To: Bromley Local Strategic Partnership  
Date: 28th January 2008  
Subject: LAA Reward Indicators not on target or without monitoring systems  
From: Jim Grainger  
Appendices: Appendix containing responses on the following indicators:  
1. Percentage of older people having care planning intervention who feel better in four quality of life areas  
2. Percentage reduction of hospital admissions for pre-existing conditions  
3. Percentage of major commercial and industrial planning applications determined within 13 weeks  
4. Maximum number of illegal fly-tipping incidents  
5. The incidents of domestic violence reported  
6. Halting the year on year rise in child obesity by maintaining the average level of obesity of reception and year six children at 2006 levels after 3 years

1. Summary  
This report sets out the responses from officers on reward indicators that were showing in the last quarterly monitoring (Q2) report as either being behind target or without monitoring systems established.

2. We ask you to consider:  
(i) The reports presented to the partnership

3. Background  
(a) The second quarterly monitoring report for Bromley’s Local Area Agreement (LAA) targets was submitted to the LSP Executive on 29th November, 2007. Members of the LSP requested that detailed reports were presented to this meeting for reward indicators whose status was RED or where no monitoring systems had been put in place.
Officers were requested to address the following three issues:-

- why indicators are off track (or why systems have not been set up)
- what action is being taken to indicators back on track (or to set up monitoring systems)
- what date this might be achieved

4. The Responses

The list of stretch indicators concerned are listed below and the responses are attached in the appendices to this report:-

**Stretch indicators with no monitoring systems**

- Percentage of older people having care planning intervention who feel better in four quality of life areas
- Percentage reduction of hospital admissions for pre-existing conditions

**Stretch indicators where the status was RED**

- Percentage of major commercial and industrial planning applications determined within 13 weeks
- Maximum number of illegal fly-tipping incidents
- The incidents of domestic violence reported
- Halting the year on year rise in child obesity by maintaining the average level of obesity of reception and year six children at 2006 levels after 3 years
Appendix 1

Percentage of older people having care planning intervention who feel better in four quality of life areas

Systems are in place but as per the LAA the follow up survey will be completed after six months, the scheme started in July so the first survey’s will not be completed until January and will not be available to us until 13th February 2008.

Appendix 2

Percentage reduction of hospital admissions for pre-existing conditions

Systems are in place but this is reliant on the PCT. The information is currently being analysed to ensure that it is accurate when being reported. Should be available in January 2008.
Appendix 3

Percentage of major commercial and industrial planning applications
determined within 13 weeks

The main Local Area Agreement stretch target for planning, which was met in
Quarter 1 but not met in Quarter 2, is the "percentage of major commercial and
industrial applications determined within 13 weeks". The 2007/08 stretch target of
65% was set at the formative stage of the lean thinking trial. It exceeds by 5% the
national target set for planning authorities by central government. The full
implementation and resourcing of the ‘lean thinking’ proposals for the Town Planning
Division is intended to be the subject of a report to the Executive in February 2008.

At a practical level, because of the relatively small number of major planning
applications received, a failure to determine a relatively small number of applications
within 13 weeks during any particular quarter is likely to produce significant variations
in performance.

For example: the following 4 applications were identified as being determined outside
the 13 week period. The reason for the delay is set out below –

- The Wanderer Public House Ravensbury - deferred to improve the quality
  of the proposal.
- Ruxley Court Widmore Road/102 St Martins Road - delayed to complete a
  single legal agreement to provide off site affordable housing.
- Land at Dowding Road adjacent to the airfield - deferred to address local
  economy issues.
- Oakwood Court, Bromley Road - deferred to improve the design and
  reduce the impact on adjoining residents which was more acceptable to
  local residents

The other related targets are those concerning minor applications and ‘other’
applications. In both these areas performance has improved from quarter 1 to
quarter 2. It is worth noting that the national targets (65% and 80% determined in
less than 8 weeks, respectively) have been exceeded in both quarters

The Council has been successful in receiving additional resources through Planning
Delivery Grant over the last few years on the basis of meeting the national targets.
For 2008/09 the Housing and Planning Delivery Grant, which will replace PDG,
changes the emphasis from rewarding authorities who exceed the targets to ensuring
that targets are achieved. One of the reasons for the change in emphasis is the
need to ensure that the quality of decision is not compromised by an undue
emphasis on speed of decision making. In this respect the major applications stretch
target of 65% is both reasonable and achievable. However, it may be necessary in
the future to revisit the other two local targets to consider realigning them with the
change in approach encouraged by the HPDG requirements.
It should be noted that a maximum of £150,000 Reward Grant would be payable at the end of the current LAA if all three planning targets are met. A lower level of grant could still be earned if some of the targets are not fully achieved.

**Extract from Are We on Track Report, Quarter 2, 2007/8**

<table>
<thead>
<tr>
<th>PI Code</th>
<th>Description</th>
<th>2005/06 Actual</th>
<th>2006/07 Actual</th>
<th>2006/07 Q2</th>
<th>2007/08 Target</th>
<th>2007/08 Q1</th>
<th>2007/08 Q2</th>
<th>On / Behind/ Ahead of Target</th>
<th>Direction of travel (Q2 ’06 - Q2 ’07)</th>
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<tbody>
<tr>
<td>BV109a</td>
<td>Percentage of major applications determined within 13 weeks</td>
<td>57.30%</td>
<td>72.48%</td>
<td>57.89%</td>
<td>65.00%</td>
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<td>BV109b</td>
<td>Percentage of minor applications determined within 8 weeks</td>
<td>78.52%</td>
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<td>73.50%</td>
<td>65.64%</td>
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<td>▼</td>
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<tr>
<td>BV109c</td>
<td>Percentage of other applications determined within 8 weeks</td>
<td>91.51%</td>
<td>88.26%</td>
<td>90.40%</td>
<td>90.00%</td>
<td>83.40%</td>
<td>85.84%</td>
<td>◯</td>
<td>▼</td>
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</tbody>
</table>
Appendix 4

Maximum number of illegal fly-tipping incidents

The information below confirms the position on fly-tipping. This LAA stretch target carries a potential reward grant of £90,000, although there is potential to earn some reward if the target falls reasonably close. It is expected that the improved performance demonstrated in Quarter 2 will be sustained and the aim is still to achieve the stretch target.

<table>
<thead>
<tr>
<th>PI Code</th>
<th>Description</th>
<th>2007/08 Q1</th>
<th>2007/08 Q2</th>
<th>Comment/Query</th>
</tr>
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<tbody>
<tr>
<td>L1308</td>
<td>Maximum number of illegal fly-tipping incidents</td>
<td>1536</td>
<td>2609</td>
<td>Fly-tipping has improved significantly this quarter; 461 fewer fly tips were cleared in Q2 than in Q1 and the individual target for the quarter was met. However the cumulative total (that the LPSA reward grant depends on) remains behind target due to the high number of fly tips in Q1. If performance continues to improve, the cumulative total can be caught up and be bought back on track. Tolerance level 5% Reward target</td>
</tr>
</tbody>
</table>

RAG Status:
- Green (•) indicates performance is in line with target.
- Red (●) indicates performance is below target.

(1536 in this quarter)
(1073 in this quarter)
Appendix 5
The incidents of domestic violence reported

- There had been a pan-London reduction in recorded incidents of DV. Whilst not meeting the target in Quarter 1 Bromley was in fact bucking the trend by maintaining a static level rather than the decreases seen in other boroughs.
- We have instigated a thorough review of reporting to ensure that all DV cases are being recorded and this has brought about significant improvement in relation to the figures and closing the gap between actual and target.
- The new year will also see a major campaign to encourage reporting (using the evidence of good results across the rest of the PSA)
- Confident we will achieve target at this stage
**Appendix 6**

**Halting the year on year rise in child obesity by maintaining the average level of obesity of reception and year six children at 2006 levels after 3 years**

**Report to:** Bromley Local Strategic Partnership  
**Date:** December 31\textsuperscript{st} 2007  
**Subject:** Local Area Agreement Stretch Indicator: Halting the year on year rise in child obesity by maintaining the average level of obesity of reception and year six children at 2006 levels after 3 years.  
**From** Gillian Clegg (LBB); Susan Kostrzewska (PCT); Annie Holden (Bromley Mytime)

**Summary**  
This report considers the possible reasons for the indicator being off-track and the action being taken to bring it back on track.

**Current Position**

1. **The child obesity target is:**  
   1.1. To halt the year on year rise in child obesity by maintaining the average level of obesity of reception and year six children at 2006 levels after 3 years.  
   1.2. This is a stretch target relating to the National PSA target in 2006 to halt the year on year rise in obesity in children under 11 by 2010.

2. **Background**  
   2.1. Increasing levels of obesity within the population, especially child obesity are now recognised as one of the major public health issues facing the UK.  
   2.2. Obese children are at higher risk of numerous physical and psychological health risks in their childhood and increased likelihood of becoming an obese adult with knock on health effects in later life.  
   2.3. The cost to the nation is currently estimated to be around £8 billion in terms of treatment, sickness absence, incapacity and unemployment benefits.  
   2.4. If the current trend continues, it is predicted that 60% of men, 50% of women and 25% of children will be obese by 2050, with a corresponding rise in costs to £45 billion per year.

3. **The Indicator**  
   3.1. Although all the evidence before 2006 pointed to an increase in obesity levels among children there was no systematic measurement or baseline on which to measure changes. 2006 was the first year that
the Department of Health instigated routine measurement of height and weight of children in reception and year six.

3.2. The results in 2006 showed an average obesity level of children in these years across the borough of 9.9% (however certain schools in the more deprived part of the borough had much higher levels – over 30% in one case).

3.3. In Bromley 87% of children in these years were measured. This was a high percentage compared with other boroughs and the results were therefore considered to be accurate enough to use as a baseline, although parents did have the option of withdrawing their children from the measurement.

3.4. In 2007 90% of children in these years were measured and although the official data will not be released by the DoH until March 08, local interpretation of the data indicates that the average obesity level had risen. This indicated a higher increase than was originally anticipated over the 3 years with no interventions.

3.5. Possible reasons for a large increase:
   • The 2007 results are for a different year group from those measured in 2006.
   • The level of obesity in this year was always expected to be higher since obesity is rising every year and this year group would not yet have been involved in any targeted interventions. The work to address this target only started in April 07 and no impact was expected in this year.
   • However, the rise was higher than expected, possibly due to the fact that, although there is a long term trend in obesity there could well be large variations between years and the data is not yet reliable, alternatively, the rise in obesity is faster than previously thought.
   • Despite a high percentage of children being measured in 2006 it is possible that the baseline is skewed by more parents with overweight or obese children choosing to withdraw them from the measurements in that year.

4. Existing Work
   4.1. Since the rise in obesity is such a problem for public health the Choosing Health White Paper highlighted the need for delivery plans for obesity, nutrition and physical activity. NICE Guidance also highlights how the role of different agencies, especially local authorities should be geared towards addressing this problem.
   4.2. There are many programmes locally, such as Healthy Schools, Bromley Children Project and Children Fund and changes to school meals that are contributing to meeting this target. Many more, such as the development of Children Centres, could be supporting this target in future. See diagram.
   4.3. Focussing on this as a stretch target has so far enabled:
       • A FTE post to be appointed (through Bromley Mytime) in April 07, to co-ordinate work on both the adult and child obesity targets.
- One day a week, additional dietician time to support both obesity targets
- A comprehensive mapping exercise has been carried out across agencies to identify work already underway that will have an impact on this target.
- A multi-agency steering group to take work forward has been established
- MEND Big Lottery funded programmes are running successfully across the borough funded until Dec 08.
- A further successful lottery application will enable the “Healthy Happy Families” programme (now called “Top Bananas”) to commence in 2008, targeting a range of initiatives in 6 primary schools, targeted in an area of higher than average obesity.

**CHILDHOOD OBESITY PYRAMID**

- **Treatment Programmes**
  - Eg MEND working with families of overweight or obese children

- **Overweight**
  - Co-ordination of targeted advice/support for families, eg “Healthy Happy Families” programme

- **Healthy Weight**
  - Preventative work
  - Programmes to raise awareness
  - Support for healthy lifestyles

**Preventative measures:**
- Healthy Schools
- Children’s Centres
- Children’s Fund dietician
- Bromley Children Project
- Extended services
- School Food
- School fruit and veg scheme
- School sport strategy
- School sport coaching prog
- School travel plans
- Walking buses
- Play strategy
- Health related exercise programmes (MyBOOST)
- Ante and post natal support for breastfeeding
- Healthy Start (benefit recipients)
- Community projects and groups
- Pre-school/nursery healthy eating programme
- Breakfast and After school clubs
5. Proposed work to bring target back on track

Based on the results of the work so far, the elements that will have the most impact in getting back on track are:

5.1. Work with key agencies over the next 12 months to target existing work to children and families in year 4 and pre-school settings as these will be the age-group measured in 2010. This will involve the development of training and work programmes with Health Visitors, Midwives, Children Centres and pre-school settings as well as schools and community centres.

5.2. To develop local, lower cost models for prevention and treatment programmes including healthy eating and physical activity for children, based on MEND, and examine funding options to deliver a more sustainable, longer term programme to tackle this issue.

5.3. To increase referrals to the MEND treatment programme, through increased promotional material borough-wide to key partners and seek further funding to sustain delivery of MEND post the current funding period (see Appendix 1 for explanation of the MEND programme).

5.4. To engage key workers and agencies through a planning workshop/seminar to ensure child obesity becomes a key priority across partner organisations. This work will support the development of the local child obesity strategy.

5.5. To develop the Healthy Happy Families programme to deliver a range of initiatives in six primary schools in the Crays (an area of higher than average obesity) and use as a pilot/model of good practice for delivery to all primary schools. (see Appendix 2)

5.6. To plan a programme to measure height and weight of existing children in year 4 in the target schools and follow them through the next 2 years in order to track progress.

5.7. To develop a children’s exercise referral programme to include referrals for inactive children who are overweight / obese.

5.8. To develop work with families via localised services in Children’s Centres, nurseries and schools, working with School Nurses, Health Visitors and other agencies.

5.9. To develop initiatives in schools as part of the Healthy Schools programme.
6. Issues/Problems that need addressing in the longer term

6.1. As with any new monitoring regime there may be some issues with the data as specified above, it is expected that as data is collected over a period of time it will enable some of the year on year variations to be taken into consideration.

6.2. This is seen as a difficult issue nationally to address, obesity is rising across the developed world and so far no country has managed to reverse this trend. The LPSA target sets out to reduce the increase.

6.3. Much of the local work, although showing very promising signs of being effective are short–term and funded through external grants, for example the MEND treatment programme and the Healthy Happy Families programme.

6.4. Many of the reasons for the rise in obesity are due to long term cultural trends in society requiring long-term, sustainable solutions. Funding for long-term preventative work has not been available locally to implement long term, sustainable programmes.

6.5. Health impact assessments could be used more widely to ensure major developments and policies are designed to encourage healthy lifestyles and make healthy choices easier;

6.6. Although the diagram shows how many existing programmes could be involved in helping to address this target the challenge is to co-ordinate this and ensure it is targeted to be most effective in the face of competing priorities in different agencies.
In 2005 Active Lifestyles in partnership with the Community Dietitians piloted a childhood obesity programme called MEND – Mind, exercise, Nutrition and Do it! The programme was part of a national randomised control trial involving Great Ormond Street Hospital and the Department of Health.

MEND is a family centred, multi-disciplinary programme involving exercise, nutritional and behaviour change sessions that run twice a week for 11 weeks (including measurement days). The pilot programme was a huge success which subsequently led to further development opportunities for both Bromley Mytime and MEND. Not only is Bromley Mytime continuing to deliver the MEND programme but it has also led to business development opportunities and consequently, significantly enhanced this partnership.

What does the MEND programme include?

- The MEND programme is a lifestyle and exercise programme designed especially for overweight and obese children aged 7 – 13 years and is run by Bromley Mytime at sites across the borough in partnership with Bromley Primary Care Trust.

- The MEND programme aims to provide children and their families with support and further education around nutrition, healthy eating and physical activity. There is also a MIND aspect to the courses that helps build confidence, self discipline and self esteem.

How does the programme work?

MEND was successful in achieving Big Lottery Funding for the national roll-out of this programme in January 2007. The programme is free to participants and their families due to the Big Lottery Funding and support of Bromley Mytime.

- Each course consists of eighteen two hour sessions run over nine weeks.
- Each two hour session consists of a one hour interactive knowledge session followed by a one hour exercise session.
- The exercise sessions take place in a sports hall and swimming pool. This component of MEND has been created by Bromley Mytime based on Mytime’s own successful myboost programme, and is used all over the country.
- The programme consists of lots of fun and games, discussions and exercise activities to improve health levels, build confidence, self esteem and impart knowledge of good diet and nutrition.
- Part of MEND’s success is due to the fact that it is compulsory that a parent or carer attends the knowledge sessions with their child to support development, and reinforce a lifestyle change in the home.
Appendix 2

Healthy Happy Families
Family Lifestyles Programme,

This is a 12 month, family health project, funded by the lottery via Peabody Trust and Broomleigh Housing Association.

The project aims to bring together a number of partner agencies to work with children and families through and within schools. In primary schools the project will provide help and encouragement to change lifestyles, eat more healthily and increase physical activity.

The project will work with 6 schools in the Cray area of the borough where child obesity levels are above average.

Identified schools will be offered support for a programme of activities aimed at parents and tailored to the needs and preferences of each school and its catchment area. This will ensure that maximum benefit and engagement is achieved. The activities may be offered in the evening, weekend, during school hours and via holiday clubs. Where pre-school groups and nurseries are attached to a school they will also be involved.

Many of these initiatives have already been successfully piloted in various parts of Bromley but have not been offered before as a package or on this scale. Activities may include some of the following:

- Parents/carers and children cooking and tasting food together and learning about healthy eating in a fun and informal way
- Sessions promoting physical activity for children and parents – after school or at holiday clubs, promoting affordable family activities such as walking and cycling.
- A fun and informal whole school event (possibly as part of school health week) for parents and children, providing health checks, health information, cookery and physical activity taster sessions, and information on opportunities within and outside the school (opportunities include weight management programmes for adults and children, sports and recreation, counselling)
- Launch of new school meal standards with food tasting and healthy eating information.
- Training for mid-day supervisors, encouraging healthy eating and physical activity
- Training for parents and teaching assistants as nutrition advisors etc.
- Bike recycling scheme
- Walk to school campaigns and support for travel plans
- Sessions with children with take home activities to complete with parents
- Provision of resources for parents and teachers e.g. ‘healthy lunchboxes’ leaflet, ‘Apples and Pears’ Resource Folder on healthy eating.

The project will be evaluated and monitored separately for the purposes of the Peabody Trust. Part of this project will include planning to monitor BMIs of current year 4 children and track any changes over the next 2 years.