

Meeting of the

OVERVIEW & SCRUTINY COMMITTEE

Tuesday, 11 January 2011 at 7.00 p.m.

A G E N D A

VENUE

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

Members:	Deputies (if any):
Chair: Councillor Ann Jackson	
Vice-Chair: Councillor Ahmed Adam Omer	
Councillor Tim Archer	Councillor Peter Golds, (Designated Deputy representing Councillor Tim Archer)
Councillor Rajib Ahmed	
Councillor Lesley Pavitt	Councillor David Snowdon, (Designated Deputy representing Councillor Tim Archer)
Councillor Zenith Rahman	
Councillor Rachael Saunders	
Councillor Stephanie Eaton	
1 Vacancy	

[Note: The quorum for this body is 3 voting Members].

Co-opted Members:	
Mr Mushfique Uddin	– (Muslim Community Representative)
Vacancy	– Roman Catholic Diocese of Westminster Representative
Canon Michael Ainsworth	– (Church of England Diocese Representative)
Mr Ahbab Miah	– (Parent Governor Representative)

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact:

Amanda Thompson, Democratic Services,

Tel: 020 7364 4651, E-mail:amanda.thompson@towerhamlets.gov.uk

LONDON BOROUGH OF TOWER HAMLETS

OVERVIEW & SCRUTINY COMMITTEE

Tuesday, 11 January 2011

7.00 p.m.

SECTION ONE

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

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 Chief Executive.

3. UNRESTRICTED MINUTES

3 - 16

To confirm as a correct record of the proceedings the unrestricted minutes of the meeting of the Overview and Scrutiny Committee held on 30 November 2010.

4. REQUESTS TO SUBMIT PETITIONS

To be notified at the meeting.

5. REQUESTS FOR DEPUTATIONS

To be notified at the meeting.

6. SECTION ONE REPORTS 'CALLED IN'

6.1 Report Called In - Children, Schools and Families - Contract Awards

17 - 46

(Time allocated – 30 minutes)

7. TRANSPORT FOR LONDON INVESTMENT PROGRAMME

Following the request made by the Committee at the last meeting, Representatives from Transport for London have been invited to discuss transport issues in the Borough.

(Time allocated – 30 minutes)

8. SCRUTINY SPOTLIGHT

9. OVERVIEW AND SCRUTINY MANAGEMENT

9.1 Reducing Childhood Obesity Scrutiny Review Update 47 - 58

(Time allocated – 10 minutes)

9.2 Building Schools for the Future Scrutiny Review Update

(Time allocated – 10 minutes)

10. VERBAL UPDATES FROM SCRUTINY LEADS

(Time allocated – 5 minutes each)

11. PRE-DECISION SCRUTINY OF SECTION ONE (UNRESTRICTED) CABINET PAPERS

(Time allocated – 15 minutes).

12. ANY OTHER SECTION ONE (UNRESTRICTED) BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

13. 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.

14. SECTION TWO REPORTS 'CALLED IN'

There were no Section Two reports 'called in' from the meeting of Cabinet held on 1 December 2010.

15. PRE-DECISION SCRUTINY OF SECTION TWO (RESTRICTED) CABINET PAPERS

(Time allocated - 5 minutes).

16. **ANY OTHER SECTION TWO (RESTRICTED)
BUSINESS THAT THE CHAIR CONSIDERS
URGENT**

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Agenda Item 2

DECLARATIONS OF INTERESTS - NOTE FROM THE CHIEF EXECUTIVE FOR MEMBERS OF THE OVERVIEW & SCRUTINY COMMITTEE

This note is guidance only. Members should consult the Council's Code of Conduct for further details. Note: Only Members can decide if they have an interest therefore they must make their own decision. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending at a meeting.

Declaration of interests for Members

Where Members have a personal interest in any business of the authority as described in paragraph 4 of the Council's Code of Conduct (contained in part 5 of the Council's Constitution) then s/he must disclose this personal interest as in accordance with paragraph 5 of the Code. Members must disclose the existence and nature of the interest at the start of the meeting and certainly no later than the commencement of the item or where the interest becomes apparent.

You have a **personal interest** in any business of your authority where it relates to or is likely to affect:

- (a) An interest that you must **register**
- (b) An interest that is not on the register, but where the well-being or financial position of you, members of your family, or people with whom you have a close association, is likely to be affected by the business of your authority more than it would affect the majority of inhabitants of the ward affected by the decision.

Where a personal interest is declared a Member may stay and take part in the debate and decision on that item.

What constitutes a prejudicial interest? - Please refer to paragraph 6 of the adopted Code of Conduct.

Your personal interest will also be a prejudicial interest in a matter if (a), (b) and either (c) or (d) below apply:-

- (a) A member of the public, who knows the relevant facts, would reasonably think that your personal interests are so significant that it is likely to prejudice your judgment of the public interests; AND
- (b) The matter does not fall within one of the exempt categories of decision listed in paragraph 6.2 of the Code; AND EITHER
- (c) The matter affects your financial position or the financial interest of a body with which you are associated; or
- (d) The matter relates to the determination of a licensing or regulatory application

The key points to remember if you have a prejudicial interest in a matter being discussed at a meeting:-

- i. You must declare that you have a prejudicial interest, and the nature of that interest, as soon as that interest becomes apparent to you; and
- ii. You must leave the room for the duration of consideration and decision on the item and not seek to influence the debate or decision unless (iv) below applies; and

- iii. You must not seek to improperly influence a decision in which you have a prejudicial interest.
- iv. If Members of the public are allowed to speak or make representations at the meeting, give evidence or answer questions about the matter, by statutory right or otherwise (e.g. planning or licensing committees), you can declare your prejudicial interest but make representations. However, you must immediately leave the room once you have finished your representations and answered questions (if any). You cannot remain in the meeting or in the public gallery during the debate or decision on the matter.

There are particular rules relating to a prejudicial interest arising in relation to Overview and Scrutiny Committees

- You will have a prejudicial interest in any business before an Overview & Scrutiny Committee or sub committee meeting where both of the following requirements are met:-
 - (i) That business relates to a decision made (whether implemented or not) or action taken by the Council's Executive (Cabinet) or another of the Council's committees, sub committees, joint committees or joint sub committees
 - (ii) You were a Member of that decision making body at the time and you were present at the time the decision was made or action taken.
- If the Overview & Scrutiny Committee is conducting a review of the decision which you were involved in making or if there is a 'call-in' you may be invited by the Committee to attend that meeting to answer questions on the matter in which case you must attend the meeting to answer questions and then leave the room before the debate or decision.
- If you are not called to attend you should not attend the meeting in relation to the matter in which you participated in the decision unless the authority's constitution allows members of the public to attend the Overview & Scrutiny for the same purpose. If you do attend then you must declare a prejudicial interest even if you are not called to speak on the matter and you must leave the debate before the decision.

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE

HELD AT 7.00 P.M. ON TUESDAY, 30 NOVEMBER 2010

**M71, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON, E14 2BG**

Members Present:

Councillor Ann Jackson (Chair)
Jake Kemp
Rev James Olanipekun
Councillor Tim Archer
Councillor Rajib Ahmed
Councillor Lesley Pavitt
Councillor Zenith Rahman
Canon Michael Ainsworth
Councillor Stephanie Eaton
Councillor Rachael Saunders

Other Councillors Present:

Councillor Alibor Choudhury (Lead Member, Resources)
Mayor Lutfur Rahman

Co-opted Members Present:

Jake Kemp – (Parent Governor Representative)
Rev James Olanipekun – (Parent Governor Representative)
Canon Michael Ainsworth – (Church of England Representative)

Guests Present:

Officers Present:

Afazul Hoque – (Scrutiny Policy Manager, Scrutiny & Equalities, Chief Executive's)
David Galpin – (Head of Legal Services (Community), Legal Services, Chief Executive's)
Mohammed Ahad – (Scrutiny Policy Officer, Scrutiny & Equalities, Chief Executive's)
Hafsha Ali – (Acting Joint Service Head Scrutiny & Equalities, Chief Executive's)
Chris Naylor – (Corporate Director, Resources)
Margaret Cooper – (Head of Transportation & Highways)

Richard Finch	– (Team Leader, Strategic Transport Development)
Stephanie Ford	– (Interim Performance Manager, Strategy & Performance, Chief Executive's)
Chris Saunders	– (Political Advisor to the Labour Group)
Bryan Jones	– (Service Head, Environmental Control, Communities, Localities & Culture)
Alan Ingram	– (Democratic Services)

COUNCILLOR ANN JACKSON (CHAIR) – IN THE CHAIR

1. APOLOGIES FOR ABSENCE

There were no apologies for absence.

2. DECLARATIONS OF INTEREST

Councillor Stephanie Eaton declared a personal interest with regard to agenda item 7.1 – Local Implementation Plan 2. The declaration was made on the basis that Councillor Eaton served on the London Waterways Commission, which provided advice to the Mayor of London on transport related matters.

Scrutiny Lead Member for a Prosperous Community

At this point, the Chair indicated that she proposed to vary the order of business on the agenda to enable the appointment of a Scrutiny Member under the unrestricted urgent business section of the agenda and this was **agreed**. The Chair then requested nominations for the position.

Councillor Lesley Pavitt **proposed**, Councillor Rajib Ahmed **seconded** and the Committee –

RESOLVED

That Councillor Rachael Saunders be appointed Scrutiny Lead Member for a Prosperous Community

3. UNRESTRICTED MINUTES

The Chair **Moved** and it was:-

RESOLVED

That the unrestricted minutes of the meeting of the Overview and Scrutiny Committee held on 9 November 2010 be approved and signed by the Chair as a correct record of the proceedings.

NOTE: Councillor Lesley Pavitt indicated that she would provide a paragraph at a later date amending the update she put forward at the meeting of the Committee held on 5 October 2010.

4. REQUESTS TO SUBMIT PETITIONS

None received.

5. REQUESTS FOR DEPUTATIONS

None received.

6. SECTION ONE REPORTS 'CALLED IN'

There were no reports called in from the meeting of the Cabinet held on 11 November 2010.

7. BUDGET AND POLICY FRAMEWORK ISSUES

7.1 Local Implementation Plan 2

Ms Margaret Cooper, Head of Transportation & Highways, presented the report that would be submitted to Cabinet on 1 December 2010 seeking approval to submit a draft of the Second Local Implementation Plan (LIP2) to Transport for London (TfL) and to agree a period of public consultation before finalising the document. There would be an opportunity for further scrutiny by the Committee before the final submission was made to TfL.

Ms Cooper indicated that the main elements of the LIP2 comprised:

- Borough transport objectives for the period 2011-2014, with a broader vision up to 2031.
- A costed and funded delivery plan of transport interventions and likely forms of related public consultations. This would also form the basis of bids for TfL funding, in the sum of around £3m per year.
- A performance monitoring plan to oversee performance indicators and local targets to ensure appropriate delivery of intended outcomes.
- A Health Impact Assessment of how the plan would impact on the health and well-being of the population and their ability to access health-related facilities and services.
- An Equality Impact Assessment to ensure that the proposals did not discriminate against equality groups.

Ms Cooper added that the Mayor of London had set six key priorities, namely:

- Supporting economic development and population growth.
- Enhancing the quality of life of all Londoners.
- Improving the safety and security of all Londoners.
- Reducing transport's contribution to climate change and improving resilience.
- Support delivery of the London 2012 Olympic and Paralympic Games and its legacy.

She then detailed the mandatory core targets set by the Mayor of London and the local targets set by the Borough, as set out in the circulated report.

The Chair invited questions from Members, to which Ms Cooper responded, including:

- A proposed joint initiative with the Police for an Automated Number Plate Recognition scheme.
- The desirability of continued lobbying for an upgrade of Whitechapel Underground Station to be brought forward so as to accord with the new Whitechapel Hospital opening date.
- Details of the budgets encompassed by LIP2 and proposed reductions in Area Based Schemes grant, possibly affecting the St Paul's Way Transformation Scheme and Shoreditch Station works at Braithwaite Street.
- Progress of a scheme for providing zig-zag road markings outside schools.
- The desirability for lobbying against proposals to stop the Thames Clipper service at 8 p.m. daily.
- Measures that could be taken to improve bus service reliability.
- The promotion of pedestrian walkway routes through the Borough.

Following further discussion, it was –

RESOLVED

- (1) That the report be noted.
- (2) That Transport for London be invited to be represented at the meeting of the Committee to be held on 11 January 2011, to discuss traffic problems at particular points such as the Blackwall Tunnel and Limehouse Link.

8. PERFORMANCE MONITORING

8.1 Performance and Corporate Budget Monitoring Quarter 2

The Chair welcomed Councillor Alibor Choudhury, Lead Member Resources and Mr Chris Naylor, Corporate Director Resources to present the monitoring report that was to be submitted to Cabinet on 1 December 2010.

Mr Naylor commented that the current expected outturn position for the General Fund was an overspend of just over £1m to the end of September on a budget total of £320m. However, the overspend to the end of October had been reduced by £200,000.

Councillor Rachael Saunders declared a personal interest when putting questions, on the basis that she had formerly been Lead Member for Adults' Health & Wellbeing.

Members then put questions on budgetary issues, including Older People Commissioning costs; Homelessness overspend; transfer of homecare packages; rent collected as a percentage of rent due (Tower Hamlets Homes); Housing Revenue Account overspend; any costed impact of the current leaseholder audit; service sharing with neighbouring boroughs and joint posts; workforce reflecting the community and the matter of job reductions in the current economic climate. Mr Naylor responded in detail to the queries, making particular points that:

- He would contact the Corporate Director Adults' Health & Wellbeing to provide additional information for Members on Older People Commissioning, the quality of homecare packages and associated costs.
- Transforming Older People could be an agenda item for a future meeting of the Committee.
- Grant funding for the Homelessness Service had been reduced owing to the low number of homeless families currently but numbers could well increase in future.
- He would ask the Corporate Director Development & Renewal to provide Members with regard to the shortfall of income from estate parking and leaseholder service charges, together with details of any costed impact arising from the leaseholder audit. Mr Naylor added that information was still awaited from the ALMO following the most recent quarterly meeting with them.
- Consideration was being given to possible service sharing with neighbouring boroughs but this would be subject to establishing which areas could result in absolutely certain savings as setting up joint staff posts was complex.

Members expressed the view that the elected Mayor would need to make difficult decisions regarding Council staffing levels and should concurrently publish reasons for the decisions to ensure transparency.

Councillor Alibor Choudhury, Lead Member Resources stated that there would be a strategy of achieving financial savings while minimising job losses. Members would be working with the Trades Unions and Directorates to that end. Concentrating on reducing agency posts and not filling vacancies would aim at 200 permanent posts being lost out of 500 projected job cuts and the

process would be managed to reduce the impact on individual staff as far as possible. He added that he had asked for more emphasis on equalities impacts in future reports to Cabinet on the matter. Efforts were still ongoing to diversify the workforce and create more opportunities.

The Chair suggested that any queries relating to Appendix 3 of the report – a summary for You Decide! Participatory budgeting projects – be referred by email to Ms Stephanie Ford, Interim Performance Manager.

After further discussion, the Committee –

RESOLVED

- (1) That the report, together with actions being taken to address reported overspends, be noted.
- (2) That Transforming Older People be included on the agenda of a future meeting of the Committee.

8.2 The Single Equality Framework - 6 Month Report

Ms Hafsha Ali, Acting Joint Service Head, Scrutiny and Equalities, presented the report which provided details of the Council's progress in implementing its Single Equality Framework (SEF) for 2010/11.

Ms Ali pointed out that the SEF replaced the former Diversity and Equality Action Plan and the way the Council was tackling inequality had changed greatly. Changes in legislation and national policy would also have an impact on inequality locally. Priorities for the current year were:

- Economic inactivity amongst Bangladeshi and Somali women.
- Independence and dignity for older people and vulnerable adults.

Members welcomed the work that had been undertaken but expressed concern that a Lead Member for Equalities had not yet been appointed. The Chair indicated that she would raise the matter with the Mayor at the Cabinet meeting on 1 December 2010.

Members then put questions on a number of related issues including the evaluation of the present equalities programme; disaggregation of national and other indicators; suitability of the momentum measures categories; religion within the workplace; employment problems experienced by women who started families after graduating; possibility of freeschools being established. Ms Ali responded in detail, commenting that:

- Evaluation of the equalities programme was underway and results were expected to be available for the Committee by February 2011.
- A wider set of performance indicators was being developed to measure inequalities across all Council services and obtain more than superficial information.
- The momentum measures graph would be amended appropriately.

- Women should be given employment advice while attending higher education facilities.
- Progress had been made on the culture of the organisation for inclusivity as regards faith groups.
- It was not yet known if establishing freeschools would result in increased segregation of pupils.

The Chair then **Moved** and it was –

RESOLVED

That the report be noted.

8.3 Car Free Development Schemes and Parking Permit Arrangements - Update Report

Mr Richard Finch, Team Leader Strategic Transport Development, introduced the report that updated progress made with the resolution of the erroneous issue of on-street car parking permits at Gaverick Mews, as highlighted at the meeting on 6 April 2010. The report detailed work on the creation of an improved and more robust administration system for car free homes through the planning application determination process. A Car Free Review Group had also been established to resolve the issues involved. In addition, work was underway with car club providers and the Tower Hamlets cycle scheme to develop other options.

Members then put questions on related issues, including a definitive number of instances of similar errors and the properties/individuals affected; the consistency of approach to resolving such errors; clarification of the term “car free” development; notification of prospective tenants/buyers of any restrictions on parking permits. Mr Finch and Mr Bryan Jones, Service Head Environmental Control, responded in detail and commented that:

- Specific numbers of people and properties were not yet available but this year three schemes affecting some 30 households had been identified. There had been problems as some cases extended back over six years but work was continuing on the backlog.
- The position regarding permits at Gaverick Mews had been handled in a particular manner as the wording of the legal agreement regarding parking permits had been unclear. However, the current approach had been considered appropriate by the Local Government Ombudsman.
- A much more proactive approach was now taken to ensure that developers informed prospective clients of parking permit restrictions.

The Chair stated that the situation would continue to be monitored and it was

RESOLVED

That the report be noted.

8.4 Covert Investigation under the Regulation of Investigatory Powers Act 2000

Mr D. Galpin, Head of Legal Services – Community, introduced the report detailing the use of the Regulation of Investigatory Powers Act 2000 (RIPA) by the Council and setting out instances where covert investigations had been authorised. He added that three cases had been authorised out of nine applications, which indicated that the gatekeeping and authorising arrangements in place were working.

Following questions from Members, Mr Galpin indicated that:

- Registered Social Landlords (RSLs) were not subject to RIPA but could ask the Council to investigate anti-social behaviour, etc. If agreed, this became the Council's investigation but would only be undertaken if it fit in with Council objectives. Any information sharing with RSLs would also be subject to Council policies.
- Information in the report had been sanitised so it was suitable for the public domain.
- The Standards Committee had also received the report and had asked for details of withdrawn RIPA applications. This information would also be provided in further reports to the Overview and Scrutiny Committee.
- All prosecutions following covert investigations at Petticoat Lane related to fly tipping.
- Any collateral information collected would be destroyed unless severe behaviour was observed.

The Chair **Moved** and it was –

RESOLVED

That the report be noted and further reports be submitted containing details of withdrawn RIPA applications.

9. OVERVIEW AND SCRUTINY MANAGEMENT

9.1 Scrutiny Challenge Session - Polyclinics: What do they mean for local residents?

Councillor Tim Archer, Health Scrutiny Panel Chair, provided an update on the report on the Scrutiny Challenge Session that had been held on 29 September 2010 in conjunction with NHS Tower Hamlets, the Partnership Team, LAP and THINK members and local residents. 32 people had attended in total.

The session had sought:

- To examine the local health picture and what the reconfiguration of local primary and social care services would mean for the residents of Tower Hamlets.
- To increase Members' understanding around key issues to enable them to use their community leadership role to communicate change to residents.
- To listen to local GPs and hear their opinions on the re-provision of local healthcare services.

Five recommendations had been developed, focusing on:

- The development of a clear communication strategy for residents and patients regarding changes to services, availability of facilities and patient involvement in care provision.
- The development of a strategy to engage Members further in the Joint Needs Assessment.
- The use of existing structures to communicate change, with a specific page on Tower Hamlets website, and creating a dialogue with partners and the third sector in developing a structure to involve residents in the decision making process.
- The use of GP surgeries for Ward Members to hold their own surgeries, with possible relocation to Polyclinics when available, for cost saving.
- A proactive approach by Councillors to communicate changes in healthcare provision and advocate resident issues to the Council and the NHS.

Following discussion, the Chair indicated that Members forward any further suggestions to Mr Afazul Hoque, Scrutiny Policy Manager. She then **Moved** and it was –

RESOLVED

That the recommendations proposed in the report be agreed.

9.2 Scrutiny Review - Citizen Engagement Strategy

Councillor Rajib Ahmed, Chair of the review, presented the report summarising the scrutiny review which had examined the Citizen Engagement Strategy in its development process to feed into the development of the Strategy and help ensure that the Strategy was robust. The review had comprised three activities sessions held between September and November 2010.

The objectives of this scrutiny review were to:

- Develop understanding of government policy, its implications and requirements of the Council;
- Consider the overall principles of engagement between the Council and residents;
- Consider the barriers to engagement between the Council and

residents and to find solutions;

- Examine the pilot models of citizen engagement and help develop feasible and effective models;
- Consider how the Citizen Engagement Strategy helps the Council's efficiency agenda;
- Consider how the Strategy can help deliver One Tower Hamlets;
- Consider the role of members within the Citizen Engagement Strategy.

Councillor Ahmed referred to the process by which the review had been conducted, as contained in the circulated report, and commented that seven recommendations had emerged, namely;

1 – That the Council and the Partnership clearly outline the purpose, vision of a Powerful Public, scope, pathways to the goal of the Citizen Engagement Strategy, and the relationship between the Strategy and other key strategies including the Community Plan and Third Sector Strategy.

2 – That the Council and the Partnership consider the impact of the current financial climate and employ cost-effective, creative and innovative ways of engagement in the Strategy.

3 – That the Council and the Partnership consider communities of interest and 'hard to reach' communities in the Strategy, aiming to achieve cohesion in the borough.

4 – That the Council and the Partnership continue developing effective communication with the public, promote the importance of the citizen engagement in a Powerful Public and encourage stakeholders to get involved actively and to interact with other communities.

5 – That the Citizen Engagement Strategy clearly outline the role of the Council in supporting a Powerful Public; in particular, consider its capacity building, coordinating and Community leadership roles.

6 – That the Citizen Engagement Strategy clearly outline the role of elected members particularly focusing on their local community leadership role in connection with the development of the localisation agenda.

7 – That the Council and the Partnership clearly identify key stakeholders, specifically including residents, the Council, Councillors, Third Sector organisations and the business community and clarify in the strategy their roles and develop the Strategy further in consultation with the key stakeholders.

Members commented that there could be difficulties in engaging the public, who could be reluctant to give up their time.

Mr Afazul Haque, Scrutiny Policy Manager, added that the scrutiny review would be referred back to the Committee as a final stage before submission to Cabinet.

The Chair **Moved** and it was

RESOLVED

That the recommendations as set out in the report be agreed.

**10. PRE-DECISION SCRUTINY OF SECTION ONE (UNRESTRICTED)
CABINET PAPERS**

The Chair **Moved** and it was –

RESOLVED

That the following Section 1 pre-decision questions be submitted to Cabinet on 1 December 2010 for consideration:

6.1 Local Development Framework Annual Monitoring Report 2009-10 / Local Development Scheme (LDS) (CAB 055/101)

1. Under the sub-headings in paragraph 6.2:

Strengthening Neighbourhood well being

The quantity of public space is reported as again going down versus population, is there a plan in place to redress this in future, We have plans for most things in lieu of the increasing population, have we considered green spaces in this?

Enabling Prosperous Communities

It is reported that previous gains in business space (33,000 sqm) that offers employment has now been lost - is that council rented out space? If so does this affect any particular town centre or centres, or are the losses spread across the borough? Are there plans to help redress this to encourage community take up and stave off further losses?

2. With reference to paragraph 6.12 has there been a drop in adult courses offered in the borough as well as a drop in enrolment? Are we offering the courses that the community want to have, especially those that encourage the older community?
3. With reference to paragraph 6.23 of this report we would like the Cabinet to reconsider the decision not to develop an Area Action Plan for Poplar. We recognise the various areas that have their own plans within Poplar but are concerned that the area as a whole still needs a coherent plan and to be treated with the same priority as other areas.

6.3 Options for the disposal of two long-term void properties and council properties previously in shortlife use (CAB 057/101)

1. Regarding the sale of 19 Parfett Street and 102 Tredegar Road to gain funds to repair others; these larger properties will be lost in Bow - meaning a possible move for families in the area, families which will no doubt have children in school. Has this been considered?

6.4 Local Implementation Plan 2 (CAB 058/101)

1. It would be good to see a more holistic approach being taken by the Council streets team and parking, with focus on resolving issues where parking and traffic movement are complicated and cause local upset. It was hard to see where/how these one off issues had been planned to be specifically tackled / consulted on. (non TFL)

7.1 Proposed Mulberry and Bigland Green Centre (CAB 060/101)

1. As per the LDF question in relation to education for older people (Cabinet Agenda Item 6.1 and para 6.12), what are the proposals for community wide education here. (Supporting lifelong learning for all) we should seek to make as much use of these facilities as possible working with financial constraints.

9.1 Children, Schools and Families Contract Awards (CAB 061/101)

1. With reference to paragraph 8.3 can we put in place contractual agreement with the new providers that they will continue to use locally recruited workforce. Can it be sought to re-employ those that may lose their jobs in the previously used six local providers on 'spot purchase'?

10.1 Performance and Corporate Budget Monitoring (Quarter 2) (CAB 063/101)

1. In paragraph 7.4.5 of the report it states that our ability to develop joint arrangements are severely restricted. The PCT has now awarded the contract for community health services, has the situation now therefore changed and are we now developing joint plans with the new provider?

10.2 Budget 2011/12 – 2013/14 (CAB 064/101)

1. With reference to paragraph 5.3 please specify what services are being allocated greatest priority to be preserved in the current round of spending cuts, and what measures are being put in place to do this?

The Chair added that she would speak to the Mayor on the matter of appointing to vacant Lead Member posts, particularly with regard to Equalities.

11. ANY OTHER SECTION ONE (UNRESTRICTED) BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

None.

12. EXCLUSION OF THE PRESS AND PUBLIC

The resolution was not moved as there was no Section 2 business.

13. EXEMPT/ CONFIDENTIAL MINUTES

None.

14. SECTION TWO REPORTS 'CALLED IN'

None.

15. PRE-DECISION SCRUTINY OF SECTION TWO (RESTRICTED) CABINET PAPERS

None.

16. ANY OTHER SECTION TWO (RESTRICTED) BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

16.1 Appointment of Scrutiny Lead Member for a Prosperous Community

Dealt with under agenda item 2 above.

The meeting ended at 9.10 p.m.

Chair, Councillor Ann Jackson
Overview & Scrutiny Committee

Agenda Item 6.1

Committee: OVERVIEW AND SCRUTINY	Date: 11 January 2010	Classification: Unrestricted	Report No.	Agenda Item No. 6.1
Report of: Assistant Chief Executive Originating Officer(s): Amanda Thompson Team Leader, Democratic Services			Title: Cabinet Decision Called-in: Children, Schools and Families – Contract Awards Wards: All	

1. SUMMARY

- 1.1 The attached report of the Corporate Director, Children Schools and Families was considered by the Cabinet on 1 December 2010 and has been “Called In” by Councillors Carli Harper-Penman, Ann Jackson, Denise Jones, Anwar Khan and Bill Turner. This is in accordance with the provisions of Part Four of the Council’s Constitution.

2. RECOMMENDATION

- 2.1 That the Committee consider the contents of the attached report, review the Cabinet’s provisional decisions arising and decide whether to accept them or refer the matter back to Cabinet with proposals, together with reasons.

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

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

Brief description of “background paper”

Cabinet report - 1 December 2010

Name and telephone number of holder
and address where open to inspection

Amanda Thompson
02073644651

3. THE CABINET'S PROVISIONAL DECISION

3.1 The Cabinet after considering the attached report provisionally agreed:-

That the Acting Corporate Director Children, Schools and Families be authorised to award the contracts for services to BUPA Healthcare and Allied Healthcare on behalf of the Authority as below:

Provider	CQC Grade	CQC Inspection Grade	Contract Value	Contract period
BUPA Healthcare	Nursing Care	3* (excellent)	£750,000	1 February 2011 – 31 January 2014
Allied Healthcare	Personal Care	2* (good)	£1,042,587	1 February 2011 – 31 January 2014

4. REASONS/ALTERNATIVE COURSE OF ACTION PROPOSED FOR THE 'CALL IN'

4.1 The Call-in requisition signed by the five Councillors listed above gives the following reasons for the Call-in:

'We are concerned at the decision to transfer this contract to the private sector. We would like:

A full equalities impact assessment to be undertaken of the change in provision

We note the Council's support of the London Living Wage and would like a full impact assessment of the change in provider.

We would like a full assessment of the capacity of current and existing service providers to provide culturally matching care where appropriate and are concerned about the capacity of the BUPA/Allied to do so.

We would like a full assessment on the impact on children, families and future local capacity of the decision to contract with BUPA/Allied in the context of providing local and accessible public service

We would like the opportunity to explore in greater depth why local service providers were unsuccessful

We are concerned that the switch to direct payments and the actual capacity of those currently employer to switch to direct payments and if their employers are able to support this

We would like full details of services which are currently being provided and details of services which will now not be protected as a result of the change in provider given the savings quoted

We are concerned at the lack of consultation with service users and their families despite the details of the consultation exercise in the Cabinet report

We are concerned that other public services may also be privatised and what precedent this will set

What efforts has the Council made to obtain advice from other local authorities which have also outsourced their services in this way to these companies?

Even the rating of one of the service providers is 'good' as opposed to 'excellent'. What does the Council intend to do to provide excellent services to disabled children in the Borough, which we assume is what they aspire to do?

How realistic is it that families/children will be able to 'keep' their current worker if desired – how many are likely to do so?

5. CONSIDERATION OF THE “CALL IN”

5.1 The following procedure is to be followed for consideration of the “Call In”:

- (a) Presentation of the “Call In” by one of the “Call In” Members followed by questions.
- (b) Response from the Lead Member/officers followed by questions.
- (c) General debate followed by decision.

N.B. – In accordance with the Overview and Scrutiny Committee Protocols and Guidance adopted by the Committee at its meeting on 5 June, 2007, any Member(s) who presents the “Call In” is not eligible to participate in the general debate.

5.2 It is open to the Committee to either resolve to take no action which would have the effect of endorsing the original Cabinet decisions, or the Committee could refer the matter back to the Cabinet for further consideration setting out the nature of its concerns and possibly recommending an alternative course of action.

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Committee/Meeting: Cabinet	Date: 1 December 2010	Classification: Unrestricted	Report No:
Report of: Corporate Director of Children, Schools & Families Originating officer(s) Kate Bingham, Head of Resources		Title: Children, Schools & Families Contract Awards Wards Affected: All	

Lead Member	Councillor Oliur Rahman (Children Schools & Families)
Community Plan Theme	A Healthy Community
Strategic Priority	<ul style="list-style-type: none"> • Providing high quality accessible services • Ensuring integrated planning and treatment for patients with multiple health needs

1. **SUMMARY**

- 1.1 Following a rigorous tendering exercise conducted in accordance with Council procedures it was recommended that contracts be awarded for the delivery of healthcare and personal care for disabled children to BUPA Healthcare and Allied Healthcare.
- 1.2 This report seeks permission for the Corporate Director of Children, Schools & Families to award contracts for the delivery of these services to the above organisations and to enter into these agreements from 1 February 2011 to 31 January 2014.
- 1.3 The award of these contracts will allow us to secure efficiencies in the region of £229k per annum and will enable us to continue to provide employment opportunities to the local workforce as providers will be expected to recruit from within the borough.
- 1.4 We recognise the significant role third sector providers' play in supporting vulnerable children and young people in the borough and we will continue to work with a range of providers to deliver services on behalf of the council.
- 1.5 Families who wish to continue receiving care from existing providers will be given the opportunity to do so through the use of direct payments. This will enable them to purchase the service independently.

2. **DECISIONS REQUIRED**

Cabinet is recommended to:-

- 2.1 Authorise the Corporate Director of Children, Schools and Families to award the contracts for services to BUPA Healthcare and Allied Healthcare on behalf of the Authority as below:

Provider	CQC Grade	CQC Inspection Grade	Contract Value	Contract period
BUPA Healthcare	Nursing Care	3* (excellent)	£750,000	1 February 2011 – 31 January 2014
Allied Healthcare	Personal Care	2* (good)	£1,042,587	1 February 2011 – 31 January 2014

3. **REASONS FOR THE DECISIONS**

- 3.1 Section 17 of the Children Act 1989 places a duty on the Council to provide personal care to disabled children who need these services. Provision of the services also addresses the national responsibilities of the Council under the Children Act 2004, as well as contributing to 'a Healthy Community'.
- 3.2 At present, 65 disabled children receive personal care and 41 receive nursing care. Their disabilities range from Autistic Spectrum Disorders (ASD), learning or physical disabilities and complex needs due to health-related conditions.
- 3.3 Personal care is currently spot purchased from 6 providers and for nursing care, we use a nursing care agency. Some children who need nursing care can have life threatening illnesses that require intensive amounts of care. In 2008-9, the costs for one child who required nursing care equated to a weekly rate of £4,394, with the cost making up 40% of the personal and nursing care budget of £571,957. In 2009-10, the expenditure on personal and nursing care rose to £825,610 - a 31% increase on the previous year. Spot purchasing is in general considered to be a poor value for money way of delivering these services; it also means that we have very little control or certainty over costs.
- 3.4 The tender process that we used was in accordance with the Council's procedures on procurement and was fair, open and transparent. The opportunity was widely advertised. In particular, organisations currently delivering the services were kept informed, and help and advice was offered; including about the possibility of setting up consortia where they were too small to deliver the contract alone.
- 3.5 The total fixed amount of the new contracts will be £1.793m over a 3 year period, giving a current annual cost of £0.597m. This compares to the current cost of £0.826m for spot purchasing, based on the 2009-10

expenditure. Therefore the cost saving will be in the region of £229k a year, and £687k over 3 years.

- 3.6 As part of the contracts, children and young people will have primary and secondary carers allocated to them, so the families will receive services from familiar carers. This will ensure that the children and young people receive a reliable and consistent service from a small team of workers that they are familiar with and who are familiar with and trained appropriately to meet their needs.
- 3.7 Local employment featured in the tender selection process and consideration was given to the intention of organisations to employ local staff, to ensure that families have access to carers who understand and can respond to their cultural needs.
- 3.8 Contracting with the two providers will enable a maximum of 76 children and young people to be provided with personal care and 41 with nursing care, a total of 117, compared to 106 in 2009-10. The personal care contract includes the capacity for Allied Healthcare to provide for 11 more children than is currently the case. This will enable the local authority to contain the additional care costs over the three year period, within the price of the new contract, should there be an increase in the number of children needing care. Otherwise, we would need to spot purchase for the care of the additional children, at a higher cost; thereby reducing the level of cost savings.
- 3.9 The contract will prevent the escalation of costs we have seen in recent years, as the funding amounts are fixed. It will also allow for greater scrutiny of safeguarding practice. The new contracts also include feedback from families about how they would like the service to be improved – so, overall, they should provide a better service to more children for less money.
- 3.10 The tenders for this contract award were submitted a year ago; therefore all providers that submitted tenders were recently contacted to ask if the information submitted in their tenders still stands. Both BUPA and Allied Healthcare have confirmed that this is the case.

4. BACKGROUND

- 4.1 These contracts deal with two types of care that we are required to provide to some severely disabled children. Nursing care (which will be funded by health) is health-focused care provided by specialist nursing staff – which might include helping with medication, for example. Personal care is less specialised general homecare, and includes services like helping children with severe disabilities to wash, use the toilet, and dress.
- 4.2 Independent consultation was carried out in 2008 with children, young people and families who were in receipt of personal care. They felt the service could be adapted to better meet their needs and to improve the quality of the

service. The key messages from the findings were that the children and young people wanted their carers to:

- visit them more often;
- talk more slowly and quietly;
- play with them more, so that they had more fun experiences;
- keep their emotions under control, so that when they were naughty, once they apologised, this would be the end of the matter;
- take them onto the school bus, bath them in the evening and get them dressed;
- and communicate with them better.

Parents wanted their children's carers to be available on a regular basis; to be more punctual; to be able to be alone with their children and to take them out.

- 4.3 As a result of both the high and increasing costs of spot purchasing the services, and the views of parents and children that the existing system was not delivering what they wanted, we carried out a contracting exercise to move towards a single contract for personal care, and a single contract for nursing care.
- 4.4 These contracts deal with two types of care that we are required to provide to some severely disabled children. Nursing care (which is funded by health) is health-focused care provided by specialist nursing staff – which might include helping with medication, for example. Personal care is less specialised general homecare, and includes services like helping children with severe disabilities to wash, use the toilet, and dress.
- 4.5 The focus of the new services will be to enable children to have their views heard, to promote their independence, to enable them to harness peer relationships and empower them to participate in a full range of activities. The services will also support parents/carers to feel sufficiently confident to identify their own solutions for addressing their needs, and enable them to use interventions to improve the outcomes for their children.
- 4.6 A robust tendering exercise was undertaken in accordance with Council procedures. Existing providers were contacted to notify them of the plans to tender for the service. We also informed the Voluntary Sector Children and Youth forum (VSCYF) so that they could notify a wider number of local voluntary organisations and offer capacity building support to those organisations that required this.
- 4.7 A providers' forum was held prior to the submission of the tenders and all providers were fully briefed on the process and service specification and were given the opportunity to discuss with officers what was expected of them and to ask questions. The questions and answers were subsequently forwarded to other interested organisations who did not attend the event.

4.8 The tender pack, which was sent to all organisations that were successful at the preliminary stage, included clear guidance to support them in completing the tender. This included the criteria they were to be judged against, along with their weightings. In particular, they were asked to demonstrate in their bids how they would address parents' and children's' priorities for the improved service. We also included a strong equalities element in our specification, asking bidders to:

- Demonstrate how they would support and promote parity of outcomes for all participants, and bearing in mind that many families speak little or no English, ensure that any language barriers were addressed.
- Detail how they would initially engage with the families of disabled children to ensure they could fully access the service.
- Demonstrate their commitment to equality and diversity, including how they will promote a workforce to reflect the local community.

The pack also included the detailed specification for the services that were being tendered.

4.9 Seven tenders were submitted across both lots and these were considered by an evaluation panel which included two independent panel members. These were the parent of a disabled child and an external consultant. The remaining panel members were council officers. The bids put forward were scored and assessed, taking into account not only the cost, but also the quality of the service to be offered, and the equalities points set out above. For nursing care, BUPA Healthcare was the strongest bidder, and for personal care, Allied Healthcare was the strongest. In both cases, the organisations were strongest by some distance, significantly out-scoring their nearest rivals, and representing not just better value for money, but also a better service for children and young people, with good proposals and guarantees in areas like employment of local people.

4.10 The effectiveness of the services will be measured through quarterly monitoring to evaluate the organisations' performance against key performance indicators to ensure they are meeting their contractual requirements. In addition, the organisations will be subject to more stringent finance monitoring. Quarterly service review meetings will also take place that involve LBTH service and PCT service managers and commissioning officers.

4.11 In addition, as part of the service contracts, the providers will have to publicise their complaints policy and report back to the Council on a quarterly basis on the complaints received, the nature of the complaints and any action taken as a result of the complaints.

4.12 Both BUPA and Allied Healthcare will also be subject to annual inspections by the Care Quality Commission (CQC) who will grade them against the expected standards.

- 4.13 In order to ensure continuity of care for those families who want to continue to receive support from existing providers, we will offer them the option of accessing direct payments, so that they can purchase services directly. We will also work with families who choose to receive support from the new providers, to ensure a smooth transition into the new services.

5. ALTERNATIVE OPTIONS

5.1 The alternative options that have been considered include:

- Collaborating with another local authority/PCT. Although this area was explored, most of the authorities contacted had either already commissioned their services, or were already underway with the tender process. As a result, this option was ruled out.
- Tower Hamlets PCT has its own nursing care service - the Community Nursing Team. However the service does not have the capacity to deliver these services currently or in the near future. However, it may be in a position to provide the services by the time the service is due for re-commissioning, and if it were, we would look to work with them.

6. COMMENTS OF THE CHIEF FINANCIAL OFFICER

6.1 These costs are currently met from the pooled budget with the Primary Care Trust. The proposed contracts consolidate activity with 6 providers currently used for personal care and one for nursing care into 2 providers for a fixed contract cost over three years. The costs of the contracts indicate a saving in the region of £0.229m in a full financial year. This efficiency saving will assist the Children's Social Care division in managing the cost pressures within its budget, that have been reported through the quarterly monitoring process. Moreover, this saving will assist in delivering the department's share of budget reductions as part of the Medium Term Financial Strategy.

7. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)

7.1 Under section 17 of the Children Act 1989 and Part 2 of the Children Act 2004, the Council has a duty to provide personal care to children in need and specifically disabled children (section 17(10)). The Council may contract or make arrangements with any person in connection with these functions.

7.2 Section 3 of the Local Government Act 1999 requires best value authorities, including the Council, 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".

- 7.3 The procurement procedure described above complies with the Council's procurement procedures and should be open for Cabinet to conclude that the proposed contracts will result in best value having regard to the duty outlined above.
- 7.4 The contracts are for Part B Services and so the full provisions of the Public Contract Regulations 2006 do not apply. However they are still expressly subject to the equality and transparency obligations under the Regulations and there is a requirement

8. ONE TOWER HAMLETS CONSIDERATIONS

- 8.1 Personal care aims to target specific groups who are recognised as being at risk of experiencing inequality and social exclusion. These groups have been identified through a thorough analysis of statistical data and feedback as part of a comprehensive needs analysis. The services have been commissioned with the aim that the support provided assists with improving outcomes for these groups of children, young people and families.
- 8.2 Support services for children in need and their families, promotes the welfare of children and the effective functioning of families within the community. As such, they are key to progressing the social inclusion policies of both central government and the Council.
- 8.3 Some concerns have been raised about the fact that the contracts have been won by large private providers, whereas the previous spot-purchase arrangements included small local organisations. However, the levels of local employment are unlikely to change significantly (if at all) as both personal care and nursing care are almost invariably delivered by a locally-recruited workforce, and we have also sought and received clear commitments on this and on other equalities issues from the providers.

9. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 9.1 There are no specific issues arising from this report. Both companies have environmental and energy saving policies in place.

10. RISK MANAGEMENT IMPLICATIONS

- 10.1 Detailed service specifications will be drafted and appropriate monitoring arrangements maintained to minimise risk of underperformance of these services. Service agreements contain appropriate dispute, clawback, liability and termination clauses.
- 10.2 Monitoring of the finances of agencies with service level agreements usually takes place on a quarterly basis. As there is a risk that care agencies could become insolvent, the finances of the companies will be subject to closer scrutiny and will be monitored a monthly basis, rather than quarterly.

11. CRIME AND DISORDER REDUCTION IMPLICATIONS

11.1 There are no crime and disorder implications.

12. EFFICIENCY STATEMENT

12.1 We have been able to increase the number of children, young people and families who will benefit from these services, through the tender of services for children with disabilities. The services will also be delivered within a reduced funding envelope.

13. APPENDICES

Appendix 1 – Consultation with children and young people with complex needs

**Local Government Act, 1972 Section 100D (As amended)
List of “Background Papers” used in the preparation of this report**

Brief description of “background papers”	Name and telephone number of holder and address where open to inspection.
None	N/A

March 2008

Independent Consultation in
Tower Hamlets with children and
young people with complex needs;
experiences of personal care
packages.

Reporting to Tower Hamlets
Integrated Services for children with
disabilities.

Marisa Tighe

Background

In 2005, Tower Hamlets Integrated Services consulted disabled children and young people about their experiences of local services (Triangle report; 'Shape it up a bit').

Subsequently, it was decided that another area required exploration through consultation: the personal care of children and young people with complex needs. Therefore, in January 2008, Tighe Independent Consultation Services was commissioned by Khalida Khan, Disabled Children's Integrated Service Manager in Tower Hamlets, to meet with children, young people and their families and to report on their perceptions of their personal care packages. In particular, it focussed on discovering what aspects of the care they were:

1. Satisfied with.
2. Dissatisfied with.
3. What changes they would like to see implemented in the future.

Aims

The findings will inform the integrated service plan for children with disabilities, the future commissioning of third sector services and personal care contracts. It is hoped that reporting the results of this consultation will help to improve the quality of the everyday experiences of children and their families in Tower Hamlets. It may influence the way personal carers actually implement support while taking into consideration the 'Every Child Matters' Legislation and working with the 'Every Disabled Child Matters' campaign.

The Children and Young People

The 14 children and young people consulted were between the ages of six and 19 and lived in Tower Hamlets. Most attended the special schools: Stephen Hawking (7), Beatrice Tate (4) and Phoenix (1), but two were at mainstream primary school. Five were girls and nine were boys. Nine were Asian or Asian British, four White British and one Black British: African. The children and young people included had a wide range of impairments, some multiple: Cerebral Palsy, Martsolf Syndrome, Severe Developmental and Learning Disability, Epilepsy, Autistic Spectrum, Cranifacial Abnormalities, Visual and Hearing Impairment and Cystic Fibrosis (as described in the Integrated Service list of families with personal care packages). Most, but not all, were non-verbal.

Methodology

The children were consulted at home and/or at school. Within the limits of the cohort of children every attempt was made to ensure there was a balance of ages, gender, race and range of impairments. Information was gathered in semi-structured interviews through both open-ended and closed questioning. In order to make questioning interactive and less potentially threatening, most children were asked to select symbolised words in response to questions. Due to their very differing abilities to comprehend and answer questions, it was necessary to frame questions carefully and flexibly using a variety of augmentative communication aids such as signing, symbols and objects of reference tailored to individual needs. Towards the end of the interview, the children and young people were also given the opportunity to make any other comments they wished regarding the personal care they had been receiving. Questions were staged. The first type of question required a simple yes/no response; for example, is your carer good at feeding you? If the response was 'no' then a process of elimination was used in order to discover the reason for this response; e.g. is he/she too fast, too slow, too rough, gives you no choice, too much choice?

Different methods of eliciting information from children and young people with multiple disabilities were considered through the reading of an article entitled 'The participation of children with multi-sensory impairment in person-centred planning' by Kim Taylor (2007). The methods used in this consultation were closely related to the 'Talking Mats' method of indicating preferences (Brewster, 2004 Cameron & Murphy 2002 and Germain 2004).

Due to the particular communication difficulties of many of these children and young people, it was necessary to check for accuracy in interpretations of responses, either with their family members or school staff who knew them well. The author's extensive experience as a special needs teacher with knowledge of inclusion issues, speech, language, communication difficulties and complex needs was also used to analyse the findings. The conclusions drawn are her's alone. The author has approximately 15 years experience of working in Tower Hamlets and a Psychology degree from University College, London.

Parents were given a different interview schedule and all asked the same questions. Some questions were closed, some used rating scales and some were open-ended. They were also encouraged to make any comment they wished regarding their personal care packages and to make suggestions regarding improvements that could be made to the service. The use of a translator was necessary in some cases.

Some participant observation was used to draw conclusions, where appropriate, with consent and due respect to privacy and dignity. Other ethical issues were given careful consideration such as reassuring families

about confidentiality and obtaining consent to visit children, young people and their families.

By working hard to consult disabled young people, this report acknowledges its responsibility to include the views of disabled people with regard to the Disability Discrimination Act 1995 and other governmental guidance and legislation such as 'Valuing People' DoH 2001 and DFES 2004 'Every Child Matters'.

Findings

Limitations of and Influences on Findings

Only half the young people and children visited appeared to have the cognitive ability to communicate a yes/no response even when supported by people they knew very well and using such support strategies as objects, signs and symbols. Of those seven, three were able to answer consistently across all questions. Four were able to answer some questions but not others. Interviews with families and school staff, who knew them well, were, therefore, essential in helping to interpret or confirm responses and providing further insights and information. The current research suggests that there is still much to be discovered about validating and facilitating meaningful consultation with people with intellectual and complex physical disabilities (Kim Taylor 2007). For example, children with short-term memory difficulties often have a tendency to overly focus on the last thing mentioned when responding to lengthy questions. There is also always the possibility of children answering questions as they think they 'ought to', rather than as they really feel, particularly with someone they do not know and trust yet.

It was not possible to ask all children exactly the same number and type of questions. This was due to individual differences in cognitive ability, speech language and communication skills, social and emotional maturity and varying care packages. Both qualitative and quantitative information was gathered and analysed but as Kim Taylor (2007) and Ware (2003, 2004) point out, these responses need to be taken as individual expressions of feelings in the 'here and now' and assumptions should not be made that these are expressions of the future also. For that sort of information interviews would need to be repeated over a much longer period of time to confirm findings.

Quantitative Results

What children and young people were happy about

Of those children and young people who were able to respond consistently to the particular question:

- All said that they **liked** their carer.
- 73% (5 of 7) were happy with the **gender** of carer they had. Most had a female carer and preferred that.
- 75% (3 of 4) were happy with how they were **dressed**.
- 66% (2 of 3) said they were happy with how they were **washed** (the one who was not happy was unable to explain why but, possibly may have been struggling with feelings of embarrassment e.g. one young woman said she did not like 'being helped in the bathroom' but was happy being helped everywhere else.
- Of the incontinent children, who were able to respond, both felt safe and happy with the way they were **changed** by their carer.
- Only one child was both helped at **mealtimes** and able to respond about how they were helped. He was happy with the help he received.
- All (4) said they were happy about the time of day at which the carers came.

What children and young people were not happy about

Of those children and young people who were able to respond consistently to the particular question:

- None were satisfied with the **frequency of visits** from carers. 75% (3 of 4) wanted them to come more often and 25% (one child) less often: 'so I learn how to do things myself'.
- Two of seven young people wanted to change the **volume** of their carer's **speech**.
- 50% (2 of 4) said they would prefer a **young** carer and 50% said it didn't matter.
- Children and young people suggested that carers should:

'Play with us more and make it more fun'.

Keep own emotions under control, e.g. 'When I was naughty, when I calmed down and said sorry they were still moody. That made me worse.'

'Talk less' - child on the autistic spectrum

'Talk more'

'Help me in the evening as well, to get me dressed and have a bath'

'Take me onto the school bus'

Making reference to the 'Every Child Matters' The ideal Carer

Being healthy: enjoying good physical and mental health and living a healthy lifestyle.

Children and young people described an ideal carer as someone whom:

- 'let's me choose what to eat'

Staying safe: being protected from harm and neglect.

Children and young people described an ideal carer as someone whom:

- 'stays with you and doesn't let anyone take you'
- 'doesn't hurt you'
- 'tells me what's going to happen next'
- 'is young or old, but not too old'
- 'I have seen before' - one child gave a score of 10 out of 10 for this for importance.

Enjoying and achieving: getting the most out of life and developing the skills for adulthood.

Children and young people described an ideal carer as someone whom:

- 'plays with me'
- 'has fun with me'
- 'chatty'
- 'talks slowly and quietly'

Making a positive contribution: being involved with the community and society and not engaging in anti-social or offending behaviour.

Children and young people described an ideal carer as someone whom:

- ‘gives me choices’

Economic well being: not being prevented by economic disadvantage from achieving their full potential in life.

Children and young people described an ideal carer as someone whom:

- ‘gives me less help so I learn to do things for myself’

Summary

All children liked their carers and the time of day they came. Most were happy with their gender, the way they dressed, washed, fed and changed them.

The main changes to the care packages most requested by children and young people were:

1. To improve to the way the carers communicated and played with them
2. To increase the frequency of visits from the carers.

What Parents were happy with:

- The **time of day** at which the carer came to help - all were happy with this.
- The **number of carers** that came for each session.
- 65% (6 of 9) were happy to use **respite** care facilities (2 were unsure what it was or if they were able to get it).
- All were happy with the **language skills of the carers** they had at present. Of the 10 families where English was their second language, 40% considered it extremely important for the carer to speak their first language; giving it a score of between 8 and 10 out of 10 on a rating scale.
- 43% (6 of 14) said they thought all carers were **trained** properly. 14% (2 families) said some were, some weren't.
- All were happy with the **gender** of carer but one would have preferred a man if there had been a man available with appropriate training. However, most preferred a woman even for the older young men cared for. This appeared to be more of an issue for the Asian families and may,

perhaps, be linked to feeling uncomfortable with having men other than family in the home due to religious/cultural expectations.

- Where **special equipment** was available to use carers used it appropriately.
- 50% (7 of 14) of parents said that they were happy with the carers punctuality.
- 99% (10 of 11) were clear about whom to contact to lodge a complaint or **express their concerns** about a carer.

What Parents were not happy with and Want to change:

- 43% (6 of 14) of parents were happy with the number of visits per week but wanted to increase **how long** the carers stayed on each visit.
- 57% (8 of 14) of parents wanted to increase the **number of times** the carer **visited** throughout the week.
- All were happy with how many carers were sent to them for each session, but 22% (3 of 14) were not happy with the **number of carers known to them**. Due to the serious medical needs of their children, they felt they would benefit from the setting up of a 'team' of carers trained in the needs of their particular child and who share the weekly sessions. This would enable them to perhaps swap shifts and cover when the regular carer is ill or on leave instead of a stranger covering.
- 33% (3 of 9) of families were unhappy with the quality of **respite** care available to them and therefore unwilling to make use of it.
- 43% (6 of 14) said they did not think all carers were **trained** properly. 14% (2) said some were, some weren't.
- 59% (7 of 12) said they did not get a **replacement** when their carer was off sick.
- Four families complained that they were: not always informed on the same day when a carer was going to be ill; were informed at the last moment; or were given conflicting reasons for a change in carer or agency. This appeared to cause them distress and to encourage a lack of trust. Some preferred not to have a replacement as the change caused their child to become anxious and it was almost easier to do temporarily without. One family said they just didn't send their child to school if the carer did not arrive. Two families said **unknown replacements** were not appropriate due to specific training being necessary before starting work with their child.

- 50% (7 of 14) said they were unhappy with the carer's **punctuality**. Two families said the carers offered to make up the time, which was acceptable with one family, but not the other.
- 45% (5 of 14) were clear about whom to contact to lodge a complaint or express their concerns about a carer but were unhappy with the **way their concerns were dealt with**. Some of the comments were:
 - ‘I don't have time to keep ringing’
 - ‘We have no faith in the social worker’
 - ‘We would like a key-worker at the agency so that we can talk to the same person each time’
 - ‘Agencies don't help with interpersonal issues between families and carers’
 - ‘The issues are - lack of information, poor communication and contactability’
 - ‘You get passed on to one person after another’
 - ‘We get told to ring more and more people’
 - ‘My social worker is too hard to contact, he doesn't even have a mobile phone’
 - ‘The school helps more than the social workers’
- Other complaints about carers ranged from making long-distance telephone calls abroad from their telephone, arriving sleepy and eating the family's food. **See Appendix 1e.**

Parents also wanted:

- Two parents would like **help with housework** due to mothers' ill health caused by strain of lifting disabled child.
- One wanted **overnight respite** during week.
- Four parents wanted carers with **medical training**, e.g. knowledge of administering medication, using gastrostomies, suction equipment, and shunts.
- Carers with training in and **experience of autism** **See Appendix 1a.**
- One parent wanted more opportunities to get **respite**.
- Four families wanted **quicker responses to changing circumstances**, e.g. due to hospital stays/ill-health, pregnancy and one reported it had taken them 11 months to get care sorted out despite guidance saying it should take 35 days.
- Four wanted **weekend help**. Three said it was to take the child out and one said it was to baby-sit so mum could go out.

- Five families wanted extra help in the **school holidays**. Some of the consultations took place in the half term holidays. One family had four children under seven: one severely disabled, one on the autistic spectrum, a baby and a toddler all in a very small flat. Four out of the five wanted help to take their child on outings.
- Two families wanted carers to be able to be left with **sole care** of their child for short periods.
- Help with **siblings** who often lacked sufficient attention from parents or who also had special needs - three parents.
- Three parents mentioned wanting helpers to be able to take their child out to the **school bus**.
- Eight parents wanted carers to be able to take the child on **outings**.
- One parent wanted **evening help** as well as morning help.
- One parent wanted more **advice about the benefit** systems, how to get a disability badge and information about where they could get discounts for outings such as the cinema.
- Two families wanted help to **adapt their homes** to their child's needs

Summary

The changes to the care packages most requested by parents were:

1. Increased frequency and length of carer visits.
2. New systems for covering for carer sickness or holidays and number of carers known to the children and young people
3. Improvements to grievance procedures.
4. Improvements to carer training and monitoring.
5. More advice on benefits for disabled children.
6. For carers to be able to take children and young people out and onto the school bus.
7. Holiday and weekend help.
8. Improved quality of respite care - appropriateness and frequency.
9. Improvements in punctuality.
10. Improved cultural matching of family and carer. Several families mentioned that when a close match was found it made life easier.

Qualitative Findings

1. Families had some concerns about the specific **training** and experience of carers. One family was also concerned about how they made use of the training they had received and how agencies monitored this. They were not aware of carers being observed 'on the job' as part of professional development or monitoring.

- It appears that agencies have difficulties finding staff who have been trained in the slightly more **medical** duties such as administering epileptic drugs, using gastrostomies and suction machines which meant that families often experience long periods of time without a carer until someone suitable has been found. This also had implications for not being able to leave a carer in sole care of the child or young person in order to briefly visit a shop or attend meetings about their child.
 - Several parents felt carers needed training in dealing with **the emotional and behavioural needs** of the child as well as the physical needs. Five parents also mentioned that they might need support to deal with their own feelings in such an emotionally demanding job. **See Appendix 1b**
 - Training in understanding the very particular anxieties, behaviour and communication difficulties of children on the **autistic spectrum** were found lacking.
 - Training on the issues related to **cultural differences**, e.g. one white mother reported that she was very happy with her Asian carer, but the carer complained that she felt treated 'like a slave'. Two other parents reported that sometimes the carers treated their children as if they were their own instead of respecting the families rules. **See Appendix 1a**
2. There was an additional, persistent issue that kept emerging during discussions. It seems that the appropriate **attitude** of the carer was the characteristic they valued most. One parent said 'maybe the agencies could get to know the staff better. We have had some very unusual characters and unsuitable choices for carers sent to us'. Another said 'I'd rather have someone with the right personality and less experience than someone with lots of training and a less suitable personality'. **See Appendix 1c**
 3. Another key issue raised by parents, children and young people was **consistency** in carers. This issue came up time and again and as one parent said 'they change carers like clothes'. Another said 'we get a lot of change.' Parents reported that it is hard to have to explain all the details of the child's personal care needs over and over to a new carers and many of the children and young people with such complex needs find change much harder to deal with than the average child. They often find the concept of time a challenge and need warning that change is coming in order to feel safe and relaxed. This is apparently very much an issue when carers are off sick and a complete stranger visits the home as a replacement. When an agency stopped operating one family had to wait seven weeks before a new agency was found and their child became unused to carers helping. Many other families experienced long periods without care. **See Appendix 1d.**

4. The way **changes in circumstances** were dealt with was another issue raised by families. With complex needs visits to hospital are often very much part of the family's lives and when this happened care provision stops. It appears that sometimes there is a long delay in reinstating the care or in adjusting the care package to reflect new and perhaps temporary, needs. This can have very detrimental effects on the family and child or young person and can also be an issue when carers go on holiday or there is a pregnancy/ birth of a sibling. **See Appendix 1d.**
5. Although not an intended focus for this consultation, an interesting observation was made during planning that of the families contacted only white families had a **direct payment scheme** as a personal care package. One parent told me 'I had to fight hard for it' and 'you have to learn a lot about employing people but the direct payment department is very helpful'.
6. Finally the need for **honesty** from service providers was raised. Two very different families said the following:

'If only they would be honest with us about what they can provide. They talk about considering the needs of the whole child but then come up with, what appear to be excuses for what they can't provide. Why don't they just say 'we are sorry we can not provide everything you need but this is due to governmental budget restrictions'

'They just pass the buck'

Families used the following descriptions to describe an **ideal carer**:

- emotionally strong
- not easily offended
- young and flexible
- lives locally so they can arrive on time
- punctual
- without families of their own so they don't have to take time off for their own children
- willing to get further training
- eager to learn
- sensitive to the cultural ethos of the families rather than just treating the children as they would their own
- sensitive to the needs of both parents and children e.g. when moving around the home being respectful of the parents privacy
- reliable
- enthusiastic about the job rather than 'going through the motions'
- considerate
- conscientious

- know my child's physical, and emotional/spiritual needs
- tidy
- Not too old and physically fit enough to cope with the high physical demands of the job

Conclusions

This consultation was undertaken to discover what aspects of the personal care packages children and young people were satisfied or dissatisfied with, and what changes they would like to see implemented in the future.

There appeared to be general satisfaction amongst this group of children/young people in Tower Hamlets regarding the functional aspects of personal care such as the way they were dressed, washed, changed and fed. However, they identified two main areas of improvement. The first was the way the carers communicated with them. They wanted them to chat and play with them more and to involve them in what was going to be done next. The second change they wanted to see was an increase in the frequency of carer visits and consistency of staff as it can take a long time to get used to and trust a new person caring for them.

Parents generally confirmed these findings but also emphasised the need for more carers with an enthusiastic attitude enabled by good training and an appropriate personality. More help in the school holidays and weekends, especially with outings, was often requested. There appeared to be wide variation in parent beliefs regarding disability, respite and about what could be expected of a carer, e.g. whether they could and should be left in sole charge, play or chat with the children, take them on outings or to/from the school bus. It seems possible that this could have been due to carer job descriptions not being communicated effectively to families and or to differing cultural and individual expectations. There was some dissatisfaction about grievance procedures and the carer agencies' lack of monitoring carers' everyday practise. This has implications for the accountability of agencies' contracts with Tower Hamlets Integrated Services for Disabled People.

Recommendations

Further work exploring:

- How to consult meaningfully with children and young people with complex needs about their personal care. Exploring the use of video with families and carers, over time, (with due regard to ethical issues) may be of interest.
- Cross cultural understandings of disability and expectations of carers.
- The use of key workers in carer employment agencies and making links with Lead Professionals assigned to the families.

- How to support agencies in training and monitoring carers' performance.

Appendix 1

Additional comments made by parents:

- a) One family reported that a carer had smacked their autistic child. Another carer lost him when they had taken him on an outing. This meant that she felt the need to 'chaperone' the carer, which of course, defeated the object of getting help. Another carer used a very loud voice, which caused her child anxiety, as children on the autistic spectrum can be hyper sensitive to sound. He was also very frightened when a new carer arrived in a full hijab without warning, which he was not familiar with, and so could not stop screaming.
- b) One family reported that the carer was too scared to look after their son alone. Two parents of children with Cystic Fibrosis said carers often dropped out after the initial training period because they didn't feel able to cope. One also said they felt the carers needed help to deal with their child objectively when they were being behaviourally challenging.
- c) One family told me they had a carer get down on their knees while on duty to pray and preach to them and that they could 'write a book about the inappropriate behaviours of carers' they had had.
- d) One family had been waiting four months for an agency to find an appropriate carer. Three other families had gaps of 2-3 weeks without care due to carers going on holiday or care arrangements changing after a hospital visit.
- e) One family said money had gone missing while a particular carer was with them. Another reported carers talking on their mobile too much when working.
- f) 'What will happen to him after he is 19?'

Appendix 2

Children and young people's interview - sample questions:

First Stage

- Do you like your carer?
- Is your carer good at...
 - Washing you?
 - Dressing you?
 - Feeding you?
 - Moving you?

Changing you?
Talking to you?

- Would you like them to come more often?
- Why? To do what?
- What is good - a man carer or a woman carer?
- young carer or an older carer?

Second Stage

If 'no' to any of the questions above:

- Are they too loud, too quiet, too rough, too fast, too slow...?

Plus 'What is a good carer? Then one at a time - Someone who is young, old, man, woman, gentle, gives you choices, who tells you what to do, speaks slowly, quickly, quietly, loudly, lots, a little.

Appendix 3

Interview with parents - Name..... Date

<p>What do you get help with?</p> <p>Are you happy with the care you get for each of the following -</p> <p>feeding, changing, moving, bathing/washing dressing</p>	<p>feeding, changing, moving, bathing/washing dressing</p> <p>Yes No Yes No Yes No Yes No Yes No</p>
<p>When do you get help? Respite for a week...</p> <p>Is this often enough? How happy are you with this amount of help?</p>	<p>Yes No Not happy Very Happy 1 2 3 4 5 6 7 8 9 10</p>
<p>Is care provided at the most useful times?</p>	<p>Yes No</p>
<p>What else do you want help with?</p>	
<p>How many different carers are there? Is this ok?</p>	<p>Not ok Ok Good</p>

Do the helpers speak your first language?	Yes	No
How important is this to you?	A little	Very Extremely
	1 2 3 4 5 6 7 8 9 10	
Do you think they are trained well enough? Trained to feed? Manual handling?	Yes	No
Do you meet them before they start working with you?	Yes	No
Do you prefer Male female? What choice are you given? Is this ok?		

Interview with parents continued

What happens if the carer is ill? Do you get a replacement? Do you know them?	Yes Yes	No No
Equipment - do they use the right equipment? Do you have a hoist?	Yes	No
Are they punctual and stay the correct time?	Yes	Mostly No
If there was a problem do you know whom you can talk to regarding concerns about the carers?	Yes	No
What changes would you like to see?		

This is a fair record of our discussion	
Signed	date

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Agenda Item 9.1

Committee	Date	Classification	Report No.	Agenda Item No.
<p align="center">Overview and Scrutiny Committee</p>	<p align="center">11 January 2011</p>	<p align="center"><u>Unrestricted</u></p>		
<p>Report of:</p> <p>Corporate Director, Adult Health and Wellbeing</p> <p>Originating Officer(s):</p> <p>Keith Williams Head of Healthy Borough Programme</p>		<p>Title:</p> <p>Impact and Sustainability of the Healthy Borough Programme</p> <p>Ward(s) affected: All</p>		

1. Purpose of the Report

- 1.1 To report back on the Healthy Borough Programme as required by recommendation 13 in the Scrutiny Committee Report on Childhood Obesity dated 8 June 2010
- 1.2 This report provides an update on the progress of the Healthy Borough Programme (to the end of quarter 2 in September 2010) and the work so far on securing sustainability of the work programme for addressing the environmental causes of obesity.
- 1.3 The recent Public Health White paper and the proposal to transfer public health health improvement functions to local authorities by 2013 provides a potentially positive context to consider how the learning and new ways of working piloted through the Programme can be sustained and developed post March 2011.

2. **BACKGROUND**

- 2.1 Over a two year period the Healthy Borough Programme in Tower Hamlets has been piloting new environmental approaches to make it easier for children and families to be more physically active and eat more healthily wherever they live, work, travel, play or learn. The long-term goal is to help everyone, particularly children and families, to maintain a healthy weight throughout their lives. The Programme builds on the *Healthy Weight, Healthy Lives in Tower Hamlets* strategy and is based in the Tower Hamlets Partnership. It brings together NHS Tower Hamlets, the local authority, voluntary and community organisations, the private sector and local people.
- 2.2 External funding from the Department of Health for the suite of interventions under the Healthy Borough Programme ends in March 2011. It was always the ambition of the programme that the type of interventions supported should be continued post programme provided there was evidence of positive impact being achieved. This would be primarily through a process of mainstreaming the work wherever possible.
- 2.3 The recent public health white paper – *Healthy Lives, Healthy People* - published 30 November provides for the transfer of health improvement functions to a local authority setting by 2013 following the abolition of primary care trusts. The increased future role of local authorities in delivering improved health outcomes for the people of the borough and the transitional arrangement towards this change over the interim

period provides a positive context in which to learn from the Healthy Borough programme's partnership approach and sustain the stronger emphasis on health impacts in the work of local authority directorates.

3 PROGRESS OF HEALTHY BOROUGH PROGRAMME

3.1 The Healthy Borough programme in Tower Hamlets is now well-embedded with a strong momentum across its interventions as well as a strong "brand" presence in the borough and a growing influence at strategic levels. Large numbers of Tower Hamlets residents are participating in the various projects that are delivering services directly to local people – over 4,000 participants during quarter 2 in our community led projects alone – and the Programme Team is amassing a significant volume of both quantitative and qualitative data indicating that the interventions are having a positive impact upon awareness of the health benefits of maintaining a healthy weight, and the need to engage in regular physical activity and to have a healthy diet.

All the Healthy Borough projects are expected to deliver their key outputs and outcomes by the end of the programme. Some key project outputs and activities in quarter 2 (Jul- Sept 2010) were:

- Continued strong impact from our Active Play project – very positive responses from schools engaged, launch of an Active Play Resource pack which has been well-received, training well taken up and a commitment from the Children Schools and Families directorate to aim to mainstream an active play post;
- A series of well-attended park-based events held during the summer school holidays; almost 1,000 adults and children attended 13 different events;
- Increasing take up of our adult cycling training sessions – 298 participants in the quarter July to September and more participants reaching the level 2 stage which indicates confidence to be able to cycle on roads alone;
- Our All Ability Cycling club which includes people with different disabilities has increased take up and is now a joint venture with LB Hackney – we have just been awarded the Olympic Inspire mark for this project;
- The Community Travel Planning project on the Ocean Estate is progressing well and we now have 27 BME women participating in the Oceans Eleven cycling training sessions (compared with a target of 11) and a waiting list to join up;
- Our Healthy Food Awards scheme is going well with 22 new awards at the different levels being made during the quarter; a map showing the location of the healthy eating places has now been produced and widely distributed.
- 32 pupil led projects in schools were awarded small funding contributions and our Recipe for Fun website was launched – www.towerhamlets.nhs.uk/recipeforfun
- The Healthy Early Years project has continued to strengthen and is now performing strongly – 42 new venues signed up for the Breastfeeding Welcome Places accreditation (annual target: 80 places), 29 out of 32 early years centres in the borough are engaged in the Healthy Early Years Accreditation scheme and working towards the accreditation mark; 80+ parents and 100+ children took part in the Cook4Life programme during quarter 2;
- The Participatory Appraisal programme for parents has developed very strongly after a slowish start and we are now developing the fourth cohort of parents and looking at the possibility of them starting up a social enterprise as a continuation vehicle – the enthusiasm and commitment of the parents is very striking;
- The Healthy Families programme focusing on parental engagement in schools continues to be well attended and reports strong qualitative feedback from parents about the impacts in terms of being change being made to the home environment such as healthier diets, increased playfulness and more exercise.

3.2 **COMMUNICATIONS**

Healthy Borough Communications activity has included two borough wide campaign periods during 2010 with a further new year campaign to commence on 10 January 2011. The campaigns feature lamppost banners, bus supersides and interiors, street furniture and roadside billboards. In 2010 these featured the Change4Life behaviour change messages. The 2011 campaign will promote a call to action around increasing levels of everyday walking in the borough. We have closely aligned our messages to the Change4 Life behavioural change messages and our tracking data shows a high recognition level for both Change4Life and the Healthy Borough branding.

We continued our weekly adverts in East End Life through 2010-11 and also have our own Healthy Borough page on a monthly basis. Generally the level of media coverage has been good with particular interest in our Food for Health Awards and the Healthy Frying Workshops and other workshops for professionals that we are now running and the Grow Your Own (food) scheme launched in 2010.

We sponsored a number of other events such as the Lela and Paradise Park and the Big Lunch day events held on Sunday July 18th in partnership with social landlords in different parts of the borough. We provided free fruit for the events and goodie bags including information about healthier eating.

A range of events were held during the summer school holiday periods including 13 events in 10 different parks attracting almost 1000 adults and children. Ramadan fell during quarter 2 and whilst this had some impact on numbers taking up some of our physical activity and healthy eating projects (as in previous periods) we issued some special publicity around Ramadan as an opportunity for reflection and behaviour change. Ramadan calendars were very widely distributed carrying a Healthy Borough message and specific posters were employed in the Council newspaper during the month.

3.3 **COMMUNITY ENGAGEMENT AND COMMUNITY LED PROJECTS**

Community engagement continues to be a strong element in the Programme with a large number of residents engaged particularly through the community led projects. The final round of awards to the locally determined Can Do Grant scheme was made in September: 30 awards were made of under £500 each making a total of 80 such awards for this financial year. First phase evaluation of the Can Do scheme suggested the value of locality based networking events to bring together award winners to build a network of practitioners for mutual support and sharing learning. These have now been commenced.

A new network for community food growing in Tower Hamlets was launched in November as a legacy of the Programme. The network is being supported in partnership with Sustain, Capital Growth and the Women's Environmental Network.

Other community engagement work includes an initiative with the Young Mayor of Tower Hamlets to engage young people through events at primary schools in which the young mayor and his team of deputy mayors will help to get across health messages in terms that will reach young people. This is being delivered in partnership with the Active Play project.

We have also started a community engagement project working with a group of residents on one of the borough's social housing estates. The aim will be to capacity build residents to equip them with environmental auditing skills which can then be

used to audit the healthiness or otherwise of their estate and its physical environments. This is intended to be another legacy of the programme and we are hoping to develop a good practice guide for estate residents as part of this project work.

The sustainability aspect remains a challenge for the community engagement work; so far the can do community grants have been identified as a potential element for sustaining and discussions with partners have begun but the current economic climate leaves future prospects uncertain. This applies even more to the other Community Led projects although the fundraising support commissioned by HBP should help groups to make successful funding applications for external funding. We are providing monthly fundraising support sessions for community organisations and bespoke one to one support where there is an interest in taking this up.

4. EVALUATION OF THE PROGRAMME

4.1 Across the Programme overall an evaluation of the Strategic and Cultural Impact of the Healthy Borough work is being undertaken by Shared Intelligence. This will report back in February (an interim report is available). In addition a range of other evaluations of the Programme's interventions - mostly external - are being carried out. A second phase of evaluation of the Community Led Projects Scheme and the Can Do grants scheme is under way and will report early 2011. Other evaluations being planned or under way are Active Travel, Active Play, Parks Outreach work, Healthy Food Awards, Buy Well scheme, Healthy Families and Communications. We are making all our evaluation reports available on our website.

4.2 When all the evaluation work is completed at the end of March it is intended to produce a comprehensive report that pulls together all the evaluation highlights and evidence of learning with a set of recommendations for the future to ensure that the value of the programme's work is fully analysed, documented and available to influence future strategic direction.

5. IMPACT OF THE PROGRAMME

5.1 In the meantime and before evaluations are fully completed accurately measuring the impact of the programme in the short term was always likely to prove difficult. Insofar as the target group of the programme was intended to be primary school age children and their families the most recent data from the National Child Measurement Programme shows some encouraging plateauing of rising incidence of obesity at year 6 and a still more encouraging decline at reception age. Tower Hamlets position relative to other London boroughs has improved slightly (against a backdrop that London generally has the highest levels of child obesity and these are still increasing in most boroughs). There has been a strong focus on work with schools in the previous two years and only an element of this came through the HB programme. Nevertheless overall the borough is seen as a "market leader" in trying to tackle increasing child obesity particularly through tackling the wider determinants such as travel modes, accessibility of play and open space, promoting breast feeding and working with food businesses to promote a healthier food offer.

5.2 With more certainty we can say that output and engagement data from the Programme shows that a large number of people have benefited from the programme's interventions and that there is qualitative evidence of early behavioural change starting to result from this. Some examples are:

Healthy Families Project

- 1036 parents participated in Healthy Family courses in schools – 1353 children benefiting
- 100% of parents reported an increase in their knowledge and confidence to find more ways for their family to be active - 46% of these feeling 'a lot' more confident

- 100% of parents reported an increase in their knowledge and confidence, as a result of attending the 5 week healthy families programme, to create a healthier balanced meal for their family - 54% of these feeling 'a lot' more confident
- 90% of parents have reported making or intending to make changes to their family's behaviour as a result of the programme
- 89% of parents felt more confident to travel and take part in physical activity with their family following the family trip opportunity

Active Play Project

- 50 schools and 20 JYS schemes engaged in 2009-10
- 190 active play sessions ran in 2009-10 – uptake of play increased by 28% between 2009 and 2010
- 10 large play sessions were held in parks in summer 2010 with over 1,000 parents and children attending
- Play Pack for Schools launched on 2010
- 205 people from 21 schools attended play training; 36 JYS staff trained in play

Parks Outreach Project

- Between Oct 2009 – Oct 2010 over 3000 people engaged in Healthy Parks events or activities.
- Of these 66% are from BME communities and over 90% of respondents indicated they intended to visit parks more often and had increased knowledge and confidence.



Swimming for Women and Girls

- Free programme offered 11 weekly sessions over 4 centres (extended to 12 in second year)
- 560 sessions per annum
- 26626 visits to pools in first year
- 6,000 women and girls have registered for this programme
- Swimming tuition offered to improve opportunity for continuing activity
- Stretch Targets established for Second year

Community Led Projects

- 224 community projects supported with funding over two years (including 174 Can Do grants)
- 61 pupil led projects in schools
- Over 14,000 participants in the community led projects to end of Q2 (52% Bangladeshi, 8% Somali)

Food for Health Awards

- 639 EHO outreach visits to 524 different food outlets, generating 177 referrals for the Award. Reached 37% of all food business outlets in Tower Hamlets
- 79 food businesses received healthy food award (gold 23, silver 35, bronze 21) Changes made to purchasing & provision of food, e.g. cooking oil, chip sizes. Average of 2 changes per outlet.
- 28,000 meals *per week* estimated to be healthier in businesses with award.
- 94% of businesses with award felt it was worthwhile

5.3 In addition there is evidence of environmental change supported through the Programme such as improved walking and cycling routes, increased workplace cycling and workplace health champions, cafes and restaurants signed up to the

food for health awards, a wide range of breast feeding welcome venues, and schools and early years centres that are accredited around health objectives. Other initiatives such as the Play Pathfinder sites, BSF, the Mayor of London's Cycle Superhighways and cycle hire scheme have added considerably to the sense of environmental changes that help support healthier lifestyles. These changes are underpinned by a stronger strategic emphasis on supporting health objectives in key strategies such as the LDF Core Strategy and development planning documents including the green grid strategy.

6 SUSTAINABILITY PLANNING: SUMMARY OF CURRENT POSITION

- 6.1 **Healthy Environments** – the HB *Green Grid* project has been completed and the Green Grid Strategy and Business Plan for 2010-11 are due to go for approval to the Mayor's cabinet in February 2011 (delayed by Mayoral elections). Implementation depends on availability of required finance through e.g. Section 106 grants and will be mainstreamed through the appropriate planning teams with strong links to the Open Spaces Strategy currently in development. *Healthy Spatial Planning* has two principal project outputs that will be supported through ongoing mainstream activity and public health support. (i) implementation of the LDF Core Strategy and the development of the supporting Development Plan documents will embed health objectives including establishing a robust evidence base to support action against unhealthy uses being concentrated inappropriately, such as A5 hot food takeaways, (ii) guidance developed on assessing health impacts of estate refurbishment work will be shared through the Tower Hamlets Housing Forum and rolled out to partner RSLs as widely as possible. *Active Travel Routes* – future investment programmes to improve cycling and walking routes will be principally funded through the TFL Local Improvement Programme (LIP) including the volunteer rangers project. *Parks and Open Spaces* – the additional outreach work supported through the project is not possible to continue as mainstream resources are under pressure in this service area. It is intended to place the emphasis on capacity-building volunteers, Friends of ... groups and community organisations in order to promote the healthy uses of parks and to reach out to non-user groups. Some park events targeted at these groups may be continued through the Park Rangers service (however this service's future direction is subject to change as it is included in the borough's localisation initiative). *Active Play* – the active play work with schools has been very successful and it is intended to embed the play element within generic roles in the Extended Services Team to take the play offer forward from 2011. *Swimming for Women and Girls* – the free offer of women only swimming sessions which has been very well taken up will not continue beyond March 2011 but it is hoped to offer through GLL an equivalent number of women only sessions at a modest level of charge that will not deter the women from low income and harder to engage groups that have participated in the free sessions. The borough's Aquatics Strategy (in development) will also place emphasis on developing stronger swimming skills and abilities. *Influencing Healthy Food Choices* – the Healthy Food Awards require additional funding equivalent to one manager level post and this cost cannot currently be absorbed through the Environmental Health service. Additional funding is being sought through external funding bids currently. The Buy Well scheme which delivers more fruit and veg in convenience stores will be supported with limited HWHL funds in 2011-12 to become leaner and far more cost effective with the aim of creating a sustainable social enterprise model capable of raising external funding and ultimately becoming self-supporting.
- 6.2 **Healthy Organisations** – the *Active Travel in Organisations* project delivers a range of destination travel planning and active travel training sessions in a

range of settings including schools, workplaces and faith groups. The sustainability plan for the work centres on funding through the LIP programme for 2011-14. The Active Travel Officer post which is seen as critical to the successful delivery of the active travel projects will need to be funded separately through other funding.

Healthy Schools and Colleges supports additional project work in schools working closely in partnership with the Healthy Lives Team (Extended Services). Funds will not specifically be available for this after March but matched funded projects such as Pupil Led Projects and Healthy Lives Team will continue until the end of the school year.

Healthy Workplaces – the Healthy Workplace Accreditation Scheme project will finish in March 2011 and it is not intended to continue the HWHL funding into next year as it is felt that the current project although a valuable learning pilot scheme is not the most effective way to reach the priority target groups. Other elements of the Healthy Workplace project may be continued by individual employers.

Healthy Early Years – the Healthy Early Years Accreditation Scheme may need additional funding support into 2011-12 in order to secure the target of 24 settings achieving the accreditation; re-prioritised HWHL funding may support this (see below). The Breast Feeding Welcome Accreditation Scheme has progressed well and will become part of the work of the Breastfeeding Co-ordinators in future. The Participatory Appraisal scheme for parents is being proposed for a small element of funding continuation in 2011-12 through HWHL and needs a longer term plan to ensure sustainability.

- 6.3 **Healthy Communities** – the programme's *Community Engagement* project is inevitably time limited and the sustainability of the work will come through influencing future approaches to community engagement e.g. the Council's Citizens' Engagement Strategy.

The *Community Led* projects have delivered a significant volume of engagement in a short period but the short timeframe has been clear throughout. The Programme has invested in resources to enable the third sector groups to identify possible future funding sources and capacity building to assist the groups in accessing funding. As the small scale Can Do grants have emerged as an innovative way to secure community buy in and increase behavioural change there are particular efforts to see if funding can be accessed to keep this element of the community led programme going forward. This may be delivered through a combination of limited HWHL funding together with external funding through grant applications.

The successful *Healthy Families* project is delivered through the Parent Support Services Team and parental support work is now being to schools offered on a commissioned basis. The healthy family element will be embedded as a part of this offer.

Of the various *Active Travel in the Community* projects, some such as the Community Travel Planning project on the Ocean Estate will end before March. LIP funding has been applied for for All Ability Cycling and Adult Cycle Training, Cycling on Referral and travel maps.

Healthy Borough *Marketing and Communications* work will end by March and further campaign work will be supported through the generic Comms teams in LBTH and the NHS.

7 SHARING AND EMBEDDING LEARNING FROM THE PROGRAMME

- 7.1 The programme is generating an abundance of learning points at project level and at a broader and more strategic level. This is being captured through the range of evaluations as well as project reports and case studies. We will pull all of this

together by the end of the programme and disseminate this widely in Tower Hamlets and the East London sector. The plan is to deliver a Final Programme report by June 2011 that brings together all of this.

- 7.2 We have been commissioned by London regional public health to provide a programme to share the learning from the programme with colleagues across London in the context of the transition of public health functions into local authorities by 2013. This will consist of workshops, electronic learning tools and inputs into existing pan London health networks.

8 RISK FACTORS

- 8.1 Healthy Borough funding ends on 31st March 2011. The Partnership intends to sustain the work started through the programme wherever possible however the extreme and unprecedented position in respect to public sector finances clearly represents a significant threat to the sustainability of the work in respect both to reductions or removal of any continuing funding streams that might have helped to support ongoing work and the ability to mainstream activity through service core budgets. For example continuation of the Active Travel work is almost 100% reliant on LIP funding from TFL and therefore vulnerable to any change in the position re LIP. Mainstream budgets are under intense pressure and their ability to support fresh activity is very limited. There are also “unintended consequence” type risks inherent in the situation, for example raising additional revenues through increasing charges for users of swimming pools and leisure centres will inevitably set back the levels of increased physical activity by the key target groups such as BME women that have been secured through e.g. the Swimming for Women and Girls project.

9 KEY STEPS OVER THE NEXT FOUR MONTHS

- 9.1 The Healthy Borough Programme Board held a workshop session on 29th November to agree the essential actions that need to be taken over the next four months in order to maximise sustainability and strategic impact from the Programme. The final Programme Board meeting will take place on 23 March 2011. On the 17th February it is intended to hold a learning workshop to share the learning with Tower Hamlets colleagues.
- 9.2 A Community Engagement Learning Event was delivered on 4th December to a primarily third sector audience. Celebration events are planned for the end of the Community Led Projects programme. The final evaluation reports on the community engagement work and community led projects will be available by the end of January.
- 9.3 Under the sustainability plan for the Healthy Borough work the Healthy Weight, Healthy Lives Steering Group will be reinstigated from April 2011. We will consult appropriately about how this fits with new structures e.g. the Health and Wellbeing Board.
- 9.4 The future of the Healthy Borough “brand” needs also to be considered, along with the website. As there has been a considerable investment in it and it is now widely recognised by the public it is recommended that beyond March 2011 the HB brand is adopted as the health improvement branding for Tower Hamlets. This fits well with the government’s attention signalled in the recent Public Health White paper to broaden out the Change4Life movement into a broader health improvement branding

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Project Name	Description
Healthy Environments	
1 Green Grid	Develop a comprehensive strategic plan including a business and marketing plan, for a 'Green Grid' which will create a network of high-quality walking and cycling routes through the borough to increase access to parks and open spaces in Tower Hamlets and increase active travel opportunities with the ultimate goals of maximising opportunities for improving quality of life and making the borough a healthier place to live in.
2 Healthy Spatial Planning	Maximise the health benefits and minimise the adverse health effects of urban development in Tower Hamlets through embedding health and wellbeing objectives the LLDF Core Strategy and related planning documents. Pilot the use of Health Impact assessments. Seminars and workshops with planning officers to raise the level of health awareness in the working culture of planning teams.
3 Active Travel Routes	Provide better walking and cycling routes to make it easier for local people to be physically active in their daily lives. 5 elements: 1) Improve Walking & Cycle routes – inc 20 Km of new or improved cycle routes 2) Meath Bridge - a new pedestrian and cycle bridge over the Regents Canal in Mile End Park; 3) Cycle Route Implementation Stakeholder Plan (CRISP); 4) Cycle Rangers; 5) Review effectiveness of 20 mph zones
4 Parks and Open Spaces	Work with BME communities to promote greater use of parks and participation in activities which promote physical activity for BME communities and other local park users. The project employs 2 Parks Outreach Workers for two years who will work with resident groups and schools to promote use of local parks and open spaces services, including facilitate local events to increase activity in parks.
5 Active Play	Ensure greater access to and participation in active play, building upon Tower Hamlet's Play Pathfinder project by engaging with schools, children/young people and their families. The project has two parts 1) Active Play (5-13) provided by PATH and 2) two Community Play Coordinators working with schools and play providers to raise awareness of importance of active play opportunities for children and young people and potential contribution to physical activity targets.
6 Women and Girls Swimming Programme	Provide opportunities for women and girls, including Muslim women and girls, to access swimming opportunities and to create an environment to encourage their further participation in leisure activities. This project offers 12 women/girls only swimming sessions over 18 hours per week at 4 main Tower Hamlets leisure pools.
7 Healthy Food Outlets	Improve the provision of healthy food options across the borough through: 1) Healthy Food Awards Scheme for food outlets; 2) Integration of advice on improving healthy food options as part of routine Environmental health officer inspection visits; 3) support on developing healthier choices for food outlets 4) Healthy Corner Stores - introducing fruit and vegetable in corner shops, 5) work with Healthy Spatial Planning on regulation of new fast food outlets
Healthy Organisations	

8 Active Travel Plans	Increase walking and cycling levels in schools, public, private and third sector organisations through a range of strategies to improve health, mobility and generate modal shift through increased physical activity in travel activities. 6 elements: 1) Marketing; 2) Travel Plans for PCT, LA and others; 3) Destination-based travel plans; 4) Walking and cycling training; 5) Active Travel Officer Post and support across both the PCT and Local Authority and 6) 'Bike It' project in schools
9 Active Lives and Healthy Food in Schools and Colleges	To use schools and colleges as settings in which to promote healthy diets, healthy food choices and physical activity (PA) utilising a 'whole systems' approach' to increasing healthy eating and physical activity in schools and colleges.
10 Active Lives and Healthy Food in Workplaces	To use workplaces as settings in which to promote healthy diets, healthy food choices and physical activity, utilising a 'whole systems' approach' to increasing healthy eating and physical activity Tower Hamlets workplaces.
11 Active Lives and Healthy Food in Early Years	To use early years settings to promote healthy diets, healthy food choices and physical activity, utilising a 'whole systems' approach' to increasing healthy eating and physical activity amongst children and families in Tower Hamlets.
Healthy Communities	
12 Community Engagement	Implement a strategy on community engagement for the whole programme that ensures that community engagement is embedded in all projects. Work with three projects to model best practice. Run focus groups with diverse communities to find out how and if the Healthy Borough Programme is reaching all communities and is making a difference
13 Community Led Projects	Funding to stimulate initiatives led by local people and community and voluntary organisations to develop initiatives to promote healthy eating and physical activity particularly where they address cultural, social barriers and environmental barriers.
14 Healthy Families	Support parents to make their home and family lives into places where children have plenty of opportunities for healthy eating and physical activity by embedding healthy eating and physical activity interventions into the many parenting initiatives in Tower Hamlets in Children's Centres, Schools and the voluntary sector.
15 Active Travel in the Community	Increase walking and cycling levels in targeted community groups, including: 1) Ocean's Eleven (cycling for BME women); 2) Cycling and Walking on Prescription; 3) Personalised Travel Planning programme 4) cycling and public transport for those with learning and mobility impairments and 5) Active Travel Maps for everyone.
16 Social Marketing & Communications	Promote the Healthy Borough Programme, the opportunities it provides and appropriate social marketing messages around healthy eating and physical activity. Provide guidance to PCT and LA communications teams and projects on communication and marketing.

