Notice of Meeting

HEALTH & WELLBEING BOARD

Wednesday, 5 September 2018 - 6:30 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication: 28 August 2018

Chris Naylor
Chief Executive

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Membership

Cllr Maureen Worby (Chair)	LBBD (Cabinet Member for Social Care and Health Integration)
Dr Jagan John	Barking & Dagenham Clinical Commissioning Group
Elaine Allegretti	LBBD (Director of People and Resilience)
Cllr Evelyn Carpenter	LBBD (Cabinet Member for Educational Attainment and School Improvement)
Bob Champion	North East London NHS Foundation Trust
Matthew Cole	LBBD (Director of Public Health)
Det. Insp. John Cooze	Metropolitan Police
Dr Nadeem Moghal	Barking Havering & Redbridge University NHS Hospitals Trust
Sharon Morrow	Barking & Dagenham Clinical Commissioning Group
Cllr Margaret Mullane	LBBD (Cabinet Member for Enforcement and Community Safety)
Cllr Lynda Rice	LBBD (Cabinet Member for Equalities and Diversity)
Nathan Singleton	Healthwatch - Lifeline Projects Ltd.

Standing Invited Guests

Cllr Eileen Keller	LBBD (Chair, Health Scrutiny Committee)
Stephen Norman	London Fire Brigade
Brian Parrott	Independent Chair of the B&D Local Safeguarding Adults Board
vacant	London Ambulance Service
Ian Winter CBE	Independent Chair of the B&D Local Safeguarding Children Board
Vacant	NHS England London Region

AGENDA

1. **Apologies for Absence**

2. **Declaration of Members' Interests**

   In accordance with the Council's Constitution, Members of the Board are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. **Minutes - To confirm as correct the minutes of the meeting on 12 June 2018 (Pages 3 - 9)**

BUSINESS ITEMS

4. **Safeguarding Adults Board Annual Report 2017/18 (Pages 11 - 44)**

5. **Development of Barking Riverside Health and Wellbeing Hub - Outputs of Board Workshop (Page 45)**

6. **Update on Development of Joint Health and Wellbeing Strategy 2019-2023 (Pages 47 - 52)**

STANDING ITEMS

7. **Health and Wellbeing Outcomes Framework Performance Report - Q1 2018/19 (Pages 53 - 69)**

8. **Sub-Group Reports (Pages 71 - 83)**

9. **Chair's Report (Pages 85 - 90)**

10. **Forward Plan (Pages 91 - 99)**

11. **Any other public items which the Chair decides are urgent**

12. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

Private Business

The public and press have a legal right to attend Council meetings such as the Health and Wellbeing Board, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

13. **Any other confidential or exempt items which the Chair decides are urgent**

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London Borough of Barking & Dagenham
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Our Vision for Barking and Dagenham

One borough; one community; London's growth opportunity

Our Priorities

Encouraging civic pride

- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

Enabling social responsibility

- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

Growing the borough

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough's image to attract investment and business growth

Well run organisation

- A digital Council, with appropriate services delivered online
- Promote equalities in the workforce and community
- Implement a smarter working programme, making best use of accommodation and IT
- Allow Members and staff to work flexibly to support the community
- Continue to manage finances efficiently, looking for ways to make savings and generate income
- Be innovative in service delivery

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MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 12 June 2018
(6:03 - 8:08 pm)

Present: Cllr Maureen Worby (Chair), Anne Bristow, Cllr Evelyn Carpenter, Bob Champion, DI John Cooze, Sharon Morrow, Cllr Lynda Rice and Nathan Singleton

Also Present: Cllr Eileen Keller, Elspeth Paisley, Dr Magda Smith and Fiona Wright

Apologies: Matthew Cole, Dr Jagan John, Dr Nadeem Moghal and Cllr Margaret Mullane,

1. Declaration of Members' Interests

There were no declarations of interest.

2. Appointment of Deputy Chair

The Board **resolved** to appoint Dr Jagan John as the Deputy Chair for the 2018/19 municipal year.

3. Minutes (13 March 2018)

The minutes of the meeting held on 13 March 2018 were confirmed as correct.

4. Barking and Dagenham General Practice Access Update from Barking and Dagenham CCG

The Board received an update from Lucy Botting and Simon Clarke on the current work the Barking, Havering and Redbridge Clinical Commissioning Group (BHR CCG) was undertaking to improve access to patients across Barking and Dagenham (B&D), following the publication of the Healthwatch annual summary report which highlighted concerns around GP access for the local community.

Ms. Botting explained that B&D was served by a GP Federation which supported the 36 GP practices in the Borough. The position at June 2018 showed that 29 practices were rated 'Good', up from 24 in March 2017, while 6 'Required Improvement' and 1 was 'Inadequate', down from 5 in March 2017. GP numbers had increased from 93 to 97 in the period September to December 2017 while General Practice Nurse numbers had increased from 36 to 41 over the same period. A key national and local priority of the CCG was attracting and retaining GPs and a NHS England international recruitment initiative had resulted in 21 new doctors recently being recruited, with 7 earmarked for B&D. A GP Salaried Portfolio Scheme was also expected to result in 16 new GPs being in place across the BHR region by September 2018 and Ms. Botting undertook to confirm the exact number that were to be allocated to B&D. The Strategic Director for Service Development and Integration recognised that the "challenged health economy" in B&D, which had received the lowest rating from the Care Quality Commission (CQC), could be a barrier to recruitment and retention of staff, although Ms.

Botting and Sharon Morrow both commented that many professionals were keen to work in challenging areas such as North East London.

Ms. Botting outlined the developments that had or were being implemented to improve access to GPs, which included a minimum of 85 patient contacts per 1000 patients in 2018/19, rising to 110 per 1000 by 2021 in order to keep up with the growing demand for consultations. A graph highlighting appointment capacity versus utilisation for the two GP Hubs serving the Borough showed a slight under-utilisation, although the point was made that it was unrealistic to expect all GP appointments to be utilised and some patients could have difficulties attending a site that was not in their immediate locality. It was also noted that five extra GP sessions and additional nurse hours were in place to serve the Thames View / Barking Riverside community.

Ms. Botting also drew attention to an improvement in diabetes patients receiving all eight care processes, which had increased from 24% in October 2016 to 60% by September 2017 and had a target of 80% over the next year. The Strategic Director acknowledged the improvement but pointed to the fact that 40% remained unaccounted for and also that a better reflection would be to show those receiving the nine care processes. The CCG were also encouraged to refer to the findings of the Council's scrutiny review into diabetes care and services that had been undertaken several years ago, as well as other data compiled by the Council and others on the local demographics. Ms. Botting referred to the fact that some patients chose not to engage in the process and agreed to report back to the Board when the latest data was available.

Other issues that arose during the discussions included:

(i) The 'Enter and View' visits that were due to be undertaken by Healthwatch over the coming year. Ms. Botting suggested that the planned visit to the Porters Avenue surgery be rescheduled to next year while a procurement process at the practice was being undertaken;
(ii) The limited time that the standard 10 – 12 minute appointment time provided for those patients with complex or multiple health issues. Ms. Botting advised that the CCG was looking to introduce measures to alleviate that particular issue and also pointed out that patients were able to book double appointments in those instances;
(iii) The difficulties that many patients experienced with GP reception staff when trying to book an appointment. In that respect, Nathan Singleton of Healthwatch agreed to share details with the CCG of the factors highlighted by the 27% of respondees to the annual survey who complained about limited access to GPs;
(iv) The more prominent role that could be played by community pharmacists. Mr. Clarke agreed that there was scope for pharmacists to have a greater role and he had recently met with pharmacy representatives to take that matter forward;
(v) The success of the new multi-disciplinary model between the North East London NHS Foundation Trust and Thurrock Council;
(vi) The continuing need for improved communication with residents on the GP services available to them as well as more flexibility within the service, particularly in relation to GP Hubs accepting walk-in patients when there are vacant appointments; and
(vii) The national PMS review, the challenges associated with the 'equalisation'

in GP surgery funding and the reliance of the CCG on GPs regularly submitting updated information. In respect of the latter, Mr. Clarke agreed to liaise with STP team regarding GP targets and outcomes and share the information with Board Members.

The Chair thanked Ms. Botting and Mr. Clarke for their presentation and extended an invitation to attend a future meeting to update the Board on the progress being made.

5. Authority to enter a Section 75 Agreement to govern the operation of the Better Care Fund 2018/19 and 2019/20

The Board received a report on the proposal to enter into an agreement under section 75 of the National Health Service Act 2006 (Section 75 Agreement) with Havering and Redbridge Councils regarding the delivery of a shared Better Care Fund (BCF) programme for 2018/19 and 2019/20.

Mark Tyson, Commissioning Director for Adults' Care and Support, explained that the Better Care Fund arrangement between B&D, Havering and Redbridge sought to address the mounting budgetary and demand pressures through health and social care integration. The Joint Narrative Plan (JNP) previously considered by the Board had now been endorsed by NHS England, paving the way for the Section 75 Agreement. The JNP set out how the arrangements would deliver against the key requirements set out in the National Guidance and Policy Framework for the BCF and included details of the governance arrangements between the three Boroughs and the joint funding position, of which B&D's contribution would be £24.237m in 2018/19.

It was noted that use of the joint pool funding would be overseen by a Joint Overview Group (JOG) and any proposals to withdraw from agreements would require the explicit approval of the JOG, with the Health and Wellbeing Board being advised accordingly. Similarly, the JOG would explore further opportunities for future pooling.

Arising from the discussions:

(a) The Commissioning Director confirmed that Havering Council was leading on a review of the Joint Assessment and Discharge service;

(b) The Chair expressed criticism of the Government's use of the BCF to dictate to local authorities on what the areas of focus must be, rather than leaving such decisions to those that better understood the local pressures and priorities; and

(c) The Chair commented on the change in leadership at Havering Council following the local elections and welcomed the opportunity to discuss its priorities and vision for the BCF joint arrangements.

The Board **resolved** to delegate authority to the Strategic Director of Service Development and Integration (and her successor), in consultation with the Cabinet Member for Social Care and Health Integration and the Director of Law and Governance, to enter into a Section 75 Agreement for the purposes of operating a shared Better Care Fund programme across Barking and Dagenham, Havering

and Redbridge.

6. Authority to enter a Section 75 Agreement for the continued provision of a four-Borough Emergency Duty Team for Adult Social Care

The Board received a report on the proposal to enter into a Section 75 Agreement with Havering, Redbridge and Waltham Forest Councils regarding the continued delivery of an Emergency Duty Team to provide emergency and out-of-hours social work services to adults, including urgent assessments under the Mental Health Act 2007.

The Commissioning Director for Adults' Care and Support advised that a significant amount of collaborative work had been undertaken by the four Councils to improve and reshape the service specification. A formal market engagement exercise had identified the existing service provider, the North East London NHS Foundation Trust (NELFT), as the sole organisation willing and able to deliver the new service, under an initial two-year contract with provision to extend for up to a further two years.

The Board **resolved** to delegate authority to the Strategic Director of Service Development and Integration (and her successor), in consultation with the Cabinet Member for Social Care and Health Integration and the Director of Law and Governance, to enter into a Section 75 Agreement for the purposes of operating a shared Emergency Duty Team for Adult Social Care across Barking & Dagenham, Havering, Redbridge and Waltham Forest.

7. Healthwatch programme of work - 18/19

Elspeth Paisley, Acting Manager of Healthwatch Barking and Dagenham, introduced the proposed work schedule for the organisation for 2018/19.

Raising awareness of Healthwatch's role as the independent champion for the public for health and social care would continue to be a key focus for the year, with weekly engagement events planned across every ward of the Borough alongside promotional videos, press releases and volunteer-recruitment sessions. Councillor Carpenter asked to be kept informed of planned activities within Becontree ward so that she could publicise them in her ward newsletter.

Mental health and social isolation had also been identified by the local community as areas of focus and Ms. Paisley confirmed that the findings and recommendations would be presented to the Board in due course. Referring to last year's Healthwatch annual survey, Ms. Paisley advised that more quantitative and qualitative data on GP services would be gathered and Healthwatch would be working with GPs to improve the patient experience.

The Chair commended the work of Healthwatch and suggested that more emphasis could be given to young people, either in relation to services they receive or through liaison with organisations such as the Youth Forum to better understand their views and experiences. Observations were also made in respect of work being led by the Council regarding social isolation which could link in to Healthwatch's programme, the Street Drinking study and Life Planning approach. Bob Champion referred to Healthwatch's report on Dementia Services which was due to be released and he was pleased to inform the Board that the Barking and

Dagenham Memory Service had achieved MSNAP accreditation from the Royal College of Psychiatrists.

The Board **resolved** to note the report on Healthwatch Barking & Dagenham's annual work plan for 2018/19.

8. Health and Wellbeing Outcomes Framework Performance Report - Q4 2017/18

The Board received and noted a presentation from Fiona Wright, LBBD Public Health, on the Outcomes Framework performance report for the quarter period ending 31 March 2018, which included the usual performance data and CQC inspection information as well as additional information on performance indicators that were frequently RAG-rated 'red'.

A key area of concern related to the "prevalence of children in Year 6 that are obese or overweight", where B&D had the second highest proportion in England at 43.8% in 2016/17. The Chair advised that several pieces of work had already been undertaken on the subject and it was important to ensure that the information was used going forward. This included a Partners in Creation study into behaviours and attitudes of local families towards healthy weight which would be presented at the next Board meeting. The Chair had also discussed her concerns with Councillor Keller, Chair of the Health Scrutiny Committee, which could possibly lead to a future scrutiny review of the subject. Points were also made regarding the promotion of breast feeding and the "daily mile" walking initiative in schools, which was already taking place in approximately 70% of the Borough's primary schools, and other opportunities within the school curriculum. The Strategic Director referred to discussions with Headteachers and Governors regarding the results of the recent Schools' Survey which included issues relating to obesity and agreed to bring the relevant information to the Board.

Other issues arising from the Board's discussions included:

(i) MMR2 Immunisation for 5-year olds – Several campaigns were underway to raise awareness of the importance of the vaccine;
(ii) Healthy Lifestyles Programme – Concern was expressed at the percentage of patients that were lost from the programme due to incorrect contact details or a failure to engage. It was also confirmed that the former indicator data would continue to be collected alongside the new indicator;
(iii) Breast Screening – 'At Risk' letters had been sent out in May to those local women impacted by the nationwide error where 450,000 women had not been invited to attend a breast screening;
(iv) Under-18 conception rate – There had been significant improvement in recent years although B&D continued to perform above the London and England averages;
(v) Health Analytics contract – It was noted that the CCG had ceased the contract. Sharon Morrow advised that there were plans to change the system and the CCG were awaiting feeding from the Council on some related issues; and
(vi) CAMHS service – Despite the increase in demand for the service, the Transformation Plan was having a positive effect on outcomes and it was intended that a national access standard comparator would be provided in future reports.

9. Refreshing the structure of the Health & Wellbeing Board

The Commissioning Director for Adults' Care and Support introduced a report on proposed changes to the support structure and working arrangements of the Board.

The Commissioning Director explained that the considerable change amongst key partner arrangements, the development of stronger system leadership arrangements between B&D, Havering and Redbridge Councils and the role of the localities in the on-going strategy for health and social care had provided a good opportunity to review and enhance the existing arrangements. The proposals built on the outcomes from earlier workshop sessions on the future direction and vision for the Board and included streamlined sub-structure arrangements alongside more meaningful dialogue and communication across the BHR Integrated Care Partnership, underpinned by a Joint Commissioning Board and a Provider Alliance.

Another key component would be the launch of 'Shadow Locality 4', covering the Barking Riverside area, as the initial locality model for the delivery of joined up health and care services. The Barking Riverside area had been chosen as the model as it largely provided a blank canvass, which would not be the case in the other established locality areas within the Borough. It was noted that the emerging Health and Wellbeing Strategy would also inform future arrangements

The Board **resolved** to:

(i) Note the report and the current direction of travel of the Board and the emerging Health and Wellbeing Strategy;

(ii) Confirm the proposed amendments to the Board's membership;

(iii) Agree the proposed amendments to the substructure of the Board and the way that the Board operates in future, to better reflect the wider partnership environment, particularly in Barking & Dagenham, Havering and Redbridge; and

(iv) Note the proposed improvement in wider partnership engagement.

(During consideration of this item, the Board agreed to extend the meeting for a reasonable period beyond the two-hour threshold, in accordance with the provisions of Part 2, Chapter 3, paragraph 7.1 of the Council Constitution.)

10. Sub-Group Reports

The Board received and noted the report of the Integrated Care Partnership Board meeting on 26 February 2018.

11. Chair's Report

The Board received and noted the Chair's report, which included details of Barking and Dagenham recently being named "Council of the Year" and receiving the

"Driving Growth" award at the recent Local Government Chronicle Awards 2018, in recognition of the continuous hard work of the Council and its partner organisations. The Chair also referred to the revised details for the Health and Wellbeing Strategy Refresh Workshops as follows:

- 4th July 2018, 1.30-4.00pm Barking Learning Centre: Best Start in Life;
- 9th July 2018, 1.30-4.00pm Barking Learning Centre: Early Diagnosis and Intervention;
- 18th July 2018, 1.30-4.00pm Barking Learning Centre: Building Resilience through prevention to achieve better health and wellbeing.

12. Forward Plan

The Board received and noted the current Forward Plan for the 2018/19 municipal year.

13. Anne Bristow, Strategic Director of Service Development and Integration

The Chair placed on record the Board's sincere appreciation to Anne Bristow, Strategic Director for Service Development and Integration and Deputy Chief Executive, who was attending her last meeting of the Board before retiring from the Council on 18 June 2018

The Chair spoke on Anne's commitment and contribution to improving the lives of Barking and Dagenham's residents during her 12 years as Director and her pivotal role in the Board becoming the most successful across the region.

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HEALTH AND WELLBEING BOARD

5 September 2018

Title:	Safeguarding Adults Board Annual Report 2017/18
Report of the Director of People and Resilience	
Open Report	**For Decision:** No
Wards Affected: ALL	**Key Decision:** No
Report Author: Mark Tyson, Commissioning Director, Adult Care and Support	**Contact Details:** mark.tyson@lbbd.gov.uk 020 8227 2394
Sponsor: Elaine Allegretti, Director of People and Resilience, London Borough of Barking and Dagenham	

Summary:

All Safeguarding Adult Boards (SABs) are required to publish an Annual Report. The attached Annual Report (**Appendix 1**) highlights the work of the Barking and Dagenham Safeguarding Adults Board (SAB) from April 2017 to March 2018. It sets out how the Board has worked to improve the protection of vulnerable adults across Barking and Dagenham along with its achievements in 2017/18 and key priorities going forward.

The annual reports contain contributions from a range of organisations who are involved in safeguarding vulnerable adults in Barking and Dagenham. Partners have worked successfully together over the past year. The statutory partners have provided financial resources to support the SAB a to fulfil their functions and to support the undertaking of Safeguarding Adult Reviews (SARs).

The report has been agreed by the Board and Brian Parrott, the SAB Independent Chair, will be presenting the report.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note the Safeguarding Adult Board Annual Report for 2017/18 at Appendix 1 to the report; and

(ii) Provide comments for the SAB to consider as it continues to develop its future plans.

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APPENDIX 1

Safeguarding Adults Board Annual Report 2017 – 18

Contents

Independent Chair's Foreword and Overview 1

This is the first foreword to an Annual Review report which I'm privileged to write on behalf of Barking and Dagenham's Safeguarding Adults Board (SAB) and its statutory partners (Council, NHS and Police). I became the new Independent Chair of the Board half way through 2017/18 in September 2017, succeeding Sarah Baker who had done much to establish the Board in line with the Care Act 2014. Since then I have enjoyed working with so many able, committed and positive colleagues in the borough and among partners.

Any annual report is in part reflection on and accountability for what has happened in the year just ended (2017/18), as well as some commentary about prospects for the current year (2018/19) and subsequently. It also has the key purposes of seeking to give confidence (i) to the Barking and Dagenham public, (ii) to those people who represent their interests, and (iii) to the leadership of organisations that the borough's Safeguarding Adults Board is properly committed to and capable of discharging its responsibilities in the way in which everyone has a right to expect. I hope that the following pages satisfy those challenges without being too lengthy and detailed.

The scale of the challenges for safeguarding adults are considerable – people in the borough, usually in a weaker position in some way (because of frailty, disability, illness, limited language or being of a minority in some other respect); then being at risk of harm, abuse or neglect by some other more powerful person or body. The numbers of concerns expressed about people in the borough and enquiries being undertaken, as can be seen in this report, are many. Protection arrangements then need to be alert, available, appropriate, responsive and personal ('Making Safeguarding Personal').

It is the role of the multi-agency Safeguarding Adults Board to have oversight of all these matters. In short, awareness of the risks and actions required when harm or abuse occurs or is questioned. The Safeguarding Adults Board is able to hold all organisations to account and to seek assurance that people in the borough are being protected appropriately.

I began my Independent Chair role alert to some immediate priorities:

- Re-engaging two parts of the NHS (Barking, Havering and Redbridge University Trust and North East London Foundation Trust), and later also the London Fire Service, more integrally to Barking and Dagenham's

Safeguarding Adults Board.

- Strengthening the performance review and assurance functions of the SAB. In particular, the quality and timeliness of data, indications of trends and assurance arrangements within individual organisations.

- Concluding a complex Safeguarding Adults Review which exposed professional ignorance and/or poor practice and management in relation to human trafficking, modern slavery and mental capacity judgements and, as importantly, seeking assurance about swift improvements.

Alongside this I have been able to visit services and talk with people, especially across the Council and NHS organisations serving Barking and Dagenham, and to witness good practice, innovative thinking, high levels of professionalism and huge personal commitment. Personal and inter-organisational relations are generally good in the borough. All partners recognise that there is more for them to do, alone and with others, in relation to:

- Mental Capacity Assessment and judgment, and
- Making Safeguarding Personal.

These two aspects have continued as core priorities into 2018/19. Additionally, to my mind and the Board's, other priorities for 2018/19 have emerged:

- Being confident that the SAB has sufficient knowledge about safeguarding awareness in the wider community; of places or communities which may have less awareness, including knowledge about how to report concerns, and being assured that actions are in place where there are gaps. Related to this is a need to establish meaningful arrangements for feedback to the SAB about safeguarding, including from service user, carer and voluntary sector interests.

- Assuring sufficient knowledge of safeguarding among other than specialist professionals in partner organisations, for example, the Council's community solutions team, enforcement and housing staff or those in primary health care settings, police and fire officers.

- Ensuring that the oversight and governance of different safeguarding and public protection services, partnerships and formal review mechanisms complement each other well, without inappropriate gaps or overlap – hospital discharge, safeguarding children, domestic violence (and domestic abuse more widely), community safety and others.

It would be wrong for me not to comment though that, whatever the safeguarding adults achievements described in this annual report, the pressures on individual

practitioners, managers and partner organisations, indeed across all caring organisations and the community/voluntary sector, are immense. All the statutory partners – Council, NHS, Police and Fire, are experiencing actual reduction in financial resources relative to needs. Difficult priority decisions are needing to be made. Organisational changes (actual or anticipated) are a perpetual possible distraction.

I hope, though that, it will be apparent from the above paragraphs that the SAB has a clear sense of its short term and longer term priorities, that partners are committed to these, but that there is much to do. Nowhere is there any complacency.

I am appreciative personally of the good relationships I have been able to develop quickly within the Council, all NHS bodies, Police and Fire services, and elsewhere. I hope I have been able to use my links across the London Councils Safeguarding Adults Board Independent Chairs Network, local government, adult social care and the NHS to benefit in Barking and Dagenham. I am particularly grateful for the support to the Board and myself from Joanne Kitching, the SAB Business Manager and to the 'lead people' from Council, NHS and Police personally. Thank you.

To people and organisations more widely, I hope that this annual report offers reasonable assurance that the SAB is resolved and determined that people should be protected from harm and abuse in Barking and Dagenham, and that the SAB will be as effective as we can be in our duties, responsibilities and priorities.

Brian Parrott
Independent Chair
Barking and Dagenham Safeguarding Adults Board
August 2018

What is Safeguarding Adults? 2

The Care Act 2014 statutory guidance defines adult safeguarding as:

'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

The Care Act 2014 came into force on 1st April 2015. The Act introduced new requirements for safeguarding adults and the arrangements that each locality must have in place to ensure that vulnerable people are protected from risk, abuse or neglect. The Local Authority, NHS Clinical Commissioning Groups and the Police are all statutory partners of the Safeguarding Adults Board (SAB) and other important partners are also involved in various different ways.

The Care Act identifies six key principles that should underpin all safeguarding work. These are accountability, empowerment, protection, prevention, proportionality and partnership.

The SAB's Vision 3

Every adult living in the London Borough of Barking and Dagenham has the right to live in safety, free from fear of abuse or neglect. The Safeguarding Adults Board exists to make sure that organisations, people and local communities work together to prevent and stop the risk of abuse or neglect.

In the London Borough Barking and Dagenham we want to embed a stronger and safer culture that supports adults who are at risk of harm. We know that to achieve this we have to work in partnership with the people who use local services and with the wider local community. All agencies working with adults at risk have an essential role in recognising when these people may be in need of protection. Agencies also have a responsibility to work in partnership with adults at risk, their families, their carer(s) and each other. The introduction of the Care Act 2014 has brought in many changes in Adult Social Care Services. The Safeguarding Adults Board has a statutory duty to ensure it uses its powers to develop responsibility within the community for adults who need care and protection.

The prime focus of the work of the Safeguarding Adults Board is to ensure that safeguarding is consistently understood by anyone engaging with adults who may be at risk of or experiencing abuse or neglect, and that there is a common commitment to improving outcomes for them. This means ensuring the community has an understanding of how to support, protect and empower people at risk of harm. We want to develop and facilitate practice which puts individuals in control and generates a more person-centred approach and outcomes.

The Safeguarding Adults Board has developed a Strategic Plan which sets outs how we will work together to safeguard adults at risk.

The Safeguarding Adults Board has a responsibility to:

- **protect** adults at risk
- **prevent** abuse occurring, and
- **respond** to concerns.

It may be suspected that someone is at risk of harm because:

- there a general concern about someone's well being
- a person sees or hears something which could put someone at risk
- a person tells you or someone else that something has happened or is happening to them which could put them or others at risk.

The Board and its Committees 4

How the Board works

The Barking and Dagenham Safeguarding Adults Board is made up of the following statutory partners:

- The Local Authority
- The Borough Police
- The NHS Clinical Commissioning Group.

During the latter part of 2017/18, following the appointment of the new SAB Independent Chair from September 2017, a number of changes began to be made to Board arrangements.

The SAB now has two committees, which are chaired by different partner organisations:

- The Performance and Assurance Committee (chaired by the London Borough of Barking and Dagenham)
- The Safeguarding Adult Review Committee (chaired by the Clinical Commissioning Group)

Other members of the Board include:

- Chairs of the Committees
- a representative from North East London Foundation Trust (NELFT)
- a representative from Barking, Havering, Redbridge University Hospitals (BHRUT)
- a representative from the London Fire Service
- the Council Cabinet Member for Social Care and Health Integration
- officer advisers.

In addition, the SAB is able to invite other organisations or individuals to attend and speak at the meetings where they have contributions to make.

The Chair of each of the two committees is responsible for:

- Developing a work programme which will is incorporated into the SAB strategic plan and monitored by the SAB.
- Resourcing the meetings of the committee.
- Reporting on the progress of the committee's work to the SAB and ensuring that the membership of the committee draws in the required experience.

In addition, from early 2018 the SAB is in the process of remodelling two other less formal groups:

A **Learning and Development Group** will focus on multi-agency learning needs and ways of overseeing and reviewing their follow through.

A **Communications and Community Engagement Group** will focus on how all multi-agency safeguarding work across organisations and the Board connects to users of services and to the local and diverse communities of Barking and Dagenham.

The nature of these groups can be more flexible and selective as to on what and how it works. A small number of volunteers, not necessarily Board members, from organisations will be involved.

During the year the Independent Chair met regularly with the Barking and Dagenham Safeguarding Children Board Independent Chair. This allows for opportunities to consider safeguarding adults and children at risk, and the issues affecting both areas.

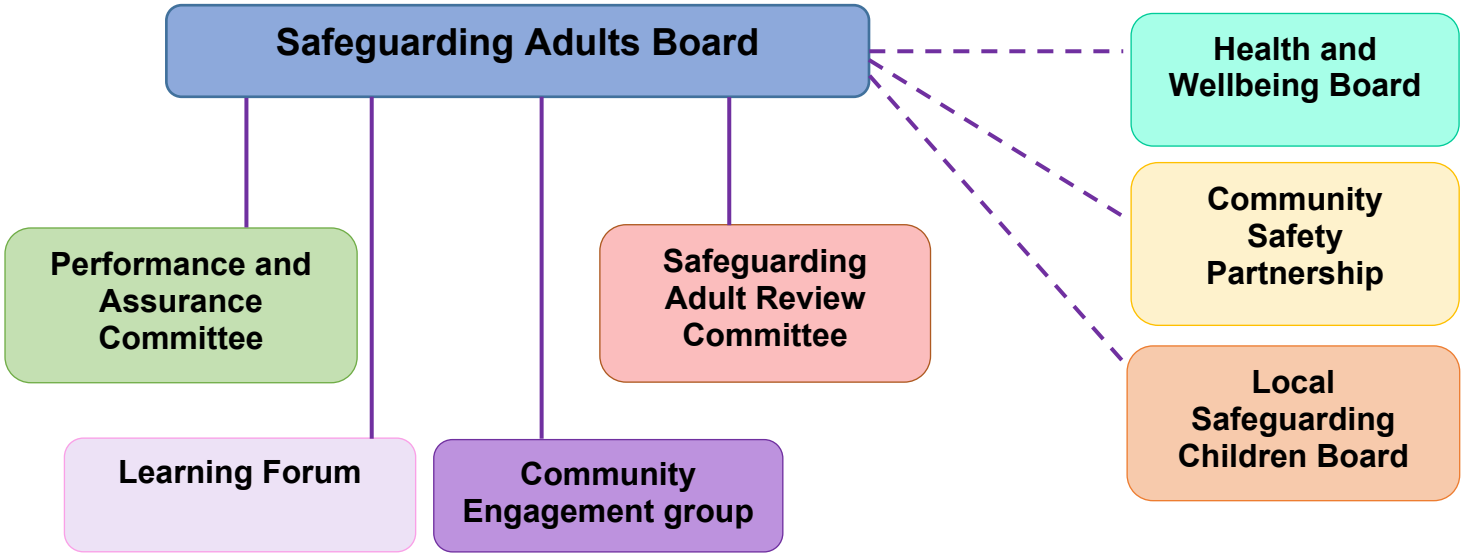
The Independent Chair attended the Health and Wellbeing Board to allow for further consideration and debate regarding the issues of safeguarding within the agenda. The Independent Chair also met quarterly for a Council corporate safeguarding meeting with the Leader of the Council, the Lead Member for Social Care and Health Integration, the Chief Executive of the London Borough of Barking and Dagenham and the Strategic Director for Service Development and Integration, to review performance data for adult social care, including workforce data and associated risks and mitigation. This allows for open debate, discussion, challenge and demonstrates a climate of openness and transparency.

Partners' attendance at the SAB in 2017/18 was as follows:

Independent Chair	100%
London Borough of Barking and Dagenham	100%
Police	100%
NHS Clinical Commissioning Group	100%

The Board is supported by the Council Cabinet Member for Social Care and Health Integration as a participant observer. This enables Councillor colleagues to be kept up to date with safeguarding adult matters. In addition, the Committee Chairs and officer advisors also attend Board meetings.

The Safeguarding Adult Board Structure



The SAB's Statutory Responsibilities

The SAB must publish an Annual Report each year as well as having strategic plan. This Annual Report of the Barking and Dagenham SAB looks back on the work undertaken by the SAB and its committees, throughout 2017/18 and provides an account of the work of the partnership including achievements, challenges and priorities for the coming year.

In addition, the SAB has a statutory duty to carry out Safeguarding Adult Reviews (SARs) where an adult in the local authority area:

- has died as a result of abuse or risk (either known or suspected) and there are concerns that partner organisations could have worked together more effectively to protect that adult.

- has not died but the SAB knows or suspects that adult has experienced serious abuse or neglect.

The implementation of recommendations and action plans from a SAR must be reported in the Annual Report, including any decision not to implement any recommendation. One SAR which was started in 2016/17 was completed in late 2017. No new SARs were commenced in 2017/18. An overview of the SAR is given in chapter 9.

Financial Contributions and Expenditure

Statutory partners make financial contributions to the Safeguarding Adults Board. For 2017/18 the partner contributions to the SAB were as follows:

CCG - £30,000
Police - £5,000
London Fire Brigade - £500

The London Borough of Barking and Dagenham contributes the balance of the total costs of operating the Safeguarding Adults Board, this year amounting to £80,300.

The following table shows a breakdown of the expenditure for 2017/18. This includes staffing costs for the SAB Independent Chair and the Board Business Manager.

Expenditure	**Cost**
Safeguarding Adult Reviews (SARs)	£24,300
Support services costs, including staffing (SAB Independent Chair and the Board Business Manager) and support budgets	Approx. £91,500
TOTAL	**£115,800**

Safeguarding in numbers 5

There has been one Safeguarding Adult Review reported and published in 2017/18.

The multi-agency learning focused on undertaking mental capacity assessments, information sharing and awareness raising around modern slavery.

1632 safeguarding concerns were raised to LBBD.

This is an increase of **177** compared to last year.

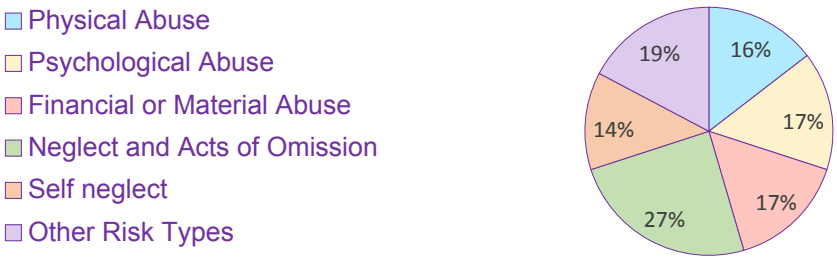
462 safeguarding enquiries commenced and **425** concluded during the year.

32% of safeguarding enquires were about neglect and acts of omission which is lower than last year.

74% of risks were investigated in the person's own home.

In **64%** of cases action was taken and the risk was reduced. This is the same as last year.

Safeguarding enquiries by type of risk



There has been one Safeguarding Adult Review reported and published in 2017/18.

The multi-agency learning focused on undertaking mental capacity assessments, information sharing and awareness raising around modern slavery.

Safeguarding Performance for 2018/19

2017/18 saw the highest number of safeguarding concerns raised since the introduction of the Care Act in 2015. 1,632 concerns raised is 12% higher than the previous year. It is not easy to draw conclusions from this, with any potential genuine increase in risk being masked by changes in recording practice by practitioners and the public.

Of those concerns, 462 led to safeguarding enquiries during the year. This is a proportionate reduction in the levels of enquiries based on last year, given the increased number of initial concerns. However, it is also reducing when measured on a per-head basis (319 per 100,000, compared to 244 in similar boroughs). The SAB has agreed that some qualitative analysis would be helpful to explore patterns in progression of safeguarding referrals.

The location of risk shows, on the face of it, some marked difference to our similar boroughs, with elevated levels of concerns arising in people's own home (74% in Barking & Dagenham, compared to 57% in similar boroughs), and correspondingly reduced levels in care homes (16% B&D compared to 20% elsewhere). Investigation is being undertaken to determine whether this is a recording issue, with practitioners defining a care home, not entirely unreasonably, as someone's own home.

In 90% of cases during the year, action was taken in response to a safeguarding enquiry and risk was either removed or reduced as a result. It remains a matter of professional assessment in the remaining 10% of cases where this was not the case, and factors such as service user choice and decision making can play a significant role.

The work undertaken by the SAB and partners in response to the findings of major enquiries has shown some impact in respect of mental capacity assessment. From very low figures of 3% (2015/16) and 8% (2016/17), it is now recorded in 21% of cases that the victim lacked capacity. This is much more in line with comparator borough levels of 25% (2016/17). Provision of advocacy or family support was there in 88% of cases, which is the same as recorded by similar boroughs in 2016/17. In a similar vein, the number of Deprivation of Liberty Safeguards processed increased by 24% to 389. The pressure on this system is recognised nationally and reflected locally in the fact that only 9% were completed within timescale.

The annual Adult Social Care User Survey for 2017/18 showed that 79% of people said their services made them feel safe. This is marginally down from 81% in 2016/17, and is also higher than the 65% who indicated in the same survey that overall they felt safe. This gap may be about perceptions of crime and safety in

Barking and Dagenham, and possibly points towards work to improve the ‘disability positive’ environment of the borough.

The SAB's Partners 6

London Borough of Barking and Dagenham

Developments and Improvements in Safeguarding Adults Practice

London Borough of Barking and Dagenham has continued to operate a significant part of the local system for safeguarding vulnerable adults during 2017/18. The restructuring of the Council's operations for care and support took full effect during this period, with the Community Solutions team as the new home for the multi-agency safeguarding hub and dividing the former Intake and Access team between Community Solutions and the new Adults' Care and Support Operations service block.

During this period, mental health social work also came back to join other social care operations. This has strengthened the social work function, and there have been notable improvements in the completion of safeguarding investigations as a result.

In respect of the Council's duty to promote a sustainable and good quality market in care services, there continues to be concern about the quality of the local social care market. The Council has worked closely with a number of providers to support improvement or, in some instances, to suspend all placements until improvements are made. We have operated strong links to the Care Quality Commission and the local Clinical Commissioning Group in order to share and evaluate intelligence about market quality and safety.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Council is also considering opportunities to strengthen the safeguarding strategy function in order to better support the work of the Board, the Independent Chair, and the partnership more broadly.

Objectives and Ambitions for 2018/19

In terms of feedback we have received, it is acknowledged that a number of partners would like to see more feedback on decisions made in respect of the safeguarding concerns that they raise through the Council's reporting mechanisms. We have committed to review the 'closure' process in order to improve this situation, with the introduction of the new LiquidLogic case management system being an opportunity in this regard. However, it must be acknowledged that the Council is operating on significantly reducing resources for adults' care and support, and additional steps in the workflow of safeguarding adults must be carefully evaluated in this context. The

new services Adults' Care and Support and the Disability Service continue to be under review to ensure that the model of delivery is effectively delivering the aims that were intended, and most importantly, support service users to have choice and control over their care and receive care and support of a high quality.

We have also acknowledged that improvements need to be made in the information provided to service users and carers about how and when to report their concerns, and of the standards that they are entitled to expect of their care provider. This would align to the previously acknowledged need to further embed 'Making Safeguarding Personal' and its principles into the everyday practice of our teams. In terms of learning from incidents, we will continue to monitor closely the operation on the hospital discharge pathway, which is likely to further increase as resources reduce and system pressures emerge during 2018/19. The recurrent theme of improving mental capacity assessment and Deprivation of Liberty Safeguards also remains relevant into 2018/19, though data is showing some improvement in 2017/18. The introduction of the post of Principal Social Worker has assisted in this respect, developing a stronger leadership function for professional social work within adults' care and support. The Council has also taken seriously the matters raised in the Safeguarding Adults Review into a suspected case of modern slavery and is working on improving practice in adults' care and support and more widely.

The Metropolitan Police

Developments and Improvements in Safeguarding Adults Practice

In the last year the Metropolitan Police has commenced a significant restructure of local policing. Locally this has seen the three Boroughs of Barking and Dagenham, Redbridge and Havering brought together in to one Basic Command Unit – BCU. The BCU for this area is called East BCU and was one of two introduced to test and develop the concept. It has now been adopted as the force model and we have the advantage locally of having now implemented that format whilst the rest of the Met do so over the next year.

In relation to Safeguarding, the BCU provides some real opportunities not least because cases frequently transcend borough boundaries. It brings together previously separate facets of policing under one local command led by a Detective Superintendent, and sees safeguarding become an integral part of local policing. This, together with a shift of operational focus towards risk and harm, means those who perpetrate or suffer things such as domestic abuse, serious sexual crime, missing episodes, child abuse and exploitation are the priority for all local officers not just specialists.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

One of the intentions of the Met in implementing the BCU design is a commitment to multi-agency safeguarding. The local MASH teams remain allowing proper assessment of vulnerability and swift decision-making, with added depth as the three MASH teams can support each other at times of high demand.

The contribution to the safeguarding Board meetings has been by local, senior specialist safeguarding officers.

The domestic abuse risk forum, the MARAC, continues and is chaired by a dedicated senior police officer, with the added benefit of identifying best practice not only from the other parts of the BCU, but also from across London as under the new structure domestic abuse managers work far more closely together.

Our use of control orders to protect the vulnerable, e.g. domestic violence protection orders has seen a big increase as the creation of a specialist safeguarding team for the BCU better identifies risk and maximises opportunities to keep people safe. Often these orders are followed by multi-agency strategy discussions to create an effective safety plan for the future.

Objectives and Ambitions for 2018/19

As an organisation we are just at the beginning of a journey. We have much to do to equip all of our local officers and staff (over 1300 of them) to be proficient in recognising the different forms of vulnerability. The BCU structure is just the beginning. It provides the opportunity to challenge ourselves to think and deliver policing differently. The next year will see a focus on our first response police officers, to provide them with the skills and knowledge to investigate all but the most high risk of domestic crime – by far the biggest volume of vulnerability crime. This will reduce the occasions a victim has to explain what happened and reduce the time taken to investigate by eliminating the handover between teams.

Barking and Dagenham NHS Clinical Commissioning Group

Developments and Improvements in Safeguarding Adults Practice

The CCG has continued to maintain a high focus on Adult Safeguarding work within Barking and Dagenham. The Designated Adult Safeguarding Manager role has been further embedded within the local health economy into its second year as a key member of the local safeguarding workforce. This has led to stronger safeguarding

links with provider organisations and their related workforces and in turn a positive impact on the adult safeguarding agenda of providers. During 2017/18 there has been a higher level of scrutiny around the NHS's role within local safeguarding practices, including the monitoring of health related actions resulting from Safeguarding Adult and Domestic Homicide Reviews (SAR and DHR). The CCG has strengthened the impact of adult safeguarding across Barking and Dagenham by developing and reviewing adult safeguarding policies and procedures as well as the Adult Safeguarding Standards used as part of the NHS Standard Contract for provider organisations.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Throughout 2017/18 the CCG has continued to make significant contributions to multi-agency safeguarding practice and partnership working arrangements. This has included attendance at all SAB Meetings, chairing of the Performance and Assurance Committee, comparison and analysis and provision or narrative of provider data for inclusion within the performance dashboard. As well as this input, the Designated Adult Safeguarding Manager chaired the panel of a Safeguarding Adult Review (SAR) and participated in the work of the SAB Committees, in addition to chairing the local Quality Surveillance Group (QSG) Meeting. The CCG has worked closely with local authority colleagues in the conducting of quality assurance and safeguarding visits to care homes with nursing providers. The CCG has also successfully delivered the Local Area Contact (LAC) provision for the Learning Disability Mortality Review (LeDeR) Programme.

Objectives and Ambitions for 2018/19

The CCG's objectives and ambitions for 2018/19 in relation to safeguarding adults includes the review of internal and provider adult safeguarding training packages to ensure that training provided is appropriate for the role and responsibilities of staff receiving the training. In relation to care homes with nursing, the CCG aims to introduce a schedule of quality assurance and safeguarding visits, both announced and unannounced, to ensure the provision of high quality and safe care. Additionally, the CCG plans to facilitate wider discussions around care provided outside of primary and secondary care to assist the local health economy to understand and address other areas of potential adult safeguarding concerns such as pressure ulcers, management of naso-gastric tubes (used of feeding people that difficulty swallowing) and safe discharges from acute providers.

Barking Havering and Redbridge University Hospital Trust

Developments and Improvements in Safeguarding Adults Practice

Following a successful Trust Safeguarding business case to Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) a substantial investment to expand the Trust's Safeguarding Team was made. A number of posts were recruited in to which included a Safeguarding Advisor, Harmful Practice; Emergency Department, Safeguarding Advisors and a Safeguarding Adult Advisor to support the work of the Named Nurse, Safeguarding Adults, all of which strengthen the support the team can provide at both an operational and strategic level.

A real focus throughout the year has been on safeguarding training compliance; Safeguarding Adults Level 1 and 2 has consistently been achieved above 95% since April 2017. A revised Mental Capacity Act e-Learning module was launched in October 2017 as "essential" training for all clinical staff achieving 85% compliance by year end.

A Deprivation of Liberty Safeguards patient/carer information leaflet was developed to explain the DoLS process as required by the Mental Capacity Code of Practice. This information was also developed in easy read format.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

BHRUT are represented at the Barking and Dagenham Safeguarding Adults Board (SAB) by either the Trust's Chief Nurse, or in her absence the Deputy Chief Nurse, Safeguarding and Harm Free Care. The Named Nurse, Safeguarding Adults is an active member of the Barking and Dagenham SAB committees. The Lead Nurse, Learning Disabilities attends the Barking and Dagenham Learning Disability Partnership Board.

BHRUT staff are trained to recognise and respond to safeguarding concerns which are reported through the completion of a safeguarding concern form. The BHRUT Safeguarding Adults Team and Joint Assessment and Discharge Team work collaboratively with the Barking and Dagenham Business Support Teams to support the safeguarding process by way of appropriate information sharing and attendance at strategy meetings/case conferences and discharge planning meetings.

Objectives and Ambitions for 2018/19

The Trust has developed a combined Safeguarding Children's and Adults Strategy 2018-2020 replacing the previous individual Safeguarding Adult and Children Strategies. The strategy was developed collaboratively with internal and external

stakeholders including representatives from the Trust's Divisions, colleagues from the Tri-Borough Safeguarding Children and Adult Boards and BHR Clinical Commissioning Group. Clinical areas were visited to capture the views of patients and visitors with regard to the proposed strategy. The strategy is aligned to the key safeguarding priorities identified at national and local level and focuses on:

- Think Family - include the whole family when planning care
- Service User Engagement - plan services based on patient feedback
- Responsive Workforce - ask questions and think the unthinkable
- Harmful Practice - protect adults and children who may be at risk of harm
- Bridging the Gap for 16-18 year olds - prepare young people moving from children to adult hospital services
- Empowerment and Advocacy - adhere to the Mental Capacity Act
- Learning from Practice - facilitate training and share lessons learnt from safeguarding incidents
- Information Technology - utilise information technology to improve service user engagement and appropriate sharing of information.

North East London Foundation Trust (NELFT)

Developments and Improvements in Safeguarding Adults Practice

NELFT continue to develop and embed adult safeguarding into existing governance systems and practices throughout the organisation. This includes the wider governance and safeguarding systems such as the serious incident (SI) process, domestic violence (DV)/other harmful practices. The NELFT adults and children's safeguarding team have merged creating one safeguarding service. In-line with the 'Think Family' approach, this model has been beneficial all operational NELFT teams.

NELFT Safeguarding has contributed to a range of policies within the Trust and multi-agency policies, i.e. the Barking and Dagenham Hoarding and self-neglect policy (August 2017). NELFT have a trust-wide lead for Learning Disability Mortality Review (LeDeR), mental capacity assessment and Deprivation of Liberty Safeguards (DoLS) and Prevent as well as directorate level leadership. A Standard Operating Procedure Policy has been developed for all NELFT staff. The lead also represents at the steering groups for East London.

Mandatory reporting for LeDeR, MCA/DoLS and Prevent is embedded in the trust via safeguarding systems and the Trust incident reporting system (Datix). MCA/DoLS and Prevent training has maintained targeted compliance. Furthermore, MCA/DoLS training requirements has since been revised and is now mandatory to ensure MCA 2005, (and the interface with mental health act) is embedded into everyday practice.

The NELFT Safeguarding Team completed and published a range of audits in 2017. Good practice identified included timeliness and quality of advice given by the safeguarding team; 100% compliance with MSP objectives and an increase in the appropriate use of safeguarding alerts in patient electronic records. Improvements include embedding tools such as child sexual exploitation (CSE), female genital mutilation (FGM) and Safe Lives (DV). This has been strengthened within safeguarding training and discussed at safeguarding supervisor's networks and link practitioner forums.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

NELFT continues to prioritise partnership working at both strategic and operational levels and ensure significant contribution to safeguarding learning and development within the multi-agency of LBBD. This includes representation at the SAB, which regular attended by the NELFT Integrated Care Director for Barking and Dagenham. Key pieces of work are supported by the AD Safeguarding and the Safeguarding Adults team.

The NELFT safeguarding team meets regularly with the designated safeguarding professionals at the CCG and to review the safeguarding strategy, safeguarding risks and review any learning and action plans from SAR/DHR/SCRs. All staff have an obligation to provide information to the local authority in relation to safeguarding enquiries as specified in the Multi-Agency Safeguarding Policy and Procedures and the Care Act 2014. NELFT practitioners attend strategy meetings and case conferences as required by the section 42 safeguarding process.

NELFT took part in the planning and development of the modern slavery/trafficking and MCA event in Barking and Dagenham. NELFT successfully piloted mental capacity assessment training utilising actors. This was very well received by NELFT practitioners. The concept was then recommended by NELFT for the SAR learning event in May 2018 whereby the individual who had a learning disability was subjected to modern slavery. The event emphasised the importance of utilising the IMCA advocacy service.

Objectives or Ambitions for 2018/19 in Relation to Safeguarding Adults

The NELFT Safeguarding Adults and Safeguarding Children SOP's are being fully revised and aligned into a single guidance document. This document will include embedded live links to relevant policies and procedures to strengthen the accessibility to relevant information and guidance for NELFT frontline staff. The NELFT safeguarding team are working with CCG colleagues in preparation for the final publication of the 'Safeguarding for Adults: Roles and competencies' - intercollegiate document, which is expected towards the end of 2018. The purpose

is to scope the current training offer within NELFT against the draft document that was released in March 2018. Additionally, there will be a review of the domestic violence, exploitation, MCA and DoLS training packages. The NELFT Safeguarding team will produce a newsletter on a quarterly basis which will be a practice briefing sharing learning and themes from Safeguarding Adults Reviews (SAR), Domestic Homicide Reviews (DHR) and other reviews such as LeDeR and SIs.
A re-audit of NELFT's adherence to the DoLS procedures is in the data collection stage. This is part of the evidence to demonstrate embedding of the MCA and DoLS legislation into everyday practice across the Trust.

SAB Self Assessment and Peer Challenge 7

Elsewhere in this report is some of the detail which illustrates the Board's performance and quality assurance oversight responsibilities. Additionally, at the end of the 2017/18 performance year (in June 2018) the SAB completed an individual partner self-assessment, assurance and audit process, concluding with a live 'peer challenge' exercise of each's submission.

The exercise covered areas such as leadership, strategy, governance and organisational culture; responsibilities towards adults at risk (for staff and commissioned services); approach to workforce and workplace issues in relation to safeguarding; effective inter-agency working; diversity; service users being informed about safeguarding; application of learning from SARs.

Representation at the peer challenge session included the SAB Independent Chair, London Borough of Barking and Dagenham Council, the NHS Clinical Commissioning Group (CCG), the Met Police, Barking, Havering and Redbridge University Trust (BHRUT), North East London Foundation Trust (NELFT) and the Fire Service. There were three main aims for the session:

- Challenging conversations to enhance individual organisation's self-critical perspective.
- Assurance for the Board that all organisations will address statutory and non-statutory expectations in relation to safeguarding.
- Feedback to the board with regard to its effectiveness in working across the partnership to safeguard adults.

The audits and preparation work undertaken by each individual partner were used to facilitate the discussion and allowed for some extremely useful, honesty and open discussions about positive partnership working and relationships, as well as the challenges faced by individual partners and the Board itself. The session focussed on how partners and the Board could work together strategically to improve structures and processes related to safeguarding as well as ensure that vulnerable people are safeguarded. Discussions focussed on areas for improvement and how organisations and the Board could work together to achieve these.

This was the first time the Barking and Dagenham SAB had undertaken a SAB wide self-assessment, assurance, audit and peer challenge exercise, in this way. Over recent years, derived initially from a London NHS exercise and adopted more widely by the London Councils SAB Independent Chairs Group, such a process had been

followed in some other London boroughs. It had been well regarded by partners. Essentially it was to review the year preceding (2017/18) early in the following year with a view to assuring actions in 2018/19 and looking ahead to the SAB's priorities into 2019/20.

All Barking and Dagenham SAB partners agreed voluntarily to engage in the exercise, with the London Fire Service as new members of the SAB joining in just the peer challenge session. For several partners this meant adapting reviews applicable across more than one London Borough SAB to the specific circumstances of Barking and Dagenham. All did this purposefully and willingly. Each organisation's written submission was shared with colleague partners who attended the peer challenge session in person. Each organisation has received an individual note of the peer challenge session.

Additionally, the peer challenge session identified key outcomes for the SAB as a whole; issues which should be pursued by all Board partners and the Board as a whole in 2018/19 and beyond. The principle ones are these below. They were considered at the SAB meeting in July 2018.

1. Being confident that the SAB has sufficient **knowledge about safeguarding awareness in the wider community**; of places or communities which may have less awareness, including knowledge about how to report concerns, and being assured that actions are in place where there are gaps.

2. Assuring sufficient **knowledge of safeguarding among other than specialist professionals** in partner organisations, for example council community solutions staff, enforcement and housing staff or those in primary health care settings, police and fire officers, to illustrate just these.

3. Making sure that there are **good links between 'safeguarding', 'domestic abuse' and 'domestic piolence'** practice, understanding and reviewing processes across the organisations; that staff understand respective roles and responsibilities; and that there are mechanisms to ensure good communication.

4. Seeking to ensure that **'Making Safeguarding Personal'** is embedded in practice by all partners, other than in exceptional circumstances when it may be less appropriate, and that its effectiveness is measured.

5. Recognising that professionals continue to need support in undertaking **mental capacity assessments in an appropriate and timely way.**

6. Seeking to ensure that there is **learning wherever it is needed from Safeguarding Adults Reviews, Domestic Violence Homicide reviews**

and other reviews, not just in Barking and Dagenham but from across London where shared information is readily available.

7. Being assured that the enhanced safeguarding risks at points of practice and organisational interface are fully appreciated and addressed, most obviously in relation to **discharge of more vulnerable people from hospital care into community settings and people's own home.**

These outcomes from the peer challenge session form the priorities for the SAB in the current and coming year and will feed into production of a SAB longer term strategic plan from 2019/20.

Safeguarding Adult Reviews 8

The Safeguarding Adult Review (SAR) Committee, under the Care Act, has responsibility for commissioning and leading on SARs.

During 2017/18 the Safeguarding Adult Review Panel considered one case which did not progress to a SAR. The Safeguarding Adults Board completed one SAR that had been started in the previous year. The S Committee oversaw the review and presented the final report and action plan to the Safeguarding Adults Board for sign off and agreement for publication.

Safeguarding Adult Review 'Drina'

This Safeguarding Adults Review (SAR) 'Drina' was commissioned by the Barking and Dagenham Safeguarding Adults Board into the apparent failure to safeguard Drina, a vulnerable 35 year old Romanian female with learning disabilities. Drina became known to the London Borough of Barking and Dagenham and the Police on the 17th November 2016 having been found when bailiffs attended a house in Dagenham, regarding financial matters. Drina was seen in a dirty and unkempt condition in circumstances that led them to believe that she was being kept as a slave. They immediately reported their concerns to police. Drina was pushed into a van by occupants of the house before police arrived and was taken away from the premises. Drina was later traced by police at a house in Walthamstow and taken to a place of safety. Drina was later determined by the UK Home Office National Referral Mechanism (NRM) to be a victim of Modern Slavery. Drina was repatriated back to Romania on the 19th December 2016. An Independent Reviewer was commissioned to carry out the SAR.

The key findings and learning from this SAR across the partnership were:

- Undertaking mental capacity assessments, human rights assessments, risk assessments and multi-agency meetings to share information across partners
- Use of translators and independent mental capacity advocates to support victims
- Raising awareness of modern slavery and human trafficking to professionals
- Raising awareness of whistleblowing policies and supporting staff to report concerns
- Use of expert medical advice to be sought by the Police to obtain and preserve evidence for potential criminal investigations.

All Safeguarding Adult Review reports published by the SAB can be found at this link
http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/advice.page?id=cGthvG2UuNE

Quality of Care 9

As part of its performance review and quality assurance responsibilities the SAB is routinely advised of significant external statutory inspections (for example, Care Quality Commission (CQC), Her Majesty's Inspector of Constabulary (HMIC) of partners themselves and also individual organisations in the borough, for example nursing and residential care homes and domiciliary care services.

North East London Foundation Trust (NELFT) CQC Inspection

NELFT was inspected in October and November 2017, was rated as 'good' for being effective, caring, responsive and well led. It was rated as 'requires improvement' for being safe.

Following the Care Quality Commission's (CQC) previous inspection in 2016, the trust had implemented a comprehensive improvement plan and the majority of CQC's recommendations had been put into practice.

The 'safe' key question remains rated as 'requires improvement' and there are further improvements that the trust must make in six of the core services. This includes addressing areas such as ensuring staff had completed mandatory training, hand-washing, fire safety, medicines management, use of restraint, updating risk assessments and maintaining clinical equipment. The trust is addressing this as a matter of urgency.

Barking Havering and Redbridge University Hospitals Trust CQC Inspection

BHRUT was inspected on 23rd January 2018. The rating of 'requires improvement' had stayed the same from the previous inspection. The main reasons were that:

- medical staff compliance with mandatory training was below the trust target.
- vacancies and the use of bank and agency staff impacted staff morale in some services. There was a shortage of medical cover on surgery wards, especially in the evenings and at weekends. The emergency department did not use standard tools for assessing risks and severity of the condition of mental health patients.
- although medicines management was good overall, the recording of temperatures for the storage of medicines was inconsistent.
- the environment of the EUCC raised a number of patient safety concerns.

However, the CQC did find that there are good standards of infection control, although the infection control team did not have a system to identify trends in infection. There has been a raised profile for compliance against World Health Organisation (WHO) checklists. In addition, staff demonstrated appropriate knowledge and understanding of safeguarding procedures and how to escalate concerns. There was also evidence that serious incidents were appropriately investigated and that learning and outcomes were shared with staff.

Barking and Dagenham Primary Care Providers

Out of thirty-five GP practices in the borough ten were rated by CQC as 'requires improvement' under the 'safe' rating. Contractual breach notices were issued where appropriate, and all practices rated overall as 'inadequate' were placed in special measures. Primary care also identified a number of common themes in terms of short fallings highlighted by the CQC, which have been used to develop an action plan to support practices to improve. In addition, an independent organisation was commissioned to deliver a support programme for practices rated overall as 'requires improvement' which ran through much of 2017. This provided practical, hands on support to help practices develop Action Plans to address short fallings identified by the CQC and undertake the work necessary to implement them prior to re-inspection. Practices that were rated overall as 'inadequate' were eligible to access Peer Support Programme commissioned by NHS England.

The Adult Social Care Provider Market

The Council's Quality Assurance team are continuing to work closely with the new area team at the Care Quality Commission (CQC). The focus on building good working relations has resulted in better information sharing to improve quality and standards in the provider care market. The CQC and the Quality Assurance Team have shared consistent views about the performance of local social care providers over the course of the last year. The risk-based approach to assessing provider performance, and planning appropriate interventions, has continued to ensure that providers are more robustly monitored and by using improvement plans are moving more swiftly away from needing escalated oversight. During 2017/18 eleven local social care providers were rated by the Care Quality Commission as either 'requires improvement' or 'inadequate' out of a total of 101 operating in the borough.

Quantitative and qualitative data is used to assess providers. Information on the number of safeguarding alerts, complaints and calls to the London Ambulance Service are used and performance monitoring data is shared between the Quality Assurance Team with and the Commissioning Team. The Quality Assurance team attend the Local Quality Surveillance Group meeting along with BHRUT, CCG, CQC along with other health professionals including the London Ambulance Service. This

gives professionals the opportunity to share information across neighbouring boroughs and discuss how working together to undertake joint visits and support local providers across the local sub regional footprint.

Service user feedback is gathered regularly via telephone surveys undertaken by a volunteer and quality assurance staff and through visits with service users and also family members. This is used to assess satisfaction with services and to highlight any issues with the relevant professionals, service or provider. Feedback is provided to commissioners to help shape and plan services. Complaints and Members' enquiries are shared with the Quality Assurance team to allow the opportunity for investigation and feedback.

The three main commissioning areas for vulnerable adults include older people, mental health and learning disabilities. Commissioners have been working with community groups, service users and their families to develop a range of principles to ensure the voice of the community is heard within commissioning practice. The central thread of this is for services be delivered as close to home as possible so that service users are supported by family, friends and local networks.

For mental health and learning disability, commissioners have identified the following gaps within our current commissioning portfolio, these include utilising supported living offer, other forms of specialist accommodation such as co-living, a forensic offer and specialist floating support to provide support to people in their own homes. The Commissioning team are currently undertaking a tender process for mental health and learning disabilities to ensure that these gaps are met, and that these services meet the needs of our local population, both now and in the future. To this end we have been engaging with the provider market to ensure that the market can meet our needs and will have service user involvement throughout the process.

Commissioners continue to work in partnership with local providers of services to older people, including but not limited to residential and nursing homes and providers of domiciliary care in an effort to maximise the quality of services available. There are quarterly provider forums for both service types and providers are actively encouraged to help shape the agenda for the meetings so that they are useful and provide a valuable source of information. Over the coming year a tender exercise will be undertaken for all home care and crisis intervention services commissioned by the local authority. The current contracts for these services are due to come to an end in January 2020 and work has already begun to look at how they could be re-modelled to ensure they best meet the need of both the local authority and its service users. The Commissioning team are also working to produce information and advice packs for service users to help them navigate the adult social care system. The packs will contain information on a wide range of subjects including the assessment process, services, safeguarding, end of life care and the financial assessment process.

Partnership Priorities for 2018/19 10

The Board regularly considers the work of the SAB in light of the changing context of health and social care nationally and locally and of other partner organisations, emerging risks and financial pressures. The Board recognises the need to have oversight of safeguarding practice to ensure that quality of care is not compromised. The SAB has a role to play in supporting the workforce across the partnership, ensuring that they have the skills and competencies to fulfill their roles.

The Safeguarding Adult Board priorities for 2018/19 are set out below. These are incorporated into the SAB's strategic plan and committee work plans

- Awareness raising of safeguarding with the wider community and advice on how to report concerns
- Ensuring 'Making Safeguarding Personal' is embedded in practice
- Supporting professionals in undertaking mental capacity assessments
- Joint learning from SARs, DVHRs and other reviews
- Increase knowledge of safeguarding among wider groups of professionals in partner organisations
- Ensuring links between safeguarding, domestic abuse and domestic violence practice
- Risk in relation to discharge of vulnerable people from hospital into community settings and back home

Healthwatch 11

When engaging with the public, Healthwatch ask specific questions depending on the area of service we are inquiring about. We have found, that unless direct requests or issues are raised, people using services don't speak about safeguarding matters to us.

The most likely scenario where safeguarding issues might get raised is during Enter and View visits at services like care/nursing homes.

From the visits undertaken by Healthwatch over the last year, the feedback and observations that have emerged haven't raised any safeguarding matters however, some areas of services where standards could be compromised, could lead to preventable and potentiated safeguarding concerns if not raised early and addressed.

We are aware through our involvement with quality surveillance, that health and care monitoring teams working with CQC inspectors and the local authority are scrutinising services and acting on safeguarding concerns.

This provides us with insight and an opportunity to raise issues about services, with officers who have the legal powers to investigate safeguarding issues that are raised through their processes and impose remedial actions to prevent safeguarding events occurring.

Further Safeguarding Information 12

For further information about safeguarding and information about the Safeguarding Adults Board please use the following link

https://www.lbbd.gov.uk/residents/health-and-social-care/adults-care-and-support/safeguarding-adults/safeguarding-adults-overview/

To report a safeguarding concern:

Adult Triage, Community Solutions
020 8227 2915
intaketeam@lbbd.gov.uk or safeguardingAdults@lbbd.gov.uk

Out of Hours Emergency Social Work Duty Team
020 8594 8356
adult.edt@nhs.net

In an emergency:
Call 999 and ask for the Police

Call 101 if you are worried but it is not an emergency.

HEALTH AND WELLBEING BOARD

5 September 2018

Title: Development of Barking Riverside Health and Wellbeing Hub - Outputs of Board Workshop	
Report of the Director of People & Resilience	
Open Report	**For Information**
Report Author: Mark Tyson, Commissioning Director, Adults' Care & Support	**Contact Details:** E-mail: mark.tyson@lbbd.gov.uk
Accountable Director: Elaine Allegretti, Director of People & Resilience	

Summary:

Prior to the formal Board meeting, Board members joined members of the Barking Riverside Development Board to scope the outcomes to be sought from investment in health and wellbeing facilities in the Barking Riverside development. The aims of the workshop were to ensure that there was a consensus on the impact that could be expected from work in Barking Riverside to develop the health and wellbeing offer.

The workshop is the first of a series that will be convened to develop the health and wellbeing approach, including the design specification for the Health & Wellbeing Hub which is to be constructed as part of the new district centre.

The Board will receive a short overview of the workshop discussion and its outcomes as part of its formal business.

Recommendation(s)

Members of the Health & Wellbeing Board are recommended to note the outcomes of the workshop that will be reported to the Board, and to note that updates will be provided at future meetings on the emerging shape of the health and wellbeing programme for the locality.

Reason(s)

Barking Riverside is a major development of a new town in the south of the Borough. The Barking Riverside Development Board was established by the Board to function as the first of its 'locality boards', operating in shadow form ahead of the formal creation of the locality arrangements. This piece of work, to develop first the client brief for the Health & Wellbeing Hub, is a major milestone in shaping the health and wellbeing approach across the new district, and this workshop and report is the opportunity for the Health & Wellbeing Board to set the direction for the work.

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HEALTH AND WELLBEING BOARD

5 September 2018

Title: Update on Development of Joint Health and Wellbeing Strategy 2019-2023	
Report of the Cabinet Member for Social Care and Health Integration	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Florence Henry, Public Health Strategy Officer LBBD	**Contact Details:** Tel: 020 8227 3059 E-mail: florence.henry@lbbd.gov.uk
Accountable Director: Matthew Cole, Director of Public Health LBBD	
Accountable Strategic Leadership Director: Elaine Allegretti, Director of People and Resilience LBBD	

Summary

A statutory requirement of the Health and Wellbeing Board as detailed in the 2012 Health and Care Act, the current 2015-2018 Joint Health and Wellbeing Strategy requires a refresh. At January's Health and Wellbeing Board, the three priority themes for the Joint Health and Wellbeing Strategy were decided based on the evidence presented in the Joint Strategic Needs Assessment 2017:

1) Best Start in Life (preconception up until the age of 5)
2) Early Diagnosis and Intervention
3) Building resilience

The approach and use of 'I' statements within the strategy was approved by Health and Wellbeing Board in March. The strategy is currently being drafted and will be a condensed document of less than 20 pages that will not contain detailed delivery plans. It will be up to the alliance of providers and commissioners to create, to ensure that they are engaged with the outcomes and providers mentioned.

This report outlines the progress and status of the Joint Health and Wellbeing Strategy 2019-2023, ahead of the presentation of the draft strategy at November's Health and Wellbeing Board.

Recommendation(s)

The Health and Wellbeing Board is recommended to note the progress and current status of the draft Joint Health and Wellbeing Strategy for 2019 - 2023.

Reason(s)

To allow time to get the narrative correct surrounding the resilience theme of the strategy, the Chair has agreed that the draft strategy for consultation will now be presented at November's Health and Wellbeing Board.

1. Introduction and Background

1.1 Health and Wellbeing Strategy is a statutory requirement of Health and Wellbeing Board's following the 2012 Health and Care Act. The strategy is now due for renewal for the next 5 years. The Barking and Dagenham Joint Health and Wellbeing Strategy 2015-2018 follows the previous Strategy for 2012-15. A refresh of the strategy is now required for another 3 years.

1.2 Our strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives by 2023. The aim is to help residents improve their healthy by identifying the key priorities based on the evidence in our Joint Strategic Needs Assessment 2017, and what can be done to address them and what outcomes are intended to be achieved. The three themes of the strategy have been agreed as:

- Best Start in Life (preconception up until the age of 5)
- Early Diagnosis and Intervention
- Building resilience

2. Current progress

"I" statements

2.1 We have run 12 focus groups with a total of 128 residents in a range of community groups to formulate 'I' statements outlining what good health looks to residents. These will be featured within each theme of the strategy. The 'I' statements are attached at Appendix 1.

Stakeholder Workshops

2.2 As outlined in the high level time-line presented at Joint Health and Wellbeing Board, a series of the three workshops in related to each of the themes to discuss the outcomes and measures. Workshop attendees were from a range of council, voluntary and NHS services. The attendance at each workshop was as below:

- 4th July - Best Start in Life – 27
- 12th July - Early Diagnosis and Intervention – 21
- 18th July - Building resilience – 41

2.3 The Best Start in Life and Early Diagnosis workshops discussed the outcomes and measures that we should be using across the life course, and across conditions. These outcomes and measures are now being weaved into the draft strategy document.

2.4 Due to the difficulties defining resilience, the resilience workshop focused on getting consensus on what we mean by resilience for different residents. The tables at the workshop were structured around three different groups of residents – all residents, residents who need a bit more help, residents who need the most help. An approach, outcomes and measures for the resilience theme of the strategy are currently being worked through with stakeholders.

3. Next steps

3.1 A draft strategy will be presented at Health and Wellbeing Board at 7th November, this will be to approve the document for consultation.

3.2 Following this, there will be a public consultation, including an online consultation, direct invitation to stakeholder and partner organisations to participate in the consultation and give their views with an offer to attend any relevant or specially organised meetings to discuss the strategy.

4. Financial Implications

Implications completed by: Katherine Heffernan, Service Finance Group Manager

4.1 The Joint Health and Wellbeing Strategy assumes that it will be delivered within existing resources. The Public Health Grant will be made available to the London Borough of Barking and Dagenham from 1 April 2018 until 2021. Under section 75 of the NHS Act 2006, we will consider flexibilities such as pooled budgets and lead commissioning that can better meet the needs identified in the JSNA.

4.2 The NHS England (London) is also under a duty in the legislation to encourage the use of these flexibilities by clinical commissioning groups, where it considers use of flexibilities would secure the integration of health services and health related or social care services. The desired effect of using these flexibilities is improved quality of services provided or reduced inequalities between persons about access to services or outcomes from them.

5. Legal Implications

Implications completed by: Dr. Paul Feild, Senior Governance Solicitor

5.1 As set out in the body of this report the Health and Social Care Act 2012 places a statutory duty on the Health and Wellbeing Board to prepare a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment.

5.2 Local authorities and each of its partner clinical commissioning groups must when exercising any functions have regard to any relevant Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) prepared by them (s193 of the Health and Social Care Act 2012).

5.3 When preparing JSNAs and JHWSs health and wellbeing boards must have regard to the Statutory Guidance and as such boards have to be able to justify departing from it. The proposed refreshed joint Health and Wellbeing Strategy will need to be been prepared and consulted on in accordance with the requirements under the Health and Social Care Act 2012 and under the Local Government and Public Involvement in Health Act 2007.

5.4 Health and wellbeing boards must meet the Public Sector Equality Duty under the Equality Act 2010, and due regard must be given to the duty throughout the JSNA and JHWS process.

Public Background Papers Used in the Preparation of the Report: None

List of appendices

- Appendix 1 – 'I' Statements formulated from resident consultation

APPENDIX 1

Update of Joint Health and Wellbeing Strategy 2019-2023

'I' statements formulated from resident consultation

Best Start in Life

- I have information about how to help my child's health and development
- I am supported to help my child develop language and communication skills
- My child has safe spaces and activities to develop and grow
- I can meet other parents in the community
- My child has the opportunities to play and stay active
- I am supported throughout pregnancy and beyond by informed health visiting services
- I know how to make healthy choices for me and my child, such as with food
- When I take my child to the doctors, the surgeries are child-friendly and welcome us
- I am able to get an appointment about my child's health quickly
- My mental health needs are supported during and after pregnancy

Early Diagnosis and Intervention

- I don't feel judged by all staff regardless of my circumstances
- I am listened to by medical professionals and given the time to talk through my issues
- I feel my mental health conditions are treated with the same respect as my physical health conditions without stigma
- I am able to book an appointment at a time that I can make
- When I move between services and am referred to specialist, doctors are informed about my medical history
- When I move between services and am referred to a specialist, the referral process is quick and my expectations in relation to referral times are managed
- When I am diagnosed, I am supported with the information about my condition I need to make decisions and choices
- When I am diagnosed, my family and I know where to find community support services, including emotional support
- When I am diagnosed with a mental health condition, I understand my diagnosis and appropriate treatment

Building resilience

- I feel safe in my home, in my family and my community and I know where to go for help
- I have opportunities to connect to individuals and communities
- I can access mental health support services when I need them
- I am empowered to participate in my community
- My family and I are able to participate in a range of sports clubs
- I know where to access cheap exercise and leisure in the community
- I am supported to make healthy choices
- I have access to a range of parks and open spaces
- I can access a range of cultural activities within my community
- I am supported to increase my employability, and manage my finances

HEALTH AND WELLBEING BOARD

5 September 2018

Title:	Health and Wellbeing Outcomes Framework Performance Report – Q1 2018/19

Report of the Director of Public Health	
Open Report	**For Decision:** No
Wards Affected: ALL	**Key Decision:** No
Report Author: Rosanna Fforde, Senior Intelligence and Analysis Officer	**Contact Details:** rosanna.fforde@lbbd.gov.uk 020 8227 2394

Sponsor:

Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham

Summary:

To track progress across the wide remit of the Health and Wellbeing Board, the Board has agreed an outcomes framework which prioritises key issues for the improvement of the public's health and their health and social care services.

This high-level dashboard is monitored quarterly by the Board and this report forms the account of performance at the end of 2018/19 quarter 1 (to end June 2018) or the latest data available.

This indicator set is due be reviewed as part of the work currently underway to refresh the Joint Health and Wellbeing Strategy.

Recommendation(s)

The Board is recommended to review and note the performance information for the period 1 April to 30 June 2018, as set out in the appendices to the report.

Reason(s)

The dashboard indicators were chosen to represent the wide remit of the Board while remaining manageable in number. It is therefore important that Board members use this opportunity to review key areas of Board business and confirm that effective delivery of services and programmes is taking place. Subgroups are undertaking further monitoring across the wider range of indicators in the Health and Wellbeing Outcomes Framework. When areas of concern arise outside of the indicators ordinarily reported to the Board, these will be escalated as necessary.

1 Introduction

1.1 This report and its four appendices provide updated data and commentary on key performance indicators for the Health and Wellbeing Board. They also summarise CQC inspection reports published in quarter 1 to provide an update on the quality of local service provision.

1.2 The indicators included within this report provide an overview of performance of the whole health and social care system; the Health and Wellbeing Board has a wide remit and it is important to ensure that the Board has an overview across this breadth of activity. Indicators are categorised into lifecourse stages (children, adolescents, adults, older adults, and across the life course).

1.3 In light of the work currently underway to refresh the Joint Health and Wellbeing Strategy, it was proposed in the previous report that this indicator set be retained as it is, with one exception (the inclusion of a revised healthy lifestyles programme measure) and reviewed as part of the refresh.

1.4 We are in the process of agreeing a revised target for the smoking cessation indicator. A target of 65% has been agreed for the new healthy lifestyles programme indicator (*The percentage of children and adults who start healthy lifestyle programmes that complete the programme*).

1.5 The previous healthy lifestyles programme indicator (*The percentage of children and adults referred to healthy lifestyle programmes that complete the programme*) has been included in this report to provide a complete set of 2017/18 data for this measure. It will be removed in the next report.

1.6 The dashboard is a summary of important areas from the Health and Wellbeing Board Outcomes Framework as well as indicators from the Local A&E Delivery Group's Urgent Care Dashboard. The outcomes framework itself is based on selections from the key national performance frameworks: the Public Health Outcomes Framework, Adult Social Care Outcomes Framework, and the NHS Outcomes Framework. Priority programmes such as the Better Care Fund have also been represented in the selected indicators.

2 Structure of the report

2.1 This report provides an overview of performance and CQC inspections, with further information contained in three appendices:

- Appendix A: Dashboard of indicators
- Appendix B: Performance summary reports of red-rated indicators
- Appendix C: CQC inspection reports, 2018/19 quarter 1

2.2 All indicators are rated red, amber or green (RAG) as a measure of success and risk to end-of-year delivery. Any indicator that is RAG-rated red has additional information available in Appendix B.

2.3 Board members should note that this means that Appendix B is focused on poor performance to highlight what needs improving and is not to be taken as indicative of overall performance.

3 Performance overview

3.1 Of 20 indicators, seven were RAG-rated red, six comments (out of seven) included on those that are amber, five were rated green and one could not be rated. Please note that indicators are ordered from red to no rating in the following sections which may not correspond to their order in Appendix A.

Children

3.2 Of the five children's indicators, two were RAG-rated red, one was amber, one was green and one could not be rated:

a) **Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old:** This has increased from 77.3% in quarter 3 to 78.1% in quarter 4 2017/18. Quarter 4 performance is similar to London (77.6%), but substantially lower than England (87.2%) and the target of 90%.

b) **Prevalence of children in Year 6 that are obese or overweight:** No updated data is available as this is an annual measure. Based on 2016/17 data, this indicator (43.8%) is more than 10% above the target of the London average (38.5%) and is therefore RAG-rated red.[1]

c) **% looked after children with a completed health check:** This decreased from 92.4% in quarter 4 to 86.0% in quarter 1 2018/19. This is with 10% of the target of 92% and is therefore RAG-rated amber.

d) **The number of children who turn 15 months old in the reporting quarter who receive a 12-month review:** This measure decreased from 83.1% in quarter 4 2017/18 to 79.7% in quarter 1 2018/19. It exceeds the target of 75% and is therefore rated green.

e) **Number of children and young people accessing Tier 3/4 CAMHS services:** Updated data shows that there were 695 children and young people in contact with CAMHS at the end of quarter 4, an increase from 620 at the end of quarter 3. It is not possible to provide a target to 'rate' progress against for this measure due to the lack of national benchmarking information.

Adolescents

3.3 Of the two adolescents' indicators, one was RAG-rated red and one was amber:

a) **Under 18 conception rate (per 1,000 population aged 15–17 years):** There remains a red rating for this measure (as a rolling 3-year average) based on the latest available data (quarter 4 2016/17). The 3-year rolling average for this period was 29.1 per 1,000 15–17 year olds compared with the target of the London average of 18.9 per 1,000.

[1] RAG ratings based on measures being more than 10% above or below target are based on percentage difference rather than difference in percentage points.

b) **Care leavers in education, employment or training (EET):** The proportion of care leavers in EET was rated amber in quarter 1 2018/19.

Adults

3.4 Of the three adults' indicators, two were RAG-rated red and one was green:

a) **Number of 4-week smoking quitters:** The number of 4-week smoking quitters is below the locally set target. However, the most recent benchmarking data (April to December 2017) indicates that Barking and Dagenham had more quitters per 100,000 smokers compared with London and England over this period.

b) **Percentage of eligible population that received a health check:** Coverage in quarter 1 2018/19 (2.32%) was more than 10% below the quarterly and year-to-date target of 3.75%. This figure is a decrease from quarter 4 2017/18 and is lower than quarter 1 last year. However, benchmarking data for quarter 4 suggested that Barking and Dagenham coverage was higher than London and England for that quarter.

c) **Cervical screening – coverage of women aged 25–64 years:** No updated data is available as this is an annual measure. Based on 2016/17 data, cervical screening coverage is rated green, as coverage (67.0%) is above the London average (65.7%). Nonetheless, coverage in Barking and Dagenham shows a downward trend and 2016/17 data indicates that one-third of eligible women had not been adequately screened within the last 3.5 years (ages 25–49 years) or 5.5 years (ages 50–64 years).

Older adults

3.5 Of the three older adults' indicators, one was RAG-rated red, one was amber and one was green:

a) **Bowel screening – coverage of people aged 60–74 years:** Bowel screening coverage continues to be RAG-rated red, with the latest available data (quarter 2 2017/18) placing Barking and Dagenham second lowest among all local authorities in England for coverage.

b) **Breast screening – coverage of women aged 53–70 years:** No updated data is available as this is an annual measure. Based on 2016/17 data, breast screening coverage is rated amber as Barking and Dagenham's coverage (67.8%) was within 10% of the figure for London (69.4%). This is an improvement from 66.5% in 2015/16.

c) **Number of long-term needs met by admission to a residential or nursing care home:** This remains well below its target and is rated green.

Across the lifecourse

3.6 Of the seven 'across the lifecourse' indicators, one was RAG-rated red, three comments are provided on (four) RAG-rated amber and two were RAG-rated green:

a) **The percentage of children and adults who start healthy lifestyle programmes that complete the programme:** This is the new healthy lifestyles programme indicator introduced in the previous report. A target of 65% has now been agreed for this indicator, allowing it to be RAG-rated for the first time. This will replace the indicator in e) below (*The percentage of children and adults referred to healthy lifestyle programmes that complete the* programme) in the next report. Performance in quarter 4 2017/18 was 57.2%, which is more than 10% below target and hence this measure has been RAG-rated red.

b) **A&E attendances ≤ 4 hours from arrival to admission, transfer or discharge (type all):** This increased from 74.5% in quarter 4 2017/18 to 82.3% in quarter 1 2018/19.

c) **Emergency admissions aged 65 and over per 100,000 population:** No updated data is available.

d) **The percentage of children and adults referred to healthy lifestyle programmes that complete the programme:** Performance in quarter 4 2017/18 was 45.9%, which was less than 10% below the target of 50%, and therefore RAG-rated amber. This indicator will be replaced by the new measure (*The percentage of children and adults who start healthy lifestyle programmes that complete the* programme) in the next report.

e) **Percentage of people using social care who receive services through direct payments:** This increased from 58.3% in quarter 4 to 65.5% in quarter 1, which is above the target of 60%.

f) **Delayed transfers of care:** Across quarter 1, there were an average of 125.8 delayed days per 100,000, which is below the target of 190.8 per 100,000 and hence RAG-rated green. This relates to 558 delayed days, of which 534 were attributable to NHS organisations and 24 to social care.

4 CQC inspections

4.1 Sixteen reports of CQC inspections to healthcare organisations in the borough were published in quarter 1. Eight inspections returned a rating of 'Good', four received a rating of 'Requires Improvement', one received a rating of 'Inadequate', and three were not eligible to be rated as they were dental practices.

4.2 The organisation receiving a rating of 'Inadequate' was Faircross Care Home London Limited, a residential home. Work was underway with Faircross before this judgment was published, in partnership with neighbouring councils who had made placements there (Newham, Redbridge and Waltham Forest). This is to ensure that the assessment of individual service user outcomes and their safety, can inform the assessment of the service overall and the improvements necessary.

4.3 For further information, please refer to Appendix C, which details all the inspection reports published in quarter 1 2018/19.

5 Mandatory implications

Joint Strategic Needs Assessment

5.1 The Joint Strategic Needs Assessment provides an overview of the health and care needs of the local population, against which the Health and Wellbeing Board sets its priority actions for the coming years. By ensuring regular performance monitoring, the Health and Wellbeing Board can track progress against the health priorities of the JSNA

Joint Health and Wellbeing Strategy

5.2 The Outcomes Framework, of which this report presents a subset, sets out how the Health and Wellbeing Board intends to address the health and social care priorities for the local population. The indicators chosen are grouped by the 'life course' themes of the Strategy and reflect core priorities.

Integration

5.3 The indicators chosen include those which identify performance of the whole health and social care system, including indicators selected from the A&E Delivery Board's dashboard.

Legal

5.4 Not applicable.

Financial

5.5 Not applicable.

Public Background Papers Used in the Preparation of the Report: None

List of appendices

- Appendix A: Performance dashboard
- Appendix B: Performance summary reports of red-rated indicators
- Appendix C: CQC inspection reports, 2018/19 quarter 1.

Appendix A: Indicators for HWBB - 2018/19 Q1

Key	
	Data unavailable due to reporting frequency or the performance indicator being new for the period
..	Data unavailable as not yet due to be released
	Data missing and requires updating
	Provisional figure
DoT	The direction of travel, which has been colour coded to show whether performance has improved or worsened
NC	No colour applicable
PHOF	Public Health Outcomes Framework
ASCOF	Adult Social Care Outcomes Framework
HWBB OF	Health and Wellbeing Board Outcomes Framework
BCF	Better Care Fund
SRG	Systems Resilience Group

Note: where 2017/18 and quarter 4 data are available and differ, DoT arrow and RAG rating are for quarter 4 data. DoT for quarter 1 data relates to direction of travel from quarter 4 data.

Note: benchmarking data uses the same time period as the most recent data point for Barking and Dagenham except where otherwise indicated

Title	2014/15	2015/16	2016/17				2016/17	2017/18				2017/18	2018/19				DoT	Target	RAG Rating	BENCHMARKING		HWBB No.	Reported to
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4				England Average	London Average		
1 - Children																							
Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old	**82.7%**	**82.4%**	80.5%	82.5%	79.9%	79.7%	**81.9%**	78.6%	81.8%	77.3%	78.1%	..	..	..	..	..	↗	90.0%	R	87.2%	77.6%	1	PHOF
2017/18 annual data is not yet available.																							
Prevalence of children in Year 6 that are obese or overweight	**41.2%**	**43.4%**					**43.8%**					..					↗	London average	R	34.2%	38.5%	2	PHOF
Based on child's local authority of residence.																							
The number of children who turn 15 months old in the reporting quarter who receive a 12-month review			63.9%	57.7%	60.3%	62.7%	**61.2%**	68.4%	77.4%	75.5%	83.1%	**76.0%**	79.7%	..	..	..	↘	75.0%	G	82.1%	70.0%	3	HWBB OF
Benchmarking data is for quarter 4 2017/18 (equivalent published figure for Barking and Dagenham is 84.1%).																							
Number of children and young people accessing Tier 3/4 CAMHS services	**1,217**	**1,114**	530	525	565	590		585	565	620	695		..	..	..	..	↗	N/A	NC			4	HWBB OF
Year end figure is the number of unique people accessing CAMHS over the course of the year. Data from Q2 2016/17 onwards is based on those in contact with CAMHS at the end of the quarter.																							
% looked after children with a completed health check	**91.8%**	**94.2%**	80.1%	76.2%	77.3%	90.9%	**90.9%**	78.7%	77.2%	69.7%	92.4%	**92.4%**	86.0%				↘	92.0%	A	89.4%	91.8%	5	HWBB OF
Benchmark is for 2016/17 (equivalent published figure for Barking and Dagenham is 87.1%).																							
2 - Adolescents																							
Under 18 conception rate (per 1,000 population aged 15-17 years)	**34.9**	**34.0**	32.5	31.9	30.4	29.1	**29.1**	..	..	..	..	**..**	..	..	..	..	↘	London average	R	20.4	18.9	6	PHOF
Data is a rolling three-year average, with the data presented representing the last quarter of the three-year period, i.e. quarter 4 will represent the time period 2014/15 quarter 1 to 2016/17 quarter 4.																							
Care leavers in education, employment or training (EET)		**50.2%**	50.0%	50.8%	52.3%	55.1%	**55.1%**	53.1%	53.2%	57.4%	59.3%	**59.3%**	48.8%	..	..	..	↘	57.0%	A	50%	52%	7	HWBB OF
Benchmarking data relates to 2016/17 and relates to those aged 19-21 only.																							
3 - Adults																							
Number of four-week smoking quitters	**635**	**559**	191	164	178	252	**785**	206	157	133	167	**663**	..	..	..	..	↗	1,000	R			8	HWBB OF
Target is for year.																							
Cervical screening - coverage of women aged 25-64 years	**70.1%**	**67.9%**					**67.0%**					..					↘	London average	G	72.0%	65.7%	9	PHOF
Percentage of eligible women screened adequately within the previous 3.5 (25-49 year olds) or 5.5 (50-64 year olds) years on 31 March.																							
Percentage of eligible population that received a health check	**16.30%**	**11.83%**	2.69%	2.82%	2.66%	2.83%	**11.00%**	2.81%	3.24%	3.22%	3.55%	**12.82%**	2.32%	..	..	..	↘	15.0%	R	8.3%	9.6%	10	PHOF
Benchmarking data relates to 2017/18 (equivalent published figure for Barking and Dagenham was 12.3%; data presented here has been refreshed since submission). Please note that annual figures, target and London and England figures are cumulative annual figures. Please note that eligible population changes on annual basis.																							
4 - Older Adults																							
Breast screening - coverage of women aged 53-70 years	**64.4%**	**66.5%**					**67.8%**					..					↗	London average	A	75.4%	69.4%	11	PHOF
Percentage of women whose last test was less than three years ago.																							
Bowel screening - coverage of people aged 60-74 years	**39.7%**	**41.1%**					**39.7%**	40.7%	41.4%	..	..	**..**	..	..	..	..	↗	60.0%	R	58.9%	49.9%	12	PHOF
Percentage of eligible residents screened adequately within the previous 2.5 years.																							
Number of long-term needs met by admission to a residential or nursing care home	**905.9**	**910.0**	223.7	437.2	615.2	737.2	**737.2**	207.1	384.0	576.0	702.3	**702.3**	85.9	..	..	..	↘	858.9	G	610.7	438.1	13	BCF/ASCOF
Rates are cumulative throughout the year. Benchmarking data relates to 2016/17. Additional benchmark: ASCOF Group - 479.2.																							
5 - Across the Lifecourse																							
Percentage of people using social care who receive services through direct payments	**61.2%**	**62.6%**	57.0%	56.0%	59.0%	60.9%	**60.9%**	57.0%	58.7%	57.8%	58.3%	**58.3%**	65.5%	..	..	..	↗	60.0%	G	28.3%	27.5%	14	ASCOF
Benchmarking data relates to 2016/17.																							
Delayed transfers of care	**135.2**	**205.3**	185.0	216.1	217.7	204.3	**205.8**	117.5	158.1	106.7	115.2	**124.4**	125.8	..	..	..	↗	190.8	G	318.9	N/A	15	ASCOF
Average number of delayed days during the period for NHS organisations and social care (acute or non-acute), per 100,000 population aged 18+.																							
A&E attendances ≤ 4 hours from arrival to admission, transfer or discharge (type all)	**85.3%**	**87.8%**	81.8%	89.1%	87.1%	84.5%	**85.6%**	85.5%	87.1%	80.6%	74.5%	**81.8%**	82.3%	..	..	..	↗	90.0%	A	89.9%		16	SRG
Please note this figure is for BHRUT. Note: Q1 2015/16 figure based on weekly figures and hence reflects period 30 March-28 June. 2015/16 data therefore reflects 30 March-28 June, 1 July-31 March.																							

Key

	Data unavailable due to reporting frequency or the performance indicator being new for the period
..	Data unavailable as not yet due to be released
	Data missing and requires updating
	Provisional figure
DoT	The direction of travel, which has been colour coded to show whether performance has improved or worsened
NC	No colour applicable
PHOF	Public Health Outcomes Framework
ASCOF	Adult Social Care Outcomes Framework
HWBB OF	Health and Wellbeing Board Outcomes Framework
BCF	Better Care Fund
SRG	Systems Resilience Group

Appendix A: Indicators for HWBB - 2018/19 Q1

Note: where 2017/18 and quarter 4 data are available and differ, DoT arrow and RAG rating are for quarter 4 data. DoT for quarter 1 data relates to direction of travel from quarter 4 data.

Note: benchmarking data uses the same time period as the most recent data point for Barking and Dagenham except where otherwise indicated

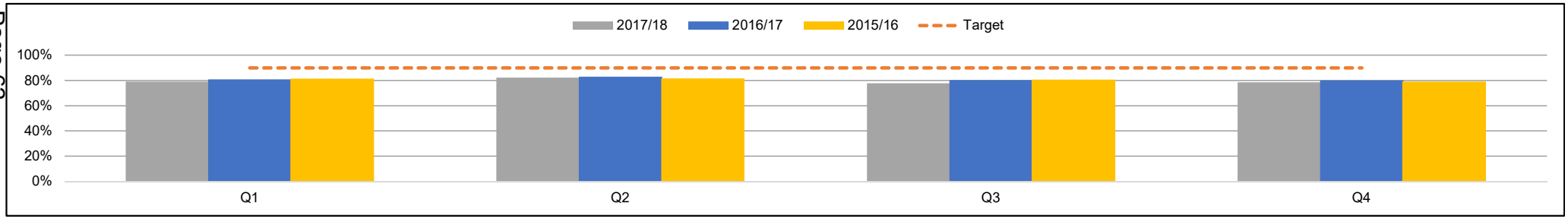
Title	2014/15	2015/16	2016/17				2016/17	2017/18				2017/18	2018/19				DoT	Target	RAG Rating	BENCHMARKING		HWBB No.	Reported to
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4				England Average	London Average		
Emergency admissions aged 65 and over per 100,000 population							**28,949**										N/A	London average	**A**		27,342	17	
2016/17 is time period March 2016 - February 2017.																							
The number of leisure centre visits	**1,282,430**	**1,453,925**	383,895	371,056	340,590	371,752	**1,467,293**	374,976	371,441								↘	754,936	**A**			18	Leisure
Target is a 6 month target.																							
The percentage of children and adults referred to healthy lifestyle programmes that complete the programme			39.1%	43.1%	42.4%	45.5%	**42.4%**	43.6%	41.4%	40.4%	45.9%	**43.1%**	..	..	..	..	↗	50.0%	**A**			19	Leisure
The percentage of children and adults who start healthy lifestyle programmes that complete the programme			45.8%	50.2%	55.0%	46.5%	**48.8%**	63.6%	71.9%	58.8%	57.2%	**62.2%**	..	..	..	..	↘	65.0%	**R**			20	Leisure

Health and Wellbeing Board
Performance Report 2018/19 Q1
5 September 2018

Back to summary page	Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old	Health and Wellbeing Board Indicators	Q4 2017/18

Definition	**Numerator**	Total number of children who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday.	**How this indicator works**	All children for whom the local authority is responsible who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday as a percentage of all children whose fifth birthday falls within the time period.
	Denominator	Total number of children whose fifth birthday falls within the time period.		
Source		COVER data collected by PHE		
What does good performance look like?		For the percentage of children vaccinated to be as high as possible.	**Why is this indicator important?**	MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

Quarterly data	Q1	Q2	Q3	Q4
2017/18	78.6%	81.8%	77.3%	78.1%
2016/17	80.5%	82.5%	79.9%	79.7%
2015/16	81.0%	81.2%	80.3%	78.6%
Target	90.0%	90.0%	90.0%	90.0%



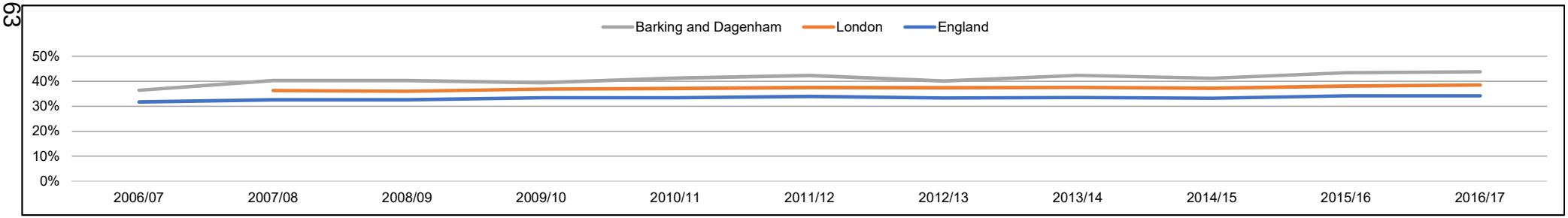
Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham's performance continues to be substantially lower than both the national average and the target set for this indicator; however, performance is similar to the London average.	The council issued a press release in April as part of European Immunisation Week 2018, urging people who are not vaccinated or are unsure of their vaccination status to book an appointment with their GP. Social media was used to share this and to raise awareness of the importance of the MMR vaccine. NHS England is continuing to run an MMR catch-up campaign with GP practices.	The 2017/18 quarter 4 London average for uptake of two doses of MMR at age 5 is 77.6%, similar to the Barking and Dagenham figure. The national average is 87.2%.

Responsible Director	Matthew Cole	Status	

Back to summary page	Prevalence of children in Year 6 that are obese or overweight	Health and Wellbeing Board Indicators	2016/17

Definition	**Numerator**	Number of children in Year 6 classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.	**How this indicator works**	Children in Year 6 (aged 10-11 years) classifed as overweight or obese in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England as a proportion of all children measured.
	Denominator	Number of children in Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.		
Source		National Child Measurement Programme.		
What does good performance look like?		For the proportion of children who are overweight or obese to be as low as possible.	**Why is this indicator important?**	There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age.

Annual data	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Barking and Dagenham	36.4%	40.3%	40.3%	39.4%	41.3%	42.3%	40.1%	42.4%	41.2%	43.4%	43.8%
London		36.3%	36.0%	36.9%	37.1%	37.5%	37.4%	37.6%	37.2%	38.1%	38.5%
England	31.7%	32.6%	32.6%	33.4%	33.4%	33.9%	33.3%	33.5%	33.2%	34.2%	34.2%

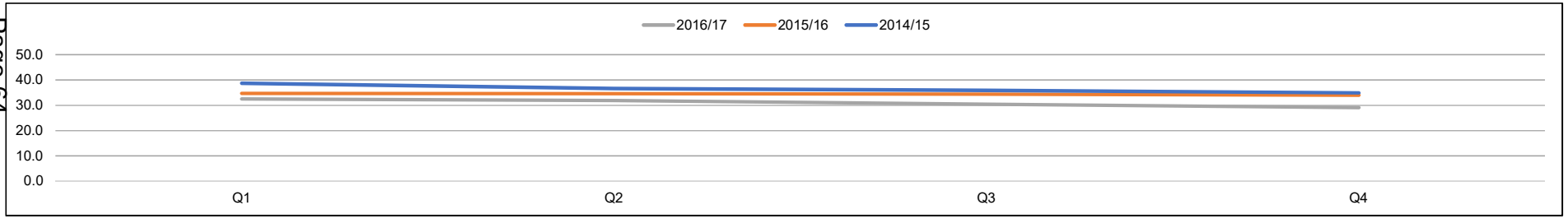


Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham has had sustained poor performance on this indicator, having a higher prevalence of Year 6 children with excess weight than seen nationally and regionally. In 2016/17, Barking and Dagenham was the second worst performing local authority in the country.	As this is such a high level indicator it is not possible to show actions that directly impact on this indicator; however, a number of interventions are in place that aim to improve obesity-related outcomes, either by increasing levels of physical activity or through improved diet. One such example is the healthy lifestyles referral indicator.	2016/17: London: 38.5% England: 34.2%

Back to summary page	Under 18 conception rate (per 1,000 population aged 15-17 years)	Health and Wellbeing Board Indicators	Q4 2016/17

Definition	**Numerator**	Number of pregnancies that occur to women aged under 18, that result in either one or more live or still births or a legal abortion under the Abortion Act 1967.	**How this indicator works**	Only about 5% of under 18 conceptions are to girls aged 14 or under and to include younger age groups in the base population would produce misleading results. The 15-17 age group is effectively treated as population at risk.
	Denominator	Number of women aged 15-17 living in the area.		
Source		Office for National Statistics		
What does good performance look like?		For the rate of teenage conceptions to be as low as possible.	**Why is this indicator important?**	Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers.

Quarterly data		Q1	Q2	Q3	Q4
	2016/17	32.5	31.9	30.4	29.1
	2015/16	34.7	34.6	34.4	34.0
	2014/15	38.7	36.6	35.9	34.9



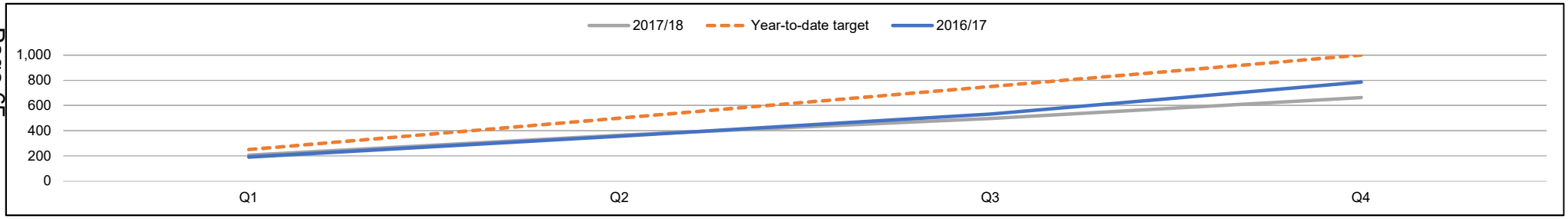
Performance overview	Actions to sustain or improve performance	Benchmarking
Please note: the data presented above is a 3-year rolling average, containing data for the 12 quarters up to and including the quarter named. The overall trend in Barking and Dagenham continues to be downward, with the 3-year rolling average halving over the last 10 years (from 66.7 per 1,000 females aged 15–17 years in quarter 4 2006/7 to 29.1 in quarter 4 2016/17). However, Barking and Dagenham continues to have one of the highest rates of teenage conceptions in London, with the third highest quarterly (non-rolling) rate in London in quarter 4 2016/17.	Several programmes are being undertaken to reduce the teenage pregnancy rate in the borough, such as the C-Card distribution scheme, which supplies teenagers with condoms. This has been the best performing programme in London for the last 2 years.	2016/17 Q4 (rolling 3-year average): London: 18.9 England: 20.4

Responsible Director	Matthew Cole	Status	

Back to summary page	Number of smoking quitters aged 16 and over through cessation service	Health and Wellbeing Board Indicators	Q4 2017/18

Definition	**Numerator**	The number of people aged 16 years and over who have quit smoking at the four week follow-up check through smoking cessation services.	**How this indicator works**	A client is counted as a carbon monoxide (CO)-verified four-week quitter where they meet the following criteria: 'A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10 ppm.'
	Denominator	N/A		
Source		QuitManager		
What does good performance look like?		For the number of smoking quitters to be higher than the target.	**Why is this indicator important?**	For the number of smoking quitters to be higher than the target.

Quarterly data	Q1	Q2	Q3	Q4
2017/18	206	363	496	663
Year-to-date target	250	500	750	1,000
2016/17	191	355	533	785



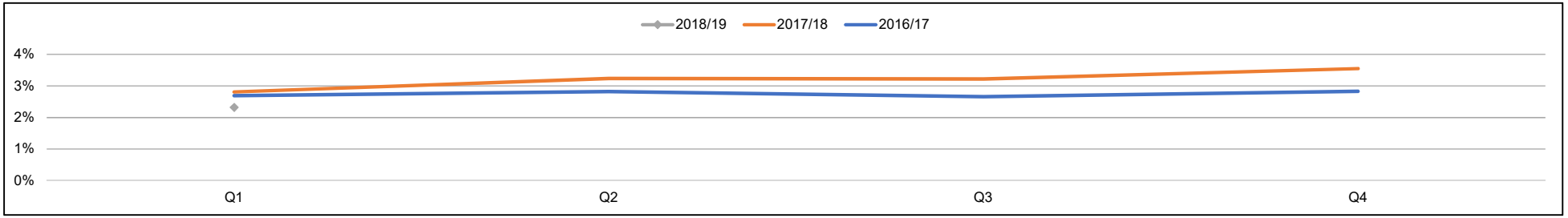
Performance overview	Actions to sustain or improve performance	Benchmarking
Across 2017/18 there were 663 quitters which is 66% of the year-to-date target and lower than achievement in the same period in 2016/17.	Changes are being made to the service, with the cessation service being decommissioned from GP practices from 1 October. The pharmacy contract for smoking transferred to ComSol on 1 August 2018. ComSol will now provide support to the pharmacy contractors. The specialist service has completed a full review of current clinics. Smoking in pregnancy insights are currently being focusing on Eastern European women. Full evaluation will be available by September.	Between April and December 2017 there were 1,431 self-reported quitters (where this was confirmed with carbon monoxide validation) per 100,000 smokers in Barking and Dagenham. The equivalent figures for London and England were 1,046 and 1,006 per 100,000 smokers respectively. Equivalent figures for the following boroughs within the North East London region were: Redbridge (989), Havering (66), Newham (411), Hackney (2,241), Waltham Forest (245) and Tower Hamlets (1,936).

Responsible Director	Matthew Cole	Status	

Back to summary page	Percentage of eligible population that received a health check	Health and Wellbeing Board Indicators	Q1 2018/19

Definition	**Numerator**	Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check.	**How this indicator works**	Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease.
	Denominator	Number of people aged 40-74 eligible for an NHS Health Check in the five year period.		
Source		Public Health England		
What does good performance look like?		For the proportion of the eligible population in receipt of an NHS Health Check to be as high as possiible.	**Why is this indicator important?**	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

Quarterly data		Q1	Q2	Q3	Q4
	2018/19	2.32%			
	2017/18	2.81%	3.24%	3.22%	3.55%
	2016/17	2.69%	2.82%	2.66%	2.83%



Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham's performance is below the target figure of 3.75% coverage per quarter, but quarter 4 2017/18 figures were higher than both the national and regional averages. Performance has decreased in quarter 1 to 2.32%, which is lower than quarter 1 last year (2.81%) From quarter 1 to quarter 4 2017/18 we achieved 12.82% coverage, which is 85% of our yearly target to reach 15% of our eligible population and higher than achievement last year (11.00%).	The specialist nurse post has made a significant difference to some of the poorest performers whose figures have improved compared to 2017/18. However, a handful of our best performing practices showed very little activity when the data was extracted from Health Analytics - this is currently being looked into, but it appears that the sudden switching off of Health Analytics has had a significant effect. Our access to Health Analytics has since been reinstated while the replacement is brought online. PH and Intelligence are involved with the steering group for the new data services programme, but and we and other partners have emphasised the priority need to get this up and running for health checks as well as other vital data that we have to report on.	2017/18 Q4: London: 2.78% England: 2.35% Barking & Dagenham: 3.55%

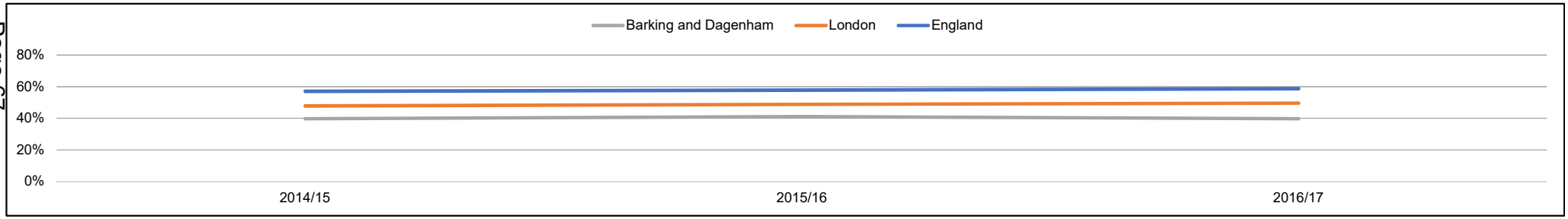
Responsible Director	Matthew Cole	Status	

Back to summary page	Bowel screening - coverage of people aged 60-74 years	Health and Wellbeing Board Indicators	2016/17

Definition	**Numerator**	Number of people aged 60–74 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous 2½ years.	**How this indicator works**	People are excluded from the eligible population if they have no functioning colon (e.g. following bowel surgery) or if they make an informed decision to opt out of the programme.
	Denominator	Number of people aged 60–74 resident in the area who are eligible for bowel screening at a given point in time.		
Source		HSCIC		
What does good performance look like?		For the percentage coverage to be as high as possible.	**Why is this indicator important?**	About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16% [www.phoutcomes.info].

Annual data

	2014/15	2015/16	2016/17
Barking and Dagenham	39.7%	41.1%	39.7%
London	47.8%	48.8%	49.6%
England	57.1%	57.9%	58.8%



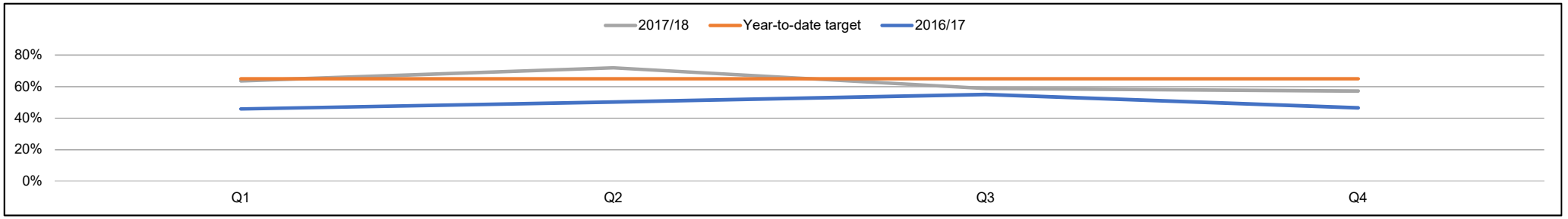
Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham continues to perform significantly worse than the national and regional averages, as well as being considerably below the 60% performance threshold, with only 39.7% coverage of the eligible population at the end of 2016/17.	We continue to work through the UCLH Cancer Collaborative and the Uptake and Screening hub on plans to procure a reminder of screening and calling service. Plans continue to roll out the qFit screening which only requires patients to supply one sample. Further training sessions from CRUK are planned which the B & D health champions are going to attend.	2016/17: London: 49.6% England: 58.8%

Responsible Director	Matthew Cole	Status	

Back to summary page	The percentage of children and adults starting healthy lifestyle programmes that complete the programme	Health and Wellbeing Board Indicators	Q4 2017/18

Definition	**Numerator**	The number of children and adult completing healthy lifestyle programmes.	**How this indicator works**	The proportion of people who complete the HENRY, Exercise on Referral, Adult Weight Management (AWM) and Child Weight Management (CWM) programmes of those who start the programmes.
	Denominator	The number of children and adult starting healthy lifestyle programmes.		
Source		Healthy Lifestyles team		
What does good performance look like?		For the percentage of completions to be as high as possible.	**Why is this indicator important?**	The programmes allow the borough's GPs and health professionals to refer individuals who they feel would benefit from physical activity and nutrition advice to help them improve their health and weight conditions. Adult and Child Weight Management programmes also accept self-referrals if the individuals meet the referral criteria.

Quarterly data	Q1	Q2	Q3	Q4
2017/18	63.6%	71.9%	58.8%	57.2%
Year-to-date target	65.0%	65.0%	65.0%	65.0%
2016/17	45.8%	50.2%	55.0%	46.5%



Performance overview	Actions to sustain or improve performance	Benchmarking
Performance was below target in quarter 4 2017/18, although this is higher than quarter 4 2016/17.	• Group incentives are being developed as part of AWM and will link with behavioural change methodology • Planned HENRY supervision with all facilitators to review delivery • Ensuring that community health champions work on programmes running so they can support their community on health journey.	This is a local indicator.

Responsible Director	Matthew Cole	Status	

Appendix C - CQC inspections - 2018/19 Q1

Name	Report publication date	Link to inspection report	Overall rating	Service type
The Heathway Dental Surgery	10/04/2018	https://www.cqc.org.uk/location/1-200103174	N/A	Dentist
Br3akfree Limited	13/04/2018	https://www.cqc.org.uk/location/1-2161237091	Good	Homecare agencies
Barking Enterprise Centre	26/04/2018	https://www.cqc.org.uk/location/1-777256040	Requires improvement	Homecare agencies
Porters Avenue Doctors Surgery	01/05/2018	https://www.cqc.org.uk/location/1-1243055982	Good	Doctors/GPs
Dr Hamilton-Smith And Partners*	04/05/2018	https://www.cqc.org.uk/location/1-609934909	Requires improvement	Doctors/GPs
Alexander Court Care Centre	11/05/2018	https://www.cqc.org.uk/location/1-3977761030	Requires improvement	Nursing homes
East Street Dental Practice	17/05/2018	https://www.cqc.org.uk/location/1-199683317	N/A	Dentist
Jhumat House	30/05/2018	https://www.cqc.org.uk/location/1-3566898766	Good	Homecare agencies
Longbridge Practice	12/06/2018	https://www.cqc.org.uk/location/1-3878655897	Good	Doctors/GPs
Tulasi Medical Centre	12/06/2018	https://www.cqc.org.uk/location/1-3230013585	Good	Doctors/GPs
Family Dental Practice Dagenham	19/06/2018	https://www.cqc.org.uk/location/1-194250247	N/A	Dentist
Cherry Orchard	21/06/2018	https://www.cqc.org.uk/location/1-469602584	Good	Nursing homes
Fortis House	21/06/2018	https://www.cqc.org.uk/location/1-3126273595	Good	Homecare agencies
Genesis Recruitment Agency Limited-Domiciliary Care East London	21/06/2018	https://www.cqc.org.uk/location/1-2192735522	Requires improvement	Homecare agencies
Dr N Niranjan's Practice	28/06/2018	https://www.cqc.org.uk/location/1-528613695	Good	Doctors/GPs
Faircross Care Home London Limited	29/06/2018	http://www.cqc.org.uk/location/1-3224519865	Inadequate	Residential homes

*Located in borough but part of Havering CCG

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HEALTH AND WELLBEING BOARD

5 September 2018

Title:	**Sub-Group Reports**
Councillor Worby, Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Jade Hodgson – Community Safety Policy Officer	**Contact Details:** Tel: 020 8227 5784 E-mail: Jade.hodgson@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board	
Summary: At each meeting of the Health and Wellbeing Board, the sub-groups, excluding the Executive Planning Group, report on their progress and performance since the last meeting of the Board. Attached at Appendices 1 and 2 are the notes of the recent meetings of the Integrated Care Partnership Board and the Learning Disability Partnership Board.	
Recommendation(s) The Health and Wellbeing Board is recommended to note and discuss the contents of the appended sub-group reports.	

List of Appendices:

Appendix 1: Integrated Care Partnership Board (1 August 2018)

Appendix 2: Learning Disability Partnership Board (18 July 2018)

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APPENDIX 1

BHR Integrated Care Partnership
Better care, better lives, together

DRAFT ACTION NOTES

Meeting:	**Integrated Care Partnership Board**		**Attachment 1**
Date:	Wednesday 01 August 2018		
Attendees:	Maureen Worby (**Chair**)	**MW**	London Borough of Barking and Dagenham
	Andrew Blake-Herbert	**ABH**	London Borough of Havering
	Barry Jenkins (for John Brouder)	**BJ**	NELFT
	Ceri Jacob	**CJ**	BHR CCGs
	Chris Bown	**CB**	BHRUT
	Dr Dan Weaver	**DW**	Havering GP Federation
	Elaine Allegretti	**EA**	London Borough of Barking and Dagenham
	Fiona Peskett	**FP**	BHR Provider Alliance
	Joe Fielder	**JF**	NELFT
	Kash Pandya	**KP**	BHR CCGs
	Matthew Cole	**MC**	London Borough of Barking and Dagenham
	Nadeem Moghal	**NM**	BHRUT
In attendance:	Mark Tyson, Rowan Taylor, Gladys Xavier, Emily Plane, Philippa Robinson, Jason Seez		
Apologies:	Cllr Mark Santos, Jane Gateley, Dr Siva Ramakrishnan, Dr N Teotia, Dr N Rao, Dr S Quraishi, Barbara Nicholls, Cllr Jason Frost, Dr Atul Aggarwal, Dr Arun Sharma, Dr Anil Mehta, Dr Jagan John, Richard Coleman, Adrian Loades, Mark Ansell, Dr Caroline Allum, Cllr Damian White, John Brouder		

Agenda item	Summary	Action
Introductions and apologies	Introductions and apologies noted as above	
Notes from the	The group reviewed and agreed the notes from the previous meeting, discussing the following matters	**ACTIONS**

previous meeting; 27/06/2018	arising: - **Nomination of a deputy chair for the ICPB:** Joe Fielder was nominated to be deputy Chair of the ICPB. The group agreed that Joe Fielder will be deputy Chair for the ICPB going forward.	▪ **EP to update the ICPB terms of reference to reflect that JF is now Deputy Chair**
Joint commissioning update and next steps	**JCB update/review of governance arrangements:** The Joint Commissioning Board met on Monday and CJ tabled a summary update of the key items discussed and agreed actions including: - **ICPB priorities:** The JCB is now taking an overview of the below priorities which were signed off at the last ICPB, and Transformation Boards are in the process of being established for each. This process will facilitate greater transparency and will support the evolution and growth of the Better Care Fund (BCF), with more joint commissioning activity (stemming from the transformation board outputs) moving into the BCF; The JCB agreed on 30.07.2018 that the BCF will formally report through the JCB. - **ICPB workshop:** The 1st October meeting of the ICPB has been extended to allow time for a workshop with a focus on o The role of the Health and Wellbeing Boards and the link between these and the Integrated Care Partnership Board o How to embed prevention and the approach of Public Health into the BHR partnership work, particularly the wider determinants of health, including connections with and approaches to housing, homelessness and worklessness o Demonstration that our priorities, proposals and structures will deliver key priorities - **Integrated care terminology:** RT has drafted definitions and explanations for integrated care terminology, based upon local, north east London and national terminology. In NEL and nationally some different terms are being used for place-based care, including 'neighbourhoods' instead of the BHR 'localities', with a different definition of networks. The definitions are being tested with the Provider Alliance and then will come back to the ICPB for review. - **Identification of additional opportunities:** MT agreed to arrange a workshop to look at opportunities around joint management of the homecare provider market. There is also the need to explore with the Director of development for the Provider Alliance how we engage the Community and Voluntary sector. - **Integrated Care Assurance**: Work is underway at a north east London and wider London level to develop an assurance process for Integrated Care in London; previous work by the BHR partnership is being used as the basis for the development of this. This is a potentially useful tool to demonstrate	**ACTIONS** ▪ **JCB to test the draft integrated care terminology definitions with the Provider Alliance for comment, then bring back to the next ICPB for review** ▪ **JF/CJ to meet outside of the ICPB to discuss the BHR system recovery process/structure** ▪ **ABH and MW to meet in September to discuss interaction between the three BHR HWBs and opportunities around this** ▪ **MT to arrange a workshop to look at joint management of the homecare provider market**

	our progress to move to an Integrated Care System. - **BHR Chief Executives:** CJ is arranging a meeting of the BHR Partnership Chief Executives to discuss key issues and test the benefits of re-establishing this group going forward following feedback that the group that previously filled this function was useful. - CJ also described the steps that health are taking to agree a system control total to enable a joint approach to regulation with NHSE/I so that health colleagues are fully aligned in terms of their priorities and incentives. CJ noted that in future the summary update from the JCB will be circulated with the ICPB papers but wasn't on this occasion due to the timing of the two meetings. The group noted the content of CJ's report, commenting: ▪ MW; it is positive to receive this report from the JCB, which seems to demonstrate that the momentum garnered at the previous ICPB is being carried forward. This sentiment was echoed by other members of the ICPB. ▪ JF; raised a cautionary note that a lot of work done around system recovery and governance and that he and CJ will meet to discuss some small concerns that he has regarding sustainability in future phases if we don't address some things now. JF/CJ to meet outside of the ICPB to discuss further. ▪ ABH; Theoretically the BCF ends next year ends 2019/20, so we must ensure that our joint commissioning plans are sustainable going forward. CJ responded that this is the current vehicle we have to facilitate an increase in joint commissioning, however we will utilise appropriate tools and frameworks to build our joint commissioning going forward, with a view to ensuring that the structures we use are stable and sustainable. ▪ NM; noted the importance of being clear how things will feel different for staff on the ground and of being able to demonstrate tangible change to clinicians. CJ responded that the Health and Care Cabinet has established to ensure that the work that we do is clinically and professionally (social care) led. ▪ EA; referenced the changing population and increasing needs within childrens services and SEND. This is an area where we can attempt to address a real time issue through partnership work and joint commissioning. CJ noted that one of the key partnership transformation boards is the Children and Young people's board which is in the process of being established, and issues such as this will become part of the work plan of this transformation board.	

	▪ MW; referenced the importance of ensuring that Health and Wellbeing priorities and the work of the BHR partnership are fully aligned; there may be opportunity for a common approach at a BHR level for bigger health and wellbeing issues; this is about responding to the right issue at the right level, noting that there will continue to be issues that are borough specific and which will continue to need a borough level approach to resolution. ABH and MW agreed to meet in September to discuss this further. ▪ KP; referenced the recent changes to the BHR Governing body meetings (moving from three separate meetings to a single Committee in common, with flexibility to continue to discuss borough specific issues at a borough level). This approach works well and lessons can be potentially learnt from this for the Health and Wellbeing boards.	
Provider Alliance update	FP recapped that at the last meeting of the ICPB, MC, DW, Melody Williams and Caroline Allum presented a proposal to take forward the development of place-based care around frailty in BHR. FP had taken away an action to develop the required resource in more detail, and to review the scale and pace of the initial proposal. CJ and FP have met since the last ICPB and agreed resource to support the roll out of this proposal. The next steps to take this forward include the holding a meeting of the group who initially developed the proposal to map out detailed next steps including: • the process to identify the GP practices around which the model will be developed • appointment/identification of the leads to take this work forward • meetings with GP Chairs • the continued development of clear outcome metrics (work is already underway on a framework with UCLP/Dartmouth) This work will form part of the older people's transformation work programme. The scale has been increased based on the resource available, to two practices per borough, with a view to increasing this to one per locality as soon as possible. Havering have appointed a locality manager to take this work forward from their perspective. DW noted that there is increasing interest from primary care to be involved in this work. It was further noted that this work is very important in terms of winter.	

	The Provider Alliance are also in the process of reviewing their governance, with the aim of approving and signing a memorandum of understanding in the next few months.	
Health and Care Cabinet ToR	MC talked the group through the terms of reference for the BHR Health and Care Cabinet. This group will include local authority representation and will ensure clinical and professional leadership for transformation of health and care services across BHR. The group noted that previously the 'Clinical Cabinet' (the precursor to the Health and Care Cabinet) was very medially focussed. They agreed on the importance of ensuring social care involvement and ensuring that social care staff time is utilised to best effect, ie that the meetings need to focus on health and care issues that would benefit from joint discussion. MC noted that the board has historically been focussed primarily on adults' services and it was agreed that the children's agenda needs to come to the fore. CJ suggested that a 'forward plan' template for the Health and Care cabinet is shared with Local Authority and health leads to enable co-design of future meeting agendas between health and care. JF raised that there is currently no independent scrutiny on the board currently from a NED perspective. CJ/JF agreed to meet to discuss NED input into the Board going forward. NM queried what decision-making power this board has. CJ clear that statutory bodies are the decision-making authorities in the system. The Health and Care Cabinet has been established to make strong recommendations to these so decision-making across the partnership is clinically and professionally led. NM further questioned the lines of accountability to decision-making bodies, noting that this isn't clear in the current ToR (e.g. the role of the system oversight group). CJ suggested adding a substantive item on the next agenda of this meeting regarding system governance in practice; CJ/JG/EP will develop a more detailed governance map to support this discussion. EA noted that LBBD are meeting with their regulator in September and that this may be an opportunity for partners to provide comments to feed in to this discussion.	**ACTIONS** ▪ **ABH/GX/MT to nominate social care leads to attend the Health and Care cabinet** ▪ **CJ to ensure that a forward plan is circulated to Local Authority colleagues to help ensure a balanced, focussed agenda for future meetings** ▪ **CJ/JF to discuss outside of the meeting regarding NED input into the Board** ▪ **EP to add a substantive item to the next ICPB agenda regarding system governance in practice** ▪ **CJ/JG/EP to develop a more detailed governance map to support the above discussion**
AOB	The group used this opportunity to have further discussion regarding some of the items discussed at today's meeting including: - LBBD have done a lot of work around resilience which will feed into the October ICPB workshop; MW/MT will decide whether there is benefit in bringing this to a future ICPB meeting as a substantive	**ACTIONS**

	agenda item - JF noted that funding constraints across the system have led to funding being withdrawn for some successful prevention programmes provided by NELFT in the past. There is a need to review the way that funding is withdrawn from prevention across the system, and potentially revisit areas where this has happened in the past to map the impact on other areas of the system/ outcomes. The group agreed that there is the need for a more consistent approach to the commissioning and decommissioning of services across BHR, particularly in relation to prevention. - The issue of health visiting in B&D was raised, and the fact that the services are not always wanted and/or taken up by local people, so perhaps there was potential to use the resources in a different way to ensure that all resource is used to best effect. The group noted the importance of making decisions based upon facts. - CJ referenced the Barking Riverside programme and the aim of delivering care in a new and transformational way and said it was at a locality level where local people will feel things happening differently. There was also a need to think about how services are delivered to populations who are unlikely to ever visit the "health building". - NM noted the benefits to clinicians on the ground of streamlining and standardising processes and access to services across the three BHR boroughs so that onward referrals are simple and easy for staff and people on the ground. CJ noted that this is something that the BHR Partnership are working towards and should be explored further via the JCB. - CJ said it was an aspiration for BHR to get a position where we are able to invest savings from working in a more efficient way, into prevention and early intervention, and map the impact of this. This requires a degree of financial planning sophistication that we don't have currently, but is something that we are working towards. The JCB is will need to work this up further.	
Next meeting	29 August 2108 – 12.30 – 2.00pm – Boardroom A, Becketts House, 2-14 Ilford Hill, Ilford, IG1 2QX	

Integrated Care Partnership Board- action log	Responsible	Due date	status
ICPB: 27 June 2018			

16.	JCB to set out a definition of each term (localities, place-based care, GP Networks) including their function so that all are clear on the terminology going forward. The group agreed this should be revisited at the next meeting as a refresher for all **Update 01.08.18**: *RT has drafted definitions and explanations for integrated care terminology. It has been identified that NEL are using different terms for place-based care, including 'neighbourhoods' and a different definition of networks. RT has developed the terminology based upon local, north east London and national terminology. It is primarily the term for 'place-based care', in BHR's case, 'localities' that is being used differently in different places. The definitions are being tested with the Provider Alliance and then will come back to the ICPB for review.*	JCB	29.08.18	In progress
23.	MT to invite Community and Voluntary Sector leads to the Partnership workshop in October	MT	31.07.18	In progress
ICPB: 01 August 2018				
26.	EP to update the ICPB terms of reference to reflect that Joe Fielder is now Deputy Chair	EP	01.08.18	Complete
27.	JCB to test the draft integrated care terminology definitions with the Provider Alliance for comment, then bring back to the next ICPB for review	JCB	29.8.18	Matters arising
28	JF/CJ to meet outside of the ICPB to discuss the BHR system recovery process/structure	JF/CJ	29.08.18	Complete
29.	ABH and MW to meet in September to discuss interaction between the three BHR HWBs and opportunities around this	ABH/MW	September 2018	In progress
30.	CJ to ensure that a forward plan is circulated to Local Authority colleagues for the cabinet to design the agenda for meetings going forward	CJ	13.08.18	Complete
31.	CJ/JF to discuss outside of the meeting regarding NED input into the Board	CJ/JF	29.08.18	In progress
32.	MT to arrange a workshop to look at joint management of the homecare provider market **Updated 22.8.18: I***t was agreed at the JCB meeting on 22.8.18 to defer this workshop until the autumn. MT has initiated an email to core members for availability.*	MT	October	In progress
33.	ABH/GX/MT to nominate social care leads to attend the Health and Care cabinet going forward on the premise that health and care issues will be discussed in balance	ABH/GX/MT	13.08.18	Complete
34.	EP to add a substantive item on the next ICPB agenda regarding system governance in practice	EP	06.08.18	Complete
35.	CJ/JG/EP to develop a more detailed governance map to support the above discussion	CJ/JG/EP	13.08.18	Matters arising

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APPENDIX 2

Learning Disability Partnership Board

Chair: Mark Tyson, Commissioning Director Adults' Care & Support

Items to be escalated to the Health & Wellbeing Board

None.

Attendance:

18 July 2018– 69% (11 out of 16) members attended.

Performance issues.

There are currently 26 actions within the delivery plan, of these19 actions are on track to be delivered (rated as green on the attached). There are 3 actions that are rated as amber (where progress has been slow) and there are 3 actions that are rated as red.

The strategic priorities that are rated as RED on the LDPB delivery plan are performance targets for GP Health checks and Final drafting of the Independent Living Strategy.

Action(s) since last report to the Board

(a) The Terms of Reference (ToR) for the LDPB was revised and agreed. However, there was a discussion on how the LDPB could be further inclusive of disabilities and possible work differently. It was agreed that a proposal would be added to the next agenda for discussion.

(b) The HWBB was advised in October 2017 the number of health checks inclusive of patients aged 14+ was 2017 is 57%. This had reduced to 29% by December 2017. The CCG has been proactive in encouraging the number of surgeries that have signed up to the Direct Enhanced Scheme (DES) for Learning Disability (The DES is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disability 'health check' register and offer them an annual health check, which will include producing a health action plan.)

(c) There was a focused effort on the remaining 3 months of the year up to the 31st March 2018 both the LA and the CCG contacted the most poorly performing practices via practices visits and phone calls. The CCG also identified officers to support improving the number of health checks and also facilitated training to GPs practices. The training also covered times, reasonable adjustment and better recording of health outcomes. **This resulted in a March 2018 year end percentage of 63%.**

(d) The Disability Service continues to offer support to, GP surgeries where it is known that service users have complex and challenging needs. The Disability Service will also support providers, service users and carers on implementing the Health action plans.

For information purposes the CCG supports GPs surgeries across Barking and Dagenham, Redbridge and Havering. The number of health checks and health action plans for Redbridge and Havering are:

- Redbridge 55% service users aged 14
- Havering 73% service users aged 14+

(e) The Councils Independent Living Strategy aims to include the vision, strategic methodology and priorities of meeting the housing needs of people with a learning disabilities and/or autism. There have been subgroup meetings with stakeholders to help shape the Independent Living strategy to ensure it meets the housing needs of people with a learning disability and/or autism. The LDPB has noted it has taken longer than originally targeted to include and therefore remains rated as a RED on the delivery plan.

(f) The Council continues to be implementing its street Purchase Scheme and officers within the Commissioning team are liaising with colleagues in housing. In addition to mitigate the sole reliance on the council's Housing department, Adult Social Care is also exploring options of working with Providers and Private Investors to create additional housing solutions for people with learning disabilities and autism.

(g) The number for adults with a learning disability in employment at year end 31st March 2018 was 33 people, (10 long term and 21 temporary) having been paid to work which represents a significant improvement and results of hard work and drive to achieve 8.8%. The next steps are to embed employment as an option within reviews and engage with employers to support this initiative.

(h) This year Learning Disability Week took place across Barking and Dagenham during Monday 18 – 22 June 2018. Royal Mencap's theme for 2017 was "Treat me well", which was a campaign to transform how the NHS treats people with a learning disability in hospital and to highlight how simple adjustments can make a big difference. As part of the week, Healthwatch B&D facilitated focus/consultation groups to seek the views of our residents who also have a learning disability as to how they find their experiences when they are in hospital as either an out or in patient. The findings were feedback to the board. The LDPB would like the finding to be presented at the HWBB.

(i) One of our local Carers and our service user rep have developed a software ***Mitchbase*** that enables people with communication needs to record how they feel and the activities they do. It has been well received by commissioners, clinicians

and providers. The product will soon be launched and available to carers at a reduced price as well as to providers/LA
Action and Priorities for the coming period (a) Update and approval of the implementation of the Learning Disability Strategic Delivery plan.

Author: Karel Stevens-Lee Senior Commissioning Manager – (Disabilities)
Contact: Michelle Brown, Senior Commissioning Manager – (All Age Disabilities)
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HEALTH AND WELLBEING BOARD

5 September 2018

Title:	**Chair's Report**
Report of the Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Katie Brunger (Principal Manager Partnerships and Governance)	**Contact Details:** Tel: 020 82272943 E-mail: katie.brunger@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board.	
Summary: The September edition of the Chair's Report is attached at Appendix A. Board Members are invited to comment on the issues raised in the report.	
Recommendation(s) The Health and Wellbeing Board is recommended to note the Chair's Report, as set out at Appendix A to the report.	

List of Appendices:

Appendix A: Chair's Report, September 2018

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Chair's Report

5 September 2018

In this edition of my Chair's Report, I talk about the LGA green paper for adult social care and wellbeing and encourage you to review the options proposed for funding. I also look at the NHS Continuing HealthCare national framework and how these changes affect our borough. I encourage readers to take part in Thrive LDN's sharing stories engagement and finally I report back the consultation findings from the Learning Disabilities week we held in June 2018.

Best wishes,
Cllr Maureen Worby, Chair of the Health and Wellbeing Board

LGA Green paper for adult social care and wellbeing

The Local Government Association (LGA) have released a 'green paper for adult social care and wellbeing' for consultation ahead of the governments green paper due for publication in autumn.

The LGA wish to 'build cementum for a debate' and try to get a clearer sense of which changes are most important and acceptable.

The green paper focuses on wide range of aspects related to health and social care and includes options for change and how they can be funded.

It highlights that the challenge of meeting demand with dwindling resources has 'taken adult social care to the brink'. Age UK estimate that 1.4million older people do not receive the help they require. Unmet and under-met need can lead to conditions worsening and can reduce wellbeing and ability to stay in employment or to juggle family commitments.

The green paper and consultation questions can be found here: https://futureofadultsocialcare.co.uk/.

The deadline for response is 26th September 2018.

A short background film is available here: https://futureofadultsocialcare.co.uk/

NHS Continuing Healthcare (CHC)

On 1 March 2018, the Department of Health and Social Care published revisions to the National Framework for NHS Continuing Healthcare (CHC) and NHS-funded Nursing Care with associated tools and has subsequently made further revisions to the guidance following consultation with the sector. Clinical Commissioning Groups (CCGs) have until October 2018 to adopt the new guidance.

NHS continuing healthcare' means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' as set out in guidance. Such care is provided to an individual aged 18 or over (Children and Young People are assessed under a different clinical framework), to meet needs that have arisen because of disability, accident or illness. Eligibility for NHS continuing health-care now places no limit on the settings in which the package of support can be offered or on the type of service delivery.

Headlines changes

There is clarify in several policy areas, including:

- Setting out that the majority of NHS Continuing Healthcare assessments should take place outside of acute hospital settings to support accurate assessments of need and reduce unnecessary stays in hospital.
- Provides additional advice for staff on when individuals do and do not need to be screened for NHS Continuing Healthcare to reduce unnecessary assessment processes and respond to a call for greater clarity on this.
- Clarifies the main purpose of three and 12-month reviews is to review the appropriateness of the care package, rather than reassess eligibility. This should reduce unnecessary re-assessments
- Introduces new principles for CCGs regarding the local resolution process for situations where individuals request a review of an eligibility decision. The aim is to resolve such situations earlier and more consistently.

For the borough the new guidance means:

- The new guidance gives the opportunity to develop a funding framework for the council and CCG, for integrated packages of care for the most vulnerable.
- The definition of a social care need has been updated in alignment with the Care Act 2014, making it clearer and narrower.
- Guidance on the nature of annual CHC reviews has been significantly improved, which is more responsive to changing needs
- The make-up of the multidisciplinary team has been clarified so that social workers will now be part of the multidisciplinary team going forward.
- The Framework strengthens the guidance around CCGs' commissioning responsibilities, it outlines the rights of individuals to have their assessed health and social care needs fully met by the CCG, considering the person's preferences and without unreasonable restrictions being in place.
- It has been made clear that where CHC processes are outsourced to Commissioning Support Units, CCGs remain responsible for all decisions of eligibility.

For more information on the impact of the changes to CHC please contact clare.brutton@lbbd.gov.uk

Thrive LDN

In the last chairs report I set out what Thrive LDN is - a citywide movement to improve the mental health and wellbeing of all Londoners. It is supported by the Mayor of London and led by the London Health Board the scheme aims to deliver the following aspirations;

- To be a city where individuals and communities take the lead
- To be a city free from mental health stigma and discrimination.
- To pride on being a city that maximises the potential of children and young people.
- A city with a happy, healthy and productive5 workforce.
- To be a city with services that are available when and where they are needed.
- To be a zero-suicide city.

As part of this, a 'right to thrive' project has commenced. This looks at how discrimination and inequality impact on Londoners' mental wellbeing so that partners can work together to address these issues.

T

This first stage of this project asks for Londoners to share stories in a safe and confidential way through a secure platform: https://thriveldn.co.uk/righttothrive/

It would be helpful if you could

- share this link with your networks or any individuals or organisations who you think may be interested,
- promote on social media,
- or take part yourself.

For more information please contact clare.brutton@lbbd.gov.uk

Learning Disabilities week 2018

Outcomes from consultations

This year learning disabilities week across Barking and Dagenham took place during Mon 18 – 22nd June 2018. Royal Mencap's theme for the week was 'Treat me well', a campaign to transform how the NHS treats people with a learning disability in hospital and to highlight how simple adjustments can make a big difference.

Three Healthwatch consultation events were held to capture the thoughts and experiences of those who do not normally engage. The events were designed for people to feedback their experience around their treatment in a hospital/health setting.

Areas highlighted:

- Patient transport and the ability to have carers with the service user
- Blood tests – confusion around what service is offered at Queens and Kings, and the appointment system available for those with disabilities. Difficulties with users not wanting blood tests
- Communication – Ensuring all consultants are good at explaining health issues, so patients don't feel confused or rushed. The interpretation service is delivered by video and therefore not always seen as a user friendly one.
- Learning Disability hospital passport – Individuals were not aware of the passport. Carers wanted further information on these.
- Buzzer system – Users found a buzzer system which now was not available, was helpful for those who found waiting difficult.

The results of these findings and any actions taken will be fed back through the Learning Disability Partnership Board and a joint presentation between Healthwatch and commissioners has been scheduled to take place at the HWBB in September. The findings will also be shared with Royal Mencap who led on the campaign.

Future Dates for the Health and Wellbeing Board

- 07 November 2018
- 15 January 2019
- 12 March 2019
- 11 June 2019

HEALTH AND WELLBEING BOARD

5 September 2018

Title:	**Forward Plan**
Report of the Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: None	**Key Decision:** No
Report Author: Katie Brunger (Principal Manager Partnerships and Governance)	**Contact Details:** Tel: 020 82272943 E-mail: katie.brunger@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board.	
Summary: The Board's draft Forward Plan is attached at Appendix A.	
Recommendation(s) The Health and Wellbeing Board is recommended to note the draft November 2018 edition of the Forward Plan.	

List of Appendices:

Appendix A: Draft November 2018 edition of the Forward Plan

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HEALTH and WELLBEING BOARD
FORWARD PLAN

Draft November 2018 Edition

Publication Date: 9 October 2018

THE FORWARD PLAN

Explanatory note:

Key decisions in respect of health-related matters are made by the Health and Wellbeing Board. Key decisions in respect of other Council activities are made by the Council's Cabinet (the main executive decision-making body) or the Assembly (full Council) and can be viewed on the Council's website at http://moderngov.barking-dagenham.gov.uk/mgListPlans.aspx?RPId=180&RD=0. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the full membership of the Health and Wellbeing Board is listed in Appendix 1.

Key Decisions

By law, councils have to publish a document detailing "Key Decisions" that are to be taken by the Cabinet or other committees / persons / bodies that have executive functions. The document, known as the Forward Plan, is required to be published 28 days before the date that the decisions are to be made. Key decisions are defined as:

(i) Those that form the Council's budgetary and policy framework (this is explained in more detail in the Council's Constitution)
(ii) Those that involve 'significant' spending or savings
(iii) Those that have a significant effect on the community

In relation to (ii) above, Barking and Dagenham's definition of 'significant' is spending or savings of £200,000 or more that is not already provided for in the Council's Budget (the setting of the Budget is itself a Key Decision).

In relation to (iii) above, Barking and Dagenham has also extended this definition so that it relates to any decision that is likely to have a significant impact on one or more ward (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).

As part of the Council's commitment to open government it has extended the scope of this document so that it includes all known issues, not just "Key Decisions", that are due to be considered by the decision-making body as far ahead as possible.

Information included in the Forward Plan

In relation to each decision, the Forward Plan includes as much information as is available when it is published, including:

- the matter in respect of which the decision is to be made;
- the decision-making body (Barking and Dagenham does not delegate the taking of key decisions to individual Members or officers)

- the date when the decision is due to be made;

Publicity in connection with Key decisions

Subject to any prohibition or restriction on their disclosure, the documents referred to in relation to each Key Decision are available to the public. Each entry in the Plan gives details of the main officer to contact if you would like some further information on the item. If you would like to view any of the documents listed you should contact Alan Dawson, Democratic Services Manager, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (telephone: 020 8227 2348, email: alan.dawson@lbbd.gov.uk)

The agendas and reports for the decision-making bodies and other Council meetings open to the public will normally be published at least five clear working days before the meeting. For details about Council meetings and to view the agenda papers go to https://modgov.lbbd.gov.uk/Internet/ieDocHome.aspx?Categories=-14062 and select the committee and meeting that you are interested in.

The Health and Wellbeing Board's Forward Plan will be published on or before the following dates during 2018/19:

Edition	Publication date
November 2018 edition	9 October 2018
January 2019 edition	17 December 2018
March 2019 edition	11 February 2019
June 2019 edition	13 May 2019

Confidential or Exempt Information

Whilst the majority of the Health and Wellbeing Board's business will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to Alan Dawson, Democratic Services Manager, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (telephone: 020 8227 2348, email: alan.dawson@lbbd.gov.uk).

Key to the table

Column 1 shows the projected date when the decision will be taken and who will be taking it. However, an item shown on the Forward Plan may, for a variety of reasons, be deferred or delayed. It is suggested, therefore, that anyone with an interest in a particular item, especially if he/she wishes to attend the meeting at which the item is scheduled to be considered, should check within 7 days of the meeting that the item is included on the agenda for that meeting, either by going to https://modgov.lbbd.gov.uk/Internet/ieListMeetings.aspx?CId=669&Year=0 or by contacting Alan Dawson on the details above.

Column 2 sets out the title of the report or subject matter and the nature of the decision being sought. For 'key decision' items the title is shown in **bold type** - for all other items the title is shown in normal type. Column 2 also lists the ward(s) in the Borough that the issue relates to.

Column 3 shows whether the issue is expected to be considered in the open part of the meeting or whether it may, in whole or in part, be considered in private and, if so, the reason(s) why.

Column 4 gives the details of the lead officer and / or Board Member who is the sponsor for that item.

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author
Health and Wellbeing Board: 7.11.18	**Domestic and Sexual Abuse Strategy *: Community*** The Board will be asked to consider and approve the draft Domestic and Sexual Abuse Strategy. • Wards Directly Affected: All Wards	Open	Mark Tyson, Commissioning Director, Adults' Care & Support (Tel: 020 8227 2875) (mark.tyson@lbbd.gov.uk)
Health and Wellbeing Board: 7.11.18	**Draft Health and Wellbeing Strategy 2019/23 *: Community*** The Board will be asked to approve the draft Health and Wellbeing Strategy 2019/23 for public consultation. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 7.11.18	**Self-Directed Support Programme and Direct Payment Support Service *: Community*** The Board will be asked to approve proposals relating to the Self-Directed Support Programme and Direct Payment Support Service. • Wards Directly Affected: All Wards	Open	Chris Bush, Commissioning Director, Children's Care and Support (Tel: 020 8227 3188) (christopher.bush@lbbd.gov.uk)
Health and Wellbeing Board: 15.1.19	Older People's Housing Strategy The Board will be provided with an update on the Older People's Housing Strategy and will be asked to consider and comment on its key findings and recommendations. • Wards Directly Affected: All Wards	Open	Taslima Qureshi, Head of Commissioning, Adults Care and Support, Mark Tyson, Commissioning Director, Adults' Care & Support (Tel: 020 8227 2875) (Taslima.Qureshi@lbbd.gov.uk), (mark.tyson@lbbd.gov.uk)

Health and Wellbeing Board: 15.1.19	Homelessness Strategy The Board will be receive an update on the development of the Council's Homelessness Strategy. • Wards Directly Affected: All Wards	Open	James Goddard, Group Manager, Housing Strategy (Tel: 020 8794 8238) (james.goddard@lbbd.gov.uk)
Health and Wellbeing Board: 15.1.19	**Health and Wellbeing Strategy 2019/23** ***: Community*** The Board will be asked to approve the Health and Wellbeing Strategy 2019/23. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

APPENDIX 1

Membership of Health and Wellbeing Board:

Cllr Maureen Worby (Chair), LBBD Cabinet Member for Social Care and Health Integration
Dr Jagan John (Deputy Chair), Barking and Dagenham Clinical Commissioning Group
Elaine Allegretti, LBBD Director of People and Resilience
Cllr Evelyn Carpenter, LBBD Cabinet Member for Educational Attainment and School Improvement
Bob Champion, North East London NHS Foundation Trust
Matthew Cole, LBBD Director of Public Health
D.I. John Cooze, Metropolitan Police
Dr Nadeem Moghal, Barking Havering and Redbridge University Hospitals NHS Trust
Sharon Morrow, Barking & Dagenham Clinical Commissioning Group
Cllr Margaret Mullane, LBBD Cabinet Member for Enforcement and Community Safety
Cllr Lynda Rice, LBBD Cabinet Member for Equalities and Diversity
Nathan Singleton, Healthwatch Barking and Dagenham (CEO Lifeline Projects)

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