



OVERVIEW AND SCRUTINY COMMITTEE

**MONDAY 28 JANUARY 2008
7.30 PM**

COMMITTEE AGENDA

**COMMITTEE ROOM 5
HARROW CIVIC CENTRE**

MEMBERSHIP (Quorum 4)

Chairman: Councillor Stanley Sheinwald

Councillors:

**Manji Kara
Barry Macleod-Cullinane
Mrs Vina Mithani
Anthony Seymour
Dinesh Solanki
Yogesh Teli
Mark Versallion**

**Mrs Margaret Davine
B E Gate
Mitzi Green (VC)
Jerry Miles**

Representatives of Voluntary Aided Sector: Mrs J Rammelt/Reverend P Reece

Representatives of Parent Governors: Mrs Despo Speel/Mr Ramji Chauhan

(Note: Where there is a matter relating to the Council's education functions, the "church" and parent governor representatives have attendance, speaking and voting rights. They are entitled to speak but not vote on any other matter.)

Reserve Members:

- | | |
|---------------------------|--------------------|
| 1. Robert Benson | 1. Bill Stephenson |
| 2. Ashok Kulkarni | 2. Phillip O'Dell |
| 3. Mrs Kinnear | 3. Navin Shah |
| 4. Mrs Lurline Champagnie | 4. Mrs Rekha Shah |
| 5. Mrs Myra Michael | |
| 6. Jeremy Zeid | |
| 7. Don Billson | |
| 8. - | |

**Issued by the Democratic Services Section,
Legal and Governance Services Department**

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HARROW COUNCIL

OVERVIEW AND SCRUTINY COMMITTEE

MONDAY 28 JANUARY 2008

AGENDA - PART I

1. **Attendance by Reserve Members:**

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. **Declarations of Interest:**

To receive declarations of personal or prejudicial interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Committee, Sub Committee, Panel or Forum;
- (b) all other Members present in any part of the room or chamber.

3. **Arrangement of Agenda:**

To consider whether any of the items listed on the agenda should be considered with the press and public excluded on the grounds that it is thought likely, in view of the nature of the business to be transacted, that there would be disclosure of confidential information in breach of an obligation of confidence or of exempt information as defined in Part 1 of Schedule 12A to the Local Government Act 1972.

4. **Minutes:**

(a) **Minutes of the Meeting held on 13 November 2007:**

That the minutes of the Overview and Scrutiny Committee meeting held on 13 November 2007 were confirmed at the special meeting of the Overview and Scrutiny Committee meeting held on 11 December 2007. However, a factual correction is required to Minute 206 (Declarations of Interest) and the Committee is asked to reaffirm the minutes subject to the following:-

Min 206, Agenda item 12 – Scrutiny Work Programme

To delete the words 'and the Neighbourhood Housing Trust' from paragraph (ii).

[Note: The 13 November 2007 minutes are published on the Council's intranet].

- (b) Minutes of the Special Meeting held on 11 December 2007: (Pages 1 - 6)
That the minutes of the special meeting held on 11 December 2007 be taken as read and signed as a correct record.

5. **Public Questions:**
To receive questions (if any) from local residents/organisations under the provisions of Overview and Scrutiny Procedure Rule 8.
6. **Petitions:**
To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Overview and Scrutiny Procedure Rule 9.
7. **Deputations:**
To receive deputations (if any) under the provisions of Overview and Scrutiny Procedure Rule 10.
8. **References from Council/Cabinet:**
(if any).
9. **Report from Scrutiny Policy and Performance Lead Members' Quarterly Briefings:** (Pages 7 - 20)
Report of the Interim Divisional Director of Strategy and Improvement
10. **Healthcare for London: Consulting the Capital - Local Consultation Process:** (Pages 21 - 22)
Report of the Primary Care Trust
11. **Final Report on CSCI Annual review:** (Pages 23 - 40)
Report of the Interim Corporate Director of Adults and Housing
12. **Scrutiny Review of Obesity in Harrow - Final Report of the Obesity Review Group:** (Pages 41 - 90)
Report of Interim Divisional Director of Strategy and Improvement
13. **Scrutiny Review of Partnership with Accord MP:** (Pages 91 - 154)
Report of the Corporate Director of Strategy and Business Support
14. **Any Other Business:**
Which the Chairman has decided is urgent and cannot otherwise be dealt with.

AGENDA - PART II - Nil

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REPORT OF OVERVIEW AND SCRUTINY COMMITTEE

SPECIAL MEETING HELD ON 11 DECEMBER 2007

Chairman:	* Councillor Stanley Sheinwald	
Councillors:	* Mrs Margaret Davine * B E Gate * Mitzi Green * Ashok Kulkarni (2) * Barry Macleod-Cullinane * Anthony Seymour	* Dinesh Solanki * Bill Stephenson (1) * Yogesh Teli * Mark Versallion * Jeremy Zeid (6)
Voting	(Voluntary Aided)	(Parent Governors)
Co-opted:	† Mrs J Rammelt † Reverend P Reece	* Mr R Chauhan * Mrs D Speel

* Denotes Member present
(1), (2) and (6) Denote category of Reserve Members
† Denotes apologies received

[Note: Councillor David Ashton, having been invited to the meeting in his capacity as the Deputy Leader of the Council, also attended this meeting to speak on the item indicated at Minute 247 below].

PART I - RECOMMENDATIONS - NIL

PART II - MINUTES

241. **Membership of Overview and Scrutiny Committee:**
The Chairman advised the Committee of the change in the membership of the Overview and Scrutiny Committee, as set out in the supplemental front sheet circulated at the meeting. He stated that Councillor Mrs Vina Mithani had been appointed as an Ordinary Member of the Committee and as the Policy Lead Member for Adult Health and Social Care.

242. **Attendance by Reserve Members:**

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Members:-

Ordinary Member

Councillor Manji Kara
Councillor Jerry Miles
Councillor Mrs Vina Mithani

Reserve Member

Councillor Jeremy Zeid
Councillor Bill Stephenson
Councillor Ashok Kulkarni

243. **Declarations of Interest:**

RESOLVED: To note that the following interests were declared:

Agenda Item 6(a) – Year Ahead Statement 2008/09

- (i) Section 2 – Redevelop the Town Centre

Councillor Anthony Seymour declared a personal interest in that, as Chairman of the Call-in Sub-Committee, he had chaired a meeting on 29 November 2007 where the Call-in had related to the Town Centre. Councillors Stanley Sheinwald and Jeremy Zeid declared a personal interest as they had served as Members on that body. Councillor Bill Stephenson declared a personal interest as he had been one of the signatories to the Call-in. Councillor David Ashton declared a personal interest on the basis that he had appeared at the Call-In Sub-Committee to give evidence.

Councillor Dinesh Solanki declared a personal interest in that he lived in Harrow Weald.

They would all remain in the room to ask questions, respond to questions and listen to the responses given.

During the course of the meeting, Councillor Mrs Kinnear, who was not a Member of the Committee, declared a personal interest in that she lived and owned a property in the Town Centre. She would remain in the room to listen to responses given.

During the course of the meeting, Councillor Susan Hall, who was not a Member of the Committee, left the room during the discussion relating to the Wealdstone Town Centre.

- (ii) Sections 3/4 – Improve the well-being of adults and children and the care of those who need our help most/ Extend community use of schools while making education in Harrow even better

Councillor Mitzi Green declared a personal interest in that her son received care from the Council.

Councillor Mrs Margaret Davine declared a personal interest in that her mother received social care from the Council.

The majority of Members of the Committee and Councillor Mrs Kinnear, who was not a Member of the Committee, declared personal interests in that they were governors of various schools in Harrow.

Councillor Barry Macleod-Cullinane declared a personal interest in that his sister taught at a school in Harrow. During the course of the meeting, he also declared a personal interest in that he was employed by London Councils Limited and stated that this had been registered in the Members Register of Interest Forms held by the Council.

They would all remain in the room to ask questions and listen to the responses given.

244. **Arrangement of Agenda:**

RESOLVED: That all items be considered with the press and public present.

245. **Minutes:**

- (a) Minutes of the meeting held on 13 November 2007

RESOLVED: That (1) the minutes of the meeting held on 13 November 2007 be taken as read and the Chairman be authorised to sign them as a correct record when published in the Council Bound Minute Volume;

(2) the query relating to the legal basis of the decision taken by Council in relation to the pan-London Joint Overview and Scrutiny Committee, referred to in the 'Note' relating to Minute 209, be actioned prior to the next meeting of the Committee.

- (b) Minutes of the meeting held on 20 November 2007

RESOLVED: That (1) subject to (i) below, the minutes of the meeting held on 20 November 2007 be taken as read and the Chairman be authorised to sign them as a correct record when published in the Council Bound Minute Volume:

- (i) Minute 237 – Strategic Approach to School Organisation – to replace the first sentence of paragraph 3 of the preamble with the following:- 'In response to the concerns expressed by a co-opted member that the amalgamation policy had been approved without consultation with stakeholders, the Director mentioned that the matter had been agreed by the Portfolio Holder for Schools and Children's Development. She added that the Council's Amalgamation Policy was amended in light of legislative changes in the Education and Inspections Act 2006 and to give greater clarity to the process to support the change of age of transfer.'

(2) in relation to paragraph 3 of the preamble to Minute 234, the officer be requested to respond to Members before the next meeting of the Committee.

[Note: The amendments in (b)1(i) above, have been the subject of clarification with the Director of Schools and Children's Development, as requested by the Committee at its meeting on 11 December 2007].

246. **Deputations:**

RESOLVED: To note that no deputations were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 10.

247. **Question and Answer Session with the Leader, Deputy Leader and the Chief Executive:**

On behalf of the Committee, the Chairman welcomed the Deputy Leader and the Chief Executive to the meeting. It was noted that the Leader was unwell and had sent his apologies to Members. He would be happy to attend a future meeting of the Committee. Members wished him a speedy recovery.

The Chairman also welcomed the co-opted members to their first question and answer session with the Deputy Leader of the Council and the Chief Executive.

The meeting and questions had been based around the Year Ahead Statement 2008/09 and arranged under the following themes:-

Deliver better environmental services and keep crime low, Redevelop the town centre, Improve the well-being of adults and children and the care of those who most need our help, Extend community use of schools while making education in Harrow even better, Improve the way we work for our residents, Develop communities where people from different backgrounds get on well together and Central government grant/Local lottery.

Before receiving questions, the Deputy Leader thanked Members for the invitation to discuss the Year Ahead Statement 2008/09, a first element of the Council's Corporate Plan.

The Deputy Leader referred to the Council's Vision of being "recognised as one of the best London Councils by 2012 in a borough that was cosmopolitan, confident and cohesive"; a vision which was intended to coincide with the 2012 Olympic games in London. The vision had been driven partly by the Comprehensive Performance Assessment (CPA) review, which had indicated that the Council needed to strengthen its vision and priorities. The Council had accepted that its performance needed improving, and had tasked itself to be the best London Council by 2012. He referred to the new and reduced set of vision statements and the focussed set of corporate priorities, details of which were set out in the Chief Executive's report.

The Committee was informed that the vision statements could only be delivered with the commitment of staff and the Council's partners, notably those that formed the Harrow Strategic Partnership (HSP). The Deputy Leader stated that each of the 6 corporate priorities would link to new flagship actions, each of which would be tangible and measurable, details of which would be submitted to Cabinet at its meeting in January 2008 and to the Overview and Scrutiny Committee in the New Year. The Council's Year Ahead Statement would then be amplified by the flagship actions supported by Service Plans from each of the Directorates and linked to the Council's Corporate Plan and the Budget. Any comments made by the Overview and Scrutiny Committee would be incorporated.

The Chief Executive outlined the non-political issues and obstacles facing the Council, and referred to the following 9 steps that had been put in place to help the Council achieve its vision:-

Vision and Priorities, Structures to reflect the needs and priorities of the organisation, Finance, Investment in staff/Members, Work Life balance, Performance management, Cultural change and Improved communications.

He stated that whilst good progress had been made, a great deal of work needed to be done for the Council to be able to achieve its vision.

Members were invited to put their questions to the Deputy Leader and the Chief Executive under the various themes set out below. Members of the Overview and Scrutiny Committee also asked supplemental questions, which were duly answered.

Section 1 - Deliver better environmental services and keep crime low

In response to questions about landfill costs, dedicated policing in the Town Centre, traffic congestion, the MORI survey results and street cleansing, the Deputy Leader and the Chief Executive stated that:-

- Issues around landfill costs had been raised through the West London Waste Authority (WLWA), as there was a risk of various Councils, including Harrow, picking up additional tax of those boroughs that had less efficient recycling rates. The current situation appeared to penalise efficient boroughs. This issue could have a detrimental effect on existing good relationships between boroughs.
- The Borough Commander for Harrow had put forward a concept of a dedicated Town Centre policing unit, which would cost of £250,000. With the Council's challenging financial situation, the concept was not feasible. It would also imply that the Council Tax payers would be paying twice for the local police services given that policing was funded from the Greater London Authority (GLA) precept. The Deputy Leader undertook to respond in writing to all Members of the Committee on the plans by the Police to move from South Harrow to Central Harrow.
- It was perceived that traffic congestion in Harrow was getting worse in comparison with other boroughs. Statistics produced by the Transport for London (TfL) suggested that Harrow had the 4th lowest level of traffic congestion in London. Various traffic measures were in the pipeline to improve the situation, such as the Petts Hill Bridge project. Quarterly meetings were held with the relevant authorities to discuss this issue. The situation was influenced largely by factors outside the control of the Council. It was intended to improve traffic congestion in Wealdstone by opening the High Street. The government's parking policy, the Mayor of London's requirement to build extra 4,000 homes in Harrow, various planning proposals, some of which had been refused by the Council but approved by the Planning Inspector on appeal, and the Mayor's London Plan would all contribute to increased traffic congestion in Harrow. The Deputy Leader agreed to respond, in writing, to the question on how the Council was promoting the removal of aspects at junctions. He agreed with a Member that the 24hr CCTV, which helped cut down crime in Harrow, ought also to be used to enforce bus lanes and other traffic infringements. Revenue raised could however only be directed to traffic initiatives.
- The Chief Executive was of the view that the traffic congestion was an issue for all individuals to consider, including their contribution to it. It was important for the Council to lead by example with its Partners.
- In terms of policing arrangements in the Town Centre, and the comment from a Member that he supported the use of public funds to address the challenge of increased crime in the Town Centre, the Deputy Leader stated that he welcomed the introduction of a police cabin in the Town Centre that would be staffed by local police officers and the British Transport Police. The Deputy Leader undertook to respond to the query on whether the Fire Service had been consulted on proposed developments in Harrow Town Centre, as it had not been able to meet their targets in terms of attending the problems in there.
- Harrow had the lowest customer satisfaction level in London and measures had been put in place to address the issue. Better communication would help improve perception together with improvements to Access Harrow and the One Stop Shop. Improvements to the public realm maintenance had been included in the draft Budget for 2008/09. The Deputy Leader was of the view that the budget for street cleaning had been reduced to an unacceptable level but that this was driven by the challenging financial position faced by the authority. He stated that the Council would be investigating why its costs for street cleaning were considerably higher than those of its neighbours.
- Only time would tell of the return received on the proposed regeneration of Wealdstone town centre by opening Wealdstone High Street to traffic. The opening may attract new shops but it was impossible to put a value on the return.

Section 2 - Redevelop the Town Centre

In response to questions about the proposed redevelopment of the Town Centre, existing business space there and business flight, and parking charges, the Chief Executive and the Deputy Leader stated that:-

- The redevelopment of the Town Centre, which was looking 'tired', was a key ingredient in Harrow achieving its vision, particularly when neighbouring

shopping centres were adding to their existing investments. The vision for the Town Centre would need to be articulated by the Council, its residents and businesses. The Chief Executive added that it was important that the Council talked to its residents on their aspirations for the Town Centre and what would make them shop and spend time there. Mixed-use development would be the ideal option and he cited the example of Walton Town Centre in Surrey, which he had previously spearheaded, where an inclusive approach to the development had been a success.

- The issue of business flight from Harrow was not considered to be acute when compared with other boroughs. The issue could be addressed and a successful Town Centre that had a mixture of uses – business/retail/residential – would help resolve the problem.
- In addition, the Town Centre should be seen as a safe and clean area and investments in these areas were also important along with its design. The administration was meeting with local businesses with a view to working together and defining expectations.
- Income from parking had reduced but it was unclear whether a reduction in parking charges would result in an increase in income. The administration was looking at the different rates of parking charges that currently existed in Harrow.
- Only time would tell of the return received on the proposed regeneration of Wealdstone town centre by opening Wealdstone High Street to traffic. The opening would provide greater buying power and may attract new shops but it was impossible to put a value on the return.

Sections 3/4 - Improve the well-being of adults and children and the care of those who most need our help/Extend community use of schools while making education in Harrow even better

In response to questions, the Deputy Leader briefed Members on the challenges facing the Council in the provision of care and the probable impact of new legislation and the risks of new costs. It was intended to use the grants received flexibly as the Comprehensive Spending review (CSR) settlement was unlikely to meet these costs.

With regard to benchmarking costs against other authorities, he urged caution on this issue. In some cases costs were driven by local factors such as the level of need. With regard to home care, some of the existing contracts had been renegotiated to drive down costs. Procurement was a challenging because of TUPE requirements affecting some former Council staff, as old providers were not required to provide information on costs until fairly late in the process.

The Chief Executive outlined the actions being taken in regard to value for money and performance and that officers were being asked to prepare actions plans to mitigate the problems ahead. The Council would also work with the West London Alliance with a view to cutting down costs.

In response to a suggestion from a Member about new ways of providing services such as the patient transport service currently provided by London Ambulance, the Deputy Leader stated that the Council was working closely with the Harrow PCT on such issues. He was also looking into why Harrow had the highest infant mortality rate in London.

Responding to a question from another Member about how the Council would reduce the gap in the confidence of those who used its services, the Deputy Leader stated that this issue was related to the outcome on the judicial review on Fair Access to Care Services (FACS). He expressed concern about self-directive care and the need to support vulnerable service users in taking advantage of these new approaches. He spoke highly of Telecare, and urged Members to visit the Milman's Centre for a demonstration on its use.

The Deputy Leader also clarified that cost was not the sole concern when contracts were negotiated.

Section 5 - Improve the way we work for our residents

The Chief Executive responded to questions from Members in this regard and the request that training, particularly for Middle Managers, ought to be brought forward to

allow the Council achieve a cultural change in the organisation and a 'can do' culture. He outlined the 'traditional' and hierarchal nature of the organisation, which needed changing whereby it would release capacity and move away from the blame culture. He acknowledged that the culture of the organisation would be difficult to change as the organisation appeared to have been 'bruised'. He outlined his ambitions for the Council and how he intended to build on the foundations laid down.

Both the Chief Executive and the Deputy Leader spoke about the need to change behaviour, culture and system support. They referred to the recent meetings with staff, which had shown the frustrations of some junior staff who felt that their ideas/suggestions were being blocked. The Chief Executive re-iterated his 9-point plan, which he hoped would help release potential that existed in the organisation.

In terms of whether the Council had the capacity, time and resources to make inroads, the Chief Executive and the Deputy Leader informed Members that the limited project management ability within the organisation had been recognised and costs of engaging experts had been built-in for new projects. Training in basic project management skills would be provided. The Council would ensure that resources were used in the most effective way and that employees were aware of the organisation's direction. Effective use of existing resources and providing staff with essential tools would help increase capacity within the organisation. New staff would be inducted in the organisation's vision. It was important that all staff felt that they were involved, developed and that their contributions acknowledged. Succession planning was important. The experience, expertise and potential of Middle Managers needed nurturing. It was essential that the relationship between officers and Members was one of mutual respect.

Additionally, Members would also be provided with development programme to support Members in dealing with the new challenges of managing a complex organisation. The programme would be practical, reflective, enhancing and would be supplemented by development work.

Section 6 - Develop communities where people from different backgrounds get on well together

In response to cross-party concern that the Local Area Agreement (LAA) indicator of people from different backgrounds reporting that they got on well together was moving away from the target and whether the MORI survey was the correct way to measure the volunteering aspects, the Deputy Leader acknowledged that the result was a surprise bearing in mind that Harrow did not suffer from community tensions that other boroughs faced. It was noted that officers were looking at ways of improving the performance against this target, perhaps by face-to-face interviewing. The definition of volunteers was somewhat odd. All these issues had to be taken into the context of targets driven government.

Other Issues - Central Government Grant and Local Lottery

The Deputy Leader responded to questions on central government grant and confirmed that the cross-party campaign highlighting the poor settlement received by Harrow would continue and that support had been received from one of the two local MPs. He informed Members that the legal advice was that the Council could set up its own local lottery but that it could be used for capital projects only, such as heritage. A Member indicated his support for such an initiative.

Conclusion

The Chairman thanked the Deputy Leader and the Chief Executive for their attendance and responses. The Deputy Leader thanked Members for their fair questions.

(Note: The meeting, having commenced at 7.34 pm, closed at 9.57 pm).

(Signed) COUNCILLOR STANLEY SHEINWALD
Chairman



Meeting:	Overview and Scrutiny Committee
Date:	28 January 2008
Subject:	Report from the scrutiny policy and performance lead members' quarterly briefings
Key Decision: (Executive-side only)	N/A
Responsible Officer:	Tom Whiting, Divisional Director Strategy and Improvement
Portfolio Holder:	
Exempt:	N/A
Enclosures:	None

Section 1 – Summary and Recommendations

This report sets out the items that have been considered by the scrutiny policy and performance leads at their quarterly briefings between October and December 2008. It details the recommendations they would like the committee to consider with regard to further action or escalation.

As part of the reconfiguration of scrutiny it was agreed that the deliberations of the scrutiny lead members would be reported to the Overview and Scrutiny Committee. This report fulfils this requirement, thus ensuring that activities and recommendations for further action are publicly reported and endorsed by the Committee.

Recommendations:

Councillors are recommended to:

- i To note the reports from the scrutiny policy and performance leads and endorse recommendations where necessary.

Section 2 – Report

Background

This report records the outcomes of quarterly briefings of scrutiny lead policy and performance councillors and seeks the endorsement of committee of the action proposed. The report is divided into 5 sections and individual reports are included from each policy and performance lead team:

- Adult Health and Social Care
- Children and Young People
- Corporate Effectiveness and Finance
- Safer and Stronger Communities
- Sustainable Development and Enterprise

Current situation

Not appropriate to this report.

Why a change is needed

Not appropriate to this report.

Main options

Not appropriate to this report.

Other options considered

Not appropriate to this report.

Recommendation:

To note the reports from the scrutiny policy and performance leads and endorse recommendations where necessary.

Considerations

Resources, costs and risks

Any costs associated with these recommendations will be met from within existing resources. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific implications of these projects will be considered during the scoping process.

Staffing/workforce

There are no staffing or workforce considerations specific to this report. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific staffing implications of these projects will be considered during the scoping process.

Equalities impact

There are no specific equalities implications in this report. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific equalities implications of these projects will be considered during the scoping process.

Community safety (s17 Crime & Disorder Act 1998)

There are no specific equalities implications in this report. Where specific projects are escalated for more detailed consideration in the scrutiny process,

specific community safety implications of these projects will be considered during the scoping process.

Legal Implications

There are no legal implications associated with this report.

Financial Implications

There are no financial implications associated with this report.

Performance Issues

Current KPI's and Likely impact of decision on KPI's

Scrutiny performance management issues

Recommendations matrix attached as appropriate

Section 3 - Statutory Officer Clearance

Name: Sheela Thakrar	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 15 January 2008		
Name: Jill Travers	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 15 January 2008		

Section 4 - Contact Details and Background Papers

Contact: Lynne McAdam, Service Manager Scrutiny
020 8420 9387

Background Papers: N/A

If appropriate, does the report include the following considerations?

1.	Consultation	N/A
2.	Corporate Priorities	YES

APPENDIX 1

REPORTS FROM THE SCRUTINY POLICY AND PERFORMANCE LEADS QUARTERLY BRIEFINGS FROM OCTOBER – TO DECEMBER 2007

Adult Health and Social Care

Councillor Vina Mithani has now been appointed the Policy Lead for Adult Health and Social Care. As this role has been vacant until recently, a formal quarterly briefing for Leads has not been held. In the meantime, a number of issues have been progressed and discussed informally by the Leads:

'Healthcare for London: A Framework for Action' ('Darzi Review')

a) Joint Overview and Scrutiny Committee (JOSC): A pan-London JOSC has been established to scrutinise the implications of the broad principles contained in the Darzi Review and the public consultation process by NHS London on these. This JOSC has met on three occasions to date and Councillor Mithani has represented Harrow at these meetings. The JOSC intends to complete its work by May 2008 and the next meeting is on 18 January.

b) Local consultation: Harrow PCT is leading the local consultation on Darzi's broad models of care and PCT colleagues will be bringing this to Overview and Scrutiny Committee on 28 January.

c) Scrutiny working group: O&S has set up a working group to support its member on the pan-London JOSC. This group has met on a couple of occasions and agreed the following terms of reference (based on the JOSC terms of reference and local needs):

- Consider the proposals for change as set out in the PCT consultation document Healthcare for London: A Framework for London.
- Consider whether the Healthcare for London proposals are in the interests of the health of local people and will deliver better healthcare for Harrow residents.
- Consider the PCT consultation arrangements and whether this is inclusive and comprehensive for local people.
- Develop a Harrow perspective on the Healthcare for London proposals and consultation process and their impact on Harrow residents.
- To support Harrow's representative on the JOSC in feeding in Harrow's experiences, needs and concerns into JOSC deliberations.

The group has also suggested that it leads discussions on Darzi with key stakeholders (PCT, Corporate Director of Adults, Portfolio Holder) at the O&S meeting on 28 January.

Local Involvement Networks

Local progress to procure a host organisation to develop Harrow's Local Involvement Network is ongoing. A preliminary meeting with stakeholders took place in December and an officer project group has been established to progress this project.

Obesity Review

The final report of the Obesity Review Group will be presented to O&S on 28 January.

Future briefings

A briefing for the Leads is being arranged for early in the new year. All scrutiny members are invited to a subject-specific briefing on health issues (led by PCT colleagues) on 4 February, as part of the Scrutiny Member Development Programme.

Children and Young People

Leads meetings were held on Tuesday 4 December (with Heather Smith, Scrutiny Officer) and Tuesday 18 December (with Paul Clark, Corporate Director).

Brent Birth Centre

The Lead Members support without reservation the Option 4 proposal outlined in the consultation paper on the future of the Birthing Centre, for reasons of (1) improved patient care through relocating the midwife-led birthing unit in Northwick Park's maternity unit, thereby increasing access to an obstetrics unit, (2) realising over £300,000 in savings per annum, and (3) increasing use of these services and reducing average cost per delivery.

However, the Lead Members did note that the relocation of the Brent Birthing Centre contradicted the approach to maternity and childbirth advocated by the Darzi Report and believe that Harrow's experience should be used to inform the Joint Overview & Scrutiny Committee's work on Darzi.

Recommendation:

- That the Overview and Scrutiny Committee endorse the Lead Members' draft response letter (Appendix Two) and that the letter be sent by the Leads on behalf of the Committee as a response to the Birthing Centre consultation.
- That the Darzi working group use the Birthing Centre as a case study in its future work.
- That the letter, along with any further notes from the Darzi working group, be submitted to the JOSC as part of its work on evaluating Darzi's proposals.

Building Schools for the Future

Recommendation:

- That Leads monitor progress.

Care Matters and Children and Young Person's Bill

The Leads received briefings from the Corporate Director on progress so far alongside a paper on initial proposals for the challenge panel from the Scrutiny Officer.

Recommendation:

That the scope for the challenge panel be developed by the Leads and submitted to O&S on 12 February.

Children's centres

Harrow has been set a target of developing 7 more children's centres between 2008-2011. The suggested number of centres for phase 3 is based on DCSF calculations on the remaining under 5s left to reach. In Harrow this is approximately 5,500 children aged birth to five.

Recommendation:

That Leads monitor progress in the context of the future of schools review.

ContactPoint

Members were provided with a written description on the Common Assessment Framework (CAF), ContactPoint & Integrated Children's System (ICS).

Recommendation:

- That Leads monitor progress and seek further information on the cost and service implications of ContactPoint for the council, including risks, implementation issues, data protection concerns and so on

Staying safe and children at risk of exclusion

A formal update on this area is scheduled for O&S on 12 February.

Other information

Lead Members also requested populated copies of the organisational structure charts for Children's Services detailing names of officers in each role; to date, these have only been partially provided.

The Leads are hoping to arrange a visit to maternity and paediatric A&E provision at Northwick Park Hospital.

Future meetings:

- Monday 18 February, 6:30pm (with Scrutiny Officer)
- Monday 25 February, 2pm (with Corporate Director)

Corporate Effectiveness and Finance

Leads meeting held on 11 December 2007

Attending: Cllr Stanley Sheinwald (Policy Lead); Cllr Mark Versallion (Performance Lead); Lynne McAdam (Service Manager Scrutiny), Jon Turner (Head of Human Resources)

Documents provided: Members' briefing (available from the scrutiny team on request); Human Resources and Development Service Plan

Local Area Agreement

Information on the performance of the current LAA was provided – currently 10 of the 12 targets are on track to achieve 'stretch'. Information was also provided on the change in the arrangements for future LAA

CSR 07

Key issues for local government include:

- 3-year settlements
- area-based grants
- 3% cashable efficiency savings
- much lower increases in public spending

Comprehensive Area Assessments

Significant changes are proposed in the current comprehensive performance assessment regime, which will result in the first holistic assessment of the prospects for local areas (boroughs in our case) and the quality of life of people living in this area. Its key focus will be the performance of local partnerships, and in particular the effectiveness of local strategic partnerships and local area agreements and will assess the performance of councils in leading and shaping the communities they serve.

Councillors' Commission

Information regarding the outcome of the councillors' commission was provided which outlined proposals to encourage a more diverse range of people to stand as councillors.

Human Resources

Issues discussed include:

- Cultural Change
- Management Training
- Member Development
- Well-Being Strategy and Delivery Plan
- Strategic Workforce Planning

The Human Resources and Development Service Plan was used as the basis for discussion of these issues. The importance of early implementation of the training and development proposals incorporated in the service plan and thus a rapid transformation of the organisation was emphasised by the Lead Councillors.

The Lead Councillors will continue to monitor the implementation of the service plan.

They also asked for early feedback on the results of the staff survey which will be undertaken in January 2008.

Safer and stronger communities

Leads' meeting – held on 3 December 2007

Attending: Cllr Seymour (Policy Lead), Cllr Asante (Performance Lead), Ed Hammond (Scrutiny Officer).

Documents provided: Members' briefing, précis of Home Office Crime

Community development

It was thought that the post office closures programme, when announced next spring, might prove contentious locally – it is planned that one fifth of post offices in London will be closed. Any work would build on the previous review conducted by scrutiny into this matter.

Voluntary sector

The plans for a review of the voluntary sector were briefly discussed. The leads considered that the review's scope should concentrate on building capacity within the voluntary sector to allow them to deal with the challenges of increased partnership working that will result from the new LAA proposals to be implemented in 2008.

Crime reduction

The leads considered the implications for the new approach to the scrutiny of CDRPs, and examined the pilot of this kind of work carried out in Rugby. It was considered prudent that any steps taken to further engage partners working in this area would have to link in with existing police structures; as such a process map will be prepared for members explaining how the different bodies in this field link together.

Public realm and liveability

The review of the town centre redevelopment was discussed. More information on the progress of the review will be provided at the next meeting.

Future meetings:

These are provisionally scheduled for:

- 18 March 2008, 7.30pm
- 23 June 2008, 7.30pm

Sustainable development and enterprise

Leads' meeting held on 5 December 2007

Attending: Cllr Miles (Policy Lead), Cllr Solanki (Performance Lead), Ed Hammond (Scrutiny Officer).

Documents provided: Members' briefing, information on town centre redevelopment review

Transport

Members considered a number of issues relating to transport improvements in the borough.

- Street lighting PFI – members requested a list of companies who expressed an interest in this contract.
- Wealdstone High Street reopening
- Petts Hill bridge – members were advised that delays on this project were as a result of Metronet having gone into administration and the consequent effect on their capital programme. It is still anticipated that

the project will be completed by the end of 2008.

- Parking – members asked for further information as to how the success or failure of the Improvement Programme priorities relating to parking are measured. (In fact it now transpires that these priorities have been removed from the CIP).

Members also considered sub-regional issues such as the transfer of Silverlink Metro services to TfL under the London Overground brand.

Housing

Members considered issues relating to the Decent Homes Strategy. Kier have been contracted to deliver the DHS and the issue affects delivery across a number of BVPIs. Members requested more information relating to where responsibility for delivering this project lay. The officer advised that many of these questions would probably be answered at the meeting of P&F on 22 January, when housing was due to be discussed.

Economic development and tourism

Members considered policy issues pertaining to the town centre redevelopment (including the planned scrutiny review) as well as climate change. Sustainability will be an element of the town centre review.

Skills and training

No outstanding issues, although the voluntary sector review may impact upon the provision of training and skills by the voluntary sector.

Strategic planning

Nothing to update since last meeting. Members and officers will continue to monitor the development of the LDF. It is expected that more on this subject will be provided at the next meeting in March.

Redevelopment of Byron Leisure Centre

The scrutiny leads were contacted by Tom Morrison of the Harrow Squash Club. He asked that a scrutiny review be carried out into the council's decision to redevelop the leisure centre, and in particular the decision to reduce the number of squash courts on the site from eight to two. Members will be aware that this is one of a number of issues that has been raised by several community groups into the plans for the site and the request was considered in the light of this wider context. However, given the significant public interest in this issue, it was decided by the leads that a project looking at this issue would not meet the criteria for inclusion in the work programme. Further details are provided in the letter provided to Mr. Morrison, which is attached as Appendix 3.

Future meetings

Future meetings have been scheduled for:

- 12 March 2008, 7pm
- 11 June 2008, 7pm

APPENDIX 2 – The future of the Brent Birth Centre

January 2008

Fiona Wise
Chief Executive
North West London Hospitals NHS Trust
c/o Northwick Park Hospital Communications Department
Brent Birth Centre Consultation
FREEPOST
HA 4413
Watford Road
Harrow
HA1 3BR

Dear Fiona

The future of the Brent Birth Centre – response to public consultation

Thank you for attending the Overview and Scrutiny Committee on 25 September 2007 to talk about the proposals for the Brent Birth Centre.

We are in favour of Option 4 as outlined in the consultation document:

Transfer inpatient (delivery) maternity care to Northwick Park Hospital's Maternity Unit. Create a dedicated midwifery-led unit within Northwick Park Hospital's recently refurbished maternity unit. Provide antenatal services at Central Middlesex Hospital, but not within the Brent Birth Centre

Fundamentally, we believe that Option 4 will strengthen maternity provision for Harrow women by offering a midwifery-led unit in a more accessible location, backed by a full obstetrics unit in case of difficulties – neither of which is the case with the present Brent Birth Unit's location at Central Middlesex Hospital.

Further, Option 4 will also use the NHS' scarce resources more efficiently for both Harrow and Brent. The proposed saving of over £300,000 per year could be put into expanding or improving existing services or towards establishing new services, or to restraining NHS London's overall budget growth.

However, while we believe Option 4 is the best solution for local people, we are concerned with the fit of the proposals with the Darzi Review's Framework for London models of care, also currently out for public consultation.

Option 4 appears to run counter to the Framework's emphasis on localising birthing services, of moving to more mid-wife led units and home births. Indeed, the experience of the Brent Birth Unit to date shows that a more localised approach to child birth fails to deliver better care standards (as patients have to be transferred to an obstetrics unit in emergencies), fails to serve as many people, and is significantly less cost effective than a more centralised approach, with a birthing unit attached to a general hospital.

Option 4 does, however, allow for pre- and post-natal care at Central Middlesex Hospital to continue. This raises the further question as to whether the current structure and setting

APPENDIX 2 – The future of the Brent Birth Centre

for services at Central Middlesex is indeed the most appropriate or whether, in the longer term, even pre- and post-natal care should be moved out of a hospital setting into a community setting.

To reiterate, we are in favour of Option 4 – your preferred option for provision locally – but we are concerned about later strategic fit with regional developments. We hope to explore the impact of regional policy on local provision through Harrow’s contribution to the Joint Overview and Scrutiny Committee and hope to further explore the sub-regional proposals with you in the future as they emerge.

Yours sincerely

Cllr Margaret Davine
Scrutiny policy lead member,
Children and young people

Cllr Barry Macleod-Cullinane
Scrutiny performance lead member,
children and young people

On behalf of the Overview and Scrutiny Committee

cc: Cllr Vina Mithani, Scrutiny policy lead member, adult health and social care
Cllr Rekha Shah, Scrutiny performance lead member, adult health and social care
Cllr Eric Silver, Portfolio Holder, Adults Services, Harrow Council
Paul Najsarek, Corporate Director, Adults Services, Harrow Council
Cllr Chris Leaman, Chairman, Health Select Committee, Brent Council

APPENDIX 3 - Redevelopment of Byron Leisure Centre

11 January 2008

Dear Tony,

Your request for scrutiny to look at the reduction in the number of squash courts at the leisure centre has been passed to Cllr Solanki and myself as the scrutiny councillors with responsibility for sustainable development and enterprise.

There are a number of issues relating to the planned development of the leisure centre at Byron Park. The ones which have generated most public interest and concern are:

1. The reduction in the number of squash courts from eight to two.
2. The removal of the Harrow Skate Park in its current form
3. The demolition of Byron Hall.

Given the nature of the work and the site, any work undertaken by us into this issue would have to examine the proposals for the entire site, looking at all three issues. This is the context in which we have to examine any proposals for a review of this decision.

Any proposals for the undertaking of a scrutiny review have to fulfil a number of criteria, which have been set down by scrutiny councillors themselves. It has been agreed that reviews will only be undertaken when:

1. Where there is poor performance in the service in question
2. Where the area in question requires policy development
3. Where there are concerns about value for money
4. Where the issue is an emerging one arising from a referral from the community, cabinet or another committee
5. Where there is a statutory duty to look at an issue
6. Where long term financial benefit is anticipated
7. Where the issue relates to one of the council's corporate priorities

There is an eighth "overriding" consideration as well – whether the review is likely to deliver change.

Having looked at the criteria, a couple of the seven main criteria are probably met – 2, 3 and 4 in particular. However, the overriding criterion – on whether the review is likely to deliver change – is moot. The plans are at an advanced stage and I think that you are looking for immediate action here. The scrutiny process works best at the early stages of decision-making. Here, detailed plans have already been published and although a piece of work on this subject would serve to act as a focus for community concerns about the leisure centre project, it is not clear whether scrutiny by a formal review, conducted by councillors, would add a great deal to the campaigning work already being done by community or user groups such as yourselves.

It is possible that scrutiny work would also interfere with consultation work being carried out by the council in this area.

Under the circumstances it is probably best for you to contact the department or Portfolio Holder directly, as Ed advised in his earlier e-mail. That said, this is obviously an issue of

APPENDIX 3 - Redevelopment of Byron Leisure Centre

significant local importance and I will be maintaining an interest and naturally reserve the right to investigate the issue further should anything else come to light.

Please let Ed know if you have any queries or require any further information.

Yours sincerely,

Cllr Jerry Miles

Scrutiny Policy Lead, Sustainable Development and Enterprise

Cllr Dinesh Solanki

Scrutiny Performance Lead, Sustainable Development and Enterprise

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Healthcare For London: Consulting the Capital

Local Consultation Process

Background

Healthcare for London: Framework for Action was written by Professor Lord Darzi and published on 11 July 2007 by NHS London. The document takes into account the views of patients, public, staff and partner organisations, and also considers national and local patient and public surveys.

At its Board meeting on 8 August, NHS London agreed to commend Lord Darzi's report to PCTs in London and to ask PCTs, in accordance with section 242 of the NHS Act 2006, to consider formally consulting on the models of care and delivery that the report recommends.

The consultation *Healthcare for London: Consulting the Capital* sets out proposals based on ideas in *Healthcare for London: A Framework for Action*.

The London-wide consultation is about a framework. It is not about any individual service or building. If proposals to change a service are put forward in the future they will be subject to a separate discussion, consultation and scrutiny.

The London-wide consultation will run from 30 November 2007 to 7 March 2008.

Following the consultation, independent analysts Ipsos MORI, will publish a report summarising all views. The report will be made available to consulting Primary Care Trusts (PCTs) to help them plan future services and it will also be published online.

In summer 2008, a committee of PCTs will consider the report and take it into account, with all other relevant information, before making decisions on the issues being consulted upon.

Based on these decisions, each PCT (or group of PCTs) will then develop detailed proposals on services – starting with those that are in most urgent need of improvement. These proposals will be subject to proper discussion, scrutiny and consultation with patients, the public, staff, and anyone with an interest in healthcare in London.

Local Consultation

Harrow PCT have circulated 3000 full consultation and 5,500 summary documents and 100 posters to the following; GPs, Dentists, Pharmacists, Opticians, Voluntary Sector and Community Groups, MPs, Councillors, Libraries, Civic Centre One Stop Shop, Expert Patient Database, Residents Associations, Supermarkets, Churches and Places of Worship.

We have been invited to attend meetings and provided briefings to the following: Harrow PCT Staff Groups, PPI Forum, OSC, GP Forum, PPI Committee, Wheelchair Users Group, POP Panel, Voluntary Sector Forum. We are awaiting confirmation of other meetings.

There is a public Roadshow event planned for Saturday 26th January from 1 - 7pm at the Civic Centre, Harrow.

We have a static display at Alexander Avenue Clinic and we will be displaying another stand at Northwick Park Hospital following the Roadshow.

We have also attended two local supermarkets to give out documents, summaries and provide details of the Roadshow event.

Summary

- **Consultation is on a framework, NOT individual services or buildings**
- **All 31 primary care trusts in London and Surrey PCT are consulting for 3 months**
- **Results will inform recommendations to be made in Summer 2008**
- **Afterwards each PCT (or group of PCTs) will develop detailed proposals on services. These proposals will be subject to discussion, scrutiny and consultation**

**Karen Butler
January 2008**



Committee:	Overview and Scrutiny
Date:	Monday 28 January 2008 7.30 pm
Subject:	INFORMATION REPORT – Final Report on CSCI Annual review
Responsible Officer:	Paul Najsarek, Director of Adults and Housing
Portfolio Holder:	Cllr Eric Silver
Exempt:	No
Enclosures:	CSCI Annual Performance Report

Section 1 – Summary

Attached is the final CSCI performance assessment of Adult Social Care in Harrow for 2006/7. The overall judgement is:

Delivering Outcomes: **Adequate**

Capacity to Improve: **Uncertain**

Star Rating: **One star** (on a scale of zero to three)

This translates as a score of 2 out of 4 for the purposes of CPA.

The Director of Adults and Housing will provide a presentation to the Committee on the actions being taken.

FOR INFORMATION

Section 2 - Contact Details and Background Papers

Contacts:

Paul Najsarek, Director of Adults and Housing
David Harrington, Performance Manager 020 8420 9248 (x5248)

Background Papers:

None



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Better for People

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Paul Najsarek
Director of Adult Services
London Borough of Harrow
Civic Centre
PO Box 57
Station Road
Harrow
HA1 2XF

Date: 21st October 2007

Ref: SB/LF

Dear Mr. Najsarek,

SUMMARY REPORT of 2006-07 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR HARROW

Introduction

This report summarises the findings of the 2007 annual performance assessment (APA) process for your council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

Attached is a revised copy of the performance assessment notebook which provides a record of the process of consideration by CSCI, leading to an overall performance rating. You will have had a previous opportunity to comment on the factual accuracy of the evidence notebook following the Annual Review Meeting.

The judgements outlined in this report support the performance rating notified in the performance rating letter. *The judgements are*

- *Delivering outcomes (formerly Serving People Well) using the LSIF rating scale*

And

- *Capacity for Improvement (a combined judgement from the Leadership and the commissioning & use of resources evidence domains)*

The judgement on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the council.

The council is expected to take this report to a meeting of the council within two months of the publication of the ratings (i.e. by 31st January 2008) and to make available to the public, preferably with an easy read format available.

ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2006/07

Areas for judgement	Grade awarded
Delivering Outcomes	Adequate
Improved health and emotional well-being	Good
Improved quality of life	Adequate
Making a positive contribution	Adequate
Increased choice and control	Adequate
Freedom from discrimination or harassment	Adequate
Economic well-being	Adequate
Maintaining personal dignity and respect	Adequate
Capacity to Improve (Combined judgement)	Uncertain
Leadership	
Commissioning and use of resources	
Star Rating	One Star

The report sets out the high level messages about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for improvement
All people using services	
<ul style="list-style-type: none"> • Proportionate services to BME communities • Pro-active health awareness • Timely hospital discharges • Levels of people receiving a review • Low recourse to residential care and majority have single rooms • Interpreter services always available • People who use services attend all partnership boards • Welfare benefit advice integral to assessments 	<ul style="list-style-type: none"> • Percentage receiving a statement of their needs and how they will be met • Increase direct payments • Consider themes arising from complaints and any actions which may reduce levels of complaints • Reduce continuing care disputes • Develop more preventative services • Develop more extra care housing schemes
Older people	
<ul style="list-style-type: none"> • Prevention of hospital admissions • Falls service established • Low admissions to residential or nursing care for both adults and older people 	<ul style="list-style-type: none"> • Establish community mental health team for older people • Increase intensive homecare, including via direct payments • Numbers in receipt of telecare • Waiting times for assessments and timeliness of services post assessment • Support more people to live at home • Continue to develop intermediate care
People with learning disabilities	
<ul style="list-style-type: none"> • Systems to smooth young people in transition • Good Adult Placement Scheme 	<ul style="list-style-type: none"> • Support more people to live at home • Increase spend on advocacy • Consolidate modernisation of services • Reduce numbers in residential care • Increase work opportunities • Explore with partners how outcomes of LDDF projects can be achieved
People with mental health problems	
<ul style="list-style-type: none"> • People helped to live at home • Drug misusers sustained in treatment 	<ul style="list-style-type: none"> • Better recording of data • Explore if numbers of problem drug misusers accessing treatment services can be further developed • Continue planned developments for work opportunities
People with physical and sensory disabilities	
<ul style="list-style-type: none"> • Continued improvement in waiting times for minor adaptations 	<ul style="list-style-type: none"> • Support more people to live at home • Timeliness of equipment and adaptations

	<ul style="list-style-type: none"> • Reduce waiting times for major adaptations
Carers	
<ul style="list-style-type: none"> • Number of breaks for carers 	<ul style="list-style-type: none"> • Increase services for carers • Assessments and reviews for carers of those with learning disabilities • Increase direct payments to carers • Capture of non-care managed services

KEY STRENGTHS AND AREAS FOR IMPROVEMENT BY OUTCOME

Improved health and emotional well-being

The council makes a good contribution to improving people's health and sense of well-being.

The council, with its partners is pro-active in promoting health awareness and a range of activity regarding active lifestyles. Harrow's Local Area Agreement incorporates joint targets, including a Healthy Ageing programme, action for people with chronic conditions and smoking cessation.

Although the council, together with its partners, has furthered plans to develop an integrated community mental health service for older people, this is yet to be established and therefore this remains an area for development.

A specialist team provides intermediate care to prevent both hospital admission and support timely hospital discharge. Collaborative working with health partners facilitates critical domiciliary care packages to prevent hospital admission.

While the council has significantly increased investment in intermediate care, and directed resources in shifting focus away from residential to community provision, overall intermediate care remains below the London average, which needs further development, particularly given Harrow's demographic profile. The council have taken robust action to significantly reduce the numbers of people delayed in hospital who are fit for discharge; this was an area for improvement last year.

The council need to explore whether the number of problem drug users accessing treatment can be further developed. There is increasing choice and retention in residential placements for those with drug related problems. There has been good improvement in the percentage of clients receiving a review, which is now above the London average. The council have more sophisticated management systems for review outcomes to inform strategic planning, commissioning and quality assurance mechanisms.

Key strengths

- Proactive health awareness schemes and information about healthier lifestyles and wellbeing
- Domiciliary and intermediate care schemes prevent hospital admission and assist timely hospital discharge
- The number of delayed transfers of care has significantly fallen
- Percentage of clients receiving a review
- Drug misusers sustained in treatment

Key areas for improvement

- Continue to increase intermediate care
- Establish an integrated Community Mental Health Team for Older People
- Explore whether numbers of problem drug users accessing treatment can be further developed

Improved quality of life

The council makes an adequate contribution to improving people's quality of life.

The council has continued to face budgetary constraints, which have negatively impacted on a number of key areas for promoting the independence of service users. This has included assisting older people, those with learning disabilities and people with physical disabilities to live at home. The performance measure for numbers of people with mental health needs who are supported to live at home has significantly increased, due to the inclusion of NHS mental health data.

The use of intensive homecare fell last year, as the council reviewed and strictly applied its eligibility criteria due to its severe financial constraints. Numbers receiving intensive homecare purchased via direct payments also reduced. Although there was no associated increase in residential care admissions, the council need to increase intensive homecare provision to support people in the community.

The council need to consolidate the improvement in the use of telecare to support older people, as this still remains below the London average.

Plans for new neighbourhood resource centres are being developed.

A falls service has been developed, with a range of community and hospital based schemes. This was an area for improvement last year. There were no extra care housing schemes developed last year, which the council need to address.

Due to the council's financial situation, there is little investment in preventative work. The council have a number of corporate projects in the wider wellbeing arena, and plan to enhance capacity in the voluntary sector. This needs development, together with demonstrable evidence of its effectiveness in preventing escalation of need.

The total number of breaks provided for carers has more than doubled. However, services for carers still needs considerable development, as Harrow's performance is the lowest in London. This remains an area for improvement from last year, even taking into account the inclusion of mental health data, which the council assert significantly affected their performance. The council need to work within improved partnerships, to ensure the ongoing work continues to secure more robust data capture and performance management in this area. Given the risks to carers identified in the council's impact assessments, as part of the proposal to raise eligibility thresholds, the council would benefit from developing systems to further capture support to carers via non care managed services.

Although the percentage of equipment and adaptations delivered within 7 working days has increased, it needs significant further development, to bring it in line with comparators. Robust action has been taken to effectively reduce waiting times for minor adaptations. The council need to address the significant increase in waiting times for major adaptations. As this was primarily attributable to the duration for completion of the most complex cases and remedial action has been effected to streamline processes and increase resources, the council are confident of improved performance in this area.

Key strengths

- Length of time waiting for minor adaptations
- Plans are in place for 3 new Neighbourhood Resource Centres for those with learning disabilities
- The number of people with mental health problems helped to live at home
- Doubling of breaks for carers
- Falls service established, with care pathway and a single point of access

Key areas for improvement

- The number of older people helped to live at home
- Intensive homecare, including that purchased via direct payments
- Telecare provision
- The number of adults with learning disabilities helped to live at home
- Further improvement to equipment and adaptations delivered within 7 working days
- Length of time waiting for major adaptations
- The number of younger physically disabled people helped to live at home
- Services for carers
- Work with partners for more robust data capture
- Consider benefits of capturing non-care managed support to carers
- Develop more preventative work and systems to capture its effectiveness
- Extra care housing provision

Making a positive contribution

The contribution that the council makes to this outcome is adequate.

The council engages with service users, they are represented on all partnership boards and in reviewing strategies. The Learning Disability Partnership Board is co-chaired by a person with learning disabilities.

Care services commissioned by the council are required to have service user committees. Service users were actively involved in the domiciliary care re-tendering process and satisfaction surveys are undertaken by the voluntary sector on behalf of the council.

There are service user committees in all day and residential services and service users views influence both service design and delivery of day services. A self-assessment pilot has been developed within the physical disabilities team, with several tools designed for service users to express their preferences.

While the council has varied ways in which it engages with its increasingly diverse communities, it needs to ensure that this is both maintained and consider how this is effectively enhanced in order to ensure that given the council plans to raise eligibility criteria, the voice of service users and diverse groups continue to be represented at all levels.

Harrow is currently considering how they can facilitate users who have had such direct experience to have an input to the Safeguarding Adults plan.

Key strengths

- Self-assessment projects being in Physical Disabilities service
- Service users involvement in the selection process of domiciliary care contracts
- Satisfaction survey on behalf of the council on domiciliary care
- Service user committees in day and residential services
- People who use services attend every Partnership Board

Key areas for improvement

- Consider how to enhance engagement of people who use services, given the plans to raise eligibility criteria

Increased choice and control

The contribution that the council makes to this outcome is adequate.

Generally, assessment and care management is more timely, although still needs to improve further. This includes waiting times for assessments and services for older people provided within 4 weeks of assessment. The latter is particularly critical, given the council's plans to raise eligibility thresholds, to ensure a timely response to those with the highest level of need.

The number of carers caring for people with learning disabilities who received an assessment or review during the year has increased, but was significantly below that planned. The council need to ensure that training to raise awareness of the need for carers assessments in their own right is realised.

The council have developed protocols to smooth the transition process for young people with learning disabilities and Person Centred Planning has facilitated their engagement.

The numbers of those in receipt of direct payments increased slightly last year, but with relatively low take up across all client groups and from Black and Minority Ethnic communities. The council maintain the latter is a recording issue. There were no direct payments made to carers. The council need to take robust action to reverse this, particularly to support the strategic vision for adult social care, as one that increasingly promotes self-directed care.

More robust management, recording and awareness training has influenced the significant rise in the level of complaints. However, as these also relate to actions taken in response to budgetary constraints, the council need to consider themes arising from complaints and any actions, which may reduce levels. Despite the significant increase in complaints, relatively few escalate beyond stage one.

Whilst the council have made some plans for modernisation of services for people with learning disabilities, the rate of progress in some areas is slow. For instance, the planned resource centres for people with learning disabilities will not become operational until 2009. Some key developments in the arena of support for those with learning disabilities have been adversely effected by the withdrawal of the Learning Disability Development Fund. The council with their partners need to consider what mitigating action is needed to address this.

The consultant joint-funded by the Department of Health to enhance the building of collaborative relationships should assist in this respect. There is a good Adult Placement Scheme. The council increased advocacy for people with learning disabilities; this was an area for improvement last year. This is still below the London average and would benefit from further development.

There is relatively little recourse to residential care. However, the numbers of people with learning disabilities, who were in residential or nursing care on a permanent basis, has significantly increased since the previous year. The council report this is a recording issue associated with an improved database and that there were fewer admissions than in the previous year. There is good access to interpreter services; these are always available to meet the needs of Harrow's increasingly diverse community.

The council assert that the drop in the percentage of people receiving a statement of their needs and how they will be assessed is attributable to the inclusion of mental health data at the end of the year. Progress is being made on implementation of the Single Assessment Process, although further work is needed, particularly with partners to achieve an electronic version.

Key strengths

- Smooth transition for young people into adulthood
- Interpreter services are always available
- Low admissions to residential or nursing care for both adults and older people
- Good Adult Placement Scheme

Key areas for improvement

- Further improvement needed for waiting times for assessments
- Increase percentage of assessments of older people that are completed within 2 weeks
- Improve percentage of services for older people provided within 4 weeks of assessment
- Increase number of carers of people with learning disabilities receiving an assessment or review
- Direct payments need to increase, more robust recording of those made to BME communities
- Consider themes arising from complaints and any actions which may reduce levels
- Further develop Single Assessment Process, with partners
- Continue to increase spend on advocacy services for those with learning disabilities
- Consolidate modernisation of services for people with learning disabilities
- Work with partners to consider mitigating actions to address LDDF withdrawal
- Improve percentage of people receiving a statement of their needs and how they will be met

Freedom from discrimination or harassment

The contribution that the council makes to this outcome is adequate.

The council's plans to increase eligibility criteria to critical level have been subject to legal challenge and so its impact is unknown. Given the assessed risk and impact assessments undertaken, the council need to build on these to continue to closely monitor both the current impasse and consequences of raised thresholds once applied, particularly in relation to those groups deemed at more risk, such as older people and carers.

Assessments and service provision for older people and those with learning disabilities from Black and Minority Ethnic communities are proportionate and responsive to the increasingly diverse population of Harrow.

The council need to improve the recording of ethnicity of both service users being assessed and those in receipt of services. While performance of the latter has improved, it remains above the London average.

Although the council assert this has been affected by the inclusion of mental health data, they need to ensure that work with partners addresses appropriate recording.

The council has achieved three out of the five local government equality standards, with plans to achieve the remaining two within the next two years.

Key strengths

- Ethnicity of people receiving an assessment or service
- Proportionate service provision to those with learning disabilities from Black and Minority Ethnic communities

Key areas for improvement

- Improve recording ethnicity of adults assessed
- Improve recording ethnicity of adults in receipt of services
- Complete the remaining two local government equality standards
- Monitor the impact of eligibility threshold impasse
- Monitor the impact of the planned raised eligibility thresholds, if implemented

Economic well-being

The council makes an adequate contribution to improving people's economic well-being.

The council have a protocol with the PCT regarding continuing care, although there has been a fourfold increase in the number of disputes. The council need to continue to work with partners to further develop systems to reduce the increased levels of disputes about continuing care, to ensure positive outcomes for service users. The new guidance, appointment of PCT senior executives and the consultant commissioned to enhance partnership and collaborative working arrangements should all assist in this matter.

Welfare benefit advice is integral to assessments undertaken.

There are a number of schemes to facilitate employment opportunities for people who use services, including the Expert Patient Programme in partnership with the PCT, for those with physical disabilities.

The council commissions a voluntary sector organisation to conduct a work preparation programme for those with learning disabilities, with opportunities to undertake work placements and National Vocational Qualifications. Although the Learning Disabilities Partnership Board have undertaken an initial scoping exercise regarding issues to consider in developing a strategic employment framework, this needs to be translated into a robust plan, with clear objectives that will secure more employment opportunities for those with learning disabilities.

Following consultation and service user representation, planned service developments to enhance skill and employment opportunities for those with mental health needs are pending, subject to further evaluation.

Key strengths

- Welfare benefit advice is integral to assessments

Key areas for improvement

- Work with partners to reduce the number of continuing care disputes
- Improve the number of learning disabled people helped into work
- Continue planned developments to enhance skills and work opportunities for those with mental health problems

Maintaining personal dignity and respect

The council makes an adequate contribution to maintaining people's personal dignity and respect.

The Local Safeguarding Adults Board (LSAB) has been established for a number of years, with multi-agency representation; it is chaired by the Corporate Director of Adults and Housing. However, attendance by partners has been patchy. The council have reviewed the functioning of the LSAB and while resultant plans are in place, it is too early to assess the impact and how this contributes to better outcomes for vulnerable adults. The council receive a higher than average rate of adult protection referrals, although it needs to increase the rate of completion. There is continued good performance in the percentage of council staff receiving training on the protection of vulnerable adults, although this would benefit from matching the previous very good performance. The council need to invest in safeguarding adults training directed at the private and voluntary sector, as the take up is particularly low. The council recognise that there are capacity issues regarding safeguarding and are planning to develop a dedicated team to streamline processes and to enhance a more robust overview of the safeguarding arena. Expectations regarding the safeguarding of adults is incorporated within the councils service level agreements and contracting processes. Virtually all service users who are admitted to residential or nursing care have their own individual rooms.

Key strengths

- Established Safeguarding Board, and dedicated post of Safeguarding Adults Co-ordinator
- Planned development of a dedicated safeguarding team
- High proportion of council staff had Adult Protection training
- Safeguarding expectations incorporated within service level agreements and contracting processes
- Good performance on availability of single rooms for those admitted to residential care

Key areas for improvement

- Work with partners to increase attendance at the Local Safeguarding Adults Board
- Increase the numbers of completed adult protection referrals
- Improve safeguarding adults training to independent sector staff

Capacity to improve

The council's capacity to improve services further is uncertain.

The council's new Chief Executive is setting the agenda to transform the culture of the council, to drive the necessary change and has introduced leadership training programmes for both members and managers. The council are becoming more outward looking, commissioning a rolling programme of Peer Reviews. Although there are very tight financial constraints within which the council operate, none the less adult social care is the only department receiving future budgetary growth. Adult Social Care now has a stronger political and corporate profile in Harrow; the corporate plan has been updated, with more clarity regarding priorities. The council has re-organised to produce a slimmer structure with fewer corporate directorates, in order to achieve further savings and deliver its strategic objectives and clarity of accountability. The council are planning to develop further quality assurance systems. Partnerships need considerable development and the council need to progress work begun in this area via the consultant commissioned through match funding from the Department of Health.

The council have produced an Improvement Plan for Adult Social Care. While the council has identified areas for further development, these need to be translated into the more detailed service plans that are intended, with objectives that are specific, measurable, achievable, realistic and timely (SMART). Adult Social Care operates within challenging financial constraints, which has impacted upon its ability to drive improvements in some key areas. There is a variable response to the areas for development from last year; the trajectory across some performance indicators is improving, while for others it is not. Although overall the council has made improvements when compared to its performance 2 years ago, they need to increase the pace of change in order to narrow the gap with comparators. Adult Social Care has introduced a comprehensive database, which is increasingly informing strategic planning.

However, the council assert that some indicators have been adversely affected by the inclusion of mental health data. They therefore need to ensure that they work closely with partners in order to effect accurate data capture that is able to influence and track service provision. There is a corporate risk management system to track and review areas deemed to be high risk- this will assist within the current financial climate and plans to increase eligibility thresholds.

The council's strategic vision for Adult Social Care is for a significant cultural shift towards self directed care, with increased direct payments and individual budgets. Harrow plan to introduce the In Control Total model, by being part of the national pilots in early 2008. The council have undertaken a detailed needs assessment and projections as part of their workforce strategy, outlining areas to be addressed in order to ensure council staff is fit for purpose to realise its strategic vision.

Despite this however, there are significant human resource issues that need addressing, in particular, to reduce staff turnover, vacancy and sickness levels, which have all increased. While practice learning has increased, it remains the third lowest in London. Training and development also needs enhancing to ensure the council is able to realise its strategic vision and can be reconciled with the workforce strategy. Staff in Adult Social Care are broadly representative of the local communities in terms of Black and Minority Ethnic representation, although the recording of staff ethnicity needs to improve.

The council operates within a very tight financial context and with comparatively little reserves, although there are plans to incrementally increase reserves. Adult Social Care had to make budget reductions last year and had £0.5 million overspend. There is a modest net budget growth next year. Per capita spend is broadly in line with comparators for most service users groups, apart from those with learning disabilities. Given the current financial context this may be at some risk. To contain the budget the council plan to increase eligibility criteria to the highest level- critical. However, as this has been subject to judicial review, the council need to continue to monitor the impact of the impasse on the budgets, risks and develop plans to enhance capacity within the voluntary sector to mitigate risks. There are more robust financial managements systems facilitated by a comprehensive database.

There are ongoing financial disputes between the council and the PCT. While working groups have been set up to agree the principles for cost sharing, the commissioned consultant to help facilitate good collaborative working should facilitate progress.

Strategic planning and joint commissioning needs considerable development, the latter has been subject to external review. This identified that there was a lack of clarity of governance of partnership boards and overarching decision-making processes and a need for more focused and longer-term strategic vision and associated plans to ensure their delivery. Progress in this area has to some degree been delayed by changes in personnel in the PCT.

The council need to consolidate their preparatory work on joint strategic needs assessments, to inform joint commissioning and work with partners to accelerate progress in this arena.

Harrow provides a good proportion of intensive home care compared to residential care. The council needs to reduce unit costs of homecare and intensive homecare, which remain comparatively high. The council are confident that the planned re-tendering of domiciliary care contracts will impact on this in the coming year. The council has a Medium Term Budget Strategy, which requires further savings for the next two years. Although the council effected efficiency gains, which in some instances were above average, they need to maximise efficiencies overall, particularly given the current tight financial context. In particular, cashable gains were significantly below the London average.

There are a number of systems to monitor quality within commissioned services and the council plans to consolidate this further via the introduction of outcomes based qualitative measures. A review will be undertaken to align quality assurance procedures, contract monitoring and commissioning practices across the newly configured Adults and Housing Services. The severe financial constraints within which the council operates remains a significant threat to the council's ability to increase the pace of change. Overall, the council has made some progress, but the financial climate within which it operates has impeded both the extent and rate of improvement.

Key strengths

Leadership

- Slimmer structure to affect further savings, deliver strategic objectives and clarity of accountability
- Enhanced corporate and political profile for adult social care
- Leadership Programme for cabinet members and senior managers
- Plans for rolling programme of peer reviews
- Database allows more robust data capture, performance management and strategic planning
- Strategic vision for Adult Social Care is for a significant cultural shift towards self directed care
- The council has developed a workforce strategy for 2007-2010
- Increased gross current expenditure on training directly employed staff

Commissioning and use of resources

- Modest net growth for adult social care
- Framework 1 finance model will assist with more robust management of costs
- Good proportion of intensive homecare compared to residential care
- Above average non-cashable gains
- Higher than average per capita spend for older people and people with mental health problems

Key areas for improvement

Leadership

- Increase pace of change
- Develop more detailed service improvement plans with SMART objectives
- Develop partnerships
- Develop quality assurance systems as planned
- Work with partners to improve data capture to track service provision
- Improve recording of staff ethnicity
- Reduce :
 - Staff turnover
 - Vacancy levels
 - Sickness absence
- Consolidate further investment in practice learning, staff training and development

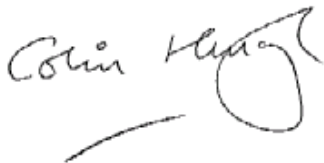
Commissioning and use of resources

- Improve governance arrangements of partnership boards and ensure partner representation
- Improve clarity of relationships between partnership boards and overarching decision-making processes
- Sharper, longer term joint strategic vision and planning for commissioning
- Develop strategic planning and further joint strategic needs assessments
- Reduce cost of intensive social care
- Reduce unit cost for home care
- Increase cashable efficiency gains
- Increase council reserves, as planned
- Increase per capita spend for people with learning disabilities
- Monitor the impact of eligibility impasse on the budgets, risks and develop plans to enhance capacity within the voluntary sector to mitigate risks

Follow up action in 2007-08

Harrow are having a Learning Disabilities Service Inspection in January 2008.

Yours sincerely,



REGIONAL DIRECTOR

Regional Director
Commission for Social Care Inspection

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Meeting:	Overview and Scrutiny Committee
Date:	28 January 2008
Subject:	Scrutiny Review of Obesity in Harrow - Final Report of the Obesity Review Group
Key Decision: (Executive-side only)	N/a
Responsible Officer:	Tom Whiting, Interim Divisional Director Strategy and Improvement
Portfolio Holder:	Councillor Eric Silver, Adults Services Portfolio Holder
Exempt:	No
Enclosures:	Final report of the Obesity Review Group including appendices

Section 1 – Summary and Recommendations

This report sets out the findings and recommendations of the scrutiny review of obesity in Harrow. The Review Group conducted its enquiries between May and November 2007.

Recommendations:

The Overview and Scrutiny Committee is requested to:

1. Endorse the report and its recommendations;
2. Refer the report to Cabinet and the Harrow Primary Care Trust Board for consideration and agreement; and
3. Place the monitoring of progress against the report's recommendations on the scrutiny work programme.

Reason: (For recommendation)

The completion of the scrutiny review of obesity addresses the needs of the scrutiny work programme for 2007/08.

Section 2 – Report

Background

Obesity is one of the biggest public health challenges within the UK today. It is a major contributing cause of diabetes and heart disease, and also increases the likelihood of developing cancer. Preventing childhood obesity also features prominently in local actions and has particularly hit the national news recently. The issue of tackling obesity locally was first brought to scrutiny's attention by colleagues at Harrow Primary Care Trust. As tackling obesity is a cross-cutting issue, this review was commissioned in late 2006 by the old Adult Health and Social Care and Children and Young People Scrutiny Sub-Committees. These sub-committees agreed the review's scope in December 2006 and February 2007 respectively.

The Scrutiny Review Group carried out its investigations between May and November 2007 and talked to a wide range of people. Enquiries were conducted through a number of methodologies – desktop research, meetings, challenge sessions and visits in and out of the borough. Recognising the need to narrow the focus of the review, the Review Group focused on two areas of obesity that are particularly pertinent locally: children's opportunities for physical activity and adulthood obesity links to diabetes.

The Review Group's report contains 18 recommendations for the Council and Harrow Primary Care Trust (PCT). These are set out in the recommendations matrix (Appendix A of the report), which also establishes expected timescales and measures of success for each recommendation. The Overview and Scrutiny Committee is asked to endorse these recommendations and to refer these to Cabinet and the PCT Board and ask them to make a decision on their implementation. If implementation is agreed, the Overview and Scrutiny Committee is asked to monitor the progress of implementation through updates on the recommendations matrix.

Current situation

Not appropriate to this report.

Why a change is needed

Not appropriate to this report.

Main options

Not appropriate to this report.

Other options considered

Not appropriate to this report.

Recommendations

The Review Group's report contains recommendations which, if and when accepted by Cabinet and the PCT Board, may incur additional costs and risks and have resource implications. However, care has been taken to ensure that the recommendations made allow more effective use of resources across the organisations and services concerned.

Other considerations

Staffing/workforce

There are no staffing or workforce considerations specific to this report.

Equalities impact

The provision of services that meet high standards in terms of equality of provision and that recognise diversity within the borough was central to this review.

Community safety (s17 Crime & Disorder Act 1998)

There are no specific community safety considerations specific to this report.

Legal Implications

There are no legal implications arising directly from this report.

Financial Implications

There are no financial implications arising directly from this report.

Performance Issues

Recommendations matrix attached as appropriate



Section 3 - Statutory Officer Clearance

Name: Sheela Thakrar	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 15 January 2008		
Name: Sharon Clarke	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 14 January 2008		

Section 4 - Contact Details and Background Papers

Contact:

Nahreen Matlib, Senior Professional Scrutiny

Email: nahreen.matlib@harrow.gov.uk

Tel: 020 8420 9204

Background Papers:

All documents used in the formulation of the report are referenced in the footnotes in the body of the final report, as attached.

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OVERVIEW AND SCRUTINY COMMITTEE

2007/08

REVIEW OF OBESITY

November 2007

REVIEW GROUP MEMBERSHIP:

Councillor Rekha Shah – Review Group Chairman

Councillor Margaret Davine

Councillor Julia Merison

Councillor Myra Michael

Councillor Vina Mithani

Councillor Dinesh Solanki

Councillor Jeremy Zeid

Mr Owen Cock

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CHAIRMAN'S INTRODUCTION

I am pleased to introduce the report of the Obesity Review Group, which undertook its enquiries between May and November 2007. Obesity is a growing concern affecting the nation's health and is also an identified local public health area for action. The topic of how the borough can best tackle obesity was brought forward to scrutiny's attention by our colleagues at Harrow Primary Care Trust.

Even at current levels, if action is not forthcoming to tackle these issues, the impact on our communities and services to meet population's needs will be immense. Increases in obesity and diabetes and other health complications associated with these conditions mean a bleak outlook for public health. It is therefore vital that we act now. Every individual has the opportunity to affect the impact of these burdensome prospects. However we recognise that the greatest impact can be made through a strategic drive and willingness across Harrow's public services. This will require a genuine multi-agency approach and a partnership ethic, and our recommendations reflect this.

Our recommendations form a solid base for action in the local drive to tackle obesity. They offer challenges to the Council, our colleagues in health services and other partners to take them forward. The Overview and Scrutiny Committee will be monitoring that these actions are followed through.

The Review Group is indebted to a wide range of witnesses who gave their time and professional expertise to help us in our enquiries. These individuals are listed in the Appendices and I would like to wholeheartedly thank them for their time and willingness to engage with scrutiny. I am particularly grateful to Harrow PCT for raising this issue and supporting the review so fully. I hope we can keep this dialogue going.

Councillor Rekha Shah
Performance Scrutiny Lead for Adult Health and
Social Care



EXECUTIVE SUMMARY

The Health Profile of England 2007 shows that England has the highest level of adult obesity in Europe and the level of childhood obesity is also rapidly rising. The cost of treating obesity related conditions significantly impacts on the UK economy.

Tackling obesity is a key local priority in Harrow's Local Area Agreement and Harrow Primary Care Trust suggested the topic to scrutiny for further investigation. The Health Profile 2007 for Harrow estimates that 19.3% of adults in Harrow are 'obese' and while the health and societal ramifications of this may not immediately manifest themselves, it is vitally important to look at prevention strategies especially in a borough like Harrow its with diverse communities and ageing population. The need to look at obesity is further heightened by its links to diabetes and Harrow's position as having the highest rate of diabetes in London.

The Scrutiny Review Group carried out its investigations between May and November 2007 and talked to a range of people. Enquiries were conducted through a number of methodologies – desktop research, meetings, challenge sessions and visits in and out of the borough. Recognising the need to narrow the focus of the review, the Review Group focused on two areas of obesity that are particularly pertinent locally: children's opportunities for physical activity and adulthood obesity links to diabetes.

This review uncovered findings around local strategic drive, the importance of co-ordinating services in encouraging children to access opportunities for physical activities, and enhancing ways to identify and support people with diabetes and those at risk.

The Review Group's findings are reflected in its wide-ranging recommendations. These address the need for an overarching strategy for tackling obesity, the importance of multi-agency working, building up local capacity to deliver services and using best practice as a foundation, targeting provision using the available resources, effective communication to communities and engaging with a spectrum of healthcare professionals, especially local GPs. The recommendations are detailed in full in the next section.

RECOMMENDATIONS

The Review Group makes the following recommendations:

Overarching review recommendations

Recommendation 1: that the borough-wide Obesity Strategy be finalised and presented to the Overview and Scrutiny Committee. The strategy should enable agencies looking to tackle obesity and its links to long term conditions (such as diabetes, and cardio-vascular and circulatory conditions) to work from a single strategic and locally owned policy framework.

Recommendation 2: that the council pilots a walk scheme for staff as part of its staff well-being programme. This should be done in liaison with and seeking the advice of our colleagues at Harrow PCT who have already successfully implemented such a scheme.

Childhood obesity recommendations

Recommendation 3: that the Children and Young People's Partnership considers the local physical activity strategy and discusses with partners how this can be revised and taken forward.

Recommendation 4: that the Council and PCT recognise that much of the work around children's opportunities for physical activity can be built in together with multi-agency working and channelled through schools, children's centres and extended schools.

Recommendation 5: that multi-agency work through schools, children's centres and extended schools links to opportunities to engage and signpost families/parents to healthier lifestyles and encourages family learning.

Recommendation 6: that it is recognised that within Harrow there is a need to take more opportunities to lobby funding bodies regarding the criteria set down for accessing funding streams. The Review Group recommends that the Council and PCT make this representation jointly.

Recommendation 7: that there is a role for scrutiny to play in examining the functions and effectiveness of the Council's funding officer - what the Council's funding officer does and how he can facilitate the local authority to attract more funding and optimise the funding opportunities available to Harrow.

Recommendation 8: that Harrow, through the Harrow Strategic Partnership and its Local Area Agreement, should continue to build the capacity of its voluntary sector so that it can partner the Council and PCT on more joint projects around children's opportunities for physical activity.

Recommendation 9: that local authority provision for children is targeted and addresses areas of deprivation in the borough where there is an identified and relative lack of provision for children.

Adulthood obesity recommendations:

Recommendation 10: that a borough-wide Diabetes Strategy be developed, so that all agencies looking to tackle diabetes and its links to other long-term conditions such as obesity can work from a single strategic and locally owned policy framework.

Recommendation 11: that the Diabetes Partnership Board seeks a representative from the local authority to supplement its multi-agency perspective. The Review Group recommends that this be the Adults Services Portfolio Holder in the first instance.

Recommendation 12: that joint work between the PCT and Council is undertaken on publicising the risks of obesity and also its links to diabetes. Joint articles to the press or in Harrow People updating residents on broader health issues should also be explored.

Recommendation 13: that the PCT makes efforts to do more to advertise its courses on managing type 2 diabetes, including posting them on the PCT website and on the websites of those agencies who also help deliver the multidisciplinary course.

Recommendation 14: that all GPs are encouraged to keep records on referrals to dieticians and the level of uptake of these referrals, and provide this information to the PCT.

Recommendation 15: that information be readily available to diabetics about what they can expect from local healthcare professionals, with a view to supporting self-management of people's diabetes wherever appropriate.

Recommendation 16: that the PCT, in liaison with GPs, devises a template of information on what all diabetics should expect as part of their routine care, and that this be piloted within some local GP surgeries to gauge the success of such an approach.

Recommendation 17: that the Council explores offering people with diabetes concessions at leisure centres to encourage physical activity and form a routine part of their self-management of care. GPs should be asked to promote the availability of such concessions.

Recommendation 18: that using examples of best practice and the successful modelling and delivery of smoking cessation interventions in Harrow as a base, the PCT leads on developing a 'toolbox' of effective interventions available to people with diabetes or at the risk of developing diabetes. This should link to access to schemes around physical activity and healthy eating and lifestyles.

INTRODUCTION

Obesity – basic facts and figures

Definition

The Royal College of Physicians defines **obesity** as:

“A disorder in which excess body fat has accumulated to an extent that health may be adversely affected.”

It identifies¹ the cause of obesity as to do with energy balance: people are eating too much for the amount of physical activity they do. A healthy balance would be one where energy intake equals energy expenditure.

Measurement

The common method by which to evaluate an indirect measurement of obesity is based on the relationship between height and weight, through the **Body Mass Index (BMI)**:

Divide the weight measurement (in kilograms) by the square of the height measurement (in metres).

A BMI of 18.5 to 25 is deemed a healthy weight, 25+ overweight and a BMI over 30 is referred to as obese. It is recognised that BMI is not always the best measurement especially in relation to different ethnic groups and in children.

Some facts and figures²

- The Health Profile of England 2007³ shows that England has the highest level of adult obesity in Europe (EU-15 countries) and has the third highest prevalence of obesity amongst the wider cohort of OECD countries, after the USA and Mexico.
- The House of Commons health select committee⁴ calculated the cost of overweight and obesity to the nation at up to £7.4billion per year, and this figure is rapidly rising.
- The prevalence of obesity in children aged two to 10 years has increased from 9.6% in 1995 to 13.7% in 2003.
- Rates of obesity have dramatically increased in England over the last decade. It is estimated that if no action is taken, one in five children aged 2-15 years in England will be obese by 2010.
- There is a higher prevalence of obesity and overweight among lower socio-economic groups (especially women) and some black and minority ethnic groups (e.g. women from Pakistani and African-Caribbean communities). The prevalence of obesity and overweight increases with age.
- The health consequences of obesity are wide ranging and there are links to cancers, cardiovascular diseases, type 2 diabetes and osteoarthritis of the knees.
- In 2001 the National Audit Office calculated that obesity shortens life on average by nine years and accounts for 9,000 premature deaths per year.

¹ *Storing up problems: the medical case for a slimmer nation*, Royal College of Physicians and the Royal College of Paediatrics and Child Health, 2004

² See Harrow's *Draft Obesity Strategy*, Harrow Primary Care Trust, 2005 unless otherwise stated.

³ *Health Profile of England*, Department of Health, October 2007

⁴ *Third Report*, House of Commons Health Select Committee, 2004

National context

*Choosing Health*⁵

Many actions to tackle obesity are outlined in the public health white paper 'Choosing Health: Making Healthy Choices Easier'. Cross government actions to tackle the year on year rise in obesity are covered in public service agreement (PSA) targets and Primary Care Trusts (PCTs) are asked to collect the following information as part of their local delivery plans:

- PSA 10a: childhood obesity – measuring heights and weights of all primary school children in the Reception year and Year 6 (baseline in September 2006)
- PSA 10b: obesity status among the GP registered population aged 15 to 75 years (GP screening)

Other cross government actions and PSA targets include those relating to cultural and sporting opportunities, enhancing access to culture and sport for children, offering decent places to live and the provision healthy food.

*Tackling Child Obesity*⁶

A joint report by the National Audit Office, Healthcare Commission and Audit Commission analyses the effectiveness of the national, regional and local delivery mechanisms to achieve the Government's PSA target:

“To halt, by 2010, the year-on-year increase in obesity among children under 11 in the context of a broader strategy to tackle obesity in the population as a whole.”

The Wanless Report⁷ estimated that treating obesity related conditions costs the NHS directly over £1 billion a year and the UK economy a further £2.3 to £2.6 billion in indirect costs. It is predicted that if current trends continue, today's children will have a shorter life expectancy than their parents. Obesity is one of the six key national priorities in the Government's public health white paper 'Choosing Health' and the report suggests that there is a need for government departments (Department of Health, Department for Education and Skills, Department of Culture, Media and Sports⁸) to align their work on other PSA targets with work to arrest child obesity.

There is a lack of evidence of what works in addressing child obesity and this makes it difficult to evaluate the effectiveness of obesity prevention strategies. Measuring success in tackling obesity seems to be compounded by a lack of a commonly understood definition of child obesity alongside a lack of baseline data - in the delivery chain (the network of systems, processes and organisations through which strategic objectives are achieved), it is unclear how, when, where, by whom and for what purpose children are to be measured. Ownership of targets and the relationship of other agencies (e.g. schools) in the delivery chain need harnessing. Furthermore, financial complexity presents a major risk to achieving the PSA target in that there are a number of small scale funding streams rather than one ring-fenced budget for the child obesity target.

⁵ *Choosing Health – Making Healthy Choices Easier*, Department of Health, 2004

⁶ *Tackling Child Obesity – First Steps*, Audit Commission, Healthcare Commission & National Audit Office, February 2006

⁷ D. Wanless (2002) *Securing Our Future Health: Taking a Long-Term View – Final Report*. London, HM Treasury.

⁸ Government departments as they were configured in February 2006.

The joint report highlights four key issues for improving partnership and multi-agency working: co-ordinating the regional roles in the delivery chains, engagement of other departments (e.g. Office of the Deputy Prime Minister, Department for Transport), co-ordinating planning and commissioning arrangements at a local level, support for frontline staff. It also identifies five issues that need to be addressed in order to improve progress towards the PSA target: clarity and direction at a national level, clear regional roles and responsibilities, strong and effective local partnerships, support and capacity building of frontline staff and involving and influencing parents and young people. Relating to the last of these, there is an obesity education campaign due to be implemented in 2007.

The key findings of the report are:

- While the evidence is that a multifaceted approach to child obesity is the most effective, there is little evidence as yet to determine whether the Department's range of programmes and initiatives to improve children's health and nutrition generally is sufficient to achieve the target.
- The three departments are starting to coordinate their action at a national level, but levers to prevent and tackle childhood obesity are not yet sufficiently developed.
- Without reliable baseline data, there is a risk that resources will be wasted in unproductive activity.
- Regional roles are not clear.
- Local structures and mechanisms exist to promote joint working, if used effectively.
- Schools are a key setting for the delivery of effective coordinated interventions and have an important role to play, but need support and clear guidance.
- There is potential to realise efficiencies in the delivery chain associated with the child obesity target.

It is concluded that good intentions around a cross-departmental target for child obesity need to be backed up by greater leadership and co-ordination at local and national level. The complexity of the number of different agencies, initiatives and strategies contributing to the target presents a challenge for those at the local end of the delivery chain.

Government guidance on tackling obesity

The Department of Health⁹ has asked NHS organisations to work towards implementing NICE guidance around tackling obesity with the Healthcare Commission monitoring compliance. The guidance contains recommendations for local authorities, early years settings, schools, commercial and community settings, workplaces and the NHS (as health professionals and as an employer). It also provides information on the assessment, management, behavioural change strategies and costings for tackling obesity.

Using the NICE guidance and other sources of good practice information, the Department of Health suggests¹⁰ that healthy schools coordinators and their partners should concentrate efforts on some key areas and ensure that a school has a 'whole school approach' as a base. The key areas are:

1. Ensure the language and core messages are appropriate
2. Achieving healthy school status - two of the four healthy schools themes – healthy eating and physical activity – are widely recognised as being key to contributing to

⁹ Through the National Institute for Health and Clinical Excellence's (NICE) *Obesity - Implementing NICE Guidance*, December 2006.

¹⁰ In the *Obesity Guidance for Healthy Schools Coordinators and their Partners*, Department of Health, January 2007.

the obesity PSA. Healthy school status¹¹ should be the core first step in obesity prevention.

3. Ensuring 'universal' prevention - The healthy schools programme is frequently referred to as the key 'universal' prevention programme in that it provides opportunities for all children to engage in healthy lifestyles. However, this does not mean that all children are actually involved in or adopt a healthy lifestyle. Schools should therefore ensure that their preventative work is in fact 'universal' by e.g. adopting a school food policy, having an engaging PE curriculum, developing opportunities for children to build their physical literacy and personal safety skills, encouraging children to take part in a healthy lifestyle challenge.
4. Engaging parents/carers as the main influence on their children's lives.
5. Exploring additional activities for obese/overweight – school and local programmes are likely to be approached by a range of external providers. Programmes should not provoke bullying or stigmatisation.

Looking to the future

The recent Foresight review of obesity¹² aimed to build on a scientific evidence base to provide challenging visions of the future to help inform government strategies, policies and priorities around obesity. Its key findings and projections/modelling included:

- Most adults in the UK are already overweight. Modern living ensures every generation is heavier than the last – 'passive obesity'.
- By 2050, 60% of men and 50% of women could be clinically obese. Without action, obesity-related diseases will cost an extra £45.5 billion per year, with a seven-fold increase in NHS costs alone.
- The obesity epidemic cannot be prevented by individual action alone and demands a societal approach. Human biology is overwhelmed by the effects of today's 'obesogenic' environment with its abundance of energy dense food, motorised transport and sedentary lifestyles. Evidence is clear that policies aimed solely at individuals will be inadequate and effective action to prevent obesity at population level is required.
- Tackling obesity requires far greater change than anything tried so far, and at multiple levels: personal, family, community and national.
- Preventing obesity is a societal challenge, similar to climate change. It requires partnership between government, science, business and civil society.

Local context – Obesity in Harrow¹³

Data for January 2006 from General Practices in Harrow shows that Body Mass Index measurements were recorded for 63,561 patients out of a total 177,184 registered population, out of which 13,249 patients (20.8%) showed BMI values over 30Kg/M². The synthetic estimated prevalence of obesity in adults in Harrow is 19.6%, ranging from 16.1% in Headstone to 22.7% in Kenton West. This is the third highest obesity percentage in adults in North West London.

¹¹ A process whereby schools can structure their work and provide effective prevention and support to young people, staff and parents/carers, to offer benefits for both health and achievement.

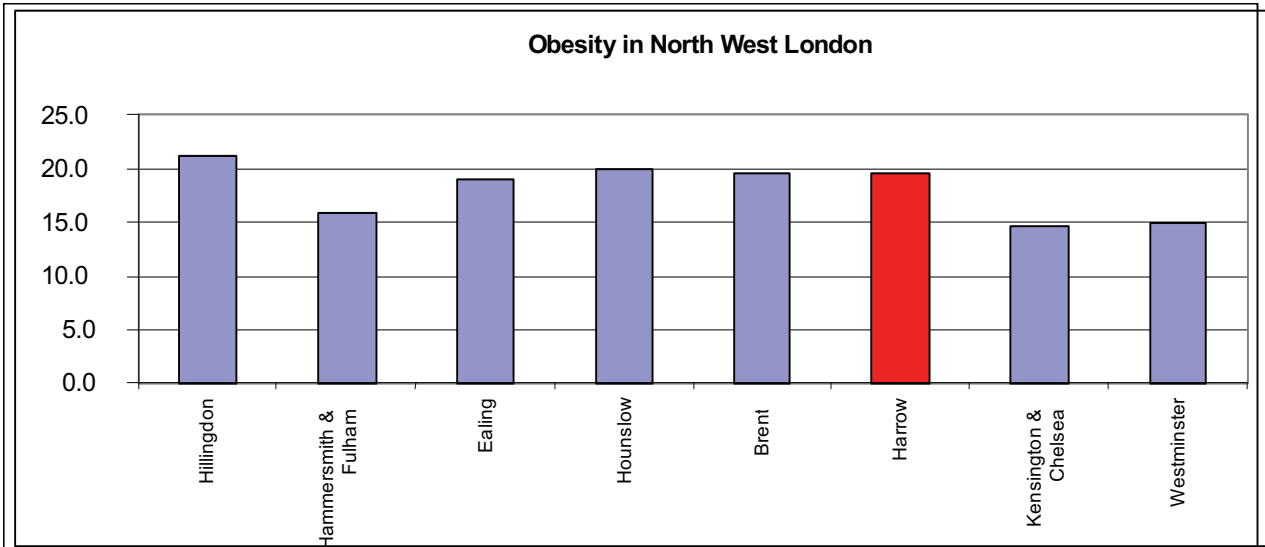
¹² *Tackling Obesities: Future Choices*, Foresight Project, October 2007. Copies available at

www.foresight.gov.uk

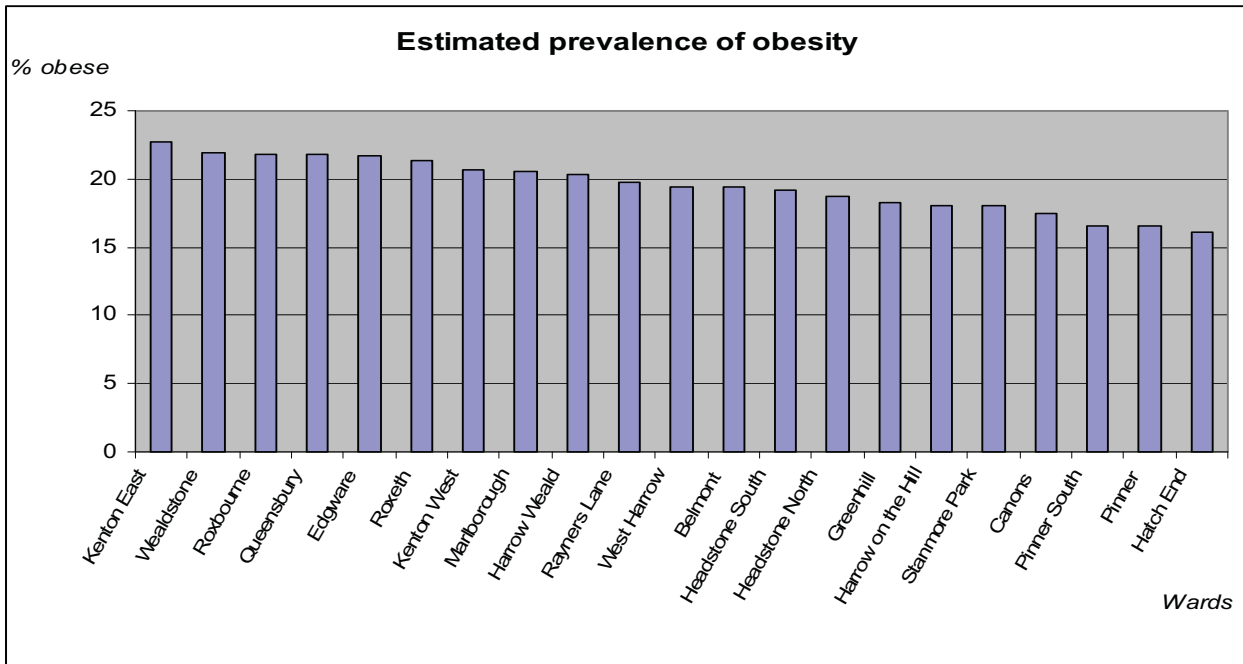
¹³ Figures taken from Harrow's *Draft Obesity Strategy*, Harrow Primary Care Trust, June 2006

Tackling obesity is a key local priority in Harrow PCT’s Local Delivery Plan and as part of Harrow’s approach to tackling health inequalities. It is also identified as a priority in the Local Area Agreement.

The prevalence of obesity has a direct correlation with the prevalence of diagnosed diabetes and Harrow is estimated to have the highest population prevalence rate of diabetes in London. Furthermore information on the activity levels in adults from 1998 Health Survey of England estimated that nearly 115,000 Harrow residents do not reach the current guidelines for physical activity to benefit their health and over a third of these (44,000) are sedentary.



Prevalence of Obesity in North West London based on Synthetic Estimates (ONS)



Estimated Levels by Ward in Harrow (2006)

Harrow PCT's Draft Obesity Strategy¹⁴ identifies a number of local strategic actions to tackle obesity and these include links to:

- Promoting breastfeeding.
- Promoting health and nutrition in pre-schools.
- Healthy schools partnership - a programme introducing healthy eating, physical activity, personal, social and health education to children.
- Every child between 4-6 years in an LEA school receiving a piece of fruit each day.
- Developing a school meals strategy which aims to improve the availability of healthy school meals.
- The multi-agency obesity strategy group bringing together a number of health professionals.
- A physical activity strategy seeking to remove the barriers to physical activity.
- Improving local leisure and sports services, promoting healthy travel options and the use of parks and green spaces in the borough.
- Enhancing services for those with a BMI of over 30.
- Workplace initiatives.

Choosing obesity as a topic for scrutiny

Originally suggested for scrutiny by Harrow Primary Care Trust, scrutiny members decided to prioritise the topic as an in-depth review, given its importance as a local public health issue. The Health Profile 2007¹⁵ for Harrow estimates that 19.3% of adults in Harrow are 'obese' and while the health and societal ramifications of this may not immediately manifest themselves, it is vitally important to look at prevention strategies especially in a borough like Harrow with diverse communities and ageing population. The need to look at obesity is further heightened by its links to diabetes and Harrow's position as having the highest rate of diabetes in London¹⁶.

¹⁴ Harrow's *Draft Obesity Strategy*, Harrow Primary Care Trust, June 2006

¹⁵ *Health Profile of England*, Department of Health, October 2007

¹⁶ *Type 2 Diabetes and Obesity*, Harrow Primary Trust report for the Harrow Adult Health and Social Care Scrutiny Sub-Committee, December 2006.

REVIEW METHODOLOGIES

Terms of reference

The Review Group set its scope as the following:

- To examine, analyse and make proposals on the way Harrow Primary Care Trust, Harrow Council and their partners are addressing obesity in the borough.
- In doing so, promote better awareness of the roles and responsibilities in tackling obesity and inform local actions.

The aims/objectives for the review were agreed as:

- To assess the impact of obesity on the people of Harrow and how well local agencies are responding to the growing challenge of obesity.
- To add value to the development of local policy surrounding obesity and the implementation of actions around obesity prevention and treatment.
- To inform multi-agency working in obesity prevention and treatment.
- To promote key messages about measures to tackle obesity and ensure that raising awareness addresses all communities in a diverse borough as Harrow.

Defining focus of review enquiries

A number of scrutiny colleagues across authorities have conducted scrutiny reviews on issues around obesity¹⁷. The general messages to draw from these reviews on how scrutiny should go about its enquiries include the importance of focusing enquiries perhaps through case studies, targeting recommendations, adding value to local policy development and implementation by identifying areas where scrutiny can make a difference. This review took these messages on board in defining its focus of enquiries. Furthermore, since the original scoping of the review there have been a number of changes locally to scrutiny in terms of resources, priorities and configuration of committees. The Review Group therefore took the decision to drill down on some aspects of the original scope and focus on those specific areas where members can add most value e.g. one area for childhood obesity and one for adulthood obesity, and investigating these primarily through challenge sessions. Scrutiny reviews of obesity by other authorities have recognised that obesity is a vast topic and to add value where it is most needed they needed to prioritise enquiries. The Review Group therefore identified two workstreams to pursue:

Childhood obesity – children’s opportunities for physical activity

The latest Wanless report, supported by the Kings Fund, states that if we do not tackle obesity now there will be serious consequences for the NHS and social care as they will not be able to sustain their levels of service needed. After a child turns 7 years, it is often too late as the behaviour patterns for later life have been set¹⁸. Prevention and intervention programmes pay great dividends. Harrow has also received Lottery funding of £450k for play development and scrutiny can use its review of obesity to inform areas where this Lottery resource can be best channelled.

Adulthood obesity – links to diabetes

¹⁷ A sample of scrutiny reviews on obesity can be surveyed through the Centre for Public Scrutiny’s review library www.cfps.gov.uk

¹⁸ Evidence given by witnesses at the Challenge Panel on opportunities for physical activity for children.

Harrow has the highest prevalence of diabetes in London¹⁹. BME communities are also six times more likely to develop type 2 diabetes and this has a particular relevance to a borough as diverse as Harrow. Whilst it is recognised that diabetes could in its own right have warranted a review, here it was felt important to tie it into work on links to obesity.

Methodologies employed to conduct review

Within this in-depth review of obesity over the last six months, the Review Group has employed a number of methodologies. The Review Group's project plan can be found in the Appendices.

Desktop review of evidence

A literature trawl of research around the national/local policy context and other scrutiny reviews around obesity through the Centre for Public Scrutiny's review library was undertaken. The Review Group used this to inform their decisions around which workstreams to follow.

Meetings

The Review Group met on three occasions²⁰ to co-ordinate its work and monitor progress.

Challenge sessions

Each workstream was supported by a challenge session²¹ which gathered evidence from a range of witnesses through question and answer sessions opening out to broader discussions. A list of witnesses/participants can be found in the Appendices.

The format of each challenge panel contained three components:

1. Preparatory session – to finalise the questioning plan and prepare for the challenge session (Review Group members only)
2. Challenge session – question and answer style session, opening out to broader discussions (Review Group with witnesses and other participants)
3. Evaluation session – to draw conclusions from the challenge session and frame recommendations

On both occasions, all three components were conducted on the same day to maintain continuity of members' availability, with the contingency that the group could meet again should more time be needed.

Visits

As part of the evidence gathering process for the childhood obesity workstream and to follow up identified good practice, members of the Review Group visited a number of play activity/schemes across Harrow²² and Ealing²³. The Review had identified Ealing as having good play services, a vibrant play sector and having received almost £800k in their Big Lottery allocation for play development. In line with the aims/objectives for our review of obesity, the focus of the visits was to investigate the opportunities to physical activity for children.

¹⁹ *Type 2 Diabetes and Obesity*, Harrow Primary Trust report for the Harrow Adult Health and Social Care Scrutiny Sub-Committee, December 2006.

²⁰ In May, July and November 2007.

²¹ Challenge Panel on Children's Opportunities for Physical Activity (12 September 2007) and Challenge Panel on Adulthood Obesity and its Links to Diabetes (2 October 2007).

²² Harrow visits: Harrow Teachers' Centre Playscheme and Pinner Community Centre Playscheme

²³ Ealing visits: Limetrees Children's Centre, Islip Manor Park Playcentre, Petts Hill Holiday Childcare Scheme, Horsenden Hill Playground

KEY FINDINGS AND CONCLUSIONS OF THE REVIEW

Overarching review findings

Taking a multi-agency approach

In 2005, Harrow PCT established a multi-disciplinary Harrow Obesity Strategy Group to bring together professionals working on different aspects of prevention and treatment of obesity for children and adults. The group has developed a joined up strategy that takes a life-course approach to tackling obesity. This has provided a helpful strategic direction within which to work and has asked for action not just from the NHS but partners as well, reflecting that many of the actions associated with obesity prevention are multi-agency and not just about health needs. Previously there had been very little work in this area and therefore establishing a co-ordinating Obesity Strategy Group to discuss the local issues has been used to tackle the whole spectrum of 'obesity services' (a term used only among policy-makers): prevention, management and treatment. The first strategic priority of the PCT is to adhere to the NICE guidance and develop a cohesive approach to implement this.

Recommendation 1: that the borough-wide Obesity Strategy be finalised and presented to the Overview and Scrutiny Committee. The strategy should enable agencies looking to tackle obesity and its links to long term conditions (such as diabetes, and cardio-vascular and circulatory conditions) to work from a single strategic and locally owned policy framework.

Developing care pathways

Harrow's Obesity Strategy helps develop a care pathway for people at risk of or with obesity and recognises that there is a spectrum of people at different levels needing a care pathway of strategic interventions. Harrow PCT and the Dietetics Department at North West London Hospitals Trust have worked together on developing a locally enhanced service for those with BMIs of 30+ which builds on the skills of local practitioners like GPs, pharmacists, health visitors and practice nurses, who were consulted upon its development of this care pathway for adults.

The care pathway was formally launched in September 2007 and starts in the format of an A5-sized health checks card whereby height/weight can be noted down and provides signposting to further sources of information and support. The details on these cards are raised with health professionals and they can liaise with colleagues to support people for example regarding their BMI and advising about healthy eating.

The Obesity Strategy Group has also established a workstream for adult care pathways in the workplace and in the community. One of the easiest options to develop has proved to be walk schemes for people which also enables them to enjoy and guard their environment. The PCT has trained 12 people to run these walk schemes and wants them to be operated within workplaces also. This intervention is financially viable as it impacts upon other behaviours such as eating and smoking.

The PCT itself has also held its own pedometer challenge for PCT staff and this has proved very successful. It is generally felt that more can be done to support staff to lead

healthier lifestyles and this should positively impact upon staff well-being and absenteeism.

Recommendation 2: that the council pilots a walk scheme for staff as part of its staff well-being programme. This should be done in liaison with and seeking the advice of our colleagues at Harrow PCT who have already successfully implemented such a scheme.

Childhood obesity – Children’s access to opportunities for physical activity

Within the prevalence estimates of healthy lifestyle variables generated by Office of National Statistics (ONS), analysis was done in 2004 for Harrow, on physical activity for the Physical Activity Strategy. This estimate used population data of adults in Harrow from 2001 census and information about activity levels in adults from 1998 Health Survey of England and estimated that:

- Nearly 115,000 residents of Harrow do not reach the current guidelines for physical activity to benefit their health
- Over a third of these 44,000 are sedentary.

Although these figures²⁴ are for the adult population in Harrow, the Review Group feels it vital that the routine of physical activity in daily life is fostered in children as early as possible, and that this will serve long term health benefits.

Strategy/policy development

Harrow Obesity Strategy

Much of the focus of the obesity strategy is on targeting prevention and interventions in childhood. Working with schools is therefore vital and it is clear that preventions must not target children to stigmatise and therefore they should adopt a ‘whole school’ approach. It is evident that in tackling obesity within children, population-based interventions are more popular.

Children and Young People’s Plan

There is a commitment to children’s access to physical activity embedded within Harrow’s Children’s and Young People’s Plan. The Joint Area Review of Harrow in 2006²⁵ was satisfied that children have good access to physical activity therefore there is not a specific action plan for physical activity arising from the JAR.

Physical Activity Strategy

A local review on physical activity in 2003 led to the development of a Physical Activity Strategy produced by Harrow Primary Care Trust²⁶ in partnership with Harrow Mental Health Service, Harrow Council, and voluntary sector agencies. The strategy focuses on building physical activity into daily life and recommended a number of actions to increase levels of physical activity amongst various age and ethnic groups. The strategy focuses on comprehensive measures towards removing barriers to physical activity including increasing accessibility for vulnerable groups, improving opportunities for walking and cycling, improving environment and transport and removing the fear of crime.

²⁴ Harrow’s *Draft Obesity Strategy*, Harrow Primary Care Trust, June 2006.

²⁵ Report available on Harrow Council’s website www.harrow.gov.uk

²⁶ *Harrow Physical Activity Strategy*, Harrow Primary Care Trust, 2004.

The strategy and action plan belong to a number of different agencies however it is seriously out of date. Although currently the local authority and PCT are working on its revision, there is a need to address who within these organisations should lead on updating the document. In terms of timescales, these are not yet ascertained as the relevant partners have not sat around the table to discuss the future of the physical activity strategy for a while. One avenue through which this could be progressed and pay especial note to the needs of children and young people is through the Children and Young People's Partnership, partnership on all the relevant partners are represented, for example the PCT, local authority, police and voluntary sector.

Recommendation 3: that the Children and Young People's Partnership considers the local physical activity strategy and discusses with partners how this can be revised and taken forward.

Play Strategy

The impetus for the development of local play strategies arose from a review by the Department of Media, Culture and Sports in 2004 that led to £155mill of Lottery funding being set aside for play development. Play, defined as a free choice of activity for children that is not structured as sports activity, also features in each of the outcomes in the Every Child Matters framework. Local strategies have taken a cross-departmental approach with partners.

25% of the Harrow population are 0-19 years old and therefore addressing opportunities for this section of the population is important. It is the play and early years services that that cover service provision for the bulk of play opportunities and Harrow is fortunate that it has a relatively high number of parks and open spaces at its disposal within which play opportunities can be explored. Often older children do not refer to many of the activities as 'play' but rather as 'hanging out' and consultation has shown that they do not feel that they have enough opportunities for this.

Encouraging physical activity in children

MEND programme

The MEND (mind, exercise, nutrition and do it!) programme is an evidence-based and outcome-driven programme²⁷ which targets children aged 7-13 years and offers them and their families access to exercise and healthy lifestyles advice, encouraging them to become fitter and healthier and to stay that way. It is not billed as an 'obesity programme' as children should be comfortable among peers of a similar physical build.

The programme has been funded by the Lottery and is free to the children accessing it. The funding operates for seven programmes over two years. Its first programmes have run 2-hour sessions twice weekly for 10 weeks at Whitmore High School. Children's excitement and building of confidence to participate made this a very successful programme and in future this will be part and parcel of the children's care pathways.

Although referrals were taken from health professionals, self-referrals from families were not the preferred form of recruitment as it showed that the family wanted to take part and

²⁷ www.mendprogramme.org

had taken the initiative to approach those running the programme. Eligibility was based on a range of factors including age and commitment to regularly attend. For those who had not been eligible, the PCT looks to engage the families in future programmes or similar initiatives.

Exercise is part of the care pathway in the MEND programme and the PCT liaises with the local leisure centre to ensure that there is an exit strategy for those on the MEND programme (for example discounted access to the leisure centre) to maintain their healthier lifestyles behaviours. The Review Group notes that at present the MEND programme cannot accommodate many children especially given the child population of Harrow and there was a need to build on this if it is to have an impact.

There is no official follow up in place at the moment but Harrow PCT will follow up families after three months and six months with telephone conversations. The qualitative and quantitative data gathered will be used to evaluate the success of the programme and there will be a comprehensive report after the two-year programme has completed.

It is important that the learning from the first programmes is carried forward and used to inform initiatives once funding has ceased. There are materials for the MEND programme (e.g. handbooks and lessons plan resources) and the PCT is looking at how these can be used to cascade learning in future. After Lottery funding has ceased, the PCT will need to look for additional support whether this be in the form of funding, venues, staffing etc and partnership initiatives like at the Children's Centres or cluster schools may be an appropriate avenue to approach.

Encouraging physical activity in holiday playschemes

As some members of the Review Group visited a couple of the local authority run summer playschemes in the borough, it became very clear that there are wonderful opportunities for children to regularly undertake physical activity through these schemes. The schemes themselves particularly promote physical activity within their daily timetables - the playscheme at Harrow Teachers Centre for example is a particularly active playscheme and parents/children are aware of this. At that scheme, in the afternoons there is often only physical activity (e.g. football) offered and this gently encourages children to participate as the only other option is to sit and watch - often not a preferred option for children.

The playscheme run at Pinner Community Centre has found that children's choice of snacks greatly impacts upon their behaviour and willingness to participate in activities. Playworkers have stopped using the fizzy drinks machine in the community centre foyer and the children have tended to follow this lead and also not use the machine. Tuck is provided as snacks to sustain children between meals and includes fruit, fruit squash, raisins and rich tea biscuits. Playworkers have noticed a marked improvement in children's behaviour as a consequence.



Review Group members with staff at Pinner Community Centre Holiday Playscheme

Recognising barriers to physical activity

Harrow's Play Strategy²⁸ identifies a number of barriers to accessing opportunities for physical activity and these barriers were identified through consultation with and perceptions from children and young people themselves. These include safety (e.g. children never go the park on their own), physical access (e.g. transport links and distance to places) and the demands of schoolwork.

A further barrier to physical activity can be seen as the culture within society and the disadvantages of playing outside. Children and young people recognise a changing societal attitude towards them and note that often the perception of them say kicking a ball around outdoors is now a threatening one. The PCT would like more people to be out and about and this in turn should help reduce the fear of crime, as well as increasing physical activity and fostering civic pride e.g. through walk schemes.

Co-ordinating services for children and promoting multi-agency working

The Play Partnership

There has been great enthusiasm about the development of a Play Partnership in Harrow which involves the PCT, Police and voluntary sector and serves to pull together people from many diverse areas. The initial impetus for the Play Partnership was developing a bid for the Big Lottery funding but the Partnership continues to meet. The Partnership represents a good networking group for the underdeveloped play sector in Harrow and therefore one of its aims is to develop a more active play sector.

It is acknowledged that Harrow is at the beginning of its work in developing a cohesive framework of play opportunities and that it is quite a way behind other London boroughs in this respect. The Council's Play Service currently sits within the Youth Service and has only 1.5FTE who focus on developing after-school clubs and holiday playschemes. However many services are contributing to play without knowing it! The most feasible way to develop a more vibrant play service in a broader sense is through multi-agency working and the Play Partnership provides a good foundation for this.

Furthermore the voluntary sector leads on two of the schemes under the Big Lottery funding bid (Mencap and Kids Can Achieve) and the faith sector is equally active in running a lot of physical activity too. There is a lot of existing activity and the Play Strategy offers the opportunity to bring this into a coordinated framework.

Schools and extended schools

Schools are recognising that the extended schools programme can help them deliver the Every Child Matters²⁹ agenda and also other benefits. The ambition is for all schools to make the extended schools offer and Harrow is exceeding current targets.

²⁸ *Harrow Play Strategy 2007-2012*, Harrow Council, May 2007.

²⁹ *Every Child Matters: Change for Children*, Department for Education & Skills, 2004. The Every Child Matters agenda concerns the well-being of children and young people from birth to 19 years. It aims for every child, whatever their background or their circumstances, to have the support they need to: be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic well-being.

Formal organised physical activity is offered with greater variety through extended schools. Not all children like to take part in competitive sports and therefore it is ensured that there is a range of different opportunities offered across the school clusters. Extended schools funding opens out school buildings to the community and the perception of schools as safe educational settings helps reinforce their image as community resources. Extending schools out into the wider community makes it even more important that schools co-ordinate their efforts with that of partner organisations. To this end it must be ensured that the programmes run by the local authority and the PCT link up and that each organisation keeps the other informed of development and progress of their programmes.

Recommendation 4: that the Council and PCT recognise that much of the work around children's opportunities for physical activity can be built in together with multi-agency working and channelled through schools, children's centres and extended schools.

Guidance for schools

Harrow PCT and the local authority have been working together on the local implementation of the National Healthy Schools Standard since the introduction of the programme in 1999. This partnership programme takes a whole school approach to introducing healthy eating, physical activity, personal, social and health education to children. Furthermore the recent Department of Health obesity guidance for schools³¹ includes that physical activity is not just about sport and that healthy lifestyles are not just about eating healthily but rather schools facilitating increased physical activity. Because of a technicality Harrow is not hitting all of the targets contained within the Healthy Schools Standard, however it does have the buy-in of all schools. The anomaly lies in high schools - with each lesson at 50 minutes and therefore two lessons (a double period) constituting 1hour 40minutes of activity, this falls under the two-hour threshold. To raise the quality of provision in high schools, primary school coordinators have been based in high schools.

The Department of Health obesity guidance for schools also highlights the need to avoid stigmatisation with regard to obesity prevention and promotes a whole school approach, ('population-based' intervention) encouraging universal prevention. The culture within Harrow schools embraces an inclusivity agenda whereby stigmatisation will not be tolerated. Staff are aware that obese children are subject to bullying but schools have strong anti-bullying policies and there is support available for those children who are picked on. The appropriateness of actions must also be taken into consideration and therefore children are only encouraged to take part in physical activities that schools know they can do and alternatives to sports are considered e.g. aerobics and pilates.

The Student Advisory Group (made up of secondary school students) every year holds a PHSE conference for Year 9 students. Workshops, which the students run themselves, identify physical activity and healthy eating as key topics. This year's conference centred on how children and young people can make a difference to others and this included thinking about their own diets and well-being, therefore children on the whole are well-informed.

Healthy eating

³¹ *Obesity Guidance for Healthy Schools Coordinators and their Partners*, Department of Health, January 2007.

There are new national healthy foods standards in place and as of September 2007 there are no fizzy drinks and sweets offered in schools. This will make an impact as most children are also not allowed out of school and therefore rely on food within school boundaries or packed lunches brought in from home - there are requirements on schools on what they should provide for school lunches however schools cannot legislate for the contents of packed lunches. As noted above by the Review Group on their visits to playschemes, there was a marked difference in children's demeanour when they were not using vending machines but offered healthy snacks as an alternative.

Children and young people will make positive choices if they are well-informed. In 2002, the National School Fruit Scheme was implemented in Harrow and within one year, the uptake reached 100% by all eligible schools. As a result of this scheme, every child aged between 4-6 years in an LEA primary school receives a piece of fruit each day and there is evidence that this scheme increases the intake of fruit and vegetables.

For many children fruit has become part of a normal routine and this is also reflected in their increased consumption of fruit in their own homes. There has been a marked improvement in children's behaviour since the healthy eating scheme was put in place in Harrow schools.

Whilst fruit consumption has been a success in Harrow schools, the Review Group heard that the general agreement that the general quality of school meals will not improve until there is more education around healthy meals. To help tackle this, Standards funding has funded a free dietician service whereby dieticians will advise about healthy eating to help schools meet the new schools standards. Although free school meals do not include breakfast, the Review Group monitor with interest the success of breakfast clubs and whether breakfast choices inform those at lunchtimes and also children's learning capacity throughout the day. Breakfast clubs have been shown to demonstrate a positive impact on children's diet, attention and attendance.

Walk to school schemes

There are some initiatives around walk to school schemes and some examples of broadening this out, for example to dedicated 'walk to school weeks' - Harrow is looking to extend these and offer certificates as incentives/enhancements. Walking buses have not proved that successful mainly due to their reliance on parents' participation - parents are often reluctant to get involved. A number of schools have been offered extra funding to operate their walking buses however Harrow is a densely populated area and therefore there are many routes to schools. With so many routes for walking buses to take, they can become logistically complicated with a hub and spoke set up. All schools are required to have a travel plan and in Harrow about 30 of the 84 schools (including private schools) have a travel plan.

Measuring obesity

The programme in measuring children in schools (height and weight) continues with national funding for all children in Reception and Year 6 to be measured. School nurses work in partnership with schools and schools train their own staff. The programme is running smoothly locally with no objections from parents. Year on year data will form a database through which monitoring can take place. There are no plans to roll this out to other years as the age cohorts represent target age groups - as children start school and as they reach puberty. The data will help identify trends (e.g. by geographical areas and

demographic groups) and this can help focus resources and educational programmes. Through gleaning this population-level data, the aim will be not to target individual children but inform school policies and educate parents

Involving parents/carers

Often schools work well with health professionals however it can be parents/carers who difficult to engage with. With regard to children's lifestyle choices they understandably are highly influential agents. The biggest challenge is that parents are not a homogeneous group. Many schools have schemes as part of the Healthy Schools Scheme and there is a need to target the generation who do the household shopping and make food choices not only for themselves but also for the rest of the family.

On a more Harrow-wide basis, children's centres (encompassing health and education) are there to support families and signpost them to advice and support. This is a key function of children's centres and this may be the way forward to engaging whole families - there is a lot of focus and activity on early years work through children's centres and catching them children's habits young may be the key. The parenting groups at local children's centres provide a good network for parenting advice and this recognises the crucial role children's centres play as key settings in children's development.

The Children's Centre³² in Ealing visited by the Review Group highlighted in particular how children's centres can be the hub for partnership working between the local authority and the local PCT. Ealing Council often approaches the PCT for funding for joint projects and it also offers up Council facilities as community access e.g. baby weighing sessions in children's centres. Commonalities across services are identified and complementary approaches to projects progressed, a further example being between Ealing Play Service and their colleagues in the Parks Service.

Within Harrow's own playschemes, there is evidence of parental involvement through the parent consultation panel which is drawn upon to advise on the running of the schemes. The staff also offer advice to families e.g. advice about physical activity and diet, including lunchtime workshops on healthy eating (balanced diets and 'what is a good plate'). This encourages parents to think about healthy meals and allows playschemes to keep an eye on what the children are eating. Children are required to bring in their own lunches and the booking form for the schemes includes suggestions on what makes a good balanced packed lunch to guide parents/carers.

Recommendation 5: that multi-agency work through schools, children's centres and extended schools links to opportunities to engage and signpost families/parents to healthier lifestyles and encourages family learning.

Funding

Indices of deprivation

Harrow is not seen as a borough of great deprivation and thus often misses out on some streams of funding. For example, in the Big Lottery Well-Being Grant, the London sector prioritised programmes only in those boroughs which held the 10% most deprived super-output areas and as such Harrow did not receive any of the funding. Funding criterion

³² Limetrees Children's Centre, Northolt.

often does not help Harrow attract external monies and in effect Harrow is often 'penalised' for its image of a green and leafy borough hosting a number of successful schools.

Harrow does not have below average levels of child poverty but it does have pockets. Neighbouring boroughs such as Ealing attract more funding for children (e.g. through the Play fund and Children's fund) and the quality of their children's facilities highlights this. It is to Ealing's benefit that it has a very high child/adult ratio and in turn this high ratio helps funding, as DfES and Children Centres funding depends upon children numbers. However the Review Group is clear that whilst Harrow may not have the facilities, it still maximises the opportunity for physical activity within its playschemes.



New layout and play equipment at Horsenden Hill, funded by Ealing's Big Lottery Fund for Play Development

Recommendation 6: that it is recognised that within Harrow there is a need to take more opportunities to lobby funding bodies regarding the criteria set down for accessing funding streams. The Review Group recommends that the Council and PCT make this representation jointly.

Innovative approaches to maximising funding opportunities

The visit to Ealing schemes demonstrated the real dividends of a corporate team supporting bids for funding through thorough feasibility scoping and pre-assessment of applications. Ealing Council has a small team of officers who help put together bids for funding e.g. assess feasibility and content. Ealing has therefore been successful in attracting various pots of money and there are officers who keep track of new sources of funding. The Review Group agree that the schemes visited in Ealing demonstrated real innovation and were based in solid funding applications and Harrow would do well to follow up developments at Ealing with regard to provision for children and seek advice on how to make successful bids to funding bodies.

In terms of the play areas visited in Ealing, these tended to move away from formal concrete areas with swings, slides and a roundabout and move towards integrating play into the environment, with different levels of play opportunities. The officer landscaping the play areas for Ealing had included mounds. These contained clean waste with companies paying for the dumping of their waste and also the landscaping costs. A large-scale example of this approach is Northala Fields in Ealing (on the A40) which brings in an income of £6-8mill per annum to the Council.



Review Group members with Ealing's Head of Play Service at the Pirate Ship in Horsenden Hill

Furthermore Ealing has sought very competitive prices for their play equipment.

The opportunities for physical activity at Horsenden Hill for example hosts play in a natural setting including a willow maze and wooden play equipment (a pirate ship and look-out tower on soft child-friendly ground amid natural boulders) costing only about £45k. Just opened nearby is a new playground on the north side of Horsenden Hill which mixes natural boulders with standard play equipment.

Previous experience has shown that there is a need to be careful how Harrow's case is presented in funding applications and therefore the preliminary work around feasibility of submitting bids is vital. Ealing has demonstrated that their feasibility work was done well and therefore when Ealing Council applied for funding it was confident of success. It can be demoralising if bids are unsuccessful and they do not represent best use of officers' time. Funding opportunities need to be optimised. The Review Group learnt that Harrow does have a funding officer who proactively seeks out streams of funding that the council could tap in to, however his job is not to submit the applications themselves but rather support the process. This is a function within the authority which requires development, publicity and more transparency.

Recommendation 7: that there is a role for scrutiny to play in examining the functions and effectiveness of the Council's funding officer - what the Council's funding officer does and how he can facilitate the local authority to attract more funding and optimise the funding opportunities available to Harrow.

Building capacity

There is a need to build the capacity of Harrow's voluntary sector in putting forward bids (either individually or jointly with partners) and Ealing's situation further highlights the benefits of having a well resourced voluntary sector. Future bids around those to Sport England and linking into work around the Olympics 2012 should be promoted and local leisure budgets re-examined to ascertain whether they meet the needs of local people especially in light of the growing debate about obesity and people's access to opportunities for physical activity.

Recommendation 8: that Harrow, through the Harrow Strategic Partnership and its Local Area Agreement, should continue to build the capacity of its voluntary sector so that it can partner the Council and PCT on more joint projects around children's opportunities for physical activity.

Targeting provision and using existing local resources

Targeting provision

Harrow's Play Strategy recognises that there is a relative lack of play provision in the east of the borough, and there are also more private/expensive playschemes operating on that side of Harrow. Children and young people consultation reinforced in the Play Strategy what was already recognised in the borough's Open Spaces Strategy. Children and young people have the perception that there is a lack of provision for young people in the east of the borough and therefore they 'hang around' more. Money from the Prosperity Action Teams (PATs) provides an opportunity for capital expenditure to address this gap and this

has already begun for example in purchasing goalposts at Canons Park and playground shelters at Stag Lane School.

Open spaces and other local resources

Harrow has a wealth of open spaces open to it for developing outdoor play opportunities. To their increase usage and to encourage children to use outdoor facilities, all play areas should be lit and positioned so that responsible adults can keep an eye on children playing there. This would serve to address parents' fears with regard to play areas and safety.

The Play Strategy has highlighted that there is a lot of deprivation in the east of the borough, yet a relative lack of provision for children in that part. Related to this, there are plans to roll out the Canons Safer Neighbourhoods schemes as and when across the borough with a view is to take children away from anti-social behaviour through offering them more organised activities. Community Safety Officers (CSOs) have a role in dispersing groups of children and young people but often it is hard to identify where they can go. Even the Police recognise that they can no longer play or just hang out without being dispersed and therefore there needs to be some reconsideration of the approaches being employed locally. Sometimes children and young people are not seen very positively, for example when children hang out, the police tend to get many calls from residents who are nevertheless reassured by the presence of CSOs.

Recommendation 9: that local authority provision for children is targeted and addresses areas of deprivation in the borough where there is an identified and relative lack of provision for children.

Developing the play workforce

Harrow Council has a very small play service (1.5FTE) coupled with a small play workforce and therefore there is much scope to develop the local workforce for example through more people on the NVQ in Play. Nationally however the play workforce is not well recognised and people tend to opt for youth qualifications.

The local authority run playschemes in the borough usually staff themselves through university students and 'playscheme assistants' who previously attended the schemes and are now being trained up to become playleaders themselves. This encourages the young people to keep out of trouble (to maintain a clean CRB) and the supporting training scheme helps workforce development. A bootcamp for playscheme assistants has been set up, for children who previously attended the schemes and want to work at the schemes when old enough and these train up assistants to NVQ2/3 level.

There is a buddy system in place in some schools whereby during term-time, playleaders can spend an hour a day supporting children in playgrounds and this can help in tackling possible bullying. However although schools appreciate the support, this cannot be a job in its own right. Likewise a staffing problem faced by local playschemes is when offering staff only after-school or holiday scheme hours, this does not represent a full time salary. Therefore this type of work better suits students who however will eventually graduate and go into full-time employment elsewhere.

Adulthood obesity – Links to diabetes

Diabetes

Diabetes UK³³ describes **diabetes** as:

“A condition in which the body cannot make proper use of carbohydrate in food because the pancreas does not make enough insulin, or the insulin produced is ineffective, or a combination of both.”

Insulin is the hormone that helps glucose (sugar) from the digestion of carbohydrate in food, move into the body’s cells where it is used for energy. When insulin is not present or is ineffective, glucose builds up in the blood. Using the analogy of insulin as the key which unlocks the door to the body’s cells, once the door is unlocked glucose can enter where it is used as fuel for energy. Diabetes develops when glucose cannot enter the body’s cells to be used as fuel.

Type 1 diabetes: The insulin-producing cells in the pancreas have been destroyed therefore there is no key (insulin) present to unlock the door to the body’s cells, and thus the glucose stays in the blood.

Type 2 diabetes: When there is not enough insulin and so the cell doors are only partially unlocked (the key is unable to unlock the door properly) and/or when there is insulin (the key) but the lock does not work properly (insulin resistance).

Over two million people are diagnosed with diabetes in the UK and an estimated three quarters of a million people have it without knowing it. Over three quarters of people with diabetes have Type 2 diabetes and one of the risk factors to developing this type of diabetes is being overweight.

Although there is no ‘cure’ for diabetes, it can be managed successfully. The aim of diabetes management is to keep blood glucose levels as near to normal as possible (4-6mmol/l before meals and up to 10mmol/l two hours after a meal). Treatment for diabetes includes insulin injections (for Type 1 diabetes and some Type 2 diabetes), taking tablets (for Type 2 diabetes), eating healthily, balancing meals and taking regular physical activity.

Obesity triggers a state of insulin resistance. The more overweight you are, the higher the risk of developing Type 2 diabetes. Some sources suggest that up to 80% of people with Type 2 diabetes are obese. The exact causes of Type 2 diabetes are unknown however it does develop because of a mixture of genetic and environmental factors and in Type 2 diabetes a poor diet and sedentary lifestyle are among the most important environmental factors.

In 2005, Harrow PCT undertook a Diabetes Equity Audit³⁴ and findings from this showed that diabetes is a major cause of morbidity and early mortality in Harrow. Harrow has the highest prevalence rate of diabetes in London – 2005 figures showed that the diagnosed prevalence is 4.8% and the estimated prevalence is 5.7% of the local population. Those of an African-Caribbean or Asian background are up to six times more likely to develop diabetes. This is a particularly pertinent issue to note given Harrow’s diverse community.

³³ Diabetes UK is the largest organisation in the UK working with people with diabetes. It is a registered charity which funds research, campaigns and helps people live with the condition. www.diabetes.org.uk

³⁴ *Diabetes Equity Audit*, Harrow Primary Care Trust, 2005.

Strategy/policy development

National Service Framework for Diabetes – Standards

The diabetes national service framework (NSF)³⁵ established 12 national standards aimed at raising quality and reducing variation across diabetes services. The delivery strategy³⁶ set out a 10-year programme of change and improvement to drive up service quality and tackle variations in care. The 12 National Service Framework standards are as follows:

Standard 1:	Prevention of Type 2 diabetes – key interventions stated include reducing the prevalence of overweight and obesity in the general population. Individuals at increased risk of developing Type 2 diabetes can reduce their risk if they are supported to change their lifestyle by eating a balanced diet, losing weight and increasing their physical activity.
Standard 2:	Identification of people with diabetes
Standard 3:	Empowering people with diabetes – key interventions include that personal care plans can help empower people with diabetes.
Standard 4:	Clinical care of adults with diabetes
Standard 5 & 6:	Clinical care of children and young people with diabetes
Standard 7:	Management of diabetic emergencies
Standard 8:	Care of people with diabetes during admission to hospital
Standard 9:	Diabetes and pregnancy
Standard 10,11 &12:	Detection and management of long-term complications

Healthcare Commission review of diabetes services

The recent national service review of diabetes³⁷ states that diabetes shortens people's lives and in addition to the human cost to the person with diabetes, the financial cost to the NHS of caring for people with diabetes is estimated to be around £9 billion every year, representing around 10% of total NHS expenditure. With the number of people with diabetes predicted to rise as the population becomes more obese and lives longer, NHS costs will also rise. Caring for people with diabetes also has an impact on social services expenditure, as it is four times more expensive to care for people suffering from long-term complications than without.

NICE issued guidelines for the NHS on the management, care and education of people with diabetes³⁸. The new General Medical Services (GMS) contract with GPs, which was introduced in 2004, contains the Quality and Outcomes Framework (QOF)³⁹ including 18 indicators for financially rewarding primary care practitioners for identifying people with diabetes and reaching thresholds for diabetes-related quality targets.

³⁵ *National Service Framework for Diabetes: Standards*, Department of Health, 2001.

³⁶ *National Service Framework for Diabetes: Delivery Strategy*, Department of Health, 2003.

³⁷ *Managing Diabetes: Improving Services for People with Diabetes*, Healthcare Commission, July 2007.

³⁸ *Type 1 diabetes: diagnosis and management of type 1 diabetes in children, young people and adults*, National Institute of Clinical Excellence, 2004.

³⁹ Health and Social Care Information Centre (2005-06) *Quality and Outcome Framework data (QMAS database)*

The total number of people with diabetes (those diagnosed and undiagnosed) is forecast to rise by 15% between 2001 and 2010; 9% of the rise is due to increasing numbers of obese people and 6% to an ageing population.

The review by the Healthcare Commission looked at services commissioned by PCTs focusing on how well healthcare systems support adults with diabetes to care for themselves. Data was collected about all of the 152 PCTs in England and was taken from three sources: Healthcare Commission's national patient survey of people with diabetes, the Health and Social Care Information Centres' Quality and Outcomes Framework and Hospital Episode Statistics. Each PCT then received in July 2007 a score based on its performance – 'weak', 'fair', 'good' or 'excellent'.

The majority (73%) of PCTs scored 'fair' in their work supporting adults with diabetes to care for themselves. The review showed that the level of deprivation of a PCT area is not a factor in how well it supports people with diabetes to look after themselves. The national review identified five areas for improvement:

1. Better partnership between people with diabetes and their healthcare professionals when planning and agreeing their care.
2. Increasing the number of people with diabetes attending education courses and improving their knowledge of diabetes.
3. Working more closely with all organisations providing and commissioning diabetes services.
4. Increasing the number of people with diabetes having long-term blood glucose levels of 7.4 or a lower safe level.
5. Reducing variation in general practices' achievements.

Harrow PCT scored a rating of 'fair' – performance that meets minimum requirements and the reasonable expectations of patients and the public. It highlighted as an exemplar of good practice (one of eight PCTs) with regard to having emergency admission rates for diabetes ketoacidosis (DKA) and hypoglycaemic coma that were lower than expected. PCTs in London did not fare particularly well with 26% scoring 'weak' and none scoring 'excellent'. 'Fair' was the best achieved by any London borough and according to the Healthcare Commission, Harrow's weaknesses centre around a lack of structured patient education, however this is also a national issue. Harrow PCT recognises that when looking at the distribution of care in Harrow, there are good pockets but there are also areas where care is not so good and one of the PCT's priorities is to address this need to level up the distribution across the borough.

Lack of local strategy

Although Harrow has the highest incidence of diabetes in London, it has no diabetes strategy. There is however a Diabetes Partnership Board which aims to deliver the National Service Framework for Diabetes and also local written guidelines, targeting an audience of GPs, practice nurses and other practitioners. Therefore in the absence of the written strategy, there is nevertheless strategic direction and papers from the health sector. The local authority has no specific strategy for diabetes care.

Recommendation 10: that a borough-wide Diabetes Strategy be developed, so that all agencies looking to tackle diabetes and its links to other long-term conditions such as obesity can work from a single strategic and locally owned

policy framework.

The Diabetes Partnership Board supports multi-agency working through its involvement with local GPs, nurses, consultants, Diabetes UK and patient representatives. However as yet it does not involve the local authority and the Review Group feels that this is gap in representation that needed addressing as a matter of urgency.

Recommendation 11: that the Diabetes Partnership Board seeks a representative from the local authority to supplement its multi-agency perspective. The Review Group recommends that this be the Adults Services Portfolio Holder in the first instance.

Joining up messages

Currently Harrow PCT's website provides links between diabetes and heart disease but not to obesity and therefore there is a need to raise community awareness of this association. The PCT and Council should work together to publicise the dangers of obesity and provide the link to diabetes. The PCT is looking into the possibility of setting up a website on 'Well Harrow' providing local information on health and well-being issues such as diabetes care encourage people to actively undertake exercise. This provides an opportunity to link up with some of the work that the Harrow Council is doing and publicising on its own website. Developing joint articles to the press to update residents on health issues should also be explored.

Recommendation 12: that joint work between the PCT and Council is undertaken on publicising the risks of obesity and also its links to diabetes. Joint articles to the press or in Harrow People updating residents on broader health issues should also be explored.

Information and education

The Healthcare Commission has identified one of Harrow's weaknesses in diabetes services as a lack of structured patient education. The PCT is trying to work on the areas of weakness, focusing now on the information/education aspects of care and not just urgent care situations⁴⁰.

There are two particular courses in structured patient education – DAFNE (Dose Adjustment for Normal Eating) and DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed), which is a 4-day intensive course for diabetics. However often people who have been dealing with diabetes all their life, do not necessarily want to go on a 4-day course. DAFNE is run at Central Middlesex Hospital however the last patient from Harrow who was referred to this waited 18 months to receive the course which is very labour intensive and expensive in terms of resources. It is recognised that the PCT should do more to advertise its courses for type 2 diabetes, especially to those

⁴⁰ For 2008, Harrow PCT (Diabetes Specialist Nurse Team) plans the following diabetes education sessions:

- 24 individual one-off sessions, throughout the year.
- 3 Diabetes X-PERT Structured Patient Education programmes, each consisting of six afternoon sessions over a six-week period: 1) 10 April to 15 May every Thursday; 2) 24 July to 28 August every Thursday; 3) 16 October to 20 November every Thursday. Each programme is quality assured using an auditing tool and then evaluated.

newly diagnosed with diabetes. These are at various community locations around the borough and are delivered on a multidisciplinary basis. This has proved very successful for some groups but is currently underused.

Recommendation 13: that the PCT makes efforts to do more to advertise its courses on managing type 2 diabetes, including posting them on the PCT website and on the websites of those agencies who also help deliver the multidisciplinary course.

The distinction should be made between professional education and education for patients in community settings. If courses are run by the PCT, the uptake is not usually very good however if GPs promote group education classes, this is much better. Pharmacists have reported good feedback from people about the diabetic advice and support they receive from their GPs. As a minimum standard, GPs should offer an annual review and 6-monthly checks for long term blood glucose levels (HbA1c tests) and it is suggested that more pharmacists could be used, if suitably trained up, to support this provision.

The PCT budget is very stretched and this has seen a drop in the number of specialist diabetic nurses from 6 to 5 in the last year. The Review Group feel that this is unfortunate as good dietary advice is often available from practice nurses. A local target is for every practice to have a GP and practice nurse trained in diabetes. At present, Harrow is close to achieving this target for practice nurses. The diabetes service model for Harrow includes diabetic clinics at Northwick Park Hospital for type 1 diabetics, antenatal care and children and young people, with most type 2 diabetes being addressed in the community.

A particular challenge is in addressing diabetes in the South East Asian population and locally, specific work has been done around diabetes education with specific communities, especially BME groups which are up to six times more likely to develop Type 2 diabetes.

Healthcare professionals work well with Diabetes UK, the recognised diabetes charity in the country. Diabetes UK is holding a 'Living with Diabetes Day' at Harrow Civic Centre on 30 November with the support of Harrow PCT. Diabetes UK asserts that any campaign on obesity needs to address the risk factors of diabetes, avoid blame-making, encourage those at risk to come forward and therefore start to manage complications as soon as possible. There is also evidence that cognitive behavioural therapy can help diabetics control their blood-sugar levels more effectively. Diabetes UK acknowledges that the realms of mental health and well-being (in the general populus) in relation to diabetes are under explored and following up on this could put Harrow at the forefront of addressing the needs of diabetics locally.

Identifying and supporting people with diabetes and those at risk

Identification

Harrow's locality profile by Diabetes UK⁴¹ shows that between 2004 and 2005, the undiagnosed diabetes rate declined from 41% to 11% for Harrow PCT and the PCT is to be commended on its work in identifying people with diabetes and lowering its undiagnosed rate by such a margin. It is part of the GP contract to monitor diabetes prevalence and that the annual data gleaned is reliable. The Brent York model identifies

⁴¹ Available through the Diabetes UK website: www.diabetes.org.uk

the expected prevalence level of diabetes for each area and Harrow's observed prevalence is getting closer to the expected level.

Support

This would suggest that Harrow PCT's programme for early identification for diabetes is working although there are no strict national guidelines to follow and therefore often it is more a case relying on opportunistic screening linked to other risk factors such as blood pressure and obesity. In the main, this is left for individual practices to determine and follow the Diabetes UK recommendations. Upon first diagnosis of diabetes, a GP should arrange consultation with a registered dietician. Dieticians are available to all GPs but the level of uptake is not known. There is a data collection issue here as GPs are not required to record this information, and therefore any conclusions drawn on data from only some GPs will not be representative of the borough as a whole.

Recommendation 14: that all GPs are encouraged to keep records on referrals to dieticians and the level of uptake of these referrals, and provide this information to the PCT.

Retinal screening

The National Service Framework makes specific reference to screening for diabetic retinopathy, as diabetes is the leading cause of blindness for people of working age in the UK. The PCT holds no data on annual eye checks. Retinal screening is commissioned by the PCT and the contractor is obliged to contact all diabetics to offer this service. At the last count, 99% of people were offered the screening (demonstrating that the contractor is fulfilling their contractual duties) and 68% of people had received the screening. Patient education could improve this level of uptake and practice nurses are seen as the drivers for this. Screening is offered at the Wealdstone Centre and Alexandra Avenue Centre with no waiting lists, offering high quality and meeting the national service framework.

Empowering/enabling self-care management of condition

The NSF for diabetes recognises that it is important to support people to look after themselves ('self-care'). A growing body of evidence demonstrates that this is fundamental to daily life and that supporting people with long-term conditions to care for themselves means that they do better in clinical terms and in their quality of life. It also contains increases in healthcare costs. The importance of making support available for people with long term conditions to care for themselves is further reinforced in the recent White Papers *Choosing Health*⁴² and *Our Health, Our Care, Our Say*⁴³.

Taking this on board, there is local consensus Harrow could improve in its support and interventions in this area and inform people what to expect from local healthcare professionals. With regard to self-care, there are significant gaps in the ability of the NHS to empower people with diabetes to manage their condition effectively. Local development (e.g. by the PCT and local authority) to support diabetes self-help groups where people can learn together and have a support network to manage their condition seem to lean upon Harrow's Diabetes UK - a voluntary group which does not offer diabetes services but rather offers peer support and gets involved in consultations and planning issues, giving people with diabetes a local voice.

⁴² *Choosing Health – Making Healthy Choices Easier*, Department of Health, 2004

⁴³ *Our Health, Our Care, Our Say: A New Direction for Community Services*, Department of Health, 2006.

Recommendation 15: that information be readily available to diabetics about what they can expect from local healthcare professionals, with a view to supporting self-management of people's diabetes wherever appropriate.

Standard 3 of the NSF highlights that personal care plans for those with diabetes can help empower people. Following also the NSF Standard 12 which highlights the need for multi-agency support in delivering integrated health and social care, the Review Group would recommend that these be ensure a multi-agency focus and that these include signposting to further sources of information and support. Indeed Diabetes UK would encourage written plans, perhaps in the form of checklists of what diabetics should do/expect every year for example annual eye checks and blood tests. This would foster empowerment of self-care and generally encourage uptake of services.

In Harrow, healthcare services are perhaps not the best at giving patients written information on what diabetics should expect every year as part of their care. Diabetes is specialised and each person has different needs and therefore it is difficult to have generic information for all. However if such information could be available at a single point of contact/information, it would serve as a good aide-memoire for diabetics and foster a sense of empowerment in their self-care regime. The Review Group feels that it is possible to devise such a template to put on practice computers, after which the GP can tailor the information for the individual patient.

Recommendation 16: that the PCT, in liaison with GPs, devises a template of information on what all diabetics should expect as part of their routine care, and that this be piloted within some local GP surgeries to gauge the success of such an approach.

Concessions for diabetics

The local authority's could look to offer concessions for diabetics, for example to local leisure centres to encourage physical activity among diabetics as part of their self-management care regime. Such an approach of offering appropriate concessions has been implemented for other vulnerable or at-risk groups such as looked after children and so it is feasible that it can be rolled out for other population cohorts such as diabetics.

Recommendation 17: that the Council explores offering people with diabetes concessions at leisure centres to encourage physical activity and form a routine part of their self-management of care. GPs should be asked to promote the availability of such concessions.

Partnership working between organisations providing, commissioning and supporting diabetes services

Investing budgets

In a time when the budgets of most local health and social care providers is stretched, there is a particular need to look at chronic diseases as a whole and target prevention accordingly for example through diet, lifestyle and exercise. Within the PCT, aspects of diabetics care fall within different budgets. Likewise there is no specific budget within the

Council for obesity or diabetes but work in these areas is channelled through preventative budgets. From a local authority perspective, spend on diabetes is coincidental rather than specific, for example through Healthy Living initiatives and work within schools.

There appears to be a general need to shift more investment to prevention and primary health prevention strategies however equally it is recognised that it is always more difficult to get investment for preventative work as most funding allocations are rather more short term.

Joint work

Within the National Service Framework, Standard 12 highlights the need for multi-agency support in delivering integrated health and social care. In offering packages of care, there is the need to look beyond a package of care involving just the PCT and local authority. Although in general there is a lack of proved interventions, the PCT is carrying out an appraisal of other local schemes to draw upon successes in interventions.

In tackling diabetes, Harrow should build upon the successful model of its smoking cessation project which proved an effective service for healthcare professionals to channel in to. GPs were not successful with one-to-one advice but an accessible and effective group scheme meant that this option was available to GPs tap in to. Pharmacists provided full support for this scheme and this pharmacy model worked in Harrow whereas in London it often did not. The scheme tackled education plus behavioural and motivational change, offering a 'toolbox' of options. Applying this model of a 'toolbox' of effective interventions in diabetes would include local interventions and tailor it to at-risk groups such those who are obese. Proving its effectiveness will be a tall order but it can help make local headway, for example the walk schemes have proved a combination of social activity and exercise. This should engage healthcare professionals as appropriate.

Diabetes tends to get medicalised but an outlook towards prevention will be more beneficial in the long term. The best place to start in terms of working up local preventative models would be to look at best practice in order to achieve a solid evidence base on which to build interventions and preventative work. There are evaluations in neighbourhood renewal areas of what is effective and those that are appropriate could be employed in Harrow. Health and social care partners know the population that they provide services for and also have a successful smoking cessation model upon which to build.

Recommendation 18: that using examples of best practice and the successful modelling and delivery of smoking cessation interventions in Harrow as a base, the PCT leads on developing a 'toolbox' of effective interventions available to people with diabetes or at the risk of developing diabetes. This should link to access to schemes around physical activity and healthy eating and lifestyles.

APPENDICES

APPENDIX A: RECOMMENDATIONS MATRIX

KEY:

<u>Prioritisation</u> – (Timescale)	Requiring action immediately:	S
	Requiring action in medium term:	M
	Requiring action in long term:	L
<u>Incorporated information</u> - (Info)	Evidence received from officers (Council/PCT)	O
	Evidence received from “best practice”	BP
	Evidence received from local people	LP
	Evidence received from voluntary groups	VG
	Evidence received from relevant portfolio holder(s)	PH

HARROW SCRUTINY REVIEW OF OBESITY

Recommendation	Time scale	Identified officer/ member/ group to action	Info	Partnership (Yes/No)	Action taken (6 months or 1 year)	Measure of success
<p><u>Overarching review:</u></p> <p>Recommendation 1: that the borough-wide Obesity Strategy be finalised and presented to the Overview and Scrutiny Committee. The strategy should enable agencies looking to tackle obesity and its links to long term conditions (such as diabetes, and cardio-vascular and circulatory conditions) to work from a single strategic and locally owned policy framework.</p>	M/L	Harrow PCT Board Obesity Strategy Group	O	Yes		6 months: progress update on development/ revision of borough-wide Obesity Strategy to Overview and Scrutiny Committee. 1 year: an Obesity Strategy for Harrow published and adopted by all relevant partner agencies.
<p>Recommendation 2: that the council pilots a walk scheme for staff as part of its staff well-being programme. This should be done in liaison with and seeking the advice of our colleagues at Harrow PCT who have already successfully implemented such a scheme.</p>	M	Corporate Director of Strategy and Business Support, Harrow Council	O / BP	Yes		3 months: the staff well-being programme includes a (pilot) walk scheme for staff. A scheme has been, or is about to be, piloted.
<p><u>Childhood obesity:</u></p> <p>Recommendation 3: that the Children and Young People’s Partnership considers the local physical activity strategy and discusses with partners how this can be revised and taken forward.</p>	S	Corporate Director Children’s Services, Harrow Council Children and Young People’s Partnership	O	Yes		3 months: the agenda for the next meeting of the Children and Young People’s Partnership includes the local physical activity strategy.
<p>Recommendation 4: that the Council</p>	L	Corporate Director	O /	Yes		1-2 years: the revised local

HARROW SCRUTINY REVIEW OF OBESITY

Recommendation	Time scale	Identified officer/ member/ group to action	Info	Partnership (Yes/No)	Action taken (6 months or 1 year)	Measure of success
and PCT recognise that much of the work around children's opportunities for physical activity can be built in together with multi-agency working and channelled through schools, children's centres and extended schools.		Children's Services, Harrow Council Harrow PCT Board	BP / LP / VG / PH			physical activity strategy highlights partnership work through schools, children's centres and extended schools.
Recommendation 5: that multi-agency work through schools, children's centres and extended schools links to opportunities to engage and signpost families/parents to healthier lifestyles and encourages family learning.	L	Corporate Director Children's Services, Harrow Council Harrow PCT Board	O / BP / LP / PH	Yes		1-2 years: local Council and PCT strategies refer to partnership work through schools, children's centres and extended schools, as conduits for family learning.
Recommendation 6: that it is recognised that within Harrow there is a need to take more opportunities to lobby funding bodies regarding the criteria set down for accessing funding streams. The Review Group recommends that the Council and PCT make this representation jointly.	M/L	Chief Executive, Harrow Council Leader of Harrow Council Chief Executive, Harrow PCT	O / BP	Yes		As and when the opportunities arise: joint representations to central government funding bodies by the Council and PCT.
Recommendation 7: that there is a role for scrutiny to play in examining the functions and effectiveness of the Council's funding officer - what the Council's funding officer does and how he can facilitate the local authority to attract more funding and optimise the funding opportunities available to Harrow.	S	Overview and Scrutiny Committee	O / BP	No		3 months: the scrutiny work programme includes examination of external funding opportunities and the role of the Council's funding officer.

HARROW SCRUTINY REVIEW OF OBESITY

Recommendation	Time scale	Identified officer/ member/ group to action	Info	Partnership (Yes/No)	Action taken (6 months or 1 year)	Measure of success
<p>Recommendation 8: that Harrow, through the Harrow Strategic Partnership and its Local Area Agreement, should continue to build the capacity of its voluntary sector so that it can partner the Council and PCT on more joint projects around children's opportunities for physical activity.</p>	L	Harrow Strategic Partnership	O / BP	Yes		1 – 2 years: an increased number of projects offering physical activity opportunities for children led by voluntary sector groups.
<p>Recommendation 9: that local authority provision for children is targeted and addresses areas of deprivation in the borough where there is an identified and relative lack of provision for children.</p>	L	Corporate Director Children's Services, Harrow Council	O / LP / PH	No		1- 2 years: more provision for children in areas, as identified in the Play Strategy, as relatively lacking provision currently.
<p><u>Adulthood obesity:</u></p> <p>Recommendation 10: that a borough-wide Diabetes Strategy be developed, so that all agencies looking to tackle diabetes and its links to other long-term conditions such as obesity can work from a single strategic and locally owned policy framework.</p>	L	Harrow PCT Board Diabetes Partnership Board	O / VG	Yes		1 -2 years: a Diabetes Strategy for Harrow published and adopted by all relevant partner agencies.

HARROW SCRUTINY REVIEW OF OBESITY

Recommendation	Time scale	Identified officer/ member/ group to action	Info	Partnership (Yes/No)	Action taken (6 months or 1 year)	Measure of success
<p>Recommendation 11: that the Diabetes Partnership Board seeks a representative from the local authority to supplement its multi-agency perspective. The Review Group recommends that this be the Adults Services Portfolio Holder in the first instance.</p>	S	Diabetes Partnership Board	O / PH	Yes		As soon as possible (3 months): the local authority is represented on the Diabetes Partnership Board.
<p>Recommendation 12: that joint work between the PCT and Council is undertaken on publicising the risks of obesity and also its links to diabetes. Joint articles to the press or in Harrow People updating residents on broader health issues should also be explored.</p>	S/M	Chief Executive, Harrow PCT Adults Services Portfolio Holder	O / VG / PH	Yes		3 months: the next edition of Harrow People includes an article on health issues, jointly written by PCT and Council representatives.
<p>Recommendation 13: that the PCT makes efforts to do more to advertise its courses on managing type 2 diabetes, including posting them on the PCT website and on the websites of those agencies who also help deliver the multidisciplinary course.</p>	S/M	Harrow PCT Board	O / VG	Yes		3 months: the PCT website includes signposting to diabetes courses. 6 months: PCT-run diabetes courses are featured on partner websites.
<p>Recommendation 14: that all GPs are encouraged to keep records on referrals to dieticians and the level of uptake of these referrals, and provide this information to the PCT.</p>	L	Harrow PCT Board	O / BP	No		1-2 years: the PCT holds systematic records of GP referrals to dieticians and levels of uptake.
<p>Recommendation 15: that information be readily available to diabetics about</p>	L	Harrow PCT Board	O / BP /	No		1 year: information leaflet on local diabetes care available to

HARROW SCRUTINY REVIEW OF OBESITY

Recommendation	Time scale	Identified officer/ member/ group to action	Info	Partnership (Yes/No)	Action taken (6 months or 1 year)	Measure of success
what they can expect from local healthcare professionals, with a view to supporting self-management of people's diabetes wherever appropriate.			VG / PH			all residents through GP surgeries and other sources.
Recommendation 16: that the PCT, in liaison with GPs, devises a template of information on what all diabetics should expect as part of their routine care, and that this be piloted within some local GP surgeries to gauge the success of such an approach.	L	Harrow PCT Board	O / VG / PH	No		1-2 years: Implementation of (pilot) diabetes information/referral template on local GP's computers.
Recommendation 17: that the Council explores offering people with diabetes concessions at leisure centres to encourage physical activity and form a routine part of their self-management of care. GPs should be asked to promote the availability of such concessions.	M/L	Corporate Director Community and Environment, Harrow Council	O	No		6 months: completed assessment of financial implications and feasibility of extending leisure centre concessions to people with diabetes. 18 months: implementation of concessionary scheme for people with diabetes (if assessed as financially/ operationally feasible).
Recommendation 18: that using examples of best practice and the successful modelling and delivery of smoking cessation interventions in Harrow as a base, the PCT leads on developing a 'toolbox' of effective interventions available to people with diabetes or at the risk of developing	L	Harrow PCT Board	O / BP / VG / PH	Yes		1-2 years: a 'toolbox' of effective interventions for people with (or at risk of) diabetes has been piloted across the borough.

HARROW SCRUTINY REVIEW OF OBESITY

Recommendation	Time scale	Identified officer/ member/ group to action	Info	Partnership (Yes/No)	Action taken (6 months or 1 year)	Measure of success
diabetes. This should link to access to schemes around physical activity and healthy eating and lifestyles.						

APPENDIX B: AGREED PROJECT PLAN FOR REVIEW GROUP

ADULT HEALTH & SOCIAL CARE AND CHILDREN & YOUNG PEOPLE SCRUTINY SUB-COMMITTEES 2007



REVIEW OF OBESITY

Aims/objectives of Obesity Review:

- To assess the impact of obesity on the people of Harrow and how well local agencies are responding to the growing challenge of obesity.
- To add value to the development of local policy surrounding obesity and the implementation of actions around obesity prevention and treatment.
- To inform multi-agency working in obesity prevention and treatment.
- To promote key messages about measures to tackle obesity and ensure that raising awareness addresses all communities in a diverse borough as Harrow.

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AGREED PROJECT PLAN:

DATE	ACTIVITY	MEMBER INPUT	OFFICER RESOURCE	OTHER NOTES
9 May 2007	Meeting 1 of Review Group: <ul style="list-style-type: none"> • Procedural arrangements • Policy briefing on obesity (national and local contexts) • Scoping review and activities 	Review Group (9 councillors plus AHSC co-optee Mr Owen Cock)	Nahreen Matlib – Scrutiny Team Shikha Sharma – Harrow PCT	
June	Project planning for review activities within agreed workstreams: <ul style="list-style-type: none"> • Adult obesity – links to diabetes • Childhood obesity – physical activity and play for children 		NM	Workstreams to be conducted as two challenge panels – “Diabetes Challenge Panel” and “Play Challenge Panel”
18 July	Meeting 2 of Review Group: <ul style="list-style-type: none"> • Agreement of project plan • Update on local work on obesity 	Review Group	NM SS	

HARROW SCRUTINY REVIEW OF OBESITY

DATE	ACTIVITY	MEMBER INPUT	OFFICER RESOURCE	OTHER NOTES
	(PCT pathways) <ul style="list-style-type: none"> Briefing on local play and physical activity strategies Determining details for challenge panels e.g. membership and external witnesses 		Kashmir Takhar – Community Development Team	
August	Visits to playschemes – to inform Play Challenge Panel of opportunities for physical activity for children	Members from Review Group	NM Council officers from Childcare and/or Youth teams	
12 September	Play Challenge Panel: <ul style="list-style-type: none"> School activities including PE, physical activity and play, extracurricular activities, school walking buses Out of school activities in school/community settings e.g. playschemes, neighbourhood walks Safety awareness - links to the work of police e.g. Safer Neighbourhood Teams Development of borough’s play strategy and Lottery funding application <p>Anticipated outputs: see aims/objectives of Review. In addition, inform the plans for Lottery bid expenditure, link to the development of play strategy and sports service review</p>	Members from Review Group Children’s Services Portfolio Holder Schools and Children’s Development Portfolio Holder	NM SS Invite as witnesses: <ul style="list-style-type: none"> Childcare officers Youth workers Corporate Director of Children’s Services Community Development Team 	To invite as external participants/witnesses: <ul style="list-style-type: none"> Borough Commander Member of Youth Parliament Association of Harrow Governing Bodies Academic researcher – measuring childhood obesity Headteacher

HARROW SCRUTINY REVIEW OF OBESITY

DATE	ACTIVITY	MEMBER INPUT	OFFICER RESOURCE	OTHER NOTES
2 October	<p>Diabetes Challenge Panel:</p> <ul style="list-style-type: none"> Facts and figures for Harrow, including prevalence rates and demographic profiles Links to older people Strategic framework – National Service Framework and local actions Role and responsibilities of clinicians - presentation from clinician at Northwick Park Hospital <p>Anticipated outputs: see aims/objectives of Review</p>	<p>Members from Review Group</p> <p>Adult Services Portfolio Holder</p>	<p>NM</p> <p>SS</p> <p>Invite as witnesses: Corporate Director for Adult Services</p>	<p>To invite as external participants/witnesses:</p> <ul style="list-style-type: none"> Respondent to Harrow People scrutiny advert – dietician at Northwick Park Hospital British Heart Foundation Diabetes UK Dr Keith Steer – Endocrinologist at Northwick Park Hospital
1 November	<p>Meeting 3 of Review Group:</p> <ul style="list-style-type: none"> Receive report backs from the two challenge panels Frame overall Review Group report and recommendations <p><i>Possible: Meeting 4 of Review Group:</i></p> <ul style="list-style-type: none"> <i>Sign off final report, taking account comments in drafting stage</i> 	<p>Review Group</p>	<p>NM</p> <p>SS</p>	<p>Ensure that all people involved in Review Group's work have the opportunity to comment on draft report</p> <p>Sign off of final report to be conducted online or another Review Group meeting to be held</p>
20 November	<p>Presentation of Review Group report to Overview and Scrutiny Committee</p>	<p>For presentation by Chairman of Review Group (Councillor Rekha Shah)</p>	<p>NM</p>	<p>Agenda dispatch 12 November</p>
December	<p><i>Possible: In case of project slippage, there is likely to be an additional O&S meeting in December</i></p>	<p>For presentation by Chairman of Review Group (Councillor Rekha Shah)</p>	<p>NM</p>	<p>Agenda dispatch tba</p>

APPENDIX C: LIST OF REVIEW MEMBERS, PARTICIPANTS AND WITNESSES

Name	Title / Organisation	Review Group meetings	Visits to play schemes and other activities	Challenge panel on children's opportunities for physical activity	Challenge panel on adulthood obesity and its links to diabetes
Councillor Rekha Shah	Review Group Chairman	✓	✓	✓	
Councillor Margaret Davine	Review Group member	✓	✓	✓	✓
Councillor Julia Merison	Review Group member	✓		✓	✓
Councillor Myra Michael	Review Group member		✓	✓	✓
Councillor Vina Mithani	Review Group member	✓			
Councillor Joyce Nickolay	Review Group member (until July 2007)	✓			
Councillor Dinesh Solanki	Review Group member	✓			
Councillor Jeremy Zeid	Review Group member	✓			
Owen Cock	Local resident and member of Review Group	✓			
Shikha Sharma	Head of Health Improvement, Harrow Primary Care Trust	✓		✓	✓
Louise Taylor	Harrow Primary Care Trust Lead for Obesity	✓			
Kashmir Takhar	Service Manager Community Resources and Projects, Harrow Council	✓		✓	
Councillor Christine Bednell	Schools and Children's Development Portfolio Holder			✓	
Sergeant Sam Carson	Metropolitan Police			✓	

HARROW SCRUTINY REVIEW OF OBESITY

Name	Title / Organisation	Review Group meetings	Visits to play schemes and other activities	Challenge panel on children's opportunities for physical activity	Challenge panel on adulthood obesity and its links to diabetes
Heather Clements	Director Schools and Children's Development, Harrow Council			✓	
Councillor Eric Silver	Adults Services Portfolio Holder and local pharmacist				✓
Dr Ken Walton	Local GP and Chair of Harrow Primary Care Trust Professional Executive Committee				✓
Philip Watson	London Region Manager, Diabetes UK				✓
Jasvinder Perihar	Strategy Manager Adults and Housing, Harrow Council				✓
Yvonne Dempster	Play Development Officer, Harrow Council		✓		
Staff and children at Harrow playschemes	Harrow Teachers Centre Playscheme, Pinner Community Centre Playscheme		✓		
Jeff Parkinson	Head of Play Service, Ealing Council		✓		
Staff and children at Ealing playschemes and activities	Limetrees Children's Centre, Islip Manor Park Playcentre, Petts Hill Holiday Childcare Scheme, Horsenden Hill Playground		✓		

APPENDIX D: REPORTING HISTORY AND FURTHER INFORMATION

REPORT DRAFTING HISTORY

Version 1 completed 26 October 2007

Version 2 completed 23 November 2007

Version 3 completed 20 December 2007

Version 4 completed 9 January 2008

FURTHER INFORMATION

For more information on the work of Obesity Review Group, please contact:

Nahreen Matlib, Senior Professional Scrutiny

Address: Scrutiny Team, Harrow Council, PO Box 57, Civic Centre (3rd Floor West Wing), Harrow HA1 2XF

Tel: 020 8420 9204

Email: nahreen.matlib@harrow.gov.uk

Website: www.harrow.gov.uk/scrutiny



Meeting:	Overview and Scrutiny
Date:	28 January 2008
Subject:	Scrutiny review of partnership with Accord MP.
Key Decision: (Executive-side only)	No
Responsible Officer:	Jill Rothwell, Corporate Director, Strategy and Business Support
Portfolio Holder:	Cllr Paul Osborn
Exempt:	No
Enclosures:	Final report of scrutiny review group

SECTION 1 – SUMMARY AND RECOMMENDATIONS

This report sets out the findings and recommendations of a scrutiny review group which has investigated the first year's operation of the Accord MP partnership, which have now been considered by Cabinet.

RECOMMENDATIONS:

- a) That the findings of the review be noted.
- b) That the recommendations be endorsed, and their implementation monitored.

REASON FOR RECOMMENDATIONS

To contribute towards the strengthening and development of the council's partnership with Accord MP.

SECTION 2 - REPORT

Background

In July 2007, the Performance and Finance Scrutiny Sub-Committee agreed to conduct a review into the first year's operation of the council's partnership with Accord MP to provide public realm infrastructure services. Following the agreement of a scope for the review, members gathered evidence during the autumn of 2007 and have now drafted a final report.

The review looked at a number of issues relating to the position of services before the Accord MP partnership came into effect, the changes that have been made in the past year, and prospects for the future.

In doing so, it concentrated on a number of issues:

- The principles behind partnership working
- Governance
- Performance management and financial control
- Design quality
- Communications

The review received evidence from a number of different individuals and organisations, and carried out investigative work into three case studies – the construction of vehicle crossings, the reconstruction of Uxbridge Road in Stanmore and responsive maintenance (including emergency response).

Five recommendations were made on two of these issues (performance management, communications). They are outlined below.

Current situation

The report has now been drafted.

Ordinarily a scrutiny report would be cleared through (and discussed by) a scrutiny committee prior to submission to Cabinet. In this instance, the Chairman and Vice-Chairman of Overview and Scrutiny have agreed to waive this requirement. This is because, unless the issue is considered at this meeting, it would likely have had to be held over until March Cabinet (on account of budget decisions for 2008/09 taking up the February meeting).

The Chairman of the review group was of the opinion that this would constitute an unacceptable delay and as such the special step of asking Cabinet for their endorsement before formal committee consideration is being taken. Consequently, the report has already been considered by Cabinet, and a verbal update on the Cabinet meeting will be provided on 28 January.

Article 6.03(b) of the Council's Constitution, and O&S Rule 26.3, make it explicit that it is for an O&S Committee to submit reports to Cabinet, this being the agreed method for ensuring that scrutiny's confirmed recommendations are properly considered.

However, Executive Procedure Rule 22.3 states that, “Any non- Executive Member of the Council may request the Leader to put an item on the agenda of an Executive meeting for consideration. If the Leader agrees, the item will be considered at the next available meeting of the Executive. The notice of the meeting will give the name of the Councillor who asked for the item to be considered. The Councillor will be invited to attend the meeting and may be invited to speak as set out in Rule 20.”

Legal advice was sought and received which indicated that, following this rule, Cabinet could consider this scrutiny review report in this instance. Given that this is a departure from existing protocol, the matter was discussed between members and officers at length during December and it is only because of exceptional circumstances – that is, the fact that if O&S Rule 26.3 were adhered to in this case it would result in a delay of more than two months before another opportunity would arise for Cabinet consideration. It was the view of the Chairman of the Review Group, and following consultation with the Chairman and Vice-Chairman of the Overview and Scrutiny Committee, that such a delay would be unacceptable, that has led to this exceptional course of action.

Cabinet’s decision is now being reported to a this meeting of Overview and Scrutiny, which will consider the report in detail. Following Cabinet’s decision on the endorsement of the recommendations, work will be carried out between Property and Infrastructure Services and the Scrutiny Unit to discuss how the implementation of those recommendations will be monitored.

Details on officers’ response to the recommendations can be found in the Cabinet report, and can be provided to members verbally at the meeting on 28 January.

Why a change is needed

The detailed reasoning for the recommendations is given in the main body of the scrutiny report, which is attached as an appendix.

Main options

Overview and Scrutiny may decide to do one of the following:

- 1) endorse the report and its findings
- 2) not endorse the report and its findings

Members are reminded that the recommendations and findings in the report have already been considered by Cabinet.

Other options considered

Not applicable.

Recommendation: - that the findings of the review be noted and the recommendations endorsed, with their implementation to be monitored by scrutiny in six months.

Considerations

Resources, costs and risks: There are minimal considerations in this area and where applicable they have been included within responses by the Community and Environment directorate, to the recommendations later in the report.

Staffing/workforce: There are minimal considerations in this area and where applicable they have been included within responses by the Community and Environment directorate, to the recommendations later in the report.

Equalities impact: None in relation to the recommendations.

Legal comments: None in relation to the recommendations.

Community safety: None in relation to the recommendations.

Financial Implications

Implementing the recommendations would have the following financial implications: None in relation to the recommendations.

Performance implications

The partnership impacts directly upon 8 BVPIs, 3 of which are in the CPA Environment block. These are:

- E11 (BV 224b): Condition of non-principal unclassified roads
- E16 (BV 165): Percentage of crossings with disabled facilities
- E18 (BV 187): Condition of footways

The other BVPIs are:

- BV 223: Condition of principal roads
- BV 215a: Average time for lighting repairs
- BV 215b: Rectification of street lighting faults
- BV 224a: Condition of non-principal roads
- BV 100: Number of days traffic control in place

One of the targets this year is to consolidate the position of BV 224b, which is currently low in the middle threshold. A further seven local performance measures are directly influenced by the partnership.

The general condition of Harrow's roads and footways figures high in the MORI residents' survey, this against generally improving BVPI performance. Improved communications should improve residents' perception.

In London, against our immediate neighbours in particular, BVPIs are average but improving. Targets for the current year are forecast to be met and new targets set for next year based on that performance.

SECTION 3 - STATUTORY OFFICER CLEARANCE

Name: Stephen Dorrian	<input type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 8 January 2008		
Name: Sheela Thakrar	<input type="checkbox"/>	on behalf of the Monitoring Officer
Date: 7 January 2008		

SECTION 4 - CONTACT DETAILS AND BACKGROUND PAPERS

Contact:

Ed Hammond, Scrutiny Officer, Strategy and Improvement
020 8420 9205: ed.hammond@harrow.gov.uk

Background Papers:

None relevant

IF APPROPRIATE, does the report include the following considerations?

1.	Consultation	N/A
2.	Corporate Priorities	N/A
3.	Manifesto Pledge Reference Number	N/A

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December 2007

A review of the council's partnership with AccordMP

Members of Review Group

Cllr Mark Versallion (Chairman)

Cllr Brian Gate

Cllr Barry Macleod-Cullinane

Cllr Jeremy Zeid

Cllr David Gawn

Cllr Robert Benson

Cllr Thaya Idaikkadar

Officer support

Ed Hammond (Scrutiny Officer)

Layla Davidson (Project Research and Support Officer)

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Chairman's introduction

Cllr Mark Versallion

This report comes at the end of a review that I consider has made good use of the Performance and Finance Committee's twin areas of focus. This new committee has investigated in depth the way the Council has partnered with Accord MP (AMP) to deliver the borough's public realm infrastructure needs. This means Accord MP now provide maintenance and construction work on Harrow's roads and footways, for emergency and seasonal work, such as repairing the road after water mains bursts or gritting the roads in winter, and for a whole range of other connected services, such as dropped kerbs to allow cars onto converted drives.



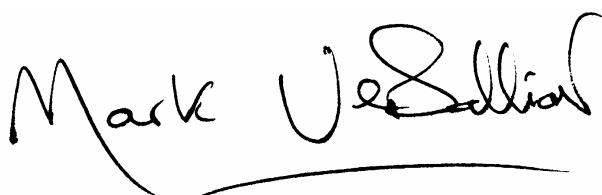
Public realm services are highly visible and highly emotive to the public. It is one of the few Council services that touches every member of the public. As such, doing the right things - and doing things right - whilst providing value for money, is critical to the Council's reputation and to the public's satisfaction.

We have looked at a large amount of evidence, from high-level strategy documents, to a series of surveys we have carried out ourselves with residents, to site visits, to see whether the aims and objectives of the partnership are permeating through to delivery of services 'on the ground'.

The partnership is now a little over eighteen months in to its five-year term. Our aim has been three fold: *(i)* to look at how public realm work was done before the partnership; *(ii)*, to look at how it is done now and what has changed; and *(iii)* to identified any lessons that can be learnt.

In doing this, the review group has been ably assisted by both Council officers from the Property and Infrastructure Division of Community and Environment Services, and by Accord MP officers. They have been prompt in providing information, and open, frank and constructive in their responses to our questions. My thanks also go to Cllr Susan Hall, the current Portfolio Holder, who provided us with an insightful perspective and useful evidence, and to the former Portfolio Holder when the partnership was entered into, Cllr Philip O'Dell.

I believe our findings and recommendations will prove valuable to all those involved in the partnership, and ultimately improve services to our residents.



Cllr Mark Versallion MA
Chairman of Review Group
Chairman of Performance and Finance Scrutiny Committee

Methodology

The review was delivered in the following way.

Case studies

A series of three case studies were analysed to allow members to draw conclusions from specific projects. Each case study consisted of three complementary elements:

Surveys. Around 200 surveys were despatched for each case study. These provided residents with an opportunity to make their views known on the projects which were being looked at in-depth. Residents also had an opportunity to provide “free text” responses. These have been used in the report to support some of our findings, although it should be stressed that none of our findings derive exclusively from a free text response.

Meeting with officers. Members of the review group met officers to discuss the projects concerned. In the case of the Uxbridge Road case study, this was carried out on site.

Assessment of documentation. Officers provided members with comprehensive information on each of the case studies, which was analysed as part of a desktop review.

The case study topics were as follows:

- Uxbridge Road reconstruction: 1km of the road surface was replaced in total. The resurfacing was carried out in one “hit” – an unusual method which, though successful, is probably not one that the council will repeat, given the need to divert significant amounts of resource to carry out the reconstruction in a short period of time.

Planning for the project started in April 2007. A significant amount of analysis needed to be carried out to ensure that the work could be carried out to cost within resources and to minimise the potential disruption to local people, and to people passing through.

Funding was provided entirely by TfL, as Uxbridge Road is a “principal road”. £812,000 in total was provided. Funding was in this case provided because TfL were impressed by the fact that the bid was comparatively low, considering the projected quality of the scheme. This was made possible as a result of the innovative methods being used in the construction.

- Vehicle crossings: the partnership provides a service to local people for the construction of vehicle crossings, or run-ins, across the public footway into the householder’s drive. This is paid for by the householder in most cases, although when “whole street” footway replacement projects (for example, Kenton Lane) are being carried out a different approach is taken.

Householders are provided with a design solution which is most appropriate for their property. Costs can be anywhere between around £200 and £1,600. The service is intended to be revenue-neutral.

- Emergency response (with particular reference to water main bursts on Marsh Lane and Queensbury Circle): the partnership is responsible for providing an emergency response to critical incidents. Part of the same service is responsive maintenance – fixing potholes, for example.

Most of the evidence on this case study related to the water main burst at Queensbury Circle. This was a significant incident that required road closures and diversions to be in place only a few hours after the problem was reported, as it occurred shortly before the morning peak. The case study assessed the quality of three-way partnership working between the council, AMP and the relevant utility company, Three Valleys Water.

Each case study was assessed according to the set of “guiding principles” behind the partnership, which were outlined in the report submitted to Cabinet when the Accord MP partnership itself was agreed, in April 2006. The full details of this evaluation can be found in the appendices. We have sought to consider these guiding principles throughout our review, providing as they do an objective framework for our discussion of the evidence, allowing us to sensibly make judgment as to whether performance in a given area is “good”, “bad” or “indifferent”, in broad terms.

The case study evidence was considered at a meeting of the review group in November 2007.

General issues

More general issues were discussed at a round table meeting in late November 2007, attended by council officers, representatives from Accord MP, and the current and former Portfolio Holders. At this meeting, matters relating to governance, performance management, quality and costs, and communications, were all considered. Evidence was drawn from:

- Data provided by AMP and council officers, including presentations, strategies, structural and organisational diagrams, KPI and BVPI information, minutes of internal meetings, and other relevant material.
- Information gathered from more general study of the partnering principles, notably the Egan and Latham reviews.
- Comparative data – where applicable and appropriate – from other boroughs. However, as we note in the report, comparisons with other boroughs are difficult in this case.
- The outcome of discussions at a series of meetings between members and officers.

Members received two detailed briefings to support their consideration of these matters – one as part of the scoping process and another shortly before the round table meeting itself.

It is these key issues that we have used to supply the framework of our final report.

Papers relating to all the above (including the two background briefings) can be found in the Appendices, attached.

Executive summary

Performance and relationships prior to the start of the partnership: how were services delivered before, and to what standard?

Before the partnership began, services were delivered through a selection of Compulsory Competitive Tendering (CCT) contracts with sixteen different contractors to deliver “public realm infrastructure” services. As is required with such contracts, cost was the overriding objective rather than quality. Delivery was divided between a number of very small suppliers, leading to a lack of flexibility and duplication of resources within the council. Services did suffer as a result, and capacity was constrained.

How things have changed

i) The principles behind partnership working

The principles of “partnership” working derive from work carried out in the Latham (1994) and Egan (1998) reviews, looking at the potential for efficiencies in the construction industry. The Egan report specifically and deliberately eschews a contract based approach in favour of the development of a continuous, long-term partnership based on quality control, shared risk and reward, and a focus on improvement. The report describes partnering as, “two or more organisations working together to improve performance through agreeing mutual objectives, devising a way for resolving any disputes and committing themselves to continuous improvement, measuring progress and sharing the gains”. This allows for much more flexibility than would be possible in a standard contract.

ii) Governance

There is a robust joint governance regime operating both for the AMP and Kier (corporate property) partnerships. Management is through a Partnership Board, which delegates down to a Contract Management Board and a number of Service Improvement Groups, responsible for delivering specific improvements and projects.

This is a new approach, which follows an uncertain first few months for the partnership. The Portfolio Holder and partnership officers all agree that the partnership got off to “a shaky start”. However, the changes in the governance arrangements and the development of a much more mature relationship over the last nine months has resulted in a step change in the way the partnership operates. The problems which occurred in the first nine months of the partnership may, though, have encouraged partnership officers to try to circumscribe their activities through the much more robust governance framework we have described, and through more agreed standards, rates and methods of delivery. But by doing this the partnership may be limiting its own ability to be flexible, to make innovative and unusual decisions, and to allow professionals on the ground the freedom to design and deliver projects in new and effective ways.

iii) Design quality

The setting of design standards is an issue for the council. However, it is only now that a coherent set of standards are being developed across the entire service. Previously standards were set on a project-by-project basis. On the face of it, it makes sense to have a core set of

standards to govern all work being carried out – it cuts down on costs and ensures that works are carried out on a value for money basis.

However, some of the flexibility inherent in making decisions based on individual circumstances might be lost. Furthermore, there is an argument that the setting of more and more cross-partnership standards and requirements will more generally hamper the flexibility of the partnership. We would counsel officers to take care to ensure that these design standards are themselves flexible and responsive enough to deliver something close to a bespoke solution where it is required.

That said, the design quality being delivered by the partnership is both high and value for money.

iv) **Performance management and financial control**

The partnership has a suite of Key Performance Indicators against which it is judged, which complement the existing set of Best Value Performance Indicators (BVPs).

There is a defined performance management methodology which is adhered to, and which defines how the partnership will examine and take forward conclusions from performance information. From the way it operates, it can be seen that it is not an adjunct to the running of the partnership but – as was seen in the section on governance, above – as the central means for underpinning the relationship between AMP and the council.

More effective use of resources, and effective work programming, have seen significant improvements and operational efficiencies, freeing up officers and ensuring that individual officers' workloads are not overbearing. The partnership has provided the flexibility that will hopefully allow the council to continue providing a good service within tight resources.

However, there has not (until recently) been a focus on recording both qualitative and quantitative measures, and although some steps have been taken to introduce some new, "value-added" KPIs, we do not think that these steps necessarily go far enough.

Recommendation 1. That the partnership ensure the performance management framework takes full account of qualitative items over and above the development of further quantitative KPIs. This would be accompanied by robust methodologies, central to a light touch governance regime that promotes innovation and risk-taking. The review group also found that early contractor involvement has been key to delivering some of the most innovative and best value solutions and should be encouraged within the organisational culture of the partnership, as well as serving as an example to other parts of the Council's workforce.

Recommendation 2. That the portfolio holder may find opportunity for increased capacity with the same departmental head count due to the additional resource benefits of the AMP partnership and its innovative and specialist skills. The review group identified for example, that work has been taken off Council staff's shoulders in areas of design and in site assessment, where AMP now conduct this work. This has freed Council staff time for more strategic and statutory work, which has been under pressure.

Recommendation 3. That the administration reflect on the fact that the AMP agreement was done under the expectation that the annual spend would be in the region of £12-£15 million. The AMP partnership began part way through 2006 so 2007/08 is the first complete municipal year the partnership has run, and 2007/08 spend is in fact on target

for £8 million, which could well present commercial issues for AMP. However, during our investigations AMP confirmed that the August 2006 agreement of Hillingdon Borough to retain AMP in a similar partnership has negated any adverse fall-out that may have arose from Harrow's reduced spend. AMP's economies of scale bring huge advantages to Harrow but these advantages can only be sustained with a minimum spend.

v) **Communications**

A new communications strategy for the partnership has recently been drafted, and capacity in this area seems to be increasing. We think that it is important that increased capacity be built on to deliver better and more effective customer care, and community involvement, activities, which are more ambitious and wide-ranging than those being carried out at the moment.

We recognise that resources are tight, and that already the communications service being provided goes beyond the initial contract specification, but a more ambitious approach would deliver significant gains in the future. Our case study evidence tends to support our conclusion that the partnership strategy is not sufficiently progressive at the moment, and we think that there is scope for some improvement here.

We also think that the partnership does not do enough to champion and celebrate the good work that it is doing within the council itself. An excellent service is being provided in a value for money manner and there is a clear passion and dedication to deliver, but the good practice that has built up as a result needs to be disseminated throughout the rest of the organisation.

Recommendation 4. That an approach to communications and community involvement be taken that allows genuine partnership in decision-making with local people. This approach would also see continuous involvement with residents on all issues relating to public realm infrastructure through a joined-up approach to communications between AccordMP, Kier and the Council. The review group discovered that some communications that went out jointly from AMP and Harrow Council were not adhering to expected criteria of production and quality. For example, although 88 per cent of residents were satisfied with the work done on Uxbridge Road, 52 per cent were not satisfied with the communications, or lack thereof, during the work.

Recommendation 5. That each piece of project communication to residents be used as an opportunity for the portfolio holder to explain the broader objectives of the work being done and to communicate the Council's vision of why and how we are delivering an improved public realm.

Findings

Introduction

In April 2006, the council entered into a partnership with Accord MP to provide what is termed as “public realm infrastructure” services for the council. This agreement covers more than just roads and footways – it deals with the entirety of the borough’s infrastructure.

To give some idea of scale, we were provided with an indication of the quantity of infrastructure for which the partnership is responsible. This includes 450 kilometres of roads, 900 kilometres of footways, 15,500 lamp columns, 2,800 illuminated traffic signs and bollards, 12,800 road signs and 19,000 drainage gullies. Managing these assets is a complex and demanding task.

This report presents a synthesis of evidence drawn from a huge variety of sources, all gathered to help answer one key question – have these services improved in the last eighteen months?

The structure of this report reflects this. It is comprised of two sections – the first aims to provide a baseline, an assessment of how services were provided before the AMP partnership. The second section takes an in-depth look at how things have changed since April 2006, with reference to governance, communications, design, quality and performance management and costs.

We considered three case studies as part of our review. The first looked at the reconstruction of Uxbridge Road in Stanmore, the second the construction of vehicle crossings to allow residents’ cars to traverse the pavement to enter run-ins in the former front gardens of house, and the third emergency response work (remedial working following road traffic accidents or water main bursts, for example). We have used this tactical and operational information, which in many instances relates to some quite specific engineering solutions, to allow us to draw some conclusions relating to the strategy that sits behind the work being carried out. Hopefully our findings and recommendations will reflect what is ultimately a strategic focus.

All the evidence together has helped us to reach a number of findings. Notwithstanding this, we have chosen only two issues about which we are making formal recommendations. These are in the fields of communications and performance management, and we feel that our comments on these issues in particular can help the council and Accord MP to further improve the operation of the partnership.

That having been said, we hope that some of the other findings we have made will prove useful to officers and the Portfolio Holder as well.

Performance and relationships prior to the start of the partnership

To best consider the situation after the commencement of the Accord MP partnership, it is necessary first to assess a baseline – a statement which reflects the situation before that partnership began. We propose to do this by looking at governance issues and performance issues as they were before April 2006.

Governance issues

Before beginning, it is important to point out that the partnership with Accord MP does not, in and of itself, constitute “contracting out”. In relation to highways, it has been a requirement that councils contract out since the 1980s, as part of the Compulsory Competitive Tendering (CCT) regime, that was brought in by the Local Government, Planning and Land Act 1980.

Before April 2006, there were sixteen separate CCT contracts for “public realm services” (those for which AMP are now responsible). To all intents and purposes they were monitored and delivered separately, with the council defining the services to be provided through the contract.

Although the contracts were procured at a time when “best value” principles were being introduced into the local government landscape (in the late 1990s), the central ethos of CCT remained that the council had to procure services as cheaply as possible.. Local authorities were relatively tightly circumscribed as to the nature of contracts they could enter into, and quality was not viewed by the regulations governing the process as being as significant an issue as cost.

Inevitably this focus on costs meant that contractual control was particularly important. Contractors delivered services according to their contractual specification and as such governance was more a matter of legal compliance than of discussion and negotiation on an ongoing basis.

The council’s principal function was to balance resources and co-ordinate deliver across all sixteen contracts. Naturally this meant that a great deal of time was taken up with the duplication of monitoring responsibilities across these contracts.

Performance issues

Performance management was not, before April 2006, linked in to issues relating to cost. Service provided was invariably defined by the contract. The contract would have defined quality and costs but, importantly, would not have been flexible enough to respond to changing circumstances. As such, it would have been difficult to redirect resources to new improvement priorities, or to shift resources across all sixteen contracts that would have resulted in the most value for money service possible.

In terms of design more generally, officers advised us that the contractors did not have the capacity to deliver innovative work. The contractors used were predominantly local, and although local knowledge is obviously useful, it is plain that a small contractor, responsible for a small element of highway or footway maintenance, will not on its own be able to command the resources necessary to deliver a large or complex project.

What did the partnership want to achieve?

It was clear that the partnership wanted to deliver a number of key benefits through partnering. These were:

- To capitalise on the potential of the Egan partnership processes, as described below, to deliver some key innovations and efficiencies.
- To develop a longer term relationship with suppliers.
- To fully link service improvement with performance, through a robust framework of Key Performance Indicators (KPIs).
- To improve and enhance capacity to deliver on the ground improvements.
- To encourage two-way skills transfer between the partners.

This is further articulated through the “guiding principles”, used to assess the case studies, which were the means established for evaluating and developing both the original tendering process and setting up the partnership in the first place. As we have explained, the guiding principles are not being referred to directly throughout the report, but we have used them to inform our recommendations. They present a useful “baseline” for assessing whether the partnership has achieved its objectives, but should be seen with two caveats. Firstly, officers now state that their initial aspirations for the partnership may have been unrealistic – too much was being attempted too soon. Secondly, the guiding principles were articulated by the council alone – although prospective partners would have been expected to meet the aims identified in the principles.

The principles were, and are,

- Design innovation
- Capacity and capability enabler
- Life cycle costing
- Improve performance through effective management to deliver quality, cost and efficiency improvements
- Developing longer term relationships with suppliers
- Improve collaborative working
- Sustainable solutions
- Mutual benefit to partner and council
- Focus on stakeholder satisfaction
- Building in safety and reassurance including designing out crime

Principles of “value for money” (VFM) are not mentioned specifically, but the necessity for the partnership to be value for money is clearly implied in several of the principles.

As we have explained in the section on methodology, an assessment of these principles has formed the basis of our evaluation of the partnership and of the three case studies. This assessment and evaluation can be found in the report’s appendices.

How things have changed

i) The principles behind partnership working

Before considering issues relating to governance, communications, design quality, and finance and costs, it is first necessary to understand the principles behind “partnership working” – a phrase which is used to define some revolutionary thinking in the way that bodies enter into arrangements with one another for the delivery of a particular service. We intend to look at this in some detail, as it goes to the root of our discussions and it is necessary to have a full understanding of it in order to consider the council's relationship with Accord MP.

Partnership is a difficult concept to fully understand in the context of large-scale public sector contracting – possibly because it is so simple. It seems counterintuitive that its approach – eschewing contractual reliance and focusing on trust and co-operation – could work with two large organisations delivering a complex service that relies so much on high quality and adherence to set standards. In fact, the mere notion of such a relationship being based on “trust” rather than on a detailed contract was something about which at the outset we were extremely dubious.

However, we have seen that such an approach is possible, that it can work, and that it can in fact make for a more flexible, responsive and constructive relationship than a standard contract.

Partnership is not the same as “contracting out”. It is a different approach to the relationship between two bodies that was outlined by Sir John Egan in the “Rethinking Constuction” report in 1998. Since then, work has been done to further develop Egan’s principles, and “partnership” has become more common, along with the notion of “open book” working, which is discussed below.

Partnership is not the same as ‘contracting out’

It should be noted that although Sir John’s report is focused on the construction industry, it is entirely applicable to public sector contracts, subject to both partners having a similar outlook and strategic direction as that identified in the report itself.

Sir John’s report can be seen as the first step in a process that has led to an increased focus on partnership and trust in large scale construction and infrastructure projects.

The Egan Review

The Egan Review came after an earlier report by Sir Michael Latham in 1994, “Constructing the Team”, which emphasised the importance of teamwork and co-operation in the construction industry.

Very many of the Egan Review’s recommendations emphasised quality over cost – issues that were entrenched in the public sector by the Best Value regime soon thereafter. However, partnership goes further than Best Value in promoting the idea of mutual interdependence and the sharing of risk.

Sir John’s report begins by establishing a number of “drivers for change” – fundamental issues facing any organisation (whether or not they are involved in the construction industry). These are:

- committed leadership – this relates to a commitment from senior management on improvement.
- a focus on the customer – companies must provide exactly what the end customer requires – not merely the next employer in the contractual chain.
- integrate the process and the team around the product – this is about being willing to change organisational structures to fit around the product being supplied or provided.
- a quality driven agenda – this relates to “the total package” – getting things right first time, delivery on time and to budget, innovating for the benefit of the client (in this case, the council) and stripping out waste. Doing this will lead to reduced costs.
- commitment to people – a commitment to training and development of staff.

The [Egan] report specifically and deliberately eschews a contract based approach in favour of the development of a continuous, long-term partnership based on quality control, shared risk and reward, and a focus on improvement

The emphasis on quality
– Sir John emphasises the importance of performance management in driving up quality. The report specifically and

deliberately eschews a contract based approach in favour of the development of a continuous, long-term partnership based on quality control, shared risk and reward, and a focus on improvement. The report describes partnering as,

[...] two or more organisations working together to improve performance through agreeing mutual objectives, devising a way for resolving any disputes and committing themselves to continuous improvement, measuring progress and sharing the gains.

This is difficult to understand fully at first glance – especially from the vantage point of local government, which relies more than many other sectors on contractual certainty and the minimisation of any kind of risk. Furthermore, it appears to be counterintuitive. The reliance on trust appears to allow a free rein to the incompetent contractor, who will make significant claims and promises at the beginning of the relationship which it is then incapable of delivering. Conventional thinking would dictate that the contracting organisation would then have no recourse against its partner because of the lack of a contract to define the terms of a relationship.

However, this is to approach the point from the wrong angle. Understanding the full import of partnering relies on a general focus on the end product, a broad approach which the report suggests can be broken down into four “interlocking and complementary” components:

- product development
- project implementation
- partnering the supply chain
- production of components

Egan says,

The key premise behind the integrated project process [the process described above] is that teams of designers, constructors and suppliers work together through a series of projects, continuously developing the product and the supply chain, eliminating waste in the delivery process, innovating and learning from experience.

This approach, of course, requires client and provider to work as a “team”, a combined unit that operates as such, rather than as two separate entities. This is why, in the context in which we are looking at partnership, it is probably unhelpful – and inaccurate – to say that, “AMP does this” or “The council does that”. This is a difficult habit to break out of. Both entities are working in concert – in partnership. In fact, the evidence we have received, and which we will consider in more detail, indicates that this does in fact happen on the ground.

... it is probably unhelpful – and inaccurate – to say that, ‘AMP does this’ or ‘The council does that’

Long term relationships – the Egan report puts much store in the development of long term relationships, which allow trust to develop between partners. It also allows a group of people, working together, to learn and develop as a team. Egan says,

A team that does not stay together has no learning capability and no chance of making the incremental improvements that improve efficiency over the long term. The concept of the alliance is therefore fundamental to our view of how efficiency and quality in construction can be improved and made available to all client, including inexperienced ones.

The long-term relationships proposed are ones that harness the expertise and skills of all those in the entire supply chain to deliver an end product – a product which meets the clients’ needs. To this end the report envisions the wholesale replacement of standard contracts with this more flexible partnering approach.

How is it better than a “normal” contract? – to summarise the above in the context of “traditional” contracting:

- Partnership avoids the development of a “blame culture” between parties to an agreement.
- Within the traditional procurement structure (defined contract setting out standards at the outset) there is no ability to build in targets, and to deliver and develop continuous improvements.
- With a defined contract, there is limited flexibility to change delivery according to different client/provider needs.
- The “open book” approach has the potential to be more transparent and constructive.

Having discussed the principles, we will now move on to discuss some key aspects of the partnership in the light of issues relating to governance, performance management, design, financial control and communications.

Links with the “Gershon agenda” – the Gershon Review of Public Sector Efficiency¹ has become so fundamental to the way that the public sector operates that referencing it is almost superfluous, but it is useful to consider exactly how the partnership agenda intersects with the ideals and recommendations of Gershon.

The “Gershon agenda” has at its centre the idea of reallocating resources so that they are transferred to the front line, rather than taken up with the operation of “back office” functions. This can be broken down into a number of separate area. Common procedures and arrangements, reducing the need for “bespoke” approaches across a wide range of similar

¹ Published by HM Treasury in 2004.

services, are one. Another relates to savings on procurement and transactional services. It is on these two issues that it is perhaps most sensible to concentrate.

It is clear that a system based upon a number of separate contracts, driven by the contents of those contracts, and highly prescriptive in nature, do not meet Gershon requirements, and that of themselves provide a justification for further efficiency. A partnership based approach is itself more efficient because it operates under a governance regime that does not require all requirements for all services to be set in stone; by doing so, organisational flexibility can be secured, which makes the delivery of the service more efficient.

Furthermore, the combination in Harrow's case of the governance regimes for the Kier and Accord MP partnerships – something which we shall discuss further in the next section – helps to deliver high-level efficiencies which results in more meaningful and targeted support for front-line staff.

Following on from this, procurement and transactional services are also far more efficiently and effectively delivered. We will go on to discuss this further in our section on performance management and financial control. However, in brief, delivery of a service in partnership which is driven by the need to improve services allows front-line resources to be focussed on those areas where improvement is most needed, and allows strategic resources to “follow” local need on the ground in a way that may not have been possible previously (certainly not to the extent that it now occurs).

ii) Governance

The governance arrangements for the partnership reflect its aims and principles, as outlined above.

Tenders were invited for two separate services – public realm works (for the actual operational infrastructure), and professional services (such as design work). AMP were the only organisation to bid for both contracts and they were awarded both. To all intents and purposes, governance for the works and professional services elements of the partnership are treated as one and the same.

The AMP partnership was the second of the three large agreements with private sector organisations to be entered into by the council. The first was the business transformation partnership with Capita in 2005, and the third was the partnership for the provision of the construction services² with Kier Group, in 2007.

Given the fact that the AMP and Kier partnerships cover similar areas – and given that they both involve the Property and Infrastructure Division of the council's Community and Environment Services directorate – the decision was made upon the Kier partnership being entered into to combine the governance arrangements for Kier and AMP.

Both partnerships are managed through a Partnership Board, which meets quarterly. The purpose of the Board is to lead relationship management for both partnership (that is to say, to operate some level of oversight and control, and to ensure that information is being passed between the council and AMP appropriately). Essentially, it is there to ensure that at a high level AMP and council officers are operating as a unified "team" as envisaged in the Latham and Egan reports.

Alignment of priorities and alignment of partnership

When we spoke to the Portfolio Holder about the governance and high-level operation of the partnership, her views very much reflected the opinion of council and AMP officers that the partnership generally "got off to a shaky start". Officers have been open and candid about this and steps have clearly been taken – primarily in relation to governance, but also connected to project and performance management – to deliver a service that has clearly seen substantial improvement in the last six to eight months.

[The Portfolio Holder's] views very much reflected the opinion of council and AMP officers that the partnership generally 'got off to a shaky start'

In particular, issues relating to forward planning and capacity were recognised, some of which emerged during our discussion of the Uxbridge

Road case study. The significant cultural change within the council necessary for the successful operation of the partnership happened more slowly than anticipated. However, officers insist that the partnership has always, since day one, delivered on the ground.

We think that officers should be congratulated on having overcome these initial difficulties. Too much was expected of the partnership too soon, which inevitably meant that some promises were not delivered on. Initial policy decisions were made without the firm evidence to back them

² This includes construction and responsive maintenance for housing, schools, libraries, social care centres and other corporate property.

up. We suspect that this may have stemmed from an initial lack of baseline information on which to base proposed service standards, and on which to base targets, at the beginning of the partnership.

Officers should be congratulated on having overcome these initial difficulties

We do not consider these to be systemic problems. In many ways, they were inevitable. Partnership working is new for the council and a partnership of this kind is a fairly new departure for AccordMP. There were always going to be teething difficulties and the important fact to note is that none of the problems that did occur affected the delivery of services “on the ground”. The fact that they occurred, the fact that the shortcomings have been honestly acknowledged, and the fact that lessons have been learned from them, if anything makes the partnership that exists now a stronger one. This can only bode well for the remainder of the partnership term.

It is clear now that there is a joint vision for the partnership and a set of joint objectives which define how the partnership is going to deliver this vision.

Organisational structure and reporting

The integration of the governance arrangements for the Kier and AccordMP partnerships was an excellent decision and makes good strategic sense. The joint Board has not been running for too long and at this stage it is probably difficult to start drawing conclusions. However, consideration of work undertaken since it came into operation, and the structure that exists to

facilitate reporting of decisions up and down the management chain, lends credence to the view that it is robust.

The integration of the governance arrangements for the Kier and AccordMP partnerships was an excellent decision and makes good strategic sense.

The governance structure for both partnerships is based on a single partnership board supported by two Contract

Management Groups, one for each partnership. For AMP, the CMG is supported by an Infrastructure Operational Group, which itself provides a forum for the discussion of some key infrastructure projects. By doing so, it ensures that key information relating to the delivery of some of the partnership’s priorities – in particular, the rebuilding of Petts Hill bridge, retail-friendly parking, the proposed new PFI arrangement for replacement of street lights, Wembley Stadium event day parking and the reopening of Wealdstone High Street – can be passed easily to senior managers.

Service Improvement Groups – complementing the work carried out by the Partnership Board generally are projects undertaken by SIGs, Service Improvement Groups, which are project groups established to examine specific issues relating to governance and performance, both generally and, where necessary, in relation to specific projects.

Joint systems and structural alignment

“Structural alignment” means that both AMP and the council are working well together from strategic (senior management) down to operational (actual work in the public realm) level. The main method for achieving this has been through a combined business plan, the establishment of joint priorities (which makes joint working more straightforward, and ensures that AMP and the council are not working towards different aims) and, importantly, identifying justifications for spending decisions. This provides an important strategic focus which officers have been frank in admitting did not previously exist. We consider that it was inevitable that the focus at the beginning of the partnership was on operational mobilisation – making sure that work on the

ground was being carried out when required, by the right people. We do not entirely agree with the conclusion that it would have been unrealistic to set up a clear and robust business planning process from the beginning, but the important thing now is that more forward planning is going on.

We would like to sound a note of concern about the introduction of joint design standards and additional controls over delivery of individual projects, intrinsic in the development of the governance arrangements over the last six months. One of the strengths of the partnership, we feel, is its flexibility. However, it is important that its governance be robust. The easiest way to do this is to establish governance systems and management processes to monitor and control resources, and to direct strategic, tactical and operational decision-making. The partnership has taken some steps to do this. But does this top-down control risk the flexibility that has contributed to some of the partnership's early successes?

There is inevitably a balance to be reached, but we have gained the impression that the problems which occurred in the first nine months of the partnership have encouraged partnership officers to try to circumscribe their activities through the much more robust governance framework we have described, and through more agreed standards, rates and methods of delivery, some of which we will describe later in this report. But by doing this the partnership may be limiting its own ability to be flexible, to make innovative and unusual decisions, and to allow professionals on the ground the freedom to design and deliver projects in new and effective ways. We have no specific evidence that this is happening – the new governance arrangements, and the changes made in the last few months, are so new that it is too early to draw conclusions. But we do think that this risk exists. Governance needs to be responsive and dynamic rather than overbearing. We see the Partnership Board looking at issues and projects on a “by exception” basis, looking at strategic trends and the overall direction of AMP, Kier and the council's relationship, and ensuring that the trust that exists between AMP and the council is translated into trust between the senior levels of the partnership and operational delivery. We think that the strength of the relationships between the different levels of the partnership, as they exist now, can ensure that this can happen and that high levels of performance can be both maintained and built upon.

One of our recommendations touches upon this point, and we will come back to this issue with particular reference to design in the next section.

Further into the future

We were happy to learn that the partnership had been procured at “the right time” in the context of other changes in the construction industry. Now, pressures are significant on those with AMP's skills and expertise, with some significant engineering projects ongoing in the London area, and expected to continue into the foreseeable future³. However, Harrow has guaranteed access to AMP, at agreed prices, which makes the council's position much more stable.

[T]he problems which occurred in the first nine months of the partnership have encouraged partnership officers to try to circumscribe their activities through the much more robust governance framework we have described, and through more agreed standards, rates and methods of delivery [...] But by doing this the partnership may be limiting its own ability to be flexible, to make innovative and unusual decisions, and to allow professionals on the ground the freedom to design and deliver projects in new and effective ways.

³ To name only a few, with their estimated completion times: the Thameslink Programme (2016), the Olympics (2012), Thames Gateway (ongoing), development of the Western Wedge (ongoing), Heathrow East (2010-12) and Heathrow North (around 2017 if approved), Crossrail line 1 (2015) and Crossrail line 2 (if approved, 2018) and the Transport for London Investment Programme on the Underground (projects planned through to 2025).

However, we do feel that the council should start thinking now about how it is going to procure its public realm infrastructure services once the partnership comes to an end. As officers told us, the option exists to extend the partnership but once it has been in existence for ten years, EU procurement rules will require it to be re-tendered. The position of the construction industry and the capacity of infrastructure providers cannot be anticipated, but advance planning is crucial to meet any additional call on resources that will be necessitated by such a tendering process, and the potential for a change of partner once the existing arrangements conclude.

iii) Design quality

The quality of the work carried out by the partnership was one of the areas in which we were initially most interested. It is, after all, the most crucial (and visible) part of the partnership's work. Paying less attention to good design affects the quality of the service being provided, leads to design solutions which are shoddy and which cut corners, and in the long run result in higher costs.

We have been happy to see the extent to which high design standards have been "built in" to the partnership. In fact, assurance of the quality of work being carried out might well be described to be a cornerstone of the relationship between the council and AMP. It certainly figures prominently in AMP's original tender.

Design standards

The setting of design standards is an issue for the council. However, it is only now that a coherent set of standards are being developed across the entire service. Previously standards were set on a project-by-project basis. On the face of it, it makes sense to have a core set of standards to govern all work being carried out – it cuts down on costs and ensures that works are carried out on a value for money basis.

However, some of the flexibility inherent in making decisions based on individual circumstances might be lost. Furthermore, there is an argument that the setting of more and more cross-

[W]e would counsel officers to take care to ensure that these [design] standards are themselves flexible and responsive enough to deliver something close to a bespoke solution where it is required.

partnership standards and requirements will more generally hamper the flexibility of the partnership. Officers have told us of the importance of the openness, flexibility and the lack of prescription in the way that work is planned and carried out. There is always the risk that the setting of more uniform standards and requirements will build artificial barriers, making it easier to reference written standards and protocols than to think more creatively about the needs of local people. Then again, without

standards neither we nor officers can be truly sure that the service being delivered is value for money – something we look at in more depth below.

On balance, it is this value for money reasoning that leads us to believe that setting particular standards is probably a sensible move. But we would counsel officers to take care to ensure that these standards are themselves flexible and responsive enough to deliver something close to a bespoke solution where it is required. One of our recommendations relates to this important issue.

Quality itself

Having considered the theory behind standardisation, we will now move onto the actual quality of the work itself. the quality of work delivered by the partnership is high, both on large and smaller projects. We took most of our evidence on this issue from the case studies we carried out and information on the design quality of each is here presented consecutively.

Our site visit to Uxbridge Road⁴ impressed us with the high quality of the work, and the innovative way in which it had been carried out. The reconstruction of Uxbridge Road was a complex project which necessitated some original thinking. Officers told us that the work could not have been carried out to the standard delivered, and in the timescale achieved, without AMP's involvement. We have been provided with what is described as the "design philosophy" for the Uxbridge Road reconstruction, which identifies the steps taken to inform the design decisions which were made. Officers were able to point towards two particular issues – traffic counts and a structural investigation – which led to a reappraisal of the scheme and the adoption of a more fundamental approach to the reconstruction which went beyond the original plans and looked holistically at the entire site. We think that this indicates a willingness and an ability to change plans in response to circumstances, a flexibility which has clearly come about because of the close working relationship between council and AMP officers.

There were a number of interesting design innovations on this project that also involved a reduction in costs. The first is in the use of traffic islands. It is usual practice for traffic islands to be installed into the fabric of the road, which can often break up the tarmac and cause additional delay and disruption during the installation process. AMP staff instead installed islands that sit on top of the road surface. These do not damage the existing road surface during the process of installation and they are also more versatile – they can be removed if damaged and replaced.

Another innovation included the use of foam concrete for the paving, which is more hard-wearing, more versatile and cheaper than standard alternatives. We were told that the use of cheaper, but more hardwearing, materials was a significant factor in the successful granting of TfL funding for this scheme. In fact, Harrow "punches above its weight" when it comes to winning TfL funding for works of this kind, because of the innovative design approaches it has been able to take along with AMP.

It is precisely this kind of creative thinking about design that the partnership has clearly fostered. That such an ambitious project as the Uxbridge Road reconstruction could be planned and delivered only around a year after the beginning of the partnership demonstrates how well officers are working together, and the extent to which good design is at the centre of so much of the work that is being carried out. The lack of significant problems is especially impressive given the unexpected circumstances leading to the late design changes. This care was reflected in the surveys that we carried out. Although there were some concerns expressed, by and large opinions were positive as to the quality of work carried out.

Figure 1: Survey responses: design

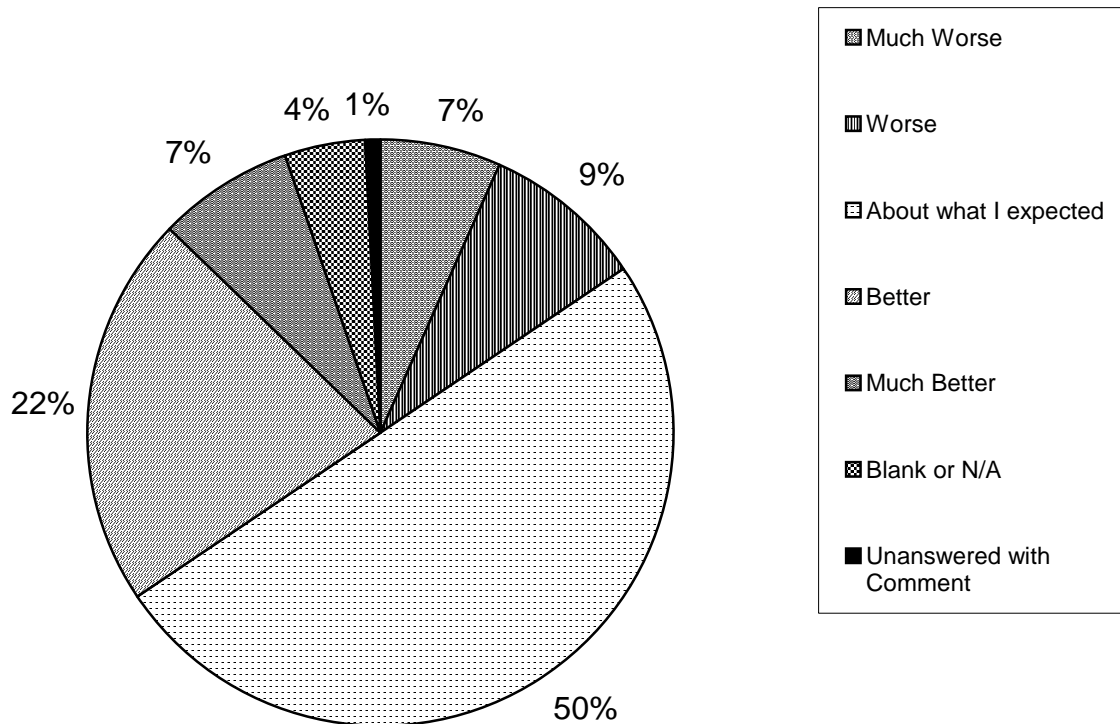
Uxbridge Road: **90%** of residents reported having seen some improvement or a large improvement to the state of the road. **88%** of residents reported that the quality of the work was as good or better than what they expected.

Emergency response: **68%** of residents reported that work was begun to solve the problem quickly or before they had even realised there was a problem. **63%** of residents reported that the quality of the work was as good or better than what they expected.

Vehicle crossings: **81%** of residents reported that they were satisfied or very satisfied with access to their property during the works. **77%** of residents reported that the quality of work was as good or better than what they expected.

⁴ In Stanmore. Detailed evidence from our site visit can be found in the appendices.

Figure 2: Aggregated answer to question, “In your opinion, was the quality of the work, when completed, better or worse than you expected?”



“Gold-plating”

Of course, the nature of “value for money” also means that public bodies have to be aware of the risk of pushing quality too far – delivering an extremely high quality service, but for a cost that is disproportionate. For example, materials may be used which are of a higher quality, and a higher cost, but which result in only a nugatory improvement in terms of the life, safety or appearance of the end product. We refer to this practice as “gold-plating”.

The questions of whether “gold-plating” exists might at first sight seem to be somewhat parochial but does, in fact, go to the root of whether the partnership has the robust procedures in place to allow improvements to services to be made now and in the future.

We focussed on this issue in relation to our vehicle crossings case study. To test our concerns we looked at the comparative costs of the various different techniques used to construct vehicle crossings. These are:

- Bitmac (standard road surfacing material)
- Blockwork (small stones set in gravel)
- Concrete

Officers advised that different treatments were used depending on the projected “load” that the crossing would have to bear. So, for very heavy loads, concrete would be used, and for fairly heavy roads, blockwork. Bitmac is adequate for an ordinary driveway used by cars.

We looked at the tendency to prefer blockwork over bitmac. Contrary to our initial assumptions, we found that whole-life costs as well as capital costs compare favourably. Blockwork only costs between 12 and 15% more to procure and install than bitmac and has an almost indefinite lifespan. Bitmac needs replacement every 7 to 10 years but is obviously cheaper. Even the setting depth is relatively comparable.

[C]are is taken to ensure that the solution that will provide the best value for money, suggesting that issues around quality and costs are considered in full across the totality of the partnership

In short, our concerns about “gold-plating” were not borne out. In fact, it seems that care is taken to ensure that the solution that will provide the best value for money, suggesting that issues around quality and costs are considered in full across the totality of the partnership.

Design conclusions

On the basis of our findings on design standards, quality and gold-plating, we feel confident in saying that the design quality being delivered by the partnership is both high and value for money. The development of common design standards for works, if delivered effectively and in such a way as they avoid unnecessary prescription, would add an extra level of assurance to what we consider to be a robust approach to design in all its forms.

iv) Performance management and financial control

We have been pleased to see that a robust approach to performance management is present within the partnership. Once again, the step change that resulted from the commencement of the partnership could not be more stark. Now, the partnership has a suite of KPIs against which

It is absolutely imperative not only that the existing systems are robust, but that the partnership is measuring everything it needs to measure to allow it to effectively assess its performance – not just those issues which it considers easy to measure

it is judged⁵, which complement the existing set of Best Value Performance Indicators (BVPIs).

There is a defined performance management methodology which is adhered to, and which defines how the partnership will examine and take forward conclusions from performance information. From the way

it operates, it can be seen that it is not an adjunct to the running of the partnership but – as was seen in the section on governance, above – as the central means for underpinning the relationship between AMP and the council.

The importance of effective performance management is such that we have considered it in some detail. It is absolutely imperative not only that the existing systems are robust, but that the partnership is measuring everything it needs to measure to allow it to effectively assess its performance – not just those issues which it considers easy to measure. Steps are being taken to address this challenge, which we consider in more detail below.

The Key performance Indicators and Best Value Performance Indicators

The partnership KPIs cover the entire breadth of the partnership's responsibilities, and rightly form the basis behind strategic decision-making. We have been extremely impressed by the commitment of officers to use performance information to drive forward service improvement, and we are sure that this demonstrates that a performance management culture is beginning to mature between the two partners.

The KPIs, as they stand⁶, reflect a number of key issues. There are indicators on physical performance, financial performance, "people involvement" and customer satisfaction. Targets for each measure are set between now and April 2010 and are increasingly challenging as the years go on. It is entirely appropriate that performance should drive improvement in this way and we are pleased that a robust scorecard of this type is central to the partnership. The methods used to calculate KPI performance are clear. Such is the novelty of this approach, however, that no similarly robust measures (and, importantly, measures on the same subjects measured in the same way) are available for the delivery of public realm infrastructure services before spring 2006. This makes it difficult to establish, from the KPIs, a performance baseline which we can use to assess where the partnership has come in the last eighteen months, and possible trends for the future.

The Best Value Performance Indicators (BVPIs) sit above the KPIs and provide a broader context – and, importantly, a historical context – to the performance of the partnership. We have looked at the BVPI data for the past two or three years, to examine the effect of the partnership on the delivery of services.

⁵ Key Performance Indicators

⁶ They are listed in full, with the year-on-year targets, in the thirteenth schedule to the partnership agreement.

The BVPIs provide only a broad-brush view but do at least allow some comparisons to be made with past performance. They reflect consistent improvement in the areas measured between 2005 and now, keeping pace with target increases. Most BVPIs are now reported as “good”. We were concerned that given the number that were performing so well, the BVPI targets should be more rigorous and challenging. However, as BVPIs are set centrally, this is not an option at the moment.

With the advent of Comprehensive Area Assessment (CAA)⁷, local authorities will have an opportunity to manage the reporting of a new, pared-down dataset comprising 35 of 198 “national indicators” (NIs). Partnership officers should take the opportunity when this occurs next year (and, in fact, when the NI definitions are published, which has now been delayed for some time) to assess how the new NIs fit in to the rest of the KPIs. Which of the NIs are taken forward for national reporting will depend very much on the priorities of the council, and so many areas will no longer be subject to the same central government examination as previously. Under these circumstances it is even more important that internal processes, and the means for using performance information to drive improvement, should be as robust as possible.

[The BVPIs] reflect consistent improvement in the areas measured between 2005 and now.

In-year spending, the capital programme and project completion

So far this year⁸, the partnership has achieved 42% of its capital programme. This is an impressive achievement that demonstrates that financial control, and project and programme management, are working well. This excellent performance is a cause for celebration. It means that all the projects planned for 2007/08 can – if this trend is continued – be delivered on time and on budget, improving our value for money performance and using our resources effectively.

Better financial control has been brought about by a suite of measures, about which we were informed by the Portfolio Holder. Firstly, we have been told that forward planning improvements have been made, setting out a work programme for a full 12 months. Naturally, this means that financial control can be kept much tighter.

We have also been advised that, although the original partnership agreement anticipated a spend by the council of between £12 and £15 million, work has been programmed in such a way that only an £8 million spend is anticipated by the end of the 2007/08 financial year. On the face of it this represents only an internal decision within the council to spend less in this year on the public realm than originally planned, but we would like to identify the possibility that this might place AMP in a potentially difficult financial position, which may risk successful delivery of the partnership in the long term. Happily, the recent agreement between AMP and the London Borough of Hillingdon for the delivery of public realm services has negated any adverse fall-out that may have arisen from Harrow’s reduced spend. Notwithstanding this, we consider that it is crucial for the council to consider the effects that this reduced spend might

[W]e consider that it is crucial for the council to consider the effects that this reduced spend might have on the continuing relationship with AMP

⁷ The CAA will be an inspection regime that will replace the Comprehensive Performance Assessment and which will assess all bodies involved in delivering actions under the Local Area Agreement. As such, it will have an inherent focus on partnership and on the identification of key local priorities, rather than the setting of priorities and targets centrally.

⁸ At the time of writing (December 2007).

have on the continuing relationship with AMP. Hopefully the openness inherent in the partnership will allow the council and AMP to consider this important issue further, and in depth, but we are pleased that the size of AMP and the flexibility this provides them have not resulted in adverse effects as a result of the reduced 2007/08 spend. One of our recommendations relates to this issue.

The nature of the partnership, with the long-term relationship between AMP and the council, has made this long-term planning possible. We were also told that it has been able to deliver a consistent workload.

Officers are, rightly, proud of their achievements relating to performance and project management. More innovative solutions, in design terms, have been made possible because of improvement to project management – this is how it was possible to carry out some of the larger projects such as Station Road and Uxbridge Road in one “hit”. We did learn when studying the Uxbridge Road reconstruction that the decision to undertake all the reconstruction work in one go over a very short period had caused some resource difficulties, with workloads being extreme and staff being stretched for the period in question. However, officers have learned from this experience and anticipate that in future work of this type will be programmed in with the rest of the capital programme in mind to provide the consistency which we discussed. This is a good example of shortcomings in project management being identified and being used to inform future decisions.

Benefits of “single supplier” of services - This brings us to the benefit of using a single supplier of services. The analysis and reallocation of resources depending on workload and on in-year priorities is extremely difficult, if not impossible, with a plethora of different contractors, but with AMP as the single provider this kind of strategic thinking has been available to the council. Officers admit that it has taken some months to capitalise on this, but it is clear to us that planning and project management is at a stage now that allows significant efficiency gains, and quality gains, to be made.

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Of course, AMP themselves subcontract out work to other, smaller contractors – in some cases, contractors with whom the council had a contractual relationship to deliver services before the partnership came into existence. However, the circumstances are different – the focus on performance means that contractors have a much clearer idea of what is required, and AMP’s stewardship means that economies of scale in terms of flexibility and delivery can also be brought to bear.

Service and payment: risk and reward

As we have seen, partnership working is based on trust. Trust itself is based on openness, and to have openness it is necessary to have an equitable sharing of risk and reward between the partners.

In theory, risk and reward works in the way described in the section of this report which goes into Egan partnerships in more detail. The idea is that some of the financial risk of poor performance is shared between the partners, as is the reward. The important thing is that this sharing should be essentially equitable.

In practice, the operation of the risk/reward framework in the AMP partnership is quite complicated⁹.

Firstly, the “baseline” has to be established – the key point against which risk and reward are to be allocated. Achieving the KPIs constitutes this basic 100% standard – tying in risk and reward with partnership performance. Any delivery in excess of the KPIs will consequently result in a corresponding performance bonus being paid (described as “the Harrow bonus”).

However, there is also a risk element attached to non-delivery. AMP puts up a certain amount of its own money to manage this risk, divided into a number of increments. Each increment is calculated as one quarter of the total performance bonus (in percent) available, as agreed by the parties at the beginning of the partnership, as discussed above. Delivery below the KPI target will risk the loss of one or more of these increments on a rolling basis. Each month, one increment is either added to or deducted from the “total” performance payment – unless the contractor is performing at the maximum level (ie, unless all four increments are intact).

The rationale behind this incremental approach is, according to the schedule, to “ensure that there is a method and timeframe in which to correct performance rather than have a 100% or 95% fluctuation immediately. The incremental method allows the contractor to correct performance without too heavy a deduction in doing so”.

So, to provide a worked example under a hypothetical KPI:

- Month 1: All four increments are intact, and performance is delivered to the required standard, so there is no change.
- Month 2: All four increments are intact, and performance is delivered exceeding the required standard. But as all increments are intact, no additional increment is added.
- Month 3: All four increments are intact, but performance is delivered below the required standard, so one increment is lost.
- Month 4: Only three increments are intact, and performance drops below the required standard again, so another increment is lost.
- Month 5: Only two increments are intact, but performance meets the target, so an additional increment is added.
- Month 6: Three increments are intact, and performance exceeds the target, so an additional increment is added.
- Month 7: Four increments are intact, and performance exceeds the target, but because we are back to the full four increments no additional increment can be added.

Of course, where there is significant performance exceeding targets, the “performance bonus” is applied as outlined above.

This is a complicated approach, but a common-sense one. It is not as “pure” a risk/reward sharing scheme as the so-called “target cost” approach¹⁰. However, we understand that it works effectively in this situation.

Risk/reward sharing is, in fact, only one of a suite of payment options open to the partnership to use. These include:

- Schedule of rates (ie, an agreed list of rates for carrying out certain jobs)

⁹ The complete detail is provided in the thirteenth schedule to the contract between AMP and the council.

¹⁰ More detail on target cost can be found in the first background briefing, in the appendices.

- Fixed price (similar to the above)

Different methods of payment are used in different situations, for different kinds of job.

We recognise that a risk/reward, or target cost, scheme will not be appropriate for a number of smaller tasks for which schedule of rates or fixed price arrangements are more efficient. We accept that such a system is pragmatic but would like to highlight what we consider is a potential risk in the use of schedule or rates or fixed price arrangements, in that such arrangements will be somewhat removed from the overarching performance management framework. We have seen that the links between performance management and risk/reward are robust, but the nuances necessary in the assessment of the quality delivered might not be present in a standard schedule of rates. That said, as long as such arrangements are used only for small, defined projects or works, under specific circumstances, this risk will be reduced.

Capacity

The fact of the long-term partnership relationship, the sharing of risk and reward and the additional certainty that comes of partnering with an organisation with a large and professional skills base has capacity implications for the council itself, as a separate organisation.

Officers have informed us of the capacity issues which existed before the partnership came into force. As a collection of small teams, the council could not respond flexibly to situations and officer workload was difficult to plan in advance.

With AMP now responsible for both works and for professional services, however, we have seen that council officers are no longer obliged to spend large amounts of time on design, assessment of work being carried out on site (which is now self-certified by AMP), or indeed on the complex web of contracts necessary under the previous CCT regime (under a series of contract monitoring regimes). Officers' time has been freed and, we think, this presents an excellent opportunity to deal more effectively and efficiently with both strategic and statutory issues for which there may not have been the time or opportunity before the partnership came into existence.

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There is the potential for an expansion in the quality and nature of work now carried out by directly-employed council staff, without an increase in departmental "head count" – an excellent opportunity to capitalise and build on the solid start that has been made in promoting and developing new and innovative ways of working with AMP and other partners.

One of our recommendations deals with this issue.

Potential measurement pitfalls

There are some potential risks in terms of measurement and reporting that we would like to dwell on briefly.

Measuring unmeasurable performance – firstly, there is a conceptual issue to consider around measurement, and what can and should be measured and fed into the partnership's plans for improvement.

Inevitably, it is tempting under these circumstances to measure only those things that are easy to measure. To return to the KPIs themselves, the focus is on physical and financial performance. Obviously, given the nature of the partnership, most key measures will be easily quantifiable. However, there will inevitably be a number of different aspects of performance, which cannot be measured so easily. Customer care is a good example of this. The challenge is to develop a measurement system that blends qualitative and quantitative measures.

The challenge is to develop a measurement system that blends qualitative and quantitative measures [...] we are not convinced overall that the establishment of a small number of value-added PIs will address this issue adequately.

The partnership has tried to address the concern that it has tended to measure only those things which it is easier to measure. It has proposed the development of a number of additional KPIs to measure, qualitative, “value-added” measures, and these have now by and large been implemented within the KPI framework¹¹.

However, despite these steps, we are not convinced overall that the establishment of a small number of value-added PIs will address this issue adequately. There is a case for stating that measurement of valued-added elements to projects should both be developed for and built in to the projects in question, and that current KPIs could where appropriate be amended – integrating qualitative methodologies relating to “soft” measurement – so that the reflection of value-added issues is completely and seamlessly integrated within the PI framework in its totality. We are not sure that simply “bolting on” a selection of more qualitative value-added PIs will resolve this.

Qualitative measurement is, as concepts go, a dangerous and confusing one¹². At the risk of sounding overly theoretical, measuring issues such as “customer satisfaction” and perception is difficult because the measurement of individual perception depends so widely on subjective judgment. Of course, we have used customer surveys as one of the lines of evidence in our work, but the risk of presenting these statistics in the form of a PI is that it can be given the same credence as an indicator that has been subject to the same rigorous verification as a “standard”, quantitative PI. The question is whether qualitative measures, such as customer satisfaction, can be measured well enough to justify their inclusion within a standalone PI.

The question goes beyond mere methodology and as such we have looked at it in relation to the performance management framework more generally. On balance we do not consider that alterations to the methodology of the existing PIs to integrate qualitative and quantitative evidence together would be helpful, as it would make year-on-year performance difficult to compare. Tweaking methodologies for reporting, although tempting, is not appropriate, given the importance of being able to rely on annual information to compare with historical data which has all been measured in the same way.

However, we do consider that more thought needs to be put into the measures for purely qualitative items to ensure that their methodologies are sound. If methodologies are robust we believe that qualitative measures such as these (for example, customer satisfaction) will help the partnership to perform better. The partnership needs to develop measures which are more qualitative, and for quality more generally, which are robust and depend as little as possible on

¹¹ We have not seen specific examples of these KPIs in operation yet.

¹² More on this issue can be found in Hayes A., *Statistical Methods for Communication Science*, (Routledge: 2005) pp24-27, also “Towards better qualitative performance measurement in organisations”, Sun P-YT, TLO 10(5) (2003), pp258-271

subjective interpretation of the data. In and of itself, this will be a challenging task. However, the framework should also not be so prescriptive so as to fetter the ability of officers to innovate, to take risks and to develop original ideas for the delivery of projects. This makes the challenge yet more difficult; but we remain convinced that it is something that must be tackled.

One of our recommendations, outlined at the end of this report, is on this topic.

IT - secondly, we would like to touch on issues relating to IT. IT has been identified¹³ as having been a problem for the partnership. Poor integration of IT inevitably means poor integration between the partners more generally. It also means that reporting up and down the

Constant feedback from on-the-ground AMP officers to partnership officers higher up the chain must be recognised as one of the most crucial things to get right

management chain is not as seamless as it otherwise would be, potentially making it difficult for senior managers to access crucial, real-time performance and asset information.

We are pleased to see that steps are being taken to address this. An extranet is being developed for AMP and council staff which will allow this crucial information

sharing to become more straightforward. We assume, and hope, that care and attention will be taken to tie the extranet in to the council's existing systems – in particular, SAP. Automatic reporting between the two (assuming that the functionality exists to do so) ought to ensure that performance reporting is even more robust than it is already. Constant feedback from on-the-ground AMP officers to partnership officers higher up the chain must be recognised as one of the most crucial things to get right.

Self-certification - thirdly, we want to bring up the potential for difficulties with measurement “on the ground” – the practice of “self-certification”. Under self-certification, AMP are responsible for assessing their own work once completed. On a traditional reading, this seems completely counterintuitive. To have the person or organisation responsible for carrying out work assessing it at the end of the project risks all kinds of problems – chief among them the chance that the assessment will not be rigorous, and that it will be focussed on having the project “signed off” even if set standards have not been achieved.

Are these concerns borne out? We have found that stringent procedures exist for monitoring this reporting, although the thirteenth schedule of the contract only mentions that performance will be measured “by a method to be agreed between the contractor and the service manager”.

PIs themselves, once recorded, are “subject to the agreement of, and certification by, the [council] Service Manager, whose decision in such matter shall be final”. As such, the AMP KPI framework is not “self-certification” per se, but obviously AMP officers are responsible for recording the raw data, as they are delivering the service at an operational and tactical level. This data is provided monthly.

To further assure data quality, at the beginning of the contract there was a three-month “testing and re-calibration” period of the first year’s baseline level of performance.

There is also a section of the thirteenth schedule that deals with misrepresentation of results. Section 4.1 of the thirteenth schedule states,

Checks by the [council] service manager of the contractor’s own monitoring of the KPI targets and performance payments will be carried out regularly. Should these checks find

¹³ Principally at the round table meeting, although evidence received there is reflected in other evidence received in the course of the review.

any deliberate misrepresentation on the part of the contractor, then, as well as any management action at Director level, the performance payment will be reduced by two further increments over and above any other appropriate adjustments identified.

Of course, this is a “long stop” provision which covers events which are unlikely to occur. The nature of the partnership relationship is such that such misrepresentation would not be in the contractor partner’s interests, given the governance issues discussed in the section above.

It is our view that these procedures form an effective long stop. However, this is a long-stop that we would hope are not necessary. The nature of the partnership vitiates against concealment or misreporting, as without the sharing of information and the effective management of performance data it would not be able to operate. Performance on the ground informs PIs, which inform prioritisation of future resources, which are then used to dictate work programmes. At each stage there is a pressing policy reason for partners to be forthright and truthful with each other, because not to do so would risk the long-term relationship, future performance bonuses and the ability to use resources to the best possible use by all parties. This constant interreliance between the partners is what makes Egan partnerships, and by extension the AMP partnership, so robust.

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v) Communications

“Communications” covers a wide area. Involving the local community has been recognised as one of the more significant drivers of the partnership¹⁴. Identifying people’s needs is crucial to a great deal of the work that the partnership carries out, and in certain instances such consultation is a statutory requirement¹⁵.

Communication with partners

Consultation is also necessary with other partners, particularly utility companies. It is a consistent complaint¹⁶ that seems always to be made that successions of contractors dig up various parts of pavements and roadways, leading to swift degradation of the road surface. In fact, we saw some evidence of this during our site visit to Uxbridge Road, where only a couple of months after completion contractors from EDF had already dug and relaid channels following some maintenance work. Officers informed us that, now that utility companies are obliged to

We can only suggest that further dialogue with utility companies should be carried out with a view to devising some mutually agreeable solution relating to the harmonisation of work schedules and the agreement of common design standards – but we appreciate that this is easier said than done

carry out repair and remediation works themselves, using their own streetworks teams, the quality of the work is invariably lower than it would be if carried out by the council itself. However, we recognise that progress here is difficult. The situation is defined by statute, which requires utility companies to carry out remedial work which matches the existing treatment of the road or footway. Utility companies seem to interpret this requirement loosely but it is not

practical to expect that the council can challenge every instance where work is not carried out to the standards expected. We can only suggest that further dialogue with utility companies should be carried out with a view to devising some mutually agreeable solution relating to the harmonisation of work schedules and the agreement of common design standards – but we appreciate that this is easier said than done. Utility companies are regional and national in nature and high-level engagement is unlikely to be realistic. It can only be hoped that ad-hoc, relatively low-level relationships can be built which encourage a more pragmatic and consensual approach to road works.

It is clear, though, that AMP and the council are working to build such relationships with utility companies, and this was borne out by our case study work on emergency response. We looked in particular at work carried out to “make safe” Queensbury Circle and the immediate area when a water main burst there last year. In that instance, Three Valleys Water (TVW) formally put on record that they had been impressed by the work done by the partnership to support them. It is clear that both partnership and TVW officers found it possible to work closely together to solve emerging problems and that this approach directly resulted in reduced inconvenience for local road users.

¹⁴ 1st Quarter Contract Management Report 2007/08 (as reported to AMP Partnership Board)

¹⁵ For example, local authorities are obliged to consult local residents before implementing Controlled Parking Zones (CPZs) under the Local Authority Traffic Orders (Procedure) Order 1994, pursuant to ss 6 & 9, Road Traffic Regulation Act 1984.

¹⁶ In fact, it was a complaint made by a number of respondents to our surveys.

However, improvements to internal partnership management processes are also themselves having an impact on utilities' access to roads. The ability to carry out large projects in one go, rather than staggering different elements across a number of different months, has an impact on utilities' rights under the Traffic Management Act (TMA) to carry out planned works in the same area. After reconstruction work has been carried out utilities are forbidden from carrying out works on the same site for the next 12 months. When work is carried out in one "hit" as it was at Uxbridge Road, this means that a large area is free of periodic utility works for this time, which enhances the visual appearance of the area and also enhances public perception.

However, reliance on this approach is, we feel, no substitute for a closer working relationship with the utility companies themselves.

Communication strategy

We have seen a great deal of material emphasising how important communication is to the partnership. AMP and council officers are clearly committed to improving communication, and to this end a communication strategy has now been drafted, made possible by the augmentation of the communications and customer relationship team. We have been advised that there are further plans to build a combined partnership liaison team for Property and Infrastructure, although it is unclear when this is planned to happen.

However, on considering the communications strategy itself, we are not sure that it goes far enough. We recognise that resources are tight, and that already the communications service being provided goes beyond the initial contract specification, but a more ambitious approach would deliver significant gains in the future.

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The strategy seems to lack coherence as a high-level document. This is probably because of its limited scope. We feel that it concentrates on form and process to the exclusion of setting out a framework for ongoing resident engagement in the partnership's activities. The information that it contains – procedures for approval of press releases, information on a "house style", an assessment of the "key messages" from the partnership, and the resources to hand to deliver the strategy itself – is useful and necessary, but not in a document that is meant to set out a vision for communications in its more broad sense.

Part of the reason for this seems to be a confusion surrounding who the strategy is for. It is being distributed to all AMP and council employees involved in the partnership, and so the audience is broad and covers everyone from senior managers to customer-facing staff. The high-level strategy should, we feel, concentrate on focusing the minds of senior managers on the practice to be followed, with more low-level material being prepared and disseminated separately.

Consultation processes - We consider that the consultation processes identified in the customer care strategy and the communications strategy are too one-way in nature. Priorities and actions all deal with AMP and the council's production of information, with residents and local people as a largely passive participant. It seems that the focus of communications work at the moment is on informing the public about ongoing and planned works rather than engaging in dialogue.

Cllr O'Dell, the former Portfolio Holder, expressed the opinion at our round table meeting that AccordMP had not struck him at the time of his involvement as having been especially innovative in terms of consultation and involvement. Obviously steps have been taken in the meantime to address the issue, but we do still feel that although there has been a significant improvement in community engagement, we still feel the partnership does not have a sufficiently progressive approach to community involvement. The engagement with local people is not something that can realistically be undertaken on an ad-hoc, project by project basis. Instead, we feel that communications should focus on building and maintaining an ongoing relationship with local people, in particular through residents' associations, but also directly.

[A]lthough there has been a significant improvement in community engagement, we still feel the partnership does not have a sufficiently progressive approach to community involvement

What would this mean in practice, and how would it be different to what exists at the moment? By suggesting that this change needs to be made we want to build on rather than to eliminate the work that has been carried out so far. The main changes we think necessary relate to "stakeholder liaison", and the practices embodied in the communications strategy at page 15. The strategy states that a number of different means of liaison exist. These

include Access Harrow, community events, direct mailings, exhibitions, noticeboards, post-scheme questionnaires, scheme leaflets and on-site "sign boards".

We consider that more guidance is needed for officers on the appropriate circumstances to use each of these methods of engagement. Different projects may require different approaches and the current strategy does not provide the necessary evaluation or analysis to allow officers to make an informed decision as to the best technique to use. The strategy should place the different methods on a scale, from "informing" local people (the minimal activity the council should be doing) to "co-decision", complete engagement on design, timing and other issues which may be appropriate for a particularly large and complex project¹⁷. Different methods will be more or less appropriate for different situations and this approach will ensure that consultation, participation and involvement is designed to be of the most use for all stakeholders in the partnership's work.

Officers should take a step back from individual projects and think carefully about how local people can and should be involved in decision-making on public realm infrastructure more generally [...] essentially, what we are proposing is that real steps might be taken to transform the partnership from the current two-way relationship between AMP and the council into a three way partnership between AMP, the council and local people

Complementing this, the partnership also needs to develop a progressive strategy for community engagement and involvement generally. Officers

should take a step back from individual projects and think carefully about how local people can and should be involved in decision-making on public realm infrastructure more generally. This could well involve building more robust links to existing bodies and forums, including residents' associations and community groups, and encouraging them to play a meaningful role in decisions that are being made about the public realm infrastructure of their local community. This links in with the council's objectives under the Prosperity Action Teams (PATs)¹⁸.

¹⁷ Essentially we are proposing the consideration of the "ladder" model of community engagement first proposed by Arnstein in 1969 and refined by Wilcox in 1994 (Wilcox, D., "Guide to Effective Participation", Joseph Rowntree Trust)

¹⁸ These are local bodies responsible for the distribution of capital money to local community projects, led by ward councillors.

Essentially, what we are proposing is that real steps might be taken to transform the partnership from the current two-way relationship between AMP and the council into a three way partnership, between AMP, the council, and local people. This is arguably a bombastic statement but we think that it identifies, in essence, the potential that exists for improvement here.

It may well be that the best way of achieving this is the development of a joint communications strategy and structure for both the Accord MP and Kier partnerships, to ensure that community engagement and involvement activities around all aspects of the built environment are managed and delivered under one roof. This would further enhance the perception and existence of a “seamless service” between these two partnerships and makes logistical and operational sense when public realm and construction services overlap so significantly. Good practice in community involvement can be shared and community knowledge can also be passed more effectively between the partnerships in this way.

Direct mailings and leaflets – obviously, each existing method of consultation and participation can remain within the outline framework we have identified. With this in mind we have developed some thoughts on direct mailings and leaflets specifically which derive from our consideration of the material issued for Uxbridge Road, as well as a large range of other consultation material to which we have had access¹⁹.

The leaflet circulated for the Uxbridge Road reconstruction gave very basic information about the work being carried out. We think that there is a case in a large project such as this for a more concerted campaign not only of public information but of dialogue, with local residents, to ensure that works can proceed more smoothly. Many of the “free text” responses to our surveys detail a catalogue of minor complaints and confusions which could have easily been resolved, or would not have arisen in the first place, had a communications plan that focussed on involvement and participation been put in place from the outset²⁰.

Moreover, we are not convinced that the information, when made available, was done in a way that was accessible. Although we have been assured that the quality of the Uxbridge Road leaflet was not representative of other consultation work, the format of other leaflets we have

There is a case for a more personal approach with the literature produced – we suggest that leaflets be addressed from the Portfolio Holder herself

seen is largely similar. Obviously the provision of some information is far better than no information at all, but the work already done on communications could easily be capitalised upon by the provision of more accessible literature which can provide key information, perhaps supplemented with a map where appropriate. There is a case for a more personal approach with the literature produced – we suggest that leaflets be addressed from

the Portfolio Holder herself. We consider that this practice would allow the partnership, and the Portfolio Holder, to explain the context of the work more fully, and how it fits within the improvements being delivered across the borough – the important, more general issues, of why and how the council is delivering an improved public realm. This forms the basis of one of our recommendations.

We have noted that the quality and detail of consultation and information leaflets varies widely and consider that the further enhancement of the communications function within the partnership (as already planned, and as suggested above) could and should lead to a general standard for such information.

¹⁹ In the “AccordMP / Harrow Council Partnership Sample of Customer Relations and Communications Documents”
²⁰ This can be seen at figure xx, below.

Figure 3 – Indicative free text responses relating to communications and involvement, Uxbridge Road

“Apart from road signs we had no idea what was being done.”

“Although I am satisfied with the work done I was very concerned at the start of the work. Without any notice the middle islands were taken out of the road. This is a main route and drop off area for school buses. This put children at risk without parents being made aware of the risk...”

“Some work was carried out quite late at night, it was also very noisy. It was my understanding that all works would be carried out during the day, this however was not the case, and I was never led to believe this would happen”.

“There was not much communication before and during the process”.

Customer care – we have some concerns about individual customer care. Now that a customer care strategy has been developed, we expect that some of our concerns will be resolved shortly, if they have not been already. Certainly, the partnership’s own data reflects a picture of improvement across the board in this area. Complaints, we are told, have reduced from 7 a day to 7 a month.

In general our worries relate to our vehicle crossings study. Here, individual householders paid the partnership for the construction of a vehicle crossing on their property. This is much more similar to a provider/client relationship than the more generalised information and communications we have been discussing in this section so far. Again, our surveys indicated broad satisfaction with the work carried out, but once again there were a significant minority of people who were not satisfied with the service being received. This dissatisfaction may, in many instances, have not resulted in a complaint, which may mean that the partnership is unaware of it – an important point when considering issues relating to performance management.

[M]ore effective aftercare might be needed, as a matter of course

In our view, more effective aftercare might be needed, as a matter of course, where work has been carried out on or near a particular property – or even more generally. This would usefully identify any outstanding concerns and allow quick action to be taken to solve problems. This

Effective discussion, information sharing and joint decision-making with local people will also, as discussed above, manage expectations and ensure that people know exactly what standard and nature of work they can expect – and also to ensure that the partnership fully understands people’s needs

might in some circumstances be as straightforward as a meaningful follow-up survey, or a community meeting – for more significant projects the partnership might take a more proactive approach. A continuous level of

involvement by the partnership in local communities would make this process even more straightforward.

Effective discussion, information sharing and joint decision-making with local people will also, as discussed above, manage expectations and ensure that people know exactly what standard and nature of work they can expect – and also to ensure that the partnership fully understands

By and large work is carried out to a high standard and local people are satisfied

people's needs.

However, we remain of the opinion that these problems are not reflective of the wider service being provided, in relation to vehicle crossings and more generally. By and large work is carried out to a high standard and local people are satisfied – but it is for those minority of situations where this does not happen that agreed consultation and involvement standards, as we described above, are necessary.

Figure 4: Indicative free text responses relating to communication and customer care, vehicle crossings case study

“Not fully satisfied with the quality of work or support to understand the procedure”.

“The size of my crossing is wrong and unjust compared to other roads and even neighbours. I complained and only after several calls someone came to see me. The person said that they could not adjust my crossing even though other roads had different sizes. Also, existing crossing was left and the drive looks bad. The person said he would take action against a neighbour and I have yet to see this happen.”

“I think I wasted my money, the crossing is not in [the] form I expected it to be.”

“The work completed was completed with minimal disruption to myself or neighbours. Good job all round.”

“Although I applied for the [vehicle crossing] at the beginning of January I heard nothing until 4th April. The [vehicle crossing] was started on 27th April but I had no communication from the engineers beforehand – the men just turned up to start out of the blue. The work was finished on 4th May. Since then, no-one has contacted me about it until this survey”.

Celebrating success

The above should not be interpreted as a criticism either of existing practice or of the partnership more generally. We certainly appreciate, as we were informed at our round table meeting with officers, that communications policy has been starting from a relatively low base, and that it has only been in the last few months that concerted action has been taken to effect improvements. Under these circumstances it is unreasonable to expect a high quality and consistency to all the issues we have raised across the entire partnership structure.

With this in mind, we also want to dwell on communications more generally relating to the nature of the partnership itself. We feel that officers within Property and Infrastructure have

There is, within the service, and within AMP, a passion, commitment and dedication which shows itself in the quality of the work carried out, as we have seen [...] this good practice should be aggregated and disseminated further so that staff's performance can be celebrated in the rest of the organisation

been hiding their collective lights under a bushel. There is, within the service, and within AMP, a passion, commitment and dedication which shows itself in the quality of the work carried out, as we have seen. This work is being carried out in a value for money manner, to a high standard, with effective financial and

performance controls, as part of a continually strengthening partnership. It is true that we consider policy on communications to be lacking, but there is a wealth of good practice relating to the partnership in general which needs to be shared not only with the rest of the authority but

with other councils. Officers should not be bashful about holding themselves and their performance up to others as an example to follow. There is a practice within the partnership (set out in the communications strategy) of preparing “glory boards” to identify and celebrate good practice, but this information seems to remain within the partnership itself. This good practice should be aggregated and disseminated further so that staff’s performance can be celebrated in the rest of the organisation.

Moreover, we should not, as an authority, be embarrassed to celebrate the success of this partnership and to explain how it operates, and its benefits, to local people. There is all too often a reticence about trying to engage residents with “good news” stories. Such reticence is entirely justified if the action in question were to be merely a puff-piece in the Harrow People magazine, but if done as the first step in an ongoing dialogue with local residents – as described above – the people of Harrow can become much more engaged in the way the partnership operates. This cannot happen overnight, but the benefit of a long-term relationship with AMP is that a similarly long-term strategy can be brought into action to deliver this ambitious objective.

Recommendations

We have been impressed by the level of dedication and passion that both AMP and Council officers share. Both are convinced of the significant benefits that partnership can bring, and has brought, to the delivery of public realm. This approach has led to an open and frank relationship between the two organisations where mutual concerns and problems about performance can be discussed frankly and always with a view to improvement. We have seen the benefits of this approach first hand in the open way in which failures and problems, where they have occurred, have been acknowledged. This is a step-change in organisational culture.

Failures have been few and far between, although officers admit that the first nine months of the partnership did not run as smoothly as was expected. It is clear however, that the partnership has the potential to become a resounding success. It has enabled the Council to do things that, before April 2006, would have been unthinkable – either beyond Harrow's resources or beyond the expertise or resource of previous contractors. For this reason, the central thrust of our review, and our five recommendations, is on further integration.

Recommendations

Performance management and financial control

- 1. That the partnership ensure the performance management framework takes full account of qualitative items over and above the development of further quantitative KPIs. This would be accompanied by robust methodologies, central to a light touch governance regime that promotes innovation and risk-taking. The review group also found that early contractor involvement has been key to delivering some of the most innovative and best value solutions and should be encouraged within the organisational culture of the partnership, as well as serving as an example to other parts of the Council's workforce.**
- 2. That the portfolio holder may find opportunity for increased capacity with the same departmental head count due to the additional resource benefits of the AMP partnership and its innovative and specialist skills. The review group identified for example, that work has been taken off Council staff's shoulders in areas of design and in site assessment, where AMP now conduct this work. This has freed Council staff time for more strategic and statutory work, which has been under pressure.**
- 3. That the administration reflect on the fact that the AMP agreement was done under the expectation that the annual spend would be in the region of £12-£15 million. The AMP partnership began part way through 2006 so 2007/08 is the first complete municipal year the partnership has run, and 2007/08 spend is in fact on target for £8 million, which could well present commercial issues for AMP. However, during our investigations AMP confirmed that the August 2006 agreement of Hillingdon Borough to retain AMP in a similar partnership has negated any adverse fall-out that may have arose from Harrow's reduced spend. AMP's economies of scale bring huge advantages to Harrow but these advantages can only be sustained with a minimum spend.**

Communications

- 4. That an approach to communications and community involvement be taken that allows genuine partnership in decision-making with local people. This approach would also see**

continuous involvement with residents on all issues relating to public realm infrastructure through a joined-up approach to communications between AccordMP, Kier and the Council. The review group discovered that some communications that went out jointly from AMP and Harrow Council were not adhering to expected criteria of production and quality. For example, although 88 per cent of residents were satisfied with the work done on Uxbridge Road, 52 per cent were not satisfied with the communications, or lack thereof, during the work.

5. That each piece of project communication to residents be used as an opportunity for the portfolio holder to explain the broader objectives of the work being done and to communicate the Council's vision of why and how we are delivering an improved public realm.

Scope and recommendation matrix

Scope

This was the original project plan for the review, agreed by members before the start of the review itself. It demonstrates the original aims and objectives for the review.

Recommendation matrix

This is a document setting out our recommendations, how they were arrived at, and how we intend to measure whether they have been implemented, if approved at Cabinet.

HARROW COUNCIL

REVIEW OF THE FIRST TWELVE MONTHS' OPERATION OF THE COUNCIL'S PARTNERSHIP WITH ACCORD MP - DRAFT SCOPE

1	SUBJECT	London Borough of Harrow's Partnership with Accord MP (AMP) (first year performance and future developments)
2	COMMITTEE	Performance and Finance (commissioned by Overview and Scrutiny)
3	REVIEW GROUP	Cllr Mark Versallion (Chairman) Cllr Brian Gate Cllr Barry Macleod-Cullinane Cllr Robert Benson Cllr Jeremy Zeid Cllr Thaya Idaikkadar Cllr David Gawn
4	AIMS/ OBJECTIVES/ OUTCOMES	To establish the lessons learned from the first year of operation of the council's partnership with Accord MP (AMP) to deliver improvements to public realm infrastructure.
5	MEASURES OF SUCCESS OF REVIEW	A small number of recommendations to support the setting of targets and the monitoring of performance, and the operation of the partnership more generally, for the use of the executive's own governance arrangements.
6	SCOPE	To examine: <ul style="list-style-type: none"> • How services were delivered, and performance, before the start of the partnership. • What has changed, in performance terms, in the last twelve months. • Future plans and changes to governance.
7	SERVICE PRIORITIES (Corporate/Dept)	11 – Improve the way we work and deliver real value for money
8	REVIEW SPONSOR	Andrew Trehern, Corporate Director, Community and Environment Services
9	ACCOUNTABLE MANAGER	Lynne McAdam, Scrutiny Service Manager
10	SUPPORT OFFICER	Ed Hammond, Scrutiny Officer
11	ADMINISTRATIVE SUPPORT	Layla Davidson, Research and Project Support Officer
12	OTHER INPUT	Andrew Trehern Eddie Collier Dave Masters Dennis Thompson

		<p>Anu Singh Vic Jenkins</p> <p>Cllr Susan Hall, Portfolio Holder Cllr Philip O'Dell, former Portfolio Holder</p> <p>Alan Rimmer, AMP Alex Costenedes, AMP</p> <p>Input from the ongoing Internal Audit of council partnerships (including Accord MP)</p>
13	METHODOLOGY	<p>1. How services were delivered, and performance, before the beginning of the Accord MP partnership.</p> <p>Analysis of historic performance data, particularly 2005/06 information, through analysis of BVPI scorecard.</p> <p>Delivered through desktop review meeting (early November).</p> <p>2. What has changed, in performance terms, in the last twelve months?</p> <p>Analysis of three case studies.</p> <p>Case Study A: Emergency response Case Study B: Uxbridge Road Reconstruction and Resurfacing Case Study C: Vehicle crossings</p> <p>Delivered through desktop review of issues at a meeting in early November, and through site visits, facilitated by partnership officers, and through canvassing the views of nearby residents and businesses where appropriate.</p> <p>Also delivered through a desktop comparison of wider information (including BVPIs) at a review meeting in mid-November, followed by an evidence-gathering meeting with council officers and officers from Accord MP, in late November or early December, to discuss evidence gathered thus far, relating to performance, resident satisfaction and information pertaining both to best practice and the case studies. The review will make one or two central recommendations to back up its findings.</p> <p>3. Future plans and changes to governance</p> <p>The combined governance structure, linking together the AMP and Kier Group partnership arrangements, is being developed. This element of the review will be delivered through desktop analysis (at the mid-November meeting) and discussion at the evidence-gathering meeting with officers. Conclusions could be drawn from the Internal Audit investigation as well as on the basis of November's round table meeting.</p>

14	EQUALITY IMPLICATIONS	There are no equality implications specifically concerned with the review.
15	ASSUMPTIONS/ CONSTRAINTS	Involvement of officers in Community and Environment Services will be dependent upon departmental resources (staff time in particular). The scope takes account of this constraint and evidence gathering will be designed to minimise undue workload on partnership officers working both for the council and for AMP.
16	SECTION 17 IMPLICATIONS	There are no specific section 17 implications, although delivery of a clean and well-designed public realm may help to reduce levels of crime and fear of crime. This issue is not being examined by the review, except insofar as it relates directly to performance targets and related information.
17	TIMESCALE	<p>Case studies: over the course of October and early November.</p> <p>Meeting 1 (desktop review discussing both pre- and post-AMP BVPIs and other information, feedback from case studies and preparations for the evidence-gathering meeting) - mid November</p> <p>Meeting 2 (evidence gathering round table with officers to discuss all the above) – late November.</p> <p>Meeting 3 (report drafting meeting) – mid-December</p> <p>Draft of report to members and officers for comment over Christmas. Any further changes in report to be dealt with electronically. Sign-off at P&F in January.</p>
18	RESOURCE COMMITMENTS	<p>No resource commitments in excess of scrutiny officer time. Commitment will be required by Council and AMP officers – particular in relation to the evidence-gathering meeting.</p> <p>Case studies will be facilitated by partnership staff.</p>
19	REPORT AUTHOR	Ed Hammond with Chairman and members of review group.
20	SCRUTINY PRINCIPLES	Considered and adhered to. The review will contribute towards corporate priorities and provide a template for future studies of contracts and similar issues.
21	REPORTING ARRANGEMENTS	<p>Outline of formal reporting process:</p> <p>To Portfolio Holder [] When.....</p> <p>To CMT [] When.....</p> <p>To Cabinet [] When.....</p>
22	MONITORING ARRANGEMENTS	<p>Broad issues to be picked up as part of the wider reviews of procurement and partnership.</p> <p>Specific issues can be picked up as part of the monthly BVPI monitoring process at P&F chairman’s meetings.</p>

**OVERVIEW AND SCRUTINY
RECOMMENDATION ACTION SHEET**

Key: CD = Corporate Director(s)
PH = Portfolio Holder

Prioritisation – Requiring action immediately: ST.
Requiring action in medium term: MT
Requiring action in long term: LT

Incorporated information - Evidence received from officers O
Evidence received from “best practice” BP
Evidence received from local people LP
Evidence received from vol gps VG

150

Recommendation	Prior	Identified officer/member/group to action	Incorp info	P'ship? (Y/N)	Action taken (for completion at six month period)	Measure of success
That the partnership ensure the performance management framework takes full account of qualitative items over and above the development of further quantitative KPIs. This would be accompanied by robust methodologies, central to a light touch governance regime that promotes innovation and risk-taking. The review group also found that early contractor involvement has been key to delivering some of the most innovative and best value solutions and should be encouraged within the organisational culture of	ST, MT	PH, CD, AMP	O, BP	Y	Performance management system enhanced to permit more robust measurement of qualitative issues.	More innovative projects being completed on time and on budget.

the partnership, as well as serving as an example to other parts of the Council's workforce.						
That the portfolio holder may find opportunity for increased capacity with the same departmental head count due to the additional resource benefits of the AMP partnership and its innovative and specialist skills. The review group identified for example, that work has been taken off Council staff's shoulders in areas of design and in site assessment, where AMP now conduct this work. This has freed Council staff time for more strategic and statutory work, which has been under pressure.	MT	PH, CD	BP	Y	Allocation of resources to allow for the requisite amount of time and staff to be devoted to strategic and statutory duties.	Robust and detailed strategy for the borough's public realm delivered through the partnership; prompt and comprehensive response to any statutory issues arising.
That the administration reflect on the fact that the AMP agreement was done under the expectation that the annual spend would be in the region of £12-£15 million. The AMP partnership began part way through 2006 so 2007/08 is the first complete municipal year the partnership has run, and 2007/08 spend is in fact on target for £8 million, which could well present commercial issues for AMP. However, during our investigations AMP confirmed that the August 2006 agreement of Hillingdon Borough to	MT	PH, CD, AMP	O, BP	Y	Development of plans, jointly with AMP, to ensure that spending levels do not present commercial problems for AMP in the future, and the identification of contingency plans for this eventuality.	Maintenance of an open relationship with AMP which can take account of and proactively deal with income and expenditure fluctuations.

retain AMP in a similar partnership has negated any adverse fall-out that may have arose from Harrow's reduced spend. AMP's economies of scale bring huge advantages to Harrow but these advantages can only be sustained with a minimum spend.						
That an approach to communications and community involvement be taken that allows genuine partnership in decision-making with local people. This approach would also see continuous involvement with residents on all issues relating to public realm infrastructure through a joined-up approach to communications between AccordMP, Kier and the Council. The review group discovered that some communications that went out jointly from AMP and Harrow Council were not adhering to expected criteria of production and quality. For example, although 88 per cent of residents were satisfied with the work done on Uxbridge Road, 52 per cent were not satisfied with the communications, or lack thereof, during the work.	ST, MT	AMP	BP, LP, VG	Y	Development of communications strategy to enhance consultation with residents before, during and after major schemes.	Significantly improved customer and resident satisfaction.
That each piece of project	ST	PH, CD,	BP, LP	Y	Redesign of standard	Better understanding

<p>communication to residents be used as an opportunity for the portfolio holder to explain the broader objectives of the work being done and to communicate the Council's vision of why and how we are delivering an improved public realm.</p>		<p>AMP</p>			<p>communications material to allow work to be placed within this broader context.</p>	<p>amongst local people about the work the council is carrying out, and the reasons it has for doing so.</p>
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