



OVERVIEW & SCRUTINY COMMITTEE

Tuesday, 9 May 2017 at 6.00 p.m., C1, 1st Floor, Town Hall, Mulberry
Place, 5 Clove Crescent, London, E14 2BG

This meeting is open to the public to attend.

Members:

Chair: Councillor John Pierce

Vice Chair: Councillor Abdul Mukit MBE Scrutiny Lead for Resources

Councillor Amina Ali	Scrutiny Lead for Development and Renewal
Councillor Julia Dockerill	Scrutiny Lead for Children's Services
Councillor Clare Harrisson	Scrutiny Lead for Adult Health and Wellbeing
Councillor Muhammad Ansar Mustaqim	Scrutiny Lead Member for Governance
Councillor Oliur Rahman	
Councillor Helal Uddin	
Councillor Abdul Asad	

Co-opted Members:

Dr Phillip Rice	(Church of England Representative)
Asad M Jaman	Muslim Faith Community
Fatiha Kassouri	Parent Governors
Shabbir Chowdhury	Parent Governors
Christine Trumper	Parent Governors

Deputies:

Councillor Danny Hassell, Councillor Dave Chesterton, Councillor Ohid Ahmed, Councillor Gulam Kibria Choudhury, Councillor Peter Golds, Councillor Denise Jones, Councillor Md. Maium Miah and Councillor Andrew Wood

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

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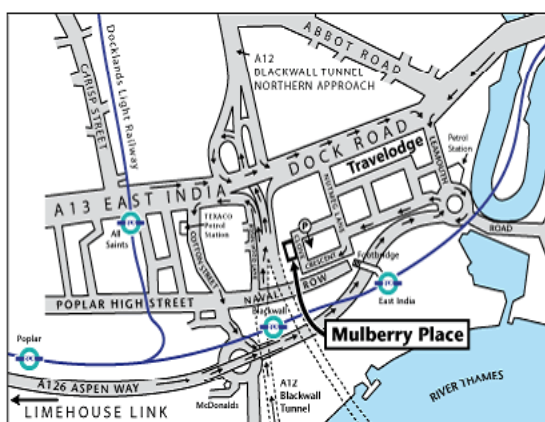
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SECTION ONE	WARD	PAGE NUMBER(S)
1. APOLOGIES FOR ABSENCE		
To receive any apologies for absence.		
2. DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST		1 - 4
To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Interim Monitoring Officer.		
3. UNRESTRICTED MINUTES - TO FOLLOW	All Wards	
To confirm as a correct record of the proceedings the unrestricted minutes of the meetings of the Overview and Scrutiny Committee held on 29 th March, 2017 and 26 th April, 2017.		
4. REQUESTS TO SUBMIT PETITIONS		
To receive any petitions (to be notified at the meeting).		
5. FORTHCOMING DECISIONS -TO FOLLOW	All Wards	
6. UNRESTRICTED REPORTS FOR CONSIDERATION		
6 .1 Overview and Scrutiny Annual Report	All Wards	5 - 40
6 .2 Social Value Act	All Wards	41 - 60
6 .3 Youth Service	All Wards	61 - 144
6 .4 Free Schools	All Wards	145 - 170
6 .5 Reablement Scrutiny	All Wards	171 - 222
7. VERBAL UPDATES FROM SCRUTINY LEADS		
(Time allocated – 5 minutes each)		

8. ANY OTHER UNRESTRICTED BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

To consider any other unrestricted business that the Chair considers to be urgent.

9. EXCLUSION OF THE PRESS AND PUBLIC

In view of the contents of the remaining items on the agenda the Committee is recommended to adopt the following motion:

“That, under the provisions of Section 100A of the Local Government Act 1972, as amended by the Local Government (Access to Information) Act 1985, the press and public be excluded from the remainder of the meeting for the consideration of the Section Two business on the grounds that it contains information defined as Exempt in Part 1 of Schedule 12A to the Local Government Act, 1972.”

EXEMPT/CONFIDENTIAL SECTION (Pink Papers)

The exempt committee papers in the agenda will contain information, which is commercially, legally or personally sensitive and should not be divulged to third parties. If you do not wish to retain these papers after the meeting, please hand them to the Committee Officer present.

SECTION TWO

10. ANY OTHER EXEMPT/ CONFIDENTIAL BUSINESS THAT THE CHAIR CONSIDERS URGENT

To consider any other exempt/ confidential business that the Chair considers to be urgent.

Next Meeting of the Overview and Scrutiny Committee

Thursday, 25 May 2017 at **6.30 p.m.** to be held in C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

Agenda Item 2

DECLARATIONS OF INTERESTS - NOTE FROM THE INTERIM MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Interim Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Interim Monitoring Officer following consideration by the Dispositions Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Interim Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-

Graham White, Acting Corporate Director Law Probity and Governance Tel 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

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Non-Executive Report of the: Overview and Scrutiny Committee 9 May 2017	 TOWER HAMLETS
Report of: Graham White – Interim Corporate Director Governance	Classification: Unrestricted
Overview and Scrutiny Committee Annual report 2016/17	

Originating Officer(s)	Peter Quirk – Senior Strategy, Policy and Performance Officer
Wards affected	All

Summary

1.1 The Annual Report provides a summary for Council the work of the Overview & Scrutiny Committee, the Health, Housing and Grants Sub Committees in the 2016-2017 municipal year.

Recommendations:

The Overview and Scrutiny Committee is recommended to:

1. Note the report.

1. REASONS FOR THE DECISIONS

- 1.1 This report provides a summary of the diverse range of scrutiny work carried out during the year by the Overview and Scrutiny Committee and the Health, Housing and Grants Sub Committees.

2. ALTERNATIVE OPTIONS

- 2.1 The committee may decline to agree the recommendations. This is not recommended as the report outlines work undertaken by councillors and officers to identify areas of improvement.

3. DETAILS OF REPORT

- 3.1 Background and context
- 3.2 Under the council's Constitution, the Overview and Scrutiny Committee (OSC) must report annually to Council documenting the Committee's activities during the past year, including on the work of the Health Scrutiny Panel.
- 3.2 The attached report (Appendix 1) highlights the structural changes to the Councils' overview and scrutiny approach with the development of two new Scrutiny Sub Committees in 2016/17 , firstly a Grants Scrutiny Sub Committee set up as part of the Councils Best Value improvement and a Housing scrutiny Sub Committee providing a vehicle for scrutiny and dialogue with a range of social housing providers in the area.
- 3.3 The work of the Overview and Scrutiny Committee is broken down into the range of types of scrutiny activity including in depth scrutiny reviews and challenge sessions, a revised approach to pre scrutiny of Cabinet decisions and spotlight sessions focusing on the Council and partners service performance.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 This report provides a summary of the work carried out by the Overview and Scrutiny Committee during 2016-17.
- 4.2 There are no financial implications arising from this report.

5. LEGAL COMMENTS

- 5.1 Article 6.03(e) 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.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 Reducing inequality, promoting community cohesion and building Community leadership are all central to the work of the Overview and Scrutiny Committee. Where individual pieces of work have been undertaken by the Committee (such as reviews, challenge sessions and reports back to Council), these have noted any One Tower Hamlets considerations.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The recommendations in this report are made as part of the Overview & Scrutiny Committee's role in helping to secure continuous improvement for the council, as required under its Best Value duty.
- 7.2 The Committee has also provided input into the council's Best Value action plan, which supports its efforts to meet its duties in this regard

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 There are no direct sustainable actions for greener environment arising from this report, and recommendations.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There are no direct risk management implications arising from this report and recommendations.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 There are no direct crime and disorder implications arising from this report or recommendations.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- **Appendix 1: Overview and Scrutiny Committee Annual Report 2016/17**

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report
- State NONE if none.

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Overview and Scrutiny Committee Annual Report

Tower Hamlets Council
April 2017

Overview and Scrutiny Chair Forward

Awaiting copy from OSC Chair Cllr John Pierce

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1.0 Context and introduction

- 1.1 The London Borough of Tower Hamlets Overview and Scrutiny Committee and Sub Committees discharge the statutory duty enshrined in the Local Government Act 2000 and the Localism Act 2011 of holding the executive to account and scrutinising performance, policies and strategies.
- 1.2 Over a number of years the scrutiny function has operated as part of the overall governance framework of the Council and has been structured with a main Overview and Scrutiny Committee supported by a Health Scrutiny Sub Committee.
- 1.3 This year the Council introduced changes to the scrutiny arrangements recognising the need for scrutiny to adopt and embrace the changing structural and governance environment which it operates within.
- 1.4 In Tower Hamlets the majority of the social housing provision is managed by Registered Social Landlords and housing is a key priority for local people as noted in the Annual Residents Survey. Recognising this importance the Council has established a Housing Scrutiny Sub-Committee which has provided a vehicle for scrutiny and dialogue with the decision makers within those bodies.
- 1.5 In addition a Grants Scrutiny Sub Committee has also been set up as part of the Best Value Action Plan with the aim of scrutinising the grants making process and overall approach to grants ensuring that an objective, fair, transparent and co-ordinated approach is adopted and implanted.
- 1.6 Tower Hamlets is also currently hosting the Inner London Joint Health Overview and Scrutiny Committee comprising of the neighbouring boroughs of Newham, Hackney and City of London. This Committee has considered the local Sustainability and Transformation Plan.
- 1.7 Following a review the important function of scrutinising proposed executive decisions was improved this year by giving pre-decision scrutiny higher priority on the agenda and circulating to members a list of both the items on the next Cabinet agenda, as well as all forthcoming decisions published by the Council. In addition, the meeting dates of the Scrutiny Committee have been moved further in advance of Cabinet in order to allow greater time for consideration of pre-decision scrutiny questions, and therefore more substantive responses. In addition, the Committee now monitors a log of the status of the requests it has made.
- 1.8 Through the work planning framework and the approach to individual scrutiny reviews the Scrutiny Committee has focused on adding value by making clear evidence based recommendations for action based on community needs. The Committees' focus and culture has embraced a

non-partisan and inclusive approach and this coupled with the revisions to pre scrutiny of executive decisions has resulted in no decisions being called in during the year.

1.9 Membership

1.10 The membership of the Committee is politically proportionate, and representative of the composition of the Council , there have been a number of revisions to membership during the year as a result of changes to the political composition of the Council and following a Council By election .

1.11 The membership of the **Overview and Scrutiny Committee** is as follows:

Chair: Councillor John Pierce

Vice Chair: Councillor Abdul Mukit MBE Scrutiny Lead for Resources and Chair of Grants scrutiny sub committee

Councillor Amina Ali Scrutiny Lead for Development and Renewal and Chair of Housing scrutiny sub committee

Councillor Julia Dockerill Scrutiny Lead for Children's Services

Councillor Clare Harrison Scrutiny Lead for Adult Health and Wellbeing and Chair of Health scrutiny sub committee

Councillor Muhammad Ansar Mustaqim Scrutiny Lead Member for Governance

Councillor Oliur Rahman

Councillor Helal Uddin

Councillor Abdul Asad

Co-opted Members:

Dr Phillip Rice (Church of England representative)

Vacancy (Roman Catholic Church representative)

Asad M Jaman Muslim Faith Community

Fatiha Kassouri Parent Governor

Shabbir Chowdhury Parent Governor

Christine Trumper Parent Governor

1.12 Appointment of co-opted and Lead members

1.13 The appointment of relevant and representative co-opted members on the Overview and Scrutiny Committee and Sub Committees ensures that the scrutiny function reflects the needs aspirations and concerns of our communities. It also provides a forum for sections of our community and facilitates a two way dialogue with our residents. The Co-opted members also bring new skills, knowledge and ideas to the work of the Committees.

1.14 The Overview and Scrutiny Committee appoints a number of Scrutiny Leads aligned to the Council's directorates. The role for these Councillors is to work with the Committee in determining the approach to and focus for the work of the scrutiny function.

1.15 Annual review

1.16 The following section of the report provides a summary of the key elements of the work of the Overview and Scrutiny Committee listed under the Scrutiny Lead areas. Along with the complementary work of the Health, Housing and Grants Scrutiny Sub Committees.

2.0 The Overview and Scrutiny Committee Chair, Councillor John Pierce

2.1 Work planning

2.2 The Overview and Scrutiny Committee used an evidence and risk based approach to developing its annual work programme and that of the sub Committees. Councillors were provided with detailed briefings on key information, developments and issues for each of the Cabinet Portfolio areas. And when determining the range and breath of topics for the year councillors took into consideration factors such as:

- The extent of public and member interest
- The significance of any budgetary implications
- Current performance and user satisfaction
- Any scrutiny review already planned or being carried out by other bodies
- New developments or changes, and
- The Committee's ability to influence outcomes.

2.3 The Housing and Health Scrutiny Sub-Committees have also held work planning sessions, and developed their own work programmes. The Grants Scrutiny Sub-Committee's work programme is mainly based around the programme of grant decisions to be made in the year, although it may add additional items as relevant.

2.4 Training and development for scrutiny councillors

2.5 Working with the Centre for Public Scrutiny there have been a number of targeted training and development interventions, which have supported councillors in delivering effective scrutiny during the year. This has included topic specific work looking at the Budget Scrutiny, financial monitoring and Outcome Based Budgeting along with a focused and practical workshop for the Grants Scrutiny Committee members.

2.6 The co-opted members of both the Overview and Scrutiny Committee and all of the sub Committees also attended a workshop session which provided a detailed induction and introduction to the Council, its relationship with our communities and an explanation of the governance framework and roles and responsibilities of Committee members.

2.7 All of the training sessions have included good practice tips and techniques aimed to supporting the development of the skills of Scrutiny Committee members in delivering effective and insightful review of services, decisions and outcomes. This training has focused on planning scrutiny reviews, developing questions and recommendations and measuring outcomes.

2.8 Community engagement

2.9 The Overview and Scrutiny committee has taken a pro-active approach to engaging with Tower Hamlets communities during the year. This has included holding information gathering sessions in a range of community venues to attract and engage local residents in the Prevent and Night-time Economy scrutiny reviews. The committee has used variety of channels to engage communities in the work through the year including a short video clip, social media feeds and links to agendas and press releases to engage the local media.

2.10 The committee has also provided a platform for key partners and other public sector bodies to engage with communities and to be held to account for service and operational performance. This has included spotlight sessions with senior health and Metropolitan Police representatives and leading social housing providers.

2.11 The Council has produced a scrutiny toolkit with the aim of providing Officers, Members, stakeholders and local communities with guidance and advice on how the scrutiny function works. This guidance will be updated annually incorporating lessons learned and best practice from other local authorities.

2.12 The guidance highlights the various options members have in carrying out Scrutiny of a specific topic, with the most appropriate medium selected depending on the nature of the issue and the driver for the scrutiny work. The range of methods currently employed includes:

- ordinary items on the Scrutiny Committee agenda (including budget and policy framework items, budget scrutiny , monitoring and challenge , pre decision scrutiny and call in) ;
- spotlight sessions (where attendees are questioned and held to account on a range pertinent issues within their remit);
- reviews (which allow members to examine a topic in-depth over multiple sessions with officer support, with a view to developing a report with recommendations to the executive for improvement); and
- Challenge sessions (similar to reviews, but with only one session and typically in slightly less depth).

2.13 Supporting the scrutiny function

2.14 The Council has developed an agile and efficient project based approach to providing officer support for the scrutiny function. This approach enables the Council to allocate a range of policy and strategy resources, skills and knowledge to support scrutiny and aids the

mainstreaming and embedding scrutiny in the overall work of the council and its communities.

- 2.15 An example of this approach is the project team supporting the Overview and Scrutiny Committee, which consists of a Democratic Services Officer managing the logistics and governance procedures, independent legal advice provided by the Deputy Monitoring Officer, a Communications Officer providing advice on engagement and promotion of the work, and a Senior Strategy Officer providing research, analysis and project management expertise.

3.0 Budget and Policy framework items

3.1 Medium Term Financial strategy and budget monitoring

- 3.2 The Committee considered The Council's Provisional Financial Outturn 2015/16 and Medium Term Financial Strategy. Members asked a range of questions, including about the underspend of the youth service grant; modelling undertaken to forecast the likely impact of charging for adult social care services; losses in valuation appeals; and staffing and agency costs, particularly in children's social care.

- 3.3 Councillors also reviewed and noted the budget monitoring on a quarterly basis in respect of the General Fund, HRA and Capital budgets. Questions concerned the nature of the HRA budget, clarify on in year and carry forward savings and drivers for capital budget underspend.

- 3.4 Councillors were very impressed about the new improved format and presentation of the financial information this year, especially the summary documents, use of colour and detailed breakdown of directorate budget positions. The only area requiring action for future monitoring reports in the font and layout used for the detailed capital programme reporting.

3.5 Strategic Plan and Delivery plan 2017/18

- 3.6 The Committee reviewed the refreshed Strategic Plan and were very impressed with the revised approach, format and more citizen focused presentation, particularly the use of key statistics and infographics to highlight both council performance and contextual information about Tower Hamlets. The document will be reviewed and used as a key intelligence source to inform the Committees work programme for the coming year.
- 3.7 Suggested future roles for the scrutiny function included helping to fully develop the associated Delivery Plan particularly around community based outcomes and the Grants Scrutiny Committee looking into the range and scale of grants funding provided by the Council.

3.8 Housing Strategy

- 3.9 The Housing Scrutiny Sub-Committee had considered the draft strategy, however the Overview and Scrutiny Committee was keen for both through the Local Plan and Housing Strategy to look at how the Council supports people with middle income to help them stay in the borough who have very slim chance of getting social housing but cannot afford to buy in the borough.
- 3.10 The Committee recommended that the Council reviews its partnership working with RSLs as they are changing to a business model and not always in the interest of local people. Regeneration is a big issue and given the challenge facing another borough it is important we learn the lessons from this and work with local people and our housing providers. The Committee also asked about the impact of welfare reform and benefit cap, succession of tenancy and letting system, Intermediate housing and resident pathway to help people make the right choices.

3.11 Substance Misuse Strategy

- 3.12 The Committee considered the draft Strategy, in advance of it being presented at Cabinet. Members asked Cabinet member Cllr Khatun and officers about anti-social behaviour related to drug use, and the effect this has on communities. They also discussed low-level drug use and other psychoactive substances. In particular, members were concerned at Tower Hamlets' status as a market for drug users, attracting people from outside the borough, and discussed how this could be addressed.
- 3.13 Ultimately, members wanted to know when they and the community could expect to see the positive results of the Strategy. Officers emphasised the difficulties of estimating this, especially given issues in the reliability of the data used for substance misusers, and also urged realism given the complexity of Tower Hamlets. However, the borough is recognised as a good practice area by Public Health England, and use of heroin and crack has been dropping.

3.14 Community Engagement Strategy

- 3.15 The Committee received and noted a presentation that outlined the Council's approach to developing the Community Engagement Strategy for 2016-2019. They recognised that whilst this strategy was being developed in a climate of continuous reductions to public spending it presented an opportunity for communities to take a greater role in shaping and delivering in priority areas i.e. Local residents will be effectively informed, engaged, involved and empowered by the Council. They will actively help define local priorities, design, deliver

and evaluate services and inform council decision making in areas that impact on their lives.

- 3.16 There are four key priorities to be considered in developing the approach ; (1) Shaping the borough through a greater say by residents in the design and delivery of local services; (2) Supporting local people by building their skills and confidence to organise themselves at a local level; (3) Make Tower Hamlets digitally active; and (4) Make engagement more meaningful;
- 3.17 As a result of discussions arising from this review the Committee made recommendations regarding the need carefully consider how engagement is undertaken and to develop and approach to flexibility of the structures to be used to meet the divergent needs and social structures in the diverse communities of Tower Hamlets.

4.0 Budget scrutiny 2016/17

- 4.1 For 2016/17 the Committee developed an approach to budget scrutiny which enabled them to take a strategic overview of the risks associated with the deliverability of the savings plan and the potential impact of the proposals on Tower Hamlets' communities. This approach ensured that the Committee were able to gather a range of evidence on both the strategic elements of the proposal and carry out an in depth review of a smaller number of key growth and savings business cases.
- 4.2 Initially the Committee considered the key external and internal drivers including the scale of funding and service changes, the introduction of the Outcome Based Budgeting, three year budget approach and the Transformation Programme.
- 4.3 The Committee then reviewed the Mayor's strategic approach and the links between the proposed budget, Medium Term Financial Plan, Treasury Management approach and the refreshed strategic plan. Along with an examination of the nature of the financial resources funding the budget including council tax and business rates, reserves policy, schools funding, capital and housing revenue account budgets and the robustness of the approach to risk.
- 4.4 The final part of the process consisted of a review of the range of budget pressures and proposed growth allocations along with an overview of the extensive range of savings proposals with the focus and lens for the scrutiny work is on the priority areas: Enabling growth in the borough and prevention and proactive initiatives .In addition that the approach for the in depth reviews was in determining that the proposed outcomes were clear and appropriate and that the evidence base and rationale was robust, and to consider areas of significant risk and the robustness of the mitigation measures.

4.5 The Committee developed a range of robust outcome focused recommendations which looked at both the overall budget package and process and also drilled down into the detailed impact of a number of the key savings and growth proposals.

5.0 Monitoring and challenge

5.1 The Committee carried out in depth scrutiny of the Councils performance using a number of approaches this year, including Spotlight Sessions with the Mayor and Cabinet Members where the Committee focused on specific areas of Council activity or new policy development (e.g. Children's services and the Youth Service).

5.2 The Committee reviewed the Strategic Performance Monitoring Report each quarter, where performance trends were reviewed and detailed scrutiny of action plans and improvement initiatives carried out.

5.3 For the end of year review for 15/16 performance members were pleased to note the improvement in the proportion of adoptions of ethnic minority children, as well as in all of the housing strategic measures. However, they expressed concern at the deterioration in sickness absence amongst council staff and recycling rates.

5.4 Following the review of Quarter 3 performance in 16/17 it was suggested and recommended that the Committee could take a more focused in depth approach to scrutinising performance in future , by carrying out more in depth reviews of specific areas of ongoing performance concern and looking performance outcomes for communities , examining the drivers and role that the Council has in influencing performance (i.e. Councils role in relation to schools and examination performance) and examining in year performance for measures which have traditionally been measured annually and reviewing comparator benchmarking data (i.e. longer scale review of sickness performance in local and national context).

5.5 Complaints and information annual report 15/16

5.6 This is a really useful review for the Committee as it helped to inform the work and focus for the scrutiny function. The Committee identified the opportunity for greater overlaps between member's enquiries and complaints and identify common issues; In addition whether some member's enquiries can be turned into complaints given in some cases they are complaint about a service. The Committee noted an increase in children social care complaints and requested additional information to understand what this is about and what actions have been implemented.

5.7 Report of Investigations under the Regulation of Investigatory Powers Act (RIPA)

5.8 The Interim Divisional Director, Legal provided a summary of the statutory requirement to report use of these powers, and reported that no applications were made in the first, second and third quarters of 2016/2017. The Committee highlighted a desire to add to the work programme for 2017/18 a review of the use of investigatory powers in combatting crime and anti-social behaviour.

5.9 Reset of the Commercial Contract with Agilisys for the Provision of ICT Services

5.10 This item was considered by the Committee as a pre-decision item. The Committee agrees with the findings of the review that the current ICT service provision is not good enough and has seen significant disruption to service provision. The Committee requested further confirmation of number of local people employed and how many apprentices have led to employment through this contract. The Committee was concerned about the potential redundancies that may result as a result of relocation of service desk and asked that this be managed effectively to minimise any compulsory redundancies.

5.11 Integrated employment service

5.12 The Committee reviewed information on the development of several measures relating to the long-term delivery of Integrated Employment Support across the borough. This included information on the upscaling of the Raising Aspirations pilot and the Growth Borough ESF Programme; the development of a new CRM system and related methodologies, and related service reviews across the council which need to be considered as part of the long term implementation of IES. The Committee raised a number of issues including the need to increase the numbers of places for apprentices across the Borough; and to Re-establish the Economic Growth Partnerships and review the local jobs market.

5.13 There were also recommendations concerning assistance in helping residents whose first language was not English to get on in work or learn more about their rights and responsibilities, the provision of child care to enable parents to get access into the jobs market; and a need to increase the number of vocational courses.

5.14 Business engagement in the community

5.15 The Committee reviewed a range of information provided by Officers relating the support the Council provides for the business community in Tower Hamlets. Councillors requested more detailed information regarding a number of the key areas including support for small

business and the emerging detail on business rate relief and the potential impact on Tower Hamlets businesses.

5.16 Update on Tower Hamlets Education partnership

5.17 The Committee reviewed the background to the development of the partnership model and considered the emerging Government policy position on school improvement. They also asked for clarification on the current and ongoing resource commitment from the Council to the partnership and examined the relationship with other functions of the Council.

5.18 In recognition of the changing structural and the new governance environment in school support and improvement, the Committee will want to consider how it can scrutinise approaches and outcomes in a way that influences school choices. Due to the emerging diversity in schools provision and the early developmental stage for the partnership the Committee would like to review the impact of the Tower Hamlets Education Partnership as part of the forward work plan.

5.19 Post 16 Education

5.20 The Committee questioned Officers on the significant variation in comparative performance of pupils in Tower Hamlets schools in GCSC examinations, and Post 16 options (including “A” levels). Additional information was requested on comparative career destination outcomes for pupils taking “A” levels and vocational qualifications. The Committee would also like to look separately at the work of the Virtual School in the future work programme, and the support that is provided for pupil’s considering university entry.

5.21 Public Health Savings – Phase 1

5.22 The Committee had an extensive discussion on the public health savings proposals and we would like to note our thanks to the Cabinet Member and Director for attending the meeting. The Committee was concerned about the short time period for the public consultation but recognise the pressure the council is under to deliver the savings within the financial year. The Committee requested details of evidence base of projects that were delivering successful outcomes for local people.

6.0 Pre –decision scrutiny

6.1 There has been a much greater emphasis on pre decision scrutiny of Cabinet decisions this year. At each meeting the Overview and Scrutiny Committee reviews Cabinet papers and provides a list of recommendations and questions which the Chair reports at the start of each Cabinet meeting, thereby informing the Cabinet decision making process. The Committee has also carried out in depth reviews of key

strategic and policy decisions, questioning relevant Cabinet members and requesting additional information.

6.2 Pre decision scrutiny – Local Council Tax reduction scheme 2017/18

6.3 The Committee reviewed the basis for and associated consultation evidence which has been used to inform the development of the Local Council Tax reduction scheme for 2017/18. Information was provided on the historical and statutory basis for the scheme and the proposed strategic approach for 2017/18. In addition the requirement for the final scheme to be approved at the Full Council meeting on 18 January 2017.

6.4 Councillors raised a number of strategic approach and practical and detailed implementation questions and queries in relation to the proposed approach for 2017/18, a number of which were answered during the debate. The Committee supported in principle the suggested approach, particularly the current direction of travel and the commitment to continuing support for those households that qualify for 100 % reduction in Council tax liability.

6.5 Pre decision scrutiny – Fees and Charges 2017/18

6.6 The Committee considered an overview of the strategic approach to fees and charges income for the coming year and the varied nature of the range of statutory and discretionary fees and charges levied by the council. Councillors asked a number of questions relating to the detailed nature of specific charges, including the historic basis for adult education charges and contractual relationship with the Skills Funding Agency (SFA).

6.7 Pre scrutiny: Draped Seated Woman – Selection of local hosting partner

6.8 The Committee supported the intention to host the iconic piece of art at a suitable location in the borough, where the citizens of Tower Hamlets could enjoy its benefits. The Committee also recognised the educational value that the piece will have in providing schools and young people with close up experience of contemporary art.

6.9 Pre-Decision Scrutiny of Cabinet Papers -Local Plan and the Housing Strategy.

6.10 The Committee reviewed and commented on the draft plan and proposals for consultation and engagement with local people. The comments from the Committee focused on the following areas:
Consultation: Ensure there are appropriate methods for digital engagement with local people on draft Plan and consider and put in

appropriate measures for engaging with people whose English is second language. In particular consider how minority groups and communities will be engaged. Local ward councillors provide very useful local knowledge and should be engaged and they can also help connect to different stakeholders at locality level.

- 6.11 The Committee registered concern in respect of the continuous development of the borough and whether the infrastructure to support this will keep pace and in particular the Committee was keen to hear about the numbers of new schools and health centres that would be developed. Equally significant is to ensure that the transport infrastructure is developed to cope with the demand. The Committee commented that partnership working with TfL, Schools and NHS would be crucial to deliver the objectives of the Local Plan.
- 6.12 Employment is a key priority for the Council and Committee was keen to ensure that through the Local Plan we look to address the high graduate unemployment and support our residents into employment. The Committee recommended that the Statement of Community Involvement is radical and truly supports the Council's vision for a transparent and open organisation and become a leader on this. The Committee asked that the recommendations from the Overview and Scrutiny Transparency Commission be considered in the development of this.

7.0 Call in of decisions

- 7.1 During the year no decisions of the Mayor in Cabinet in respect of unrestricted or restricted reports on the Cabinet agenda were 'called in'.

8.0 Scrutiny Spotlight Sessions:

- 8.1 The Committee has used Spotlight Sessions where the Mayor, Cabinet Members, Senior Officers and key partners attend the meeting for a robust question and answer session usually looking in depth at an area of performance, policy or an issue of community interest within their portfolio or area of responsibility.
- 8.2 An example of the approach and outcomes from spotlight sessions is the review of the new housing delivery model at the Mayors Spotlight Session. The Committee questioned the Mayor and supporting officers on the implementation plans and approach to developing a range of Housing Delivery Models to support the Councils priorities around the local housing market. The Committee raised a number of questions and queries around accountability, relationship with Tower Hamlets Homes, level of risks particularly relating to the charity model, and a request for assurances that appropriate checks and balances were in place.

8.4 The Committee recommended that the Housing Scrutiny Sub Committee carry out a regular review of the new and emerging delivery bodies as part of its 2017/18 work programme.

8.5 Spotlight on Youth Service

8.6 Cabinet member Cllr Saunders and officers attended to discuss the review of the Youth Service and youth centres, and the interim delivery model. While useful information was provided about the findings of surveys of young people, parents, carers and other stakeholders, the Committee suggested that additional information which had informed the reviews, in particular, the analysis of facilities' use, be published, to help make the case for the model.

8.7 It was agreed that, given that analysis has revealed considerable under-use in the past, it will be important to monitor this closely going forward, so that the same problems do not arise. The Committee is likely to return to this topic later in its work programme for the year.

8.8 Scrutiny spotlight -Outcomes for Children in Care

8.9 The Committee noted that the Council was at the time of the review undertaking an Ofsted inspection of Children's Services. They considered common themes and key issues in respect of the outcomes and success factors for Children in Care.

8.10 The Committee requested that a mechanism is put in place to enable the views and recommendations of the Care Leavers Group to be provided for the Committee to inform future work scheduling. A request was also made that there is representation from the Committee on the Corporate Parenting Board.

8.11 Chief Executive Spotlight session - Organisational culture and governance (This session is planned for a future meeting of the Committee).

8.11 Welfare reform spotlight session

8.12 The Committee considered the presentation from the Deputy Mayor that highlighted a number of key issues relating to Welfare Reform and this was followed by questions and recommendations from Members. The key areas of focus and recommendations from the review related to the need to provide clear pathways to advise people especially those in the poverty trap that is preventing them from climbing out of welfare dependency. Greater focus on how the Council can work with our partner agencies and practical support the Council could offer to families regarding Universal Credit?

8.13 Scrutiny Spotlight – Focus on Anti-Social behaviour

- 8.14 This review consisted of an update on the progress on the action plan for the Scrutiny Review from 2015 looking at “How the council, police and social landlords promote the reporting of incidents of drug dealing, drug taking and related ASB in communal spaces and communicate the outcome of this reporting”
- 8.15 The Committee questioned a range of witnesses including Councillor the Deputy Mayor and Cabinet Member for Community Safety, representatives from Tower Hamlets Homes, the TH Community Safety Team, a Chief Inspector from the Metropolitan Police Service and other housing providers.
- 8.16 Overall the Committee concluded that a lot of work has been done following the review, and that there is a real momentum to some of the strands of partnership working and particular initiatives to combat ASB locally. The Committee requested a follow up this piece of work when the review it is next considered by Cabinet (this will be added to the work programme for 2017/18).

8.17 Crime and Disorder Spotlight

- 8.18 The Committee received an update from the Borough Commander Sue Williams about Policing and Crime matters in relation to electoral fraud and the Police Services response including the letter from Assistant Commissioner Helen King, Assistant Commissioner, Professionalism, and Metropolitan Police Service to Katharine Viner the Editor of the Telegraph.

9.0 Petitions

- 9.1 The committee did not receive any petitions during the year.

10.0 Follow up reviews

- 10.1 Scheduled through the year there have been a number of reviews of previous scrutiny reports and recommendations, to check progress and assess the impact of the review and opportunities for further additional scrutiny work.

Examples include

- Challenge session progress update: Supporting delivery of successful town centre (high streets and markets).
- Challenge session progress update – Improving cycling safety
- Challenge session progress update : Anti-social behaviour

- Challenge session progress update : Contract specification and management in Tower Hamlets – Ensuring maximum value for money and securing community benefits

11.0 Reviews and Challenge Sessions

11.1 Scrutiny review Night-time Economy

- 11.2 A prosperous Night Time Economy (NTE) can be a great asset to an area, creating opportunities for economic growth and regeneration, as well as supporting the vibrancy of local neighbourhoods.
- 11.3 Successful NTEs do, however, also generate potentially damaging issues around anti-social behaviour, crime and environmental pollution. Striking the balance between promoting a flourishing NTE and protecting the quality of life of residents is a major challenge for local authorities.
- 11.4 The NTE in London is currently high on the agenda of city leaders, and has been made a top-priority by the new London Mayor with the recent appointment of London's first Night Czar, the introduction of the Night Tube. These developments, together with the rapidly changing demographic and economic make-up of Tower Hamlets, made it an opportune time to review the Council's current approach to the borough's NTE.
- 11.5 The Review was underpinned by six core questions:
1. What do we define as the Night Time Economy? Are there different trends within the NTE of Tower Hamlets, e.g. clustering of particular types of establishment, concentrated footfall at specific times of night?
 2. What are the spatial impacts of the NTE in the borough?
 3. What policies does the Council currently have in place for management of the NTE and are these/have they been effective in serving the needs of both business and residents?
 4. What policy innovations have been developed by other Local Authorities that LBTH could use to improve its own NTE management approaches?
 5. What is the wider cost-benefit analysis of NTE, e.g. tax receipts offset against policing/enforcement/health costs?
 6. What is the Council's long term vision for the NTE in the borough and is it fit for purpose?
- 11.6 The review took the form of four evidence sessions firstly planning and economic development, then Cabinet Member for Community Safety, the Community Safety Service, the Public Health Service and the Metropolitan Police. And finally the British Hospitality Association and the Association of Licensed Multiple Retailers.

11.7 The review culminated in a public meeting addressed by London Borough of Tower Hamlets Mayor, John Biggs, and the Mayor of London's Night Czar Amy Lamé. The event, attended by over 70 people, heard evidence from local residents, business owners and night time economy professionals. The Committee is currently considering the evidence that it has heard over the six month review, and will publish a report in early summer outlining its findings and recommendations for the future management of the night time economy in the Borough.

11.8 Challenge Session: Social Value Act

11.9 The challenge session focused on the Council's implementation of the Social Value Act provisions in the procurement and commissioning of services. The overall objective was to assess the impact of social value clauses throughout the commissioning cycle, with a particular focus on the monitoring and measurement of social value activity and outcomes.

11.10 Evidence was provided on the procurement and commissioning systems and approach in place along with detail on the monitoring and measurement activity undertaken. The session also conserved best practice approaches and further developments in the social value environment to inform the development of the recommendations.

11.11 The challenge session developed a range of recommendations which were subsequently presented to the Overview and Scrutiny Committee. The recommendations covered social value policy, commissioning and procurement approach, measurement and monitoring of social value, determining the impact on outcomes from social value activity, improved cross organisational working and a revised approach to communication and information.

11.12 The challenge session recommendations will aim to improve and standardise the overall approach to social value procurement in the Council by developing a policy framework and specific social value priorities. In addition the development and implementation of robust contract measurement approaches to ensure that all suppliers comply with the social value provisions in the contracts and effective measurement of the impact for our communities of social value activity.

11.13 Challenge Session: Free School Site Allocation

11.14 The Education Act 2011 made changes to the arrangements for the establishment of new schools by enabling them to be established either via the central government programme where proposers apply directly to the Department for Education (DfE); or where via a free school presumption process which sees free school providers bid to operate a new school that the Council has identified the need for.

- 11.15 Whilst the DfE has opened new free schools in the central programme by acquiring sites, in a crowded borough such as Tower Hamlets, new school sites generally arise as part of large site developments. Through an evidence based exercise as part of preparing the Local Plan, the Council has achieved a number of site allocations for schools and these will require the free school presumption process for the provider to be appointed.
- 11.16 The aim of the challenge session was therefore to explore ways in which the Council can ensure it offers families the kind of school places they seek, sufficient to meet demand both now and future. The process of undertaking a free school presumption exercise is new in Tower Hamlets and there was an overwhelming desire to ensure the process is right, given the Council's efforts to restore its reputation on transparency and on regaining the public's confidence.
- 11.17 The Regional Schools Commissioner attended the session bringing valuable insight and advice on the free school presumption process. Also in attendance were representatives from free schools and community schools providing an even balance of opinions?
- 11.18 Our recommendations cut across the themes of understanding need, ensuring a fair and transparent free school presumption process which involves the community, and working together in a more coordinated approach with internal and external stakeholders.
- 11.19 Delivering Prevent Duty: Promoting safeguarding in Tower Hamlets scrutiny review report**
- 11.20 The Committee noted that in 2015, the Government's Counter-Terrorism and Security Act introduced a duty on councils to prevent people from being drawn into terrorism or violent extremism. Tower Hamlets it was noted was a priority area under the duty and hence why on behalf of local residents, it was important to understand what the Council and its partners are doing to deter people away from terrorism and violent extremism. The Council has strong reputation for its work in this area, particularly in the way it has embedded the required safeguarding mechanism under the duty into its existing safeguarding arrangements.
- 11.21 The report made 13 recommendations on how the Council and our partners can add value to what is already happening under the 'Prevent Duty'. Our recommendations cover three themes of:
- **Safeguarding young people;**
 - **Promoting cohesion in Tower Hamlets; and**
 - **Developing leadership around Prevent.**

11.22 The recommendations had been developed following discussions over five sessions. Three additional co-opted members, Sarah Castro, Rob Faure-Walker and Dr Farid Panjwani, participated in the review bringing their academic knowledge, hands on experience of working with communities on cohesion and understanding of the impact of counter-terrorism policies on communities to the discussions.

11.23 Homelessness Scrutiny Challenge Session

11.24 Cllr Helal Uddin presented a report from the scrutiny challenge session on Homelessness. The session focused on the use of bed and breakfast accommodation for families with dependent children and pregnant women over the six week statutory period, the long term viability of moving away from B&B placements, Council's prevention work and customer satisfaction of homeless applicants.

11.25 The report makes 17 recommendations focusing on a number of areas including development of the new Housing Strategy, providing information to members and wider public and improving customer services. The report will now be sent to the Cabinet Member and Directorate to develop an action plan responding to the recommendations

11.26 Challenge session: Community Cohesion

11.27 This scrutiny challenge session focussed on community cohesion in Tower Hamlets. In light of the findings and recommendations highlighted in the Casey Review on opportunity and integration the discussion aimed to understand the implications of this on Tower Hamlets.

11.28 The challenge session reviewed some aspects of the work of the Council and its partners presently and historically to consider the impact of cohesion and equalities work in the borough and what can be done further to enhance cohesion in the borough. The session also looked at how we measure cohesion and whether the measure is adequate, the level of segregation and integration in the borough, how we promote cohesion activities, how cohesion could be mainstreamed in council activities. The session additionally considered ESOL provision in the borough and how this can support cohesion. The report will be considered by the Overview and Scrutiny Committee in the next municipal year.

11.29 Youth Service challenge session

11.30 The challenge session was carried out in the context of an ongoing consultation on a proposed reorganisation of the Integrated Youth and

Community Service (“the youth service”). The challenge session was prompted by concerns about whether the significant changes made to the youth service (i.e. the interim delivery model put in place from July 2016) and the larger changes to come as a result of service review and reorganisation, adequately address the “lessons learned” from previous shortcomings in service delivery and provide the right service for local young people.

11.31 The challenge session aimed to ensure that the future plans for the youth service have properly absorbed “lessons learned” from past work and have explored innovative approaches to achieving desired outcomes. Three main areas of focus during the challenge session were:

- the resilience of the service,
- the staffing of the service, and
- the approach to outreach.

11.32 The outcome from the sessions is a report containing a set of eight recommendations which focused on more inclusive working practices with other council departments and the voluntary and community sector, improved engagement with current and potential female service users. In addition exploration of alternative funding sources , improved interface with the police regarding initiatives to combat anti-social behaviour and the development of an improved performance and outcomes framework.

12.0 Health Scrutiny Sub Committee Chair Councillor Clare Harrison

12.1 Background

The Health Scrutiny Sub-Committee is the primary way in which the democratically elected councillors of Tower Hamlets are able to voice the views of their residents and hold the relevant NHS and social care bodies to account. By doing this, the Health Scrutiny Sub-Committee acts as a lever to improve the health of the local population by ensuring their needs are considered as part of the commissioning delivery and development of health and social care services in the borough.

12.2 During 2016/17 the Sub-Committee adopted a thematic approach to its work, focussing on the issue of 'Access to Health and Social Care Services' in Tower Hamlets. To this end, the Sub-Committee focussed on one substantive item relating to this theme at each of its four ordinary meetings – Community Pharmacy, Primary Care infrastructure, Access to Early Years and Adult Mental Health Services.

12.3 In addition the Sub-Committee continued to receive occasional and statutory reports relating to the performance of the local health and social care system, and Cllr Harrison also chaired the Inner North East London (INEL) Joint Health Overview & Scrutiny Committee (JHOSC), a body which has jurisdiction over the scrutiny of sub-regional health care planning such as the Sustainability and Transformation Plans (STPs).

12.4 For 2016/17 and 2017/18 LB Tower Hamlets holds the rotating Chair on the Inner North East London (INEL) Joint Health Overview & Scrutiny Committee (JHOSC). This body comprises of LB Tower Hamlets, LB Hackney, LB Newham and the City of London Corporation (together with LB Waltham Forest as observers), and is tasked with scrutinising health and social care plans and/or decisions that may affect one or more member authority. In accordance with s.245 of the NHS Act 2006 and the Local Authority (Overview and Scrutiny Committees Healthy Scrutiny Functions) Regulations 2002, the JHOSC is able to refer certain decisions (formal 'cases for change') to the Secretary of State if it is felt they have been taken without due consultation and engagement.

12.5 During 2016/17 the JHOSC has met four times, with business focussing on the Transforming Services Together (TST) programme and the North East London Sustainability & Transformation Plan (NEL STP). Together with borough level transformation programmes, such as Tower Hamlets Together, the TST and STP are NHS proposals for redesigning healthcare provision at the multi-borough and sub-regional level. Both of these plans include re-configurations of services that could have an impact on Tower Hamlet's residents and it is therefore important that JHOSC provides democratic oversight. Over the course

of the next municipal year, INEL will continue to offer overview of the STP and will receive formal 'cases for change' as and when they arise from the local NHS."

12.6 Community Pharmacy

12.7 The Sub-Committee considered the significant but often overlooked role of Community Pharmacies in the delivery of primary health services to local residents. According to NHS England, nationally there has been a 20% increase in the use of pharmacies in recent years, although the Government intends to reduce pharmacy funding by some £300 million during 2017/18.

12.8 The Sub-Committee heard that the 48 pharmacies in Tower Hamlets play an important role in supporting the prevention agenda by offering easily accessible and low level interventions, such as sexual health and smoking cessation support, as well as offering social and economic benefits to many of the borough's high streets. However, it was felt that pharmacies had even greater potential to fulfil a role as a high street clinic and Tower Hamlets Clinical Commissioning Group (CCG) and the Local Pharmaceutical Committee were working together to make this more of a reality.

12.9 The Sub-Committee recommended that following issues be considered when developing the future offer:

- That the lack of 24 hr pharmacy access locally is addressed, especially in terms of how this can support night-time hospital discharges;
- That better and more comprehensive pharmacy performance dashboards are developed to help drive up quality and provide sound evidence base for future decision making around provision;
- That the number of pharmacies with access to GP notes/shared medical records are increased.

12.10 Planning & Primary Care Infrastructure

12.11 The Sub-Committee considered the issues facing the commissioning, planning and delivery of primary care services in the borough, in the context of increased demand for services arising from a growing population.

12.12 The CCG and the GP Care Group highlighted the main challenges facing primary care, including; the recruitment and retention of staff (especially GPs), the changing make-up of the GP workforce (i.e. more salaried staff) and patient frustration with the process for getting an appointment. The LBTH Public Health team set out the Council's approach to planning for future health infrastructure needs, which is based on projected population increases.

12.13 In response to these challenges the CCG and GP Care Group have; created the GP Care Group as a Community Interest Company (CIC) to help consolidate the local primary care offer, obtained additional resources from the GP Access Fund to set up four primary care hubs in the borough where residents can access appointments out of core hours, developed a 'physician associate' scheme to offer greater support to GP practices.

12.14 The Sub-Committee recommended that following issues be considered by the CCG, GP Care Group and LBTH Public Health/Planning:

- That the planning of healthcare infrastructure take account of the geographic dimension of population growth e.g. physical space constraints in certain localities;
- That the Community Infrastructure Levy (CIL) continue to be spent on addressing the borough's health priorities
- That consideration be given to the quality/access to non-GP primary care services in the borough, e.g. dental care, opticians.
- That a strong local offer to attract and retain GPs in Tower Hamlets is developed collaboratively.

12.15 Early Years and Access to Care

12.16 The Sub-Committee considered the main challenges facing 0-5 year olds in the borough, which include; high rates of child poverty, low birth weights, above average infant mortality rates, lack of school readiness, excess weigh & obesity, dental decay, and lower levels of vaccination/immunisation coverage.

12.17 Officers from Children's Services and Public Health set out what is being done to improve access to health and social care for 0-5 year olds in the borough, with a particular focus on ensuring that early interventions were improving outcomes. Ongoing work includes; redesigning the Children's Centre offer, developing the Tower Hamlets Together model to integrate early-years services with universal health services and developing a new model of care for specialist children's community health services.

12.18 Over the course of 2017 work will focus on developing the relationships between the children's centres / child and family hubs to wider services including primary care, specialist children's health services, child and adolescent mental health services (CAMHS), children's social care and services for school age children. The Sub-Committee recommended that the following issue be considered by LBTH Children's Services and Public Health going forward:

- That links between hospitals and children's centres be strengthened to ensure birth data is shared and children automatically registered at CCs and A&E usage for minor ailments is reduced;

- That Children's Services strengthens their understanding of whether vulnerable families are missing out on CC provision through data collection/analytics;
- That CCs work to strike a sensitive balance between free and charged services they offer so as not to create a 'two-tiered' system;
- That CCs work to provide an adult offer to support new mothers, especially those from BME communities, who risk being isolated to language barriers etc.

12.19 Access to Care for People with Mental Health Problems

12.20 The Sub-Committee considered the main barriers facing people with mental health problems have in accessing the services they need in Tower Hamlets. According to the CCG and ELFT these include; lack of awareness about mental health within the population, stigma (especially amongst specific communities), the fragmentation of provision, mistrust of services, excessive waiting times, transition at 18 and issues for carers/partners of those with mental health problems in accessing support.

12.21 The CCG and ELFT set out the undertaken by the Tower Hamlets Mental Health Partnership to address some of these challenges in recent years, including; redesigning dementia care pathways, establishing clear pathways for adults in crisis to ensure bed availability, developing a high quality supported accommodation offer within the borough and developing a primary care mental health service (inc Peer Support/Navigation). The partnership intends to build on these over the course of 2017, working within the NEL STP to develop a population-based approach to mental health (such as tackling the wider determinants, enhance links with General Practice, further improve urgent and community care pathways, better integrate physical and mental healthcare and prompting whole person care commissioning.

12.22 The Sub-Committee recommended that following issues be considered by the CCG, ELFT and other local mental health care providers:

- That work continue to achieve the 5 Year Forward View objective of reducing suicides by 10% - this is significant in a borough where there is an increasing student population;
- That councillors be given more information about where they can signpost residents with mental health needs that they come into contact with via casework;
- That the choice of mental health interventions offered in primary care is reviewed to ensure that there are alternatives to Cognitive behavioural therapy;
- That the interface between local mental health services and the Criminal Justice System (inc. YOT) be considered to ensure pathways for support/interventions are clear.

12.23 Reablement Service - Scrutiny Review

12.24 The Sub-Committee conducted a Scrutiny Review of the Council's Reablement Service which supports residents aged 18+ when they are discharged from hospital and/or are already at home and starting to struggle with activities of daily living. Its main focus is to support residents to regain or improve their independence and functioning.

12.25 The Sub-Committee wanted to understand whether the current service offers accessible and effective care and gain an insight into the experience of service users. The review consisted of four evidence gathering sessions that brought together key partners in the delivery of local health/social care services, service users and third sector organisations. In addition the Sub-Committee also conducted a field visit to a best practice authority and met with staff from the Council's Reablement Service.

12.26 In considering the evidence submitted, the Sub-Committee recognised that the service was operating effectively and already planning to address some of the issues raised during the review. The Sub-Committee felt that there was still room for improvement and has made 16 recommendations that will enhance service user outcomes and experience, covering areas such as referral pathways, the hospital discharge process, personalisation and education/communication.

12.27 Other activity

12.28 In addition to these items, the Sub-Committee has also received and discussed reports on the following:

- Tower Hamlets CCG Commissioning Intentions
- CQC Inspection Report on ELFT, which rated the Trust 'Outstanding'
- CQC Inspection Report on RLH, which rated the hospital as 'Requires Improvement'
- The response of RLH to the inspection findings is ongoing and the Sub-Committee is receiving regular feedback on progress.
- CQC Inspection Report on Mile End Hospital
- Healthwatch TH Report on GP access
- Maternity Partnership Board: This body was created following the scrutiny review of Maternity Service conducted last year and provides oversight of the improvement action plan

13.0 Grants Scrutiny Sub-Committee
Cllr Abdul Mukit MBE

- 13.1 This Sub-Committee was set up this year as part of the implementation of the Council's Best Value Action Plan. The aim of the Grants Sub-Committee is to ensure that the overall objectives of the grant scheme are being met based on identified need, that a fair geographical distribution of funding is being proposed, and that the full range of community needs are being met. It aims to support an objective, fair, transparent and co-ordinated approach to grant funding across the Council.
- 13.2 This year, the Sub-Committee has been mainly focussed on pre-decision scrutiny of the reports being presented originally to the Commissioners Decision Making Meeting and subsequently the Grants Determination Sub-Committee.
- 13.3 A review was undertaken early in 2016 of the operation of the sub committee which made nine recommendations, half of which have already been implemented including review of the membership, training for councillors and reviewing the grants register.
- 13.4 One of the recommendations was that the grants performance reports provider greater clarity on outcomes, more analysis and stronger focus on problem issues. This approach to reporting has been applied to MSG theme 2 Jobs, Skills and Prosperity and further work is being planned to rollout for other themes in the near future.
- 13.5 As articulated in the Council's Voluntary and Community Sector Strategy, the Council is moving towards a commissioning approach. To this end, the Sub-Committee wanted to look at the arrangements being put in place to support local organisations. The Sub-Committee received a report outlining the co-production support to the voluntary sector to date for commissioned projects relating to Community Engagement, Cohesion and Resilience, and the Sub-Committee have asked receive another update further into the co-production programme.
- 13.6 At their meeting in March 2017, the Sub-Committee received a demonstration of the new GIFTS ONLINE grants management system which gave them with an opportunity to provide feedback and recommendations to be considered in the development of the new system.
- 13.7 Going forward, the sub-committee may wish to consider how it further develops its own work programme, and what arrangements it may wish to make to develop public engagement on the work of the Sub-Committee.

14.0 Housing Scrutiny Sub-Committee

Chair: Councillor Amina Ali

14.1 During 2016/17, the Housing Scrutiny Sub-Committee (HSSC) played a key role in highlighting areas of concerns and recommending improvement on some key aspects of social housing.

14.2 Housing in Tower Hamlets – understanding the key challenges

14.3 The HSSC commenced its work by taking a closer look at: Housing and Planning Act 2016; New Homes in England; Rogue landlords and letting agents; Recovering abandoned premises; Social Housing; Right to Buy; Vacant 'higher' value local authority housing; end of lifetime tenancies; and high income social tenants.

14.4 Under Occupation Review

14.5 As part of HSSC's work programme, a review group was set up to explore under occupation of social housing. For the purposes of the review, under occupation is defined as "where a household is occupying a property with one or more bedrooms above the statutory requirement".

14.6 The aim of the review:

- To explore the incentives available to encourage existing tenants to vacate accommodation;
- Ascertain whether practices of some Registered Providers (RPs), operating inside or outside the borough, have been more successful
- National best practice on this issue and establish if lessons learnt elsewhere were applicable to the circumstances of Tower Hamlets.


14.7 The review group noted that the Council's incentive schemes achieved over 650 under occupation transfers over five years – which is fairly consistent with other local authorities with similar demographics. Nevertheless, due to ever growing pressure on social housing, the under occupation review group wanted to explore further, to identify and recommend some innovative solutions.

14.8 The final report made a series of recommendations, including: improved communication; dedicated resource allocation to the scheme; proactively advising under occupying tenants on the advantages of downsizing; identifying future development specifically for under occupying tenants; policy change through revising the standard tenancy agreement.

14.9 Housing Repairs: good practice models

- 14.10 When considering regular performance updates on leaseholder services, the issue of repairs was picked up by this scrutiny sub-committee, as an area of particular interest. Subsequently, I dedicated a HSSC meeting to take a look at current practices on how different housing providers were delivering their repairs service. Also, how they were performing in the areas of: turnaround time; whether repairs needed repeat visits; dealing with customer complains; residents' satisfaction level etc.
- 14.11 During these meetings the HSSC received reports and presentations from the council's partners including: Swan, Poplar Harca, Gateway and Tower Hamlets Homes. The committee raised a number of issues including: residents' dissatisfaction with Mears contract; cost of repairs due to ASB in estates; un-necessary pressure to complete satisfaction survey; repair jobs requiring repeated visits etc.
- 14.12 In response to the feedback from members and the public, the committee were advised that the current contract is fairly new, and it may take a little longer - to see the full effect of the changes, which have been put in place recently.

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<p>Non-Executive Report of the:</p> <p>Overview and Scrutiny Committee</p> <p>9 May 2017</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Graham White – Acting Corporate Director, Governance and Interim Monitoring Officer</p>	<p>Classification: Unrestricted</p>
<p>Social Value Act - Scrutiny Challenge session</p>	

Originating Officer(s)	Peter Quirk – Senior Strategy, Policy and Performance Officer
Wards affected	All

Summary

This report provides the Scrutiny Challenge Session Report and its recommendations from the scrutiny challenge session held on 9 March 2017 looking at the Social Value Act.

Recommendations:

The Overview and Scrutiny Committee is recommended to:

1. Agree the Scrutiny Challenge Session Report and its five (5) recommendations; and
2. Authorise the Interim Service Manager, Strategy, Policy & Performance to if necessary amend the draft report before submission to Cabinet, after consultation with the Scrutiny Lead Member for Resources and the Chair of the Overview and Scrutiny Committee.

1. REASONS FOR THE DECISIONS

- 1.1 This report highlights the approach, methodology and evidence gathered during the challenge session and subsequent review which were then used as the basis for developing the recommendations from the Social Value Act challenge session. The session formed part of the annual work programme for the Overview and Scrutiny Committee for 2016/17.

2. ALTERNATIVE OPTIONS

- 2.1 The committee may decline to agree the recommendations. This is not recommended however as the report outlines work undertaken by Councillors and officers to identify areas of improvement.

3. DETAILS OF REPORT

3.1 Background and context

- 3.2 As part of its work programme for 2016/17 the Overview and Scrutiny Committee commissioned at challenge session - to consider the implementation of the Social Value Act in the procurement and commissioning cycle for the Council and our communities. The challenge session was chaired by Councillor Abdul Mukit (Member for Weavers ward).

- 3.3 The scrutiny challenge session was attended by the following Councillors , Co-opted Members and officers:

Cllr Abdul Mukit MBE	Chair and Scrutiny Lead for Resources
David Burbidge	Chair of Tower Hamlets Healthwatch , Co-Opted Member of the Health Scrutiny Sub Committee
Margherita De Cristofano	Co –Opted Member of the Grants Scrutiny Sub Committee
Shabbir Ahmed Chowdury	Co-opted Member of Overview and Scrutiny Committee - Parent Governor representative
Neville Murton	Divisional Director - Finance and Procurement
Zamil Ahmed	Head of Procurement
Andy Scott	Acting Divisional Director- Economic Development
Joyce Ogunade	Economic Benefits Manager
Ahmed Choudhury	Senior Strategy, Policy and Performance Officer

- 3.4 The review was supported by:

Peter Quirk	Senior Strategy, Policy and Performance Officer
Julia Estruga	Development and Policy Procurement Manager

3.5 The challenge session considered how the council's approach to implementing and mainstreaming social value in both commissioning and organisational culture has developed and compares with best practice nationally.

3.6 Challenge session and methodology

3.7 The challenge session was held on 9 March 2017 and took the following form:

- Review of the existing procurement and commissioning approach to social value ;
- Assessment of the monitoring , measurement and review of social value clauses and requirements in contracts ;
- Review of the approach to assessing social value impact ;
- Challenge session and review of best practice.
- Development of recommendations based on review of the evidence.

3.8 The report with recommendations is attached as Appendix 1. There are five (5) recommendations arising from the challenge session which are outlined below:

Recommendation 1:

That the Council develop a Social Value Policy including associated social value priorities and carries out a review of synergies and linkages with other complementary Council policies and strategies.

Recommendation 2:

Develop an approach to monitoring and measuring the social value outputs and deliverables; this could be through a standard framework, flexible to needs and nature of each contract.

Recommendation 3:

Examine the options to develop a social value impact and outcomes assessment tool, to determine the impact of social value activity and gauge its contribution to the Mayoral priorities.

Recommendation 4:

Determine an approach to cross organisation working to ensure that there is collective ownership of social value throughout the commissioning and procurement cycle.

Recommendation 5:

Develop a Social Value Communication and Engagement Plan to ensure that providers and communities are aware of the opportunities and impact of social value delivery in Tower Hamlets.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 There are no direct financial implications arising from this report. However, should additional resources be required to implement the five recommendations detailed within the report, officers will need to identify appropriate resources and seek approval through the Council's financial approval process.

5. LEGAL COMMENTS

- 5.1 The Council is required by section 9F 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 may consider any matter affecting the area or its inhabitants. The Committee may also make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions.
- 5.2 Section 1 of the Public Services (Social Value) Act 2012 places a duty on local authorities, the NHS and some other public bodies to give consideration to improving the economic, social and environmental wellbeing of an area when commissioning services. This report advises as to the Overview and Scrutiny challenge session to consider the implementation of the Social Value Act in the procurement and commissioning cycle for the Council and our communities.
- 5.3 The Challenge Session's aim was to provide a direction for the Council in maximising the impact of the commissioning and procurement activity to drive economic growth in the Tower Hamlets local economy and support the delivery of the Executive Mayor's key strategic priorities. In considering this, the Challenge Session focussed on the importance of the Council obtaining community benefits and tangible outcomes in relation to all relevant procurement and commissioning activity and five (5) recommendations have been proposed.
- 5.4 As to the recommendations, all are capable of being undertaken within the Council's powers.
- 5.5 When considering its approach to this report and its recommendations, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not. Information relevant to this is contained in the One Tower Hamlets section below.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 This challenge session aimed to assess the current approach to the implementation of the Social Value Act and has developed a set of

recommendations aimed at embedding both the ethos and practical benefits of social value in the whole procurement and commissioning cycle for the Council. A key element of this is ensuring that the social value activity contributes to improved outcomes for the diverse communities in the area and supports community cohesion whilst providing value for money.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The recommendations in this report are made as part of the Overview & Scrutiny Committee's role in helping to secure continuous improvement for the council, as required under its Best Value duty.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 There are no direct sustainable actions for greener environment arising from this report, and recommendations.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There are no direct risk management implications arising from this report and recommendations.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 There are no direct crime and disorder implications arising from this report or recommendations.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Appendix 1: Scrutiny challenge session – Social Value Act

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

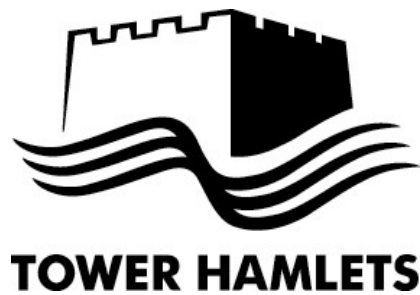
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APPENDIX ONE

Social Value Act

Scrutiny Challenge Session Report



London Borough of Tower Hamlets
April 2017

Chair's Foreword

This challenge session provided us with the opportunity to review the opportunities that the Social Value Act offers for the communities of Tower Hamlets.

The review builds on the excellent work carried out by the Council as an early adopter in introducing social value clauses into major contracts which has delivered significant economic and community benefits to date.

The Council now needs to further develop its approach to social value and work on a more joined up approach to the management , measurement and monitoring of the social value element of contracts .

In addition the challenge session has identified the need to clearly evaluate the impact of the social value requirements for the communities of Tower Hamlets through some form of social impact assessment tool. We also need to ensure that we communicate effectively with potential providers and our communities demonstrating the benefits and impact of social value.

Councillor Abdul Mukit
Weavers ward
Scrutiny Lead Member for Resources
Chair of the Grants Scrutiny Sub Committee

1. Summary of recommendations

RECOMMENDATION 1: That the Council develops a Social Value Policy including associated social value priorities and carries out a review of synergies and linkages with other complementary Council policies and strategies.

RECOMMENDATION 2: Develop an approach to monitoring and measuring the social value outputs and deliverables; this could be through a standard framework, flexible to needs and nature of each contract.

RECOMMENDATION 3: Examine the options to develop a social value impact and outcomes assessment tool, to determine the impact of social value activity and gauge its contribution to the Mayoral priorities.

RECOMMENDATION 4: Determine an approach to cross organisation working to ensure that there is collective ownership of social value throughout the commissioning and procurement cycle.

RECOMMENDATION 5: Develop a Social Value Communication and Engagement Plan to ensure that providers and communities are aware of the opportunities and impact of social value delivery in Tower Hamlets.

1. INTRODUCTION

- 1.1. The Public Services (Social Value) Act 2012 placed a duty on local authorities, the NHS and some other public bodies to give consideration to improving the economic, social and environmental wellbeing of an area when commissioning services.
- 1.2. A Scrutiny Challenge Session was held on 9th March 2017 which focused on the importance of the Council obtaining community benefits and tangible outcomes in relation to all relevant procurement and commissioning activity.
- 1.3. The challenge session provided the opportunity to examine the Council's corporate approach to social value, as an early adopter in developing and implementing Social Value Act requirements into the Procurement and Commissioning environment (which has been nationally recognised with a number of national awards¹).
- 1.4. The session considered the whole commissioning cycle with a particular focus on the monitoring and measurement of social value initiatives and determining the impact and contribution made to council and community objectives and priorities. The challenge session was structured around the elements of social value in the commissioning and procurement cycle.
 - Procurement
 - Measurement and the impact
- 1.5. This piece of work cannot however be taken in isolation of the significant financial challenges faced by the Council in the coming years. Particularly changes in the funding environment and the need to drive greater value for money through commissioning activity and more efficient service delivery .Alongside a move to outcomes based budgeting and community based strategic priorities.The development of recommendations needs to carefully consider and quantify the impact of embedding social value culture in commissioning & procurement and all aspects of service re- design and transformation.
- 1.6. There was also an opportunity to review the wider corporate impact of both the social value legislation and the potential contribution that it can make to deliver the Executive Mayors' key priorities for 2017-20.
- 1.7. The aim is to provide a direction for the Council in maximising the impact of the commissioning and procurement activity to drive economic growth in the Tower Hamlets local economy and support the

¹ **National Go Awards:** Excellence in Public Procurement – March 2014

▪**London Boroughs Award:** Best work with supply chain/local businesses to create new Apprentices – September 2014

▪**SOPO Awards:** Excellence in delivering Social Value – Finalist – April 2015

delivery of the Executive Mayors key strategic priorities. The session also provided the opportunity to quantify the value of this work and communicate this work and its value to our communities.

- 1.8. The Council’s Internal Audit function is currently carrying out an audit to provide assurance that the Council has effective systems and controls in place for timely identification, managing and monitoring various economic benefits, delivered through procurement, to the community designed in various agreements and contracts.
- 1.9. Recognising that there is some synergy between the audit “Terms of Reference” and the overall aims for the Challenge Session. There is however a clear distinction between the audit work which is system based and backward looking, and the scrutiny function which has a much wider remit. Scrutiny takes a more holistic approach and is focused on developing recommendations as to the approach and outcomes which can be achieved through social value work.
- 1.10 The session was attended the following Scrutiny Committee Members & Officers:

Cllr Abdul Mukit	Chair and Scrutiny Lead for Resources
David Burbidge	Chair of Health Watch Tower Hamlets , Co-opted member of the Health Scrutiny Sub Committee
Margherita De Cristofano	Co-opted member of the Grants Scrutiny Sub Committee
Shabbir Ahmed Chowdhury	Parent Governor representative , Overview and Scrutiny Committee
Neville Murton	Divisional Director Finance and Procurement
Zamil Ahmed	Head of Procurement
Andy Scott	Acting Divisional Director - Economic Development
Joyce Ogunade	Economic Benefits Manager
Ahmed Choudhury	Senior Strategy , Policy and Performance Officer

2. SOCIAL VALUE ACT CONTEXT

The legislative context

- 2.1. The Public Services (Social Value) Act originated from a private members bill in Parliament, and quickly gained cross party support enabling the Bill to pass smoothly through both houses of Parliament. The reason for the universal support was that the legislation demonstrated that calculating value for money in procurement was not purely focused on efficiency gains, but on the delivery of corporate and community outcomes.
- 2.2. The Act came fully into force on 31 January 2013, and required commissioners to consider securing economic, social, or environmental benefits when buying services above the OJEU threshold (£264,176).
- 2.3. Public sector organisations are required under the Act to consider how the services to be procured may improve the social, environmental and economic wellbeing of the area. The Act applies to public services contract and framework agreements to which Public Contracts Regulation apply.
- 2.4. The detail of the legislation applies to pre-procurement stage and identifies specific areas of focus including service user consultation, specification development and approaches concerning the period prior to formal publication of contract notice and or expression of interest
- 2.5. The Act seeks to shift commissioning and procurement practices to include the consideration of wider benefits (social, environmental and economic) delivered to communities. It also aims to open up the public sector contracting market to Voluntary, Community and Social Enterprise (VCSE) organisations who are considered to deliver added value to communities.
- 2.6. The Act is part of the overall suite of legislation and initiatives developed by the Government who see the Department for Communities and Local Government as custodians of a drive to a more encompassing approach to Value for Money.

2.7. Guidance and good practice demonstrates that a holistic approach to social value ensures that organisations consider the following in developing and embedding Social Value:

- Pre-Procurement
- Consultation with Residents
- Policy and Service Design
- Specification Development
- Tender
- Supplier Engagement
- Identification of Added Value
- Decision on what is proportionate and achievable
- Sustainability of the service delivery model

The National Picture

2.8. The Government commissioned Lord Young to carry out a review in 2015 of how the Act had been operating two years on from its inception. In general the review found that where the social value approach had been implemented it had delivered significant benefits for communities.

2.9. The review identified the following barriers to fully develop the Acts potential:

- a. Awareness and take up of the Act was very patchy across the country.
- b. There was varying understanding of how to apply the Act, leading to an inconsistent picture defining social value and determining when to include it in the commissioning cycle, applying social value within the statutory and constitutional framework and clarifying its use in procurement.
- c. Measurement of social value is not yet fully developed.

The Tower Hamlets Approach

Procurement and Commissioning

2.10. The Councils approach to the Social Value Act 2012 is to secure more community value e.g. employment and training through the commissioning process.

2.11. Currently Tower Hamlets has over 3,500 suppliers and aims to find the most effective solution and deliver improved social wellbeing for the area. Social Value is embedded into Councils Procurement Policies and Procedures seeking to add value through social and economic benefits.

- 2.12. Local Employment and Community Benefits clauses are included in all relevant contracts above £100,000, and considered on those below £100,000.
- 2.13. At Tower Hamlets social value is considered during pre-procurement stages and throughout the Commissioning cycles (i.e. during consultation, tendering, contract award etc.). A key factor in determining the social value element is consideration of how the specific requirement will help to support and deliver the Council's Mayoral priorities.
- 2.14. Social value is implemented by the inclusion of a 'Local Employment and Community Benefits' Schedule in Council tenders (max weighting of 5%) and through effective market and supplier engagement
- 2.15. The innovative approach taken by the Council have been recognised through three key national awards.
- National Go Awards: Excellence in Public Procurement – March 2014
 - London Boroughs Award: Best work with supply chain/local businesses to create new Apprentices – September 2014
 - SOPO Awards: Excellence in delivering Social Value – Finalist – April 2015

Monitoring and Measurement

- 2.16. Social value has been embedded in the Council's contracts and it has a duty to consider how procurement activities deliver added value to the local community.
- 2.17. The Council's main focus to date has been on monitoring and measuring economic benefits. Economic benefits are part of the community benefits requirements; they are related to specific targets in relation to economic growth indicators.
- 2.18. They are assessed throughout the procurement cycle, under the quality questionnaire and alongside other community benefits; they can also determine final decisions for awarding a contract; however, they only carry a maximum of 5% weighting on the overall contract.
- 2.19. The Economic Benefits team aims to maximise, secure and monitor the economic benefits derived from planning applications and procurement contracts. Some of the key Economic Benefits Areas included in current contracts look at aspects of : Employment, skills, and enterprise and work experience opportunities.
- 2.20. A good example of the Council achieving economic benefits can be found within specific planning applications, which may be assessed to have a range of Economic Benefits which then form part of S106 Agreements.

- 2.21. The Economic Benefits Team monitors all S106 Agreements related to employment and enterprise. These S106 Agreements involve financial and non-financial targets in relation to employment, skills and enterprise obligations.

3. KEY FINDINGS AND RECOMMENDATIONS

Social Value Policy

- 3.1. The challenge session identified that there is a need to carry out a longitudinal study of current and expected procurement activity, taking into account external drivers such as the impact of leaving the European Union and the financial and funding environment for the public sector.
- 3.2. This intelligence can then be used to inform and evidence the future approach to embedding and further implementing Social Value elements into the whole commissioning cycle.
- 3.3. The Council has a robust and transparent procurement and commissioning framework which is embedded within the Councils overall Governance environment. Social value elements and approaches are included within this framework, however the Council does not have an overarching Social Value Policy or specific social value priorities against which activity can be planned, measured and evaluated.
- 3.4. The development of a Social Value Policy would have the benefit of providing both contractors and residents with a clear definition of expectations and requirements in the commissioning, implementation and evaluation of social value elements.
- 3.5. The Council will need to engage and consult with both communities and potential suppliers to evidence and inform the format, scale and range of the Social Value Policy. A starting point will be to develop a clear unambiguous definition of social value and associated social value priorities for the Council and our communities.
- 3.6. The Overview and Scrutiny Committee could support the development of policy and associated priorities through a short review or Spotlight session at one of the committees' meetings.
- 3.7. The challenge session looked at the current governance arrangements for procurement and commissioning and suggested that the Council should review the role and remit of the existing Competition Board to have a revised focus and role in reviewing the social value elements in contract and commissioning activity.

- 3.8. Underpinning the policy the Council should develop a range of guidance tools and information for suppliers/providers and communities, these could include an agreed glossary of social value terms and a pick list of social value options related to specific types of commissioning activity.
- 3.9. Linked to the development of the policy the Council could also consider specific policy for the pre commissioning period and the inclusion of economic benefits within the procurement strategy. In addition to ensure that social value principles are mainstreamed across the work of the Council
- 3.10. It is also recommended that the Council carry out a review initially mapping social value elements into other associated policies/strategies (e.g. workforce development management), then re-writing and updating the specific policies.

RECOMMENDATION 1: That the Council develops a Social Value Policy including associated social value priorities and carries out a review of synergies and linkages with other complementary Council policies and strategies.

Commissioning and Procurement

- 3.11. The challenge session reviewed the current approach to commissioning and procurement and the range of social value achieved through a number of contract examples (see appendixes).
- 3.12. Officers suggested that some suppliers struggle with meeting social value contribution and for some (especially large ones) it's fairly straight forward. The council always takes contractors through the social value requirement and offers support and guidance
- 3.13. Looking at the local supply market, the challenge session received evidence which suggested that smaller voluntary groups are not set up adequately to bid for contracts. There are however opportunities to work with local voluntary and community sector organisations and smaller providers to develop the market in specific areas of Council procurement activity.
- 3.14. The Council has introduced e-tendering, which requires all procurement to go through the portal. This approach ensures that the Council uses technology to monitor contracts and achieve better contractor accountability, focusing on the delivery of the benefits and outcomes for communities. The electronic system generates reports on request and provides up to date progress on the delivery of social value actions.

- 3.15. The development of social value priorities will enable the Council to use these priorities to inform questions in tender/procurement documentation (through open or directional questioning).
- 3.16. The Council will need to be able to identify specific social benefits through tailor made schedules and through identifying different categories of contracts. It is also important that when producing specifications, services must be mindful of specifying specific benefits.
- 3.17. As part of the process for developing a Social Value Policy the council can revisit the weighting the social value clause in the tender assessment process and consider the application of SV clauses into contracts that fall below procurement thresholds (i.e. less than £100K). Whilst being mindful that the Economic /community benefit has to be proportionate e.g. the Council cannot expect a contract valued at £10k to deliver £10K worth of apprentice/training.
- 3.18. The development of social value priorities and associated tools and guidance material will ensure that the Council is able to focus social value initiatives on the delivery and support for the Councils strategic priorities.
- 3.19. The Challenge session also identified the need to quantify the benefits and expected outcomes for social value activity at an early stage the procurement process. And noted the opportunity with the new Medium Term Financial Plan being based on Outcome Based Budgeting principles to also apply this approach to future commissioning activity and Social Value requirements.
- 3.20. Finally the session noted the potential for significant social value impact in a number of large scale commissioning activities in the coming months (i.e. New Town Hall, Social Care Commissioning, Waste Contract) and the opportunities for using the recommendations from this session to inform the work on social value in these areas.

Measurement and monitoring

- 3.21. The challenge session reviewed the current approach to social value monitoring and measurement through the commissioning and delivery cycle. The findings were that whilst the initial procurement activity was robust in determining the level and nature of the social value deliverables, there was a mixed and somewhat ad hoc approach to contract monitoring and measurement of the delivery of the benefits associated with individual contracts.
- 3.22. The Council should consider the development of a corporate approach to measuring benefits and outputs and examine developing a standard framework, flexible to needs and nature of each contract. This could take the form of an audit approach to determine whether providers are

delivering their SV commitments. The Council should also have some means of measuring the impact of procurement activity.

- 3.23. It is crucial that the Council is able to quantify the social value benefits realised across the range of contracts; an approach which may be considered is to develop a corporate approach to monitoring and reporting social value elements of contracts.

RECOMMENDATION 2: Develop an approach to monitoring and measuring the social value outputs and deliverables; this could be through a standard framework, flexible to needs and nature of each contract.

Impact and Outcomes

- 3.24. The Challenge session questioned the approach to assessing the impact and outcomes delivered through the Social Value regime at the Council.
- 3.25. The challenge session recommends that the Council should review best practice nationally in relation to approaches to measuring the impact of social value for the Council and our communities.
- 3.26. The Council should review the range of social return on investment models available to determine which is best fitted to the contract environment, in providing robust information yet not being overly bureaucratic and resource intensive.
- 3.27. There also needs to be a clear process for linking the contract deliverables through the social value clauses to the achievement of the Council's mayoral priorities. This could take the form of an economic benefits procurement calculator.
- 3.28. The current electronic procurement system could provide the basis for collecting the information required to inform the assessment of the community impact of the contract. As part of contract monitoring framework the Council agree and review KPIs and always reserve the right to terminate contracts where there is a clear failure from the contractor's side. The Council also holds regular supplier briefings to be absolutely clear about expected levels of contract deliverables etc.

RECOMMENDATION 3: Examine the options to develop a social value impact and outcomes assessment tool, to determine the impact of social value activity and gauge its contribution to the Mayoral priorities.

Cross organisational working

- 3.29. The challenge session noted that the responsibilities for the various parts of the commissioning and contracting cycle sit within different teams and departments in the Council.
- 3.30. This spreading of the various elements of the process has led to some disconnect between the development of the contract format and the monitoring and delivery of the social value elements.
- 3.31. The challenge session recommends that the Council reviews the approach taken to social value and examines options to deliver a more consistent and joined up approach in future. This could include: improved notification of contracts being awarded and communication between the Economic Development and Procurement sections. Along with training for contract managers and relevant procurement officers in the approaches and processes appertaining to social value. The Council could also consider initially developing a project team approach to social value procurement and commissioning with the inclusion of the economic benefits team members and service leads in the procurement panels.
- 3.32. The Council also needs to clearly define who is responsible for tracking and monitoring of economic and community benefits through contracts. This could be by reviewing the interface between procurement processes and economic benefits realisation for better co-ordination.
- 3.33. The challenge session also considered the establishment of working groups with key commissioning/contract managers from each division to understand contract needs and an approach to simplifying monitoring of economic outputs and providing training/ workshops.

RECOMMENDATION 4: Determine an approach to cross organisation working to ensure that there is collective ownership of social value throughout the commissioning and procurement cycle.

Communication and information

- 3.34. The challenge session considered and reviewed the current approach to sharing information on social value and communicating its impact to providers and Tower Hamlets communities.
- 3.35. This should include accessible information geared to specific supply markets on the nature of the contracting and commissioning environment and the social value processes and procedures.
- 3.36. All our contracts are advertised on the Council website and in contract finders websites. It is always useful to have feedback from service users and a social value impact board may provide further insight into how contactors have carried out their Social Value Act duty

- 3.37. The council currently produces an annual procurement report and the future reports will include a section on social value, this will be more meaningful. There needs to be more scrutiny and better residents' feedback and involvement in the whole social value environment. The council could consider setting up a community reference group as a conduit to our communities to help determine the most effective means of communicating social value activity and impact /outcomes.

RECOMMENDATION 5: Develop a Social Value Communication and Engagement Plan to ensure that providers and communities are aware of the opportunities and impact of social value delivery in Tower Hamlets.

<p>Non-Executive Report of the:</p> <p>Overview and Scrutiny Committee</p> <p>9th May 2017</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Graham White, Acting Corporate Director Governance</p>	<p>Classification: Unrestricted</p>
<p>Youth Service Challenge Session Report</p>	

Originating Officer(s)	James Coumbe, Strategic Performance Manager
Wards affected	All Wards

1. Summary

1.1. This report submits the report and recommendations of the scrutiny challenge session on youth services.

2. Recommendations:

2.1. The Overview and Scrutiny Committee is recommended to:

- Agree the draft report and the recommendations.
- Authorise the Divisional Director Strategy, Policy and Performance to amend the draft report if necessary before submission to Cabinet, after consultation with the Chair of the Overview and Scrutiny Committee.

3. BACKGROUND

- 3.1. The challenge session was carried out in the context of an ongoing consultation on a proposed reorganisation of the Integrated Youth and Community Service (“the youth service”).
- 3.2. The challenge session was prompted by concerns about whether the significant changes made to the youth service (i.e. the interim delivery model put in place from July 2016) and the larger changes to come as a result of service review and reorganisation, adequately address the “lessons learned” from previous shortcomings in service delivery and provide the right service for local young people.
- 3.3. The challenge session aimed to ensure that the future plans for the youth service have properly absorbed “lessons learned” from past work and have explored innovative approaches to achieving desired outcomes. Three main areas of focus during the challenge session were:
 - the resilience of the service,
 - the staffing of the service, and
 - the approach to outreach.
- 3.4. The investigations and reviews carried out by and into the youth service identified a range of practice issues that required addressing. These ranged from very serious allegations of fraud and malpractice to poor communication and engagement of young people in the borough.
- 3.5. A number of these practice issues were discussed during the challenge session in addition to other related topics. The report appended sets out the practice issues, lessons learned, and summary of discussion in relation to them, and recommendations arising from this.

Recommendation 1: The youth service should work with other Council departments, as well as other public and private sector employers, to take best advantage of potential apprenticeships as a means of offering work experience and career opportunities for all youth service users.

Recommendation 2: The youth service to work with the community and voluntary sector to develop a new performance and outcomes framework, that is aligned to the wider directorate and corporate frameworks, that includes activity, input, output, outcome and impact indicators; and which is more nuanced to the communities in which young people live and where youth activity is delivered.

Recommendation 3: The youth service should, as part of its regular consultation activity, ensure that the opinions and preferences of female service users are proactively sought.

Recommendation 4: Following implementation of the youth service’s new organisational model (and within a year) convene a focus group of service users to

assess the impact of changes to the service with a view to them reporting back to Overview & Scrutiny Committee.

Recommendation 5: The youth service should work with its own internal youth workers, commissioned youth activity providers and independent youth activity providers to produce a joint timetable of youth activity for the benefit of Tower Hamlets' young people.

Recommendation 6: The youth service should ensure that all mainstream and commissioned provision of youth activity and services is appropriately connected, through referral mechanisms and relevant fora, to the services supporting vulnerable children and families e.g. early help services and social care.

Recommendation 7: The youth service should build on the successful pilot of joint-working between the Police, the Council's Rapid Response Team and commissioned providers or Council youth workers, and have a more direct role in the Anti-Social Behaviour tasking group.

Recommendation 8: The youth service should explore alternative funding sources to supplement the existing resources available in order further develop facilities and expand its offer to young people.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 The youth service has a base budget of £5.8m in 2016/17 and is required to deliver savings of £1.8m in 2017/18 as agreed through the 2017/18 budget approved by Full Council on the 22nd February 2017. The recommendations within this report will need to be delivered in the context of these savings.

5. LEGAL COMMENTS

5.1 The Council is required by section 9F 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 may consider any matter affecting the area or its inhabitants and may make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions. It is consistent with the Constitution and the statutory framework for the Executive to provide a response and it is reasonable for the Committee to be provided with progress updates.

5.2 The recommendations set out in this report is consistent with a number of general duties of the Council. The Council has a duty to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness by virtue of section 3 of the Local Government Act 1999. This is known as its Best Value Duty

- 5.3 Pursuant to section 507B of the Education Act 2006 the Council has a duty to provide facilities for education and recreational leisure time activities for all 13 to 19 year olds and some 20 to 24 year olds. This duty can be achieved either by in-house provision or under contract. The Council also has a duty under section 10 of the Education and Skills Act 2008 to exercise its functions so as to promote the effective participation of young people in its area who are under a duty to be in employment, education or training. The Council must ensure that when making decisions in respect of the design of Youth Services, it continues to comply with these duties.
- 5.4 When deciding whether or not to proceed with these decisions Cabinet must also have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristics and those who do not (the public sector duty). This must consider both the impact on service users, as well as the impact on staff.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The focus of this review has been to ensure a good quality service for all young people in the borough. The recommendations note the need to ensure user feedback is sought and used to ensure that the service offer is appropriate for all users, and makes particular reference to the needs of female service users being addressed more actively.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The recommendations in this report are made as part of the Overview & Scrutiny Committee's role in helping to secure continuous improvement for the council, as required under its Best Value duty.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 There are no direct sustainable actions for greener environment arising from this report.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There are no direct risk management implications arising from the report or recommendations.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 The report considers the interface between the youth service and anti-social behavior and makes recommendations for how the service can support efforts to reduce ASB.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

Appendix 1 – Youth Services Challenge Session Report

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report

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Youth Services

Scrutiny Challenge Session Report



TOWER HAMLETS

London Borough of Tower Hamlets

March 2017

Tower Hamlets' youth service has had an extremely rocky ride over the past few years following allegations that council resource had been seriously misused. The workforce is demotivated, user numbers have been declining and the residential population has lost confidence in the council's ability to engage our borough's young people in a positive and purposeful way.

The youth service has also been delivering poor value for money, with £1031 spent on each person with which the youth service has come into contact, equivalent to £278.59 per head of the total 13 to 19 population - significantly higher than the per head cost in comparable boroughs such as Greenwich (£56.42), Lambeth (£147.51) and Southwark (£81.55). The council has also failed to meet even halfway its own targets on annual contacts, which in 2015/16 stood at only 6790 against a target of 13 782. We must now start demanding far more robust outcomes for this cost outlay, and from the youth service's 171 employees.

In July 2016, an interim delivery model was put in place in order to address the challenges facing the youth service. This saw the closure of eighteen of the borough's twenty-six youth venues, with the remaining eight turned into youth hubs. The Cabinet subsequently agreed in January 2017 to restructure the youth service using this hub-based model alongside a 'mixed economy' of services – some internally delivered, others provided by external partners.

My scrutiny of the youth service aimed to establish a sense of whether the borough has properly learned the lessons from previous shortcomings in service delivery and whether the interim model and new organisational structure are likely to provide the right service for our young people and for residents.

The engagement of external partners, service users and councillors in this exercise was unfortunately relatively limited and it should therefore be borne in mind that the recommendations in this report are not based on as comprehensive a picture of current services as I would have liked. Nonetheless, I wish to thank those partners who did engage with the Challenge Session – it was an interesting, enlightening discussion, conducted in a constructive spirit uncharacteristic of full council debates on the youth service.

I should also like to thank Ronke and Claire, the two officers who are leading the youth service reforms. Both have a genuine desire to make ours the best youth service in the capital, and have expertise from their work in other boroughs to impart. Theirs are ambitious aims and I dearly hope they succeed in fulfilling them. Insofar as I may offer a recommendation to the council's leadership, it would be to empower them to be as bold and user-focused as they would like to be. The greatest risk, as I see it, is that Tower Hamlets orthodoxy will take hold and the council will continue to spend huge resource in areas which do not deliver the most positive outcomes to service users. Indeed I was struck by the observation of one Labour councillor, with many years' experience in the borough, that 'we all

know the youth service has been a mess for thirty years'. It would be a terrible shame for this mess to continue when the ingredients are in place for substantial improvement to take hold.

The council leadership has made its decision on which service model to pursue and the recommendations of this report therefore sit within those parameters. However had those parameters not been in place, I would have liked to recommend a sea change in approach in which the borough offers a much more targeted service to those young people in the borough who would benefit the most from a tailored programme of mentorship and support while external partners, currently operating very successfully within the borough, could aim to fulfil the universal service that Tower Hamlets wishes to offer all young people. Many external providers run extremely well-attended, enriching youth sessions while the council's own youth centres sit empty. I would also like to see much more robust outreach work that makes contact with those young people persistently behaving in an anti-social way. We must end the culture which sees youth workers sit idly in empty centres while our young people, only a stone's throw away, smoke drugs and drink alcohol for want of better things to do.

I wish the council the very best in turning around the youth service in the years ahead and hope that this report proves a constructive contribution to that process.

Cllr Julia Dockerill

St Katharine's & Wapping (Conservative), Scrutiny Lead for Children's Services.

Recommendations

Recommendation 1: The youth service should work with other Council departments, as well as other public and private sector employers, to take best advantage of potential apprenticeships as a means of offering work experience and career opportunities for all youth service users.

Recommendation 2: The youth service to work with the community and voluntary sector to develop a new performance and outcomes framework, that is aligned to the wider directorate and corporate frameworks, that includes activity, input, output, outcome and impact indicators; and which is more nuanced to the communities in which young people live and where youth activity is delivered.

Recommendation 3: The youth service should, as part of its regular consultation activity, ensure that the opinions and preferences of female service users are proactively sought.

Recommendation 4: Following implementation of the youth service's new organisational model (and within a year) convene a focus group of service users to assess the impact of changes to the service with a view to them reporting back to Overview & Scrutiny Committee.

Recommendation 5: The youth service should work with its own internal youth workers, commissioned youth activity providers and independent youth activity providers to produce a joint timetable of youth activity for the benefit of Tower Hamlets' young people.

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Recommendation 7: The youth service should build on the successful pilot of joint-working between the Police, the Council's Rapid Response Team and commissioned providers or Council youth workers, and have a more direct role in the Anti-Social Behaviour tasking group.

Recommendation 8: The youth service should explore alternative funding sources to supplement the existing resources available in order further develop facilities and expand its offer to young people.

1. Introduction

- 1.1 The challenge session was carried out in the context of an ongoing consultation on a proposed reorganisation of the Integrated Youth and Community Service (“the youth service”).
- 1.2 The challenge session was prompted by concerns about whether the significant changes made to the youth service (i.e. the interim delivery model put in place from July 2016) and the larger changes to come as a result of service review and reorganisation, adequately address the “lessons learned” from previous shortcomings in service delivery and provide the right service for local young people.
- 1.3 The challenge session aimed to ensure that the future plans for the youth service have properly absorbed “lessons learned” from past work and have explored innovative approaches to achieving desired outcomes. Three main areas of focus during the challenge session were:
- the resilience of the service,
 - the staffing of the service, and
 - the approach to outreach.
- 1.4 The investigations and reviews carried out by and into the youth service identified a range of practice issues that required addressing. These ranged from very serious allegations of fraud and malpractice to poor communication and engagement of young people in the borough.
- 1.5 A number of these practice issues were discussed during the challenge session in addition to other related topics. The sections below set out the practice issues, lessons learned, and summary of discussion in relation to them, and recommendations arising from this.

1.6 The challenge session was held on 10th March 2.30pm-5.00pm and chaired by Cllr Julia Dockerill.

1.7 Members that were present at the session were:

Cllr. Julia Dockerill (Chair)	St Katharine's & Wapping (Conservative), Scrutiny Lead for Children's Services
Cllr. Peter Golds	Island Gardens (Conservative), Leader of the Conservative Group
Councillor Andrew Wood	Canary Wharf Ward (Conservative), Chair of Isle of Dogs Neighbourhood Planning Forum

1.8 The session was supported by

James Coumbe	Community Insight Manager, Children's and Health, Adults and Community Directorates
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1.9 Evidence was received from a range of officers and experts:

Claire Belgard	Interim Head of Youth and Community Service
Ronke Martins-Taylor	Youth Service Development Manager
Dan Rose	Director (Spotlight, PoplarHARCA)
Shabbir Ahmed Chowdhury	Parent Governor, and co-opted O&S member
Rukon Hassan	Manager (Aasha Gang Mediation & Ex Offenders Programme, Osmani Trust)
David Burbage	Chair of Healthwatch, and co-opted O&S member)

2. National and Local Context

2.1 The table below sets out a timeline of events relevant to services and this challenge session

Month/Year	Activity/Event
January 2016	Service User / Public Consultation begins
February 2016	
March 2016	First survey consultation exercise
April 2016	Youth Services moves to Children Services directorate
May 2016	
June 2016	
July 2016	Interim delivery model implemented
August 2016	
September 2016	
October 2016	Second survey consultation exercise
November 2016	
December 2016	
January 2017	Cabinet report on “Youth Service Review” sets out recommended option and case for change. Cabinet agrees option to move to a “hub based” model for future delivery.
January 2017	Staff Consultation carried out
February 2017	
March 2017	10 th March – Youth Services Challenge Session
April 2017	
May 2017	
June 2017	Planned implementation of new structure for youth services

2.2 The work of the youth service is underpinned by statutory duties set out in the Education Act 1996 and the Education and Skills Act 2008. The youth service provides informal education opportunities and positive activities to young people aged 13 – 19 and up to age 25 if they have a disability.

2.3 In July 2016 the youth service began delivering a temporary “interim delivery model” (see Appendix 1 for the youth service structure) in response to operational pressures arising from performance and practice issues. Through a network of 16 youth service run youth centres and commissioned youth activity providers this interim model provided:

- Universal services: Delivered from eight local authority run youth centres;
- Commissioned youth activity: Delivered by voluntary sector organisations on behalf of the youth service. Poplar Harca, Newark Youth, Osmani Trust, Ocean Youth Connexions and Society Links deliver from 8 centres offering:
 - universal youth activity,
 - drop-in information support sessions,
 - personal planning sessions,
 - access sporting activities,
 - leisure activities,
 - arts, crafts and music activities,
 - and themed youth activity programmes lasting circa 6 weeks.
- Targeted Youth Support: This provides provided information and advice to vulnerable young people;
- Peer Education: This provides provided sexual relationship education in schools, and supports the Young Mayor and the Youth Council;
- Core business support: including administration, apprentice/volunteer co-ordination, quality assurance, service development, training and senior management;
- Service Level Agreements: which are maintained with organisations for the delivery of specialist youth activity in sailing, the arts, volunteering and for the provision of youth activity for young people who have special educational needs and disabilities (SEND) or who are Lesbian, Gay, Bisexual or Transgendered (LGBT).

2.4 As at October 2016 there were circa 171 staff, by head count, employed in the youth service which is equivalent to 93.2 full-time equivalent staff. Appendix 1 shows the structure of the interim delivery model.

2.5 The interim delivery model is a short-term response to the need to address performance issues in the youth services. A longer-term restructuring of the

service was also considered necessary because of service-wide performance issues, and the need to ensure that long term changes are made to address the significant issues that had emerged through investigations into the service. The restructuring of the service would also create a financially viable model for the longer term, in the context of reducing council budgets. The performance issues are set out in more detail below.

- 2.5.1 Over the last 3 years the youth service has struggled to achieve its performance targets, particularly for contact and participation. The decline in contact numbers highlights the struggle that the service has had in attracting young people to attend youth activities which indicates a poor programme offer or poor local youth work practice.
- 2.5.2 Workforce reform and service restructure offers both an opportunity to deliver a better quality of service and to attract staff into newly created full-time roles. It also offers the opportunity to address long standing workforce equality issues which are believed to be directly linked to the lack of diversity in young people that the service attracts.
- 2.5.3 The youth service has had a complex history of investigations into serious matters which have resulted in operational pressures that have impacted on service delivery from youth centres. These operational pressures resulted in the service needing to change the way activity was delivered from youth centres as young people were faced with ad hoc youth centre closures and poor programme delivery.
- 2.5.4 The Council has made a strong commitment to take action (including legal action where necessary) against individuals who have, or are believed to have, contributed to wide scale malpractice within the youth service. It should be noted that there is no evidence that all staff members in the youth service have been involved in this malpractice and it is clear that in some cases malpractice has been facilitated by weak management controls and

ineffective corporate processes which are a wider corporate issue. Whilst individuals are being dealt with there is a fundamental issue with the underlying culture within the youth service which cannot be eradicated by removing a few individuals.

2.6 In January 2016 the Council began a review of the youth service to address these issues and to ensure that it understands service user priorities. Consultation events were held in order to identify a clear set of priorities for the service to underpin future service delivery and transformation. See consultation reports at Appendix 2. The service priorities identified through consultation, and underpinning the review, are set out below:

- Priority 1 – Promote youth participation and engagement
- Priority 2 – Deliver high quality youth programmes
- Priority 3 – Develop youth centre building standards
- Priority 4 – Publicise the youth offer
- Priority 5 – Improve partnership working
- Priority 6 – Commission community and voluntary sector organisations to deliver youth activity in places where the youth service doesn't

2.7 The delivery of a restructured and transformed youth service is intended to ensure the Council provides the highest quality services for young people so that it can deliver on its broader ambitions for children and young people as articulated in its strategic plans:

- Strategic Plan (2016-2019) Priority 1 - to create opportunity by supporting aspiration and tackling poverty thus enabling young people to realise their potential.
- Children and Families Plan (2016 – 2018) has the following youth-related priorities:
 - To provide support to vulnerable children and young people and those that have extra caring responsibilities, e.g. for a parent or relative, so that they can engage in positive activities;

- To provide enjoyable, engaging, positive activities which children and young people can access after school in an informal education setting in order to support their achievement and aspirations;
- To ensure that as part of the youth service review the views of children and young people are taken into account and acted upon;
- To ensure that information is available on the range of positive activities, “the youth offer”, that children and young people can participate in.

2.8 In January 2017, Cabinet agreed a proposal to restructure the youth service using hub based model, and a mixed economy of internally delivered services and externally commissioned services, that would:

- lead to reduced layers of management;
- prioritise professional, frontline youth workers who are located in youth centre hubs;
- focus on supporting vulnerable young people;
- offer commissioned youth activities;
- provide central support functions; and
- deliver integrated working.

2.9 The hub model of delivery will feature a larger proportion of full-time youth service staff, enabling staff to have time to properly plan, record and deliver activities, and for the service generally to be better placed to meet the priorities identified through consultation.

2.10 The staff consultation on these changes concluded on 9th March, It was therefore hoped, subject to due process around restructures, that the new service would be implemented by end of June 2017. The commencement date for the new service will depend on finding mutually acceptable concessions to any Union-led “failures to agree”.

3. Key Findings and Recommendations

3.1 Practice issue: failure to effectively represent the needs of female service users and staff

3.1.1 Lessons learned:

- Develop an attractive youth offer
- Develop youth outreach work
- Develop a core youth service staff training programme
- Promote career opportunities
- Recruitment and selection processes

3.1.2 It was discussed that historically there had been low numbers of female service users and female staff within the youth service. At the time of the challenge session 33% of the staff were female; only 28% of those responding to the March to April 2016 youth service review consultation (see appendix 2) user consultation were female. However, 45% of young people who responded to the October to November 2016 youth service review consultation were female.

3.1.3 The youth service understands, through its two consultation exercises and from other evidence, that male and female service users want different things from the youth service. In general, girls tend to be more career or academically focussed.

3.1.4 Furthermore, it is recognised that engaging with girls and encouraging their interaction with the youth service is more challenging, they are less likely in general to “walk in” to a youth service centre or hub; and therefore targeted outreach activity and/or a very clear and well communicated offer is needed to encourage take up and participation.

3.1.5 A revised staff training offer intended to address how best to encourage participation by girls was delayed to allow for current restructure process to conclude. It is anticipated that the restructure could result in staffing changes, and therefore the delay is intended to make sure that training is delivered to staff who will be part of the long term changes being made to the youth service, and part of its new, more full time workforce.

3.1.6 It is not necessarily anticipated that the post-restructure workforce will be more evenly balanced in terms of gender. Therefore, there may be an ongoing need for more external recruitment to encourage a better mix between male and female staff.

3.1.7 As part of the ambition to promote career opportunities to encourage female participation in youth service activities, it was noted that the new Government push to increase the number of apprenticeships being offered presented a good opportunity for the youth service to support more career-focussed young women to obtain useful employment experience and development opportunities.

3.1.8 *Recommendation 1: the youth service should work with other Council departments, as well as other public and private sector employers, to take best advantage of potential apprenticeships as a means of offering opportunities for all youth service users.*

3.2 Practice issues: Fraud and other serious investigations; staff failing to declare their interests in organisations requesting grants/funding from the IYCS; poor management and oversight of IYCS staff; and failure to carry out Disclosure and Barring Service (DBS) checks on some IYCS staff.

3.2.1 Lessons learned:

- Develop new recruitment and selection processes
- Development of a new youth service employee code of conduct
- Hold staff to account using supervision and appraisal processes
- Create new job descriptions and person specifications for the new youth service structure
- Carry out DBS checks

3.2.2 The session discussed the outcome of previous investigations into youth service employees. In particular, issues relating to the misuse of payment cards by some youth service employees.

3.2.3 It was noted that the police did not take forward a number of proceedings, as the Police believed that Council rules around payment cards were not tight enough to bring criminal proceedings. Since then, the youth service has worked with HR/finance colleagues to tighten internal controls. An internal audit has been carried out on purchase card use, which has identified that certain Council policies need to be revised.

3.2.4 Internally, Council disciplinary procedures were taken forward. A panel was established, which identified individuals, and worked through the disciplinary process.

3.2.5 In the youth services payment card use has been reduced and new limits and controls have been applied with any spend over £100 checked off by a

manager. Better planning and procurement arrangements have also been put in place.

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3.3 Practice issue: Failure to deliver universal youth work to performance targets or service plans

3.3.1 Lessons learned:

- Implement robust Quality Assurance processes
- There is a need to professionalise the job of a youth worker. It needs to be about more than just holding a youth work degree, with softer skills developed as part of employees' development.

3.3.2 There was a wide ranging discussion about the role and purpose of the youth service. Based on the outcomes of consultation and review, the youth service stated that it wants to:

- Empower young people to realise their best potential;
- Provide opportunities for young people's personal and social development;
- Ensure that there is sufficient, high quality, leisure and informal educational courses and activity
- Maximise the participation of young people in the Service.

3.3.3 Historic performance was presented as low in relation to contacts¹ and participation². Contacts have reduced from 9,479 in 2013/14 to 6,790 in 2015/16 (against an annual target of 13,732), and for 2016/17 (as at December 2016) there had only been 3,094 contacts.

3.3.4 Participant numbers have reduced on a similar scale, from 6,167 in 2013/14 to 4,172 2015/16. It is however, only more recently that outcome measures³ have significantly deteriorated.

¹ A Contact is made with any young person who is registered at a youth centre and attends an additional youth activity programme session for the first time.

² A participant is a young person who attends five additional youth activity programme sessions.

³ A recorded outcome refers to the course or one off programme of training from which the young person obtains a certificate, An accredited outcome refers to the programme or course of activity undertaken by a young person that is subject to either independent internal verification by awarding organisation or that is externally assessed by an awarding body.

Tower Hamlets youth service 3 year performance									
	2013/14			2014/2015			2015/2016		
	Target	Achieved		Target	Achieved		Target	Achieved	
		No.	%		No.	%		No.	%
Contacts	12,393	9,479	76.5%	13,446	8,992	66.9%	13,782	6,790	49.3%
Participants	6,866	6,167	89.8%	7,695	5,844	76.0%	7,868	4,172	53.0%
Recorded Outcome	4,120	3,998	97.0%	4,158	3,282	78.9%	5,027	2,460	49.9%
Certified Outcome	1,426	1,744	122.3%	1,595	1,716	107.6%	1,631	1,083	66.4%
Accredited Outcome	715	1,349	188.7%	851	845	99.3%	868	665	76.6%

3.3.5 In relation to participation, it was noted that typically a youth service would seek to target approximately 30% of the 13 to 19 age population. Furthermore, despite the ambition to maximise participation of young people, there was general agreement that the job of youth services and youth workers in future could not simply be to “chase the numbers” in terms of contact/participation figures for young people. As a performance measure in isolation, the number of contacts has little to do with the overall quality of the service being provided, and can lead to counter-productive activities, i.e. competition between in-house youth service providers and other providers in the marketplace catering to similar needs.

3.3.6 It was noted that there was a good relationship between in-house youth services and the five commissioned providers now delivering services under the interim delivery model. Youth services management are clear that the future operating model for the youth service will be much more orientated to monitoring the progression and achievements of young people in terms of outcomes that meet their individual needs.

3.3.7 To this end, youth services are exploring the options for a suitable outcomes / performance framework which can provide the right incentives to the service and its staff to deliver the desired impacts and outcomes for young people. They are seeking to:

- Co-produce with commissioned providers and youth service users
- Capture added value by taking into account additional resources that the sector can lever into the youth service
- Create a framework that provides information on both inputs and activities, as well as outcomes and impacts

3.3.8 Recommendation 2: The youth service to work with the community and voluntary sector to develop a new performance and outcomes framework, that is aligned to the wider directorate and corporate frameworks, that includes activity, input, output, outcome and impact indicators; and which is more nuanced to the communities in which young people live and where youth activity is delivered.

3.3.9 Recommendation 3: The youth service should, as part of its regular consultation activity ensure that the opinions and preferences of female service users are proactively sought.

3.3.10 Recommendation 4: At a suitable point following implementation of the new youth service hub based delivery model (and within a year) a focus group of service users should be convened to assess the impact of changes to the service. The focus group should report back to Overview & Scrutiny Committee.

3.4 **Practice issue: Failure to work with partners on shared objectives and/or projects targeted at young people**

3.4.1 Lessons learned:

- Develop collaborative and partnership working

3.4.2 It was noted, by the representatives of the current commissioned providers who attended the challenge session, that in some respects, this “challenge” comes too late, given that under the interim delivery model the current youth service management team are seen to be doing good work, and providers are being actively listened to.

3.4.3 There is considered to be a strong market in youth provision in the borough, with much youth activity ongoing which is independent of local authority direction and funding. For example, Spotlight has a history of delivering youth services for Poplar Harca. In addition to this it has seen 400 young people as part of its contract with the youth service commissioned by Tower Hamlets. However, but it expects to see 2,500 a year overall as part of a wider set of youth activities funded from a range of different sources. Spotlight has a diverse creative arts and sports offer for young people, and some 4,000 members.

3.4.4 It was felt that the mixed economy approach, which sees the youth service using both internally delivered youth activity as well as externally commissioned youth activity providers, offers stability, particularly during a time of further change for the Council’s youth services as they plan a transition from the current interim delivery model to the future permanent structure.

3.4.5 It was recognised that there is a range of other, independent youth activity providers in the borough who are not commissioned directly by youth service, and who could provide useful resources for young people in Tower

Hamlets. Uniformed organisations such as the Scouts and Cadets are very established.

3.4.6 Recommendation 5: *The youth service should work with its own internal youth workers, commissioned youth activity providers and independent youth activity providers to produce a joint timetable of youth activity for the benefit of Tower Hamlets' young people.*

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3.5 Practice issue: Integration of work with vulnerable groups of young people

3.5.1 Lessons learned

- Ensure the integration of vulnerable groups into universal youth settings

3.5.2 For 2016/17 the youth service has a number of Service Level Agreements in place with organisations for the delivery of specialist youth activity, which includes young people who have special educational needs and disabilities (SEND) or who are Lesbian, Gay, Bisexual or Transgendered (LGBT). It remains a longer term aspiration to more fully integrate provision of these vulnerable groups within universal youth hub settings.

3.5.3 The youth service provides additional targeted support aimed at more vulnerable young people who have specific risk factors such as those who are not in education, employment or training, who are at risk of involvement in crime or antisocial behaviour or who are at risk of exclusion.

3.5.4 Both commissioned providers in attendance at the challenge session highlighted the high levels of vulnerability that their staff had identified in some of the young people who they were engaging with. In particular, the risk of child sexual exploitation for girls, especially through social media, was considered to be a very serious issue. The commissioned providers had responded by seeking expert assistance from NSPCC & Docklands Outreach.

3.5.5 As a result of the increasing prevalence of such issues the role of the youth worker, was considered to be changing in response to the changing needs of young people. Youth workers were increasingly dealing with issues more aligned to those touched by social work. There was a consensus that in the light of these changes youth workers would benefit from specific training in order to equip them to undertake their role in a changing more integrated professional climate.

3.5.6 The question of “what is a youth worker?” was considered in its historical context. Those attending the challenge session articulated the view that *youth work became specialised towards anti-social behaviour as previous national priorities drove funding and targets*. Whilst it is not evident that there is a clear national vision for the alternative, it was considered possible for youth workers to fulfil a broader role.

3.5.7 The youth service is keen to work in partnership with other teams across the Council, including the Early Help Hub, Children’s Social Care and the Youth Offending Service.

3.5.8 *Recommendation 6: The youth service to ensure that all mainstream and commissioned provision of youth services is appropriately connected through referral mechanisms and relevant fora to the services supporting vulnerable children and families e.g. early help services and social care.*

3.6 General discussion regarding outreach activities and anti-social behaviour

- 3.6.1 The challenge session made a distinction between “outreach” youth activity and “detached” youth work. “Outreach” was defined as youth workers coming out from a community/youth centre hub into the immediate surrounding area in order to support and encourage young people in the vicinity to use the community/youth centre hub; whilst “detached” youth work was defined as youth work that was substantively practiced in a street based setting with no expectation that the young people encountered would use the facilities of a community/ youth centre hub.
- 3.6.2 The role of the youth service in disrupting behaviour considered to be anti-social by local residents was discussed. It was noted that particularly in the summer, complaints from local residents about young people “hanging out” increase, and that some kind of outreach activity or detached youth activity may have a role in mitigating this problem.
- 3.6.3 It was highlighted that part of the issue was about perceptions of what constituted “young people” in the minds of residents i.e. there are young people, aged 19 or under, who fall into the target group of the youth service, and then there are young people, 20 or above who do not have a learning difficulty or disability, who are not the remit of the youth service’s work.
- 3.6.4 In relation to the former group, outreach and detached activity does take place. For example, housing associations, like Poplar Harca, use Spotlight to help identify and disrupt anti-social behaviour within the vicinity of the youth centre. Additionally, a pilot scheme took place bringing together the work of the Police, the Council’s Rapid Response Team and the Osmani Trust (a commissioned provider) which allowed for a longer presence being maintained in an identified problem area as a result. The pilot was considered successful, and the new full time contract arrangements to be implemented in youth service should make similar approaches easier to resource in future.

3.6.5 Currently, the anti-social behaviour (ASB) tasking group, meets on a monthly basis and is not considered responsive to changing needs in the borough with regard to youth ASB. It was suggested that the youth service needs to be involved in ASB tasking to take away actions. A move towards more localised Tasking (through the proposed Neighbourhood Management) model may support this.

3.6.6 *Recommendation 7: the youth service should work with Community Safety to ensure that it has a more robust role in ASB tasking.*

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3.7 General discussion around facilities and funding

3.7.1 The session discussed alternative funding options for youth services:

3.7.1.1 Public Sector Mutuals - the 10th January Cabinet report on the restructuring of the youth service assessed the creation of a public sector mutual as an alternative option. This option would have seen the creation of a youth public sector mutual or cooperative to deliver youth services on behalf of the Council. However, given the uncertain economic climate, setting up a new business to deliver youth service was deemed to be a significant risk. Ruling out a public sector mutual reduces the opportunities for access to independent income or grant funding for the youth service in the future.

3.7.1.2 Social Impact Bonds (SIBs) - SIBs were proposed as a potentially relevant vehicle for securing investment into youth services. A SIB is a public-private partnership which funds services through a performance-based contract. They are a relatively new form of investment in public services, and a relevant model would need to be found or developed for youth services.

3.7.1.3 Corporate social responsibility / partnership working – there is more that could be done to access funding from the private sector. Section 106, Community Interest Levy and other funding streams - the session was informed that there is unspent funding linked to Section 106 and Community Interest Levy agreements and asked how this could be converted into projects or better facilities to improve the youth service offer. Work is ongoing on a Community Hubs strategy – looking at how the Council uses its buildings – the youth service needs to be a part of this discussion.

3.7.2 Recommendation 8: The youth service should explore alternative funding sources to supplement the existing resources available in order further develop facilities and expand its offer to young people.

Appendices

Appendix 1 - Old, interim and future youth services structures

Appendix 2 – Youth Service user consultation data

Appendix 3 – Challenge Session Youth Service Presentation

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Appendices

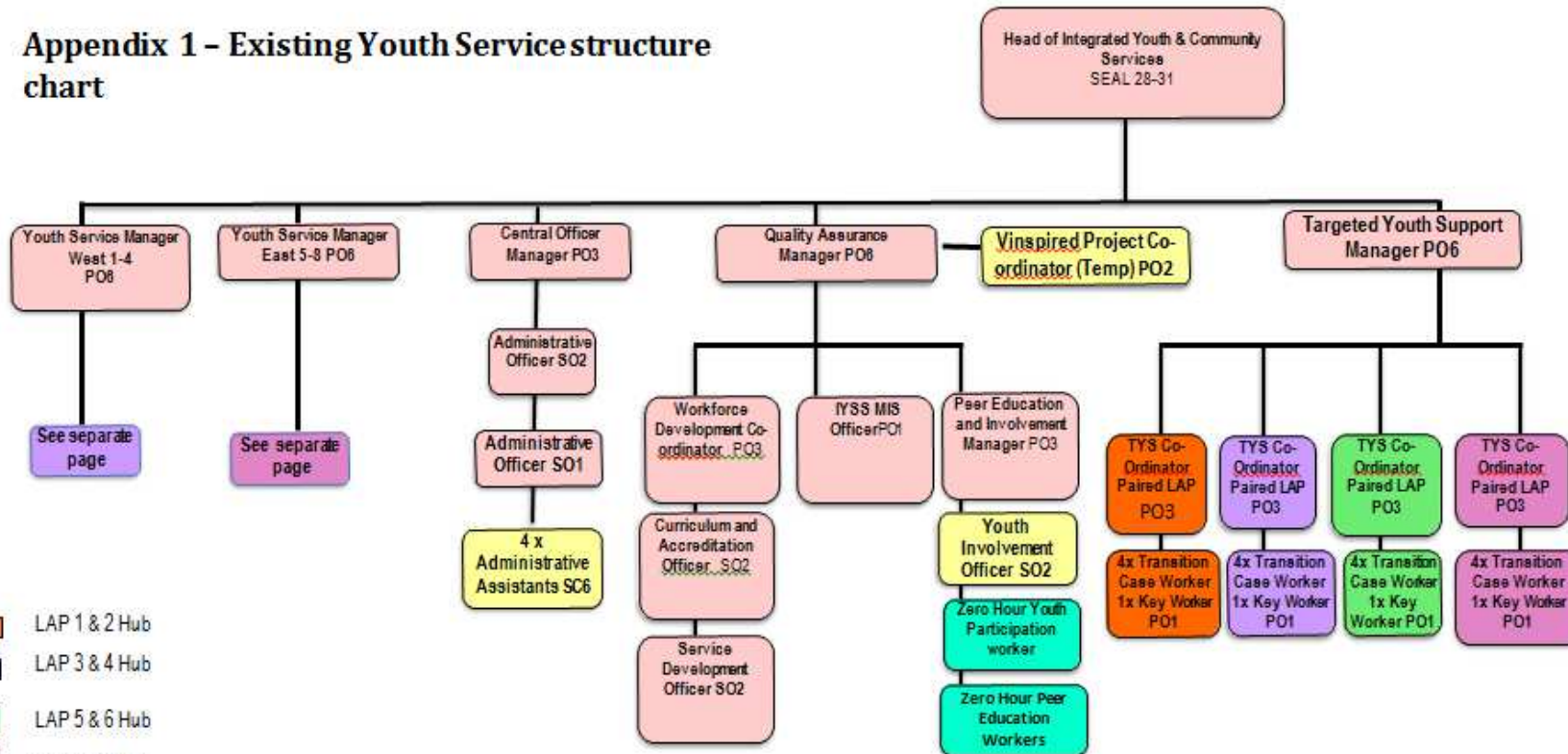
Appendix 1 - Old, interim and future youth services structures

Appendix 2 – Youth Service user consultation data

Appendix 3 – Challenge Session Youth Service Presentation

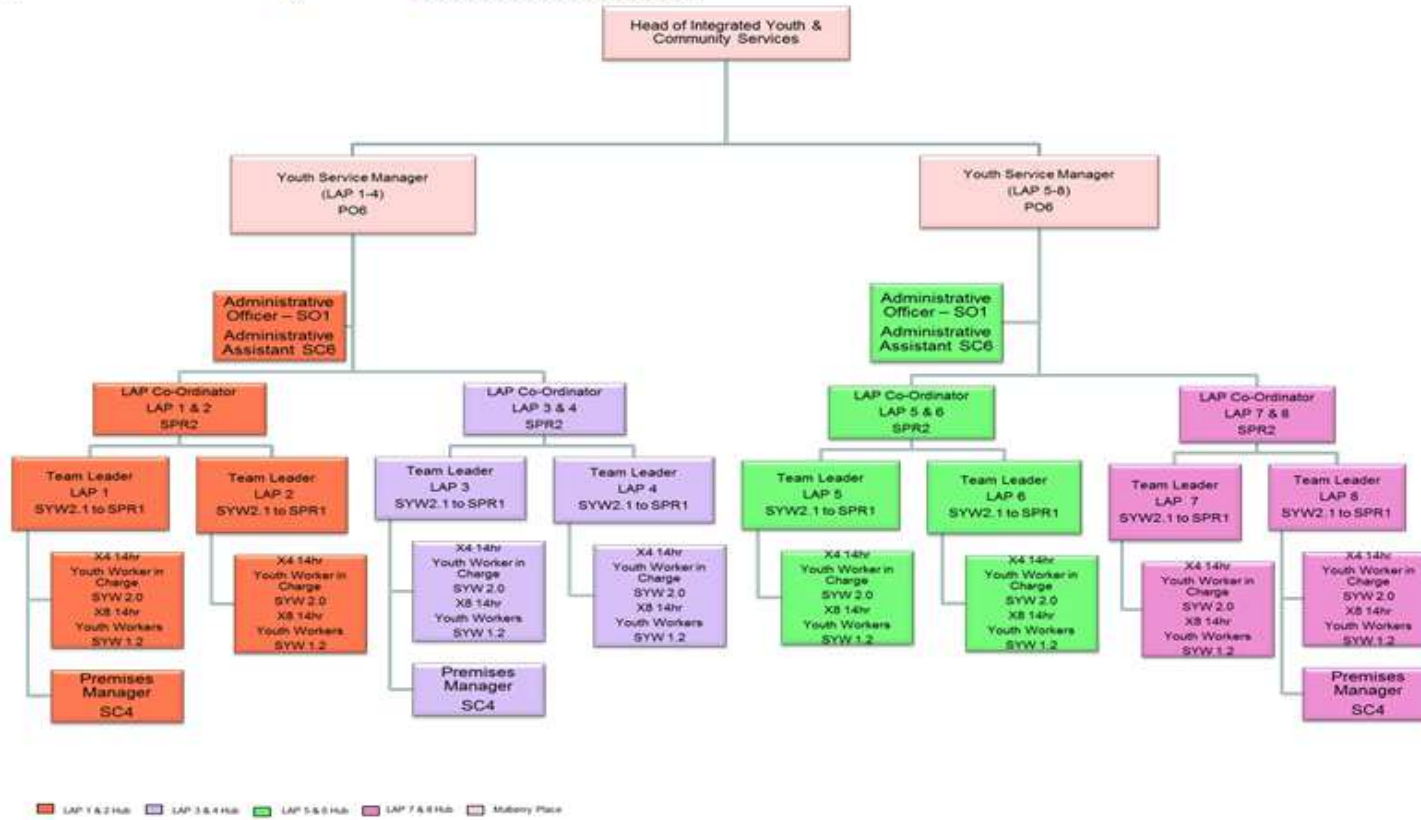
Current youth service structure

Appendix 1 - Existing Youth Service structure chart



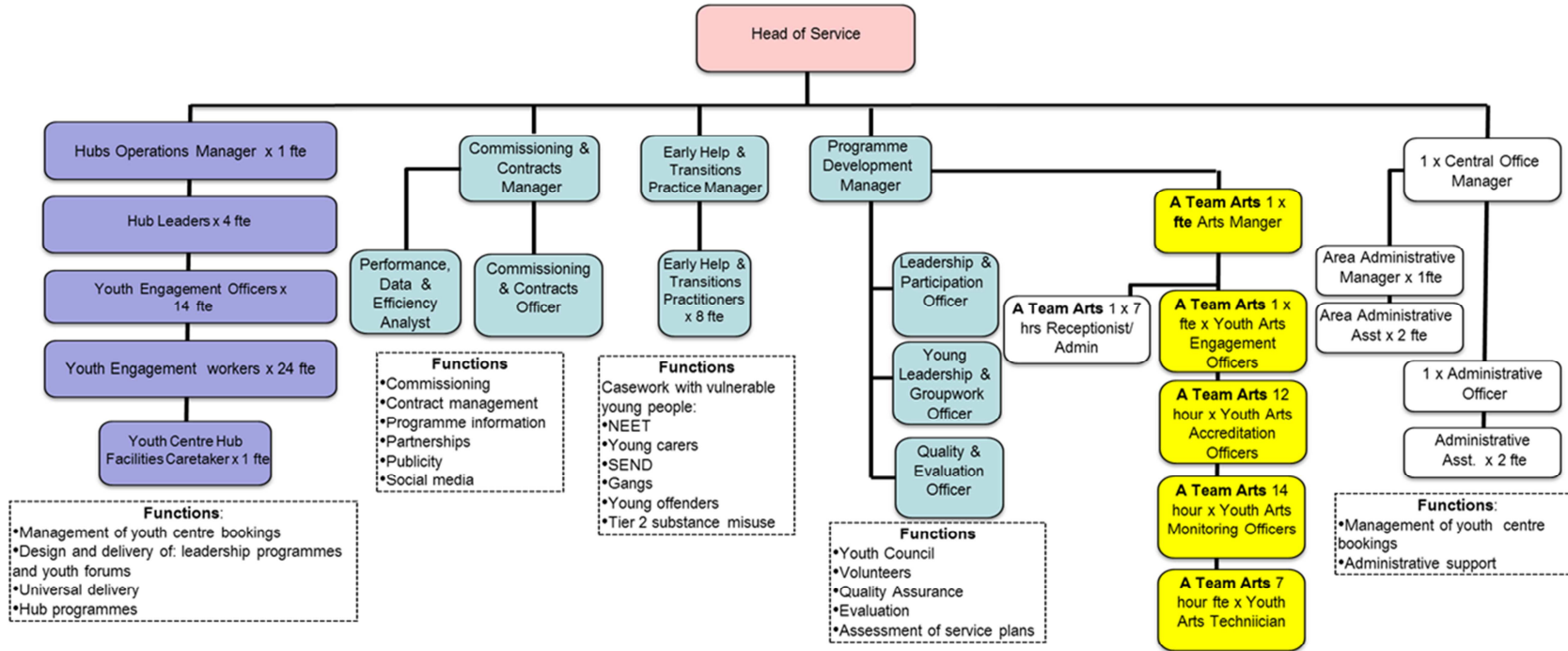
- LAP 1 & 2 Hub
- LAP 3 & 4 Hub
- LAP 5 & 6 Hub
- LAP 7 & 8 Hub
- Mulberry Place
- Borough Wide
- Zero Hour Workers

Appendix 1 - Existing Youth Service structure chart



Future youth service structure

Youth Service restructure – Hub based model including A Team Arts



Third Sector Commissioning

Comments

1.Functions job descriptions define relative functional responsibilities between roles.

2.Assumptions:

Functions and services may be commissioned

A stable and flexible service is better delivered with a full-time frontline staff team where members have the time to attend training meeting and to complete recordings.

Salaries costs assume top of the scale and include on-costs

All posts are subject to evaluation

JNC green book terms and conditions for all staff

3.Premises Management: Confirm with Corporate Asset Management the integration that they would expect with the Premises Management staff

4.Admin Review: No changes are anticipated in 2017/18 to the service's administrative support structure due to the proposed Children's Services Support Service Review.

The Youth Service Review First Consultation Findings March to April 2016

Introduction

In January 2016 a review commenced of youth services in the London Borough of Tower Hamlets which sought to identify future delivery options for the service.

three on-line questionnaires were created, aimed separately at young people, stakeholder organisations and parents/carers to elicit information on the priorities of each of the groups for the delivery of youth service activity. Between March and April 2016, 575 surveys were completed by young people, parent/carer and 98 stakeholders. The specific numbers completing are set out below:

- 446 young people surveys were completed
- 31 parent surveys were completed
- 98 stakeholder surveys were completed

The objective of the surveys was to elicit information on the priorities of each of the groups for the delivery of youth service activity.

The results from the three Youth Service Review surveys will be used to inform the Council as it decides on options for the future delivery of youth services in London Borough of Tower Hamlets; and will be used by the Integrated Youth and Community Service (IYCS) to identify gaps in youth service provision.

Methodological approach

Three on-line questionnaires were created for the consultation aimed separately at young people, stakeholder organisations and parents.

A separate template was created to enable young people who were taking part in group work activity to complete an aligned young people's survey in group setting.

Paper versions of the young people and parents surveys were also made available on request.

Before the young people's survey went live on-line it was piloted with young attending groups run by the youth service. As a result revisions to the young people's survey was made.

In addition to the production of the on-line two stakeholder consultation events were held with groups of youth activity providers, on 4th March 2016, and with young people on 19th March 2016.

Demographic information

The basic demographic information of those who completed the survey is set out below:

Young people: Basic demographic information

- **Gender:** 72% (253) of the respondents were male; and 28% (96) of were female.
- **Age:** 81% (284) of the respondents were aged 13 to 18 years.
- **Ethnicity:** 46.2% (157) of the respondents identified as Asian Bangladeshi; with the next largest ethnic group being Asian British (14.1% (51)).
- **Religion:** 74.5% (251) of the respondents identified their religion as Islam; with the next largest group identifying their religion as Christian (15.1% (51)).
- **Disability:** 4.6% (16) of the respondents indicated that they had a disability.
- **Attending youth centres:** 82% of those who answered this question indicted that they did attend a youth facility. Only 16% of those completing this part of the survey indicating that they did not attend a youth facility. Young people indicated that they were members of 74

youth centres, youth projects or youth organisations. Most, 82% (287), of young people indicated that they attended facilities between one and three times a week.

Parents/Carers: Basic demographic information

- **Age of children:** The majority of respondents had a child or children who were aged 10 (34.6%), 11 (19.2%), 15 (26.9%) and 17 (19.2%).
- **Ethnicity of children:** 40% (10) of respondents identified their child or children as having English/Welsh/Scottish/Northern Irish/British heritage.
- **Comment:** There was a significant variation between the ethnicity of young people who completed the young people's survey who were primarily (46.2%) Asian Bangladeshi and the ethnicity of the children of parents/carers who completed the parent/carer survey whose children were English/Welsh/Scottish/Northern Irish/British (40%). However, the numbers completing the parent/carer survey was low relative to the number of young people who completed the young people's survey
- **Religion:** 56% (14) of respondents identified the religion of their child or children as Christian; with the next largest group identifying their child or children's religion as Islam (28% (7)).
- **Comment:** There was a significant variation between the religion of young people who completed the young people's survey which was 74.5% Islam and the religion of the children of the parents/carers who completed the parent/carer survey which was primarily (56%) Christian.
- **Disability:** 26.9% (7) of the respondents indicated that they had a child or children with a disability.
- **Children attending youth centres:** Most parents/carers (96% (28)) had up to 3 children attending youth centres. Their children attended a total of 27 organisations; with 75% (21) attending those organisations up to 3 times a week.

Stakeholders: Basic demographic information

- **The organisations and groups:** The respondents represented the views of 30 organisations or groups from the voluntary or community sector (24.5%), borough residents (16%); educational institutions (schools/academies/free school/college/university) (12.8%); registered social landlords (6.4%); or some other type of group (38.3%).
- **Youth activities provided by stakeholders:** The stakeholder survey was specifically targeted at organisations that provided youth activities for young people aged 11 - 19 and up to (25 if the young people had disabilities). However, 38 of the respondents indicated that their organisation provided activities to children aged from 0 to 10 years. As a result, respondents indicated that they provided activities for children including parent, toddler and play groups. However, the bulk of respondents were representing organisations that provided activities for young people including sporting activities, sexual health advice, employment support, uniformed groups, activities for young people with special educational needs and disabilities, music and art education, outdoor activities, coaching and mentoring to name but a few.
- **Targeted and specialist work:** 44% (24) of respondents provided youth activity to young people who had specialist or targeted needs. The activities provided included SEND and all ability youth sessions; lesbian, gay, bisexual and transgendered fora; mentoring; student leadership groups; group and one-to-one work with young people at risk of involvement in gangs, drugs and at risk of exclusion; and young carers.

Survey analysis

A brief analysis of those that completed the surveys is set out below. The full consultation report is currently being compiled and will be available shortly.

Young people survey data analysis:

- The top five activities that respondents indicated that they were interested are set out below:
 - 30.9% were interested in sporting activities
 - 23.5% were interested in workshops /courses or training
 - 15.9% were interested in day trips

- 7.9% were interested in indoor activities
- 4.1% were interested in outdoor activities.

Similarly, in an aligned finding, 64.5% (19) of parent/carer respondents indicated that they were interested in their child or children participating in either sporting activities or workshop/ courses or training.

- Young people also indicated that they placed a high priority on doing the following top three activities at a youth facility:
 - 54% indicated that being able to participate in a planned trips through a youth facility was extremely important to them
 - 48% indicated that receiving advice about employment, education or training through a youth centre was extremely important to them
 - 47% indicated that achieving an accredited qualification through a youth facility was extremely important to them.

Parent/Carer survey data analysis

- 51.7% of respondents indicated that they knew about the activities that took place at their local youth facility but they wanted to be kept informed and updated about those activities by email (55%).
- Parents/Carers indicated that they placed a high priority on the following when their child or children attended a youth centre:
 - 96.3% indicated that knowing that their child or children was supported by professional youth workers or caseworkers was extremely important to them
 - 96% indicated that knowing that their child was safe when they went to a youth centre was extremely important to them
 - 55.6% indicated that knowing that their child or children could learn things at a youth centre that they did not learn at school was extremely important to them
 - 55.6% indicated that knowing that their child or children got to have a say about the content of the youth centre or youth project programme was extremely important to them

Stakeholder survey data analysis:

- **Youth issues of concern to stakeholders:** 37% (21) of the respondents were concerned about youth anti-social behaviour and youth crime; 19% (11) were concerned about the lack of youth activities; 7% were concerned with youth unemployment; 19% (11) were concerned about all of the issues (youth crime/ anti-social behaviour/ lack of activities/ youth unemployment) and 37% (21) were concerned with other local youth issues including lack of information about sexual health for young people, substance misuse; lack of resources for young females; lack of provision for young people with a faith, domestic violence and young people, Child Sexual Exploitation, violence against women and girls; and lack of youth voice on the issue of regeneration.

- **Priorities for partnership working:** Respondents indicated their key priorities for partnership working with the youth service included:
 - Ensuring the continuation of funding
 - Developing a local approach to youth provision
 - Community cohesion
 - Provision of targeted work to support at risk young people
 - Embedding health initiatives in youth centres
 - Expanding youth provision
 - Working in partnership with other local youth organisations to provide an inclusive safe provision for young people
 - Using the youth budget more effectively to ensure the absence of gaps in provision
 - Bringing a youth work perspective to school provision
 - Ensuring the provision of youth services to Looked After Children and other vulnerable groups
 - Enabling young people to explore faith
 - Encouraging young people to participate by working in partnership with schools and youth workers
 - Provision of training opportunities e.g. safeguarding (3)
 - more partnership work with Tower Hamlet's youth teams
 - Daytime SEND activities of young people aged 19 - 25
 - Information sharing

- Sharing resources
- Partnership work to reduce youth crime and anti-social behaviour
- Provision of places for children to play
- More co-ordination
- Shared learning

Training priorities: Respondents indicated that their organisational priorities for training included:

- Continuous professional development for youth workers
- Training on current legislation, safeguarding, quality assurance, equal opportunities
- Youth work training at level 2 and 3

Training support from the youth service: Respondents indicated that they wanted to receive the following training support from the youth service:

- The provision of free, subsidised or affordable training
- The provision of support through on-going professional development
- Pooled funding for young people to be trained as youth workers
- Joint delivery of training to promote efficiencies
- The provision of restorative justice training
- Being kept updated on best practice in youth work/ youth engagement
- The provision of a comprehensive list of available projects
- The facilitation of joint working between the voluntary and statutory sectors
- The provision of accessible resources for activities and presentation
- Support in liaising with schools

- **Communicating with stakeholders:** respondents indicated that they wanted to be kept informed about the available youth activity run by the youth service by email (53.7%).

Recommendations

Eight key recommendations have been identified from the survey findings. These include:

Young people:

- a) Ensure that young people's views are embedded as a key feature of the youth service review.
- b) Ensure that young people are consulted and their views acted upon in relation to the activities that they are interested are taken into account in any future IYCS commissioning activity for youth provision
- c) Provision of a youth activities programme that cover the core areas that young people are interested including the provision of :
 - Sporting activities
 - Courses/Training or Workshops
 - Leisure activities
 - Outreach activities
 - Innovative summer projects
- d) Ensure that young people are provided with sufficient physical space in well-equipped youth centres.

Parents:

- e) Ensure that processes and systems are developed to support parents/carers being updated about youth activity programmes available through the IYCS.
- f) Ensure that youth activity programme information and timetable is available via email or some other electronic media.

Stakeholders:

- g) Regular partnership work should be undertaken with stakeholders to address their concerns for young people; and their priorities for partnership working with the IYCS.

h) Consideration to be given to the creation of an IYCS and stakeholder partnership forum.

**Youth Service Review consultation
Second consultation findings
October to November 2016**

1. Update on the Youth Service Review

1.1. The data from the second stakeholder consultation exercise undertaken in October/November 2016 has now been analysed and is set out below. The second consultation exercise sought to obtain further information on matters that had been suggested through the first consultation exercise that took place in March/April 2016. This suggested the following areas for further exploration:

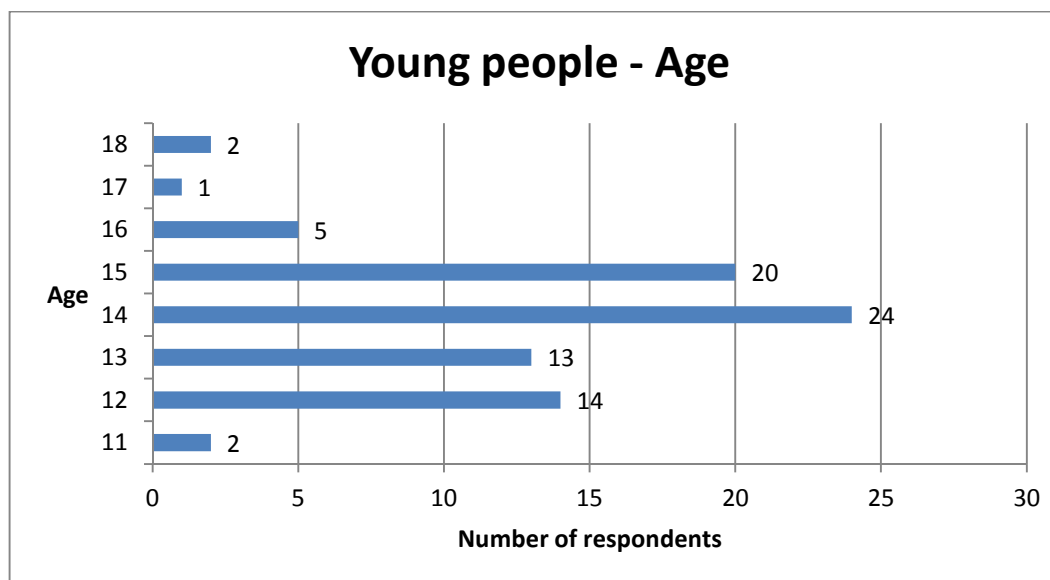
Service user age: Stakeholder organisations had expressed an interest in seeing the youth service work with younger aged service users. The consultation was therefore an opportunity to explore the option of the service providing its services to 11 year olds and 12 year olds.

Funding: Stakeholder organisations wanted a funding relationship with the youth service. The consultation was therefore an opportunity to explore the areas of youth activity that the youth service might seek to fund the voluntary and community sector to deliver.

Youth centre building standards: Young people had indicated that they wanted their youth centres to have high quality building standards. The consultation was therefore an opportunity to explore the development of minimum youth centre building standards.

Youth led funding and innovation: Young people had indicated that they wanted the youth service to continue to offer funding opportunities and with the ending of the youth opportunity fund in 2015 the consultation was an opportunity to consider how the service might reinstate funding.

- 1.2. This second consultation was also an opportunity for the service to explore the what priority areas of work that all stakeholders, organisations and young people felt the youth service should be engaged in as a potential indicator of the areas of work that the service should focus its delivery on as it considers the challenges of having to make budget savings in 2017/18.
- 1.3. The consultation ran for a month across October and November 2016. Ninety-eight young people completed surveys; and 15 stakeholder organisations completed surveys. This was a significant reduction on the 495 young people and 98 stakeholder organisations that completed the initial consultation that ran from March to April 2016.
- 1.4. The young people that completed the survey were aged as follows:



Analysis of age of young people responding: In total 78 out of the 98 young people that completed a survey responded to this question. Eighty-eight percent of young people that completed the survey were aged 12 (17%), 13 (16%), 14 (30%) and 15 (25%).

- 1.5. Fifty-five percent (43) of the young people that completed the survey were male and 45% (35) were female.

1.6. The survey responses are set out below:

- a) **Youth service priorities - young people's responses:** Young people who completed the survey gave the highest priority to the following areas of the youth services work:

Question: What areas of work do you want the Youth Service to prioritise?		
Rank	Youth service priorities	Percentage
1	Youth work with vulnerable young people	83%
2	Accredited awards	76%
3	Youth led funding or innovation	65%
4	Supporting youth apprenticeships	60%
5	Supporting the youth council	57%
	Sexual Relationship Education in schools	
6	Supporting youth volunteering	51%
7	Outreach work	50%
8	Delivering youth work from youth centres	47%
9	Detached youth work	46%
10	Sexual Relationship Education in youth centres	34%

Analysis of the top three priorities: Young people clearly understand the priority that the Youth Service has to work with vulnerable young people with 83% prioritising this area of the service's work. The continued provision of accredited awards such as ASDAN, Arts Award, Duke of Edinburgh was also highly valued (76%). Young people were keen to be funded in order to develop their own innovative projects and 65% of respondents prioritised the provision of youth led funding by the youth service. The is further nuanced information on what young people want youth led funding to look like in section c, below.

Recommendations:

That the youth service:

- Continues to prioritise the delivery of its work with vulnerable young people

- Continues to provide accredited awards with a view to ensuring, wherever possible, that its programmes of activity are largely accredited
- That the youth service develop a youth led funding strategy.

b) **Youth Centre standards - young people's responses** Young people who completed the survey prioritised youth centre standards as set out below:

Question: What features would you prioritise to be included in a high quality youth centre		
Rank	Youth centre standards	Percentage
1	Wifi access	76%
2	A dedicated sports area	65%
	Meeting rooms for more targeted one-to-one work	
3	A chill out zone or space for young people to meet in	62%
4	ICT suite/facilities; and Access to outdoor space/garden	57%
5	Access to gym facilities	56%
	Access to workshop space	
6	Safe space for bikes	55%
7	A multi-use games area	53%
8	Kitchen facilities to support the delivery of courses e.g. cooking programmes.	52%
9	Changing rooms	46%
10	Access to music studio	42
	Access to studio facilities (e.g. video editing).	
11	Public facing cafe facilities	39%
12	Rock climbing facilities.	7%

Analysis of the top three priorities: Seventy-six percent of young people prioritise having wifi access in youth centres and the youth service will need to reflect on the inclusion of this in all of its youth centres taking particular care to ensure that high levels of on-line safeguarding and security standards are achieved. Young people jointly wanted access to a dedicated sports area (65%) and meeting rooms for one-to-one work (65%). The youth service will need to reflect on the feasibility of implementing this building standard given that youth centres often do not have the space to accommodate a

sports area or meeting rooms. Alternatively, the youth service will need to consider how such facilities could be accessed by all youth centres even if the facility was not directly available on site.

Recommendations:

That the youth service:

- Works to introduce wifi access in all of its youth centres; subject to due consideration being given to on-line security and safeguarding.
- Considers the feasibility of having dedicated sports areas and one-to-one meeting rooms in all of its youth centres; or to consider how these facilities can be accessed by youth centres.

c) **Youth led funding or innovation – young people’s responses:** Young people who completed the survey prioritised the ways in which they might be funded by the youth service in order to implement their own initiatives or innovative ideas as set out below:

Question: How should the youth service support youth led funding or innovation?		
Rank	Youth Innovation	Percentage
1	Providing an annual youth grant that young people can apply for	63%
2	Providing small budgets for young people to work on their own	52%

Analysis of the top priorities: More young people wanted to be provided with the opportunity to apply for an annual youth grant than to be given small budgets by the youth service; with 63% of respondents indicating a preference for the youth grant.

Recommendation:

That the youth service:

- Considers the best way to administer youth led funding that takes into account the lessons learned from the past administration of youth service grants.

d) **Youth led funding or innovation project categories – young people’s responses** Young people prioritised youth funding or innovation categories as set out below:

Question: What do you think the youth funding or innovation project categories should be?
--

Rank	Area for youth funding	Percentage
1	Technology	94%
2	Enterprise (Business development)	86%
	Sport	
3	Environment	82%
4	Culture	77%
5	Music	70%
6	Dance	64%

Analysis of the top 3 categories: Young people prioritised youth funding in the categories of technology (94%) and enterprise (business development) and sport (86%).

Recommendation:

That the youth service:

- Ensures that the categories for youth funding identified through the consultation are used in any youth led funding system that is devised.

- e) **Working with younger service users – young people's responses:** Young people prioritised the youth service working with younger aged users as set out in the table below:

Question: Should the youth service prioritise working with younger people aged 11 and 12 years:		
	Response	Percentage
Age 11 years.	Yes	66%
	No	34%
Age 12 years.	Yes	89%
	No	11%

Analysis: Eighty-nine percent of the young people who responded were in favour of the youth service working with 12 year olds; whilst only 66% of young people who completed the survey were in favour of the youth service working with 11 year olds.

Recommendation:

That the youth service:

- Considers the implications of working with younger aged service aged 12 users with particular regard being given to any safeguarding issues that would need to be taken into account.

2. Youth service priorities - Stakeholder organisation responses:

a) Stakeholders that completed the survey gave the highest priority to the following areas of the youth services work:

Question: What areas of work do you want the Youth Service to prioritise?		
Rank	Stakeholder - Youth service priorities	Percentage
1	Youth work with vulnerable young people	87%
2	Delivering youth work from youth centres	73%
3	Supporting youth apprenticeships	67%
4	Youth led funding	64%
5	Supporting youth volunteering.	60%
6	Detached youth work	53%
	Outreach work	
7	Accredited awards	43%
8	Sexual Relationship Education in schools	40%
	Sexual Relationship Education in youth centres	
9	Supporting the youth council	27%

Analysis of the top three priorities: Like young people, stakeholder organisations clearly understand the priority that the Youth Service has to work with vulnerable young people with 87% prioritising this area of the service's work.

The continued delivery of work from youth centres was also a high priority at 73%. Interestingly, only 47% of young people made this a priority area of work which suggests that young people understand that the youth service delivers services for young people in locations other than youth centres.

The provision of youth apprenticeships was also deemed to be a high priority with 67% of respondents responding to this question. Interestingly, 60% of young people also made this a priority area of work.

Recommendations:

That the youth service:

- Continues to prioritise the delivery of its work with vulnerable young people
- Continues to provide youth apprenticeships

b) **Youth service commissioning priorities - Stakeholder organisation responses:** Stakeholder organisations that completed the survey identified the following commissioning priorities for the youth service:

Question: What types of specialist or targeted youth activity should the youth service commission the community and voluntary sector to deliver on its behalf?		
Rank	Stakeholder - Youth service commissioning priorities	Percentage
1	Services for young people with special educational needs or disability	86%
2	Sporting activities	79%
3	Services for Lesbian, Gay, Bisexual and Transgendered young people	71%
4	Accredited training	64%
	Specialist youth community cohesion work	
	Youth volunteering	
5	Girls' only work	54%
6	Outreach youth work	50%
7	Specialist youth gang and anti-social behaviour work	46%
	Specialist detached youth work	
8	Specialist arts activity	43%

Analysis of the top three commissioning priorities: Eighty-six percent of stakeholder organisations prioritised the youth service commissioning specialist services for young people with special educational needs or disabilities; whilst 76% of stakeholder Services for young people with special educational needs or disability r organisations prioritised the commissioning of specialist or targeted sporting activities and 71% prioritised the commissioning of services for lesbian, gay, bisexual or transgendered young people.

Recommendations:

That the youth service:

- Takes into account the commissioning priorities identified by stakeholders as it seeks to commission youth activities to be delivered by the voluntary and community sector.

2.1. **Recommendations:** The full set of recommendations arising from the second youth service review consultation are set out below:

That the youth service:

- Continues to prioritise the delivery of its work with vulnerable young people
- Continues to provide youth apprenticeships
- Continues to provide accredited awards with a view to ensuring, wherever possible, that its programmes of activity are accredited
- Works to introduce wifi access in all of its youth centres; subject to due consideration being given to on-line security and safeguarding.
- Considers the feasibility of having dedicated sports areas and one-to-one meeting rooms in all of its youth centres; or to consider how these facilities can be accessed by its youth centres.
- Develops a youth led funding strategy and considers the best way to administer it taking into account the lessons learned from the past administration of youth service grants; and that it embeds the categories for youth funding (technology, enterprise (business development), sport, environment, culture, music, and dance) in that funding strategy.
- Considers the implication of working with younger aged service users aged 12 with particular regard being given to any safeguarding issues that would need to be taken into account.
- Takes into account the commissioning priorities identified by stakeholder organisations as it seeks to commission youth activities to be delivered by the voluntary and community sector.

Appendix

Young people survey - Prioritising areas of the Youth Service's work				
Question	Total no. of respondents	Responses	No. of respondents	Percentage
1. Youth Service priorities What areas of work do you want the Youth Service to prioritise?				
a) Delivering youth work from youth centres ?	90	High priority	42	47%
		Medium priority	48	53%
		Not a priority	0	0%
b) Youth work with vulnerable young people ?	89	High priority	74	83%
		Medium priority	14	16%
		Not a priority	1	1%
c) Supporting the youth council ?	91	High priority	52	57%
		Medium priority	34	37%
		Not a priority	5	5%
d) Supporting youth volunteering ?	94	High priority	48	51%
		Medium priority	44	47%
		Not a priority	2	2%
e) Supporting youth apprenticeships ?	87	High priority	52	60%
		Medium priority	34	39%
		Not a priority	1	1%
f) Sexual Relationship Education in schools?	87	High priority	50	57%
		Medium priority	31	36%
		Not a priority	6	7%
g) Sexual Relationship Education in youth centres?	90	High priority	31	34%
		Medium priority	38	42%
		Not a priority	21	23%
h) Detached youth work ?	89	High priority	41	46%

		Medium priority	41	46%
		Not a priority	7	8%
i) Outreach work?	90	High priority	45	50%
		Medium priority	40	44%
		Not a priority	5	6%
j) Youth led funding?	91	High priority	59	65%
		Medium priority	32	35%
		Not a priority	0	0%
k) Accredited awards?	91	High priority	69	76%
		Medium priority	18	20%
		Not a priority	4	4%

Young people survey - Youth centre standards

Question	Total no. of respondents	Response	No of respondents	Percentage
2. Youth Centre standards What features would you prioritise to be included in a high quality youth centre:				
a) A multi-use games area?	90	High priority	48	53%
		Medium priority	35	39%
		Not a priority	7	8%
b) A dedicated sports area?	88	High priority	57	65%
		Medium priority	30	34%
		Not a priority	1	1%
c) Gym facilities?	90	High priority	50	56%
		Medium priority	37	41%
		Not a priority	3	3%
d) Changing rooms?	91	High priority	42	46%
		Medium priority	37	41%
		Not a priority	12	13%
e) Safe space for bikes?	89	High priority	49	55%
		Medium priority	35	39%
		Not a priority	5	6%
f) Workshop space?	89	High priority	50	56%
		Medium priority	35	39%
		Not a priority	4	4%
g) ICT suite/facilities?	90	High priority	51	57%
		Medium priority	35	39%
		Not a priority	4	4%
h) Music studio?	85	High priority	36	42%

		Medium priority	40	47%
		Not a priority	12	14%
i) Studio facilities (e.g. video editing)?	89	High priority	37	42%
		Medium priority	39	44%
		Not a priority	13	15%
j) Meeting rooms for one-to-one work?	91	High priority	59	65%
		Medium priority	30	33%
		Not a priority	4	4%
k) Wifi access?	88	High priority	67	76%
		Medium priority	14	16%
		Not a priority	7	8%
l) A chill out zone or space for young people to meet in?	89	High priority	55	62%
		Medium priority	31	35%
		Not a priority	3	3%
m) Kitchen facilities to support the delivery of courses such as cooking programmes?	88	High priority	46	52%
		Medium priority	36	41%
		Not a priority	6	7%
n) Public facing cafe facilities?	89	High priority	35	39%
		Medium priority	42	47%
		Not a priority	12	13%
o) Outdoor space/garden?	89	High priority	51	57%
		Medium priority	32	36%
		Not a priority	6	7%
p) Rock climbing facilities?	88	High priority	6	7%
		Medium priority	62	70%
		Not a priority	20	23%
q) Other?				

Young people survey - Youth innovation

Question	Total no. of respondents	Response	No of respondents	Percentage
3. Youth innovation How should the Youth Service prioritise delivering youth innovation.				
a) Providing small budgets for young people to work on their own projects.	84	High priority	44	52%
		Medium priority	36	43%
		Not a priority	4	5%
b) Providing an annual youth grant that young people can apply for.	87	High priority	55	63%
		Medium priority	31	36%
		Not a priority	1	1%
c) What do you consider to be youth innovation project categories.				
• Enterprise (Business development).	81	Yes	70	86%
		No	11	14%
• Technology.	80	Yes	75	94%
		No	5	6%
• Environment.	80	Yes	66	82%
		No	14	18%
• Sport.	79	Yes	68	86%
		No	11	14%
• Music.	81	Yes	57	70%
		No	24	30%
• Dance.	80	Yes	51	64%
		No	29	36%
• Culture.	79	Yes	61	77%
		No	18	23%
• Other. Please state below:	79			

Young people survey - Work with younger service users				
Question	Total no of respondents	Response	No. of respondents	Percentage
4. Should the youth service also prioritise working with younger people:				
Age 11 years.	77	Yes	51	66%
		No	26	34%
Age 12 years.	80	Yes	71	89%
		No	9	11%

Young people survey – About you			
Question	Total number of respondents	Number of respondents	Percentage
5. Age: How old are you.			
11	81	2	2.5%
12		14	17.3%
13		13	16.0%
14		24	29.6%
15		20	24.7%
16		5	6.2%
17		1	1.2%
18		2	2.5%
6. Gender:	78		
Male		43	55%
Female		35	45%

Stakeholder survey - Prioritising areas of the Youth Service's work

Question	Total number of respondents	Response	Number of respondents	Percentage
4. Youth Service priorities What areas of work do you want the Youth Service to prioritise.				
a) Delivering youth work from youth centres .	15	High priority	11	73%
		Medium priority	3	20%
		Not a priority	1	7%
b) Youth work with vulnerable young people .	15	High priority	13	87%
		Medium priority	1	7%
		Not a priority	1	7%
c) Supporting the youth council .	15	High priority	4	27%
		Medium priority	5	33%
		Not a priority	6	40%
d) Supporting youth volunteering .	15	High priority	9	60%
		Medium priority	5	33%
		Not a priority	1	7%
e) Supporting youth apprenticeships .	15	High priority	10	67%
		Medium priority	3	20%
		Not a priority	2	13%
f) Sexual Relationship Education in schools.	15	High priority	6	40%
		Medium priority	6	40%
		Not a priority	3	20%
g) Sexual Relationship Education in youth centres	15	High priority	6	40%
		Medium priority	6	40%
		Not a priority	3	20%
h) Detached youth work .	15	High priority	8	53%
		Medium priority	4	27%
		Not a priority	3	20%

i) Outreach work.	15	High priority	8	53%
		Medium priority	5	33%
		Not a priority	2	13%
j) Youth led funding.	14	High priority	9	64%
		Medium priority	3	21%
		Not a priority	2	14%
k) Accredited awards.	14	High priority	6	43%
		Medium priority	3	21%
		Not a priority	5	36%

Stakeholder survey – Commissioning priorities				
Question	Total number of respondents	Response	Number of respondents	Percentage
5. Youth Service commissioning priorities: What types of specialist or targeted youth activity should the youth service commission the community and voluntary sector to deliver on its behalf.				
a) Sporting activities.	14	High priority	11	79%
		Medium priority	2	14%
		Not a priority	1	7%
b) Accredited training.	14	High priority	9	64%
		Medium priority	4	29%
		Not a priority	1	7%
c) Specialist arts activity.	14	High priority	6	43%
		Medium priority	5	36%
		Not a priority	3	21%
d) Services for young people with special educational needs or disability.	14	High priority	12	86%
		Medium priority	2	14%

		Not a priority	0	0%
e) Services for Lesbian, Gay, Bisexual and Transgendered young people.	14	High priority	10	71%
		Medium priority	2	14%
		Not a priority	2	14%
f) Specialist youth gang and anti-social behaviour work.	13	High priority	6	46%
		Medium priority	5	38%
		Not a priority	2	15%
g) Specialist detached youth work.	13	High priority	6	46%
		Medium priority	5	38%
		Not a priority	2	15%
h) Outreach youth work.	14	High priority	7	50%
		Medium priority	6	43%
		Not a priority	1	7%
i) Specialist youth community cohesion work.	14	High priority	9	64%
		Medium priority	4	29%
		Not a priority	1	7%
j) Youth volunteering.	14	High priority	9	64%
		Medium priority	4	29%
		Not a priority	1	7%
k) Girls' only work.		High priority	7	54%
		Medium priority	3	23%
		Not a priority	3	23%
l) Other commissioned activities.		<ul style="list-style-type: none"> • Training for staff and volunteers in the community a high priority • First aid • A Youth Violence Reduction Intervention • Offer funding to local voluntary groups to run youth projects for the council • A service to match young people with appropriate roles, I always wanted to volunteer but visible opportunities were few and far between • Boys work 		

Stakeholder survey – More about you

What is the name of the organisation that you work for or represent:

E1 Consortium

The Tower Project

Teviot action group

LB Tower Hamlets YJFIS

The Methodist Church in Tower Hamlets

LBTH

Resident of Tower Hamlets affected by youth ASB

Tower Hamlets Friends and Neighbours

Positive East

Youth Services Challenge Session

Claire Belgard, Interim Head of Integrated Youth and Community Service
Ronke Martins-Taylor, Youth Services Development Manager

10th March 2017

Contents

- Lessons learned
- About the Youth Service
- The interim delivery model
- The Youth Service ambition
- Details of proposed structure, principles of service
- Data evidencing demand/need for services and impact/outcomes of existing service
- The Youth Service Review

Lessons learned

It is important that lessons are learned from past practice as there is a risk that poor practice could be replicated in the new youth service that will be created following the Youth Service Review which commenced in January 2016.

Practice issues	Lessons learned
<p>Failure to effectively represent the needs of female service users and staff</p>	<ul style="list-style-type: none"> • Develop an attractive youth Offer • Develop youth outreach work • Develop a core youth service staff training programme • Promote career opportunities • Recruitment and selection processes
<p>Failure to engage in the statutory Prevent Duty</p>	<ul style="list-style-type: none"> • Provide Prevent Awareness training: • Continued youth service representation on the Community Safety and other relevant strategic partnerships
<p>Fraud and other serious investigations</p> <p>Staff failing to declare their interests in organisations requesting grants/funding from the IYCS.</p> <p>Poor management and oversight of IYCS staff</p> <p>Failure to carry out Disclosure and Barring Service checks on some IYCS staff.</p>	<ul style="list-style-type: none"> • Develop new recruitment and selection processes • Development of a new youth service employee code of conduct • Need to hold staff to account using supervision and appraisal processes • Create new job descriptions and person specifications • Carry out DBS checks

<p>Poor monitoring of Positive Activities for Young People grants (PAYP) and IYCS Service Level Agreements (SLAs)</p>	<ul style="list-style-type: none"> • Develop new funding arrangements
<p>Failure to deliver universal youth work to performance targets or service plans</p> <p>Expenditure of the budget on events and trips that was not aligned with planned youth work programmes or service planning.</p>	<ul style="list-style-type: none"> • Implement robust Quality Assurance processes. • Develop a community based, marketing strategy • Managing the service on a reduced budget
<p>Failure to respond to legitimate complaints made by partners about youth work and management practices</p>	<ul style="list-style-type: none"> • Develop an effective complaints procedure
<p>Failure to work with partners on shared objectives and/or projects targeted at young people</p>	<ul style="list-style-type: none"> • Develop collaborative and partnership working
<p>Integration of work with vulnerable groups of young people</p>	<ul style="list-style-type: none"> • Ensure the integration of vulnerable groups into universal youth settings
<p>Failure to publish the IYCS youth offer</p>	<ul style="list-style-type: none"> • Publish the youth offer
<p>Poor communication with IYCS staff</p> <p>Lack of progression opportunities for staff</p>	<ul style="list-style-type: none"> • Create a new communication strategy • Host regular all youth service staff conference • Develop a workforce strategy

The Youth Service

The Integrated Youth and Community Service (the “Youth Service”) delivers a universal, open access, youth service, targeted youth support, peer education, youth participation projects; and SLAs offering SEND; specialist sports, LGBT and performing arts provision. The Youth Service is supported by admin staff, quality assurance, volunteering and other support functions.

The Interim Delivery Model

Universal, open access youth work is currently delivered through a temporary interim delivery model that provides:

- 8 youth centre hubs
- 6 day a week opening
- High quality term-time and holiday youth activity
- Specialist youth projects
- Commissioned youth activity delivered by 5 local providers

Five Commissioned Providers

Poplar Harca, Newark Youth, Osmani Trust, Ocean Youth Connexions and Society Links deliver from 8 centres offering:

- Universal youth activity
- Drop-in information support sessions
- Personal planning sessions
- Access sporting activities, leisure activities, arts and crafts activities, music
- Themed youth activity programmes lasting circa 6 weeks

The Youth Service Vision

- To transform the Council's Youth Service with a bold ambition so that it becomes the recognised leader in providing diverse communities, across Tower Hamlets, with inspiring, positive activities and programmes for young people to use both now and as they transition into adulthood. Enabling young people to realise their full potential and create better futures.
- The youth service will work in *partnership* to ensure that a *high quality youth offer* is available for the young people of Tower Hamlets.

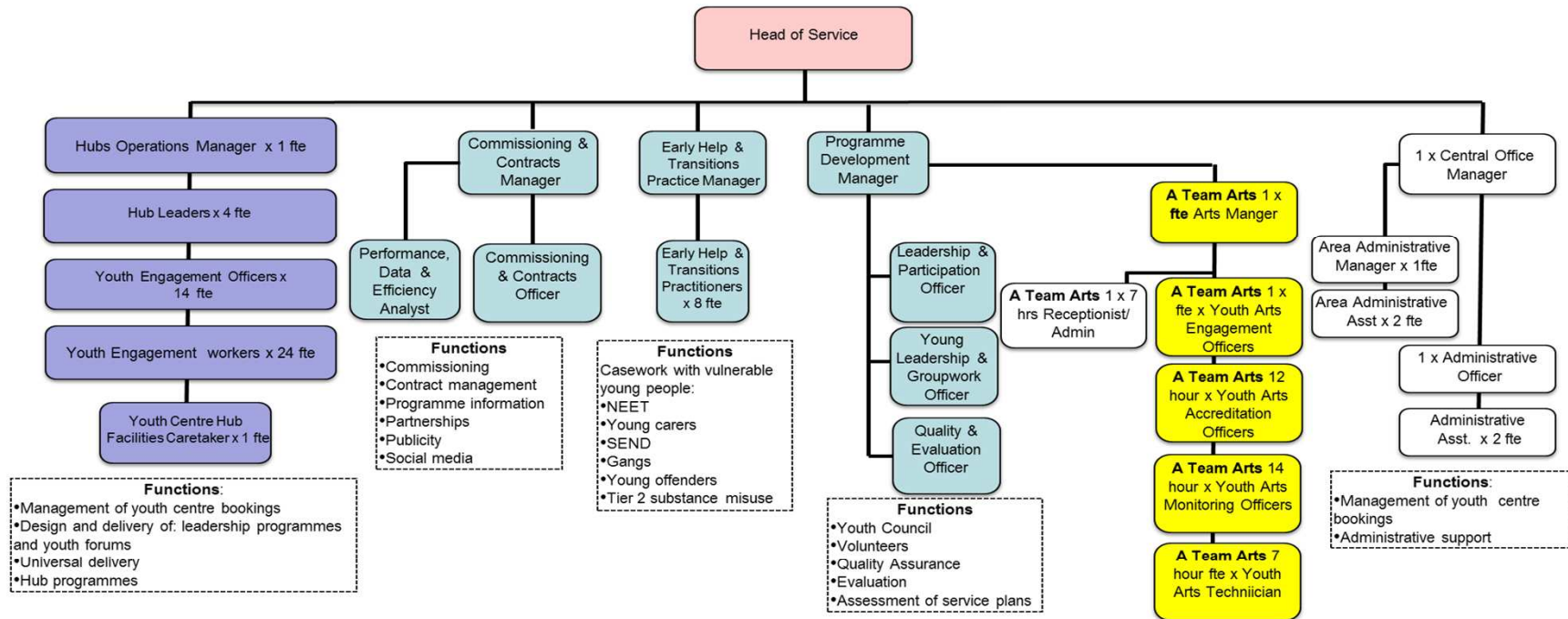
The Youth Service Ambition

The Youth Service wants to:

- Empower young people to realise their best potential;
- Provide opportunities for young people's personal and social development;
- Ensure that there is sufficient, high quality, leisure and informal educational courses and activity
- Maximise the participation of young people in the Service.

Restructuring

Youth Service restructure – Hub based model including A Team Arts



Third Sector Commissioning

Comments

1.Functions job descriptions define relative functional responsibilities between roles.

2.Assumptions:

Functions and services may be commissioned

A stable and flexible service is better delivered with a full-time frontline staff team where members have the time to attend training meeting and to complete recordings.

Salaries costs assume top of the scale and include on-costs

All posts are subject to evaluation

JNC green book terms and conditions for all staff

3.Premises Management: Confirm with Corporate Asset Management the integration that they would expect with the Premises Management staff

4.Admin Review: No changes are anticipated in 2017/18 to the service's administrative support structure due to the proposed Children's Services Support Service Review.

The Hub Based Model of Delivery

- Reduced layers of management
- Prioritises professional, frontline, youth workers who are all located in youth centre hubs
- Focuses on supporting vulnerable young people
- Offers commissioned youth activity
- Provides central support functions
- Delivers integrated working

Current Performance

Tower Hamlets youth service 3 year performance									
	2013/14			2014/2015			2015/2016		
	Target	Achieved		Target	Achieved		Target	Achieved	
		No.	%		No.	%		No.	%
Contacts	12,393	9,479	76.5%	13,446	8,992	66.9%	13,782	6,790	49.3%
Participants	6,866	6,167	89.8%	7,695	5,844	76.0%	7,868	4,172	53.0%
Recorded Outcome	4,120	3,998	97.0%	4,158	3,282	78.9%	5,027	2,460	49.9%
Certified Outcome	1,426	1,744	122.3%	1,595	1,716	107.6%	1,631	1,083	66.4%
Accredited Outcome	715	1,349	188.7%	851	845	99.3%	868	665	76.6%

Developing a Future Performance Management Framework

- Co-production with the sector of a new performance framework
- Captures added value by taking into account additional resources that the sector can lever into the youth service
- Provides information on inputs and activities
- Provides Information on outcomes and impacts

The Youth Service Review

The consultations:

- The Council wanted up-to-date information about what young people and stakeholders wanted from the youth service
- In March/April 2016 and October/November 2016 679 stakeholders, including 535 young people, 113 organisations and 31 parents told us what services they wanted the youth service to deliver
- The Council now has invaluable information which is being used to plan youth centre programmes, to commission youth activity with local providers; and to improve stakeholder engagement.

Young People's Profile

- **Gender:** 72% (253) of the respondents were male; and 28% (96) of were female.
- **Age:** 81% (284) of the respondents were aged 13 to 18 years.
- **Ethnicity:** 46.2% (157) of the respondents identified as Asian Bangladeshi; with the next largest ethnic group being Asian British (14.1% (51)).
- **Religion:** 74.5% (251) of the respondents identified their religion as Islam; with the next largest group identifying their religion as Christian (15.1% (51)).
- **Disability:** 4.6% (16) of the respondents indicated that they had a disability.

Youth Activities

The top five activities that young people said they were interested were:


- 30.9% were interested in sporting activities
- 23.5% were interested in workshops /courses or training
- 15.9% were interested in day trips
- 7.9% were interested in indoor activities
- 4.1% were interested in outdoor activities.

The Youth Service Review

Six service wide priorities have been identified through consultation:

- 1) Promote youth participation and engagement
- 2) Deliver high quality youth programmes
- 3) Develop youth centre building standards
- 4) Publicise the youth offer
- 5) Improve partnership working
- 6) Commission community & voluntary sector organisations to deliver youth activity in places where the youth service doesn't.

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<p>Non-Executive Report of the:</p> <p>Overview and Scrutiny Committee</p> <p>May 2017</p>	 <p>TOWER HAMLETS</p>
<p>Report of: Graham White, Interim Corporate Director Governance</p>	<p>Classification: Unrestricted</p>
<p>Challenge Session Report – Free School Site Allocation</p>	

Originating Officer(s)	<p>Sharon Godman, Divisional Director strategy, policy and partnership</p> <p>Vicky Allen, Strategy, Policy and Partnership Officer</p>
Wards affected	All Wards

Summary

- 1.1 This report submits the report and recommendations of the Free Schools Site Allocation Challenge Session for consideration by the Overview and Scrutiny Committee.

Recommendations:

- 2.1 The Overview and Scrutiny Committee is recommended to:
- (a) Agree the draft report and the recommendations.
 - (b) If necessary authorise the Divisional Director strategy, policy and partnership to amend the draft report before submission to Cabinet, after consultation with the Scrutiny Lead.

3. BACKGROUND

- 3.1 The challenge session took place on 26th February 2017 as a result of concerns amongst some Members about how the Council would be implementing the free school presumption process. Whilst the DfE has opened new free schools in the borough, a number of site allocations for schools have been achieved through negotiations with developers for which the free school presumption process will apply.
- 3.2 Members were concerned that there is a risk that the council can retain a large degree of control which could be seen as being contrary to the free school ethos. There is an additional risk that the Council, in being able to define the specification and design of new buildings, and consultations for a new school, could influence the outcome of the free school process such that any new school does not meet the expectation of local parents and children.
- 3.3 The aim of the Challenge Session was therefore to explore ways in which the Council can ensure it offers families the kind of school places they seek, sufficient to meet demand both now and in future.
- 3.4 The session looked at how the Council is planning to address projected need through new school provision, and, given the free school presumption, how it will implement the required process. The Regional Schools Commissioner attended the session.
- 3.5 The session was underpinned by the following core questions;
- What impact does national policy on free schools have on the Council's ability to plan for need?
 - How can the Council influence the number and location of new school sites through its planning policy and development management and other policy?
 - How will the Council ensure its consultation and specification meets the needs of key stakeholders?
 - Given the free school presumption, how will the Council be dealing with expressions of interest and applications from local stakeholder schools, and new school groups for buildings or sites in the borough?
- 3.6 The report with recommendations is attached as Appendix 1. Eight recommendations have been made:
- **RECOMMENDATION 1:** Children's Services and Corporate Research Unit services keep under review additional household composition and other data that may support the output from the GLA School Roll Projections model.
 - **RECOMMENDATION 2:** Children's Services service to review the inclusion in the specification to be used in a free school presumption process of a requirement to support the THE Partnership.

- **RECOMMENDATION 3:** Children's Services service engage a wide range of parents and other stakeholders in initial consultation on the school specification to ensure that proposed schools reflect the education and ethos parents prefer.
 - **RECOMMENDATION 4:** Children's Services to ensure a transparent and open free school presumption process where bids from providers are evaluated by the Council by:
 - inviting the Regional Schools Commissioner to take part in the selection assessment of potential providers of new free schools
 - holding a local engagement session during the bid submission period and another during evaluation for potential providers to meet parents and others hold a public forum as part of the evaluation process prior to submitting the Council's evaluation of bids to the Secretary of State
 - **RECOMMENDATION 5:** Children's Services publish the Council's free school presumption process including indicative timescales where available for site allocations identified through the Local Plan and include the indicative consultation plan. To be updated as proposals develop. Include information on the Council's website about proposed development of new free schools by the Council, promoted and accessible for all interested parties including parents, and potential providers
 - **RECOMMENDATION 6:** Children's Services and Planning division assist in the unblocking of delays in gaining access to identified development sites by reviewing existing planning permissions (including associated phasing and delivery plans and s106 agreements). Work with landowners to agree programmes for start dates of development of land identified for education provision where a need has been identified.
 - **RECOMMENDATION 7:** Children's Services consider the merits of earlier appointment of school providers so they can be involved in the school design process
 - **RECOMMENDATION 8:** Children's Services and Planning division explore ways to better promote effective joint working between Members, Officers and other interested parties, through the committee system.
- 3.7 Once agreed, the Working Group's report will be submitted to Cabinet for a response to the recommendations.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The report has no direct financial implications currently, following any bid agreements from the Department of Education (DEF), the capital programme will pick up the assessment and the financial implications.

5. LEGAL COMMENTS

- 5.1 The Council is required by section 9F 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 may consider any matter affecting the area or its inhabitants. The Committee may also make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions.
- 5.2 This report advises as to the Free Schools Site Allocation Challenge Session. Free schools are directly funded by and directly accountable to the Department for Education (DfE) and therefore are not run by local authorities. Free schools have more control over how they do things: they can set their own pay and conditions for staff; and change the length of school terms and the school day. They also do not have to follow the national curriculum.
- 5.3 The aim of the Challenge Session was to explore ways in which the Council can ensure it offers families the kind of school places they seek, sufficient to meet demand both now and in future. The session looked at how the Council is planning to address projected need through new school provision, and, given the free school presumption, how it will implement the required process and eight (8) recommendations have been proposed.
- 5.4 As to the recommendations, all are capable of being undertaken within the Council's powers.
- 5.5 When considering its approach to this report and its recommendations, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not. Information relevant to this is contained in the One Tower Hamlets section below.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 Ensuring that Free Schools cater for the needs of all of the young people in the borough is important – educationally, in the quality of their facilities and in their ethos and practice.
- 6.2 Two of the recommendations of the Challenge Session focus on ensuring the services reflects the needs and preferences of parents in the local community by engaging a wide range of parents, and involving them (and other stakeholders) in the free school presumption process which will enable them to have a say on whether the proposed school provider reflects the education and ethos parents prefer.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The recommendations in this report are made as part of the Overview & Scrutiny Committee's role in helping to secure continuous improvement for the council, as required under its Best Value duty. Getting the Council's pupil projections as accurate as possible ensures the DfE allocates its funding commensurate to the borough's need. Schools that open where there is no need risk becoming financially unsustainable in their current form due to surplus capacity.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 There are no direct environmental implications arising from the report or recommendations.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 There are no direct risk management implications arising from the report or recommendations.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 There are no direct crime and disorder reduction implications arising from the report or recommendations.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

Appendix 1 – Free School Site Allocation - Scrutiny Challenge Report

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report
Vicky Allen ext 4320
vicky.allen@towerhamlets.gov.uk

Report authors should refer to the section of the report writing guide which relates to Background Papers when completing this section. Please note that any documents listed in this section may be disclosed for public inspection.

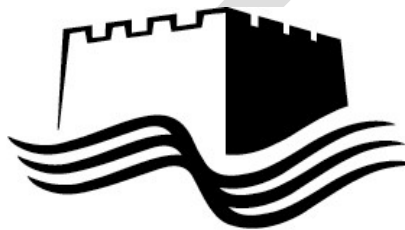
Report authors must check with Legal Services before listing any document as 'background papers'.

Officer contact details for documents:

- N/A

APPENDIX ONE

Free School Site Allocation Scrutiny Challenge Session Report



TOWER HAMLETS

**London Borough of Tower Hamlets
February 2017**

Chair's Foreword

Free schools - state-funded schools that are run independently of local authorities - are a relatively recent addition to Tower Hamlets. Introduced nationally by the coalition government in 2010, they provide a way for groups of parents, teachers, charities, existing schools or other organisations to respond to a need for a new school in their community – whether for extra places, to raise standards or to offer choice.

While successive Tower Hamlets administrations have been sceptical about the free school movement, in July 2015 the Department for Education stipulated that any new school opened since May 2015 would now be designated as a free school. As such, I believe it is timely for us to examine how well the Council is responding to this direction as it plans how best to meet the needs of Tower Hamlets' rapidly-expanding population.

Although the free school process is meant to be largely independent of local authority control, in a crowded borough such as Tower Hamlets - where new schools sites tend to come up only as part of large planning applications - the Council effectively retains a large degree of control. In being able to define in some cases the design spec of new school buildings and the scope of any consultation for a school provider under the free school presumption process, the council is able to influence the outcome of that process.

This makes it important that we understand how the free school presumption process is operating in this borough.

Council colleagues and residents have expressed to me their concern that the presumption process is insufficiently transparent and failing to reflect the desires of local people, many of whom want to have a greater say over the kinds of schools opening near to them. Parents are increasingly anxious about their ability to access high quality academic and technical education places for their children, and they are fearful that an insufficient number of such places are currently on offer in our borough. Indeed all too many parents have been saying to us that if they cannot get a decent place for their child, they will need to move out of the borough.

My choice of scrutiny session was dictated by a desire to ensure Tower Hamlets offers families the kinds of school places they seek, in great enough numbers to meet demand both now and in future, and revealed a variety of views on the challenges and opportunities we have in fulfilling this objective.

I wish to thank the educators, parents, councillors and officers who have contributed to this review. I believe that we have been able to produce a strong and workable set of recommendations to improve the planning, consultation, tendering and design processes for schools on local authority sites and I hope that Tower Hamlets will now adopt them as policy to benefit of our whole community.

Cllr Julia Dockerill
St Katharine's & Wapping (Conservative)

Recommendations

RECOMMENDATION 1: Children’s Services and Corporate Research Unit services keep under review additional household composition and other data that may support the output from the GLA School Roll Projections model.

RECOMMENDATION 2: Children’s Services service to review the inclusion in the specification to be used in a free school presumption process of a requirement to support the THE Partnership.

RECOMMENDATION 3: Children’s Services to engage a wide range of parents and other stakeholders in initial consultation on the school specification to ensure that proposed schools reflect the education and ethos parents prefer.

RECOMMENDATION 4: Children’s Services to ensure a transparent and open free school presumption process where bids from providers are evaluated by the Council by:

- inviting the Regional Schools Commissioner to take part in the selection assessment of potential providers of new free schools
- holding a local engagement session during the bid submission period and another during evaluation for potential providers to meet parents and others; and
- hold a public forum as part of the evaluation process prior to submitting the Council’s evaluation of bids to the Secretary of State

RECOMMENDATION 5: Children’s Services to publish the Council’s free school presumption process including indicative timescales where available for site allocations identified through the Local Plan and include the indicative consultation plan. To be updated as proposals develop. Include information on the Council’s website about proposed development of new free schools by the Council, promoted and accessible for all interested parties including parents, and potential providers

RECOMMENDATION 6: Children’s Service and Planning division to assist in the unblocking of delays in gaining access to identified development sites by reviewing existing planning permissions (including associated phasing and delivery plans and s106 agreements). Work with landowners to agree programmes for start dates of development of land identified for education provision where a need has been identified.

RECOMMENDATION 7: Children’s Services to consider the merits of earlier appointment of school providers so they can be involved in the school design process

RECOMMENDATION 8: Children’s Services and Planning division to explore ways to better promote effective joint working between Members, Officers and other interested parties, through the committee system.

DRAFT

1. Introduction

- 1.1 Free schools are state-funded schools independent of local authorities. They provide a way for groups of parents, teachers, charities, existing schools or other organisations to respond to a need for a new school in their community – whether for extra places, to raise standards or offer choice. Free schools and academies are legally the same type of school. Free schools have a range of freedoms which include being independently governed; they are run by an Academy Trust and are independent of local authority oversight.
- 1.2 Free schools are established by two routes:
1. The local authority can meet the need for places by proposing a new school and appointing the operator via what is known as the free school presumption process, which sees free school providers bid to operate the new school; or
 2. Schools can be opened via the central government programme where proposers apply directly to the Department for Education (DfE).
- 1.3 Whilst the DfE has opened new free schools in the central programme by acquiring sites (such as former office buildings), in a crowded borough such as Tower Hamlets, new school sites to meet population growth generally arise as part of large site developments. Through an evidenced based exercise as part of preparing the Local Plan, the Council has identified a number of site allocations for schools and these will require the *free school presumption process* for the provider to be appointed.
- 1.4 Members were concerned that in using the free school presumption process there is a risk that the Council can retain a large degree of control which could be seen as being contrary to the free school ethos. Members felt that there was an additional risk that the Council, in being able to define the specification and design of new buildings, and consultations for a new school, could influence the outcome of the free school process.
- 1.5 The aim of the Challenge Session was therefore to explore ways in which the Council can ensure it offers families the kind of school places they seek, sufficient to meet demand both now and in future. The session looked at how the Council is planning to address projected need through new school provision, and, given the free school presumption, how it will implement the required process.
- 1.6 The session was underpinned by the following core questions;
- a) What impact does national policy on free schools have on the Council's ability to plan for need?
 - b) How can the Council influence the number and location of new school sites through its planning policy and development management and other policy?

- c) How will the Council ensure its consultation and specification meets the needs of key stakeholders?
- d) Given the free school presumption, how will the Council be dealing with expressions of interest and applications from local stakeholder schools, and new school groups for buildings or sites in the borough?

1.7 The session was chaired by Councillor Julia Dockerill (Scrutiny Lead for Children’s Services and St. Katharine’s and Wapping Ward Councillor) on Tuesday 21st February 2017. The session took the form of a round table discussion, informed by:

- An introduction by Tim Coulson, Regional Schools Commissioner; and
- A presentation by Pat Watson, Head of Building Development (Children’s Services) on the Council’s approach

1.8 Members that were present at the session were:

Councillor Rachael Saunders	Deputy Mayor and Cabinet Member for Education and Children’s Services, and Councillor for Mile End Ward
Councillor Denise Jones	Councillor for St. Katharine’s and Wapping Ward
Councillor Andrew Wood	Councillor for Canary Wharf Ward and chair of Isle of Dogs Neighbourhood Planning Forum

1.9. The session was supported by

Vicky Allen	Strategy, Policy and Performance Officer
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1.10. Evidence was received from a range of officers and experts:

Adele Maher	Strategic Planning Manager
Ann Sutcliffe	Divisional Director, Corporate Property and Capital Delivery
Cath Smith	Tower Hamlets Education Partnership
Christine McInnes	Divisional Director Education and Partnership
Debbie Jones	Director of Children’s Services
Dr Vanessa Ogden	Head, Mulberry School
Floyd McDonald	Canary Wharf College
Gill Kemp	Head, Cyril Jackson School
Mariya Talib	Parent and Isle of Dogs Neighbourhood Planning Forum representative
Owen Whalley	Divisional Director Planning and Building Control
Pat Watson	Head of Building Development (Children's)
Paul Bew	Parent and Isle of Dogs Neighbourhood Planning Forum representative
Sarah Counter	Founder, CEO and Executive Principal, Canary Wharf College
Terry Bryan	Head of Pupil Services
Tim Coulson	Regional Schools Commissioner

2. National and Local Context

- 2.1 Free schools and academies are legally the same. Some new free schools are called academies and Local Authority (LA) maintained schools which convert to academy status generally include academy in the name.
- 2.2 The Education Act 2011 made changes to the arrangements for the establishment of new schools by introducing a presumption that when local authorities identify the need for a new school it will be established as a free school. This is known as ‘the academy/free school presumption’.
- 2.3 Under Section 14 of the Education Act 1996, LAs have a statutory duty to provide sufficient school places. Changes to the law in recent years have emphasised the role of LAs as commissioners of school places rather than provider. The option to open a new community school where a new school is needed is expected to be the last alternative after others have been exhausted.
- 2.4 Free schools are proposed by ‘providers’ in education such as parents, teachers, existing outstanding schools, community groups and charities. In making an application to the DfE’s central programme, providers can evidence a need for a new school by looking at:
- Basic need – projected shortage of places
 - Education need – due to low standards in local schools shown by Ofsted and results data
 - A need for greater choice and diversity – by providing information about the current local choice
 - Social need – by demonstrating that the school will address a social issue relevant to its location
 - Parental demand – by providing evidence that local parents want and would choose the school; and
 - A need for innovation – that will lead to better outcomes for students
- 2.5 The DfE’s central free school programme is largely dealt with outside LA involvement as the Education Authority but with a regulatory role as the Local Planning Authority.
- 2.6 The LA, as a Planning Authority is guided by the National Planning and Policy Framework (NPPF) which identifies that ‘government attach great importance to ensuring that a sufficient choice of school places is available to meet the needs of existing and new communities. Local Planning Authorities should take a proactive, positive and collaborative approach to meeting this requirement, and to development that will widen choice in education. In 2011 the Government published a ministerial policy statement ‘Planning for schools development’. This sets out the principles for the planning system to

‘operate in a positive manner when dealing with proposals for the creation, expansion and alteration of state-funded schools’ including the importance of enabling the development of state-funded schools in their planning decisions; and that LAs should make full use of their planning powers to support state-funded school applications.

Regional Schools Commissioners

- 2.7 Regional Schools Commissioners (RSCs) are an intermediary structure between the Government and individual academy schools and have an oversight and decision-making role relating to free schools. One of the RSCs main responsibilities includes advising on proposals for new free schools and encouraging and deciding on applications.
- 2.8 In the spring 2017 budget, the Government has announced extra money for new free schools equating to a one-off payment of £320m for 140 new free schools. The free school funding will help to meet a pledge made by the Conservative Party during the general election in 2015 to open 500 new free schools before the end of this parliament in May 2020. Nationally, 124 free schools have opened since the election, with a further 243 “in the process” of opening – meaning a further 133 are needed to hit the 500 target.

Setting up a free school

- 2.9 Free schools can be established via a central government programme where proposers apply directly to the Department for Education (DfE). Extensive guidance from the DfE is available to assist providers with the application process, and the New Schools Network has been set up to assist by providing information and advice to providers.
- 2.10 The RSC on behalf of the DfE then assesses the application against the criteria. The DfE consults a LA on the applications; however the final say on a decision to open is with the DfE.
- 2.11 The existing Free Schools in Tower Hamlets have all been established by the central DfE programme. A list of free schools in Tower Hamlets is attached as **Appendix 1**.
- 2.12 When the DfE agrees the opening of a new free school it is responsible for providing the building. Proposers of new free schools are assisted in the set up process, including procurement of a site, by the DfE. To aid site procurement for new free schools, permitted development rights (PDR) were put in place which limits the circumstances where planning consent is required.
- 2.13 In May 2013, a permitted right was introduced to support state-funded free schools to set up while they are looking for permanent premises. This

allowed the change of use from any building to a free school for a period of one academic year. In addition, a new permitted development right for permanent change of use was introduced to enable offices, hotels, residential institutions (such as children's homes), secure residential institutions, agricultural buildings, and assembly and leisure uses (such as cinemas) to change use to a free school without the need for planning application. The change of use to a school is subject to prior approval by the Local Planning Authority on specific planning matters covering noise, contamination and transport & highways. Temporary set up is not being encouraged as an option by the RSC as frequently as in previous rounds.

Free school presumption process

- 2.14 In addition to schools being opened via the central government route, a LA can meet the need for places by setting up a new school via the free school presumption process, which sees free school providers bid for a proposed new school. Under this model, a LA is responsible for providing the new school site and building and the school's trust will take a long lease of the school.
- 2.15 The local authority has a lead role where it is proposing the need for a new school to meet the need for places. It is responsible as both planning and Education Authority for securing sites for new schools to meet population growth. The need for new sites in Tower Hamlets is taken account in its Local Plan where the Council goes through a process of securing site allocations for schools in negotiation with landowners.
- 2.16 The Council's Managing Development Document includes eight site allocations which have been safeguarded for new primary or secondary schools. The free school presumption process will apply for these sites as shown in the table at **Appendix 2**.
- 2.17 For the appointment of the school provider, a LA will set the specification for the school in consultation with key stakeholders including parents. The specification will set out basic details of the school such as its size, opening date and education vision. It will also include the need for providers to engage with the local community, the need to provide inclusive education and support for all children and operating as the local school for the community. In Tower Hamlets, the specification will include a requirement of support to the Tower Hamlets Education Partnership.
- 2.18 A LA then publishes its specification for the proposed new school and invites expressions of interest (EOI) from providers. The LA will make its evaluation of the expressions of interest and then submits them and the evaluation to the Secretary of State / Regional Schools Commissioner (RSC). The decision on the appointment of the school provider is made by the RSC on the Secretary of State's behalf.

3. Key Findings and Recommendations

Understanding Need

- 3.1 In Tower Hamlets, there is tension between the Council’s statutory duty to ensure basic need for school places which are appropriate for the needs of schoolchildren in the borough, and the applications for new schools made direct to the DfE.
- 3.2 To fulfil their duty to plan for the need for places, Councils obtain annual forecasts from the Greater London Authority (GLA). The GLA provides the school roll projections using a standard model which takes account of school rolls, data on fertility, births and migration trends. The GLA provides these projections for the majority of London boroughs. In Tower Hamlets, there is an annual report to Cabinet on the projections of need and plans to meet the shortfall.

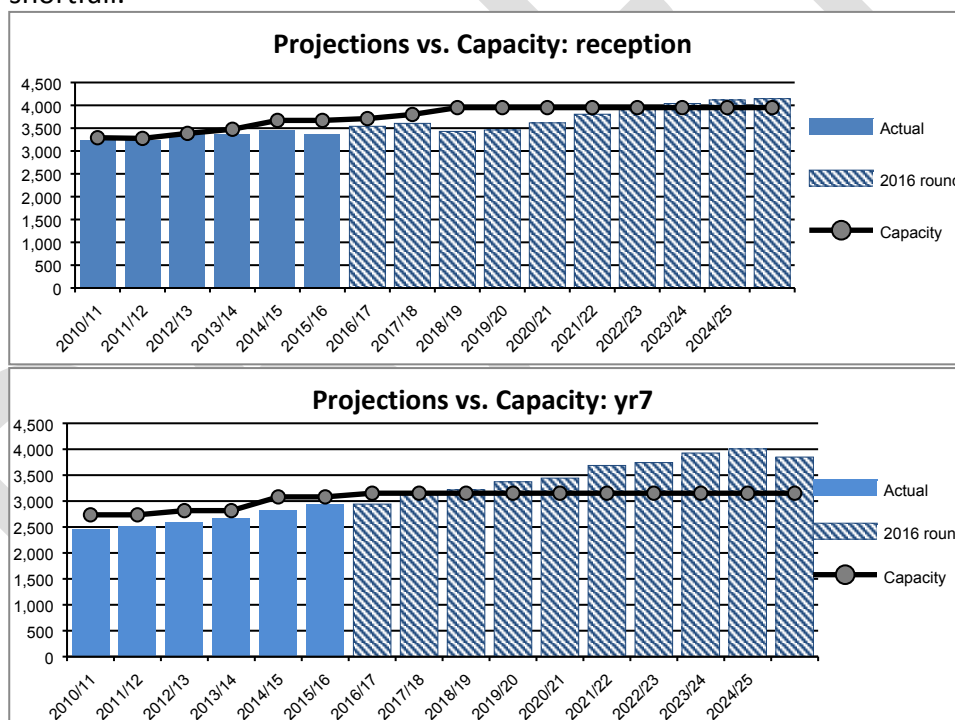


Figure 1 & 2: School roll projections vs capacity at Reception and Yr7. Produced for pupil place planning by Corporate Research Unit, July 2016

- 3.3 The 2016 projections shown in the charts above indicate that in Tower Hamlets there will be sufficient primary places in the borough until 2023-24. For year 7 secondary provision, need is predicted to exceed capacity by September 2018, rising to a need for up to 800 additional places by 2024-25. The projections take into consideration the forecast capacity of the primary and secondary free schools with confirmed opening dates.
- 3.4 Members were concerned that the Council’s pupil place planning projections are underestimating the number of school places needed in the borough, particularly at secondary school level in the south of the borough where the

majority of current demand exists, and the majority of future demand is likely to occur.

- 3.5 Members heard that while the projections take into account the number of new housing units being delivered, the model did not consider the size and type being built. They also challenged the assumptions made about current and future household composition, and cited their constituents' wishes to put down roots in the local community.
- 3.6 Members heard that schools in the borough are popular and they provide a high standard of education. The case for opening free schools to address the education need to address low standards is not as strong as in other areas. Statistics from the Department for Education¹ show that the borough is a net importer of pupils residing in other boroughs attending its schools, but that the number of imports is very low in comparison with other boroughs. The borough has one of the highest ratios of pupils residing and attending schools in the borough. 98 percent of resident primary school aged children and 94 percent of secondary aged children attend a school within the borough, significantly higher than both the London and national averages. In addition, the number of schools rated as good or outstanding in Tower Hamlets is higher than the London average.
- 3.7 The view from Members and parent representatives at the meeting, however, was that parent choice was often overlooked in the local debate on school places. Participants felt that many parents were choosing to 'opt out' of the local state system either by making their own education arrangements, or by leaving the borough altogether, and this hampered the ability of the Council to establish accurate demand levels in the borough.
- 3.8 Parents that attended the meeting reported that their concern was less about getting the right number of places, and more about getting the right type of schools that parents wish to send their children to. They reported that this was leading to situations of high demand at diverse, high quality schools, and low demand elsewhere in the borough. However, as funding for schools is directly linked to the number of pupils, some existing local schools reported that proposed new free schools opening as part of the DfE's central programme when there is already excess capacity, leads to financial difficulties and instability in some instances, affecting quality and breadth of provision.
- 3.9 A report by the Policy Exchange² argues that there is no clear educational rationale for limiting free schools to areas where there is a basic need. The report claims that the effects of a new free school are felt more where local schools have surplus places, because the competitive effect that it generates;

¹ Table 12a. Local Authority cross border movement of state-funded primary and secondary school pupils resident in England, January 2016. By Local Authority area.

² A Rising Tide; the competitive benefits of free schools, Policy Exchange 2015

helping to raise standards, not just for the pupils who attend them but for other pupils across the local community, especially for those in lower performing schools, particularly at secondary level. However, standards are high in Tower Hamlets (para 3.7). In addition, there are several examples elsewhere in England where free schools have had their opening postponed by DfE in the past two years were due to concerns that they would not offer a good or better standard of education³.

- 3.10 A report by the National Audit Office⁴ (NAO) recommends that the Department for Education should work more closely with local authorities to understand and meet need in the local areas in making decisions about new free schools. For example, it should share information earlier on the need for places and improve how it liaises with local authorities about the location of free schools. The NAO also recommends that in assessing application for new free schools, the Department of Education should explicitly assess whether the value gained from increasing choice and competition outweighs the disadvantages of creating an oversupply of school places in local areas, including the impact on the financial sustainability of surrounding schools, recommending that the DfE should minimise capacity where it adds limited value.
- 3.11 At the meeting, Members heard evidence that some existing schools were being put at financial risk because of what they saw was unnecessary competition being put into the system because of a lack of basic need for the school. Where schools had seen a drop in admissions due to surplus capacity in the system, they were concerned that the subsequent reduction in funding would lead to redundancies and affect the quality of provision they could offer.
- 3.12 In addition Members heard that some free schools had deferred opening where the basic need for school places had not been established. According to government figures⁵ around 25 schools defer opening each year citing problems finding a suitable site and insufficient demand for places as the main reasons for deferment. In Tower Hamlets the Livingstone Academy was proposed to open as an all-through school in September 2017 but there is no need for additional primary places at this stage or in this location (Aldgate). The opening has now been deferred until September 2019 to allow the redevelopment of the building although this still does not align with the projected need for primary places.

RECOMMENDATION 1: Children’s Services and Corporate Research Unit to keep under review additional household composition and other data that may support the output from the GLA School Roll Projections model.

³ Schoolsweek, <http://schoolsweek.co.uk/delayed-free-schools-eat-up-nearly-12m/>

⁴ Capital funding for schools, Department for Education / National Audit Office, February 2017

⁵ Schoolsweek, <http://schoolsweek.co.uk/25-free-schools-delayed-each-year/>

Ensuring a fair and transparent process

- 3.13 The process of undertaking a free school presumption exercise is new in Tower Hamlets and there is an overwhelming desire by Members and Officers alike to ensure the process is right first time, given the Council's efforts to restore its reputation on transparency and on regaining the public's confidence.
- 3.14 Members felt that there was a lack of information about how and when the council would conduct the free school presumption process on its development sites. In their view, they felt that:
- Officers should run the Council's free school presumption process in a clear and inclusive manner which was not seen to favour any provider.
 - There should be sufficient consultation for local residents, many of whom want to have a greater say over the kinds of schools opening near to them.
 - The Council retains too much control over the opening of new schools by defining the timetable for a new school, the specification, and fit out on development sites which might inhibit some providers from applying.
 - The Council's indicative timetable as outlined in the Planning for School Places 2016/17 Review Cabinet Report⁶ was too tight. The timetable assumes a two year process, and allows a four week period for public consultation on specification and opening proposals, and a six week publication of the school specification and Expression of Interest.
 - The identification of sites and the triggering of the free school presumption process had been uncoupled which risked favouring more established providers as they were able to spot opportunities before they were advertised. They could then apply direct to the DfE and potentially bypass the free school presumption process.
- 3.15 In addition, Members were concerned that the requirement⁷ for providers to join the Tower Hamlets Education Partnership (THE Partnership) may put off some applicants who were philosophically not keen to engage and pay the fee required to join. THE Partnership is a schools-led vehicle for driving continued school improvement and innovation; around 90% of schools in the borough are members (2015/16). It is wholly independent of the Council but it works closely with it and is supported by it as well as a range of other local organisations.

⁶ September 2016 Cabinet
http://democracy.towerhamlets.gov.uk/documents/s91135/CAB%20060916%20school%20places%20review%202016_17.pdf

⁷ As above

- 3.16 The DfE's 'Free school presumption: annex A, model specification template for local authorities seeking proposals to establish a new school'⁸ specifies in its vision section that applicants should provide evidence of excellent support facilities to meet the needs of all children, and the commitment to excellent outcomes and high quality of teaching and learning. The Council sees membership of THE Partnership as an effective way for new schools to access this support. Where Free Schools apply who do not wish to join THE Partnership, their suitability as a provider in the borough can be judged by the Council in partnership with the wider community, and ultimately by the RSC.
- 3.17 The DfE's guidance⁹ for LAs and new school proposers cites that where a free school (proposed by the DfE route) might meet the identified need, a LA can: postpone a competition; deem that the proposed free school would meet the identified need and decide not to run a presumption process; or hold a competition in parallel to any application for a central free school.
- 3.18 Members were concerned that following the DfE's first two options risked conflicting with their desire to ensure quality provision by opening up the process to a wider range of providers.
- 3.19 The Policy Exchange makes recommendations to improve the current process for approving new basic need schools including:
- Strengthening the way a LA publishes the opportunity by publishing the opportunity through forums in addition to those populated by those already interested, including outside the immediate LA (and if possible outside the RSC / DSS region); and
 - Lengthening the window of opportunity for applications so that they are open long enough for groups previously not closely involved in the local area have a chance to express interest and put a bid together within the deadline required. A short process benefits experienced and expert groups.
- 3.20 DfE guidance also states that where LAs have identified a need for new places and are considering ways to address this; they can, as part of their review of how best to meet need, liaise with groups that are considering or already applying for free school via the DfE route.
- 3.21 The RSC identified best practice examples when undertaking the free school presumption process. These steps would significantly reduce the likelihood of the RSC finding against a LA decision, which he estimated happened in around 25 percent of cases. His advice was to get input from the RSC very early on in the process. The RSC also indicated that he was keen to see

⁸ <https://www.gov.uk/government/publications/establishing-a-new-school-free-school-presumption>

⁹ Free Schools presumption departmental advice for local authorities and new school proposers, Department for Education, February 2016

invitations from a wide field, and a short EoI increased the risk of favouring those in the know or already known to a LA.

- 3.22 To ensure the proposed school meets the needs of the local community, the RSC recommended LAs open up the selection process to scrutiny by parents and the wider public who are keen to have a say on the kind of school that will be on offer. The RSC advised that involving residents in the selection process had worked well in Cambridgeshire where the authority had screened out providers who had not met the basic specification and then opened up the selection process to public scrutiny. Parents who had been opposed to a particular kind of school were able to challenge specific areas of concern in a public arena.

RECOMMENDATION 2: Children's Services service to review the inclusion in the specification to be used in a free school presumption process of a requirement to support the THE Partnership.

RECOMMENDATION 3: Children's Services to engage a wide range of parents and other stakeholders in initial consultation on the school specification to ensure that proposed schools reflect the education and ethos parents prefer.

RECOMMENDATION 4: Children's Services to ensure a transparent and open free school presumption process where bids from providers are evaluated by the Council by:

- inviting the Regional Schools Commissioner to take part in the selection assessment of potential providers of new free schools;
- holding a local engagement session during the bid submission period and another during evaluation for potential providers to meet parents and others; and
- holding a public forum as part of the evaluation process prior to submitting the Council's evaluation of bids to the Secretary of State

RECOMMENDATION 5: Children's Services to publish the Council's free school presumption process including indicative timescales where available for site allocations identified through the Local Plan and include the indicative consultation plan. To be updated as proposals develop. Include information on the Council's website about proposed development of new free schools by the Council, promoted and accessible for all interested parties including parents, and potential providers.

- 3.23 Land is scarce in areas where new schools are needed as these are also where housing is needed. In Tower Hamlets property prices are at a premium and landowners are, unsurprisingly, keen to ensure they can develop and sell as much of their sites as possible for housing. However through the strategic planning process and by negotiation, the council has safeguarded a number of strategic sites to provide new schools as part of a wider mixed use development. The development of a school site in these developments would be secured through the Section 106 agreements.
- 3.24 Members were concerned that the phasing and delivery of developments prioritised housing over infrastructure such as schools. Members felt that there was a need to release the development sites identified for secondary provision earlier. They argued that as secondary schools serve a large catchment area, there is less need to wait for housing delivery on the site, because the school would benefit the wider area.
- 3.25 At the meeting members put forward the frustration and disappointment of some parents that the development timetable for the school at the London Dock site is still to be determined. They were concerned that the school would not be ready before their children reached secondary school age. There was a feeling that any delay in starting construction was unnecessary given their desire for choice in their locality.
- 3.26 The meeting noted that the Council did not necessarily need to involve itself in the design and building of the school and could save considerable sums of money by not doing so. They felt that the Council's desire to retain control over this was a contributory factor in holding up of delivery. At the meeting, provider representatives said that they were keen to gain control on building to ensure the new school fits with the requirements and timescale they are working to.
- 3.27 However Members did recognise that where development sites have been secured through the strategic planning process, the development timetable is in the hands of the developers and therefore timely development may not always be guaranteed. Planning permission is a negotiation process between a LA and the developer. The phasing, approach, parameters and deliverables of the school will be agreed through the detailed planning process when considering the site as a whole. There are a range of dependencies and interactions between different parts of the development for example, relating to accessibility, parking, land contamination, demolition and safety which may mean that a school cannot be developed at an early stage of the individual site development.
- 3.28 In addition to waiting until there is a basic need for school places, the Council has taken the approach of not triggering the free school presumption process until an appropriate time in the development timetable and when the design of the building and anticipated opening date are confirmed.

- 3.29 A practical example is the proposed school at Millharbour where the school is being built as an integral part of a housing development. There is no confirmed start date for the building of this development. It is therefore preferable to undertake the free school presumption process when the opening date is clarified.
- 3.30 Where schools are opened by central government, the DfE provides all funding for free schools including capital funding, via the Education Funding Agency (EFA). Once approved, free schools are given an EFA contact who will work with them to acquire a suitable site for the school. The EFA will pay for the purchase and lease of the building or land as well as any building work or refurbishment that needs to be done.
- 3.31 The DfE provides capital funding to a LA based on projections of need for new school places. In Tower Hamlets, the Council also has access to Section 106 funds from residential developments in the borough to support additional school places. If a need for accelerated delivery was established and all parties agreed it was desirable and practically possible, then the S106 agreement may be adjusted through a Deed of Variation to enable it. However this may also result in changes to planning permissions already granted.

RECOMMENDATION 6: Children’s Services and Planning division to assist in the unblocking of delays in gaining access to identified development sites by reviewing existing planning permissions (including associated phasing and delivery plans and s106 agreements). Work with landowners to agree programmes for start dates of development of land identified for education provision where a need has been identified.

RECOMMENDATION 7: Children’s Services to consider the merits of earlier appointment of school providers so they can be involved in the school design process

Coordinated approach

- 3.32 The Council’s Infrastructure Delivery Framework provides a robust governance structure to deal with infrastructure planning in the borough. The Infrastructure Delivery Board (IDB) chaired by the Mayor and attended by Cabinet specifically considers infrastructure matters including the allocation of Section 106 (and CIL) funding, including funding for schools. The provision of new schools cuts across a number of different departments within the council, including Children’s Services and Place Directorates. Officers within these departments come together in the Infrastructure Delivery Steering Group (IDSG) to support the IDB, developing projects for funding by Section 106 income and monitor delivery.

- 3.33 At the challenge session, Members heard evidence that some schools were being approached by providers and parents about forming free schools. In these instances schools had used their own school networks to manage a coordinated response to these approaches. It was also reported that discussions have been held by some schools about the growing need for business technical colleges and university technical colleges to tackle youth unemployment and under employment.
- 3.34 Members acknowledged the effective joint working and relationships in the Council's departments around setting up free schools, however they expressed a view that working 'behind closed doors' led to a lack of transparency for councillors, parents, and those seeking to provide new schools.
- 3.35 Members wanted a wider group of councillors to be able to have a say in school infrastructure planning in the borough. They also wanted existing school heads and potential free school providers to be invited into discussions to allow for the free flow of information and sharing of ideas and plans.

RECOMMENDATION 8: Children's Services and Planning division to explore ways to better promote effective joint working between Members, Officers and other interested parties, through the committee system.

Free Schools in Tower Hamlets

Already opened	
Canary Wharf College, East Ferry Road	Opened in September 2011. East Ferry Road. Primary School provision. 40 places per year.
Wapping High School, Commercial Road	Opened in September 2012. Commercial Road. Secondary School provision. 81 places per year.
Solebay Primary School	Opened in September 2012. Solebay Street. Primary School provision. 50 places per year
City Gateway	Opened in September 2012. Mastmaker Road, E14. 14-19 provision
Canary Wharf College 2	Opened in September 2014. Occupying temporary accommodation in East Ferry Road, E14. Permanent site in Glenworth Road, E14 in development. Primary School provision. 40 places per year.
London Enterprise Academy	Opened in September 2014. Commercial Road. Secondary School (11-16) with 120 places per year.
East London Academy of Music	Opened in September 2014 in temporary accommodation in E15, 16-19 with up to 300 places. Permanent accommodation in development in Bromley-by-Bow to be occupied in 2017
Canary Wharf College 3	Opened September 2016. Originally approved as an all-through Christian faith school with 1,330 places, opened for secondary only offering 40 Year 7 places. Pupils will initially occupy temporary accommodation. Permanent accommodation and planned capacity to be identified.
Planned	
Mulberry UTC (University Training College)	Opening planned for September 2017, Parnell Road, E3. 14-19 provision, specialising in healthcare and medical services, and digital technology.
Aldridge Studio School	Opening to be confirmed. 14-19 provision, specialising in entrepreneurship. Original proposal to be based at Asda Crossharbour site but now searching alternative site which could be outside LBTH.
Livingstone Academy East London	Approved for opening in September 2017 but subsequently deferred to 2019. All-through, mixed, non-faith school with 1,570 places. Site in Aldgate. Specialising in computing and sciences.

Development sites for schools in Tower Hamlets

Primary Schools	
Bromley by Bow district centre	Primary school. Development timetable to be confirmed. LLDC reviewing masterplan.
Fish Island (Mid)	Site allocation for a primary school at Neptune Wharf. Planning application approved by LLDC in March 2014 includes outline permission for a 3FE school. The Section 106 funding requires LBTH to exercise the option to develop within 5 years of start on site in summer 2015.
Fish Island East, Sweetwater (within LLDC area)	Primary school. Originally 3FE school proposed in Legacy masterplan with a new secondary school elsewhere in the area. It is now proposed to open an all-through school, the Bobby Moore Academy, from September 2018. The school will have 1,560 pupils in total with 60 places for Reception and 180 for Year 7. The primary site falls in Tower Hamlets and the secondary site in LB Newham. The school has proposed to operate within the LBTH admissions arrangements.
Bow Common and Leven Road Gas Works sites	Primary school site allocation at both sites. Development timetable to be confirmed.
Ailsa Street	Primary school site allocation, former Bromley Hall School site
Secondary Schools	
London Dock (former News International site)	Site allocation for a 6FE secondary school. Planning application approved March 2014 includes outline permission for a school. LBTH has 10 year period to exercise the option to develop the school. The design is in development. Programme and cost information to be developed to confirm timetable for Cabinet decision to proceed.
Westferry Printworks	Site allocation for a 6FE secondary school. Planning application determined by Mayor of London includes site for the school. Section 106 agreement completed which allows LBTH to take a lease and develop the school site. Development timetable to be determined.

Non-Executive Report of the: [Overview & Scrutiny Committee] 19/04/2017	 TOWER HAMLETS
Report of: Graham White, Acting Corporate Director Governance	Classification: [Unrestricted or Exempt]
Reablement Service Scrutiny Review	

Originating Officer(s)	Sharon Godman, Divisional Director strategy, policy and partnership Daniel Kerr, Strategy, Policy and Partnership Officer
Wards affected	All Wards

1. SUMMARY

- 1.1. This paper submits the report and recommendations of the Health Scrutiny sub-committee's review of the LBTH Reablement Service for consideration by the Overview and Scrutiny Committee.

2. RECOMMENDATIONS:

- 2.1. The Overview & Scrutiny Committee is recommended to note the report and recommendations.

3. DETAILS OF REPORT

- 3.1. Over the course of 2016-17 the Health Scrutiny Sub-Committee has taken a thematic approach to its work programme and focussed on issues relating to the access of health and social care services in Tower Hamlets. As part of this, the Sub-Committee identified the performance of the council's Reablement' Service as the subject for a Scrutiny Review, as it is a key gateway into the social care system from both acute and community health services. The ever increasing pressure on the NHS and adult social care arising from the needs of a growing, older population and continued public spending restraint, means the performance of the Reablement Service is an issue of major importance to the sustainability and effectiveness of the boroughs social care services.

- 3.2. The Reablement Service offers a short-term, six week Occupational Therapy-led intervention that supports people to regain their abilities to manage everyday tasks following an accident, ill health, disability or a stay in hospital, enabling them to live as independently as possible in the community. An effective Reablement Service is beneficial for residents, local authorities, and the NHS as it assists individuals to lead full and independent lives whilst reducing the overall cost of provision. Reablement can play a decisive role in helping people to regain their independence and maximising their health and wellbeing following hospitalisation or ill health. It can also reduce the amount of time a person needs to stay in hospital, therefore aiding faster recovery.
- 3.3. The Sub-Committee wanted to review the performance of the Reablement Service in Tower Hamlets to understand whether the current service offers accessible and effective care, and determine whether this is delivered to the right people, in the right place and at the right time. Moreover the Sub-Committee wanted to review the service user experience to ensure it was supportive, safe and compassionate
- 3.4. The review is underpinned by four core questions:
- How is the Reablement Service delivered and how does it perform in Tower Hamlets?
 - What is the patient experience for residents of Tower Hamlets being supported by the Reablement Service?
 - How do partner organisations view the Reablement Service in Tower Hamlets and what level of integration exists across services?
 - How does the Reablement Service in Tower Hamlets compare to London and national benchmarks, and what can be learnt from areas of good practice in London?
- 3.5. The report with recommendations is attached at Appendix 1. 18 recommendations have been made:

Recommendation 1: That the Reablement Service delivers additional training to social care staff in strength based practice to ensure they are able to convey the aims of the service and the reablement approach positively to service users and their families/carers.

Recommendation 2: That the Reablement Service works with Real to review cases where concerns were raised, and use this information to improve service delivery for disabled service users via tailored training for specific teams or individuals in association with Real.

Recommendation 3: That the Reablement Service develops a communications plan linked into the launch of the new integrated single pathway to educate the community on the role and aims of the Reablement Service so they are better advocate for themselves, and identify and challenge poor practice.

Recommendation 4: That the Reablement Service explores options to provide emergency provision for supplies through pre-payment cards and food vouchers to assist those who are discharged from hospital into the service.

Recommendation 5: That Barts Health reviews its discharge procedures so that all patients are provided with dosette boxes when they leave hospital and medication is accompanied by a Medicine Administration Record (MAR) chart.

Recommendation 6: That Barts Health reviews its discharge planning process to ensure that the appropriate quantity of correctly fitted continence pads are provided to the at the point of discharge.

Recommendation 7: That Barts Health reviews its discharge planning process to ensure that discharge does not take place at the end of the week without advance communication to the Reablement Service, allowing for better planning that takes account of service users full range of needs and smoother handovers.

Recommendation 8: That the Reablement Service reviews service user data to identify which hospital wards require further training to educate staff members on the purpose of the Reablement Service, its referral pathways and how it aligns with other rehabilitation provision.

Recommendation 9: That the Reablement Service examines the procedures for liaison with environmental health so that response times to address issues faced by some patients upon discharge, such as bed bugs, are improved.

Recommendation 10: That the Reablement Service improves its engagement with service users by working with the Third Sector to help strengthen the transparency of its performance monitoring process, including closer involvement of the OPRG.

Recommendation 11: That the Reablement Service establishes procedures for contacting service users by phone or in person within 24hrs of discharge to ensure they are safe and have no immediate issues about their care and support.

Recommendation 12: That the Reablement Service learns from observed good practice in Greenwich and introduces a questionnaire for all Reablement service users within the first 5-10 days after discharge from hospital.

Recommendation 13: That the Reablement Service learns from observed good practice in Greenwich and explores how they could use ICT systems to improve the coordination and efficiency of staff planning and rostering

Recommendation 14: That the Reablement Service explores options to link the Reablement Service into existing mental health provision to provide more integrated physical and mental health support as part of the six week reablement intervention.

Recommendation 15: That the Reablement Service explores the possibility of performing a social prescribing or commissioning function to refer people on to appropriate community support/activities at the end of its formal intervention.

Recommendation 16: That the Reablement Service develops a forum to share information on ongoing projects, available services, and opportunities for partnership working between the third sector and statutory services, perhaps building on the multi-agency meetings of each of the GP localities.

Recommendation 17: That the Reablement Service explores options to train formal and informal carers and volunteers to support the reablement process and promote the principles of recovery and independence.

Recommendation 18: That the Reablement Service reviews how social care staff introduce reablement positively to residents and their families and examines how the annual re-assessment procedure for people with long term care packages to establish how reablement may assist service users.]

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The Councils Reablement Service has a base budget of £1.8m in 2016/17 and is required to deliver efficiency savings of £0.850m by 2019/20 as agreed through the 2017/18 budget approved by Full Council on the 22nd February 2017. The recommendations within this report will need to be delivered in the context of these budget reductions.

5. LEGAL COMMENTS

- 5.1 Section 2 of the Care Act 2014 imposes a duty on the Local Authority to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will—
- (a) contribute towards preventing or delaying the development by adults in its area of needs for care and support;
 - (b) contribute towards preventing or delaying the development by carers in its area of needs for support;
 - (c) reduce the needs for care and support of adults in its area;
 - (d) reduce the needs for support of carers in its area.
- 5.2 Section 3 of the Care Act 2014 imposes an additional obligation that local authorities must exercise its social care functions with a view to

ensuring the integration of care and support provision with health provision and health-related provision where it considers that this would—

(a) promote the well-being of adults in its area with needs for care and support and the well-being of carers in its area,

(b) contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support, or

(c) improve the quality of care and support for adults, and of support for carers, provided in its area (including the outcomes that are achieved from such provision).

- 5.3 The Care and Support (Preventing Needs for Care and support) Regulations 2014 make further provisions relating to reablement support which is defined as a ‘facilities or resources provided by an adult... which consist of a programme of services, facilities or resources are for a specified period and have as their purpose the provision of assistance to an adult to enable to maintain or regain the ability needed to live independently at their home.’ These regulations require that the local authority must not charge the adult for any services, facilities or resources provided for the first 6 weeks of the specified period.
- 5.4 The Care Act guidance, which the local authority is obligated to follow unless there are cogent reasons to disapply, sets out additional consideration for the Local Authority when designing reablement services so as to ensure that these are able to fulfil additional duties, including the provision of information and advice under s.4 Care Act 2014, duties under s.5 Care Act to promote the efficient and effective operation of a market in services for meeting care and support needs and under s.6-7 to cooperate with relevant partners including health bodies. It should also be noted that, in providing these services, the Local Authority must have regard to the duty to promote the wellbeing of the individual in line with the duty set out in s.1 Care Act 2014.
- 5.5. The review explored the current offer within the borough and made the recommendations set out within this report. Whilst it will be for statutory partners to implement some of these recommendations, the recommendations reflect the duty for those partners to cooperate with the Council in fulfilling their statutory functions under s.6 of the Care Act 2014. It should be noted that, under this provision, partners are expected to comply with any request, including in relation to provision in specific cases (s.7 Care Act) unless this would be incompatible with their own duties or otherwise have an adverse effect on the exercise of their functions.
- 5.6 When considering the recommendations above regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010 and the duty set out at Section 149 of the 2010 Act. This requires the Council, when exercising its functions, to have ‘due regard’ to the need to eliminate discrimination (both direct and indirect

discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristics. Provision of an effective reablement service, particularly if additional consideration is given to how to address mental health as well as physical health needs, should ensure greater compliance with these duties.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1. The core focus of this review is on the council's approach to delivering an effective Reablement Service as part of its statutory obligations under the Care Act 2014. Reablement is available for all residents, however the significant majority of service users are aged 65 and over. This review makes a number of recommendations to ensure all elderly people in the borough are supported to be as independent as possible and have easy access to reablement services through improved partnership working with the NHS and other key stakeholders, strengthening engagement with the third sector, and improving communication to effectively convey the role of the reablement service.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1. The recommendations in this report are made as part of the Overview & Scrutiny Committee's role in helping to secure continuous improvement for the council, as required under its Best Value duty

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1. There are no direct environmental implications arising from the report or recommendations.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1. There are no direct risk management implications arising from the report or recommendations.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1. There are no direct crime and disorder reduction implications arising from the report or recommendations.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE.

Appendices

- Appendix 1 – Health Scrutiny Sub-Committee Reablement Review Report
- Appendix 2 – Community Health Services in Tower Hamlets
- Appendix 3 – Healthwatch Tower Hamlets Reablement Report

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

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Tower Hamlets Health Scrutiny Sub-Committee

Reablement Service Scrutiny Review



April 2017

Chair's Foreword

I am pleased to present this report which explores the challenges facing the Reablement Service in Tower Hamlets. An effective Reablement Service is beneficial for residents, local authorities, and the NHS as it assists individuals to lead full and independent lives whilst reducing the overall cost of provision. Reablement can play a decisive role in helping people to regain their independence and maximising their health and wellbeing following hospitalisation or ill health. It can also reduce the amount of time a person needs to stay in hospital, therefore aiding faster recovery and preventing deconditioning.

It is also clear to me that a commitment to providing an effective Reablement Service is not only beneficial to clinical outcomes and residents' health and wellbeing, but also provides opportunity to make savings at a time of public sector funding cuts. Reablement can help to ease the financial and capacity pressures placed on both Local Authorities and the NHS through decreasing the need for hospital admission, decreasing the need for long term care packages, and appropriately reducing the level of ongoing home care support required. These financial pressures are driving services to identify opportunities to work in different and innovative ways. The Discharge to Assess pilot programme, for example, demonstrates that financial savings can be achieved through greater integration between health and social care. However as programmes like these drive savings in the NHS, I hope appropriate funding flows through to local authorities who will be picking up the extra work in the community.

Although there are a lot of things our Reablement Service does well, there is always room for improvement. We do not work with our third sector partners as productively as we could, and there are sometimes issues with the way the service communicates its aims with service users and their families. Whilst we work closely with the NHS on many parts of Reablement and related packages, there is still some work to be done to establish true partnership working. Too many patients are being discharged too late in the day, without proper preparation or medications. This is having an impact both on patient dignity and on the Reablement Service's ability to manage demand and use its resources effectively.

This report therefore makes a number of practical recommendations for the council and its partners for improving the service. The recommendations focus on improving communication and training to increase awareness of the service, improving the hospital discharge process, better utilisation of the third sector, the Reablement Service performing a social prescribing or commissioning role, and better performance monitoring during the first week after discharge.

I would like to thank all officers and external speakers that contributed to the review, especially Cath Scholefield (Lead for New Models of Care) and Paul Swindells (Reablement Team Manager) for providing their support and

knowledge to the review, and officers from Greenwich Council for providing us with their time and insight of good practice in the service. I am also grateful to my Health Scrutiny colleagues for their support, advice and insights.

Councillor Clare Harrison
Chair of the Health Scrutiny Sub-Committee

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1. Recommendations

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Recommendation 18: That the Reablement Service reviews how social care staff introduce reablement positively to residents and their families and examines how the annual re-assessment procedure for people with long term care packages to establish how reablement may assist service users.

2. Introduction

- 2.1. Over the course of 2016-17 the Health Scrutiny Sub-Committee has taken a thematic approach to its work programme and focussed on issues relating to the access of health and social care services in Tower Hamlets. As part of this, the Sub-Committee identified the performance of the council's Reablement Service as the subject for a Scrutiny Review, as it is a key gateway into the social care system from both acute and community health services. The ever increasing pressure on the NHS and adult social care arising from the needs of a growing, older population and continued public spending restraint, means the performance of the Reablement Service is an issue of major importance to the sustainability and effectiveness of the boroughs social care services.
- 2.2. The Reablement Service offers a short-term, six week Occupational Therapy-led intervention that supports people to regain their abilities to manage everyday tasks following an accident, ill health, disability or a stay in hospital, enabling them to live as independently as possible in the community. This has significant benefits for a person's health and wellbeing and allows the council to concentrate its limited resources on those who have eligible needs for care and support.
- 2.3. National evidence suggests that supporting early and safe discharge from hospital into a reablement-type service delivers better outcomes for individuals when compared to longer periods of hospitalisation or immediate transfer into domiciliary care. It is also cost effective for health and adult social care services, both reducing pressure on bed-capacity in the acute sector and the need for large packages of ongoing community or institutional care.
- 2.4. The Sub-Committee wanted to review the performance of the Reablement Service in Tower Hamlets to understand whether the current service offers accessible and effective care, and determine whether this is delivered to the right people, in the right place and at the right time. Moreover the Sub-Committee wanted to review the service user experience to ensure it was supportive, safe and compassionate. The review is underpinned by four core questions:
 - How is the Reablement Service delivered and how does it perform in Tower Hamlets?
 - What is the patient experience for residents of Tower Hamlets being supported by the Reablement Service?
 - How do partner organisations view the Reablement Service in Tower Hamlets and what level of integration exists across services?

- How does the Reablement Service in Tower Hamlets compare to London and national benchmarks, and what can be learnt from areas of good practice in London?
- 2.5. There are a number of reablement and rehabilitation pathways delivered in the borough, including the Admission Avoidance & Discharge Services, Community Health Teams (including Physiotherapy and Occupational Therapy led rehabilitation), Elderly Care Rehabilitation Services, and Specialist Rehabilitation Services such as stroke rehab for patients after an acute stroke and cardiac rehab and heart failure services. There are many issues identified in this report which are applicable across all of these services, including the experience after the first week of discharge, housing adaptations and environmental health issues such as bed bugs. Whilst the scope of this review explicitly covers the LBTH Reablement Service, the Health Scrutiny Sub-Committee wish to use this review as a proxy for the other services and hope to apply the learning and recommendations from this review to other services where applicable. *See appendix 1 for a detailed breakdown of the services provided by each of these services.*

2a) Review Approach

- 2.6. The review was chaired by Councillor Clare Harrison, Chair of the Health Scrutiny Sub-Committee and supported by Daniel Kerr, Strategy, Policy and Performance Officer; LBTH.
- 2.7. To inform the Sub-Committee's work a range of meetings and evidence gathering activities were undertaken between January 2017 and February 2017. These included:
- **26th January 2017**

The first evidence session set out the context to the review, including an overview of local needs and demand for the Reablement Service. Service managers from Reablement met with the Sub-Committee to detail the role and aims of the service, how it is delivered in Tower Hamlets, and how it performs compared to London and national benchmarks.
 - **6th February 2017**

The second evidence session invited key local health partners to share their views on the Reablement Service, including both commissioners and health providers. Colleagues from the Tower Hamlets Clinical Commissioning Group, Bart's Health Trust, Tower Hamlets GP Care Group, East London Foundation Trust, LBTH Occupational Therapy, and LBTH Housing all offered their perspectives on the service and participated in a discussion that focused on the level of integration across partner organisations,

highlighted gaps in the current provision, and identified possible actions for service improvement.

- **16th February 2017**

The third evidence session invited service user groups to share the experiences and views of people who have been through the Reablement Service. Real, a local disability advocacy organisation, provided insight on the experience of disabled people who are often referred to the service as part of the process to reassess their care package. AgeUK East London, which offers support to elderly people in both the hospital and the community, shared their views on the care and support needs of the 65 and over group. The Carers Centre and the Older People’s Reference Group both provided written submissions of evidence detailing the views of their clients and, in addition, the Sub-Committee worked with Healthwatch Tower Hamlets to contact and interview 14 service users who had left the Reablement Service in the last three months.

- **23rd February 2017**

A site visit to meet with officers from the London Borough of Greenwich Reablement Service was conducted. The Greenwich Reablement Service has been identified as an example of good practice and the Sub-Committee visited with them to learn how they achieve successful outcomes for residents, minimise demand for ongoing care and support, and how their residents feel about the service they receive.

A site visit to meet LBTH reablement officers. Reablement officers discussed their experiences of working with services users, key partners in the hospital and in the community, and detailed the challenges they face in their role.

A final meeting of the Sub-Committee and key partners to review the evidence collected as part of the review and discuss the findings and recommendations.

2.8. Health Scrutiny Sub Committee Members;

Councillor Clare Harrisson	Health Scrutiny Sub-Committee Chair
Councillor David Burbidge	Health Scrutiny Sub-Committee Member
Councillor Sabina Aktar	Health Scrutiny Sub-Committee Member
Councillor Peter Golds	Health Scrutiny Sub-Committee Member
Councillor Muhammad Ansar Mustaquim	Health Scrutiny Sub-Committee Member
Councillor Abdul Asad	Health Scrutiny Sub-Committee Member
David Burbidge	Health Scrutiny Co-Opted Member

The panel received evidence from a range of officers including;

London Borough of Tower Hamlets

Cath Scholefield	Lead for New Models of Care
Brian Turnbull	Interim Service Manager – Community & Hospital Integrated Services
Gill Beadle-Phelps	Service Manager – Community & Hospital Integrated Services
Paul Swindells	Team Manager - Reablement
Alex Hadayah	Head of Integrated Occupational Therapy Services
Martin Ling	Housing Strategy Manager
Helen Sims	Senior Occupational Therapist
Siobhan Davey	Occupational Therapist
Julie Archer	Occupational Therapist
Saleh Abed	Independence Planner
Ann Marie Bacchus	Independence Planner
Leyla Maxamed	Reablement Officer
Masum Bhuiya	Reablement Officer
Laura Ayles	Reablement Officer
Gulam Hossain	Reablement Officer
Bibi Mohabeer	Reablement Officer
Masad Miah	Reablement Officer

London Borough of Greenwich

Claire Northover	Service Manager for Hospital Discharge Team
Steve Martin	Team Manager Hospital Discharge Team
Elaine Maunsell	Scheduling and Support Officer
Janet Bennett	ICAH Reablement Manager

External Partners

Rahima Miah	Integrated Commissioning, Tower Hamlets CCG
Richard Fradgley	Director of Integration, East London Foundation Trust
Phillip Bennett-Richards	Chair of Tower Hamlets GP Care Group
Claire Hogg	Director of Community Health Services and Mile End Hospital

Service User Groups

Karen Linnane	Delivery and Development Manager, Real
Chris Tymkow	Project Coordinator, The Royal London Home & Settle service, AgeUK East London
Neil Hardy	Director, Carers Centre
Diane Hackney	User Involvement Coordinator, Older Peoples Reference Group
Dianne Barham	Chief Officer, Healthwatch Tower Hamlets

3. National context

- 3.1. Reablement was first set out as a concept in 2006 in the Department of Health's '*Our Health; Our Care; Our Say*' strategy, which aimed to deliver the then Labour Government's vision of more effective community health services. This vision was based on five priority areas: more personalised care, services closer to home, integration between health & social care services, increased patient choice and a focus on prevention rather than cure. This was followed by the 'Putting People First' White Paper in 2008 which promoted a shared vision for the transformation of Health and Social Care based around the aims that people stay healthy (prevention), receive rapid and timely support (early intervention) and are helped to get back on their feet after an illness and to do as much as possible for themselves (reablement). In 2010, 'Think Local; Act Personal' was introduced and established a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support. The partnership includes central and local government, NHS, the provider sector, and people with care and support needs, carers and family members.
- 3.2. The Care Act 2014 introduced by the Coalition Government replaced much of the preceding social care legislation and underpins the council's reablement practice. It promotes wellbeing for individuals and their families, promotes personal resilience, and places a duty on local authorities to prevent and delay ongoing need for formal care. Furthermore, it formalises the integration agenda as it ensures that care and support services work together with health colleagues. Specifically the Care Act mandates local authorities to provide reablement for free, for a period of up to six weeks.
- 3.3. Reablement is an area which is seen as critical to a sustainable adult social care system as it helps people to get back on their feet and regain their independence, reducing social care costs and the burden placed on hospitals. Performance statistics from across the UK support this, for example, in Kent, 90 per cent of clients required no further long term support packages following a reablement intervention, whilst equivalent figures in Tyneside were 68 per cent, and in Greenwich 60 per cent. In 2013, Southwark reported that their social care costs reduced by 40 per cent as a result of Reablement Service intervention.
- 3.4. Reablement services are a significant part of the health and social care integration agenda. The Better Care Fund (BCF) is the Government's primary funding mechanism for the integration of health and social care, and it is intended to shift resources out of hospital into community services. Nationally the effectiveness of integrating health and social care, and the importance of the reablement service, can be seen through the impact of the BCF, which in its first year of operation saw the proportion of older people who were still at home 91 days after discharge from hospital

into reablement or rehabilitation services increase to 82.7 per cent, exceeding the target of 81.9 per cent.

- 3.5. Improving support for older people at home, either to prevent hospital admission (or readmission) or to facilitate discharge when they are ready to leave hospital is key to patient flow and ultimately to delivering the four hour A&E waiting times target. Delayed transfers of care (DTOC) have increased substantially over the past three years and have contributed to a shortage of hospital beds in a number of NHS Trusts. This is a significant issue which is costly to the NHS and impacts on hospitals capacity to admit emergency A&E patients and treat patients effectively. A DTOC occurs when a patient is ready to depart from their current care setting but is still occupying a bed. In 2016 there were 2.16 million 'delayed days' due to delayed transfers of care – an average of just under 6,000 each day. This was 23 per cent higher than in 2015 and 56 per cent higher than in 2011. Delayed transfers of care involving patients with both health and social care needs are occurring with increasing frequency. Between December 2013 and December 2016, the number of delayed discharges from hospital attributable to local authorities (or jointly to local authorities and to the NHS) rose from 36,000 (32 per cent of all delayed transfers of care) to 86,000 (44 per cent). The majority of delayed discharges in 2016 were as a result of people awaiting a care package in their own home, or awaiting nursing home placements. Delays in both of these categories have risen by over 40% in the last year alone.

4. Local context; background to LBTH Reablement Service

- 4.1. Tower Hamlets has seen the largest population growth of any area in the country over the last 10 years, increasing by 27 per cent and this trend is projected to continue over the next decade with the borough's population expected to grow by a quarter to 2024, the largest increase in England. There is likely to be an increased demand for adult social care from all sections of the population as it continues to expand. Evidence shows that people aged 65 and over are the highest users of the Reablement Service in the borough and, significantly, in 2014-2015 there was a higher rate of hospital episodes per 100 people (91.76) in Tower Hamlets residents aged 65 and over than in London (84.10) and England (80.30). In 2015, there were 16,700 older people in Tower Hamlets, which represents 5.8 per cent of the Tower Hamlets population and this is projected to increase over the next 15 years to reach 7 per cent by 2030. However, the increase in healthy life expectancy in Tower Hamlets has not kept pace with improvements in total life expectancy. This means that if the extra years of increased longevity are mostly spent in poor health and disability, there will be an increase in demand on services across all client groups.
- 4.2. Within Tower Hamlets the work of the Reablement Service is linked to a number of strategies. The Reablement Service is crucial for helping the council to deliver its strategic priority of 'supporting more people living

healthily and independently for longer'. The council's Strategic Plan sets out a series of actions to improve care and support for vulnerable adults and their carers, integrate with health services, promote independence, and keep people safe from all forms of abuse. Additionally, the work of the service is linked to the ambition set out in the refreshed Health and Wellbeing Strategy to 'develop an integrated system'. The service will also link into the LBTH Aging Well strategy which is currently being developed. The Aging Well strategy aims to enhance the health, wellbeing and quality of life of people growing older in Tower Hamlets to ensure they are able to retain their independence and dignity with the assistance of family, friends and community services.

- 4.3. The Reablement Service will perform a critical role in the delivery of the NHS Transforming Services Together programme (TST). TST is a joint partnership programme between Newham, Tower Hamlets and Waltham Forest CCGs and Barts Health NHS Trust, which responds to the challenges posed by the changing healthcare needs of the population. It aims to improve and modernise healthcare services across the three boroughs by addressing inequalities, helping patients take control of their own health, and tackling the problems faced by health services across the area. As part of TST there is an aim to reduce the number of inpatients and shorten the length of stay for vulnerable people. In order to respond to these changes and ensure they are successful, community care and social services need to be able to safely and effectively support patients back into community settings.
- 4.4. The role of the Reablement Service is currently under operational review and is being redesigned as part of the Tower Hamlets Together (THT) Vanguard program. The Vanguard brings together commissioners and providers of acute, community, mental health, social care and primary health services to create a joined up approach that combines the resources of different local organisations. This will improve patient experience by allowing for a more personalised approach to health and social care, and help reduce pressure on the system through better coordination of services. In regard to Reablement, the driving aspiration of Tower Hamlets Together is to reshape the separate reablement and rehabilitation services into an integrated pathway which is easier for everybody to understand and that better utilises resources.
- 4.5. The LBTH Reablement Service is a large service with 66 members of staff (58.65 FTE) and a budget of £2.4 million in 2016/17, which is funded through the BCF. Reablement officers are trained up to NVQ diploma Level 2 and NVQ diploma Level 3 in Health and Social Care. A number of staff members are contracted to Barts Health but are embedded in the Reablement Service. If all staff members have full rosters the service is able to ensure it is supplemented through the domiciliary care contract. Support is also provided to service users out of hours through a dedicated support service.

- 4.6. A CQC inspection of LBTH Reablement Service in September 2016 rated the service as 'Good' overall. The service was rated as good in four out of five CQC lines of enquiry; safe, effective, caring, and responsive. In the final category which inspected whether the 'service is well led' the service was rated as 'requires improvement,' however this was because of a failure to formally notify the CQC of administrative and regulatory incidents and is not reflective of problems in leadership or performance. The inspection recognised that there were good support structures in place and the service worked well together as a team.
- 4.7. The majority of service users are aged 65 and over. From April 2016 to December 2016 508 out of 640 (79 per cent) service users were aged 65 and over. Those with new disabilities tend to be younger and they often experience traumatic injuries or neurological conditions and are more likely to go through a rehabilitation pathway. There were 368 female service users, and 265 male service users (7 service users gender were unknown). The majority of users were white British (305), with Bangladeshi users representing the next highest client group (154).
- 4.8. A key performance indicator for the service is the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement or rehabilitation services. In 2015-2016, 79 per cent of older people were still at home 91 days after discharge from hospital into reablement or rehabilitation. This was below the London (85 per cent) and national (83 per cent) averages; however this has increased to 89 per cent for Q1 2016-2017. The other key measure for performance is the proportion of older people discharged from hospital offered reablement services. At 3 per cent Tower Hamlets is in line with the national average; however it is marginally below the London average (4 per cent). Furthermore, in 2015-2016, 262 out of 372 (70 per cent) new service users (new to social care and without any established support plans in place) had no long-term support needs following their time with the reablement service, demonstrating the effectiveness of the service's interventions.
- 4.9. Demand for the service is increasing. Currently there are 800-900 referrals per year (averaging 71 per month) and this has been increasing since October 2016. The service is forecasting almost 600 independence plans in 2016/-2017 (when a completed assessment is performed) and this will represent an increase of 10-15 per cent on the previous year. There has been a 50 per cent increase in referrals from Hospital Social Work Teams since July 2016, although this can be explained to some extent by a new pilot project from health called 'Discharge to Assess.'
- 4.10. 'Discharge to Assess' aims to enable patients who have been deconditioned as a result of their admission to the Royal London Hospital to return home and receive a period of up to six weeks integrated Rehabilitation and Reablement. This supports NHS partners to reduce delayed discharges, therefore freeing up bed capacity, and enables people to return to independence at home rather than in hospital. This was a pilot project and it aimed to provide a much more accurate assessment of the

service users' needs, taking into account the fact they have been deconditioned by their hospital stay and that their starting point is not a true reflection of their long term care and support needs.

- 4.11. This scheme involves a team of nurses, physiotherapists, and occupational therapist (run by Barts Health) and reablement officers. The pilot scheme achieved a number of positive outcomes, with reductions to the cost of commissioning, reduction in the readmission rate (none of whom were readmitted for the original reason they were in hospital), and positive service user feedback. Barts Health is looking to extend this pilot.
- 4.12. Housing and Planning services have expertise in developing adaptable new housing stock and Occupational Therapists and surveyors work with residents to adapt existing housing stock wherever possible. Further developments of these services are included in the Ageing Well strategy. Therapists try to install quick fixes as soon as the person goes home such as disability equipment, assistive technology and ramps so that the person can begin their reablement immediately. Longer term adaptations can then be considered once the person has completed their period of Reablement and their level of ongoing support can be assessed.

4a). How is the LBTH Reablement Service currently delivered

- 4.13. The current pathway into Reablement is via the two social care access points; the Royal London Hospital and the community based access service (Assessment and Intervention Team). Often, when people are referred from hospital there is a need for reablement at the point of discharge and when this is the case, the service aims to ensure that reablement support is in place within 24 hours.
- 4.14. There are significant differences in the referral criteria across the country. In Tower Hamlets the referral criteria is relatively open, with the only people excluded from the service being people who are at end-of-life, people who need rehabilitation before reablement can take place, and people with no potential to be re-abled. As there is a flexible eligibility criteria it means the service works with people with complex disabilities.
- 4.15. Once a referral to the service has been made, a robust functional assessment is performed by Occupational Therapists, Independence Planners, or Trusted Assessors in order to understand and accurately assess the needs of service users. This is an objective assessment of what the person is able to do through providing them with tasks and tests to perform. The assessments identify the support and treatment required for people to become independent.
- 4.16. Based on the results of the assessment an independence plan is developed in consultation with the service user which identifies the areas that people need support with. A goal setting document is used to identify SMART goals that people will work towards to regain their independence.

- 4.17. The average case lasts for six weeks but this can vary and be shorter or longer depending on the user's needs. After each case closes there is a review process which includes service user feedback and if required a referral is made for long term support.

5. Findings

- 5.1. The Sub-Committee examined various sources of service user experience and performance information. As detailed above, members of the Sub-Committee met with patients and service user groups, officers from the London Borough of Tower Hamlets' Reablement Service, their counterparts at the Royal London Borough of Greenwich and other key partners who are integral to the health and social care integration agenda in the borough.
- 5.2. In presenting and summarising the findings of this review it is important to stress that the Sub-Committee heard a range of views about the Reablement Service, some positive and some not so positive. The Sub-Committee was able to access this feedback as the service offers every user a service user questionnaire at the end of their intervention.
- 5.3. In general, users tended to agree that the service fulfilled its primary function, with 91% agreeing with the statement 'the support I get helps me to stay as independent as possible' in Quarter 2 of 2016-17 and 75% in Quarter 3.

"They worked with me... encouraged me where it was needed. They were able to see when they felt I could do a little bit more and supported me to do that, to gain that confidence..."

(Service user feedback)

"Now I can manage on my own"

(Service user with Multiple sclerosis – referred after knee replacement)

"The Reablement team help you get back on your feet, they're not there to do it for you.....slowly but surely each day you're supported do a little bit more for yourself... they're there to help me to do it for myself."

(Service user feedback)

"Two or three weeks down the line, I was actually getting up and washing myself..."

(Service user feedback)

"Staff were always friendly, helpful, and enabled me to get better. They were a great source of support through a difficult period."

(Service user feedback)

"The service was great they helped keep her independent and when she was not comfortable about doing some things they understood."

(Service user feedback from HWTH report)

"My last carer was fantastic. She helped me regain my independence slowly and encouraged me to eat even though I suffer from an eating disorder and really only like to drink shakes."

(Service user feedback from HWTH report)

“They knew where she required some extra equipment and made her feel a little more comfortable about doing things on her own with that acquired equipment”
(Service user feedback from HWTH report)

- 5.4. The key ingredients to the delivery of a successful reablement intervention seem to include:
- Service users being clearly informed of what the Reablement Service is so that expectations are properly managed;
 - Service users being discharged at a reasonable time of day to ensure there is a coordinated and effective transition into the service and to allow for an immediate needs assessment and independence planning;
 - Advanced discharge planning must take place to ensure that any housing adaptation needs or environmental health issues such as bed bugs are addressed, and so that service users leave hospital with the correct medicines.
- 5.5. During the course of the review some key themes came through very strongly, including: issues around hospital discharge, quality assurance checks, social commissioning, understanding of the service, clear communication, the role of the third sector, social worker training, reassessment of people with long term support needs, navigation of different pathways and the cultural approach to social care services in Tower Hamlets.
- 5.6. The Sub-Committee identified a number of areas for improvement that would further enhance service effectiveness and outcomes for service users:
- Navigation of reablement and understanding of provision;
 - The hospital discharge process;
 - Service design and improvement;
 - Social commissioning and the role of the third sector;
 - The approach to social services in Tower Hamlets.

5a) Navigation of reablement and understanding of provision

- 5.7. There are currently a number of reablement and rehabilitation pathways in Tower Hamlets which caused the Sub-Committee to raise concerns about how people are expected to be empowered and involved in making choices

about the care they receive if there is no easy comprehension of the system or accessible information about it.

Currently service users can be referred to the following:

- Reablement
- Community Health Service, which provides a combination of both nurses and therapists who deliver nursing interventions which are not specifically related to rehabilitation but have a strong emphasis on self-management.
- Admission Avoidance and Discharge Service, which provides help and support for people with intensive nursing and therapy needs who would traditionally have been admitted to, or have remained in, a hospital bed or rehabilitation bed at Mile End Hospital.
- Specialist pathways: if patients have a specific health issue which has caused them to be in hospital they will be referred to a more specific rehabilitation pathway e.g. Stroke Rehab Team, Specialist Community Neuro Team, and Cardiac Rehab Team.

5.8. Within these services, the Sub-Committee heard that teams are sometimes performing similar tasks and the Director of the Community Health Team explained that whilst there is a good relationship between the Reablement Service and the Community Health Team there is a sense of confusion among staff and patients around what service is most appropriate. Streamlining provision would help make the pathways more navigable to clients and staff, and avoid duplication within the system.

5.9. The Sub-Committee was informed that some of this work was already underway, with a review of the reablement and rehabilitation pathways currently being undertaken as part of the Tower Hamlets Together Vanguard programme. The aspiration of Tower Hamlets Together is to move the separate services into an integrated service with a single point of access, which would provide one route into community health and social services for Tower Hamlets residents. This will be easier for both professionals and service users to understand and improve resource utilisation. Work is currently being undertaken to scope out the detail of an integrated service and it is anticipated that the new integrated service will commence in April 2018.

5.10. The Sub-Committee heard a number of examples to suggest that amongst some service users there is a misunderstanding of the role of the Reablement Service. This creates unrealistic expectations about the service people will receive and therefore negatively impacts on people's outcomes and satisfaction. From their interviews with service users Healthwatch Tower Hamlets concluded that the more extensive a service

users knowledge of reablement is, the more likely they were to provide positive feedback and satisfaction.

- 5.11. However, despite 83 per cent of respondents to the Healthwatch Tower Hamlets interviews confirming that they were aware of the purpose of the Reablement Service, comments made when asked about whether the service helped them to regain their independence (64 per cent felt it did not) suggests many do not fully comprehend the philosophy behind the service.

“They are good. But this isn’t what I need. I need to move where there are people who can take care of me. They have adapted my doors, so that’s been good.”

(Service user feedback from HWTH report)

“My mother in-law isn’t independent I have to do everything for her. She isn’t interested in being shown how to make snacks and drinks. She can do those things, she needs other support. I don’t see the point of this service”

(Service user feedback from HWTH report)

“Like I said my mother in-law needs a carer and someone to take her out. I am her main carer and we asked for some type of respite care. I’m not sure what the point of this service is. When I asked the helper to do it for her she said no and said she is only here to show her. She is old and she isn’t in need of becoming independent. I asked to be given a carer. I have my own ailments that need to be managed. When you ask for help they don’t want to help you”

(Service user feedback from HWTH report)

- 5.12. As these comments suggest, some clients have a view that the service does not provide the level of intervention they think is required. This indicates that either users/carers are unaware that the service is designed to foster independence rather than provide ‘Homecare’ style interventions, or that they understand the reablement approach and consider it inappropriate for their needs.

- 5.13. The Sub-Committee concluded that further work needs to be undertaken within the community and acute settings to explain the role of the Reablement Service to patients and staff. This would help promote a more widespread understanding of reablement philosophy, but also help to explain where it fits into the wider social/community healthcare offer (e.g. it may be that a referral to Homecare is required in future).

- 5.14. More specific user feedback was provided by Real, which evidenced a lack of understanding of the service amongst disabled service users and how it can support their needs. There is a widespread perception amongst their users that referral to the Reablement Service is the council’s way of cutting support packages and that it is not appropriately designed to support a person with limited reablement potential. For example, some disabled service users felt that that Reablement Service is ineffective for certain groups and that it is not the right setting to assess people with long term conditions/degenerative disabilities, especially where there are limits to how much they can benefit from Occupational Therapy support, adaptations, and reablement equipment.

- 5.15. The service reported that these issues were likely the result of a lack of confidence amongst social workers about how to perform an assessment of changing needs if there is a request for an increase in a person's care package, which is something that has historically caused some issues. In recognition of this, the service has invested a lot of time empowering social workers to feel more assured when identifying whether the reablement service is appropriate as a default pre-cursor to increases in care package, as it is clearly not a suitable pathway for all clients. In addition, there is currently a training programme underway to improve conversational technique and the language used amongst social care staff to help better communicate the empowering objectives of the service.
- 5.16. However there clearly remains some challenges and the Sub-Committee felt that more work was required to convey the purpose of the service and dispel negative perceptions amongst disabled service users. There is a significant programme of change for social care staff planned, which builds on the introduction of the practice framework and is moving towards a more empowering and enabling approach through the conversations that staff have with service users, with a specific focus on the language used.
- 5.17. Service user groups also expressed their confusion over how the system works. The Tower Hamlets Older Peoples Reference Group informed the Sub-Committee that it was not aware that the service was available for older people who are already in their homes and struggling to maintain their independence, or how to get a referral to the service. Furthermore, the Carers Centre stated that they were unclear about whether people are able to refer directly to the Reablement Service or if they have to go through the Assessment and Intervention Team.
- 5.18. The difficulty in navigating the reablement and rehabilitation system is also experienced by GPs. The GP Care Group informed the Sub-Committee that it is not always clear which pathway a patient is on if they've been discharged from an acute setting, or which reablement/rehabilitation service is appropriate for a community referral. Improving the flow of information about patients at the point of discharge would be useful for GPs, and better communication about the role of the Reablement Service would help GP decision making when considering a referral.
- 5.19. Feedback from the Healthwatch Tower Hamlets interviews with service users supports the view that there is a lack of clarity amongst GPs around referral pathways and patient's suitability for the service. The majority of respondents to Healthwatch Tower Hamlets interview were referred by the GP and Healthwatch discovered that many of these patients were elderly and felt that they needed long-term care rather than reablement. As such, many did not benefit from the service because they were too ill to regain independence or had not been appropriately advised about the remit and expectations of the service. Healthwatch concluded that with the GP referrals it was less clear that people would benefit from reablement (three

referrals were for people with mental health issues) and they were generally more negative about the benefits of the programme.

“I’m not sure why they sent them because my mother in law has mental health issues so her opportunity to be independent is very limited. They told us they will be coming for about six weeks but when they weren’t any help we asked them not to come again.”

(Service user feedback from HWTH report)

“The GP referred us because he has mental health issues.”

(Service users feedback from HWTH report)

- 5.20. The Sub-Committee expressed its particular apprehension over the ability of new GPs and locum doctors to understand how the Reablement Service works and fits onto the reablement/rehabilitation pathway. The GP Care Group accepted this as a legitimate concern given the severity of GP shortages and recognised that it is easier to navigate the system and respond to patient needs if you are a regular GP with familiarity of the medical history and needs of your patient. However, the Care Group also stated that GP surgeries are moving away from this mode of working and that regardless of the duration a GP has spent in a General Practice they still have a professional responsibility to liaise with other colleagues. In practice it should not be a significant issue; especially given the integrated care programme assigns a named GP as part of a patients care package.
- 5.21. In light of this, the Sub-Committee feels that communication to stakeholders and key partners needs to be improved so that GPs, and colleagues at the Carers Centre and Older Peoples Reference Group, amongst others, know how the system works and how to access it.

Recommendation 1: That the Reablement Service delivers additional training to social care staff in strength based practice to ensure they are able to convey the aims of the service and the reablement approach positively to service users and their families/carers

Recommendation 2: That the Reablement Service works with Real to review cases where concerns were raised, and use this information to improve service delivery for disabled service users via tailored training for specific teams or individuals (in association with Real).

Recommendation 3: That the Reablement Service develops a communications plan linked into the launch of the new integrated single pathway to educate the community on the role and aims of the Reablement Service so they are better advocate for themselves, and identify and challenge poor practice.

5b) Hospital discharge process

- 5.22. Discharge from hospital is an important part of the patient pathway. Evidence heard as part of this review highlighted that effective hospital discharges can only be achieved when there is good joint working between the hospital, local authorities, housing organisations, primary care and the voluntary sector, with each having a clear understanding of their respective roles and responsibilities. Whilst the Sub-Committee heard a number of examples of this joint working happening effectively, there remains a clear need for improvement, specifically in the relationship between the Barts Health Trust and the Reablement Service.
- 5.23. The Sub-Committee is alarmed by a number of issues in the hospital which appear to be having a significant impact on the performance of the Reablement Service and outcomes for service users. Reablement officers reported that there is a pattern of increased risk-taking with discharges as a result of the current pressures on the hospital, which is resulting in less notice being provided to the Reablement Service of discharge, and less involvement of adult social care in the discharge decisions making process.
- 5.24. The chief concern of the Sub-Committee relates to the time and day that patients are discharged. The Sub-Committee heard from a number of partners, officers, and service user groups that discharge into reablement too often occurs at the end of the week, without adequate notice given to the Reablement Service. This impacts on the capacity of the service to sufficiently prepare their support package for the client, which in-turn undermines the service user experience, outcomes, and physical and mental wellbeing. There are no longer home visits by therapy staff from the hospital wards which leads to people being discharged without the hospital or relevant adult social care teams having any knowledge of the situation a person will be placed in. Consequently, reablement officers will visit a person for the first time and it will often transpire that there are no basic supplies in the house such as food or electricity, leaving the person at risk. Reablement officers informed the Sub-Committee that this often requires them to respond to emergency situations in the first 24-48 hours. AgeUK East London try to pick this up and support people being discharged from hospital but there is no formal procedure in place for this and relies on them being in the right place at the right time as somebody is being released from the hospital ward. The danger this poses to a person's wellbeing, and the challenge it places on the capacity of the Reablement Service is exacerbated when the person is released at the end of the week at a time when all essential services and shops are closing and it is far harder for the Reablement officer to get the essential provisions in place.
- 5.25. Department of Health and NHS guidance recognises that assessments for NHS Continuing Care and Community Care need to take place as soon as possible and well before a person is discharged. However the Sub-Committee feel that this is not happening in Tower Hamlets, or if it is it is, is not being communicated effectively to the Reablement Service. The Sub-Committee would like to see Barts Health review its discharge planning

process so that a person's full range of needs, including their physical and mental health, housing, and financial situation, are taken into consideration and communicated to the Reablement Service in advance of discharge. Where possible, the Sub-Committee would like the hospital to undertake discharge planning early and not leave it until Thursday or Friday when the Reablement Service is less able to respond effectively.

- 5.26. The Sub-Committee identified that some service users are being discharged without access to money, which is having a significant impact on resources. Withdrawing money from a client's account requires two Reablement officers to receive signed consent from the service user and, where somebody does not have a bank card, Reablement officers have reported needing to visit food banks to obtain groceries. Both of these are extremely time-consuming and an ineffective use of staff time.
- 5.27. The Sub-Committee identified the process for the provision of medication for hospital discharge as ineffective, potentially dangerous, and wasteful. The likelihood that an elderly medical patient will be discharged on the same medicines that they were admitted on appears to be less than 10%. Currently patients are discharged with a bag of medication, which is very challenging for patients who are unable to read the medication boxes and administer the correct dosage (especially for older patients or those suffering with dementia). This presents a challenge as Reablement officers are not permitted to administer medication from individual boxes without a Medication Administration Record (MAR) chart or unless it is transferred into a dosette box first. At present, it appears the pharmacy in the hospital does not issue MAR charts and there is inconsistent use of dosette boxes.
- 5.28. A MAR chart should accompany the medication as part of the discharge process and the Reablement Service has raised this point at discharge meetings however it is yet to receive the appropriate action or response. If a MAR chart is not provided at the point of discharge then the alternative option to allow officers to handle medication is for people to be discharged with a dosette box however this is not happening and is just as problematic to solve. The Sub-Committee feel that this is an unnecessary misuse of resources as the old medication is often taken away to be incinerated and new medication is filled into the dosette box by the pharmacy. One Reablement officer stated that the NHS procedures do not permit the hospital pharmacy to prescribe medication in dosette boxes and this was illustrated to her when she recently visited the hospital rehabilitation unit. This also very time consuming and ineffective use of a reablement officer's capacity. One reablement officer commented that in the evening when they undertake a half an hour visit it can sometimes take the duration of that visit just to support the service user to arrange their medication. In cases where the service user is released with a dosette box it makes the process far more efficient. The Sub-Committee questioned whether hospital volunteers could be utilised to assist hospital pharmacies to fill the dosette box.
- 5.29. Reablement officers informed the Sub-Committee that there was insufficient provision of incontinence support from the hospital, which often

leaves the people they support in a compromising and an undignified position. As it takes time to provide people with correctly fitted pads via community nursing services they are provided with temporary pads at the point of discharge, however there are not enough pads to cover the patients' needs and it takes too long for the correctly sized pads to be provided. Reablement officers who were spoken to as part of this review voiced their frustration that the fitting of continence pads is not undertaken whilst the patient is in hospital as the patient will be wearing them during their stay and the hospital will have knowledge of whether the patient will need to wear the pads when they return home. Moreover Reablement officers reported that it was particularly difficult to communicate with the District Nurse to rectify this issue as the central telephone number they are provided with does not work.

5.30. AgeUK East London reported that the main problem their service users encounter is when their reablement needs are not identified in the hospital. Many service users are not referred to reablement and only realise they require the service once they are back home. The Sub-Committee found that knowledge and understanding of the reablement and rehabilitation services available does not translate across all wards within the hospital. If patients are not on the main wards where there is a greater level of dialogue and knowledge about rehabilitation and reablement services then it can lead to patients being discharged without the appropriate discharge planning taking place. Moreover, therapy input is not available on every ward which means that they do not benefit from early discharge planning and this can lead to instances where the patients' reablement needs are not identified. AgeUK also reported that another way a patient's needs are missed is if they are moved between wards and discharged from a different ward to the one they were originally in.

5.31. There is a significant programme of ICT updates as part of the Tower Hamlets Together Vanguard programme and TST, and the ambition is for Tower Hamlets to move into greater sharing with Health during the 2017-2018. The London Borough of Newham has already begun to share data with GPs and wider health colleagues. The Sub-Committee feels that this is an opportune time to ask for the new system to incorporate a method to manipulate service user data in order to identify which wards have discharged people without the appropriate reablement package in place. This will then allow the service to track the wards in the hospital which required further awareness and tailor a training package and promotional campaign at them.

Recommendation 4: That the Reablement Service explores options to provide emergency provision for supplies through pre-payment cards and food vouchers to assist those who are discharged from hospital back home without sufficient notice.

Recommendation 5: That Barts Health reviews its discharge procedures so that all patients are provided with dosette boxes when they leave hospital and medication is accompanied by a Medicine Administration Record (MAR) chart.

Recommendation 6: That Barts Health reviews its discharge planning process to ensure that the appropriate quantity of correctly fitted continence pads are provided to the patient at the point of discharge.

Recommendation 7: That Barts Health reviews its discharge planning process to ensure that discharge does not take place at the end of the week without advance communication to the Reablement Service, allowing for better planning that takes account of service users full range of needs and smoother handovers.

Recommendation 8: That the Reablement Service reviews service user data to identify which hospital wards require further training to educate staff on the purpose of the Reablement Service, its referral pathways and how aligns with other rehabilitation provision.

Recommendation 9: That the Reablement Service examines the procedures for liaison with environmental health so that response times to address issues such as bed bugs are improved.

5c) Service design and improvement

- 5.32. The Sub-Committee was informed that performance is monitored in a number of ways including service user questionnaires, case audits, and regular staff supervision meetings, spot checking cases, and attending site visits with junior staff to check performance. The Sub-Committee welcomes this clear commitment of the Reablement Service to improving the service user experience and outcomes for clients, but believes that more could still be done.
- 5.33. All informal and formal complaints are recorded and reported to senior management and where patterns of poor performance are identified the service aims to implement changes to address this. The Sub-Committee identified public involvement in the monitoring process is a significant gap, and believe the third sector (particularly the Older People's Reference Group) should be involved with case audits to encourage greater transparency. The Reablement Service acknowledged that there is very limited engagement with service users, particularly in improving and auditing the service, and there is an opportunity to develop this for the future.
- 5.34. Healthwatch Tower Hamlets reported a number of experiences where patients felt as though their goals were not taken into consideration by the Reablement Service. This could mean that the service is not personalised enough, or that people's goals are not aligned with the philosophy of

independence. The Sub-Committee feel that these issues should be identified and reviewed as part of ongoing performance monitoring and case audits.

- 5.35. The Sub-Committee identified the first week after discharge as a crucial stage in the reablement process. It is clear to the Sub-Committee that the majority of issues, such as those arising as a consequence of the hospital discharge process, bed-bugs in the home, housing adaptations or mobility assisting equipment not being ready in time, occur during this first week and it is therefore critical to ensure that this stage of the process is delivered effectively. The Sub-Committee feels that the performance monitoring of this stage of the reablement process needs to be strengthened. The Sub-Committee suggested an additional questionnaire be introduced into the performance monitoring process which could take place one or two weeks after the service has started as the experience after the first week and the experience after three months are significantly different. A questionnaire after one week would capture the acute problems which arise at the point of discharge and the issues which arise coordinating service provision. In Mental Health there is a national requirement to follow people up within seven days with a telephone calls or a visit. As part of the integrated care programme there could be a role to follow up with all patients discharged from hospital.
- 5.36. The London Borough of Greenwich Reablement Service provided a number of useful areas of learning to demonstrate how the performance monitoring of patient experiences immediately following hospital discharge can be undertaken. In Greenwich they have a quality assurance officer undertake a site visit to clients within the first week to two weeks to make sure that they are happy with the service, that all provision is in place, that there has been therapist input and a quality assurance form is completed. It also allows the Reablement Service to check that the client is on the correct pathway. This does not always have to be undertaken face to face, it can also be performed over the phone. Moreover they have a diary check within the first 48 hours which involves a senior officer visiting the client to explain service and find out what the users experience is.
- 5.37. The Sub-Committee was informed that a Discharge Forum has been set up and the issue of people not knowing who to contact if they had a problem within the first week to two weeks in their reablement and rehabilitation was highlighted. There are some teams which have a good system in place such as the Stroke Rehab Team and Barts Health are now trying to look at replicating this for General Discharges.
- 5.38. The Sub-Committee also identified the ICT system in place at Greenwich as another area of good practice to be adapted in Tower Hamlets. Greenwich has the IConnect Staff Plan ICT System in place which allows them to increase operational efficiency and improve care delivery. Referrals which are made to the service are digitised and all information about service users is sent directly to officers phones. This removes the need to communicate with staff as often as was required when paper rotas were in

place and can speed up the process of relaying information from hospital to officers. It helps the service to manage capacity as they can use the system to determine workloads and it is easier to view this on a screen than on paper rotas. Moreover they are able to send reablement officers to visit service users based on their proximity which helps to reduce travel time. They have split the service into three areas, Greenwich, Eltham and Woolwich and colour coded the areas to help manage and coordinate officer's workload. This could help in Tower Hamlets as the service reported that some members of their staff are traveling for up to 2-3 hours over the course of the day.

5.39. The Sub-Committee questioned whether there is any mental health provision included in the service given the elderly composition of service users, and that many are referred to the service following a prolonged hospital stay which may have impacted on their mental wellbeing. The Sub-Committee was informed that there is currently no recognised mental health support within the Reablement Service. There are a range of officers who have both physical health and mental health training however the service is very much focused on physical health. If mental health needs are identified officers try to refer people to the appropriate mental health teams. The Sub-Committee are concerned that this is a gap in the service which could significantly impact on outcomes. Healthwatch Tower Hamlets identified this as an issue and concluded that in some cases the service did not seem to be personalised as it could have been. Unless the service is able to deal with the issue that is most important to that person at the time their experience of the service overall is going to be negative. With referral to a mental health service often requiring a waiting period before treatment the Sub-Committee feel the Reablement Service will perform more effectively if the treatment of both physical health and mental health is aligned.

5.40. Service users felt that if people with mental health issues are going to continue to be part of the reablement programme staff may need more mental health awareness training. Healthwatch Tower Hamlets found that people with mental health issues were generally more negative about the benefits of the programme.

"I'm not sure why they sent them because my mother in law has mental health issues so her opportunity to be independent is very limited. They told us they will be coming for about six weeks but when they weren't any help we asked them not to come again."

(Service user feedback from HWTH report)

"They should educate the carers on mental health issues"

(Service user feedback from HWTH report)

Recommendation 10: That the Reablement Service improves its engagement with service users by working with the Third Sector to help strengthen the transparency of its performance monitoring process, including closer involvement of the OPRG.

Recommendation 11: That the Reablement Service establishes procedures for contacting service users by phone or in person within 24hrs of discharge to ensure they are safe and have no immediate issues about their care and support.

Recommendation 12: That the Reablement Service learns from observed good practice in Greenwich and introduces a questionnaire for all Reablement service users within the first 5-10 days after discharge from hospital.

Recommendation 13: That the Reablement Service learns from observed good practice in Greenwich and explores how they could use ICT systems to improve the coordination of staff planning and improve the efficiency of staff planning.

Recommendation 14: That the Reablement Service explores options to link the Reablement Service into existing mental health provision to provide more integrated physical and mental health support as part of a six week reablement period.

5d) Social commissioning and the role of the third sector

- 5.41. The CCG are currently pioneering work around social prescribing in Tower Hamlets at a primary care level, allowing GP's to prescribe non-medical things for people that need additional support. However, the Sub-Committee feel that Reablement officers are also perfectly placed to perform a similar function as they have more frequent interaction with service users and can identify issues such as social isolation and refer people to the appropriate social activities or clubs, such as lunch clubs or befriending services, especially as part of exit planning from the service. The Sub-Committee was informed that there is an acknowledgement across the council and the Tower Hamlets Partnership that there are opportunities within the voluntary and third sector which need to be explored further. There is a programme within the Vanguard which focuses on greater community engagement and is working to strengthen the relationship with the voluntary sector and the linkages need to be made.
- 5.42. AgeUK East London informed the Sub-Committee that they have recently been working with a GP and both were unaware of the role each other performed. There are a number of care navigators in the community that do not appear to be linked into mainstream services. The Sub-Committee feel it would be valuable to link the care navigators with the social prescribing pilot, Reablement officers, voluntary sector, and advocacy sector as an information sharing forum. There are currently four locality community boards that are led by GPs who are looking to refresh their membership. This could be expanded to become a wider care team to include everybody who is in the local area, including both the statutory and the voluntary sectors. One of the drivers for health and social care change is to work in localities more, for example the new domiciliary care contract is spread across the four sectors which also tie in with the GP primary localities, and an information sharing forum could work to a similar framework.

- 5.43. As the pressures placed on adult social care budgets increase, the Sub-Committee wanted to understand the implications for this on the service. The Sub-Committee were informed that the move towards self-care and community based care can support the council to be more flexible with their resources. The Sub-Committee suggested that a possible course of action is to train formal and informal carers and volunteers to support the reablement process. This may also lead to improved service user outcomes, as in many cases the success of reablement depends on the attitude of the family, not just that of the service user. It will also help to increase the service's reach and help support service users in the transition beyond the 6 week reablement period. The Carers Centre expressed their view that there needs to be better communication with the 'cared for', their carers and their advocates.

Recommendation 15: That the Reablement Service explores the possibility of performing a social prescribing or commissioning function to refer people on to appropriate community support/activities at the end of its formal intervention.

Recommendation 16: That the Reablement Service develops a forum to share information on ongoing projects, available services, and opportunities for partnership working between the third sector and statutory services, perhaps building on the multi-agency meetings of each of the GP localities

Recommendation 17: That the Reablement Service explores options to train formal and informal carers and volunteers to support the reablement process and promote the principles of recovery and independence.

5e) Tower Hamlets approach to social care services

- 5.44. The Sub-Committee was informed of the view that, historically, types of adult social care in Tower Hamlets were about providing a certain type of interventionist care that sometimes encouraged dependence rather than independence. The work of the Reablement Service is premised on an alternative approach, which offers service users the chance to regain their independence without ongoing, long term support.
- 5.45. This is indicative of the trend across the health and social care sector in the UK, although embedding this ethos is a challenge in terms of service user expectations and professional practice. The Sub-Committee was informed that there is recognition within adult social care, the council, and also across the wider Tower Hamlets Together partnership that the philosophy does need to change and that this is a key component part of the Vanguard program.
- 5.46. The Sub-Committee found that there is a need to encourage a culture of reablement across the local system (not just within the Reablement Service), particularly in the hospital and amongst social care providers. A

handover to a more traditional home care service might undo the progress made following a period of reablement. Reablement officers provided examples of where people who were discharged were allocated care workers who provide a high level of intervention and then shortly afterwards the reablement staff turn up with the aim to reduce dependency, however by this time the service user is accustomed to the care service. This is likely to happen when somebody who has an existing package of care goes into hospital and then is referred through the reablement pathway at discharge. It also occurs where there is not the capacity in the service on discharge to provide the Reablement officers so the next step is to set up what the hospital wants through brokerage service. The aim is to move these care packages back into the service as quickly as possible but it may be too late. This then creates the perception that reablement service's role is to cut services.

- 5.47. The Sub-Committee heard from reablement officers that the annual review of those on long term support is not being enforced as robustly as it should be. This leaves the council in a position where it is paying for high levels of support for somebody who is no longer in need of it. Moreover it can cause resentment in the community and create a negative attitude towards reablement as people are unable to understand why they are being supported to regain independence and not being provided with the same level of support as people who are no longer as immobile or in ill health.

Recommendation 18: That the Reablement Service reviews how social care staff introduce reablement positively to residents and their families and examines how the annual re-assessment procedure for people with long term care packages to establish how reablement may assist service users.

Community Health Services in Tower Hamlets
Supporting discharge from hospital

The Admission Avoidance & Discharge Services (AADS)

The AADS is an integrated service which combines the following functions:-

- Admission avoidance in ED with follow up in AAU and/or the community (7 days per week in ED from 8am to 7pm)
- Hospital at home for medically optimised patients who need increased nursing / therapy support (e.g. for 2 weeks) to support prompt discharge from hospital (7 days per week from 8am to 6pm)
- In-reach nursing team who work between wards and community health teams to facilitate discharge for patients with complex needs (7 days per week from 8am to 6pm)
- Home support pathway or discharge assess, which enables patients to be discharged home for assessment of care needs with additional health & social care packages in place. This pathway includes providing CHC assessment in a person's home where appropriate. (7 days per week from 8am to 6pm)

The AADS team includes nurses, occupational therapists, physiotherapists and social workers. The team is made up of both permanent and temporary employees due to the nature of the funding arrangements currently in place with the CCG.

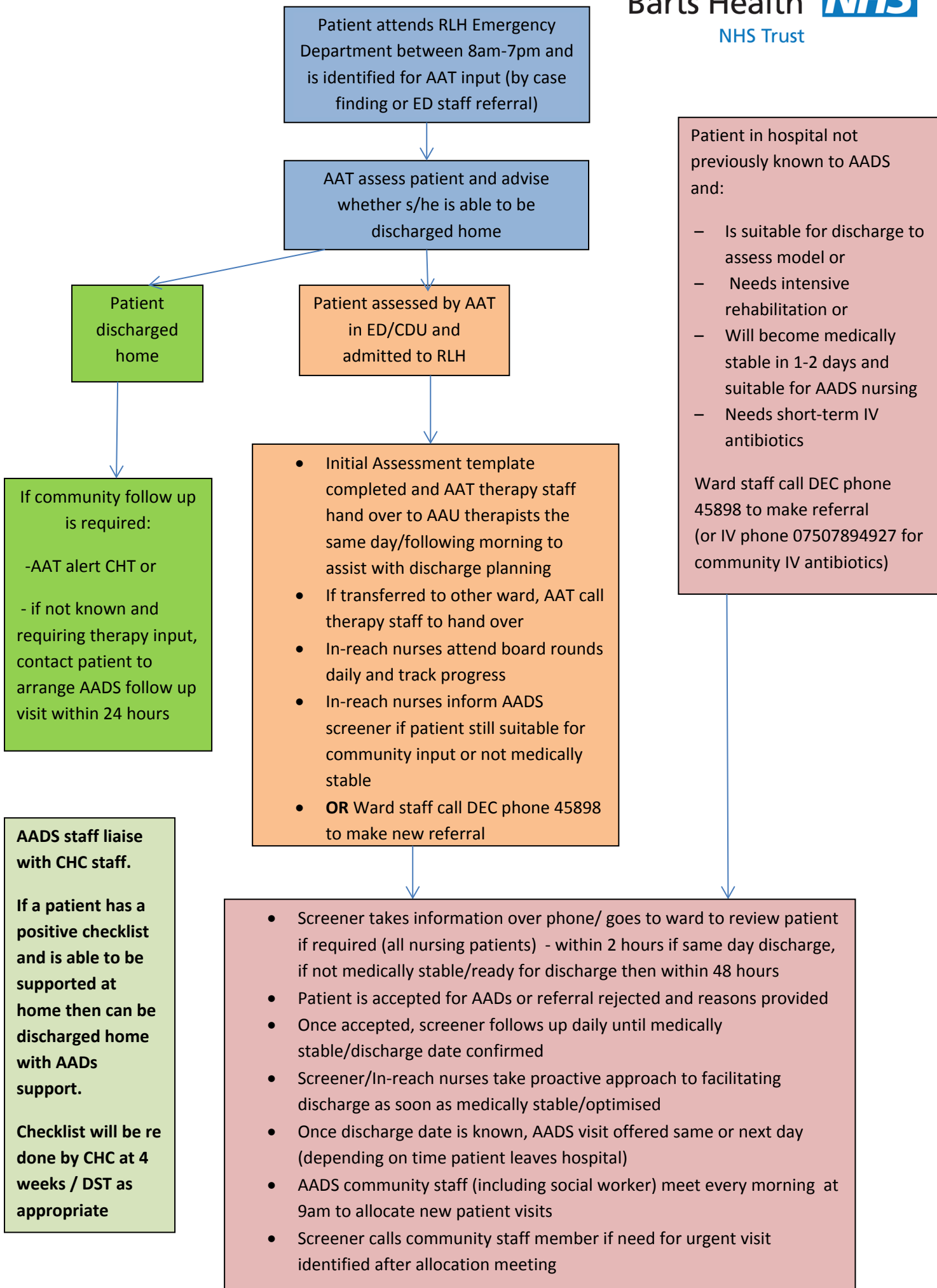
The AADS aims to:

- Avoid unnecessary admissions for patients who attend the Emergency Department
- Improve the transfer of care from the Royal London Hospital to community services
- Facilitate discharge for patients who are expected to become clinically stable in the next 1-2 days and can be safely managed by community nurses with advanced clinical skills
- Support patients who require further health/therapy assessments to go home as soon as they are medically stable
- Support patients who require short term rehabilitation to return to their previous level of function

Identifying patients for the AADS starts in the Emergency Department with patients identified by the admission avoidance team who can be safely discharged home and followed up in the community by therapies or other members of multi-disciplinary team (MDT). It will not always be possible to discharge all patients home and where this is the case, the AADS team follow the patient into the hospital ensuring that their discharge back home is planned from point of admission.

Patients are identified from the wards by the in-patient therapy teams, who make direct referrals to AADS as well as by the nurse screeners who form part of the AADS team. The nurse screeners as well as the in-reach team work directly with wards to case find and identify patients suitable for the home support pathway. The nurse screeners & in-reach teams will also refer cases to CHC assessors where appropriate. The in-reach team attend daily board rounds on RLH, with their main focus being on the 11th, 13th & 14th floor, to enable them to work with ward teams to support the prompt discharge of patients home and identify additional cases for AADS. Clinical dialogue will take place if patients are already known to the CHTS/ specialist teams to ensure the right person sees the patient to support discharge.

A member of the AADS team also attends the RLH daily safety huddle and at least one of the thrice daily capacity meetings to ensure all patients who will benefit from the AADS service are identified and referred to the team.



Community Health Teams (CHT)

Community Health Teams are multi-disciplinary teams of Nurses, Occupational Therapists, Physiotherapists, Care Navigators, Social workers, Psychologists and access to additional health care professionals. Services operate 24 hours a day, 7 days a week for nursing. The community nursing team focus on nursing interventions which are not specifically related to rehabilitation but have a strong emphasis on self-management.

Referral to the services is via the Single Point of Access.

CHT Therapy Physiotherapy and Occupational Therapy Rehabilitation Service:

The therapy service within CHT are mainly focused on rehabilitation and working towards a person's individual goals. A thorough home based assessment will be carried out by a fully trained health care professional and a treatment plan tailored from the assessment findings. Various strategies will be employed to assist a patient in attaining their goals which will include use of functional rehabilitation, home based exercises, provision of appropriate equipment etc. All interventions will be discussed with the patient in advance and aim to work towards their personal goals.

The therapy service provides short term intervention with a strong focus on self-management and continued improvement once therapy provision from CHT has stopped. The therapists within CHT will work with patients suffering from a variety of medical conditions and complaints. The following are examples of common reasons for referral to the therapy service:

- Falls
- Balance impairments
- Fractured Hips (traumatic)
- Pre-habilitation (preparation of patients for elective orthopaedic surgery)
- Musculo-skeletal complaints for those who are housebound
- Post admission rehabilitation
- BPPV
- Difficulty in managing activities of daily living e.g: difficulty with managing meal preparation
- Cognitive Rehabilitation

Referral Pathway and referral triage process:

Referral to the CHT therapy team is received from varying health care professionals. All new referrals are submitted to the Single Point of access. Here the referral is registered and placed in the correct locality in accordance to patient's GP and address demographics. All new referrals are screened and triaged by integrated locality team members daily. Each new referral is prioritised and placed into the correct therapy service.

CHT therapy team have a priority criterion as follows:

Rapid Response (2 hrs)

Immediate assessment and intervention (needs based contact within 2 hours) to keep the person at home if safe and possible to do so, or facilitate a safe discharge

- Sudden deterioration (within the past 24 hrs) in the community with immediate high risk of admission
- Facilitation of discharge from ED of hospital (i.e. non-admitted patients) whereby patient is at high risk of readmission (within 24 hours)
- Palliative care – to enable dying at home
- Urgent Response (24 hrs) Needs based contact within 24hrs for assessment and intervention as required to facilitate safe and timely discharge home from hospital or prevent an admission to hospital
- Breakdown of urgent equipment (if not covered by CES)

- Client / carer at high risk of injury due to manual handling
- Acute chest infection / aspiration. Client at risk of admission and requires assistance with secretion clearance (must have already been seen by medic within 24 hours and commenced on antibiotics)
- High falls risk e.g. recurrent (2 or more) within past 5 days. Not presented to other health services.
- Replacement walking aid for indoor mobility required (not known to CES)
- Non routine post-surgical e.g. Total Hip Replacement assessment / intervention to decrease risk of dislocation
- High risk of readmission of palliative care client

Routine Care (5 days)

- Facilitate safe and timely discharge home from hospital or prevent an admission to hospital / long term placement
- Palliative care at risk of readmission or to facilitate discharge / carer advice
- Assessment of client who has not received an assessment from another CHT clinician / HSW / Lead Care Navigator within 5 days of referral
- Falls risk
- Post-op intervention for orthopaedic surgery with risk of deterioration or readmission
- Significant high level of risk in carrying out essential care and daily living tasks
- Manual Handling issues for carers
- High risk of pressure area breakdown & needing MDT input

Non urgent Rehabilitation (3weeks) (which may include long-term rehab client with on-going potential)

- Post-op intervention for progression of function with no risk of readmission or deterioration
- Progression of mobility aid with no risk of readmission or deterioration
- Outdoor mobility and community access
- Patients who are reprioritised following, for example, psych input and are therefore ready for treatment
- Client has on-going rehab needs but is able to maintain function
- Long-term chronic pain
- Vocational rehabilitation

Hours of service:

The therapy team operates from 08.30hrs – 17.00hrs Monday- Friday and 09.00hrs - 17.00hrs Saturday and Sunday.

Elderly Care Rehabilitation Services

Elderly care rehabilitation services are based at Mile End Hospital. There is one elderly care rehabilitation ward (24 beds) which is supported by a multi-disciplinary team of nurses, doctors and therapists.

Criteria for admission to the ward is over 65, accepted under the care of the elderly care consultants at the Royal London.

Patients will have on going rehabilitation needs or complex discharge needs eg anxiety or 3 to transfer. Patients can stay for up to 42 days but average length of stay is much shorter- last year average length of stay was 11.2 days.

Specialist Rehabilitation Services

Barts Health runs some specialist rehabilitation services that support patients who have been discharged from hospital following a specific condition related episode. These teams are:-

- Stroke Rehab for patients after an acute stroke.
- Cardiac rehab and heart failure services.
- Adult Community Neuro Team for patients with acute, chronic and progressive neurological conditions.
- Adult Community Respiratory Team (ArCare) for patients with chronic lung disease and patients with heart failure.

These specialist services: aim to provide timely high quality care for patients and their families/ carers who have been diagnosed with a long term condition or had an acute episode of care. The focus is on early intervention and assessment in the community, involving a range of health care professionals with specialist knowledge. The services provide a multi-disciplinary holistic assessment. They work as an integrated part of the team with secondary care Consultants and ward staff to facilitate early supported discharge. They provide admission avoidance and anticipatory care in the community by case management and care co-ordination, aiming to minimize risk, complications and to manage changing conditions. They provide on-going goal orientated rehabilitation within community settings

The teams include occupational therapists, physiotherapists, specialist nurses, speech and language therapists, psychologists, support workers, care navigators, dietician's physiologists and administration staff. The services aim to meet the physical and psychological needs of the individuals and their support network.

The services run with varying hours for each team but across 7 days. Referrals are taken directly from the ward, from AADs , from the CHTs or via SPA.

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healthwatch

Tower Hamlets

Supporting independence



Report on service
user views of the
reablement
programme in
Tower Hamlets
2017

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Healthwatch Tower Hamlets is an independent organisation led by local volunteers. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Tower Hamlets gathers local people’s views on the health and social care services that they use. We make sure those views are taken into account when decisions are made on how services will be delivered, and how they can be improved.

www.healthwatchtowerhamlets.co.uk

Introduction

Healthwatch Tower Hamlets interviewed 14 local users of the local authority reablement service. The aim was to get an understanding of their experience of the service: what had worked well; what had not worked so well; and how the service could be improved.

The purpose was to provide this information to the Local Authority Health Scrutiny Committee to support their review of the reablement service and to improve the service for local residents.

What is reablement?

Following an accident, ill health, or a stay in hospital people may have lost confidence or ability to do everyday tasks for themselves. Reablement is a short-term support service that can help them to regain their skills or ability to cope with everyday tasks, and helps them to live as independently as possible. The service lasts for up to six weeks.

A range of both personal care and household support is provided as part of an Independence Plan. This can include:

- Getting washed and dressed
- Using the toilet
- Taking care of their health or managing their medication
- Preparing snacks and meals
- Completing laundry and housework
- Doing the shopping
- Getting out and about
- Accessing social activities

Method

The Health Scrutiny Committee provided us with a list of 34 service users who had gone through the reablement service in the past two to three months. They also provided an interview question guide (attached Appendix 1).

A member of staff and two Healthwatch volunteers contacted all of the individuals

on the list by phone and 14 agreed to take part in a phone interview.

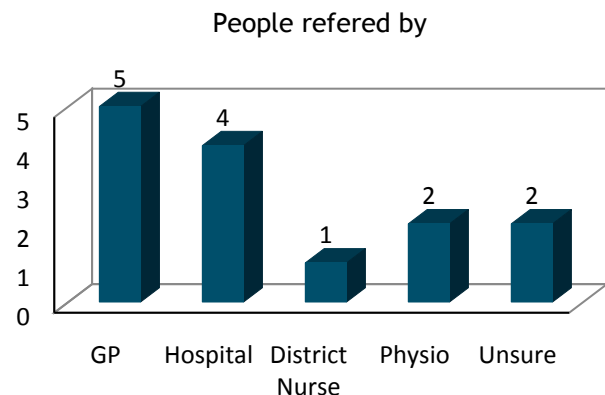
Participants

We spoke to 14 people, 5 men, 9 women, five of whom were both Bangladeshi and Sylheti speakers.

Key Findings

1. Referral

People were generally referred to the programme by their GP or the hospital.



The hospital and physio referrals seem to be appropriate to the aims of the service.

I had spinal surgery done and they set me up with the service when I was discharged.

My mum broke her leg and is incontinent. The physio referred her to this service.

However with the GP referrals it was less clear that they would benefit from reablement (three referrals were for people with mental health issues) and they were generally more negative about the benefits of the programme.

I'm not sure why they sent them because my mother in law has mental health issues so her opportunity to be independent is very limited. They told us they will be coming for about six weeks but when they weren't any help we asked them not to come again.

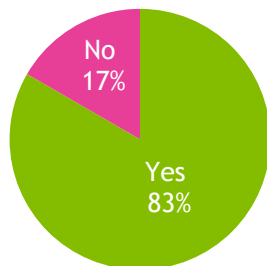
The GP referred us because he has mental health issues.

Some patients were confused as to why they had been referred and a number were under the impression that they were being assigned a carer rather than an individual who would aid them in achieving personal goals and become more independent.

2 Understanding the service

The majority of people did know what the Reablement service was and were pleased with the idea of becoming more independent after their injury or illness.

Do you understand the purpose of reablement



Yes they explained what the service was clearly. That it's about increasing the independence and not doing it for my sister. They would be with her for approximately 6 weeks

When asked follow up questions regarding their knowledge, their feedback was more positive based on their awareness of exactly the type of care they were going to receive. Patients who were not aware of the specific aims of the service were caught off guard and rather confused. Some people needed full time carers and were unhappy when “told what to do” without much consultation.

Yes they did explain what the service is, but we thought they were going to help us and not just give advice. They explained everything.

All in all, people were generally pleased with the service when regaining independence was what they desired. When people did not know exactly what

the service aimed to provide, they were dissatisfied due to a misunderstanding of the carer's intentions.

It is the biggest waste of money Tower Hamlets could ever have. They did not tell me anything they just went ahead and bossed me around. I need a carer forever. This was not what I needed.

The patient's extensive knowledge of the service was more likely to result in positive feedback and satisfaction.

3 Views of the service

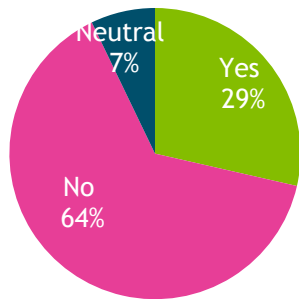
If the Reablement workers helped patients become independent doing tasks they asked for help with and wanted, patients were very satisfied with the service. For those who wanted it, the service helped them cook and prepare food in the kitchen, clean, take medications, wash clothes, bathe safely, and get out of bed safely.

The service was great they helped keep her independent and when she was not comfortable about doing some things they understood.

My last carer was fantastic. She helped me regain my independence slowly and encouraged me to eat even though I suffer from an eating disorder and really only like to drink shakes.

However, a significant number of patients felt as though their goals were not taken into consideration. These patients tended to become frustrated with the care they received with tasks they did not need or could not perform. Many of these patients were elderly and felt that they needed long-term care rather than independence. Thus, they did not benefit because they were too ill to be independent.

Did reablement help you to regain independence



Many patients felt as though the service was beneficial in theory, but not relevant to them. It did not seem to match up with their needs or what was really important to them at that point

We didn't benefit from the service at all. They tried to show my mother in-law how to use the bathroom taps. She wasn't interested and in fact it made her more annoyed. My mother in-law isn't independent I have to do everything for her. She isn't interested in being shown how to make snacks and drinks. She can do those things, she needs other support. I don't see the point of this service

I know how to make myself a cup of tea and food. I live alone and am very scared. They are good. But this isn't what I need. I need to move where there are people who can take care of me. They have adapted my doors, so that's been good.

They did not do what I asked, which was to install hand rails for my bath. They put in an electric seat with a remote control that moves me in and out, but I still need a hand rail.

They just bossed me around without asking me how I feel.

4 Suggested improvements

Patients reported that the staff were competent to meet their needs for the most part. At the same time, some felt unsure because the Reablement workers did not spend enough time with them or

assumed what they needed without asking them.

They knew where she required some extra equipment and made her feel a little more comfortable about doing things on her own with that acquired equipment

Hard to tell because they did not spend much time with me

Even though some patients did not feel as though they were involved in identifying their goals or aims whatsoever, some did; responses varied greatly.

Patients were almost always encouraged to prepare their own light snacks and drinks, but some were unable to do this because of their medical condition. Again, this was very frustrating for them.

I was encouraged to make my own shakes.

I cannot cook - only microwave. They did not ask me about any of this, they only installed the bath seat

After their experience with the service came to an end, some patients were aware of how to report any concerns or complaints in relation to any aspect of the care they received from the Reablement, whereas others were not. Some patients suggested a standardized protocol for providing them with information about contacting Reablement after the service ends.

Some people felt that what they really needed was a permanent care package and that reablement was a waste of time and money.

My sister got annoyed with the service. They would show her how to bathe, but if she got any water on the floor because she needs assistance, then she was expected to wipe up the water herself. She is elderly and could easily slip and fall. But they said they cannot help her. She got annoyed and she told them not to come back after four weeks. She knows how to make food and drinks alone. She needs assistance and not showing how to become independent. She isn't any more better off from this service

Like I said my mother in-law needs a carer and someone to take her out. I am her main carer and we asked for some type of respite care. I'm not sure what the point of this service is. When I asked the helper to do it for her she said no and said she is only here to show her. She is old and she isn't in need of becoming independent. I asked to be given a carer. I have my own ailments that need to be managed. When you ask for help they don't want to help you

It did not do anything. And yeah I need 24 hour care not this reablement stuff

If people with mental health issues are going to continue to be part of the reablement programme staff may need more mental health awareness training.

They should educate the carers on mental health issues and explain that they are just there to help not to judge or say anything about people's lifestyles. There was also an issue with logging their hours. They needed to go to a certain amount of people and if they did not have time they just would not come which also set me back

Summary

Although people appreciated what it was that the reablement service was trying to achieve and the staff it was concerning how few of them felt that it had actually helped them to regain their independence. Those for whom it did work were people who had had a single incidence of need e.g. operation or fall and there wasn't a preexisting deterioration.

There appears to be a mismatch between what service users think the programme will do and what staff are there to do. A clear assessment needs to be made of whether regaining independence is what the person wants and that realistic steps can be made towards that goal within the six week period. There seems to be a delicate balance between supporting and pushing someone to achieve their goals and being seen as being bossy and not listening.

A number of users and carers felt that what they really needed was longer term social care support and the objective of regaining independence was unrealistic. For this reason they became very frustrated and sometimes annoyed by the programme. There was a sense that from some that they saw reablement as a hurdle you have to go through in order to establish that you need an ongoing care package.

In some cases the service did not seem to be personalised as it could have been. Unless you are able to deal with the issue that is most important to that person at the time their experience of the service overall is going to be negative.

They did not do what I asked, which was to install hand rails for my bath. They put in an electric seat with a remote control that moves me in and out, but I still need a hand rail.

I know how to make myself a cup of tea and food. I live alone and am very scared. They are good. But this isn't what I need. I need to move where there are people who can take care of me.

It is unclear how reablement links to wider integrated care and integrated personal commissioning programmes in the Borough. It seems that some of the users could benefit more from links to longer term support through social prescribing, home adaptation and carers support services.

Interview Question Guide

1) How did you come into contact with Reablement?

2) Do you understand what the purpose of the reablement service is?

- **(Prompt)** Did you feel you had enough information about the Reablement Service prior to you being seen by them?
- **(follow up)** Were the aims of Reablement made clear to you when you entered the service?
- **(Prompt)** When you were admitted to the service did the staff talk to you about how long you would be expected to remain in the service?

3) What are your views on the performance of the service? What went well?

- **(Prompt)** Can you tell me what went well about your time with the reablement service?
- **(Prompt)** Did the service help you to regain your independence? Did you need a home care service after the team stopped working with you?
- **(Prompt)** Do you feel the staff were competent to meet your needs?
- **(Prompt)** Did you feel you were involved in identifying your goals or aims?

- **(Prompt)** Did you feel you were encouraged to prepare your own light snacks and drinks?

- **(Prompt)** Were you aware of how to report any concerns/complaints in relation to any aspect of the care you received from the Reablement Service?

4) What are your views on the performance of the service? What could be improved

- **(Prompt)** Can you tell me what issues you had with the reablement service? What do you feel could be improved?
- **(Prompt)** Did you feel you were encouraged to wash and dress yourself?
- **(Prompt - if discharged from hospital)** When you were discharged from hospital was a reablement package already in place or did you have to wait? Did you have any issues getting the right support in place?
- **(Prompt)** Did you require any equipment or home adaptations from the reablement service? How long did this take to arrive?

5) Do you have any other comments about any aspects of the reablement service?

Close

Thank you for answering my questions.

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