placed on Councils across the country to review their safeguarding arrangements, has been most welcome, and I feel the review has been greatly productive in increasing understanding of one of our most fundamental and difficult duties as a council – safeguarding children. From the findings of this review I believe that the dedication of officers and partners in this field will continue to lead to innovation and improved service outcomes for families and children in the community.

The Prosperous Communities portfolio is wide-ranging and covers learning, worklessness and enterprise. My role as a Member of the Overview and Scrutiny Committee has been to support the Council in creating opportunities and ensuring our residents have the skills and support needed to go into employment and to support people to make the best choices to improve their quality of life.

The starting block to realising a prosperous community is to offer good quality education in schools up to GCSE level to empower young people with the opportunity to go onto further education or employment. Moreover, if we are to achieve a prosperous community then parents will need to be involved more in encouraging young people to do better at school. With this in mind, I wanted to carry out a review that would help support parents and allow them to get more involved in their child's learning.

### **Parental Engagement in Secondary Education**

The Parental Engagement in Secondary Education review focused on how the council and schools support parents to play a more active part in their children's learning. The review recognised that parental engagement is a key determinant of positive outcomes for their children and that good parenting is a major factor in improving children and young people's life chances.

The key aim of the review was to evaluate current practices to improve parental engagement. Therefore the Working Group reviewed the following Tower Hamlets Initiatives;

- The Extended School
- Strengthening Families Strengthening Communities
- Transition Information Sessions/ Parent Information Point (PIP)
- Passport to Learning and Targeted workshops for Year 7 parents
- Maths curriculum workshop

Through focus groups with parents, the Working Group found that on the whole provisions offered by the Council are 'good,' but more focus is needed to support hard to reach parents particularly BME parents who face language barriers. Also parents felt that they needed more help and information from schools on best ways to support children during school years. The review recommendations include; improving access to information, more support to access services and improved consultation with parents.

### **Conclusion**

I firmly believe that the Parental Engagement in Secondary Education review has contributed to a very positive year for the Overview and Scrutiny Committee. Recommendations will help to achieve a better partnership between parents and schools that will help realise our aim of creating a prosperous community.

As Scrutiny Lead for A Great Place to Live, my remit covers housing, environment, arts and leisure. Affordable homeownership has been a local concern for some time and I was keen to explore ways of improving access to local homeownership. This is a key issue for our borough because of the huge number of people on our housing waiting list and the cost of properties along with low income level poses a significant challenge for local residents accessing affordable homes.

### **Scrutiny Review: Affordable homeownership**

The review focused on ways of increasing access to affordable homeownership for local residents. In considering this, we looked at access including publicity, types of local schemes and the take-up locally, and considered shared ownership as a current model. The Working Group also explored other models of affordable homeownership including community land trust and shared equity with a view to exploring this to increase affordable supply.

We met five times which included focus group with local developers and Registered Social Landlords (RSLs). We also undertook visits to 2 local schemes in Docklands which were particularly useful in considering issues around pricing and layout of current schemes.

It's been an interesting review to work on because we have involved RSLs partners and developers in our discussions. I believe we have come up with recommendations which will help to improve the publicity of the services available for affordable homeownership and introduce newer models to increase affordable supply. A key recommendation we have made is that the Council works with local developers and RSLs to develop more affordable housing through the 'discounted sales models' which we considered during our focus group.

The Community Land Trust Model was discussed in length by the Working Group and we looked at a particular model which we feel can be further explored and have therefore recommended that the Cabinet agree to undertake a feasibility study to consider its full merit.

The review concluded by recognising that in the current climate in Tower Hamlets with all its housing issues, any products which are affordable will possibly only supply small numbers and the demand will always be high. However, we were keen to ensure that we did not accept this as a barrier and continue to test and debate ways of introducing more affordable housing for our residents.

### **Conclusion**

Although the funding arrangements in housing can be complex impacting on a range of things from publicity of schemes to the tenure mix, the Working Group were keen to ensure that we used this review to increase access and supply and a number of recommendations are put forward for this purpose. We hope our review and recommendations add value to the existing work the Council is doing to increase affordable housing and this helps improve the quality of life for local residents.



We all desire for our borough to be a place where everyone has the opportunity to achieve their full potential, a place where crime is uncommon and where communities can live together in peace. Indeed the Tower Hamlets Community Plan makes specific reference to realizing this as central to achieving a safe and supportive community.

Whilst thinking about this years work programme, I wanted to focus on a scrutiny review that helped to achieve a community that is safe. Moreover it was my wish that the review focused on improving outcomes for our youth population. To this end, as Scrutiny Lead for Safe and Supportive, I decided to carry out a review investigating the extent to which young people are misusing alcohol.

### **Smashed, Alcohol Misuse amongst Young People**

The key aims of the review were to look at circumstances that lead young people to drink and misuse alcohol and to explore consequences of misuse. A further aim was to review current enforcement and prevention practices aimed at diverting young people away from alcohol. Therefore the Working Group reviewed the health effects of alcohol misuse, the effects on crime and performance in school. The Working Group also reviewed the role of Trading Standards and the Police in preventing young people from purchasing alcohol and the role and responsibilities of treatment agencies and community organisations.

The Working Group held meetings and focus groups with representatives from the Council's Community Safety Service, the Police, Tower Hamlets Primary Care Trust, Young People. We also considered evidence, case studies, and data gathered by Central Government, in order to come to our conclusions and recommendations.

The Working Group found that the number of young people drinking alcohol in Tower Hamlets is still low, however increasing all the time. The frustration for the Working Group was that evidence presented on the number of young people drinking was largely anecdotal and therefore could not be substantiated. Moreover, a significant time was spent evaluating the perceived rise in young Bangladeshi drinkers. During the meeting with local community organisations; the Group were told that there *is* a rise in Bangladeshi drinkers.

The review recommendations included; effective promotion of information about sensible drinking and the problems associated with alcohol misuse to young people and parents, strong enforcement and prevention of young people purchasing alcohol and improved focus on health and alcohol education in schools and youth clubs.

### **Conclusion**

I have really enjoyed this year and embraced the many challenges of being the scrutiny lead for Safe and Supportive; I believe recommendations of the Smashed, Alcohol Misuse Amongst Young People review will present further focus to service delivery and increase commitment to preventing young people from misusing alcohol.

As Scrutiny Lead for One Tower Hamlets, my remit focuses on achieving the aspirations of building One Tower Hamlets which was introduced through our new Community Plan. The proportion of children living in poverty in Tower Hamlets is higher than elsewhere in England. Therefore, Child poverty is a critical issue locally because on many measures we have high levels of poverty, the biggest driving factor being parental unemployment. The other issue I was keen to explore was how community leadership can contribute to tackling child poverty by establishing a model which brings greater resident involvement into the way we develop services and policies.

### **Scrutiny Review: Child poverty**

The review focused on using a community leadership model to explore peoples' experiences and barriers to employment and to use this to make recommendations for improving services. In addition to this, the review also looked at ESOL, debt and financial management, child care provision, Employment Strategy, Child Poverty Pledge and Jobcentre Plus.

Working Group Members undertook a number of visits and focus groups which together with in-depth interviews became known as the One Tower Hamlets Interview model because we were able to use the information we obtained to make recommendations which are reflected in the final report. I think the One Tower Hamlets interviews in particular have worked really well to inform policy developments and we have made recommendations to support community leaders to use such a model to bring forth residents views in service development.

The review ran concurrently with the development of the 'Tackling Child Poverty Strategy'. We welcomed the key themes identified within the strategy and the opportunity to contribute to this.

It has been a challenging and exciting review to work on and I know the Working Group Members have found the One Tower Hamlets Interview model really exciting to work on. I believe we have come up with wide ranging and challenging recommendations focusing on supporting women and families into employment and access to employment support. There are a number of recommendations in the report which require our partners to consider the employment needs of local residents. We have also made a recommendation on using the London Child Poverty Pledge to influence partners to recognise local employment needs.

We noted the complexities of child poverty at the start of the review and were keen to add value to what's in place already given that we now have Beacon Award for Tackling Child Poverty. The review concluded by recognising that despite the depth of the impact of child poverty locally, there are provisions in place which will attempt to see the cycle of poverty reversed.

### **Conclusion**

We welcomed the development of the Strategy and the Beacon Award received by the Council on Tackling Child Poverty, The on-going work by the Council and the partnership are addressing some of the key areas which need further work to tackle this important issue. However, we cannot stand still in striving to improve services and the impact it has on very real lives and I hope the community leadership model we have developed through this review is put to use again for the benefit of local residents.

## **Health Scrutiny Panel**

### **Cllr Dr Stephanie Eaton**

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The Health Scrutiny Panel undertakes the Council's functions under the Health and Social Care Act, 2001. The Panel includes members who are co-opted from the Tower Hamlets Involvement Network (THINK) Steering Group to represent patient views. I would like to take the opportunity to thank Dr Amjad Rahi and Myra Garrett from THINK and Ann Edmad Co-opted Member from Future Women Councillors Initiative and John Lee for their contributions. I would also like to thank Councillor Ann Jackson (Vice-Chair) who kindly chaired meetings in my absence.

This was the third year of the four year work programme developed by the Health Scrutiny Panel. We looked to build on the work undertaken in the last 2 years by still retaining our focus on reducing health inequalities. We undertook a Challenge Session in which we were pleased to note the development of the Joint Strategic Needs Assessment which is an important document that helps us better understand how local health needs are used to inform service planning. A key recommendation arising out of this session was the continuous involvement of Members during the development and scrutiny of the interim findings of the report.

The Panel undertook three service visits this year as part of our Induction process. At the Barkantine Centre Members were given a tour of the facilities available at the new centre. We also visited the East London NHS Foundation Trust at the Personality Disorder Unit and finally we visited Barts and the London NHS Trust at their office in Royal London Hospital. These visits were useful in developing the panel's relationship with the Trusts and understanding of service provision by the NHS.

### **End of Life Care Review**

The key Health Scrutiny review this year looked at End of Life Care focusing on how social care provision of end of life services meet the needs of local people and the effectiveness of co-ordination across health and social care at end of life.

The Health Scrutiny Panel were keen to ensure their work added value to the Tower Hamlets Primary Care Trusts' existing service improvement programme for end of life care provision. We agreed that it would be useful to bring our local knowledge of communities to bear on the wider programme, to provide a check on the robustness of the plans and to be consulted over proposed changes to the way services will be provided in the future. The review also provided a critical friend role in overseeing the Delivering Choice Programme which was piloting the use of Marie Curie toolkit to redesign and improve end of life care services.

The Panel also identified a significant community leadership challenge to promoting wellbeing within the scope of end of life care around the challenges of making talking about death and dying more acceptable and the concept of a planned and or good death.

The recommendations cover a range of areas including the need to improve ways of encouraging further debate and dialogue between service providers and users, their family and carers, extending hospice care in the community, developing a common understanding between all service providers of end of life care and creating a single point of contact for end of life care services. We hope that these recommendations will be implemented quickly and in full and further support the issues identified by the PCT in their improvement programme.

## **Pan-London Joint Overview and Scrutiny Committee**

Last year's report on Healthcare for London: A Framework for Action included proposals for the development of a stroke strategy and seven hyper-acute stroke centres and the development of trauma networks with three major acute centres. The proposals were underpinned by a clinical case for change for stroke and major trauma services. Authorities across London including from neighbouring Counties convened the Joint Overview and Scrutiny Committee (JOSC) to prepare a response to the consultation on the proposals.

Both I and Cllr Luffa Begum were nominated to represent the borough on the JOSC and it has been a challenging experience where we have engaged with complex health issues considering both local needs and the need to develop a strategic-level voice on London-wide issues.

The JOSC is still considering evidence from a number of sources including hospitals across London who provide Stroke and Trauma Services and will produce their draft report in June 2009.

## **Organ Donation**

Cllr Bill Turner undertook some research and publicity to encourage local BME communities to consider organ donation. An article was placed in East End Life and also sent to other local papers which encouraged more BME people to come forward as organ donors. The article highlighted the need for BME donors with 23% of people currently waiting for a kidney transplant but only 3% of donors from the same background. The article also highlighted the various religious views on organ donation and noted that it was welcomed by all major religions.

## **The Annual Healthcheck**

The Healthcare Commission assesses all NHS Trusts in the UK against 24 Core Standards covering the seven areas of safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities and public health.

The Panel reviewed the Annual Healthcheck Declarations of all three Trusts as part of the Annual Healthcheck process and has provided comments based on evidence gathered over the past year.

The issues raised included the need for continuous engagements of patients in service development, improving customer services at the local acute hospital and continue working to ensure the health trusts employ a workforce that reflect the local community. I am pleased that all the Trusts responded positively to our comments and are taking measures to address them.

## **Conclusion**

It has been another positive and very full year for the Health Scrutiny Panel. We have considered a number of key reports through the formal Panel meetings which included consultation on PCT managed practices and emergency dental services review and annual complaints reports from Barts and the London NHS Trust and Tower Hamlets Primary Care Trust. We have also monitored last year's review on tobacco cessation through an update on progress of implementing our recommendations and pleased to report the positive work the Council and the PCT have undertaken to implement our recommendations.

## Scrutiny and Equalities in Tower Hamlets

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If you want to find out more about Overview and Scrutiny in Tower Hamlets, please contact the Scrutiny Policy Team:

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