Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 10 September 2019 - 6:00 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication: 2 September 2019

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 Saima Ashraf	LBBD (Cabinet Member for Community Leadership and Engagement)
Cllr Sade Bright	LBBD (Cabinet Member for Employment, Skills and Aspiration)
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)
PS Kimberly Cope	Metropolitan Police
Fiona Peskett	Barking Havering & Redbridge University NHS Hospitals Trust
Sharon Morrow	Barking & Dagenham Clinical Commissioning Group
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 11 June 2019 (Pages 3 - 7)**

BUSINESS ITEMS

4. **North-East London Long-Term NHS Plan (Pages 9 - 20)**

5. **Primary Care Networks and Localities (Pages 21 - 22)**

6. **BHRUT Clinical Strategy Work (Pages 23 - 38)**

7. **Feedback from the Ofsted Inspection of Children's Services (Pages 39 - 70)**

8. **Multi-Agency Safeguarding Arrangements (Pages 71 - 81)**

9. **Annual Report of Safeguarding Adults Board 2018/19 (SAB) (Pages 83 - 119)**

10. **Childhood Obesity Scrutiny Review (Pages 121 - 130)**

11. **Cancer Scrutiny Review - Update on progress of Action Plan (Pages 131 - 144)**

12. **Oral Health in Early Years Scrutiny Review - Update on progress of Action Plan (Pages 145 - 149)**

STANDING ITEMS

13. **Health and Wellbeing Outcomes Framework Performance Report-Quarter 1 (Pages 151 - 183)**

14. **Integrated Care Partnership Board - Update**

    Verbal update from the Chair ICPB

15. **Forward Plan (Pages 185 - 192)**

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

17. **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.***

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

Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

A New Kind of Council

- Build a well-run organisation
- Ensure relentlessly reliable services
- Develop place-based partnerships

Empowering People

- Enable greater independence whilst protecting the most vulnerable
- Strengthen our services for all
- Intervene earlier

Inclusive Growth

- Develop our aspirational and affordable housing offer
- Shape great places and strong communities through regeneration
- Encourage enterprise and enable employment

Citizenship and Participation

- Harness culture and increase opportunity
- Encourage civic pride and social responsibility
- Strengthen partnerships, participation and a place-based approach

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MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 11 June 2019
(6:00 - 8:05 pm)

Present: Cllr Maureen Worby (Chair), Dr Jagan John (Deputy Chair), Elaine Allegretti, Cllr Evelyn Carpenter, Matthew Cole, Sharon Morrow, Cllr Lynda Rice and Nathan Singleton

Also Present:

Apologies: Cllr Saima Ashraf, Bob Champion and Kimberly Cope,

1. Declaration of Members' Interests

There were no declarations of interest.

2. Minutes - To confirm as correct the minutes of the meeting on 15 January 2019

The minutes of the meeting held on 15 January 2019 were confirmed as correct.

3. Annual Report of the Director of Public Health 2018/19

The Director of Public Health presented his Annual Report for 2018/19, which provided an opportunity for an independent assessment of the health of the population and to focus on some priority areas the Council and its partners needed to think through in order to improve health outcomes. He referred to the transformation taking place in integrated care across Barking and Dagenham, Havering and Redbridge (BHR) and stated that it was an opportunity for Public Health to give direction to health system leaders. His key message was that applying the same strategy would lead to the same outcomes and it was necessary to take a fundamentally different approach to health and care and shape the system's accountability and governance arrangements to ensure they served desired outcomes. He strongly believed that gaining consensus on what local services should look like and building relationships in the community would lead to improvements in performance and outcomes.

The Chair praised the report for its quality and felt that it demonstrated that the Council knew its community well. She asked that the Barking and Dagenham Clinical Commissioning Group (CCG) place the report on the agenda for their governing body meeting so that it could be discussed in more detail in their role as commissioners.

The Board discussed the meaning and importance of co-design and co-production of services and documents, particularly with residents. To achieve this, Board members felt that when reviewing governance arrangements, system leaders would need to go beyond the 'usual suspects' and find people who had a strong stake and passion in the community. They emphasised the importance of this Board challenging other local boards on these ambitions and whether they are looking at ways to join-up their work.

The Chair stated that there seemed to be a perception that various local boards had fallen into 'silo' working again and that the Away Day in July this year, which would be a joint meeting of health and well-being boards across BHR, was an excellent opportunity to review and address this.

The Director of People and Resilience stated that she was confident that the new Multi-Agency Safeguarding Board arrangements would give a stronger voice to children and their families and facilitate the Council to self-assess, which would drive continual improvement. She added that officers in adult social care would be undertaking a 'story-telling' exercise in July whereby residents would lead their own assessments for eligibility for social care to ensure social workers understood their circumstances fully. These types of initiatives gave her confidence that the Council would be able to respond to the challenge of resident involvement in how services are shaped and delivered.

The BHRCCG's Director for Transformation and Delivery stated that she welcomed the report and felt that it was in line with the direction the BHRCCGs were taking regarding system working. She felt also that there had been some loss of direction in the CCGs reporting back to this Board and other local boards; although she felt it important to highlight the good collaborative work that had taken place in primary care and older people's care transformation.

Dr Jagan echoed the above comments. He believed the recent lapse in communications between different boards could be easily resolved. Whilst reports like this helped understand the extent of ill health in local communities better, it was imperative for local systems to think carefully about how services could be designed to enable earlier interventions to stop progression of ill health and disease.

The Board was informed of a recent event held by the Early Intervention Foundation which involved professionals such as mid-wives and health visitors. There had been an excellent turnout with many discussions around the importance of early years intervention, which supported the Board's discussions today.

4. Children and Young People Evidence Review

Public Health Officers delivered a presentation based on the Best Practice Evidence Review Report written for the BHR Children and Young People's Transformation Board. The Joint Commissioning Board had asked the Transformation Board to prioritise the three areas of 'Best Start in Life', 'Adverse Childhood Experiences' (ACEs) and 'Special Educational Needs and/or Disabilities' (SEND) due to their potential to significantly improve health outcomes for children and young people living in BHR.

Officers asked the Board, having considered the report, to discuss the following questions:

- The next steps and quick wins across the three priorities of Best Start in Life, ACEs and SEND; and
- The opportunities for joint commissioning and the role the Health and Wellbeing Board would play.

The Board agreed that one of the next steps would be to get different parts of the system to agree to invest in one pot in order for joint commissioning to work, as this seemed to be a key barrier. The Board's role was to challenge partners to go back to their governing bodies to get permission to go outside of normal spending restrictions and obtain the commitment for joint commissioning. Board members stated that it was important to identify clear shared benefits of joint commissioning, present evidence for return on investment and create a good understanding of what each element of the system was responsible for commissioning. A potential 'quick win' was to build on the 'early years intervention' initiative. Finally, rather than trying to deliver all three priorities at once, the Board felt that officers should consider initially prioritising one area, namely 'Best Start in Life', and delivering it well.

5. Older People Evidence Review

Public Health Officers delivered a presentation on BHR Older People and Frailty, based on the Best Practice Evidence Review Report written for the BHR Older People and Frailty Transformation Board. The report was structured around the four priority areas of 'healthy well' (aging well), integrated models of care, high intensity interventions and end of life.

Officers asked the Board, having considered the report, to discuss the following:

- The main opportunities and threats to successfully moving away from a hospital-centric system to one that's more outward focused; and
- How the Health and Wellbeing Board could support the integration of care for older adults within Barking and Dagenham.

The Board commented that community support was essential to moving away from a hospital-centric system. In order to do this, commissioners must understand the assets of the community, and have good governance arrangements in place to ensure the best outcomes. Board members also discussed the social prescription model and the contribution of peer support networks.

The Board noted previous pieces of work which could provide frameworks for building on to create a culture and community where everyone looked out for one another, such as the 'I Care' initiative and the 'Good Neighbour Guide'. The Board also noted that the upcoming joint meeting of the BHR health and wellbeing boards involving various local partners, would provide opportunities to take forward this agenda. Board members discussed the ongoing system transformation, the development of integrated care pathways and the building of partnerships to enable this vision. The Board acknowledged that the Borough had a good history of integrated working which provided a foundation to build upon and that its role was to ensure different parts of the health system get on board to take this agenda forward.

6. Global Burden of Disease Study Data 2017

The Senior Intelligence and Analysis Officer delivered a presentation based on the Report on the Global Burden of Disease Study Data which was produced to support the BHR Transformation Boards in their commissioning decisions.

The Board noted that the conditions with the highest rates of years lived with

disability were lower back pain, headache disorders and depressive disorders, all conditions which could be prevented or managed well through early intervention. Members discussed the role employers should play in caring for their employees by giving them advice and training on preventative measures they could take in the work place to avoid injury or harm to their health. Many causes of back-pain related disability, for example, concerned people who had manual labour jobs and were not advised of the correct way to carryout tasks. Employers should also have a wider role in supporting their employees to lead healthier lifestyles by providing advice around healthy eating and stopping smoking. The Chair stated that the Cabinet Member for Employment, Skills and Aspiration had been working on setting up a new forum for businesses which could make important contributions in that regard. The Chair would feed this back to the Cabinet Member.

Members discussed the low levels of fruit and vegetable consumption in the borough and the role this played in ill health, for example, obesity related illnesses. The Board agreed that ongoing transformation work should factor this into commissioning future services.

7. LGBT+ Policy Statement and Action Plan

The Council's Commissioning Director for Adults' Care and Support presented a report on behalf of the Director for Policy and Participation on the LGTB+ Policy Statement and Action Plan. The Policy Statement was based on a needs assessment, which involved interviews, surveys, and input from community organisations in the Borough. Whilst this provided a good basis for a starting point, the aim was to deepen community engagement so future iterations of the Policy Statement and Action Plan could be more detailed and reflective.

The Cabinet Member for Equalities and Diversity welcomed the Policy Statement and Action Plan and encouraged partners to work together to deliver it. She stated that many members of the LGBT+ community still experienced discrimination, their health and well-being was worse than their fellow citizens, and services were not always suitable for their needs, which was not acceptable.

The Chair emphasised the importance of equality for the LGTB+ community, particularly in light of the murders of young gay men committed in the Borough by Stephan Port and the questions surrounding the handling of the investigation. She hoped that the local Metropolitan Police fully endorsed the Policy Statement and Action Plan. Board members expressed shock at a recent incident, which had been covered in the news, involving two women who were subject to a homophobic attack on a bus in London and stated that this behaviour should not be tolerated.

Members were asked to note that Barking and Dagenham would have a float at Pride London on 6 July 2019 and that partners were encouraged to get involved in the parade.

The Health and Well-being Board **agreed** to endorse the LGBT+ Policy Statement and Action Plan and associated recommendations and approved the Partnership Equalities Group having oversight of delivery of the recommendations within it.

8. Health and Wellbeing Outcomes Framework Performance Report - Q3 and Q4 2018/19

The Director for Public Health presented a report on the Outcomes Framework Performance for Quarter 3 and 4 2018/19.

The Board noted that there had not been improvement across many of the performance indicators and emphasised the importance of accountability of new initiatives in place to address this. Members also questioned why immunisation rates for children aged one were good but rates for children aged five were significantly behind target and asked whether this was a challenge that should be met more thoroughly by the local primary care networks. However, it was noted that some of the indicators were influenced by factors that were not within local control such as the myth that MMR injections could cause autism. Furthermore, immunisations for one-year olds were carried out at an appointment where other checks were carried out on the child, whereas the appointments for the five-year olds were just for vaccinations. The Chair suggested that technology might be the answer, such as a text message to parents of Year 5 children to inform them that their child was due a vaccination. She also questioned whether nurseries could state to parents wishing to register their child, that they had an expectation that the child had had all the relevant vaccinations before they started, as a measure to protect all children.

The Board noted that programmes that involved health visitors and specialist nurses undertaking home visits have had successful outcomes, including improvements in prenatal health, fewer childhood injuries, fewer subsequent unplanned pregnancies and increases in maternal employment and children's school readiness.

9. Childhood Obesity Scrutiny Review

This item was deferred to the next meeting.

10. Cancer Scrutiny Review - Update on progress of Action Plan

This item was deferred to the next meeting.

11. Oral Health in Early Years Scrutiny Review - Update on progress of Action Plan

This item was deferred to the next meeting.

12. Chair's Report

The Board noted the Chair's report and the Chair placed on record her thanks to all services involved in dealing with the fire that occurred in Barking Riverside on Sunday, 9 June 2019.

13. Forward Plan

The Forward Plan was noted.

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HEALTH AND WELLBEING BOARD

10 September 2019

Title:	**Presentation on North East London Long Term Plan (NEL LTP) response to NHS LTP**
Report of Director of Transformation, East London Health and Care Partnership	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: No**
Report Authors: Simon Hall, Director of Transformation, East London Health and Care Partnership	**Contact Details:**
Sponsor: Ceri Jacob, Managing Director, BHR CCGs	

Summary:

The East London Health and Care Partnership is developing a response to the NHS Long-Term Plan setting out how partners (CCGs, providers, local authorities) will work together to provide high quality care and better health outcomes for patients and their families, through every stage of life. The document is a strategy for the next five years, which sets out how we will make the ambitions of the Long Term Plan a reality for the communities we serve.

We are continuing engagement with Health and Wellbeing Boards where opportunity for feedback and comments will be incorporated as we progress. Once submitted NHSE/I will respond and feedback on this draft version allowing us to further amend and update prior to final submission on the **15 November 2019.**

Recommendations

The Health and Wellbeing Board is asked to:

1. Note the presentation on North East London Long Term Plan (NEL LTP) response and the timelines, and

2. Provide any feedback and comments on the NEL LTP response to the NHS LTP.

Reasons

The National Long-Term Plan was released in early 2019. It sets out how to make the NHS fit for the future.

By giving everyone the best start in life through better maternity services, including a dedicated midwife looking after a mother throughout her pregnancy, by joining up services from birth through to age 25, particularly improving care for children with long term conditions like asthma, epilepsy and diabetes and revolutionizing how the NHS cares for children and young people with poor mental health with more services in schools and colleges.

By delivering world-class care for major health problems to help people live well with faster and better diagnosis, treatment and care for the most common killers, including cancer, heart disease, stroke and lung disease, achieving survival rates that are among the best in the world, supporting families and individuals with mental health problems, making it easier to access talking therapies and transforming how the NHS responds to people experiencing a mental health crisis.

By helping people age well with fast and appropriate care in the community, including in care homes, to prevent avoidable hospital admissions for frail and older people, and by significantly increasing the numbers of people who can take control of their healthcare through personal budgets.

Appendix A- NEL LTP power-point presentation slides

Developing a Long Term Plan for North East London

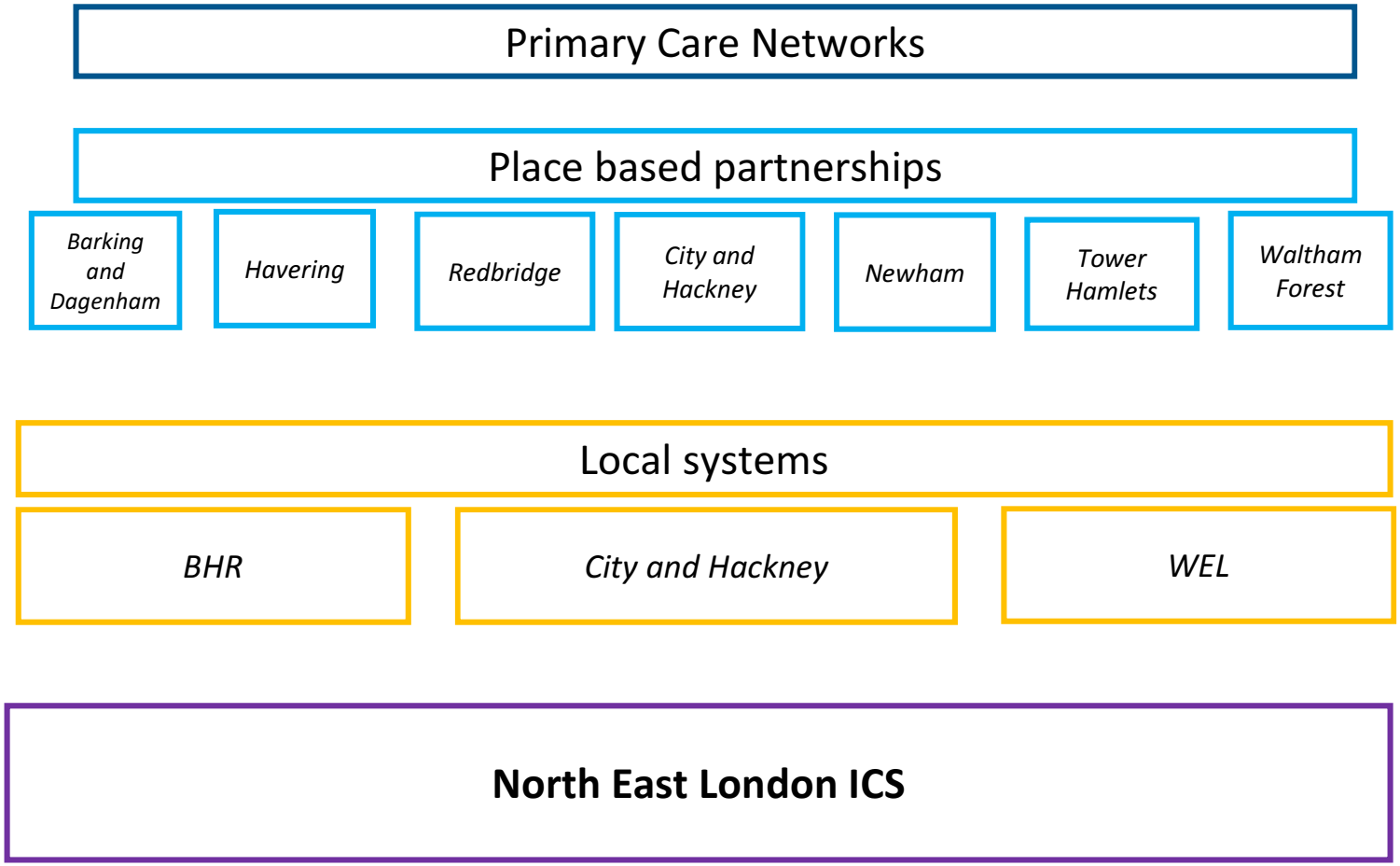
East London Health & Care Partnership

The East London Health and Care Partnership is developing a response to the Long Term Plan, setting out how partners (CCGs, providers, local authorities) will work together to provide high quality care and better health outcomes for patients and their families, through every stage of life. The document is a strategy for the next five years, which sets out how we will make the ambitions of the Long Term Plan a reality for the communities we serve.

The NHS Long Term Plan will make sure the NHS is fit for the future, providing high quality care for you and your family, throughout your life.

Our envisaged Health & Care System across North East London

Integrated Care & Collaboration – from the Networks to the ICS level



Long Term Plan background: 1

The national Long Term Plan was released in early 2019. It sets out how to make the NHS fit for the future.

By giving everyone the best start in life

- through better maternity services, including a dedicated midwife looking after a mother throughout her pregnancy.
- by joining up services from birth through to age 25, particularly improving care for children with long term conditions like asthma, epilepsy and diabetes and revolutionising how the NHS cares for children and young people with poor mental health with more services in schools and colleges.

By delivering world-class care for major health problems to help people live well

- with faster and better diagnosis, treatment and care for the most common killers, including cancer, heart disease, stroke and lung disease, achieving survival rates that are among the best in the world.
- supporting families and individuals with mental health problems, making it easier to access talking therapies and transforming how the NHS responds to people experiencing a mental health crisis.

By helping people age well

- with fast and appropriate care in the community, including in care homes, to prevent avoidable hospital admissions for frail and older people.
- by significantly increasing the numbers of people who can take control of their healthcare through personal budgets.

Long Term Plan background: 2

East London Health & Care Partnership

The national Long Term Plan sets out how the NHS will take action to make this ambitious vision a reality.

- **We will join up the NHS so patients don't fall through the cracks**, such as by breaking down the barriers between GP services and those in the community.
- **The NHS will help individuals and families to help themselves,** by taking a more active role in preventing ill-health, such as offering dedicated support to people to stop smoking, lose weight and cut down on alcohol.
- **The NHS will tackle health inequalities** by working with specific groups who are vulnerable to poor health, with more funding for areas with high deprivation and targeted support to help homeless people, black and minority ethnic (BAME) groups, and those with mental illnesses or learning disabilities.
- **We will back our workforce by increasing the number of people working in the NHS**, particularly in mental health, primary care and community services. We will also create a better working environment by offering better training, support and career progression and we'll crack down on bullying and violence at all levels.
- **We will bring the NHS into the digital age**, rolling out technology such as new digital GP services that will improve access and help patients make appointments, manage prescriptions and view health records on-line.
- **The NHS will spend this extra investment wisely, making sure money goes where it matters most.** The NHS will build on the £6 billion we saved last year by reducing waste, tackling variations and improving the effectiveness of treatments – this will include bearing down on red tape, ensuring the NHS is used responsibly, and curbing fraud and other abuses.

Forming our NEL Long Term Plan

- Determining how the ambitions in the national long term plan and the additional funding we will receive over the next five years should be translated into improved services for people in our area.
- Building on existing plans that local people have already helped us draw up
- Engaging at local system (BHR/WEL/C&H) and workstream (e.g. maternity/diabetes/primary care) level
- Healthwatch-led engagement to help to improve reach into communities and enhance understanding of issues among all parties
- Still more to do

Key B&D Healthwatch findings

East London Health & Care Partnership

What matters most to local people in Barking and Dagenham is:

- Being able to stay in their own home so long as it is safe.
- They can live their life the way they want if their community is able to support them.
- Family and friends can help and support them when needed, provided they are given the knowledge to do so.
- To get to and from health and care services in the most convenient ways.
- Making sure they have the right after care and support at home when discharged from hospital.
- For end of their life care, that their family and themselves are supported.

Main themes:

- Timely appointments and access to GP services.
- Easy to understand access and signposting through clear communication.
- Extending care and support into the local community.
- Encourage and incentivise people to take part in physical activity by providing free or low cost activity to sports or exercise centres.
- Support access to services for mental health and wellbeing by actively referring people to different services prescribed in the community.

The contents of our NEL LTP response document:

The framing of our response was agreed to be in line with the chapters of the LTP document. This approach has also been adopted by the five STPs across London.

Executive Summary

Foreword

Introduction - scene setting

- Demographics
- Health Inequalities
- How we fit – London
- Purpose of document

Chapter 2 Integrated Care

- Population Health for NEL
- Description of Integrated Care for NEL
- Three system overviews
  - C&H
  - WEL
  - BHR
- Four Project collaboration between C&H and WEL systems

Chapter 3 Prevention

- NHS organisations as Anchor Institutions
- London Vision prevention elements: e.g. HIV/ Knife crime
- Public Health
- NEL specific prevention context

Chapter 4 Delivering (Workstreams)

- Community care
- Transforming how we deliver UEC
- Rapid Diagnostic Centres
- Personalisation
- Social Care
- Clinical/surgical strategy
  - Whipps Cross
  - MSK
  - Pathology
  - BHR

Chapter 5 Better care, Improved Outcomes

Start Well

- Maternity
- CYP / 0-25
- Learning Disabilities
- Early MH

Live Well

- Major LTCs - Diabetes/CVD/Stroke/Respiratory
- Meds Opt
- Cancer
- Ageing well

End Well

- EOLC – Adults + Children

Patient Safety & Experience

- The NHS Patient Safety Strategy

The contents of our NEL LTP response document cont:

East London Health & Care Partnership

Chapter 6 Enablers

- Workforce
- Digital
- Estates
- Quality Improvement
- Research & Innovation
  - Genomics + AI

Chapter 7 Sustainability

- Finance
- Activity
  - Specialist Commissioning – London Devolution
- Sustainability – Link to London vision

Chapter 8 Delivery

- Organisational Development + Culture change
- 2021 vision
- Key Risks
- Tracking + monitoring of our plans
- Next steps – deliver through systems

NOTE: Case Studies/ 'Live examples' will be threaded throughout document. Also will include infographics e.g. demographics

Timelines and key dates

East London Health & Care Partnership

Implementation guidance issued on 27 June 2019:
https://www.longtermplan.nhs.uk/publication/implementation-framework/

An initial draft outline response document was compiled by the 25 July with contributions from a majority of the workstream/chapter areas. This document was circulated for initial feedback and comment at senior level NHS and Partnership meetings.

A specific LTP Response Delivery Group was set up to help oversee the coordination and development of our joint response document, ensuring clear narrative between key groups i.e. Operational Delivery, NELCA SMT and Trust/System Directors of Strategy.

In addition, local systems have also been working up a response linked to the priorities of their areas. In order to engage and facilitate collaborative thinking between these key stakeholders, STP and system leads attended a workshop on the 31 July. Discussions covered how we work together over the course of this planning period and beyond, and how we enhance local delivery of the work while facilitating a co-ordinated approach where helpful across the STP.

Next steps

We are currently collating workstream and system updates and this information is due by the 20 August. After this date there will be an initial draft document by early September, this will commence a run of five iterations culminating in a draft submission by the **27 September.**

Concurrent to the evolution of these five versions will be continued engagement including HWBBs; where opportunity for feedback and comments will be incorporated as we progress. Once submitted NHSE/I will respond and feedback on this draft version allowing us to further amend and update prior to final submission on the **15 November.**

One such opportunity to reflect upon our submission will be a wider stakeholder event on the **16 October** (save the date), to further engage all our partners in reviewing the completed draft document and include further detail and amendments. This event will also provide an initial opening for discussion on how we move from planning towards an implementation phase.

HEALTH AND WELLBEING BOARD

10 September 2019

Title:	**Presentation on Barking and Dagenham Primary Care Networks and emergent thinking around locality governance**

Report of Director of Public Health

Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: No**
Report Authors: Matthew Cole Director of Public Health	**Contact Details:** Email:

Sponsor:
Matthew Cole Director of Public Health

Summary:
Since 1 July 2019, all GP practices in Barking and Dagenham have come together in 6 geographical Primary Care Networks (PCN's) covering populations of approximately 30–50,000 patients. GPs and BHR CCGs have been working with haste to launch their primary care networks across Barking and Dagenham. They are the key element in the NHS' overhaul of primary and community care services and will form the base of integrated care systems.

We are now one month into life under the networks, which are alliances of GP partnerships that aim to deliver expanded services through multidisciplinary teams and integrated with the Council and other local health service providers. PCNs do represent a potential revolution in the delivery of neighbourhood-level health and care across the country. They may be the key to unlocking the potential of new system-wide models of care; grounding them in local communities and providing holistic, continuing and coordinated care for patients, that is based on strong, trusting relationships with professionals who know them and their communities.

The promised speed of change is rapid, and the scale and complexity of the implementation challenge should not be underestimated, with PCN's aiming to impact the way that the whole population experiences local health and care over the next five years. The development of networks has implications that reach far beyond primary care as community health and community mental health services will be expected to 'align' around networks. To be successful, network development will need to be seen through a broader lens than just general practice, involving the Council, the voluntary community sector and other providers of community-based services as well

Recommendations
The Health and Wellbeing Board is asked to:
1. Note and comment on the observations of the Director of Public Health
2. Help with raising awareness of the plans for the Primary Care Networks and the different levels of the ICS in order to build a consistent and shared understanding of how the system will work together to improve health and care in Barking and Dagenham.
3. Consider the role that partners could play in the development and implementation of the PCN's.

Reason(s)
Primary Care Networks (PCN's) are a key part of the NHS Long Term Plan, with all general practices being required to be in a network by June 2019, and Clinical Commissioning Groups (CCGs) being required to commit recurrent funding to develop and maintain them. The new five-year framework for the GP contract, published in January 2019, put a more formal structure around this way of working, but without creating new statutory bodies.

The networks will have expanded neighbourhood teams which will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector.

Under the plans, all general practices will be aligned to a PCN, covering 30,000-50,000 patients, with local Enhanced services funded by CCGs and provided through the new network contracts. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve. It is important that community pharmacy teams are fully involved in the work of their PCN.

HEALTH AND WELLBEING BOARD

10 September 2019

Title:	**Clinical Strategy update**
Report of Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)	
Open Report	**For information**
Wards Affected: None	**Key Decision: No**
Report Author: Nick Swift, Chief Financial Officer	**Contact Details:** nick.swift@nhs.net

Summary:
Work began on the BHRUT clinical strategy in May 2019 – a plan that details what our hospitals will look like in years to come, so we can continue to provide high quality care for the people we serve.

Since our last strategy was published in 2016 there has been growing demands and increasing pressure on both hospitals.

The development of our clinical strategy is being led by our clinicians and staff, and we are also working with our partners, such as GPs and local authorities, so we can ensure our patients are treated by the right person, in the right place at the right time – whether that's in a hospital or not.

We have now completed phase 1, during which we collected a wide range of views and evidence, forming a complete picture of our services and the things likely to change over the coming years.

From this, we have developed three key areas of work:

- The principles and objectives of the strategy
- Our case for change (the opportunities we have to improve)
- Our 10 priority areas

We are now entering phase 2 of this process, which will include developing a list of possible options and, using evaluation criteria (a set of standards that get applied to each option to see if it would work and be of benefit to our patients and the care we provide), to whittle that down until we are left with our preferred option(s).

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. Note the presentation being delivered

Appendix – BHRUT Clinical strategy presentation

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CLINICAL STRATEGY

SEPTEMBER 2019

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

THESE ARE EXCITING TIMES FOR HEALTH AND CARE IN BHR

London's vision is to be the best global city to receive care

Making London the most digitally enabled health and care system of any global city

East London is one of the most diverse and rapidly growing parts of the capital

The population of BHR is expected to grow from just over 750,000 to 1 million in the next 20 years, with 7 Crossrail stations transforming the area

We're getting ready to provide our population with outstanding, integrated health and care

DEVELOPING THE STRATEGY – PHASE 1

Understanding our business

- data collection from Trust and system partners
- series of interviews and workshops
- Trust-wide survey

Outputs from phase 1

- principles and objectives of the strategy
- case for change (the current opportunities to improve)
- 10 priority areas

Engagement with stakeholders and public on outputs from phase 1 and informing the evaluation criteria

PRINCIPLES AND OBJECTIVES

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

PRINCIPLES

The following principles for our clinical strategy have been developed together with our doctors and nurses, divisional teams, executives and patient representatives:

1. We want everyone in Barking and Dagenham, Havering and Redbridge to have equal access to consistent, high-quality services, regardless of where they live

2. We will organise NHS services so that:
    a. we have enough capacity to meet demand
    b. they are based on best practice, leading to better outcomes and a better experience for our patients
    c. we achieve the NHS constitutional standards such as waiting times
    d. we work within our budget

3. We will work together with our staff, patients, communities, NHS partners and stakeholders to bring together our knowledge and experience to develop a sustainable strategy using 'The PRIDE Way' approach. This will ensure the ideas and expertise of our frontline teams and patients are central to its development

4. We will ensure our strategy is:
    a. led and owned by doctors, nurses and other health professionals
    b. focused on the needs of our patients
    c. in line with the wider aims of the NHS both locally and nationally, to better join up health and social care and do more to prevent ill health

5. We will be open and transparent in the development of our strategy, involving local people, patients, staff and stakeholders

6. We will make the most of opportunities to be innovative, do things differently and make the best use of digital technology

7. We will look for ways to build on what we are good at, working in partnership with others to do so

OBJECTIVES

The principles for our clinical strategy were then used to develop the following objectives:
1. We will organise services in a way that ensures we can provide 'Type 1' Emergency Departments (ED) at both Queen's and King George hospitals. This means each ED will continue to be led by consultants, open 24 hours a day, seven days a week, with full resuscitation facilities
2. We will develop our reputation based on our clinical strengths and expertise
3. We will establish ourselves as an effective partner with other NHS and care organisations in our area, embedding excellence, innovation and partnership working into our strategy to improve patient outcomes and experience
4. We will be an employer of choice and offer rewarding roles with great career opportunities to attract and keep the best people
5. We will use our resources effectively to improve the quality of our patient care and staff experience; get the best value for money; and return to a position where we can deliver services within our budget

CASE FOR CHANGE

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

CASE FOR CHANGE

Our 'case for change' sets out 11 opportunities to improve care and services	
1	**The number of people needing hospital services is growing.** This will continue - our local population is expected to increase significantly over the next 10 years. However, recent increase in demand for services is proportionally smaller than the growth in population. This suggests local patients may be receiving treatment at other hospitals, which impacts on our funding.
2	**We are one of the largest maternity units in the country.** Maternity services are in high demand - we care for around 8,200 women each year. This is a unique strength we can build on.
3	**Some patients could be more appropriately seen by other services,** particularly for emergency care. For example, nine out of ten patients arriving by ambulance at King George Hospital are discharged on the same day, which means there is an opportunity to provide the right care in a community setting.
4	**Quality and safety of services have been improving** over time, especially in maternity, stroke services and critical care.
5	**.....however many patients are waiting too long for treatment.** We are not meeting national standards for waiting times and waits are getting longer. An exception to this is cancer, where we have been performing well.
6	**We could make better use of our capacity (for example, beds, appointment slots, theatres etc).** For example, at Queen's Hospital, 99% of our inpatient beds are often occupied at any one time. This means we run in to problems if we have lots of emergency patients who need a bed and this can lead to planned operations and treatments being cancelled. We could also make better use of our operating theatres: at King George Hospital they are only in use 62% of the available time, and at Queen's Hospital only 54% of the time.

Continued…	
7	**We want to implement more best practice ways of working** and reduce pressures on ambulatory care and outpatients. We want to build on our success in other areas of care, such as stroke, where we run one of only eight designated hyper acute stroke units in London, providing highly specialised services including mechanical thrombectomy. The service is providing high quality care and outcomes for patients as shown by our 'A' rating from the national stroke audit programme, up from a previous rating of 'D' (with E being the lowest rating).
8	**Staffing challenges are affecting our ability to continue to deliver sustainable services:** • We have the equivalent of 801 full time vacancies across the Trust • Almost half of our staff would not recommend our Trust as a place to work • Although we are currently trying to recruit the equivalent of an additional 400 full time staff, we are unlikely to recruit enough staff to fill all our vacancies because of a national shortage of doctors, nurses and other health professionals.
9	**We could be treating more patients currently seen elsewhere.** We could bring back to our Trust some of the significant amounts of care being provided by private hospitals and other NHS hospitals, which would increase our funding.
10	**Some services could be improved if they saw more patients, had more staff or were based at fewer locations, for example:** • Cardiology, dermatology, diabetes and endocrinology, hepatology, vascular, pain service, regional neurosurgery, renal, rheumatology, neurophysiology and orthodontics all have small numbers of patients using the service • Some services have workforce challenges: orthodontics, hepatology and renal services do not have enough permanently employed consultants • Many of our services are run on more than one site, meaning we need to spread staff and resources more thinly
11	**We can improve our use of technology and digital innovations, and make better use of our current estate (buildings) and infrastructure**

TOP 10 PRIORITIES

TAKING PRIDE IN OUR CARE

Barking, Havering and Redbridge University Hospitals NHS Trust

TOP 10 PRIORITIES

In response to the case for change, Trust and clinical leaders developed 10 strategic priorities for the clinical strategy

Priority	Detail
1 **Make it easy to access the most appropriate urgent or emergency care service**	Make sure that people are able to access urgent and emergency care when they need to, and are seen in the most appropriate place for their needs. When people do come to hospital for urgent and emergency care, ensure we are following best practice and working with other NHS and care organisations in our area to help people get the right care, in the right place – for example making the most of our urgent treatment centres and same day emergency care service.
2 **Develop joined-up teams of health and care professionals (doctors, nurses, therapists, social workers)** to proactively care for patients with complex needs (for example people with more than one long term condition) to help them stay as well as possible and prevent avoidable admissions to hospital	Work with other NHS and care organisations in our area to identify which patients will most benefit from support from multi-disciplinary teams of health and care workers, and work out how best to organise and provide care. Put in place the necessary systems and processes that will allow professionals to work together even if they come from different organisations (for example, having the right IT systems, ensuring information can be shared but remain safe and confidential, ensuring that everyone is working to the same quality standards etc).
3 Make the most of **opportunities presented by digital** and remote technologies to help us work more efficiently and to offer alternative and easier access to care	Replace or update any old computer systems that are inefficient or have a significant negative impact on patient experience. Work towards establishing joined up patient care records with other organisations to improve joined-up working and deliver better quality care. Explore opportunities to use technology to make us more efficient and offer improved access to care, for example through the offer of virtual appointments and telemedicine.

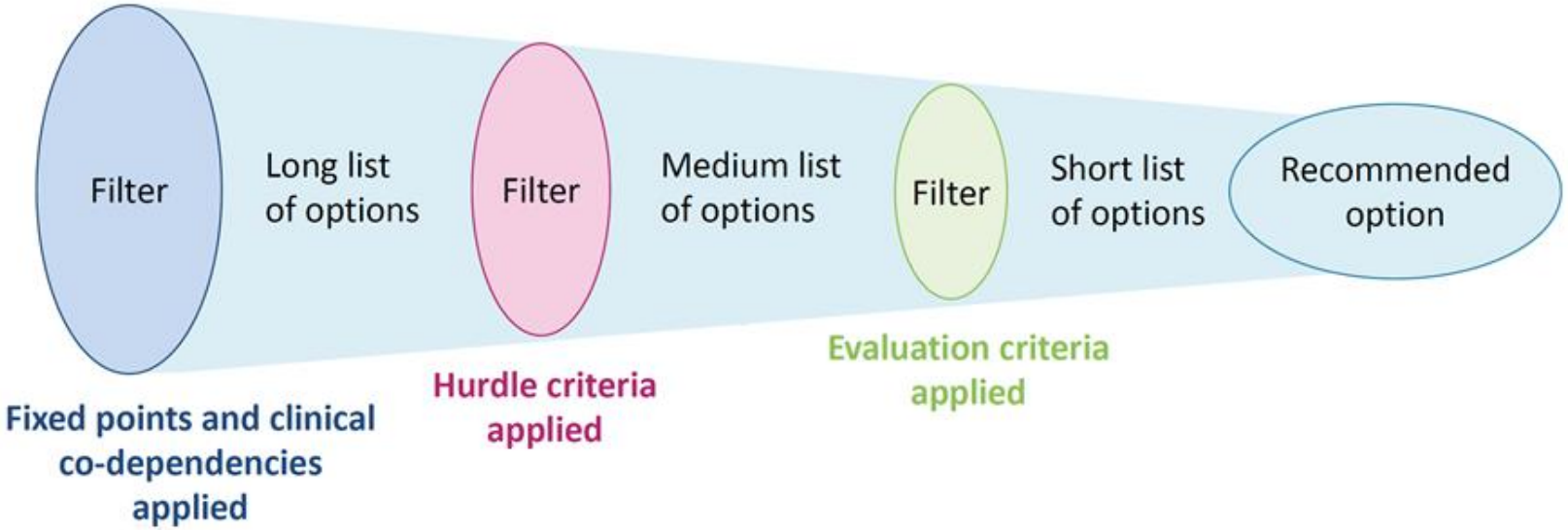
TOP 10 PRIORITIES

Priority	Detail
4 Reduce variation in quality of care, and make the best use of our capacity and resources by consolidating some **services on to fewer sites and developing centres of expertise** (and maintain a Type 1 Emergency Department at each hospital)	Look at where we can strengthen services and make them more sustainable by reviewing multi-site services and consider creating centres of expertise where there is evidence to show this would benefit patient care. Review and redesign ways of working to ensure consistency of care when services are provided across sites.
5 **Redesign outpatient services to make best use of available workforce capacity and resource**	Look at where we can change and improve our ways of working so that patients get the right care and appropriate follow-up in a place that makes the most sense for patients and for local NHS and care organisations.
6 **Move services that do not need to be in a hospital** into the community or the Goodmayes site	Review services in order to create space at Queen's and King George hospitals for care that does need to be provided in a hospital. For services that do not need to be delivered in hospital, look at what skills and equipment are needed to deliver the service to help us identify the most appropriate alternative place for care.
7 **Redesign how planned care (operations and treatments that are booked in advance) is organised** to make best use of available capacity and resources, and **become a provider of choice** so patients choose treatment with us instead of private providers	Use best practice guidelines and standards (for example Getting it Right First Time (GIRFT)) to redesign planned care so that it is as safe and efficient as possible. Review which types of surgery and treatment patients receive in a private hospital, that could be better delivered by our hospitals and would increase funding for the Trust. Review what factors influence where patients are referred for planned treatment so we can understand how to bring more planned care to BHRUT. Explore opportunities to improve our capacity so we can provide more planned care.

TOP 10 PRIORITIES

Priority	Detail
8 **Become an employer of choice** by partnering with other NHS organisations, and academic institutions (universities and colleges) to make BHRUT a more attractive place to work, and strengthen our workforce	Explore the potential for joint training, secondment and academic opportunities with other organisations.
9 Build our partnerships with other organisations to provide **specialised care**	There are some areas of specialised care that we provide to a small number of patients that NHS regulators are urging trusts to work together to deliver. We need to work with partners like Barts Health to build on our areas of strength and draw on theirs to deliver the best possible specialist services for our population.
10 Work with our NHS partners to develop a **solution to increasing demand for maternity and paediatric** (children's) services, as a result of a growing population, that maintains quality of care	We are one of the largest single site maternity services in the country and want to work with our partners across the NHS in our area to develop a high-quality, innovative service that is able to cope with the increasing demand from our population.

DEVELOPING THE STRATEGY – PHASE 2 – WHAT'S NEXT



Health and Wellbeing Board

10 September 2019

Title: Report on the OFSTED Inspection of Children's Services and the post-OFSTED Improvement Plan	
Report of the Cabinet Member for Social Care and Health Integration	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Chris Bush; Commissioning Director, Children's Care and Support	**Contact Details** **Tel** 020 227 3188 Email: christopher.bush@lbbd.gov.uk
Sponsors: Elaine Allegretti; Director of People and Resilience	
Lead Board Member: Councillor Maureen Worby; Cabinet Member for Health and Social Care Integration	

Summary

In February the Council was subject to a Standard Inspection under the OFSTED Inspection of Local Authority Children's Service (ILACS) framework. Following initial feedback provided at the conclusion of the inspection the final 'OFSTED Letter' formally setting-out OFSTED's findings was published on 1 April 2019.

This report sets out the headlines from the published findings, including, but not limited to, the 6 named recommendations that OFSTED have made.

In response to these recommendations the Council was required to develop and publish an improvement plan in conjunction with partners by 9 July 2019. This report also introduces the published plan and briefly describes how it will be delivered as part of a wider programme of improvement.

This document summarises the published arrangements alongside our plans for implementing these arrangements by 30 September 2019. It also sets out our intentions for further developing our partnership arrangements between now and September.

Recommendation(s)

Health and Wellbeing Board is asked to:

a) Note the findings of the OFSTED ILACS Inspection of Children's Services in February 2019;
b) Note the published OFSTED Improvement Plan and consider how it can support the delivery of the required improvements.

1. Introduction and Background

1.1 Between 18 February 2019 and the 1 March 2019, the Council was subject to a Standard Inspection under the OFSTED Inspection of Local Authority Children's Service (ILACS) framework.

1.2 During this two-week period inspectors met with key officers, including the Chief Executive and Director of Children's Services, as well as the Lead Member for Children's Services. In a welcome contrast to the previous inspection regime, inspectors spent considerably less time in formal, pre-arranged meetings with a wide range of officers, and much more time observing the direct work and practice of frontline Social Workers.

1.3 Following initial feedback provided at the end of the inspection the final 'OFSTED Letter' formally setting-out OFSTED's findings was published on 1 April 2019. This report sets out the headlines from the published findings, including, but not limited to, the 6 named recommendations that OFSTED have made.

1.4 In response to these recommendations the Council was required to develop and publish an improvement plan in conjunction with partners by 9 July 2019. This report also introduces the published plan and briefly describes how it will be delivered as part of a wider programme of improvement.

2. Summary of Findings

2.1 The judgement from the OFSTED inspection is that services for children in Barking and Dagenham 'requires improvement to be good', as was the case in 2014. This judgement was consistent with our Annual Self-evaluation submitted to OFSTED.

Judgement	Grade
The impact of leaders on social work practice with children and families	Requires improvement
The experiences and progress of children who need help and protection	Requires improvement
The experiences and progress of children in care and care leavers	Requires improvement
Overall effectiveness	Requires improvement

2.2 Although services for children requires improvement to be good, OFSTED inspectors reported that strong and effective senior leadership was now in place under the recently appointed Director of Children's Services (DCS). The inspection letter states that the DCS and senior leadership team are creating a "culture of mutual esteem and respectful challenge, holding heads of service and managers to account for the quality of practice in their teams".

2.3 Inspectors reported accelerated progress in the last 6 months and that this is leading to improvements in the quality and impact of social work practice. However, the quality and impact of social work practice remains inconsistent and children's health needs are not being met.

2.4 Senior leaders were found to know the service well, as shown by our recent extensive self-evaluation and had taken decisive action in the last 6 months to address concerns and risks. Inspectors reported that the improved rigorous performance management is now making a real difference and leading to improvements in the quality and impact of social work practice.

2.5 Overall, inspectors reported that leaders are highly aspirational for children and families and that corporate parenting arrangements had been improved in the last 6 months. They found that morale is good and that investment in training and development is impacting positively on recruitment and retention.

2.6 Although strategic partnerships were found to mostly well established, the provision and access to health services for children in care and for care leavers were judged as "poor" and a significant concern.

Areas of strengths and positive practice

2.7 Within the inspection report, there are many areas of strength and examples of positive practice. Our Multi-Agency Safeguarding Hub (MASH) was found to be strong and robust; working effectively to safeguard children in need or at risk. Contacts and referrals were found to be managed well, and strategy discussions and child protection enquiries were also timely, well received and management decisions clear.

2.8 The emergency duty team was praised in the inspection and judged as well resourced, experienced and effective.

2.9 Overall, our work with vulnerable adolescents and children at risk of exploitation and radicalisation was judged as positive with knowledgeable and skilled workers in this area. Inspectors felt that the effectiveness of the MASH had been further strengthened by the establishment and colocation of our new vulnerable adolescent and youth offending service. The risks of radicalisation among vulnerable children and direct work were also judged as effective in helping to protect children.

2.10 Inspectors reported that in many cases social workers have strong relationships with children, and "understand their lived experiences and take action to make changes that help and protect [them] and their families".

2.11 The Access to Resources team was also seen as a strength comprising of skilled and experienced workers making a real difference to vulnerable children; including those on the edge of care and children returning home from care.

2.12 Inspectors found that disabled children were being well supported by the all-age disability service, and this was enabling effective transitions into adult services. In addition, Local Authority Designated Officer (LADO) arrangements were robust and well managed, as was the arrangements for managing children missing education and children electively home educated.

2.13 For children in care, inspectors noted the improvement made on the reduction of children coming into care on police protection and reported that social workers know their children well and had good trusting relationships overall. Contact with family was noted as well panned and positive.

2.14 Fostering and adoption were noted as strengths by inspectors with the Mockingbird model and adoption support both highlighted and praised in this inspection report letter.

2.15 Inspectors found evidence of strong relationships between staff and care leavers and that "most care leavers are in touch with the service".

Areas of improvement including the 6 key Ofsted recommendations

2.16 Inspectors concluded that the quality, management oversight and impact of early help services require improvement, as those services were not targeted or coordinated sufficiently to meet the needs of some groups of children and young people in the borough.

2.17 The assessment teams were raised as an area of concern during the on-site inspection due to high caseloads and inconsistent management oversight. The DCS and senior leadership team, however, took decisive action and capacity increased and management oversight strengthened. Overall, assessments still vary in depth and quality and need to improve on assessing culture and identity in assessments.

2.18 Inspectors found that management oversight was not robust or challenging enough in assessment and care management teams, resulting in managers not identifying drift and delay.

2.19 Public Law Outline (PLO) thresholds were found to be inconsistent and children subject to pre-proceedings were found to spend long periods of time in pre-proceedings without effective review.

2.20 Inspectors concluded that the Local Authority has a lack of specific domestic abuse perpetrator programmes given the high number of children living in families with domestic abuse.

2.21 Inspectors reported that early permanence planning is underdeveloped. They also found that the quality of viability and special guardianship assessments was far too variable, lacking rigour and were mostly descriptive and analytical.

2.22 Our planning for children placed with parents on a care order requires improvement, as plans were judged to lack clarity and not reviewed sufficiently.

2.23 Inspectors reported significant health concerns for children in care and care leavers. The timeliness of initial health assessments was found to be very poor, resulting immediate health needs not being identified, while access to CAMHS for children in care was reported as "insufficient".

2.24 Health arrangements for care leavers were also reported as "weak" and a "significant concern". Health histories for care leavers were not available and inspectors found that care leavers are not provided with a health passport.

2.25 **In addition to the above, OFSTED identified 6 key recommendations where they felt improvement was most strongly required. These are:**

- The quality, management oversight and impact of early help services.
- The quality and effectiveness of management oversight and supervision to ensure that children's circumstances improve within their timeframes.
- The timeliness and effectiveness of public law outline (PLO) arrangements.
- Planning for children placed with parents.
- The strategic relationship with health services, and operational delivery across a range of health functions.
- The provision of help for children living with domestic abuse, or in neglectful circumstances.

3. Next Steps: Delivering Improvement

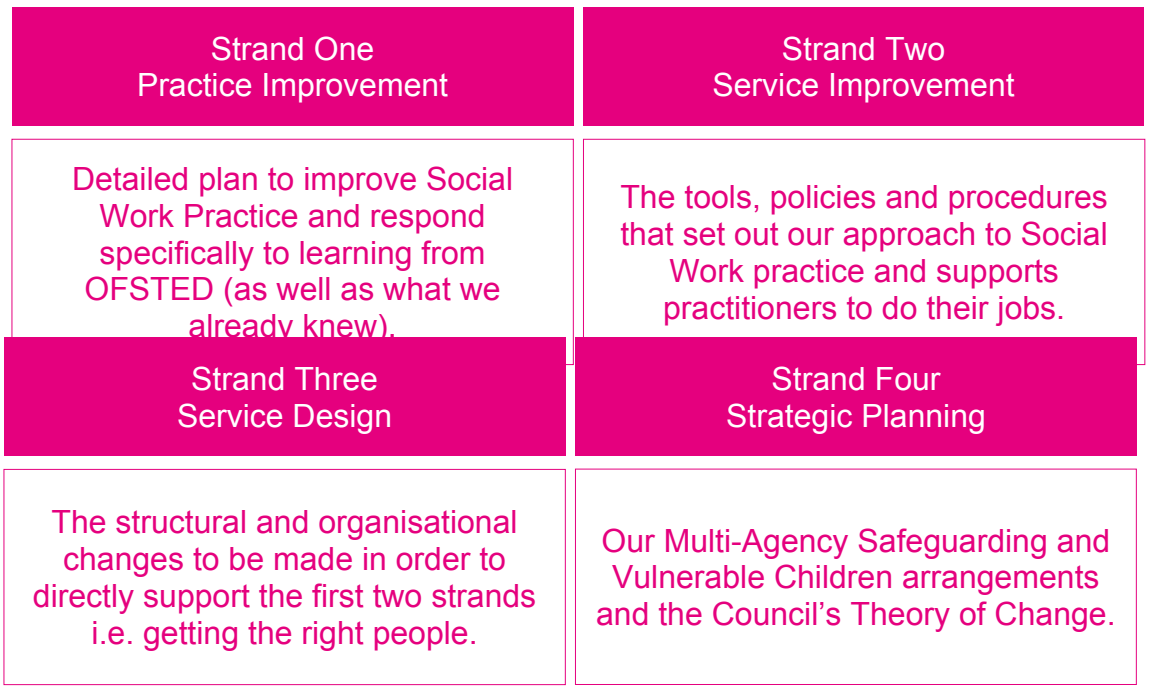
3.1 Whilst the publication – and delivery of – the OFSTED Improvement Plan is key pillar of our plan to improve services for children and young people in Barking and Dagenham, it must be supplemented by improvements in a range of interconnected areas if we are to impact realise our ambitions. These activities have been compiled under the umbrella of the Children's Improvement Programme.

3.2 To develop the improvement programme a series of approaches were taken to ensure that the proposed changes are the right ones and will have the intended impact. Several externally commissioned tests of the system were performed to ensure a full understanding of the strengths and weaknesses and culminated in the production of the Annual Self Evaluation. To supplement this, the OFSTED ILACS Inspection provided both a test of the system itself, as well as of our plans (as set out in the Self Evaluation) to improve. This was an important stage in evaluating our intended approach.

3.3 Plans were further developed through a series of facilitated workshops with key stakeholders, particularly those with expertise in frontline practice and, most importantly, those who are/will be delivering services to children and young people. We will continue to use these methods and expand on our use of various user-led forums to ensure the changes being implemented will meet the needs of our vulnerable residents, of our staff, and of the Council. Most importantly this approach – alongside the Programme Outcomes Framework – will tell us if the change is working.

3.4 Put simply, the objective of the programme is to improve the quality and long-term financial sustainability of Children's Care and Support. The programme incorporates all our work under a single plan, with four key strands:

Fig 1. The four strands of the Children's Care and Support Improvement Programme



3.5 The size of this programme should not be underestimated in terms of scope, ambition and financial implications. Each strand of work has a detailed delivery plan, and in some cases these plans are already underway. There are also a series of key outputs that the programme must deliver, as below.

1	Deliver the OFSTED Improvement Plan.
2	Implement the new Target Operating Model for Children's Care and Support.
3	Move to the Efficient Structure Target Operating Model within the specified timescale.
4	Improve outcomes for children and young people, particularly – but not limited to - those identified in the OFSTED Improvement Plan.
5	Ensure the relevant policies, procedures and protocols are in place to support high-quality Social Work practice.
6	Develop the requisite Commissioning Plans (to make sure that the correct services are in place in the most cost-effective way).
7	Deliver the above objectives within the financial envelope specified and against the projected financial trajectory.

3.6 To understand whether the programme is working, a bespoke outcomes framework has been developed. This framework sets out the key indicators with a set of success criteria for each outcome to demonstrate what is improving and what is working well throughout the life of the programme. It does not replace the existing Children's Care and Support performance management framework and is not inclusive of all key performance indicators across the service.

3.7 The indicators have been selected to demonstrate the programme effect and to aid the refresh of the Vital Signs dashboard. They are closely linked to the recent OFSTED inspection and the resultant Improvement Plan and can be grouped as follows:

Fig 2. Children's Care and Support Improvement Programme: Outcomes Framework themes

3.8 The outcomes framework is just one way that we will know whether the programme is working and having the intended impact. There are a range of tests that we will apply as part of a routine package of assurance. Many of these are tests that we would apply as a matter of good operation, but these will be tailored to ensure that they are also able to determine the effective implementation of the programme. This work will include:

External tests of the system: this will include those we commission for ourselves e.g. peer-reviews and targeted evaluations in key areas such as Early Help, as well as those that are mandated i.e. Focused Visits and Joint Targeted Area Inspections (JTAI) that will be performed by OFSTED inspectors.

Annual Self Evaluation: we are required to produce a self-evaluation of Children's Care and Support each year, and this will be a key document that will outline progress. This will be presented to OFSTED colleagues each year at our Annual Engagement Meeting.

Audit and Quality Assurance: our Quality Assurance Framework sets out how we will use our rolling programme of case audits and thematic 'deep dives' to understand that effectiveness of our services and inform continuous improvement. This includes multi-agency auditing to test the response of partners in the system.

Independent Scrutiny: the role of the independent scrutineer – as set out in the new Multi-Agency Safeguarding Arrangements (MASA) – will ensure that the lived experiences of our children and families are a constant feature in our assurance processes and actively used to inform continuous improvement.

Public Background Papers Used in the Preparation of this Report

- London Borough of Barking and Dagenham: Inspection of Children's Social Care Services (OFSTED Letter)

List of Appendices

- Appendix A: *London Borough of Barking and Dagenham: Inspection of Children's Social Care Services (OFSTED Letter)*
- Appendix B: *Children's Care and Support OFSTED Improvement Plan*

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London Borough of Barking and Dagenham

Inspection of children's social care services

Inspection dates: 18 February to 1 March 2019

Lead inspector: Brenda McLaughlin
Her Majesty's Inspector

Judgement	Grade
The impact of leaders on social work practice with children and families	Requires improvement
The experiences and progress of children who need help and protection	Requires improvement
The experiences and progress of children in care and care leavers	Requires improvement
Overall effectiveness	Requires improvement

Services for children in Barking and Dagenham require improvement, as was the case at the last inspection in 2014. The recently appointed director of children's services (DCS), together with her senior team, has appropriately prioritised services for children most at risk. Strong and effective senior leadership is resulting in tangible improvements to both the quality and impact of social work practice. Until recently, too many children had experienced delays and ineffective plans as a result of high caseloads and inconsistent management oversight of practice. Decisive action to address these concerns and reconfigure teams, underpinned by rigorous performance management, is now making a discernible difference. The pace of change in the last six months has accelerated, and corporate parenting arrangements are being reinvigorated. Leaders have high aspirations and are determined to do the right thing for children and their families. They have a thorough understanding of the improvements that are required to ensure that children and their families receive consistently effective services.

Strategic partnerships are mostly well established, but timely access to health services when children come into care and for children experiencing emotional and mental health problems is poor, and health provision for care leavers is a significant concern.

What needs to improve

- The quality, management oversight and impact of early help services.
- The quality and effectiveness of management oversight and supervision to ensure that children's circumstances improve within their timeframes.
- The timeliness and effectiveness of public law outline (PLO) arrangements.
- Planning for children placed with parents.
- The strategic relationship with health services, and operational delivery across a range of health functions.
- The provision of help for children living with domestic abuse, or in neglectful circumstances.

The experiences and progress of children who need help and protection: Requires improvement

1. Early help services are insufficiently targeted or coordinated with partners to meet the needs for specific groups of children. For instance, referral pathways for homeless 16- and 17-year-olds are not understood by partners, resulting in an inconsistent response. The recent implementation of daily triage meetings in the early help hub to consider thresholds is a positive development, but the quality assurance of the work is not yet fully embedded. It is difficult for managers to measure whether neglected children and those living with domestic abuse receive preventative services that make a sustainable difference.

2. Contacts and referrals for children in need or at risk are managed promptly in the multi-agency safeguarding hub (MASH). Actions taken by highly visible and appropriately challenging senior managers have resulted in stronger corporate collaboration. For example, joint work with the 'no recourse to public funds team', social housing providers, adults' services and the children's assessment team has resulted in more rapid action to identify and meet children's needs.

3. The large majority of child protection strategy meetings include key agencies involved with the child and are held within 24 hours of the referral. Meetings are recorded well and management decisions are clear. Consent for sharing information is obtained routinely or overridden if required. When children require further help and protection, cases are passed swiftly to the assessment service.

4. High caseloads in the assessment teams and inconsistent management oversight mean that some children do not receive help and protection quickly

enough. Committed staff strive to provide children with a good service, but social workers are routinely allocated additional work as they are also responsible for providing a duty service. In response to the concerns identified by inspectors, senior leaders carried out an immediate review and took decisive action to increase capacity and strengthen the management oversight of work across all teams.

5. Records of assessment visits vary in depth and quality of detail. Stronger cases include detailed observations of individual children and clearly record their views; others are very brief, and the contribution towards the assessment is more limited. Better assessments capture the lived experience of children and draw on the views of other professionals who have built trusting relationships, if children are reluctant to engage in direct work. Inspectors observed examples of sensitive and assiduous child-centred work that informs plans and makes a real difference to reducing risk. Senior managers have appropriately identified that more work is needed to strengthen the exploration of culture and identity in assessments.

6. In many cases, social workers have strong relationships with children. They see them regularly and alone, according to assessed needs. They understand their lived experiences and take action to make changes that help and protect children and their families. However, some children have been the subject of multiple and ineffective assessments and interventions, sometimes over many years. Insufficiently robust and challenging management oversight in both the assessment and care management teams contributes to delay. While social workers receive regular supervision, actions lack clarity. Managers do not consistently identify drift and delay, and, consequently, some children who have experienced neglect wait too long for a service.

7. Thresholds for instigating the PLO are inconsistent. Until recently, children subject to pre-proceedings letters spent extensive periods of time at this stage without effective review. A lack of robust tracking and delays in commissioning assessments have hampered timely decision-making about applications for family court orders. Recent action by the operational director has changed this process. PLO cases are now allocated to solicitors. The judiciary and Cafcass are positive about the quality of assessment and recommendations to court; nevertheless, there is a legacy of some children remaining in harmful situations for too long.

8. Initial child protection conferences are timely and are well attended by relevant professionals. Records are comprehensive and clear, and identify appropriate actions for the professional network. However, child protection plans vary in quality. More effective plans include specific actions, with updates by multi-agency core groups that demonstrate progress. Strong professional networks support parents to change entrenched patterns of behaviour as well as providing individual help for children.

9. Children and their families benefit from bespoke and skilled work undertaken by the access to resources team. Experienced workers diligently deliver intensive direct work to children who have experienced neglect, and those living with parental substance misuse, poor mental health and domestic abuse. These workers are making a real difference to vulnerable children, helping some children on the edge of care to remain safely at home, and providing substantial support to children returning home from care.

10. Many children in Barking and Dagenham live in families where there are high levels of domestic abuse, but specific domestic abuse perpetrator programmes are not available. This means that risks posed by perpetrators are not fully understood or addressed quickly enough. Targeted parenting support classes are available, for example a 17-week programme called 'Caring dads', that helps fathers to care safely for their children. However, this is insufficient in addressing persistent domestic abuse. Access to family group conference services is helping some children to remain within the wider family or to receive additional support to live safely with their parents.

11. Vulnerable adolescents and children at risk of exploitation and radicalisation receive a timely and well-coordinated response when risks are first identified and when they escalate. Social workers are knowledgeable and confident in recognising the signs of exploitation and the impact of neglect, domestic abuse and absent fathers, which increase vulnerability to exploitation. Skilful child-focused practice ensures that social workers build strong relationships with children. For that reason, children feel safe enough to share sensitive information about the harm and risks that they experience outside the family. As a result, children benefit from carefully tailored interventions which reduce risks and identify how relationships can be strengthened and environments made safer. Strong partnership work with schools, health and police services, including cross-borough information-sharing, supports the effectiveness of the response to contextual safeguarding. The recent appointment of two dedicated missing children coordinators is positive and is intended to improve the response to children missing from home and care.

12. Good awareness of the heightened risks of radicalisation among vulnerable children and direct work are effective in helping to protect children. An external evaluation commissioned in 2017 to assess the critical success factors, challenges and barriers to effectiveness identified several key learning points. These have been taken forward into continuing engagement with local communities and faith groups, as well as work in schools.

13. The co-location of adults' and children's disability services since May 2018 has improved communication and joint work to assess the mental capacity of young people who will need lifelong support. Social workers sometimes find it difficult to access CAMHS for these children. Disabled children are well supported by the all-age disability service managed in adults' services, enabling effective transitions into adult services.

14. A well-resourced and experienced emergency duty team ensures that effective arrangements are in place and that protective action is taken to safeguard children out-of-hours. The team operates across four boroughs, with a dedicated social work team. Communication with day services is swift and effective.

15. Allegations made against professionals and the associated risks to children are managed well by the designated officer. Children who are privately fostered are visited regularly and live in suitable and sustainable care arrangements.

16. Managers maintain an up-to-date database of children missing education and those electively home educated. Managers are actively involved in multi-agency groups that consider missing and vulnerable children. They receive good information on children at nursery who do not start school and they check if children missing education are in households where domestic abuse has occurred. In most cases sampled, staff undertake routine checks and take appropriate action to safeguard children if required.

The experiences and progress of children in care and care leavers: Requires improvement

17. Appropriate and planned decisions are made for most children who come into care. This is an improvement since the previous inspection in 2014, when too many children came into care as a result of emergency police protection. Most decisions are informed by timely and comprehensive assessments, with risks clearly identified and suitable plans in place. Nonetheless, inspectors identified some children now in care who had been left in neglectful circumstances for too long.

18. The timeliness of initial health assessments is extremely poor. Many of these children have experienced abuse and neglect. The poor timeliness of assessments means that children's immediate health needs are not understood quickly enough. The DCS has escalated this matter via the Local Safeguarding Children Board to the local clinical commissioning group, but effective action is still awaited. Children in care do not have sufficient access to CAMHS. Inspectors saw examples of the pupil premium being used to compensate for the lack of therapeutic services available from health providers. Social workers and their managers described situations where children who have suffered serious childhood trauma wait too long for services. This is unacceptable.

19. Early permanence planning is underdeveloped. Insufficient management oversight of the planning process to track children means that all options for permanence are not considered simultaneously. This leads to sequential assessments and prolongs uncertainty for some children. Family finding for children who cannot live safely with their birth parents is not considered at an

early stage. The pace of progress in this area since the last inspection in 2014 has been slow. Senior leaders acknowledge that more work is required to change the culture. A recently implemented system to track progress, led by the senior independent reviewing officer (IRO), is a positive initiative, but it is insufficient by itself.

20. The quality of viability and special guardianship assessments of family members to care for children who cannot live with their birth parents is highly variable. The assessments lack rigour and are overly optimistic in considering the capacity of carers to meet the range of children's long-term needs. Most assessments are descriptive and lack critical analysis.

21. Long-term placement stability is beginning to improve. Most children in care live with long-term approved foster carers who meet their needs. Many are making good progress. Children told inspectors that their foster carers were fun and took them on holiday, and that they can tell their carers about their worries. Children spoke positively about their IROs, but some said that they had had too many changes in social worker. Care plans are comprehensive, and most are well matched to children's individual assessed needs.

22. Social workers know children well, and most children are able to build trusting relationships with the same worker. Inspectors found good examples of effective, sensitive and imaginative direct work to help children to understand their experiences. Children are also visited at home by their IROs between reviews. They are helped and encouraged to participate in their statutory reviews via an electronic platform, which is used well by children in care to help to inform their care planning. The voice of the child is consistently evident in children's records and reviews. Children are encouraged to pursue their talents and interests, and their achievements are celebrated regularly.

23. Children benefit from well-planned and supported contact with family members. These arrangements are regularly reviewed with children to ensure that their experiences of spending time with family and friends are positive and feel safe.

24. Plans for children placed at home with parents on a care order are insufficiently reviewed, and limited consideration is given to the early discharge of care orders. Overall, there is a lack of clarity around planning for children placed with parents. IROs are not proactive in escalating concerns about the quality of care being provided for these children.

25. Unaccompanied asylum-seeking children are promptly safeguarded and placed in independent accommodation or foster care according to their assessed needs. Clear planning ensures that these children make progress in all areas of their lives.

26. Strong and motivated fostering and adoption practice managers know their service well and are working hard on the areas that they need to improve.

Detailed assessments by a specialist therapist of whether a child can live safely with their brothers or sisters are informing good decision-making. Approaches such as restorative intervention work with brothers and sisters are helping to support the stability of children's long-term placements. The Mockingbird model of intervention is well established and supports the long-term stability of children with more complex needs. This excellent work provides children with a wider support network, allowing them to remain or be reunited with their brothers and sisters. Four further hubs are planned to become operational over the next few months.

27. Prospective adopters say that they felt welcomed at their first enquiry and overall gave very positive feedback about the recruitment process. The preparation and assessment process is consistently thorough and helps adopters to feel well prepared for the task of adoptive parenting. High priority is given to family finding and to seeking suitable matches for children. As a result, in the past year, more children have been adopted more quickly. The timeliness of matching is variable. However, positive matches for brothers and sisters to stay together, and for children with complex needs, are evident. Adoption support is a strength and has promoted placement stability, with no placement breakdowns recorded over several years.

28. Most children in care achieve well and make good educational progress relative to their starting points. The timeliness and quality of personal education plans have improved, although there is still inconsistency in assessing older children's progress. Children in care achieve better at each key stage when compared to both statistical neighbours and nationally. Progress between Key Stage 2 and Key Stage 4 is strong. A relatively high proportion are in education, training and employment in years 12 and 13. Most children in care attend school regularly. Insufficient focus by the virtual school to target young care leavers with more complex needs means that some do not access employment or training. Leaders have not yet evaluated the effectiveness and impact of the virtual school.

29. Strong relationships formed between staff and care leavers mean that most care leavers are in touch with the service, but contact is not always recorded. Care leavers told inspectors that they benefit from the support and independent training provided by personal advisers. They spoke warmly about the children's rights officer, saying that she was like a 'Nan'. Pathway plans are comprehensive but repetitive. They are perceived by young people to be overly long and boring. A revised aspirational version, 'It's All About You!', has been introduced, which allows young people to write about themselves, including their aspirations for the future. However, some pathway plans are not thorough enough or updated after significant changes in young people's circumstances, and actions are not progressed in a timely way. Some young people have not received a copy of their plan.

30. There is a range of suitable accommodation available for young people, including 'staying put'. Young people told inspectors that they feel safe in their accommodation but would welcome more help and support when they move from care to their new homes. Care leavers have participated in the recently refreshed Pledge. They told inspectors that staff are not consistently ambitious on their behalf. Senior leaders agree that they need to do more improve the local offer and to increase opportunities for employment and training.

31. Health arrangements for care leavers are weak. Health histories for young people are not available. Care leavers are not provided with a health passport or with specific targeted support to address mental health or emotional concerns.

The impact of leaders on social work practice with children and families: Requires improvement

32. More recent strong and effective senior leadership is leading to tangible improvements in both the quality and impact of social work practice. The new DCS, together with her senior team, has taken well-considered and essential action to address key weaknesses in the quality and impact of services for vulnerable children. They have worked extremely hard, in one of the most deprived boroughs in London, to implement changes quickly.

33. Leaders know their communities well. They have high aspirations and are determined to do the right thing for children and their families. An extensive and accurate self-evaluation and external analysis of frontline social work practice found many strengths, as well as significant areas for improvement. They found that, despite highly committed staff, basic safeguarding practice was too variable across children's services. They accurately identified serious safeguarding deficits and appropriately prioritised children most at risk, including services for safeguarding vulnerable adolescents, neglected children living in harmful situations and pre-birth risk assessments and plans for babies. Decisive action to address concerns, reconfigure teams, and rigorous performance management are making a discernible difference. The pace of change has accelerated dramatically in the last six months.

34. Leaders have aligned and strengthened services effectively to address the broad range of risks experienced by vulnerable adolescents and exploited children. The recently redesigned vulnerable adolescent and youth offending service, which is co-located alongside the MASH, is improving communication and responses to these children at the 'front door'. Effective relationships with key partners have resulted in the location in Barking of the three-borough police-led integrated gangs' unit and have helped to retain a strong health resource within the youth offending service. Extended funding from the Mayor's Office for Policing and Crime (MOPAC) for the youth at risk matrix and the successful bid to develop contextual safeguarding are evidence of the

impact of thoughtful and influential leadership responding to the needs of the children in Barking and Dagenham.

35. Performance management has been significantly strengthened and is helping to drive improvement. Managers now use weekly performance scorecard information, which has led to improvements in the timeliness of visits to children and of initial child protection conferences. Senior managers recognise that they have more work to do to move to a culture of measuring impact and outcomes, rather than processes. A revised quality assurance framework and findings from enhanced and rigorous audit activity have informed the redesign of services. These include the development of a multi-agency hub to assess risks pre-birth, and targeted recruitment of staff to work specifically with trafficked children. A comprehensive action plan and a tracker help to ensure that recommendations and learning from audits are disseminated.

36. Sound governance arrangements ensure that members of the senior leadership team communicate regularly and effectively. A formal cycle of weekly and monthly meetings between the chief executive officer, the DCS, elected members and corporate directors, supported by 'real time' performance information, makes sure that they are well informed on matters for which they hold strategic responsibility. Elected members work purposefully to prioritise resources to meet the widespread and complex needs of their constantly changing community. Services for children are protected and have increased in times of austerity, with ongoing political financial commitment.

37. Elected leaders listen carefully to children and young people and are passionately committed to improving their futures. Corporate parenting work is being re-invigorated, as leaders recognise that it is not as effective as it needs to be. Some key issues have not been addressed quickly enough, for example the limited range of opportunities for accessing education, training and employment for care leavers. In addition, effective action has not been taken to ensure timely initial health assessments when children come into care and the provision of health passports for care leavers.

38. Senior leaders recognise that competent managers are vital to continuous improvement. Successful action to tackle poor performance and the creation of additional posts are beginning to make a difference to the quality of practice. The operational director of children's services is creating a culture of mutual esteem and respectful challenge, holding heads of service and managers to account for the quality of practice in their teams. The senior management team, including the DCS, interacts well with frontline services. They know individual children and social workers well. Morale is good and a persistent focus on and an investment in training and development are increasing the number of permanent managers and frontline staff. Social workers told inspectors that they enjoy working in Barking and Dagenham, and that they feel listened to and supported.

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Children's Care and Support

OFSTED Improvement Plan

Our plan for improving Children's Social Care Services in Barking and Dagenham in response to OFSTED ILACS Inspection findings and recommendations

One borough; one community; no one left behind

London Borough of Barking & Dagenham

lbbd.gov.uk

Introduction

The Ofsted inspection of Barking and Dagenham's Children's Social Care Services took place between 18th February and 1st March 2019. The final OFSTED report formally setting out their findings was published on 1 April 2019.

The inspection judged services in Barking and Dagenham to be 'requires improvement to be good'. This judgement was consistent with our self-evaluation submitted to OFSTED as part of the new inspection framework pre-inspection activity.

The Improvement Plan for Children's Care and Support Services has been developed in response to the Ofsted report findings, covering the 6 specific recommendations set out below, but also addressing all areas for improvement highlighted in our letter from OFSTED.

This high-level plan sets out the key actions we will take over the next 18 months to address those recommendations and areas for improvement and to ensure outcomes improve for vulnerable children, young people and families in Barking and Dagenham. Ultimately.

We aim to deliver consistently good services for children, young people and their families and our ambition is be good by the time of our next inspection.

This plan forms just part of a wider programme of improvement for Children's Services that the Council is embarking upon. The Children's Improvement Programme, described in this document, sets out our intentions for improvement beyond simply responding to inspection recommendations. Our plan is to deliver real transformation that delivers improved outcomes for our most vulnerable children and young people built upon the foundation of a sustainable care system.

Our Children's Improvement Board, chaired by the DCS and multi-agency in its composition, will oversee the delivery of our plans. The Children's Improvement Board will be responsible for ensuring all recommendations are responded to and acted upon. The Board will report into the existing corporate governance mechanisms responsible for all Council transformation activity and programmes. It will meet monthly to provide oversight and challenge, and our progress will be formally monitored at all levels of the organisation.

The remainder of this document sets out the inspection findings, our high-level plan for responding to these and how we will organise ourselves to deliver upon our ambitious plans.

What did OFSTED find and what do they say we must do?

The OFSTED letter contained 6 recommendations where improvement is required…

1. The quality, management oversight and impact of early help services.
2. The quality and effectiveness of management oversight and supervision to ensure that children's circumstances improve within their timeframe.
3. The timeliness and effectiveness of public law outline (PLO) arrangements.
4. Planning for children placed with parents.
5. The strategic relationship with health services, and operational delivery across a range of health functions.
6. The provision of help for children living with domestic abuse, or in neglectful circumstances.

- ✓ Strong and effective senior leadership
- ✓ Rapid progress being made – particularly in the last 6 months
- ✓ Accurate self-assessment – leaders know their organisation
- ✓ MASH and EDT found to be strong
- ✓ Work with vulnerable adolescents at risk of exploitation
- ✓ Social Workers have strong relationships with children
- ✓ Work with children on the edge of care
- ✓ Strong LADO arrangements and those for children missing education
- ✓ Strong fostering and adoption services

- ❖ Consistency and quality of assessment and plans
- ❖ Planning for early permanence needs to be better
- ❖ Health arrangements for Children in Care and Care Leavers
- ❖ Tackling Domestic Abuse – particularly perpetrators
- ❖ Access to CAMHS
- ❖ Management oversight in the Assessment Service
- ❖ High caseloads – particularly in the Assessment Service
- ❖ Early Help and responding to children living with neglect
- ❖ Quality of Special Guardianship Assessments

…and the detail of the letter highlights other areas in need of improvement, as well as a number of strengths…

Improvement Plan

Ofsted Recommendation 1. Improve the quality, management oversight and impact of early help services.					
Action Description		**Operational Leads**	**By When**	**Outcome (Success Criteria)**	**Key Measures (how will we know we are making a difference?)**
1.1	Commission independent best practice review of Early Help offer and services that looks at needs, thresholds, pathways and impact on vulnerable children outcomes and underpins local improvement plan for council and partnership early help services, in line with Ofsted and other key findings.	Director of Community Solutions Director of Commissioning, Children's Care and Support (CC&S)	December 2019	A fit for purpose early help services and offer that delivers preventable services that make a sustainable difference to children's outcomes More children and families are supported through targeted Early Help, and as result less children require statutory intervention. Children and families receive timely support underpinned by a robust assessment and plan, with a named lead professional and robust multi agency working arrangements (i.e. team around a family). Improved pathways and joint assessments with housing and social care. A fully embedded quality assurance model which can evidence services and support is making a difference to children and families outcomes and experiences. Multi agency early help	Increase use of Early Help assessments. Increase in the percentage of children and families referred into children's social care with evidence of early help support or interventions previously. Repeat referrals and multiple assessments remain low and in line with London. Step up and step-down measures: Cases that are stepped up are deemed appropriate and step-down cases result in timely and targeted Early Help intervention that supports sustained change. Dip sampling audit activity shows the partnership understands referral pathways for homeless 16-and-17-year olds. Increase the number of joint assessments with housing and social care for 16-17-year olds.
1.2	Extend the Children's Care and Support QA framework into early help and realign capacity with Safeguarding and Quality Assurance function in Children's Care and performance functions.	Director of Community Solutions Director of Commissioning (CC&S)	December 2019		
1.3	Continue to monitor impact and effectiveness of MASH and Early Help services through enhanced local assurances arrangements such as scrutiny and new safeguarding board arrangements.	Director of Community Solutions	Ongoing		
1.4	Revise, publish and adopt a new homeless 16 - 17-year old protocol in line with national guidance including clear referral pathways for partners and regular audit schedule for compliance.	Director of Community Solutions	September 2019		

1.5	To extend social care workforce and practice developments into early help services, such as reflective supervision, professional standards and improvements in child's led experience.	Director of Community Solutions	April 2020	services are underpinned by robust individual and cross cutting performance management frameworks, including more robust approaches to commissioning and monitoring of services.	Increase in Early Help audits graded as good or outstanding demonstrating effective support and interventions.

Ofsted Recommendation 2: The quality and effectiveness of management oversight and supervision to ensure that children's circumstances improve within their timeframes

Action Description		Operational Lead	By When	Outcome (Success Criteria)	Key Measures (how will we know we are making a difference?)
2.1	Enhance capacity in line with the local plan in the Assessment Service to improve caseloads, allocations and increased management oversight.	Director of Operations (CC&S)	July 2019	Work is allocated, caseloads are lower and safer. Improved early permanence for new-borns and younger children. More permanent, less turnover in both permanent and agency staff in a workforce where staff can progress and flourish. Staff report feeling supported to effectively deliver their roles. Children and families support is delivered at a pace that bests meets their needs and understands their lived experience, and what needs to change for them	Average Caseloads - weekly Caseload Dashboard to show number of children and families and case type per social worker, ASYE and student are within local authority average. Increase in permanent workers and reduction in turnover. Reduced repeat referrals and/or multiple assessments; A lower conversion of s.47 resulting in NFA; A higher proportion of cases going to ICPC resulting in plans; Data highlighting consistent application of threshold across all assessment teams. Improvements in timeliness of S47s, strategy meetings, time open. Assessment timeliness.
2.2	Implement revised TOM that includes strengthened and specialist capacity in line with practice improvement areas, such as pre-birth, targeted intervention hub and adolescents at risk.	Director of Operations (CC&S)	April 2020		
2.3	Deliver an enhanced quality assurance framework and approaches that drive consistency in improving the child's lived experience, that is timely, meets their needs, and supported by good quality direct work, supervision and management oversight.	Director of Operations (CC&S) Director of Commissioning, Children's Care and Support (CC&S)	Ongoing		

2.4	New monthly front-line manager practice learning sessions, including practice observations, to focus on topics which include quality analysis, meaningful exploration of culture and identity, quality supervision and management oversight, understanding child's lived experience to ensure consistency of practice and effectiveness. (including compilation of exemplars of good practice).	Director of Operations (CC&S)	Ongoing	Audit and practice observation shows consistently that children and families are getting timely help, that the child's lived experience is improving, risks are reduced and that social workers are delivering good quality direct work, support by good quality management oversight and supervision Better decision making resulting in fewer children subject to multiple episodes of intervention and more sustainable and permanent outcomes Feedback from staff, through annual survey of supervision shows improvements in them feeling supported and challenged. CIN and CP plans and decisions are SMART and influenced by multi agency core groups.	Increase in the number of children seen, seen alone and without delay, where purposeful direct work is evident. Transfer dashboard shows no delay in cases moving through system including step up and step down. Increases in number and percentage of open cases with supervision in the month. 'Multiple entry matrix ' with all key measures. Audits show management oversight increases and supervision is regular, timely and of good quality i.e. purposeful, reflective and analytical. Length of time children and young people are subject to a Children in Need (CIN) and Child Protection (CP) plan is congruent with need and not influenced by lack of provision of services. Reduction in children on a CiN plan - better step down process. Increase in audits demonstrating CP plan quality good or better with clear actions. Compliance monitored by IROs and performance management meeting. Increase in CP core groups in timescale.
2.5	Introduce new formalised checkpoints to improve consistency for children within statutory process such as CIN and CP to monitor impact plan and reduce likeliness of drift and delay.	Director of Operations (CC&S)	September 2019		
2.6	Improve the quality of child protection plans to ensure they are SMART and include clear actions multi agency core group updates showing progress.	Head of Quality Assurance (CC&S)	Quarterly from April 2019		

Ofsted Recommendation 3. The timeliness and effectiveness of public law outline (PLO) arrangements.					
Action Description		**Operational Lead**	**By When**	**Outcome (Success Criteria)**	**Key Measures (how will we know we are making a difference?)**
3.1	Establish a monthly Permanence Taskforce to drive systematic improvements and robust single oversight of permanence arrangements and commissioned services for children at every stage of their journey, ensure critical challenge, monitor progress and ensure consistent application of thresholds.	Director of Operations (CC&S)	May 2019	Consistent and timely application of PLO thresholds in line with child's lived experiences. All staff can articulate what permanence means for a child and how we support and manage this in Barking and Dagenham. Overall improvement in timeliness and oversight in PLO work i.e. reduction in average time taken to complete an assessment. Children are safe and achieve stability in their 'forever after home ' in a more timely way . Improvements in early permanence work underpinned by parallel planning so as not to delay children being placed in their 'forever after home ' . Consistently improved quality of viability and SGO assessments so that family members are assessed well and in a timely way and less	Data reporting shows all cases in pre-proceedings PLO process are subject to CP plan. Reduction in number of pre-proceedings cases going over 16 weeks and care proceedings going over 26 weeks. A reduction in number of Supervision Orders. Reduction in the number of children going through proceedings more than once. Audit shows evidence that pre-proceedings was purposeful supporting "front loading" for care proceedings, driving more timely conclusions in proceedings. Audits demonstrate consistently that quality of supervision is better and managers are listening to social workers. Reduction in the number and percentage of children entering care via police protection. All children have a clear permanence plan recorded on LiquidLogic LCS.
3.2	Produce a PLO performance dashboard to track and report on timeliness and outcomes for both pre-proceedings and care proceedings activity for Legal SMT and for the Permanence Taskforce.	Head of Performance and Intelligence (CC&S)	June 2019		
3.3	Develop, train and roll out the Business Processes and Workflows of the 'Legal Workspace' in Liquid Logic to support greater management oversight for Heads of Service to monitor pace of progress.	Head of Performance and Intelligence (CC&S)	December 2019		
3.4	CAFCASS to attend legal SMT ensuring stronger links with the Courts.	Director of Operations (CC&S)	May 2019		
3.6	Commence an urgent independent and systematic review of all current PLO - pre- proceedings cases	Head of Quality Assurance (CC&S)	April 2019		

	focusing on progress, quality of practice and thresholds.			breakdowns of SGO placements .	Senior IRO leading on tracking and monitoring permanence. Fewer IRO escalations demonstrating drive in achieving permanence. Placement stability performance measures. Audits demonstrate consistently good or better viability and SGO assessments. Audits highlight comprehensive genograms at outset of assessments with outcome of family members being assessed in a timely way to ensure permanence is not delayed. PLO is not slowed down due to delay in commissioning assessments.
3.7	Revise local process to ensure all cases in pre-proceedings PLO are also subject to a CP plan.	Head of Safeguarding (CC&S)	July 2019		
3.9	Improve the quality of viability and SGO assessments through workforce development and strengthening the tools and processes of the SGO team to deliver assessments that are analytical and SMART.	Head of Service for Looked After Children, Adoption & Prevention Services (CC&S)	December 2019		
3.10	Embed the new permanence policy setting out standards, expectations and support for all social workers and managers to improve permanence practice.	Director of Operations (CC&S)	April 2020		

Ofsted Recommendation 4. Planning for children placed with parents.

Action Description		Operational Lead	By When	Outcome (Success Criteria)	Key Measures (how will we know we are making a difference?)
4.1	Increase oversight through the Permanence Taskforce of children placed with parents and plans for revocation of care orders. This will lead to timely consideration of discharge of care orders.	Head of Service for Looked After Children, Adoption & Prevention Services (CC&S)	Ongoing	Improved planning and reviews for children placed at home with parents. Timely applications and disposal of revocation orders supporting children and young people to achieve permanence.	Overview of number and % of children placed with parents. Audits highlight timely and effective reviews of children placed with parents with reduced re-entries into care. Audit activity highlights children are returning home in a planned way.
4.2	IROs to chair disruption meetings to improve planning for children reducing risk of children drifting home.	Head of Quality Assurance (CC&S)	April 2020		

4.3	Improve compliance through workforce training on placement with parents' regulations.	Director of Operations (CC&S)	December 2019		Data report indicating timescales for achieving revocation orders.

Ofsted Recommendation 5. The strategic relationship with health services, and operational delivery across a range of health functions.					
Action Description		**Operational Lead**	**By When**	**Outcome (Success Criteria)**	**Key Measures (how will we know we are making a difference?)**
5.1	Extend senior health leaders from CCG and provider to attend Children's Care and Support monthly Improvement Board chaired by DCS	DCS	July 2019	Children and families receive timely and effective CAMHS support and interventions Increased CAMHS provision More disabled young people and LAC benefit from CAMHS support. Children and young people have timely access to health services and this will lead to improved health outcomes. More LAC benefit from CAMHS support. Improved therapies (esp. Speech and Language Therapy). More care leavers to have a full health history. Improved health provision for care leavers, including mental	Higher percentage of Initial Health and Review Health assessments completed in timescales. Higher percentage of notifications and sending paperwork from social care to health completed in timescales (within 5 working days of the child becoming looked after). Reduction in the number of missed health assessment appointments for looked after children. Improved emotional wellbeing - SDQ scores for looked after children. Audits demonstrate improved access for disabled young people (CiN, CP and LAC) Access to CAMHS - waiting times performance measures. Increase in care leavers with a health passport and evidence that they receive a copy.
5.2	Ensure new opportunities presented by new working together embed local strategic and operational partnership working arrangements, underpinned by robust governance, quality and performance frameworks across CCG, LA and shared bodies such as safeguarding and health and wellbeing boards	Executive Director Integrated Care and Transformation, North East London NHS Foundation Trust DCS Managing Director BHR CCGs	September 2019		
5.3	Extend Children's Care and Support QA framework and audit to health activity and impact, where possible through joint audits and agreed standards.	Nurse Director, Barking & Dagenham, Havering and Redbridge CCGs.	September 2019		

5.4	Co-locate health and social care staff to improve the timeliness of IHAs.	Designated Nurse Safeguarding and Looked After Children BHR CCG Director of Operations (CC&S)	June 2019	health service. All care leavers to have a health passport. Stronger challenging Corporate Parenting Group with a clear focus on EET and health particularly.	IRO to check compliance and escalate as required.
5.5	Develop and implement new IHA process, pathways and performance dashboard to improve timeliness.	Head of Performance and Intelligence (CC&S)	June 2019		
5.6	Assess and review the CAMHS demand and capacity as part of CAMHS transformation with a particular focus of looked after children and care leavers.	Director of Transformation and Planned Care CCG	October 2019		
5.7	Ensure that all Social Care teams involved with LAC are aware of specific LAC role in the local CAMHS service and that staff members know how self/professional referral can be made, or advice sought if YP declines a CAMHS referral	Director of Transformation and Planned Care CCG	May 2019		
5.8	Redesign and modernise the health passport with care leavers, underpinned by a robust audit to understand variation and compliance, led jointly with health (commissioning and provider) and the Local Authority.	Designated Nurse Safeguarding and Looked After Children BHR CCG Director of Operations (CC&S)	December 2019		

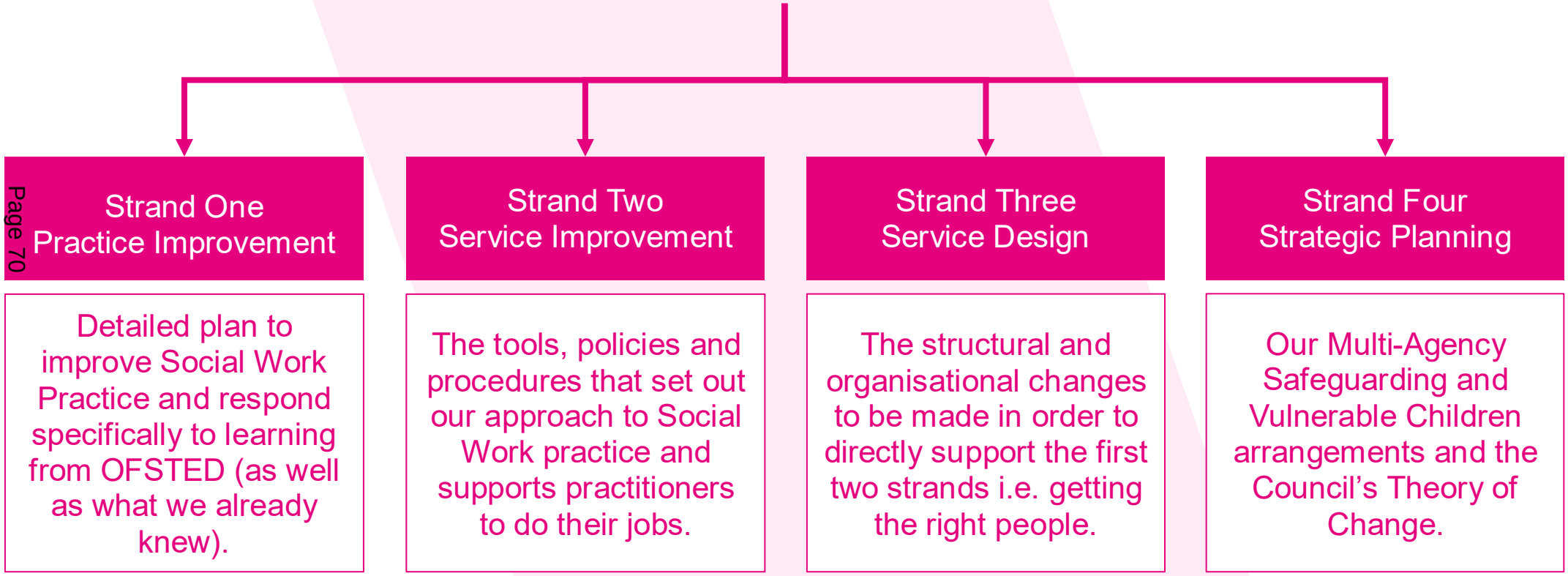
5.9	Undertake a Public Health Needs Assessment on vulnerable looked after children and care leavers and implement recommendations.	Director of Public Health	November 2019		

Ofsted Recommendation 6. The provision of help for children living with domestic abuse, or in neglectful circumstances.

Action Description		Operational Lead	By When	Outcome (Success Criteria)	Key Measures (how will we know we are making a difference?)
6.1	Implement the Graded Care Profile 2 to support better risk identification and assessment in cases of neglect – supporting the social worker to fully understand the impact of the neglect on the child and their lived experience.	Head of Quality Assurance (CC&S) LSCB	April 2020	Strengthened quality assurance and independent oversight of early help audit and scrutiny Stronger performance management arrangements in Early Help. Children and families receive targeted and specific domestic abuse support and interventions. Improved Domestic Abuse provision to match the level of need. Increase in number of perpetrators completing specific Domestic Abuse programmes.	Improved Quality Assurance framework Audits demonstrate children living with neglect and domestic abuse are improving. Reduction in children and families requiring high risk domestic abuse support. Perpetrators report they have stopped using abusive behaviours.
6.2	Implement New Targeted Intervention Hub to focus on tackling Domestic Abuse, neglect and edge of care e.g. Father's Matters, FSW provision and refocus of edge of care of SIB.	Director of Operations (CC&S)	July 2020		
6.3	Review and agree with statutory partners the local approach to neglect and domestic abuse, and in conjunction with other local developments including DV commission and tender for new DA strategic partner in order that local offer best meets the needs of vulnerable children and their families and includes perpetrator programmes.	Safeguarding Partners	April 2020		
6.4	Improve pathway and joint working between DV, adult mental health, and substance misuse services.	Commissioning Director Adults Care & Support	December 2019		

The OFSTED Plan and the Children's Improvement Programme

The Children's Improvement Programme brings together our published response to OFSTED (the OFSTED Improvement Plan) together with all elements of improvement activity into a single



Health and Wellbeing Board

10 September 2019

Title: Multi-Agency Safeguarding Partnership Arrangements	
Report of the Cabinet Member for Social Care and Health Integration	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Chris Bush; Commissioning Director, Children's Care and Support	**Contact Details** **Tel** 020 227 3188 Email: christopher.bush@lbbd.gov.uk
Sponsors: Elaine Allegretti; Director of People and Resilience | Jacqui Himbury; Nurse Director BHR CCGs | Shabnam Choudri; East Area BCU	
Lead Board Member: Councillor Maureen Worby; Cabinet Member for Health and Social Care Integration	

Summary

The publication of the Children and Social Work Act 2017, The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018 and Working Together to Safeguard Children 2018 guidance legislate for the formal ending of Local Safeguarding Children's Boards. They also set a series of new expectations, which include that all local areas should publish new multi-agency safeguarding children arrangements led by three statutory agencies (known as 'Safeguarding Partners'). These are the Local Authority, Clinical Commissioning Groups and Police.

These arrangements were required to be shared with the Department for Education and published by 30 June 2019, and in place by 30 September 2019.

This document summarises the published arrangements alongside our plans for implementing these arrangements by 30 September 2019. It also sets out our intentions for further developing our partnership arrangements between now and September.

Recommendation(s)

Health and Wellbeing Board is asked to:

a) Note the publication of the arrangements for LLBD and the plan for implementing the arrangements between now and April 2020.

1. Introduction and Background

1.1 The publication of the Children and Social Work Act 2017, The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018 and Working Together to Safeguard Children 2018 guidance legislate for the formal ending of Local Safeguarding Children Boards (LSCBs) as recommended in the Wood Review, accepted by Government in 2016. changes, which include all local areas to publish new multi-agency safeguarding

children arrangements led by the three statutory agencies. These statutory agencies (the Safeguarding Partners) are the Local Authority, Clinical Commissioning Groups and Police. The relevant legislation provides several clarifications within which any new arrangements must be framed.

1.2 Geography: Local arrangements can cover two or more local authorities. Each local authority must continue to fulfil its statutory and legislative duties to safeguard and promote the welfare of children. The same applies for Clinical Commissioning Groups and Chief Officers of Police (in respect of their safeguarding partner duties only).

1.3 Relevant Agencies: are those organisations whose involvement the safeguarding partners consider is required to safeguard and promote the welfare of local children. Strong, effective multi-agency arrangements are ones that are responsive to local circumstances and engage the right people. For local arrangements to be effective, they should engage organisations and agencies that can work in a collaborative way to provide targeted support to children and families as appropriate. This approach requires flexibility to enable joint identification of, and response to, existing and emerging needs, and to agree priorities to improve outcomes for children.

1.4 Whilst Working Together 2018 does not provide explicit guidance – rather leaving local areas to agree the arrangements they feel work best for their residents – it is made clear that:

i. A Local Authority area should not be covered by more than one group of Safeguarding Partners;
ii. That the representatives of Safeguarding Partners must all play an active role;
iii. that the representatives must be able to:
    - speak with authority for the Safeguarding Partner they represent
    - take decisions on behalf of their organisation or agency and commit on policy, resourcing and practice matters
    - hold their own organisation or agency to account on how effectively they participate and implement the local arrangements

1.5 The arrangements for LBBD were published on 27 June 2019 alongside a broader, high-level set of arrangements for how, and under what circumstances the wider local area would work together. For the purposes of these arrangements the wider local area includes the London Boroughs of Barking and Dagenham, Havering and Redbridge.

1.6 Following publication, Working Together 2019 requires us to implement the key components of our plans and formally transition from the Local Safeguarding Children Board arrangements to the new Safeguarding Partnership arrangements by 29 September 2019.

1.7 Some of our ambitions are longer-term and will not be fully in place by the 29 September deadline. This document will, therefore, discuss two distinct tranches of activity: that which must be completed by 29 September to ensure that relevant aspects of the new Safeguarding Partnership arrangements are on place to be compliant with Working Together 2018 requirements; and that which we plan to achieve by 31 March 2020 to fully realise our wider ambitions for multi-agency safeguarding in Barking and Dagenham.

1.8 As background to the agreed position considerable work has already been completed. More recently this includes:

i) a report to the LSCB on 15th May 2019;
ii) a report to the Council's Cabinet meeting on 18th June 2019;
iii) the submission to the DfE on 27th June 2019.

1.9 These 3 documents are the foundation stones and framework for the transition planning and revised arrangements based on the key timetable taking the programme through to April 2020 and beyond.

1.10 Central to the developments and building on existing arrangements will be the transition of the LSCB. In parallel the arrangements and role of a Safeguarding Champion will be established working closely with enhanced quality assurance, performance and engagement activities.

2. Safeguarding Partnership Development

2.1 The Barking and Dagenham Safeguarding Children Board has already established many of the underpinning principles, priorities and ways of working that support the changes that are required from September 2019. Already established to support this are:

a) Agreed strategic priorities that are directly relevant to Barking and Dagenham and fulfil the requirements of the 3 Strategic Partners. These were agreed at the LSCB in November 2018 and published in the Annual Report endorsed by the Board in January 2019.

b) Established functioning work groups which provide a basis of ensuring that work is being progressed and afford the current Board challenge and assurance.

c) Established an agreed process for consistent decision making in relation to current requirements for SCRs which provide a firm basis for what will be required considering the changes brought about by Working Together.

d) The 5 fundamental touchstones set out in the Annual Report and below[1], and below, against which organisational changes post Working Together should be measured.

e) Published a vibrant Annual Report in January 2019, setting the scene and key principles for Working Together over the next 3 years.

2.2 The Barking and Dagenham Safeguarding Children Board engaged the support of an external consultant to coordinate support the development of the Safeguarding Partnership Arrangements. This consultant has previously been the Chair of Safeguarding Boards that were early adopters in implementing these arrangements and is also a member of the new National Child Safeguarding Panel. It has been beneficial helpful to have having external experience and knowledge in this process. to support discussion at many levels within Barking and Dagenham.

2.3 At a local level the external consultant led a session as part of the January LSCB Board and the note of those discussions was signed off by the Board in February.

2.4 When developing the proposed Safeguarding Partnership Arrangements careful consideration was given to how the shared priorities across the Barking and Dagenham, Havering and Redbridge footprint could be met in a more integrated way, whilst maintaining the integrity of local arrangements in each Local Authority area. While each of the individual

[1] i) Understand the risks faced by children and young people in Barking and Dagenham
ii) Work together well in every locality on all things that may cause children and young people harm. That must include adult behaviour that may cause harm to children.
iii) Support all staff, volunteers and community leaders in all settings to know what safeguarding means and what is required of them.
iv) Understand safety through the experiences of children and young people.
v) Work with Adult Safeguarding especially as young people grow up to become adults

geographic areas (based on local authority boundaries) are committed to much closer collaboration, co-operation and shared activity though each of the geographic areas are clear that there is a firm agreement that must be integrity of local arrangements based on each local authority footprint. There is no conflict in these proposals between this level of engagement and opportunities for joint working across the wider footprint and local needs. For this reason, the proposed arrangements have been set out at two levels.

2.5 At one level the proposed arrangements describe how the three statutory partners across Barking and Dagenham, Havering and Redbridge (BHR) will better work together across the footprint to meet shared safeguarding challenges. This naturally includes how we shape and seek to align our strategic and commissioning responses, but also takes account of how we make more efficient use of time and resources through, for example, multi-agency auditing, implementation of learning and development and shared operational arrangements such as those for reviewing multi-agency child exploitation (MACE).

2.6 Some of the significant safeguarding challenges in Barking and Dagenham are faced by both LB Havering and LB Redbridge, alongside health agencies and the Police who cover all three areas. These include young people who are both involved with and at risk from gang culture, knife crime and child exploitation. An integrated response to these difficult issues will allow for a more effective and targeted use of resources. Victims and perpetrators of adolescent crime pay little regard to borough boundaries.

2.7 The second, and more detailed, level of the proposals outline the local arrangements that ensure a continued focus on the needs of children and young people in Barking and Dagenham. These build on the agreed principles of the safeguarding partners and are linked to the shared priorities set out in the most recent Annual Report of the Barking and Dagenham Safeguarding Children Board. Crucially, these new arrangements enhance, rather than replace, the positive work that is already underway, whilst not simply renaming the existing structures.

3. Safeguarding Partnership Arrangements: Barking and Dagenham

Strategic Leadership and Assurance

3.1 To simplify and focus delivery and assurance a new Safeguarding Partnership Executive will replace the existing Safeguarding Children's Board (LSCB). This will build on the work of the LSCB and remain rooted in the agreed principles and priorities that the partnership has already agreed.

3.2 This group will lead the borough-wide response to safeguarding challenges in Barking and Dagenham. It will comprise the three statutory partners alongside the Lead Member for Children's Services and Lead Member for Education and be supported by the new arrangements for independent scrutiny. As required key leaders from the relevant agencies or other experts will contribute.

3.3 Essentially these meetings will:

a) Set the strategic direction;
b) Oversee the progress of the local response to strategic priorities;
c) Receive independent scrutiny and challenge (both against the strategic direction and progress); and
d) Fundamentally this revised Board will be driven by the experiences of our children, young people and their families who must be the focus of our local safeguarding systems.

3.4 To achieve this, the Safeguarding Executive will convene thematic, time-limited delivery groups and delegate authority to these groups to get on with business.

Delivering Good Outcomes

3.5 Thematic delivery groups will be mandated by the Safeguarding Partnership Board to lead on delivery. These will encompass and build on existing work groups as required. The focus of these groups will be firmly aligned to the priorities set by the Safeguarding Partnership and will be responsible for ensuring that a multi-agency plan is developed to meet these challenges, and that there is effective delivery of these plans. Where appropriate and feasible these sub-groups, or short-term task and finish groups, will be joint with other partnerships and Boards.

3.6 The Thematic Delivery Groups will deliver the strategic priorities of the Safeguarding Partnership while the Operational Delivery Groups will be responsible for ensuring the business of the Safeguarding Partnership is discharged. partnership. The Thematic Delivery Groups these will be permanently constituted groups. These groups will be responsible for:

- Performance and Quality Assurance (currently PQA);
- Practice Learning and Development, including Workforce Development (currently PDT);
- Child Death Reviews (joint with LB Havering and LB Redbridge);
- Coordinating Local Practice Reviews.

Effective Support, Delivery and Planning

3.7 These groups will work closely with the business support function to ensure the business of the Safeguarding Partnership is efficient and effective, deadlines are met, and include guiding the work of the support functions in place. Activities will also include oversight of a forward plan, the annual report leading the business plan, managing communications, as well as providing challenge for improvement activities and non-compliance by agencies, escalating any concerns.

Independent Challenge, Assurance and Engagement

3.8 A key component of the new arrangements is to ensure that an appropriate level of independent scrutiny is brought to bear.

3.9 To do this we intend to appoint an independent scrutineer to act as the cornerstone of our approach to independent scrutiny. The Safeguarding Champion would be supported by Safeguarding Partners to cast the approach to independent scrutiny in their own image, and it is envisaged that they would marshal the voices of not just our children and young people, but their wider families, local providers and the Third Sector. Essentially all those that must be able to have a say in how well our safeguarding systems are working.

3.10 In addition to this we will also draw on the existing scrutiny and quality assurance arrangements in each agency – not just the Safeguarding Partner agencies – to build as complete a picture as we can. The existing Performance and Quality Assurance Arrangements will be revised, but it is anticipated that the existing approach – of bringing together multi-agency performance and audit data, focused on outcomes and used to inform learning – will remain as the principle of this approach (though of course the opportunity to make any necessary improvements will be taken). Similarly, the role of Practice, Learning and Development (as it currently is) would also remain an important element of any scrutiny arrangements. Finally, a stronger voice for the Principal Social Worker will also be embedded in our new arrangements.

3.11 All the “relevant agencies” working in the Borough are integral to the success of our approach to Working Together. As well as engagement in the thematic and delivery groups, we will ensure at least 2 annual “Listen, Learn, Challenge” sessions to give focus and impetus to the work and an opportunity for the partnership to showcase their work and learning. There will also be new staff fora developed that tie together strategic priorities, practice challenges and learning from reviews using seminar, show and tell and reflective sessions.

Enhanced and improved working in partnership across Barking and Dagenham, Havering and Redbridge

3.12 When developing our arrangements careful consideration was given to how the shared priorities across the Barking and Dagenham, Havering and Redbridge (BHR) footprint could be met in a more integrated way, whilst maintaining the integrity of local arrangements in each Local Authority area.

3.13 The proposals describe how the three statutory partners across BHR will better work together to meet shared safeguarding challenges. To do this a BHR-wide Safeguarding Partners Group will be established. In accordance with the five themes set out previously, this group will grapple primarily with how the three areas may come together to meet common challenges and will also pave the way for streamlining similar activities. The group will not govern the local operations but will seek to ensure opportunities for mutually advantageous alignment are taken, and more prosaically where we can more efficiently work together.

3.14 The BHR Safeguarding Partners Group will:

- Develop cross borough responses where it makes sense to do so.
- Ensure local arrangements are focussed on local issues and that local learning is made available across the BHR area.
- Identify themes and activities that require independent scrutiny and commission scrutiny providers to provide challenge and guidance.
- Resolve any inter-agency conflict as might arise.
- Maintain an overview of the new arrangements as they develop.

4. Next Steps: Delivery and Implementation

4.1 Following the publication of the LBBD Multi-Agency Safeguarding Partnership Arrangements there are now developments to be specified - and tasks to be completed - in order that the implementation of the new arrangements are in place by 29 September 2019 and that consequently the existing LSCB arrangements can be formally ‘stepped-down’ as required. These are:

Strategic and Executive arrangements for coordinating the safeguarding activity of the three Safeguarding Partners.
This will set in place arrangements to ensure that Partners: i) come together to co-ordinate their safeguarding services; ii) act as a strategic leadership group in supporting and engaging others; iii) implement local and national learning including from serious child safeguarding incidents.
How Relevant Agencies (incl. Schools and Colleges) will be engaged in the Safeguarding Partnership.

How we will work together and with any relevant agencies. Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider may be required to safeguard and promote the welfare of children with regard to local need. Relevant agencies will be directly involved in revised work and task and finished groups and in the planning and presentation of the 2 set-piece annual conferences set out in previous reports.
The approach to Independent Scrutiny and capturing the Child's Voice
What will this comprise, who will lead it and *how* are we going to implement this by a) September 2019 and b) March 2020. This must include marshalling the range of scrutiny 'intelligence' and how we want to use it. The report to Cabinet has established that this role will be supported by existing assurance and performance approaches and read across to other, and existing, engagement and community-based activities.
Arrangements for producing an Annual Report of the Safeguarding Partners
How this will be produced and by whom, including how this will be independently scrutinised (including requirement to share with the National Panel and the WWC). The style and approach for the Annual Report will be based on the existing January 2019 format, though by definition it will have a greater level of engagement and involvement.
Agree the approach to funding
Establish the resource requirements for both implementation and business-as-usual (post implementation) and agree the funding arrangements.

Joint Working Protocol and Dispute Resolution Process
To document the precise nature of how the three Safeguarding Partners will work together – including how engagement with Relevant Agencies will be formally mandated – alongside a Dispute Resolution Process to ensure consistency.
Logistical Arrangements: the mechanics of making this work
How we are going to organise ourselves – in broadly structural terms – to discharge the responsibilities as Safeguarding Partners. This falls into three distinct strands: i) What are the thematic, time-limited delivery groups that will set about shaping our response to key safeguarding challenges e.g. Contextual Safeguarding, Neglect, Domestic Abuse etc; ii) How will we organise ourselves to support the business of safeguarding e.g. performance, quality assurance, practice development, training etc This will include development of any arrangements across the BHR partnership; iii) Establish clear and agreed terms of reference and operating model for the Safeguarding Quality Assurance Group with confirmed governance arrangements.
Child Safeguarding Incident and Safeguarding Practice Reviews
The existing protocol and procedure for identifying and reporting child safeguarding incidents, as well as the process for notifying the National Panel and commissioning

Local Practice Reviews needs to be rewritten to accord with the requirements of Working Together 2018.
Child Death Reviews (CDR)
This is largely in hand and being led by the CCG. The plans for moving to the new CDR were published in June 2019 and will, again, need to be implemented by 29 September 2019.
The Safeguarding Partnership Website
The website has already been initially revised and this will be evolved to ensure that the new arrangements by April 2020 are fully covered.
Review Information Sharing Agreement(s)
It would be prudent to revisit the Information Sharing Agreements (ISA) that are currently in place to ensure that they remain fit-for-purpose under the new arrangements and, where they do not, make any necessary adjustments.

4.2 Once we are satisfied that we have a plan in place to deliver what we must by 29 September, and the nature of the transitional arrangements are confirmed – including agreeing the nature of the resources and infrastructure that will underpin much of what we propose to do - planning will continue for the next phase.

4.3 Whilst the period immediately after September 2019 is likely to be one of consolidation i.e. embedding the new arrangements and fine-tuning, thought must then turn to the wider opportunities of the Safeguarding Partnership. This must include:

i. How the Safeguarding Partnership Arrangements can be a vehicle for wider strategic planning across the partnership i.e. how can these arrangements be used to tackle the complex challenges that are currently being tackled in multiple arenas in a disjointed way, and act as a 'lightning rod' for this activity to be discharged through a single, coherent channel;

ii. Examination of the various 'Working Groups' currently in place, specifically in safeguarding but also in the wider context – of which there are many – including those constituted under other fora such as the Health and Wellbeing Board and Community Safety Partnership. The objective of this will be to rationalise the approach (as described above) as well as to reduce the burden upon officers of all agencies to attend multiple meetings;

iii. Agreeing the shared challenges that the BHR Partnership will seek to tackle together, and what the approach to this will be, while keeping faith with the established partner priorities. This will include how the interface between the Integrated Care Partnership Board and the Children's Transformation Board will work in relation to the Safeguarding Partnership.

iv. Considering how the role of the Safeguarding Adults Board in Barking and Dagenham will work more closely with the Safeguarding Partnership, and if there are alternative models and approaches that may be more effective.

v. Building the case for joint working at an administrative/business support level i.e. how could performance, quality assurance, audit and training be streamlined, and could these functions be delivered more efficiently through shared functions and approaches. At both BHR footprint and more locally to LBBD including professional and business support

delivery of children's and adults safeguarding in the most effective and efficient working arrangements.

The work of the LSCB September 2019 – April 2020

4.4 To ensure there is no hiatus and that a focus remains firmly on children's safeguarding the current LSCB will meet as a Board on 11th September 10th December and 21st January, so too the existing work groups will continue.

4.5 To support the transition, the LSCB will, at its meetings, conduct regular business reporting but the rest of the meeting will be devoted to focused and supported seminar type sessions as follows:

- 11 September 2019: Neglect
- 10 December 2019: Domestic abuse and violence
- 21 January 2020: Voice of children and young people and engagement

5 Financial Implications

Implications completed by: Murad Khan (Group Accountant)

5.1 This report seeks to outline the key objectives, outcomes and the relevant milestones in implementing the new Safeguarding partnership arrangements in LBBD. Change in legislation has meant that the existing tri-borough safeguarding board needs to change to a partnership arrangement within each locality.

5.2 There will be a phased approach to implementation and as such this report does not go into the detail of the transition and funding arrangements, but rather acknowledges that these will need to be planned out in readiness for the report due on the 29th of September.

5.3 As it stands this report is mainly for information, setting out the background and legislation that is driving this change and seeking approval for the outlined approach and methodology for implementation, as such there are no direct financial implications arising from this report.

5.4 It must be noted that there are likely to be financial implications in the future which will become clear when the detailed plans on how the new arrangements will operate are produced. These are likely to be changes to current staff structures or existing infrastructure that may be required to operate the new Safeguarding arrangements, also agreement needs to be sought between the 3 partners on the funding arrangements of the new model.

5.5 Finance will expect to have oversight of these reports when produced so that the financial implications can be vetted.

6. Legal Implications

Implications completed by: Lindsey Marks - Deputy Head of Legal Community

6.1 The Children and Social Work Act 2017 significantly amended the Children Act 2004; one of the main pieces of legislation on safeguarding children. The changes to legislation have resulted in the replacement of LSCBs with local safeguarding partners. The new statutory framework requires the three safeguarding partners (local authorities, Police and CCGs) to join forces with relevant agencies, as they consider appropriate, to co-ordinate their safeguarding services; act as a strategic leadership group; and implement local and national learning, including from serious safeguarding. Relevant agencies include schools, youth offending teams, prison governors, immigration officials and many more (Schedule to

the Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018/789).

6.2 All three safeguarding partners have equal and joint responsibility for local safeguarding arrangements rather than operating through an independent chair of an LSCB. If a single point of leadership is required, then all three safeguarding partners should decide on who would take the lead on issues that arise. Scrutiny of the effectiveness of the safeguarding arrangements is to be undertaken however, by an independent person. A governing document could capture how the partners will work together and how the scrutiny would be affected.

6.3 In July 2018 an updated version of Working Together to Safeguard Children was published and required local authorities to begin their transition from LSCBs to local safeguarding partners. The statutory guidance provides that local safeguarding partners should agree the level of funding secured from each partner to support the new safeguarding arrangements. The level of funding secured from each partner should be "equitable and proportionate", with contributions from each relevant agency. Funding is required to be transparent to children and families in the local authority area and to include the cost of local child safeguarding practice reviews.

6.4 At least every 12 months the local safeguarding partners and relevant agencies must publish a report on what they have done as a result of the arrangements, and how effective the At least every 12 months the local safeguarding partners and relevant agencies must publish a report on what they have done as a result of the arrangements, and how effective the arrangements have been in practice.

6.5 The requirement for local authorities to begin their transition from LSCBs to safeguarding partners began in June 2018. The arrangements must be published by 29 June 2019 and implemented by 29 September 2019. Once such arrangements have been entered into, the LSCBs will have a 'grace' period of up to 12 months to complete and publish outstanding serious case reviews and four months to complete outstanding child death reviews (Working Together: Transitional Guidance). LSCBs are required to continue to carry out all their statutory functions until safeguarding partner arrangements are operative within a local area.

7. Other Implications

7.1 **Risk Management -** Safeguarding children is everyone's responsibility, and effective multi-agency safeguarding arrangements rely upon the active involvement of all agencies in those arrangements. The implications of these arrangements not being implemented or failing to work effectively are that the efficiency and effectiveness of children's safeguarding will be undermined.

This risk is being mitigated in several ways. Firstly, the planning and consultation that has preceded these arrangements has sought to ensure continued strong multiagency working practices. Secondly, those working practices of the BDSCB which are recognised as very strong practice have been retained within these new arrangements. Finally, all key positions within the new arrangements are filled by senior safeguarding partner representatives with extensive experience in multi-agency safeguarding practice.

7.2 **Staffing Issues –** There are no immediate staffing implications from this proposal. However, there may be changes in roles as progress towards a joint BHR infrastructure develops.

7.3 **Safeguarding –** In addition to the above, the adoption of these arrangements will ensure effective oversight of the multi-agency arrangements for the safeguarding of children and

young people and the promotion of their welfare. This in turn will ensure that agencies are working together to ensure an efficient and effective response to children and young people at risk of or subject to harm.

Public Background Papers Used in the Preparation of this Report

- The Children and Social Work Act (2017)
- Working Together to Safeguard Children (2018): Statutory guidance on inter-agency working to safeguard and promote the welfare of children.

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HEALTH AND WELLBEING BOARD

10 SEPTEMBER 2019

Title:	**Safeguarding Adults Board Annual Report 2018/19**
Report of the Independent Chair of the Safeguarding Adults Board	
Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Author: Brian Parrott, Independent Chair of the Safeguarding Adults Board	**Contact Details:** E-mail: brian.parrott@nhs.net
Sponsor: Elaine Allegretti, Director of People and Resilience	

Summary:

Local Safeguarding Adult Boards (SABs) have a statutory obligation to compile and publish an Annual Report and to provide this to the Chair of the local Health and Wellbeing Board. The reports are expected to provide an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of vulnerable adults.

The SAB's Annual Report 2018/19 highlights the work of the Board between April 2018 and March 2019. It sets out the key achievements, work of the partners, future priorities, how the SAB has worked to improve the protection of vulnerable adults across Barking and Dagenham and sets out plans for the year ahead. The Annual Report contains contributions from a range of organisations who are involved in safeguarding vulnerable adults in Barking and Dagenham.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. Receive the Safeguarding Adults Board (SAB) Annual Report 2018/19 and provide comments on its contents for the SAB to consider as they continue to develop their future plans.

Reason(s)

For the Health and Wellbeing Board to have an opportunity to comment on the work of the Safeguarding Adults Board prior to the publishing of Annual Report 2018/19.

1. Introduction and Background

1.1 The Care Act 2014 requires that local partners must co-operate around the protection of vulnerable adults at risk of abuse or neglect.

1.2 The Care Act 2014 identifies six key principles that should underpin all safeguarding work. These are accountability, empowerment, protection, prevention, proportionality and partnership.

1.3 The Safeguarding Adults Boards is made up of three statutory partners who are the Local Authority, the Police and the Clinical Commissioning Group (CCG). The Barking and Dagenham Safeguarding Adults Board also includes representation from other key local partner organisations and these are Barking Havering Redbridge University Trust (BHRUT),

North East London Foundation Trust (NELFT), the London Fire Brigade, the Probation Service, the chairs of the SAB's committees and other officer advisors.

1.4 The objectives of the SAB are to:

- Ensure that local safeguarding arrangements are in place as defined by the Care Act 2014;
- Embed good safeguarding practices, that puts people at the centre of its duties;
- Work in partnership with other agencies to prevent abuse and neglect where possible;
- Ensure that services and individuals respond quickly and responsibly when abuse or neglect has occurred;
- Continually improve safeguarding practices and enhance the quality of life of adults in the local area.

1.5 All Safeguarding Adult Boards are required to produce an Annual Report. The Annual Report attached has been produced with contributions from all partners of the Board. In particular, chapter 6 sets out in detail how partners have supported the work of the Board and implemented developments and improvements across multi agency safeguarding practice.

2. Proposal and Issues

2.1 The Annual Report includes a foreword by the Independent Chair of the Board, information about the Board structure and its committees, safeguarding data, the activity of the Board and of its partner agencies, quality assurance information, a statement from Healthwatch and a chapter around the Board's priorities for the coming year.

2.2. Key achievements of the Board in 2018/19 include the work of the two sub committees. The Performance and Assurance Committee, which is chaired by the London Borough of Barking and Dagenham, has worked to improve the quality and timeliness of data and reporting from all partners, including indications of trends, robustness of assurance and analytical reporting to the Board. The Safeguarding Adults Review (SAR) Committee, which is chaired by a senior NHS CCG officer, has put in place a new process for reviewing significant cases across the partnership and ensuring opportunities for wider learning from local and national cases. It is worth noting that no SARs have been commissioned in 2018/19.

2.3 The Board completed an all-organisations self-assessment, assurance and Board peer challenge exercise in May/June 2018, with a plan to repeat this in the early months of 2020.

2.4 The Board has also embarked on work and plans around improving opportunities for community engagement and listening to the service user voice. Plans will continue into 2019/20 and community engagement features in the SAB's Strategic Plan.

2.5 There has been extensive work around the review of the Board's priorities and the production of a new three-year SAB Strategic Plan.

3 Consultation

3.1 Consultation around the Annual Report has taken place with all SAB partners. All partners have made contributions to the report, with extensive discussions taking place at Board meetings as well as opportunities to comment on the final version.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

The SAB Annual Report and the work of the SAB supports the findings set out in the Barking and Dagenham Joint Strategic Needs Assessment (JSNA) in particular the themes around wellbeing, supporting vulnerable adults, supporting carers, health, long term illness and disability, mental health and social support networks.

4.2 Health and Wellbeing Strategy

The SAB Annual Report and the work of the SAB supports the Health and Wellbeing Strategy priorities and outcomes around integrated care, providing quality services, safeguarding, ageing well, physical and mental wellbeing and domestic violence.

4.3 Integration

The Care Act 2014 requires that local partners must co-operate around the protection of vulnerable adults at risk of abuse or neglect. The Safeguarding Adults Board has representation from statutory partners of the CCG, Police and Local Authority as well as key local partners of BHRUT, NELFT, the Fire Service and the Probation Service. The work of the Board and committees is supported by the three-year SAB Strategic Plan which includes joint priorities around health and social care that have been developed by all partners.

4.4 Financial Implications

The Safeguarding Adults Board received financial contributions for 2018/19 of £30,000 from the CCG, £5,000 from the Police/MOPAC and £500 from the London Fire Brigade. These payments go towards the running of the Board including staffing costs for the SAB Independent Chair and the Board Business Manager and administration costs and any other training and development needs. The London Borough of Barking and Dagenham make up the short fall of costs.

(Implications completed by: Murad Khan, Finance Officer)

4.5 Legal Implications

The SAB is a statutory Board as set out by the Care Act 2014. There are no legal implications for this report.

Implications completed by: Lindsey Marks, Deputy Head of Legal Community

4.6 Patient/Service User Impact

The SAB wishes to do more to engage with and ‘hear the voice’ of people in the community that are accessing health and social care services. Community engagement is an ongoing priority for the Board and features in the SAB’s Strategic Plan.

5. Non-mandatory Implications

5.1 Safeguarding

The SAB has responsibility for safeguarding across the borough and this includes how the Board has worked together to protect vulnerable adults who may be at risk of abuse or neglect.

5.2 Customer Impact

The SAB wishes to do more to engage with and 'hear the voice' of people in the community that are accessing health and social care services. Community engagement is an ongoing priority for the Board and features in the SAB's Three Year Strategic Plan.

Public Background Papers Used in the Preparation of the Report:

- Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

List of Appendices:

Appendix A - Safeguarding Adults Board Annual Report 2018/19

Barking and Dagenham Safeguarding Adults Board Annual Report 2018 – 19

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Independent Chair's Foreword and Overview 2

This is the Annual Review report of Barking and Dagenham's Safeguarding Adults Board (SAB) for the year April 2018 to March 2019. However in practice, given that the report was agreed at the quarterly meeting of the SAB on 10 July 2019, it includes matters up to July 2019. This enables important inclusion of the Board's continuing and new ambitions and priorities for the whole of 2019/20 until March 2020 (see Chapter 8).

The report covers the first full year of my term as Independent Chair (begun in September 2017) during which time we have strengthened the Board by including in full membership of all seven key statutory organisations serving the borough - Barking and Dagenham Council with its wide range of functions and political leadership, NHS Clinical Commissioning Group, Metropolitan Police, Fire Service, Barking, Havering and Redbridge and North East London NHS Trusts, and Probation Service.

I have been personally very appreciative of the excellent willingness and commitment to the Board's work from senior and very busy colleagues of all organisations so as to enable the SAB to be an effective check on all multi-agency safeguarding practice, management, communication, information sharing, performance measurement, quality assurance and organisational governance. The SAB has operated in relation to individual cases and individual partners 'without fear or favour', challenging and seeking out assurance on varied matters of question, responsibility and action.

As I said last year in the Annual Report, the SAB has the responsibility* 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 Safeguarding Adults Board has three core statutory responsibilities under the Care Act 2014 – to produce this Annual Report, to have a Strategic Plan – see Chapter 8, and to undertake Safeguarding Adults Reviews when they are warranted.)

The scale of the challenges for safeguarding adults continue to be considerable. People in the borough who are in some way more vulnerable than others (e.g. frailty, disability, illness, limited language, culture or being of a minority in some other respect); are therefore at a higher risk of harm, abuse or neglect by some other more powerful person or body. The data around safeguarding concerns can be seen in this report at chapter 5.

Protection arrangements need to be alert, available, appropriate, responsive and personal ('making safeguarding personal'). They also need to be responsive to newer and expanding areas of abuse, such as modern slavery, human trafficking, multiple forms of exploitation and domestic abuse, financial and cyber abuse. All of these impact most harshly on people who are less able to resist threats because of their mental capacity, mental health, homelessness and other less robust lifestyles. Notwithstanding, any one of us is potentially vulnerable to becoming a victim of harm by those who neglect or by the failure of a service that may cause us harm.

People in Barking and Dagenham may also become more vulnerable as services, staff and partnerships working in different agencies become more stretched with reduced funding and resources, delays in service and practitioner staff who have too much expected of them in the time they have available. Offering people individualised advice, advocacy, support or care takes time and skill. It is vital that the SAB holds a realistic overview of what is needed, what can be done and how well things are done, holding to account and reporting in a public document such as this.

During the year I am pleased to report that we have:

- Put in place two strong Board committees with delegated responsibilities for (i) Performance and Quality Assurance (chaired by a senior Council officer) and (ii) Safeguarding Adults Reviews (chaired by a senior NHS CCG officer). The former has improved markedly the quality and timeliness of data from all partners, indications of trends and robustness of assurance.

- Given time and thought to ways the Board can most effectively take forward its responsibilities for (iii) Learning and Development and (iv) Community engagement and listening to service user voices. These continue with active plans into 2019/20.

- Completed an all-organisations self-assessment, assurance and Board peer challenge exercise in May/June 2018, with a plan to repeat this in the early months of 2020, next time jointly with Havering SAB. Where possible the Independent Chairs and Board Managers across Barking and Dagenham, Havering and Redbridge are increasingly working together on those matters which lend themselves to tri-

borough common (or near common) approaches. Nevertheless, it is important to emphasise that the Barking and Dagenham SAB continues to have the sole statutory responsibility and public accountability for what happens in and to people in this borough.

- At a personal level, in my 'independent' role 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.

Chapter 8 of this report demonstrates how the SAB is thinking ahead not just to the improvements and developments needed in 2019/20 but also to its longer-term ambitions and priorities for the whole of the three year period to March 2020.

Readers will note repetition, rightly, of a few core headlines:

1. Robust processes for responding to concerns and enquiries and communicating with others about them, wherever they emerge.

2. Making Safeguarding Personal (literally).

3. Ensuring close links with child safeguarding, domestic violence, community safety, health and well-being partnership working, both at individual case and multi-agency organisational levels.

4. Meaningful engagement, listening to, learning from and adapting because of voices from beyond senior levels of the statutory organisations – service users/patients/victims/carers, practitioner staff, local community organisations representing minority perspectives and others.

5. Keeping the SAB 'real' and grounded in the reality of people's lives and their worries in Barking and Dagenham.

I hope that it will be apparent from the above paragraphs that the Barking and Dagenham Safeguarding Adults Board 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. Resource and staffing pressures on all partners, practitioners and managers are immense. Nowhere is there any complacency.

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, three NHS organisations, Police, Fire and Probation 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

What is Safeguarding? 3

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 Committees 4

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:

- the Council Cabinet Member for Social Care and Health Integration
- the two 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
- a representative from the London Probation Service
- 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.

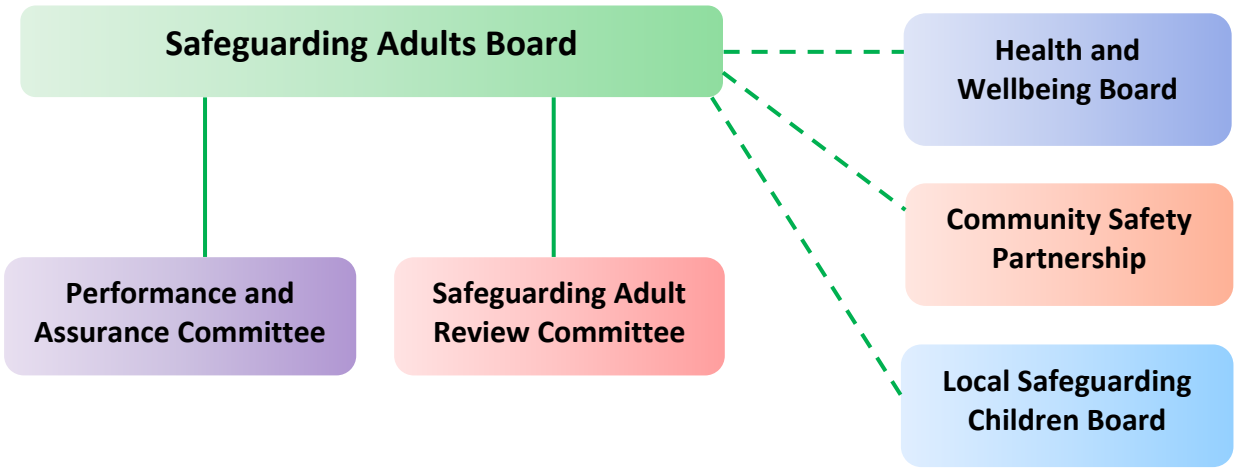
The Chair of each of the two committees is responsible for:

- 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.

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.

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 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 2018/19 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:

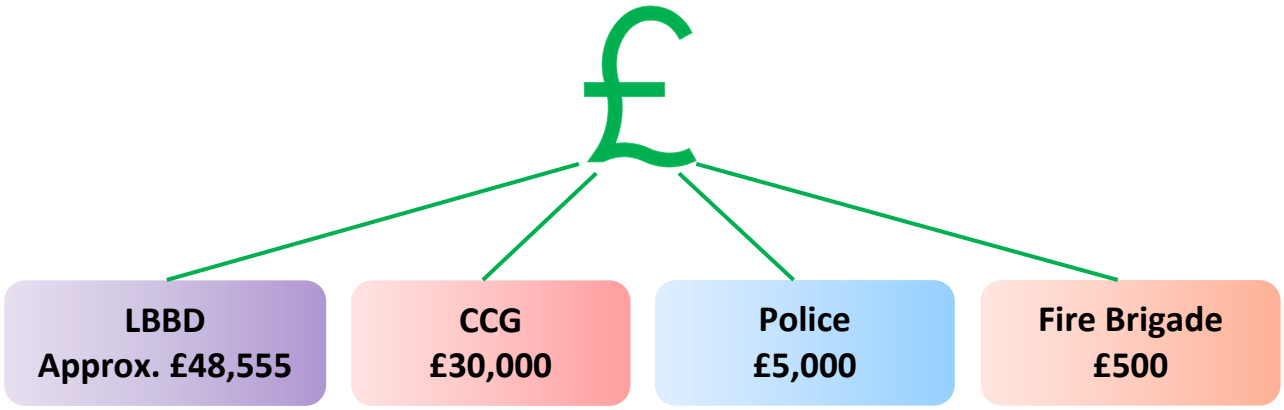
- has died as a result of abuse or risk (either known or suspected) and there are concerns that partner organisations could have worked together more effectively to protect that adult.

- 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. No SARs were commissioned in 201718.

Financial Contributions and Expenditure

Statutory partners make financial contributions to the Safeguarding Adults Board. For 2018/19 the partner contributions to the SAB were as follows:



The following table shows a breakdown of the expenditure for 2018/19. This includes staffing costs for the SAB Independent Chair and the Board Business Manager and administration costs.

Expenditure	**Cost**
Safeguarding Adult Reviews (SARs) – no reviews were commissioned in 2018/19	0
Support services costs, including staffing (SAB Independent Chair and the Board Business Manager) and support budgets	Approx. £82,631
Board Administration Costs	Approx. £927
Total	**£83,555**

Safeguarding in Numbers 5

1483 safeguarding concerns were raised to LBBD

340 safeguarding enquiries commenced and 388 concluded during the year

This is a reduction of 9% compared to last year

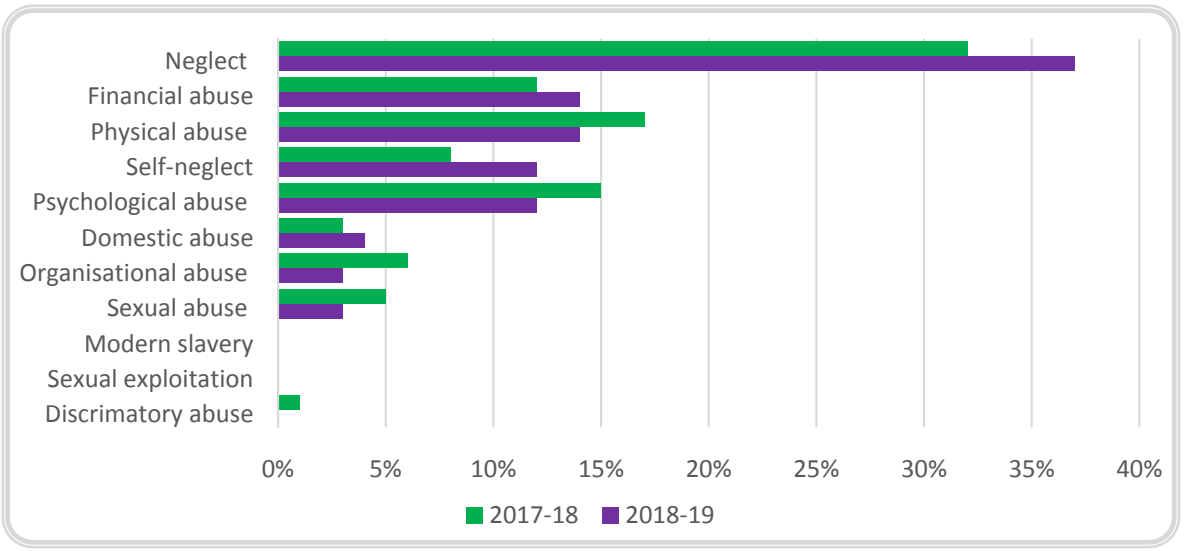
37% of safeguarding enquires were about neglect and acts of omission which is lower than last year.

65% of risks were investigated in the person's own home.

In 97% of cases action was taken and the risk was reduced. This is the same as last year.

No Safeguarding Adult Reviews were undertaken in 2018/19

Safeguarding Enquiries (Section 42) by type of risk



Safeguarding Performance 2018/19

During 2018/19 1,483 concerns were raised to the Council, which represented a 9% reduction on the previous year. There had been a year on year rise in referrals from 2012/2013 which indicated that professionals and the public found it easier to report abuse. Given the recent decline in referrals the SAB will continue to monitor referral rates to be reassured that cases of abuse are being identified and reported appropriately.

Of the concerns raised during the year, 396 led to further investigation through enquiries, compared with 462 in the year before. This is a proportionate reduction in the level of enquiries given the reduced number of referrals. Enquiries also reduced when measured on a per-head basis (266 per 100,000 people compared with 311 in 2017/18).

Neglect, physical abuse and financial abuse remained the most common referral reasons, however it is worth noting that the recorded levels of both neglect and self-neglect in the borough increased and appear to remain above the rates of similar boroughs.

As in previous years, the most commonly reported location of abuse was the adult at risk's own home. We continue to show differences to similar boroughs, with higher levels of concerns arising in people's own homes and lower levels in care homes. When comparing our own figures year on year we observed an increase in the level of concerns arising in other locations, including unknown locations, from 4% to 9%. Further investigation is being undertaken to determine whether this a recording issue or a genuine trend.

During 2018/19, 70% of Section 42 enquiries led to risk being identified and in 97% of cases that risk was either reduced or removed completely. This increased from 90% in 2017/18. It should be noted that it is unlikely that risk would be reduced or removed in 100% of cases as individuals can exercise the choice to manage and mitigate risk themselves.

The work undertaken by the SAB and partners in respect of mental capacity assessment continued to have an impact. During 2018/19 it was recorded in 22% cases that the adult at risk lacked capacity and remained steady compared with the year before (21%). All adults who lacked capacity had the support of an advocate or family in the enquiry process (2018/19), an increase from 88% in the year before.

The number of Deprivation of Liberty Safeguards applications processed increased by 21% to 770, continuing the year-on-year rise in numbers. The pressure on this system is recognised nationally and reflected locally in the fact that only 7% of standard applications were completed within timescale.

The SAB's Partners 6

London Borough of Barking and Dagenham

Developments and Improvements in Safeguarding Adults Practice

2018/19 was a year of consolidation and stabilisation within Adults' Care and Support following the 2017/18 year which saw the former Intake Service and the multi-agency safeguarding hub transferring to Community Solutions and mental health social work coming back into the Local Authority. Processes within each area have been reviewed to ensure that safeguarding remains robust.

A new Principal Social Worker (PSW) started in the Autumn and has been working with consultant social workers to improve and audit safeguarding practice across the workforce. With the implementation of Liquid Logic, the PSW has also been working with all social workers and relevant Community Solutions Officers to improve recording practices and this will continue into 2019/20.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Although there were no active Safeguarding Adult Reviews (SAR), 2018/19 saw the implementation of many of the actions resulting from the modern slavery SAR published in February 2018. The local authority led the multi-agency learning event in May 2018 which included mental capacity assessment and awareness raising around modern slavery and human trafficking, developed the modern slavery pathway with agreement from the SAB and conducted a pre-Assembly briefing to Members on modern slavery. Social workers have also received training around modern slavery and the new pathway and an internal campaign has been conducted to encourage whistleblowing.

2018/19 was also a year of strengthening relationships. The Quality Assurance team have embedded the Quality Assurance Policy and an 'improvement culture' with providers in Barking and Dagenham and monthly internal intelligence sharing meetings are working well and have encouraged collaborative working. Providers come to the team for advice and expertise and the team have had notable success in supporting and empowering providers to improve, with a number of providers moving from suspension to 'green' (performing well) within a short timeframe. This improvement work has extended beyond Borough boundaries, with joint work taking place between Commissioning, Operations, Quality Assurance, Care Quality Commission (CQC) and Newham and Redbridge Local Authorities. The Principal Social Worker is working with social work teams and the Quality Assurance

team to embed joint working practices around safeguarding enquiries and this will continue into 2019/20.

Objectives and Ambitions for 2019/20

Our main ambition for 2019/20 is to review the way that we provide our social work. We will be moving away from a static model of social work driven by care management, to a relationship and strengths-based model. This will have a positive impact on safeguarding practice (within the remit of the London Multi-Agency Adult Safeguarding Policy and Procedures) and strengthening our approach to Making Safeguarding Personal in particular. As stated above, we will also be introducing a more robust audit regime, ensuring that our safeguarding practice and business processes are compliant and efficient with appropriate escalation.

2019/20 will also see us taking a proactive approach to our safeguarding practice through our work with external experts. We have initiated a diagnostic review of the use of restraint with children and vulnerable adults across Barking and Dagenham to develop solutions and frameworks needed to better manage the use of restraint across Care and Support. We have committed to a London ADASS peer review, focusing on safeguarding practice, in November 2019 to celebrate our successes, but also for our future learning and development. Additionally, we will be co-producing the next phase of our Disabilities Service with staff, partners, service users and stakeholders following a number of recommendations that have been made by SCIE, our staff and managers.

We will be moving the responsibility for our service users with dementia and memory related conditions from Integrated Care to our Mental Health Service. This move took place in April 2019 and will improve working, partnership and safeguarding practices. As a result of this move, the Mental Health Service will take the lead on embedding the Liberty Protection Safeguards when they replace the current Deprivation of Liberty Safeguards system later in 2019/20.

Finally, with regards to our quality assurance ambitions for 2019/20 for safeguarding and in line with the SAR, we are looking to introduce spot checks with regards to exploitation and modern slavery.

The Metropolitan Police

Developments and Improvements in Safeguarding Adults Practice

In the last year the Metropolitan Police has established a tri-borough model of local policing. East Area Borough Command Unit (BCU) was one of two introduced to test and develop the concept. It has now been adopted as the force model and the remainder of the MPS will now adopt the same model across eleven other BCUs.

In relation to Safeguarding, East Area has developed significant practices in regard to offender management, court orders and Clare's Law disclosures. It brings together previously separate facets of policing including specialist domestic abuse, serious sexual and child offence investigators under one local command and sees safeguarding become an integral part of local policing.

Objectives and Ambitions for 2019/20

Two years on from inception the merged BCU, Safeguarding has evolved into a nationally recognised area of good practice and even though the whole organisation is at the beginning of a journey, we are proud but not complacent of our achievements. The next calendar year will see a focus on our first response police officers, to provide them with the skills and knowledge to investigate thoroughly all but the high risk of domestic crime – by far the biggest volume of vulnerability crime in the local police area.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Met in implementing the BCU design is fully committed to multi-agency safeguarding. The three MASH teams can support each other at times of high demand. In addition, new emerging threats of Child Sexual Exploitation (CSE) and County Lines is addressed by specialist referral desks.

The 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. The East Area BCU has issued more control orders in the past twelve months than the rest of the whole of the MPS combined. Often these orders are followed by multi-agency strategy discussions to create an effective safety plan for the future.

Barking and Dagenham NHS Clinical Commissioning Group (CCG)

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 Adult Designated Nurse for Safeguarding role has been further embedded within the local health economy into its third 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 2018/19 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 a Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (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 2018/19 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 Safeguarding Adult Review Committee and comparison and analysis and provision or narrative of provider data for inclusion within the performance dashboard. As well as this input, the Adult Designated Nurse for Safeguarding participated in the work of the SAB Committees, in addition to chairing the local Quality Surveillance Group (QSG) Meeting. The purpose of the Local Quality Surveillance Group is to retain oversight of the Local Nursing Home Strategy and to monitor and review the progress and impact the work is having on quality of care for care home residents. The group meets quarterly and is chaired by the Adult Designated Nurse for Safeguarding. The group is attended by representatives from the London Borough of Barking & Dagenham, Barking and Dagenham Healthwatch, the CCG, the Care Quality Commission (CQC), the London Borough of Havering, Havering Healthwatch, the London Borough of Redbridge, Redbridge Healthwatch, the London Ambulance Service, North East London Commissioning Support Unity (NEL CSU) and Outer North East London (ONEL). It has provided opportunities to discuss case studies which have involved adults receiving care and share learning.

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 2019/20

- Ensuring that internal CCG Adult Safeguarding level 1 training compliance levels reflect those as required of commissioned services at 90% at Prevent training at 85%.
- Ensure GP training is rolled out across the three boroughs in the areas of the safeguarding adults, mental capacity and deprivation of liberty safeguards, Prevent, modern slavery and domestic violence.
- Scoping the potential Court of Protection community deprivation of liberty cases that the CCG commissions care for and to follow up any work as necessary.
- Develop a robust monitoring system for care homes with nursing and ensure that the Local Quality Surveillance Group oversees the quality of these in 2019/20.
- Work collaboratively with key stakeholders and commissioned services to reduce the number of community acquired pressure ulcers.
- Working with contemporary safeguarding challenges e.g. domestic abuse, online threats, homelessness, suicide and social isolation.
- Improving transitions from children's services to adulthood.

Barking Havering and Redbridge University Hospital Trust (BHRUT)

Developments and Improvements in Safeguarding Adults Practice

BHRUT have continued to develop safeguarding adults' practice by responding to learning from safeguarding adult concerns and Safeguarding Adult Reviews.

Areas of improvement during 2018/19 have included updating the Trust's Safeguarding Adult Concern form to prompt referral to the London Fire Brigade if self-neglect and/or hoarding has been recognised. The Mental Capacity Assessment form has been simplified to aid completion and monthly workshops which use innovative training videos (role play) to assist staff in the practical application of mental capacity assessment have been created. A mental capacity act newsletter is produced quarterly to provide accessible information to all Trust staff. A patient information leaflet has been developed to support service users to understand the adult safeguarding process and to encourage Making Safeguarding Personal.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Director of Nursing, Safeguarding and Harm Free Care represents the Trust at the Barking and Dagenham Safeguarding Adults Board (SAB) whilst members of the safeguarding adults team attend the SAB committees and contribute to Safeguarding Adult Reviews as appropriate. The BHRUT Safeguarding Adults team work collaboratively with the multi-agency partnership to safeguard adults at risk through appropriate information sharing and timely responses to abuse or neglect.

Objectives and Ambitions for 2019/20

BHRUT will continue to fulfil the commitments set out in the Trust's Safeguarding Strategy. Key objectives identified for the year ahead are to develop a 'pocket-sized' Safeguarding Staff Handbook, introduce Safeguarding Drop-in sessions as a forum for staff to discuss and reflect on safeguarding incidents and cases and strengthen the safeguarding adults trigger checklist, completed by Emergency Department staff, in response to contextual safeguarding.

North East London Foundation Trust (NELFT)

Developments and Improvements in Safeguarding Adults Practice

The NELFT Safeguarding Strategy 2018 - 2021 was approved and adopted in December 2018 and replaces the previously separate adult and children safeguarding strategies.

The Safeguarding Standard Operating Procedures (SOP) have been reviewed to reflect the 'Think Family' ethos. The updated safeguarding intranet page was relaunched in 2018. This provides clear, user friendly pages enabling staff to source local information more efficiently.

To further strengthen governance and communication, the Safeguarding Team has representation at the Local Leadership Teams and the Community of Practice (COP) steering groups. COPs are communities of clinicians and managers who inform, shape and lead on the development of best practice. They provide strategic direction and quality improvement in clinical delivery across NELFT.

The NELFT Safeguarding Team completed range of audits in 2018/19. Good practice identified included timeliness and quality of advice given by the safeguarding team; 100% compliance in gaining consent within the MSP objectives and an increase in the appropriate use of raising safeguarding concerns to the local authority.

Improvements include embedding tools such as child sexual exploitation (CSE), female genital mutilation (FGM) and Safe Lives DASH Risk Assessment (domestic abuse). This has been strengthened within safeguarding training and reiterated through safeguarding supervisor's networks and link practitioner forums.

The bi-annual adult safeguarding practitioners' forums were well received and focused on domestic abuse, managing homelessness and modern slavery.

The Safeguarding Team has worked with the human resources team and reviewed the Managing Safeguarding Allegations Against Staff Policy to ensure it is compliant with best practice.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

NELFT continues to prioritise partnership working at both strategic and operational levels. This includes contributing towards safeguarding learning and development within the multi-agency partnership.

The SAB is regularly attended by the NELFT Integrated Care Director for Barking and Dagenham. Key pieces of work are further supported by the NELFT Safeguarding team. Key learning from serious incidents are shared via the SAR panel arrangements and discussed and shared to explore learning opportunities.

All staff are cognisant with the Trust's obligation to provide information to the local authority to support safeguarding enquiries in line with the Multi Agency Safeguarding Policy and Procedures and the Care Act 2014. NELFT practitioners attend safeguarding meetings as required by the section 42 safeguarding process.

The NELFT safeguarding team meet regularly with the CCG designated safeguarding professionals to review the safeguarding strategy, safeguarding risks and any learning and action plans from Safeguarding Adult Review, Domestic Homicide Reviews and Serious Case Reviews.

Objectives and Ambitions for 2019/20

- To review and update the NELFT domestic abuse guidance and procedures.
- To support implementation of the Liberty Protection Safeguards.
- The Safeguarding Team will be working with CCG safeguarding leads to review the NELFT Safeguarding Training Strategy.

The Fire Service

Developments and Improvements in Safeguarding Adults Practice

During 2018/19 the Fire Brigade reviewed the internal Safeguarding Adults Policy and updated this in line with the London Multi Agency Adult Safeguarding Policy and Procedures, to incorporate the particulars of the Care Act 2014. This has been published and is available to all staff via the internal intranet. The related Hoarding Policy has been revised to signpost the issue (hoarding) as requiring a 'self-neglect' referral to Adult Social Care.

In addition, as part of the implementation of the recommendations from the Mayor's Office for Policing and crime (MOPAC) and London Fire Brigade review into adult safeguarding (2018) we have started revising our safeguarding referral process. We plan to upskill a larger cadre of individuals with the necessary knowledge and understanding to review and action referrals, a change intended to lead to greater efficiency.

Work is underway to better coordinate our involvement in Safeguarding Adult Reviews (SARs) from a centralised perspective. Using a SAR from Haringey (published February 2019) we are trialling a new approach whereby, alongside the local Borough Commander, a member of the central safeguarding team is engaged in the process from the start of the SAR through to the execution of the recommendations. This change is intended to provide greater support to the local Borough Commanders, improve resilience in this risk-critical area of work and allow for improved information sharing across the Brigade – something that the previous local-level approach did not provide.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The London Fire Brigade contributes to the SAB's development of information sharing and referrals pathways to ensure a multi-agency approach to Londoners' safety and wellbeing. The vast majority of Borough Commanders are non-statutory members of their local Safeguarding Adults Boards. In addition, Borough Commanders and Station Managers across London chair and/or participate in a range of subgroups concerning single-issue safeguarding concerns (i.e. hoarding panels) or specific at-risk individuals (such as high risk panels). Furthermore, the London Fire Brigade has voluntarily contributed £1000 to help each Board meet its priorities.

The organisation is also represented at several London-wide forums, such as the London Safeguarding Adults Board, the London Safeguarding Adults Professionals Steering Group and the London Safeguarding Adults Network. One of the key achievements of these groups was the updating of the Pan-London Multi Agency Adult Safeguarding Policy and

Procedures. As well as contributing to the public consultation relating to this update, the London Fire Brigade supported the lengthy process through active board participation and close collaboration.

On a national level London Fire Brigade is represented on both the NFCC Safeguarding Working Group and the Hoarding Subgroup. These groups were bedded in during 2018/19 and, as a regular contributor, have helped to shape their respective work plans for the year ahead.

Objectives and Ambitions for 2019/20

- Training - we will review the completion rates of our online training programme to ensure all members of staff have received this input. We are also scoping options to build upon our basic training provision, with a view to providing additional input for those staff members with greater responsibility for adult safeguarding.

- Internal Communications – we are looking to improve internal awareness of safeguarding issues and have committed to creating a dedicated area on our intranet site to help achieve this. We are also working closely with our Communications Team to create a series of short engaging 'talking heads' clips on key/ topical themes which to be posted on this area.

- Safeguarding Adult Reviews - an experienced member of the central safeguarding team is currently undertaking training to fulfil the role of SAR Champion. We will use this individual's enhanced understanding of the SAR system to develop a more coordinated and consistent approach internally to learning from SARs. We will also use a new, dedicated safeguarding area on our intranet to help disseminate the learning from SARs and highlight best practice.

- Collaboration – following the successful integration of our Hoarding Information Sharing Agreement with the London Ambulance Service we are planning to extend this partnership arrangement to include the Metropolitan Police Service. This has been agreed in principle and we are aiming to embed this practice during 2019/20.

The Probation Service

Developments and Improvements in Safeguarding Adults Practice

The National Probation Service (NPS) London Division has reviewed and relaunched the monthly case audit procedures and use of the LiPAD tool. The LiPAD tool provides a more robust audit tool that will include specific focus upon safeguarding adults practice. The tool will be completed online, presenting opportunities to extract results and data to better identify trends, examples of outstanding practice and areas in need of development.

All operational staff have an appraisal objective directly linked to continuous professional development and a minimum requirement to attend safeguarding training and one external training event.

Focus has been placed upon ensuring a clear line of accountability from the Probation Officer managing the case, to the Line Manager (SPO) supervising the Probation Officer. The SPO receives regular supervision from their Line Manager (ACO), who also receives supervision. Regular staff appraisals and the reflective practice supervision model which will be introduced early 2019, will ensure that there is a more robust framework for staff supervision and accountability. This new framework includes staff observations in practice and development of practice within supervision.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

MAPPA arrangements within the borough are in place and a strong engagement/ representation from all agencies has been sustained over the past 12 months. Level 2 meetings are currently co-chaired by a Senior Probation Officer and Level 3 meetings are chaired the NPS Head of Service for Barking and Dagenham.

Barking and Dagenham Offender Management Unit have an identified Safeguarding Adults SPOC (Probation Officer), as well as designated MARAC representative. A Victim Liaison Officer is also attached to the borough and located within the Offender Management Unit.

There are opportunities for greater collaboration between the National Probation Service and partner agencies to consider pre-release activity and the resettlement of an offender, following release from prison in circumstances where the offender may present vulnerabilities or be returning to reside with an adult who presents vulnerability and need.

The NPS London division are currently engaged with MOPAC and Victim Support to review the opportunities to better identify and engage with those adults who are assessed to pose a high risk of harm to others, but are also present as a victim or at risk from others.

NPS London will continue to focus upon youth to adult transition, with focus upon developing meaningful interventions and support to reduce risk and ensure effective rehabilitation within the community.

Objectives and Ambitions for 2019/20

- Improve the services provided to ex-military personnel among the caseload supervised by NPS London.
- NPS London to develop relationships locally with care leaving teams to ensure that appropriate resources are made available too young adults to support transition, rehabilitation and risk management.
- Develop a consistent and proactive response to engage with victims in London and increase the internal and external profile of the Victim Contact Scheme.
- Support review of the victim's Strategy and VCOP.
- Increasing the understanding of working with transgender offenders and ensuring all staff have attended formal training.
- Implementation of the LiPAD tool, with specific focus upon ensuring that all risks relating to safeguarding have been identified and appropriately recorded and actioned.

Quality of Care 7

The Adult Social Care Provider Market

The Council's Quality Assurance (QA) team is 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 2018/19 ten local social care providers were rated by the CQC as 'requires improvement' and out of a total of 109 operating in the borough. No providers were rated as 'inadequate. Eight out of our ten residential and nursing homes are now rated 'Good' and the Quality Assurance team have been mentioned positively within the published reports. The Quality Assurance team have supported providers on improvement plans to make positive changes. Our BRAG system has been used proactively and we have closed two providers who were unable to make significant improvements in their services despite support from the QA team.

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.

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. Recently the forum for residential and nursing care providers has been merged with the multi-disciplinary educational forum and case review meeting which is chaired by one of the borough's GPs. Merging these meetings means that the provider forums now include the participation from a number of clinical partners including GPs, Dietitians and Medicines Management Teams which gives vital support to providers which they may not always readily have access to. Over the coming summer Adults' Commissioning will be undertaking a tender exercise to establish a refreshed framework for all home care services. The current contracts for these services are due to come to an end in January 2020 and it is planned that the tender exercise to replace these contracts will begin in July 2019. 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.

For mental health and learning disability, commissioners have developed a supported living framework, which includes residential services and floating support providers. While this meets the majority of adult social care need, further work is required to develop a forensic offer for those with mental health diagnosis who have been in contact with the criminal justice system. Commissioners have also identified a need for specialist floating support for service users with a learning disability who present with behaviours that challenge and for those with a dual diagnosis (mental health / learning disabilities) who require specialist floating support to maintain their tenancies. To this end we will continue to engage with the provider market to ensure that the market can meet our needs and will have service user involvement throughout the process.

Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT) CQC Inspection

Between the 13 January and 21 February 2018, the Care Quality Commission (CQC) carried out unannounced inspections of the Trust's emergency and urgent care, medical care (including older peoples care) and surgery at both Queen's Hospital and King George Hospital and maternity services at Queen's Hospital. The CQC inspected these services previously between 2015 and 2016 and they had been rated as 'requires improvement'. The CQC returned to inspect these services to both evaluate the Trust improvement action plan as well as follow up concerns that had been raised to them through their intelligence monitoring.

For the purpose of this report only the CQC findings pertaining directly/indirectly to safeguarding processes are identified.

Is the Service Safe?

- Safeguarding of both adults and children was well managed in the Urgent and Emergency Services.
- Nursing staff compliance for completion of mandatory training and safeguarding training was good in Medical Care (including Older People's Care) at Queen's Hospital.
- Staff demonstrated appropriate knowledge and understanding of safeguarding procedures and how to escalate concerns. A dedicated safeguarding lead provided support with assessments and referrals on demand.
- A multi-disciplinary harm-free care and safeguarding team had been formed to sustain the Trust's momentum in improving the patient safety culture.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse in the Surgical Division across both sites.
- Staff were aware of their responsibilities in relation to protecting adults and children from abuse and harm. The maternity service had a named safeguarding midwife and designated specialist midwives for teenage pregnancy, perinatal mental health and substance misuse.

Areas for Improvement

The key actions to be delivered included:

- Emergency Department staff should have sufficient training in mental health including triage of mental health patients, observations and record keeping in line with NICE guidance and that all relevant Trust policies reflect the needs of mental health patients in the Emergency Department.

- Develop a policy and consistent monitoring system for instances of restraint, tranquilisation and patients brought into the Emergency Department under section 136 of the Mental Health Act.
- All staff must meet the level of safeguarding training required for their role, as set out in the intercollegiate documents.
- All staff must receive training or training updates in a timely way in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.
- All staff must be made aware of the actions they are required to take to ensure they act within the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- Staff are not meeting the 90% compliance rate for training in Mental Capacity Act and Deprivation of Liberty Safeguards. Midwives spoken to had limited confidence in applying the knowledge and training in everyday practice.

An overarching action plan was developed to address the areas of improvement. Progress on the delivery of the actions within agreed timeframes has been monitored by the Trust's Safeguarding Operational Group with exceptions reported to the Safeguarding Strategic and Assurance Group. As of end of March 2019, all areas for improvement have been actioned.

Barking and Dagenham Primary Care Providers

Out of thirty-five GP practices in the borough thirty have been rated as good. This is a vast improvement on Care Quality Commission practice (CQC) ratings from 2017 and means the quality of GP services across Barking and Dagenham have improved greatly with support from NHS England, Barking and Dagenham CCG and the CQC.

Four practices have been rated as requires improvement and one has been rated as inadequate and been placed in special measures. Practices rated as inadequate are re-inspected by the CQC after six months and can access support packages to help them improve their service offer. Equally those rated as requires improvement are supported to improve by the CCG primary care support staff. Common areas of development included safeguarding, education and training, practice policy updates and communication.

North East London Foundation Trust (NELFT) CQC Inspection

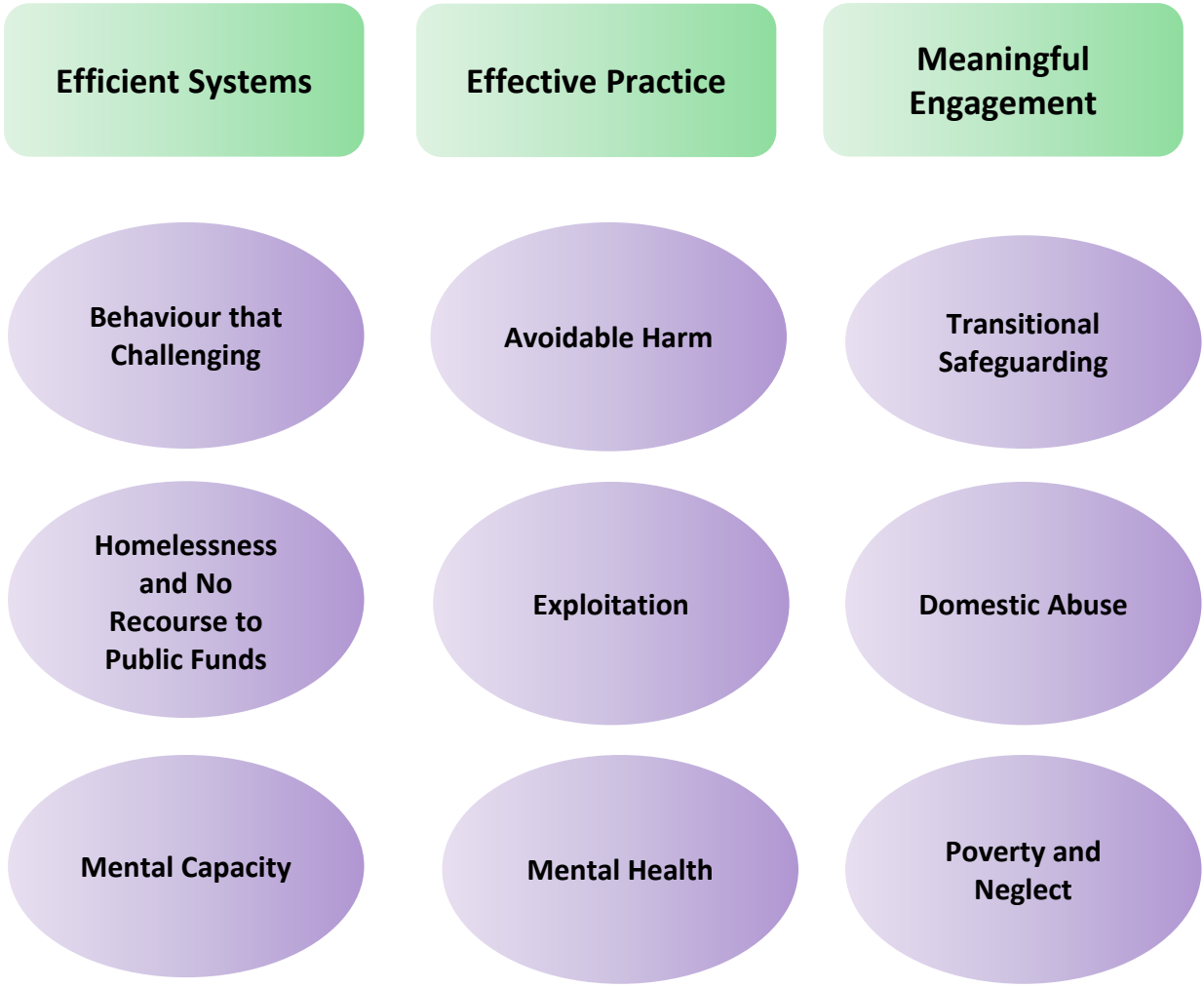
NELFT was inspected in October and November 2017 and was rated as 'good' for being effective, caring, responsive and well led. It was rated as 'requires improvement' for being safe.

A robust action plan was implemented to address the areas identified. This action plan has been monitored at the monthly quality senior leadership team and progress reported to Trust Board. The CQC will be re-inspecting NELFT during 2019 and the outcome of this inspection and any recommendations will be reported to partners when available.

Partnership Priorities 2019/20 8

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 has agreed that there are three distinct headings under which the partnership needs to focus on in its forward strategy. In addition to these are the priorities for 2019/20 which are set out below. These are incorporated into the SAB's strategic plan and committee work plans.



Healthwatch 9

Healthwatch is the independent champion for people using local health and social care services. We listen to what people like about services and what they think could be improved. We share their views with those with the power to make change happen, including Healthwatch England, the national body, to help improve the quality of services across the country. We also provide people with information about health and social care services available locally.

When engaging with the public, Healthwatch ask specific questions regarding the area of service we are inquiring about. During the past year, in response to public request, Healthwatch looked at access to local GP services and mental health in young people. People don't generally talk to Healthwatch about safeguarding matters and no safeguarding issues were raised to, or observed by, the team during the year. However, some areas of services where standards are observed to be compromised, may lead to preventable safeguarding concerns if they are not addressed by those services. In addition to recommendations to numerous other services, Healthwatch made recommendations for improvements to patient experience to nine GP practices in the borough as a result of Enter and Views between April 2018 and March 2019.

Healthwatch is part of the quality surveillance group. As a result, we are appraised of the work that health and care monitoring teams, working with CQC inspectors and the local authority, perform to scrutinise services and act on safeguarding concerns. This provides us with insight and 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. Healthwatch are happy to share relevant insights with the Safeguarding Adult Board.

Safeguarding Information 10

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
safeguardingAdults@lbbd.gov.uk

In an emergency:
Call 999 and ask for the Police

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

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

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HEALTH AND WELLBEING BOARD

10 September 2019

Title:	Childhood Obesity Scrutiny Review – Proposed Action Plan

Report of the Health Scrutiny Committee

Open Report	**For Decision**
Wards Affected: All wards	**Key Decision: Yes**
Report Author: Mary Knower, Public Health Strategist and Tom Stansfeld – Advanced Health Improvement Practitioner	**Contact Details:** Tel: 020 8227 5120 E-mail: thomas.stansfeld@lbbd.gov.uk

Sponsor:
Matthew Cole, Director of Public Health

Summary:

For 2018/19, the Health Scrutiny Committee agreed that childhood obesity would be the topic on which to undertake an in-depth scrutiny review. It was requested that the Review look at the evidence around tackling the issue at a system-wide level. This Review was timely as Public Health England and the Local Government Association had been working on developing a whole systems approach to obesity since 2015.

The Scrutiny Committee were concerned that although most partners were working well to tackle childhood obesity there was a lack of joined up approach in the system. The proposed action plan which was deferred at the meeting of the Board on 11 June 2019 sets out a series of actions to create better integration which can amplify the impact and outcomes of work already taking place.

Recommendation(s)

The Health and Wellbeing Board is recommended to agree the proposed action plan as set out in Appendix A.

Reason(s)

Addressing the obesity problem reflects the Council's ambition to make Barking and Dagenham a Borough where all residents get an opportunity to thrive and enjoy good health and well-being. The work of the Council to manage demand and improve resilience in our residents' links to the Scrutiny Committee's findings to create a system that prioritises healthier choices and earlier intervention for children.

This report also comes at a time when the health system is seeking greater integration of services across the Barking, Havering and Redbridge integrated care system. The questions in this Review can play a role in shaping how this new health system addresses one of the greatest health challenges facing us today.

1. Introduction and Background

1.1 Prevalence of childhood obesity, children over the 95th centile of weight, is increasing more in the most deprived areas than the more affluent areas of England and severe obesity is at its highest ever level of the past 10 years. In terms of ethnicity, analysis has found that levels of excess weight in Black and Minority Ethnic (BME) Year 6 boys were increasing faster than in White British Boys. However, in Reception, White British Girls were amongst the only groups showing an upward trend in excess weight.

1.2 Barking and Dagenham has the worst childhood obesity rates in London and little has changed over the past 5 years. This is impacting our children's' lives now and will continue to do so in the future.

1.3 The long-term cost of obesity and the impact on the quality of life for those who are overweight or obese means that system-wide action is required to reduce the level of obesity in this Borough. This Scrutiny Review and the recommendations that were produced as a result provide an opportunity to impact the current and future health and wellbeing of children across Barking and Dagenham.

2. Proposal and Issues

2.1 Based on evidence gathered during the review, which can be read here https://modgov.lbbd.gov.uk/internet/documents/s127513/Draft%20scrutiny%20review%20report.%20final.pdf, the following 11 actions have been proposed:

- The Council reviews how we use data to help us better understand residents' perspectives and needs, because the evidence demonstrates that we haven't understood enough about the obesity issue.
- The Council's goal for residents becomes the achievement of healthy weight, rather than just reduction of excess weight, because being overweight or underweight are both indicators for poor health outcomes.
- NELFT and the Council review the NCMP data and its use and consideration given to how the process can improve the targeting of weight management services, which will support families that need it most.
- All partners, as part of the overarching work to review services ensure that the pathway for signposting and referral to the HENRY programme is able to reach the families most in need.
- The Council adopt a whole systems approach to obesity, as advocated by the LGA and PHE and follow in the footsteps of the vanguard local authorities who have been implementing the approach.
- The HWBB support the formation of a system-wide stakeholder group that includes all relevant personnel, to take forward the actions at a system level.
- The Council supported by PHE, look to instigate a local healthier catering commitment by the fast food outlets.
- GPs/GP networks commit to liaising with schools and education to support families with the greatest need to access services e.g. referrals into HENRY and Lean Beans and to make lifestyle changes

- The CCG reviews its mental health commissioning arrangements to focus on work within education to support schools in improving the mental health and social integration of pupils.
- NELFT and the Commissioning Director for Education review its 0-19 service to take account of the need for a more nuanced mental health offer and better support for obesity work in schools.
- The Council, Education and Be First prioritise roads around schools with a view to making active travel for families the easiest way to get to and from school.

2.2. These actions focus on building a system where the healthier choice is the default and easier option and where actions are coordinated and joined up.

3 Consultation

3.1 The Stakeholder workshop which was part of the evidence review included a wide variety of partners whose comments were captured in the body of the report. The action plan has been shared with all partners who are leads for any of the actions.

3.2 Residents' views were sought through surveys and meetings with community focus groups.

4. Mandatory Implications

4.1 **Joint Strategic Needs Assessment**
The JSNA outlines the importance of improving the prevalence of healthy weight in achieving the outcomes for best start in life and the borough manifesto.

4.2 **Health and Wellbeing Strategy**
The report links well with and compliments the Health and Well-being Strategy, particularly the themes of the Best Start in Life and Building Resilience https://www.lbbd.gov.uk/sites/default/files/attachments/Joint-Health-and-Wellbeing-Strategy-2019-2023.pdf

4.3 **Integration**

The report and its recommendations support the implementation of system working, advocating all partners in health and social care working together to tackle the issue

4.4 **Financial Implications**

Implications completed by Murad Khan – Group Accountant

This report is mainly for information as such, there are no direct financial implications arising out of the report. The report does not identify any additional cost in carrying out the duties stated in the recommendations and therefore it is assumed that these will be achieved within existing resources.

4.5 **Legal Implications**

Implications completed by: Dr Paul Feild, Senior Lawyer, Law and Governance

4.5.1 There is a legal requirement under section 21 of the Local Government Act 2000 for councils which establish executive governance (this includes leader and cabinet, our model) to establish scrutiny and overview committees.

4.5.2 This report is from the work of the Heath Scrutiny Committee which has specific responsibilities with regard to health functions in the borough. Such Health Scrutiny Committees shall carry out health scrutiny in accordance with Section 244 (and Regulations under that section) of the National Health Services Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007 relating to local health service matters. The Health Scrutiny Committee in its work has all the powers of an Overview and Scrutiny Committee as set out in section 9F of the Local Government Act 2000, Local Government and Public Involvement in Health Act 2007 and Social Care Act 2001 (including associated Regulations and Guidance).

4.5.3 The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. In addition, as a best value authority under the Local Government Act 1999 there is a duty on the Council to secure continuous improvement. The Health and Well-Being Board terms of reference establish its function to ensure that the providers of health and social care services work in their delivery in an integrated manner.

4.5.4 The body of the report indicates childhood obesity is a major public health concern. As the quantitative evidence demonstrates, the scale and prevalence in the borough is significant and without intervention leads to young people having over their lifetimes serious but avoidable poor health outcomes. The recommendations for action proposed in this report are consistent with the Health and Wellbeing Boards responsibly to promote the health and Well Being Strategy.

Public Background Papers Used in the Preparation of the Report:

None.

List of Appendices

Appendix A Proposed Action Plan arising from the Scrutiny Review

Appendix A

Childhood Obesity – system-wide review: Proposed action Plan						
	Recommendation	**Action**	**Target Date**	**Progress**	**Lead Agency**	**RAG rating January 2019**
1.	The Council reviews how we use data to help us better understand residents' perspectives and needs, because the evidence demonstrates that we haven't understood enough about the obesity issue.	Borough Explorer expands its database on obesity figures and is reflective of resident input and perspective, so that interventions and work can be more targeted and meet resident expectations.	March 2020		Commissioning Directors and Community Solutions Mark Tyson, Chris Bush, Mark Fowler	
		Continue to consult with resident focus groups from the community as plans are developed to ensure that our programmes and work reflect the attitudes and beliefs of our population even as they develop.	March 2020		Commissioning Directors and Community Solutions Mark Tyson, Chris Bush, Mark Fowler	
		Service monitoring needs to provide assurance that this is being done, so that it becomes business as usual.	March 2020		Commissioning Directors and Community Solutions Mark Tyson, Chris Bush, Mark Fowler	
2.	The Council's goal for residents becomes the achievement of healthy weight, rather than just excess weight, because being overweight and underweight are both indicators for poor health outcomes.	Review our current targets and metrics to ensure that they are focussed on this and are reflected in the performance scorecard of the Council and its partners, through the HWB.	March 2020		Policy & Participation, Tom Hook	

Appendix A

Childhood Obesity – system-wide review: Proposed action Plan						
	Recommendation	**Action**	**Target Date**	**Progress**	**Lead Agency**	**RAG rating January 2019**
3.	NELFT and the Council review the NCMP data and its use and consideration is given to how the process can improve the targeting of weight management services, which will support families that need it most.	0-19 commissioners, PH, NELFT and Community Solutions establish a working group to review the referral pathway from NCMP assessment to admission to WM services. (This will link with the review being undertaken of Community Solutions services; the report on which is due in March 2019.) The outcome will be that children and their families who need it most are supported by our services, not just for traditional weight management but also for wider mental health issues associated with weight. This working group and other sub-groups will report every 6 months into the Childhood Obesity system-wide Transformation group (see recommendation 6)	March 2020		Children's commissioning: Heather Storey	

Appendix A

Childhood Obesity – system-wide review: Proposed action Plan						
	Recommendation	**Action**	**Target Date**	**Progress**	**Lead Agency**	**RAG rating January 2019**
4.	All partners, as part of the overarching work to review services ensure that the pathway for signposting and referral to the HENRY programme is able to reach the families most in need.	Partners establish a working group to review and revise pathway so that families who are in most need of support are enabled and encouraged to access it. Community Solutions should review their services and how they link with other partners; and there should be a single integrated pathway to refer children through. Group to report into system-wide Transformation group every 6 months.	March 2020		Community Solutions: Danielle Walker	

Appendix A

Childhood Obesity – system-wide review: Proposed action Plan						
	Recommendation	**Action**	**Target Date**	**Progress**	**Lead Agency**	**RAG rating January 2019**
5.	The council adopt a whole systems approach to obesity, as advocated by the Local Government Association and PHE and follow in the footsteps of the vanguard local authorities who have been implementing the approach.	The Council draws up a prevention picture based on insight of the targeted populations to inform evidence-based approaches. Use evidence from the BHR Joint Commissioning Board Prevention Paper and the Community Solutions review Create evidence reports for each of the key prevention areas: • Active travel • Fast food outlets • Targeting of most needy in terms of wider determinants. • Effective early years support The outcome will be that our programmes and upstream interventions are relevant for our population and provide the best return on investment at a population level.	March 2020		Public Health team	
6.	The HWB support the formation of a system-wide stakeholder group that includes all relevant personnel, to take forward the actions at a system level	System-wide transformation group established with Community Solutions that will oversee the new model for delivering on system-wide obesity. This system wide group will work across sectors to coordinate efforts and actions to improve the environment and make it easier for our children to be and stay a healthy weight.	April 2019		Public Health – Tom Stansfeld	

Appendix A

Childhood Obesity – system-wide review: Proposed action Plan						
	Recommendation	**Action**	**Target Date**	**Progress**	**Lead Agency**	**RAG rating January 2019**
7.	The Council supported by PHE, look to instigate a local healthier catering commitment by the fast food outlets.	Co-develop with local businesses a Barking and Dagenham catering commitment which benefits business and improves the healthy content of fast food catering thereby removing calories from our children's diet.	March 2020		Enforcement - Theo Lamptey	
8.	GPs/GP networks commit to liaising with schools and education to support families with the greatest need to access services e.g. referrals into HENRY and Lean Beans and to make lifestyle changes	Establish task group to formulate a feasible pathway between GP practices, schools and Community Solutions services; establish how GPs can use their role when they have contact with overweight children to flag the issue to schools and Community Solutions. Consider training needs for GPs. To be linked with group working on recommendations 3 & 4	April 2019		CCG Clinical Lead: Dr Jagan John	
9.	The CCG reviews its mental health commissioning arrangements to focus on work within education to support schools in improving the mental health and social integration of pupils.	To be a priority for the Children and Young Peoples' Transformation Board; produce a system-wide transformation plan to address the long-standing issues in relation to SEND and CAHMS and the mental health support required to deliver mental health and support in schools. The accountability for this is anchored in the HWB. Report into system-wide group	March 2020		Elaine Allegretti	

Appendix A

Childhood Obesity – system-wide review: Proposed action Plan						
	Recommendation	**Action**	**Target Date**	**Progress**	**Lead Agency**	**RAG rating January 2019**
10.	The Commissioning Directors for Education and children review its 0-19 service to take account of the need for a more nuanced mental health offer and better support for obesity work in schools.	To be included as part of the remit of the working group for recommendation 3. Needs to ensure the delivery of the system-wide review of Community Solutions. Report into system-wide group. Accountability should be anchored in the HWB.	March 2020		Education Commissioning Director: Jane Hargreaves Children's Commissioning Director: Chris Bush	
11.	The Council, Education and Be First prioritise roads around schools with a view to making active travel for families the easiest way to get to and from school.	Identify the top 5 schools with a low level of active travel and work with them to create a model shift in order to have the greatest impact on an in-need population. The education commissioner should lead this piece of work and involve relevant partners. Working group to look at feasibility of further parking restrictions, cycle lanes etc	March 2020		Education commissioning Erik Stein	

HEALTH AND WELLBEING BOARD

10 September 2019

Title:	**Progress report - The Cancer Prevention, Awareness, and Early Detection Scrutiny Review**

Report of the Director of Public Health

Open Report	**For Information**
Wards Affected: ALL	**Key Decision: NO**
Report Authors: Usman Khan, Consultant in Public Health	**Contact Details:** Tel: 0208 227 5039 E-mail: usman.khan@lbbd.gov.uk

Sponsor: Matthew Cole, Director of Public Health

Summary:

At the start of the 2015/16 municipal year, the Health Scrutiny Committee agreed to undertake an in-depth scrutiny review into cancer prevention, awareness, and early detection.

The scrutiny review addressed 3 questions:

1. Why are residents of Barking and Dagenham more likely to develop cancer and less likely to survive cancer than residents in other London Boroughs?
2. What is the reason that residents are less likely to respond to requests to screen for cancer than in other London Boroughs?
3. What is the reason that residents are not as aware of the signs and symptoms of cancer as residents in other London Boroughs?

This paper which was deferred at the meeting of the Board on 11 June 2019 provides a progress update the Board on implementing the eleven recommendations of the Scrutiny Review.

Recommendation(s)

The Health and Wellbeing Board is asked to

I. Review progress on implementation of the eleven recommendations and
II. Discuss and comment on any gaps and future actions.

Reason(s):

In line with standard scrutiny practice, a six-monthly monitoring report should be presented to the Board to provide an update on the progress of the recommendations in order to help the Committee evaluate the effectiveness of this scrutiny review and to what extent it has helped improve services for our Borough's residents.

1. Introduction and Background

1.1 In the municipal year 2017/18, the Health Scrutiny Committee undertook an in-depth scrutiny review into cancer prevention, awareness, and early detection.

1.2 The review report and proposed action plan were presented and approved at the Health and Wellbeing Board in September 2018.

2. Proposals and Issues

2.1 The Cancer Scrutiny Review report made 11 key recommendations to the Health and Wellbeing Board to help improve the cancer awareness and early intervention in the borough.

2.2 The 'Barking and Dagenham, Havering and Redbridge Cancer Transformation Plan on a page' is attached in **Appendix 1**. The priorities are at the top followed by the next tier of objectives for the year and then lower layer of key initiatives.

3. Scrutiny Review Report

3.1 The Health Scrutiny Committee reviewed the draft report in March 2017 and Councillor Worby, the Cabinet Member for Social Care & Health Integration, and Chair of the Health and Wellbeing Board, also had an opportunity to view the recommendations.

3.2 Progress against the 11 recommendations is attached as **Appendix 2.**

The Board if decided, will focus one of the themes of the Joint Health and Wellbeing Strategy on early detection.

4. Other Strategic documents

Joint Strategic Needs Assessment (JSNA) - The Barking and Dagenham JSNA highlights Achieving World Class Outcomes: A Strategy for England. The scrutiny review and linked action plan address the ambitions of the England Strategy and specifically the lower 1-year survival rate of Borough residents.

Joint Health and Wellbeing Strategy - The scrutiny review supports the ambitions of the borough's Joint Health and Wellbeing Strategy.

Early adulthood - More women will protect themselves through taking up the offer of screening for cervical cancer.

Established adults - More adults will take up the opportunity to protect themselves through cancer screening (cervical, bowel and breast).

Older adults - More older adults take up the opportunity to protect themselves through cancer screening (bowel and breast).

5. Financial and Legal Implications

5.1 Not required.

Public Background Papers Used in the Preparation of the Report

None

List of Appendices

Appendix 1 Barking, Havering and Redbridge Cancer Transformation Plan
Appendix 2 Health Scrutiny Committee Cancer Scrutiny Review Action Plan

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Appendix 1

Cancer transformation plan

Barking and Dagenham, Havering and Redbridge

By 2020/21 we will deliver:

the 28 day cancer diagnosis standard, embed stratified pathways for prostrate, breast and bowel cancer and national optimal pathways, and deliver a step-change in patients' and clinical professionals' understanding of cancer, with it being thought of as a Long Term Condition.

2019/20 objectives:

- Increase uptake of cervical and bowel screening and implement the roll out of FIT testing for diagnosing colorectal cancer
- Continue to deliver sustained Cancer Waiting Time targets and implement the new 28 day Faster Diagnosis Standard (FDS).
- Awareness raising of symptoms with the public and all healthcare professionals
- Deliver personalised care for all cancer patients, resulting in improved patient experience

Key initiatives

Prevention

- Support the national Be Clear on Cancer campaigns to increase presentation with suspected symptoms.
  Progress: Not started | In progress | Complete | Off track
- Reduce smoking rates.
  Progress: Not started | In progress | Complete | Off track
- Implement bowel screening co-ordinator to improve screening rates.
  Progress: Not started | In progress | Complete | Off track
- Develop and deliver an education strategy for primary care and patients.
  Progress: Not started | In progress | Complete | Off track
- Health Promotion Champions to engage with BME and other hard to reach groups.
  Progress: Not started | In progress | Complete | Off track
- 'Teachable moments' for patients who have had an all clear following a 2WW.
  Progress: Not started | In progress | Complete | Off track
- School competition to raise awareness and increase uptake of the HPV vaccine.
  Progress: Not started | In progress | Complete | Off track

Primary care

- Deliver 'Talk Cancer' training for non-clinical staff.
  Progress: Not started | In progress | Complete | Off track
- Roll out Macmillan primary care toolkit.
  Progress: Not started | In progress | Complete | Off track
- Action plan to improve patient experience based on the outcome of National Cancer Patient Experience survey.
  Progress: Not started | In progress | Complete | Off track
- Practice and Network visits by Macmillan GPs and CRUK facilitator to improve outcomes.
  Progress: Not started | In progress | Complete | Off track
- Roll out of Cancer Care Reviews (CCR) including training for practice nurses.
  Progress: Not started | In progress | Complete | Off track
- FIT NG30 bowel screening roll out.
  Progress: Not started | In progress | Complete | Off track
- Out of Hours cervical screening to improve uptake.
  Progress: Not started | In progress | Complete | Off track
- Increasing uptake of bowel screening programme.
  Progress: Not started | In progress | Complete | Off track

Planned care

- Agree and implement stratified follow up arrangements for prostate patients.
  Progress: Not started | In progress | Complete | Off track
- Develop local lymphoedema service..
  Progress: Not started | In progress | Complete | Off track
- Implement cancer 28 day Faster Diagnosis Standard.
  Progress: Not started | In progress | Complete | Off track
- Implement lung, prostrate and colorectal optimal pathways.
  Progress: Not started | In progress | Complete | Off track
- Develop Multi Diagnostic Centre (MDC) pathways at Queen's Hospital.
  Progress: Not started | In progress | Complete | Off track
- Delivery of the Recovery Package – Treatment Summaries, Holistic Needs Assessment and Health & well-being events.
  Progress: Not started | In progress | Complete | Off track
- Agree service specification of integrated oncology service for BHR.
  Progress: Not started | In progress | Complete | Off track

Unplanned care

- Review the referral pathway for patients suspected of having cancer following attendance in Urgent Care/Hub settings to ensure safety netting processes in place.
  Progress: Not started | In progress | Complete | Off track
- Ensure consultant upgrade pathway is used for patients diagnosed via A&E.
  Progress: Not started | In progress | Complete | Off track

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Appendix 2

Health Scrutiny Committee (HSC) Cancer Scrutiny Review: Progress Action Plan						
	Cancer Awareness and early intervention Recommendation	**Action**	**Outcome**	**Target Date**	**Lead Agency**	**RAG status February 2019**
1	The Health and Wellbeing Board (HWB) takes action to reduce the prevalence of smokers in the borough, to levels comparable with London;	Continue to focus smoking cessation work with vulnerable groups e.g., pregnant women, mental health patients and substance misuse users.	Successful links established with MH teams and IAPT clinics. For further information refer to: ..\..\..\..\Smoking and Tobacco Control\Tobacco Control\Tobacco Alliance group\Tobacco Harm Reduction plan vs 3.docx	On-going	LBBD Commissioning Lead, Healthy Lifestyles	
			Successful maternity engagement which generates referrals. 'Risk Perception' project underway	March 2020	LBBD Commissioning Lead, Healthy Lifestyles	
		Link with and monitor the STP plans for Tobacco control, which is to address smoke-free sites, brief interventions in secondary settings and referrals and the London telephone service. Report back through corporate performance/key accountabilities system.	Being led by the STP Prevention Group. London Telephone service has made progress with revised website and referrals for B & D residents are now increasing.	March 2020	LBBD, PH	

	Cancer Awareness and early intervention	Action	Outcome	Target Date	Lead Agency	RAG status February
	Cancer Awareness and	**Action**	**Outcome**	**Target Date**	**Lead Agency**	**RAG**
2	The HWB sets out to the HSC what action it is taking to reduce the number of overweight and obese individuals in the Borough, to levels comparable with London.	Monitor implementation and outcome of the Childhood Obesity scrutiny review action plan based on system-wide implementation. Report progress back to HSC **Deliverables include**: Formation of system-wide stakeholder group Review of the NCMP Review of WM services towards a targeted service Review of fast food outlets offers 'Sugar Smart' campaign work in progress with schools.	Scrutiny review approved by HSC December 2018. Due for formal approval at HWBB. For further information on action plan go to: ..\..\..\..\Healthy Weight\HSC scrutiny Review - Childhood Obesity\Review Report\Final report\version for HSC 18 dec\HWB proposed action plan.vs 3.docx	 June 2019 March 2020	LBBD, PH Commissioning Lead, Healthy Lifestyles	
3	The HWB takes action to increase residents' awareness of how lifestyle, including exposure to the sun, can affect the likelihood of developing cancer, signs and symptoms of cancer and the importance of early diagnosis, and screening;	Implement a programme of engagement with local community groups around cancer awareness, screening and lifestyle issues.	This work is being led by the recently appointed BHR Project co-ordinator for Population Awareness. Jasmine Begum is developing a local strategy to deliver projects funded by 2018/19 transformation funds release	March 2020	NEL CSU Katherine Kavanagh Commissioning Manager Jasmin Begum, BHR Project Coordinator - Population Awareness	

	early intervention Recommendation					status February 2019
		Work with the UCLH partners to monitor the effect of the re-launched 'small c' website – review breast/bowel -screening figures to assess the impact of these public engagement plans	??			
4	The Barking and Dagenham Clinical Commissioning Group (BDCCG) ensures that GPs are auditing and acting on audit information	Review practice profiles for each GP area. Access and analyse 'routes to diagnosis' particularly via A&E data to target practice work. CRUK facilitators to work with practices to encourage review of internal systems. Encourage Barking and Dagenham practices to complete audits / SEAs to understand patients' diagnosis via A&E- subject to funding.		March 2020 Ongoing Ongoing	BHR / B&D CCG Jeremy Kidd/ CRUK Facilitator	

	Cancer Awareness and early intervention Recommendation	Action	Outcome	Target Date	Lead Agency	RAG status February 2019
5	The BDCCG, in partnership with Macmillan and Cancer Research UK, takes action to increase the proportion of residents returning bowel cancer screening kits, within the next year.	With Transformation money a project manager has been appointed for 12 months to focus on screening. This post had to go back out to ad after the initial candidate withdrew. A new Health Promotion Officer – screening has been appointed (May 2019) and currently waiting for pre-employment checks to be finalised.	Dedicated support can monitor programme progress and delivery against actions. Work with individual GP practices and GP Networks within primary care to look at screening data and agree actions to improve uptake.	June 2010 start date	NEL CSU Katherine Kavanagh Commissioning Manager	
		Bowel screening - Additional pot of money to engage GP practices to identify their rising 60s and 'DNAs' i.e. those who didn't return their previous screening pack and contact them out of hours to encourage uptake of the screening	Encourages participation in the screening programme and increases uptake.	March 2020	BHR / B&D CCG Jeremy Kidd	

	Cancer Awareness and early intervention Recommendation	Action	Outcome	Target Date	Lead Agency	RAG status February 2019
		FIT for screening is due to go live in early June. All screening centres are RAG rated GREEN for colonoscopy and pathology capacity, end-testing at the Hub has been completed.	Should help encourage greater uptake because of only 1 sample being needed and the new test gives better reliability of results.	June 2019	BHR / B&D CCG Jeremy Kidd	
		In addition, GP practices can start to offer the FIT test to those who are at low risk but not no risk in line with NICE DG30.	Should reduce need for colonoscopies because it better identifies those who need a referral in this cohort. Assists practices to deliver the initiatives.	May 2019	BHR / B&D CCG Jeremy Kidd	
6	The HWB, along with Macmillan and Cancer Research UK, takes action to raise awareness of the importance of screening and to increase uptake of **breast and bowel screening** in the Borough to a level comparable with England within the next year;	**Actions as per recommendation 5** Progression of the Cancer Collaborative Action Engagement with community groups by the Cancer Lead and CRUK Facilitator to include promotion of all screening programmes, leading to increased uptake		March 2020	LBBD – Matthew Cole NEL CSU Katherine Kavanagh BHR / B&D CCG Cancer Research UK Lubna Patel	

	Cancer Awareness and early intervention Recommendation	Action	Outcome	Target Date	Lead Agency	RAG status February 2019
7	The HWB, along with Macmillan and Cancer Research UK, acts to raise awareness of the importance of screening and reduce the **variation in cervical screenin**g uptake between GP practices within the next year;	Review the uptake within practices Cervical screening is promoted at all practice visits. The programme of engagement with community groups will to include promotion of the benefits of cervical screening. All practices to be advised of the option to undertake re-accreditation for experienced sample takers through online training. Text messaging being delivered to patients from GP practices that screening is due - **28/35 signed up** Out of hours clinic now funded to encourage those residents who are working. Social media posts being delivered.	Figures at June 2018 show uptake range of between 44% and 75% with majority of practices at an uptake of 60-68%	March 2020 Ongoing Ongoing March 2020	NEL CSU Katherine Kavanagh Commissioning Manager BHR / B&D CCG Jeremy Kidd/ Cancer Research UK Lubna Patel CRUK	

	Cancer Awareness and early intervention Recommendation	Action	Outcome	Target Date	Lead Agency	RAG status February 2019
8	The Committee urges NHS England to make the Cancer Dashboard available within one year;	London Dashboard now available.	Ability to monitor screening rates for bowel, breast & cervical screening.		Maggie Luck Commissioning Manager NHS England	
9	The HWB takes action to raise awareness of the importance of the Health Check and reduce the variation in Health Check uptake between GP practices;	Create joint improvement plan, CCG and PH, to improve quality and uptake of NHS health checks Monitor improvement Specialist nurse appointed in January 2018 for a year		March 2019	LBBD Tom Stansfield, PH Advanced Practitioner Primary care networks Network managers	
10	NHS England provides assurance to HWB that residents will continue to have in-borough access to breast screening	Monitor and report breast screening rates in the Borough, through contact with the Provider	Screening rates for B & D have increased marginally compared to 17/18. The breast screening service has secured a mobile screening site in Barking Town Centre for the last round and hopes they can use the same location for the next screening round in December 2019/January 2020. Dagenham ladies currently go to King George Hosp to get screened.	March 2020	Maggie Luck Commissioning Manager NHS England LBBD, PH	

	Cancer Awareness and early intervention Recommendation	Action	Outcome	Target Date	Lead Agency	RAG status February 2019
11	The BDCCG, working through the North-East London Cancer Commissioning Board, assures the Committee of the action it is taking to increase awareness of the signs and symptoms of cancer.	Develop an NEL-wide strategy with key stakeholders. A population awareness project coordinator has been recruited for BHR and will lead on a programme to recruit cancer health promotion champions to work with hard to reach groups within the community, raising awareness of sign and symptoms	Ongoing via pan-NEL strategy for ED A project proposal has been developed and a provider is being identified.	March 2020	BHR / B&D CCG Sue Maughn – Director for Cancer for North East London Health and Care Partnership Jasmin Begun, BHR Project Coordinator - Population Awareness	

HEALTH AND WELLBEING BOARD

10 September 2019

Title:	**Progress report – The Oral Health in The Early Years Scrutiny Review**

Report of the Director of Public Health

Open Report	**For Information**
Wards Affected: All	**Key Decision: No**
Report Authors: Thomas Stansfeld – Advanced Health Improvement Practitioner	**Contact Details:** Tel: 0208 227 5120 Email: Thomas.stansfeld@lbbd.gov.uk

Sponsor: Matthew Cole, Director of Public Health

Summary:

At the start of the 2017/18 municipal year, the Health Scrutiny Committee agreed to undertake a rapid scrutiny review into oral health in the early years.

The scrutiny review addressed 3 questions:

1. What are the reasons for young children in Barking and Dagenham having poor oral health?
2. What is the quality of services that are available to residents and what do they deliver to improve oral health?
3. What are the best ways of getting the right messages out to parents about looking after their children's oral health?

This paper which was deferred at the meeting of the Board held on 11 June 2019 provides a progress update on implementing the eight recommendations of the scrutiny review.

Recommendation(s)

The Health and Wellbeing Board is asked to

I. Review progress on implementation of the eight recommendations and
II. Discuss and comment on any gaps and future actions.

Reason(s):

In line with standard scrutiny practice, a six-monthly monitoring report will be presented to the Board providing an update on the progress of the 8 recommendations. The Chair is required to provide a report for the Health Scrutiny Committee in order to help the Committee evaluate the effectiveness of this scrutiny review and to what extent it has helped improve services for our borough's children.

1. Introduction and Background

1.1. In the municipal year 2017/18, the Health Scrutiny Committee undertook a rapid scrutiny review into oral health in the early years.

1.2 The review report and proposed action plan was presented and approved at the Health and Wellbeing Board in September 2018.

2. Proposals and Issues

2.1 The Health Scrutiny Committee's report made eight key recommendations to the Health and Wellbeing Board to help improve the oral health in the early years.

3. Scrutiny Review Report

3.1 The Health Scrutiny Committee was reviewed the draft report in March 2017 and Councillor Worby, the Cabinet Member for Social Care & Health Integration, and Chair of the Health and Wellbeing Board, also had an opportunity to view the recommendations.

3.2 Progress against the eight recommendations is attached as **Appendix 1.**

4. Other Strategic documents

4.1 **Joint Strategic Needs Assessment (JSNA) -** The Barking and Dagenham JSNA highlights the higher number of poorer oral health outcomes for our 3 year olds compared to London and England and unnecessary suffering through poor oral care. This action plan and scrutiny review seek to reduce this in Barking and Dagenham.

4.2 **Joint Health and Wellbeing Strategy -** The scrutiny review supports the ambitions of the Borough's Joint Health and Wellbeing Strategy, particularly Theme 1: Best Start in Life.

5. Financial and Legal Implications

5.1 Not required

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

None.

List of Appendices

Appendix 1 – Health Scrutiny Committee Oral Health in the Early Years Action Plan

Appendix 1

HASCC Oral Health in Early Years Review – Progress Action Plan						
	Recommendation	**Action**	**Target Date**	**Progress**	**Lead Agency**	**RAG rating May 2019**
1.	The Health and Wellbeing Board (HWB) takes action to support an integrated approach to oral health promotion across all children's services and that contract specifications for all early years' services include a requirement to promote oral health; this should include very early oral health promotion by health visitors to help prevent tooth decay from sweetened dummies, prolonged use of milk in bottles and other sweet foods.	Oral health promotion incorporated into the new specification for the 0-19 services contract with NELFT.	September 2018	The contract requires of the provider to: -Improve dental health and oral hygiene and reduce tooth decay and extractions in children aged 5 -Provide brief interventions, advice and guidance -Encourage attendance at a dentist -Signpost to any locally-commissioned dental health programmes	LBBD, Heather Storey, Commissioning Lead, Children's Services	
		Performance is monitored through commissioner/provider progress meetings and the Public Health Programme Board, but need to move more towards measuring outcomes rather than just activity, in keeping with other key agendas, like childhood obesity	March 2020	Currently this information is not collected but the monitoring framework is potentially being revised in the coming year, therefore oral health reporting could be added contingent on prioritisation in context of other indicators as well as feasibility of extracting this data from NELFT systems	LBBD Children's Commissioning,	
2.	The Committee urges NHS England to actively support the teaming up of dentists with children's centres to encourage engagement with dental services from an early age, so that dental disease can be detected early and children get used to going to the dentist.	Team up with the dental partners to agree the approach with NHSE.	September 2018	Partial progress; The North-East London oral health promotion team, commissioned by NHSE have been delivering education sessions at all children's centres in Barking and Dagenham One dental practice committed to promotion sessions during oral health week.	NHSE	

HASCC Oral Health in Early Years Review – Progress Action Plan						
	Recommendation	**Action**	**Target Date**	**Progress**	**Lead Agency**	**RAG rating May 2019**
		Gather intelligence from other areas who are also looking at the feasibility of this project.	September 2018		LBBD, PH	
3.	The HWB is asked to monitor and report back on the progress of the oral health strategy, including the results of the 'Teeth for Life' (tooth-brushing) project	Maintain performance monitoring reports on distribution of toothbrushes and results from the project manager. Staff in participating centres receive training. Pre-schools and nurseries receive supplies of toothbrushes.	May 2018 September 2017	As at September 2018 62 pre-schools had joined the project. There is £15k to continue with training and supply of toothbrushes into 2019/20.	LBBD, Ade Winjobi, Procurement Manager	
4.	The Committee urges NHS England to implement the initiative proposed by the Chief Dental Officer and increase dental activity by 2%, so that dentists can see children at 1 year of age.	LBBD and the Local Dental Committee (LDC) send a joint letter of support for the Chief Dental Officer's proposal to NHSE.	September 2018	Contact made with the LDC who suggested that NHS England would be very difficult to engage with. We have prioritised contacting the dentists who have spare capacity in the first instance.	NHSE	
5.	The Committee urges NHS England to actively support those dentists who underperform in activity to utilise their spare capacity to target young families to engage with their dental service.	Action this recommendation in joint letter/petition to NHSE as per recommendation 4. .	September 2018	Letter sent to all dentists following Chief Dental Officer's appeal in 2018 for dentists to offer check-up appointments to 1-year olds with a particular focus on those with current spare capacity	LDC, LBBD, Matthew Cole.	
6.	The A&E Delivery Board investigate the impact of dental emergencies on paediatric A&E attendance and challenge the system (CCG's) as to what is being done to address this.	Request of the CCG to provide data on attendance and any plans that could address the situation. LBBD adult commissioning works with the CCG to assess impact and find solutions.	March 2020		LBBD, Matthew Cole	

HASCC Oral Health in Early Years Review – Progress Action Plan						
	Recommendation	**Action**	**Target Date**	**Progress**	**Lead Agency**	**RAG rating May 2019**
7.	The HWB, in collaboration with the British Dental Association, takes action to raise awareness of the importance of taking young children to the dentist and that it is a free service. This could include communication through images to help address the need for information in languages other than English	Agree a local plan with LDC and other stakeholders to raise the profile of going to the dentist; include communications and campaign messages.	September 2018	In 2018 Public Health partnered with the Community Solutions team, Children's Centre teams, the local Dental Committee and LBBD Communications to formulate a campaign which coincided with National Smile Month in June. 'My Dentist' dental practice and the NEL Oral Health promotion team joined in to help promote good dental health and deliver sessions across the Borough.	LBBD, PH	
8.	The HWB supports action around food outlets, cafes and restaurants as part of the drive to decrease sugar consumption and improve oral health; for example, the 'Sugar Smart' campaign.	Link in with the 'Healthy Weight Strategy' and the Childhood Scrutiny Review action plan ..\Scrutiny review\HWB proposed action plan.docx	March 2020	The 'sugar smart' campaign has continued and included fizz-free February initiatives to highlight the amount of sugar in fizzy drinks to more schools. 60 people were signed up from Barking and Dagenham libraries to commit to the challenge. Currently exploring the Local Government Declaration on Sugar Reduction and Healthier Food, with support from the GLA, Sustain and colleagues in Havering and Redbridge.	LBBD, Healthy Lifestyles Team, and Public Health	
		Initiate the 'Healthy Catering Commitment' with 50% of the existing fast food outlets to get buy-in for changing content of food to healthier constituents	March 2020		LBBD, PH, Enforcement	

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HEALTH AND WELLBEING BOARD

10 September 2019

Title:	**Health and Wellbeing Outcomes Framework Performance Report – Quarter 1 2019/20**
Report of the Director of Public Health	
Open Report	**For Decision:** No
Wards Affected: ALL	**Key Decision:** No
Report Authors Christopher Wilding, Performance and Information Officer Wassim Fattahi-Negro, Principal Performance Manager	**Contact Details:** Christopher.Wilding2@lbbd.gov.uk Wassim.FattahiNegro@lbbd.gov.uk
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 in quarters one 2019/20 or the latest data available.

This indicators set is currently being reviewed in order to align it with the refreshed Joint Health and Wellbeing Strategy, where it is likely that most reported and monitored indicators will change, with an emphasis on moving away from activities and output-based indicators to health outcomes-based indicators.

Recommendation(s)

Members of the Board are recommended to:

- Review the overarching dashboard and raise any questions with lead officers, lead agencies or the chairs of subgroups as Board members see fit.
- Note the detail provided on specific indicators, and to raise any questions on remedial actions or actions being taken to sustain good performance.
- Comment and feedback on the proposed future approach for monitoring performance framework.

Reason(s)

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.

Whilst this approach has offered a robust and an ongoing feasibility of Health monitoring, it is becoming an outdated model of health monitoring and evaluating performance; as a result, it is recommended that this performance monitoring framework based on output measures is replaced with a new outcome based one.

Initial scoping work on the new framework suggests that firstly, many of the proposed outcomes-based indicators can only be reported on an annual basis due to data availability and secondly the reporting will require multi-agency input in the future as we do not have direct access to all the data. It is therefore recommended that the current HWBB performance quarterly reporting frequency is changed to an annual substantive Performance and Progress Report.

1 Introduction

1.1 This report and its three 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 one of 2019/20 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 vital to ensure that the Board has an overview across this breadth of activity.

Indicators are categorised into life course stages (children, adolescents, adults, older adults, and across the life course).

1.3 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, an update on the current progress on delivering a new framework, 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, quarter 1 2019/20.

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.

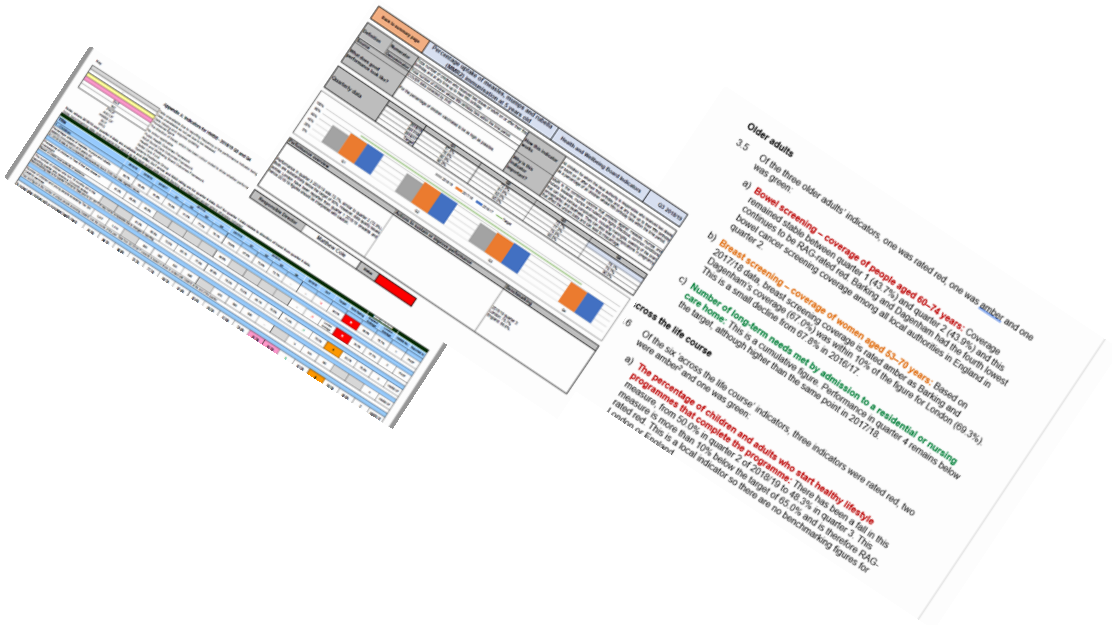
2.3 Board members should note that this means that **Appendix B** is focused on below targets performance requiring amelioration, with the aim to highlight what needs improving, therefore it is nor to be taken as indicative of overall performance.

3 Considerations for a New Performance Monitoring Framework:

3.1 The current performance reporting framework has been designed based on delivering a cohort set of indicators in the format of a dashboard/performance scorecard, the indicators are chosen to represent the wide remit of the Board while remaining manageable in number. The indicators are presented in a hierarchical way and RAG rated red, amber or green to indicate performance status.

Board members are then invited to review key areas of board business and confirm that effective delivery of services and programmes is taking place. This occurs with the understanding that further subgroups are also 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 are escalated as necessary.



3.2 Whilst this approach has offered a robust and an ongoing feasibility of health monitoring, it is becoming an outdated model of health monitoring and evaluating performance.

It is proposed in this report to consider an alternative – a more modern approach to monitoring health performance through the replacement of activity-based indicators, and the adoption of outcome-based ones.

3.3 Such changes will result in a shift of emphasis from outputs to outcomes, where the focus will be on patients and client's perceptions and satisfaction, assisting and supporting commissioning.

The endeavour is to achieve a balanced collection of health, clinical, social care, and wider determinants of health indicators, that can contribute to formulating a better holistic understanding of the status of health system rather than adding a strategic tier of performance management.

3.4 The aim is to deliver a new cohort of good outcomes indicators. They will be valid, reliable with a focus on outcomes that matter to patients and clients. They will cover different types of healthcare outcomes including:

- Outcomes by medical condition
- Intervention based outcomes
- Long-term patient outcomes
- Population-based outcomes

3.5 The ethos driving this proposed change has its basis in the measurements process proposed by the International Consortium for Health Outcomes Measurement.

This method of measuring outcomes is achieved through a process of engaging and preparing with stakeholders to carry diagnostics of the plan. This is followed by setting up data collections that can be measured and analysed, which then feed into a learning cycle that drives change.

3.6 This proposed approach is likely to lead to increased streamlined performance monitoring. An alteration or replacement of the currently reported on cohort of indicators with new outcome-based ones.

3.7 It is important to note that the initial scoping of relevant indicators suggest that many of them require an annual update with information sourced from multi-agencies.

It is therefore recommended that the current HWBB performance reporting arrangement is replaced with an annual Performance and Progress Report, replacing the current quarterly frequency.

4 Performance overview

4.1 Out of the 19 indicators, there are ten indicators RAG rated red, this is an increase of three indicators when compared with the last provided report (Quarters 3-4 data for 2018-19). four indicators are RAG rated amber (vs seven rated amber in the last report), and no change to number of indicators RAG rated green (Four).

4.2 Only one indicator is not RAG rated as it is measure of accessibility to an offer of service. 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

4.3 Among the five children's indicators, three are RAG rated red, one is RAG rated green and one is not RAG rated.

a) **Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old:** Quarter 4 performance (73.7%) is lower than London (76.7%) and England (86.7%) averages. It remains below the target of 90%. However, quarter 4 performance has improved marginally from quarter 3 reported performance of 72.7%.

b) **Prevalence of children in Year 6 that are obese or overweight:** This is an annual indicator and the latest data available for Barking and Dagenham shows an increase from 43.8% in 2016/17 to 44.5% in 2017/18. This is above the London average target (37.7%) and is therefore RAG rated red.

c) **Percentage of looked-after children with a completed health check:** The proportion of LAC health checks has fallen in quarter 1 2019/20 to 71.4% from 91.2% in quarter 4 2018/19. Performance is now lower than the London (86.6%) and England (86.0%) averages.

This indicator is RAG-rated red at this stage until further clarifications are obtained from the service.

Completed Health checks of Looked After Children is a possible area of concern.

d) **The number of children who turn 15 months old in the reporting quarter who receive a 12-month review:** This measure has continuously improved from 66.1% in quarter 3 to 70.5% in quarter 4 2018/19, to 75.4% in quarter 1 2019-20. It has now exceeded the target of 75%; this is almost on par with London average of 75.6% but still below the national average of 84.4%.

e) **Number of children and young people accessing Tier 3/4 CAMHS services:** Updated data shows that there were 680 children and young people in contact with CAMHS at the end of quarter 1, a 21% rise from 560 at the end of quarter 4. It is not possible to provide a target to 'rate' progress against for this measure due to the lack of national benchmarking information.

Adolescents

4.4 Of the two adolescents' indicators, one is rated red and the other one green:

a) **Under 18 conception rate (per 1,000 population aged 15–17 years):** Although this measure continues to decrease, it remains above target. In the most recent time period, Barking and Dagenham had 26.8 conceptions per 1,000 of the 15–17 year old population. This is higher when compared to the target (the London

average) of 17.2 per 1,000. This is a rolling 3-year average measure (latest reported data is quarter 4 2017-18).

b) **Care leavers in education, employment or training (EET):** This measure has continued to improve. Performance has improved from 49.6% in quarter 2 to 54.1% in quarter 4 2018-19 and has now reached 64.1%. This is above the set target of 57% and the London (56.1%) and England (54.9%) averages.

Adults

4.5 Of the three adults' indicators: one is rated red, one is rated amber, and one rated green:

a) **Percentage of eligible population that received a health check:** Coverage in quarter one is 2.8%, this is below the pro-rata target for the quarter of 3.75% and lower than 2018/19 quarter 4 reported performance of 4.40%.

This is based on self-reports from practices and therefore is marked as provisional (England annual average is 8.0%, and London annual average is 9.0% in 2018/19).

b) **Smoking prevalence in adults – current smokers:** This is an annual indicator, with the latest data (2017/18) placing this at 19.5%. This is less than 10% above the target of 18.6% and is therefore RAG rated amber. Barking and Dagenham has a higher smoking prevalence compared with the London (16.8%) and England (17.2%) averages.

c) **Cervical screening – coverage of women aged 25–64 years:** Based on 2017/18 data, cervical screening coverage is RAG rated green, as coverage (66.8%) is above the set target in line with the London average (64.7%). Nonetheless, coverage in Barking and Dagenham shows a downward trend and 2017/18 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

4.6 Of the three older adults' indicators, one is rated red, one is amber and one is green. Therefore no changes on quarter 4 2018/19 position for the first two indicators, with a slight a provisional improvement of the third:

a) **Bowel screening – coverage of people aged 60–74 years:** Coverage remained stable between quarter 1 (43.7%) and quarter 3 2018/19 (44.1%) and this continues to be RAG rated red. Barking and Dagenham had the fourth lowest bowel cancer screening coverage among all local authorities in England in quarter 2 (England average is 59.7% and London average is 50.9%).

b) **Breast screening – coverage of women aged 53–70 years:** Based on 2017/18 data, breast screening coverage is rated amber as Barking and Dagenham's coverage (67.0%) was within 10% of the figure for London (69.3%). This is a small decline from 67.8% in 2016/17.

c) **Number of long-term needs met by admission to a residential or nursing care home:** This is a cumulative figure. Performance in quarter 4 (2018/19 year end) was 722.4, and that was below the target of 858.9, in quarter one of 2019/20 the rate was 151.9, indicatively this supports a projection of 607.4, as such this indicator is RAG rated green.

Across the life course

4.7 Of the six 'across the life course' indicators, four indicators were rated red, and two were amber[1]:

a) **The percentage of children and adults who start healthy lifestyle programmes that complete the programme:** This indicator had seen a deterioration in performance in quarter 4 2018/19 to 33.8%, this resulted in a below target year end position of 49.3% (target was 65%).

This measure is more than 10% below the target of 65.0% and is therefore RAG-rated red. This is a local indicator and therefore there are no comparative benchmarking data for London or England.

b) **A&E attendances ≤ 4 hours from arrival to admission, transfer or discharge (type all):** quarter 1 2019/20 performance has improved on the former quarter from 76.9% to 80.4% but is slightly lower than the year end reported performance of 80.7%.

This indicator is still performing below the target of 90% and therefore is RAG rated red. It is worth noting the performance is above both the England average of 77.5% and London average of 76.3%.

c) **Percentage of people using social care who receive services through direct payments:** This has consistently decreased throughout the four quarters of 2018/19, from 65.5% in quarter 1 2018/19 to 49.1% in quarter 4 2018/19. As at quarter 1 2019/20 performance has further improved to 48.9%

This is more than 10% below the target of 60% and is therefore RAG-rated red. However, the current levels of receiving Direct Payments are more aligned with the level on clients' needs.

Delayed transfers of care: Across 2018/19 there were an average of 168.2 delayed days per 100,000, which is below the threshold target of 194.9 per 100,000. However, this position has now altered, in quarter one of 2019/20 there was a considerable increase in the rate of delays to 195.8, effectively, exceeding for the first time the target of staying below 194.9. Therefore, this indicator is now RAG-rated red.Whilst this indicator's performance has deteriorated, it is still worth noting that the performance is considerably better than the national average rate of 306.1 days per 100,000 population. **Emergency admissions aged 65 and over per 100,000 population:** No updated data is available.

[1] Note that two of the amber-rated measures (emergency admissions aged 65 and over per 100,000 population and the number of leisure centre visits) are no longer updated.

d) **The number of leisure centre visits:** This indicator is no longer being updated and is presented for information only. Performance of leisure centres is being managed through a separate contract management process following the transfer of management to Sports Leisure Management (SLM) Limited on 1 September 2017.

5 CQC inspections

5.1 Twelve reports of CQC inspections to healthcare organisations in the borough were published in quarter one 2019/20 (versus 16 reports in quarter 4 2018/19).

Seven inspections (58%) were rated as 'Good', two providers (17%) received a rating of 'Requires Improvement', and further two (17%) were inspected but not rate, and finally one provider was rated as 'Inadequate'.

Rating by Service type	*Dentist*	*Doctors/GPs*	*Homecare agencies*	*Nursing homes*	*Residential homes*	*Grand Total*
Good		2	4	1		7
Inadequate		1				1
Inspected but not rated	1		1			2
Requires Improvement				1	1	2
Grand Total	**1**	**3**	**5**	**2**	**1**	**12**

Appendix C contains details of all the inspection reports published in quarters 3 and 4 2018/19.

6 Mandatory implications

Joint Strategic Needs Assessment

6.1 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.

6.2 Barking and Dagenham is currently in the process of delivering a new JSNA in coordination and correlation with both: London Borough of Havering and London Borough of Redbridge.

Joint Health and Wellbeing Strategy

6.3 This indicator set is due be reviewed to bring it into alignment with the refreshed Joint Health and Wellbeing Strategy.

6.4 The current indicators chosen are grouped by the 'life course' themes of the previous Strategy and reflect core priorities.

Integration

6.5 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

6.6 Not applicable.

Financial

6.7 Not applicable.

7 List of appendices

- Appendix A: Performance dashboard
- Appendix B: Performance summary reports of red-rated indicators
- Appendix C: CQC inspection reports, 2019/20 quarter 1.

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Key

Appendix A: Indicators for HWBB - 2019/20 Q1

	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: 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 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	2016/17	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2017/18	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2018/19	2019/20 Q1	DoT	Target	RAG Rating	BENCHMARKING England Average	BENCHMARKING London Average	HWBB No.	Reported to
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%	**78.6%**	67.6%	72.9%	72.7%	73.7%	..	..	↗	90.0%	R	86.7%	76.7%	1	PHOF
Benchmarking data is for quarter 1 2019/20. Data from Q1 2018/19 onwards may not be comparable with previous data due to CHIS hub data migration issues.																									
Prevalence of children in Year 6 that are obese or overweight	**41.2%**	**43.4%**					**43.8%**					**44.5%**					..		↗	London average	R	34.3%	37.7%	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%**	55.5%	72.5%	65.1%	77.8%	**67.5%**	76.3%	72.6%	66.1%	70.5%	**71.4%**	75.4%	↗	75.0%	G	84.4%	75.6%	3	HWBB OF
Benchmarking data is for quarter 4 2018/19. Data prior to Q1 2017/18 may not be comparable due to changes in reporting.																									
Number of children and young people accessing Tier 3/4 CAMHS services	**1,217**	**1,114**	530	525	565	590		585	565	620	695		675	590	565	560		680	↗	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%	82.9%	79.4%	91.2%	**91.2%**	71.4%	↘	92.0%	R	86.0%	86.6%	5	HWBB OF
Benchmark is for 2017/18 (equivalent published figure for Barking and Dagenham is 92.2%). Measure based on average of number of children in care with dental check in timescales and number of children with health assessment in timescales, divided by number of children in care for 12 months or more.																									
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**	28.3	28.7	27.9	26.8	**26.8**	..	..	..	..	..	..	↘	London average	R	18.7	17.2	6	PHOF
Data is a rolling 3-year average, with the data presented representing the last quarter of the 3-year period, i.e. quarter 4 will represent the time period quarter 1 2015/16 to quarter 4 2017/18.																									
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%	49.6%	51.4%	54.1%	**54.1%**	64.1%	↗	57.0%	G	54.9%	56.1%	7	HWBB OF
Benchmarking data relates to 2017/18.																									
3 - Adults																									
Smoking prevalence in adults - current smokers (QOF)	**20.8%**	**20.4%**					**19.9%**					**19.5%**					..		↘	18.6%	A	17.2%	16.8%	8	HWBB OF
Target is based on trajectory towads 15% by 2021/22.																									
Cervical screening - coverage of women aged 25-64 years	**70.1%**	**67.9%**					**67.0%**					**66.8%**					..		↘	London average	G	71.4%	64.7%	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 2018 (for 2017/18).																									
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%**	2.70%	3.53%	3.26%	4.40%	**13.89%**	2.80%	↘	15.0%	R	8.0%	9.0%	10	PHOF
Benchmarking data relates to 2018/19 (equivalent published figure for Barking and Dagenham was 12.3%; data presented here has been refreshed since submission). Annual figures, target and London and England figures are cumulative annual figures. The eligible population changes on an annual basis. Data for Q2, Q3, Q4, 2018/19 and Q1 2019/20 is based upon submitted data to PHE is different to the estimated published data.																									

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 - 2019/20 Q1

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 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	2016/17	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2017/18	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2018/19	2019/20 Q1	DoT	Target	RAG Rating	BENCHMARKING England Average	BENCHMARKING London Average	HWBB No.	Reported to
4 - Older Adults																									
Breast screening - coverage of women aged 53-70 years	**64.4%**	**66.5%**					**67.8%**					**67.0%**					..		↘	London average	A	74.9%	69.3%	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%	42.1%	43.0%	**43.0%**	43.7%	43.9%	44.1%	..	..	..	↗	60.0%	R	59.7%	50.9%	12	PHOF
Percentage of eligible residents screened adequately within the previous 2.5 years.																									
Cumulative rate of long-term needs met by admission to a residential or nursing care home (65+)	**905.9**	**910.0**	223.7	437.2	615.2	737.2	**737.2**	207.1	384.0	409.8	702.3	**702.3**	232.4	444.5	646.6	722.4	**722.4**	151.9	↘	858.9	G	585.6	406.2	13	BCF/ASCOF
Rates are cumulative throughout the year. Benchmarking data relates to 2017/18.																									
5 - Across the Life course																									
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%	58.9%	57.0%	49.1%	**49.1%**	48.9%	↘	60.0%	R	28.3%	27.5%	14	ASCOF
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	159.7	187.2	178.4	**162.8**	195.8	↗	194.9	R	306.1	193.0	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%	83.2%	80.6%	76.9%	**80.7%**	80.4%	↗	90.0%	R	77.5%	76.3%	16	SRG
Bencharming data relates to 2019/20 Q1. Please note this figure is for BHRUT. Note: quarter 1 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.																									
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 who start healthy lifestyle programmes that complete the programme			45.8%	50.2%	55.0%	46.5%	**48.8%**	63.4%	68.9%	58.8%	58.2%	**61.9%**	65.3%	50.0%	48.3%	33.8%	**49.3%**	..	↘	65.0%	R			19	ComSol

Health and Wellbeing Board
Performance Report 2019/20 Q1
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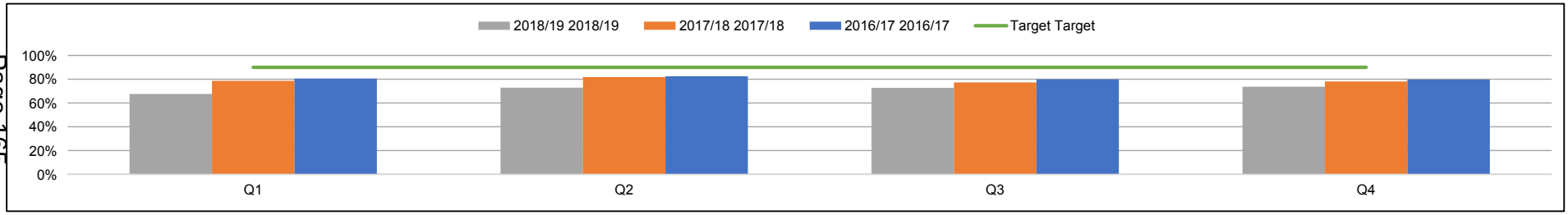
Back to summary page	Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old	Health and Wellbeing Board Indicators	Q4 2018/19

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
2018/19	67.6%	72.9%	72.7%	73.7%
2017/18	78.6%	81.8%	77.3%	78.1%
2016/17	80.5%	82.5%	79.9%	79.7%
Target	90.0%	90.0%	90.0%	90.0%



Performance overview	Actions to sustain or improve performance	Benchmarking
Performance in quarter 4 2018/19 was 73.7%, a mimimal increase from quarter 3 (72.7%). Both are substantially below the target of 90%. However, data quality issues across London have been reported from quarter 1 2018/19 onwards and hence 2018/19 figures should be interpreted with caution.	PHE has confirmed that the UK has lost the WHO's measles elimination status as a result of a marked increase in the number of confirmed measles cases during 2018 (991 confirmed cases in England and Wales). We are monitoring to confirm whether the small increase in quarter 3 uptake is the result of actions to promote immunisation or data noise. As part of a Pan-London exercise, NHS England has called on regional Public Health teams to work with Education and Early Years colleagues to ensure that a letter stressing the importance of MMR vaccination is distributed to parents, guardians and carers of the September 2019 cohort of reception school children.	2018/19 quarter 4: London: 76.7% England: 86.7%.

Responsible Director	Matthew Cole	Status	

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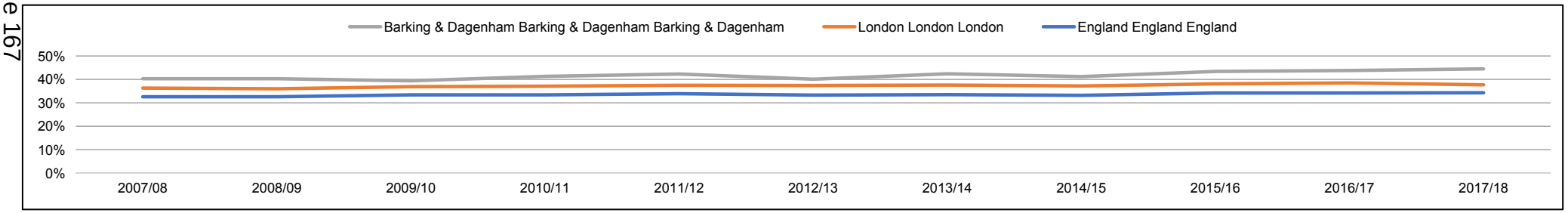
Back to summary page	Prevalence of children in Year 6 that are obese or overweight	Health and Wellbeing Board Indicators	2017/18

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	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Barking & Dagenham	40.3%	40.3%	39.4%	41.3%	42.3%	40.1%	42.4%	41.2%	43.4%	43.8%	44.5%
London	36.3%	36.0%	36.9%	37.1%	37.5%	37.4%	37.6%	37.2%	38.1%	38.5%	37.7%
England	32.6%	32.6%	33.4%	33.4%	33.9%	33.3%	33.5%	33.2%	34.2%	34.2%	34.3%



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 2017/18, Barking and Dagenham was the worst performing local authority in the country for this measure.	In response to last year's Childhood Healthy Weight Scrutiny Review there is a pilot of a system wide approach to childhood healthy weight in Marks Gate and Heath Ward. This will be a different approach to what we have seen in the past to try effect change on this indicator in a meaningful way.	2017/18: London: 37.7% (target) England: 34.3%

Responsible Director	Matthew Cole	Status	

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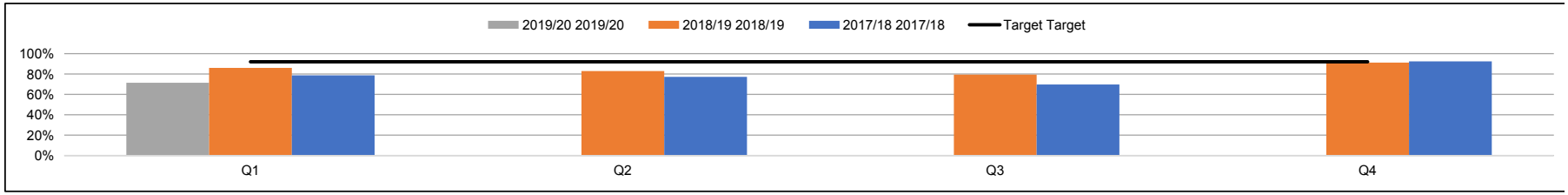
Back to summary page	Percentage of Looked After Children (LAC) with a completed health check	Health and Wellbeing Board Indicators	Q1 2019/20

Definition	**Numerator**	Number of Looked After Children (LAC) who have an up to date health check	**How this indicator works**	This indicator measures all children or young people who have been looked after by the local authority for a year or more who have an up to date health check. Health assessments will take place every six months for children under 5 years, and every twelve months for children between 5 and 17 years.
	Denominator	The total of all Looked After Children (LAC) who are looked after by the the London Borough of Barking and Dagenham		
Source		Liquidlogic Children's System (LCS)		
What does good performance look like?		Good performance is above the target of 92% of Looked After Children (LAC) having an up to date health assessment	**Why is this indicator important?**	Research evidence indicates that Looked After Children (LAC) have poorer life chances when compared with their peers who have not needed to go into care. The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

Quarterly data

	Q1	Q2	Q3	Q4
2019/20	**71.4%**			
2018/19	86.0%	82.9%	79.4%	91.2%
2017/18	78.7%	77.2%	69.7%	92.4%
2016/17	80.1%	76.2%	77.3%	90.9%
Target	92.0%	92.0%	92.0%	92.0%



Performance overview	Actions to sustain or improve performance	Benchmarking
71.4% of the Looked After Children (LAC) have a completed health check, this is below the target of 92%. This has fallen signficantly since being within a percentage point at 2018/19 Q4 at 91.2%. Performance for this indcator is now below the London (86.6%) and England (86.0%) benchmarking averages.	Currently there is a backlog of updating appointment dates onto cases within LCS (Liquid Logic Children's System). This has been exacerbated due to staff capacity (staff taking annual leave) and an implementation of a new LCS process for health assessments. The current backlog has been prioritised and is being worked through. Performance has also been negatively impacted as a significant proportion of delay is attributed to a cohort of children out of borough. For some children placed in Norfolk, appointments are not provided local services. This issue is being escalated with a view to provide health checks in a quicker timescale. There has been a change of responsibility in the Children in Care team for preparation of the forms. Forms were previously signed off by team managers once completed by BSOs and social workers - now this responsibility has returned to social workers and there has been a delay in the submission of some forms. Many of these have now been received are in are progress. It is anticipated over the coming months these delays will be reduced. Actions are now taken to clear backlog.	London: 86.6% England: 86.0%

Responsible Director	April Bald	Status	

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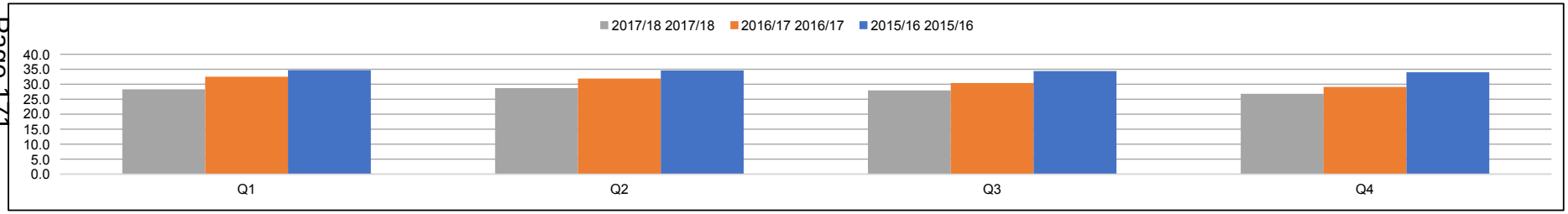
Back to summary page	Under 18 conception rate (per 1,000 population aged 15-17 years)	Health and Wellbeing Board Indicators	Q4 2017/18

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 the 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 under 18 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
	2019/20				
	2017/18	28.3	28.7	27.9	26.8
	2016/17	32.5	31.9	30.4	29.1
	2015/16	34.7	34.6	34.4	34.0



Performance overview	Actions to sustain or improve performance	Benchmarking
Note: the data presented above is a 3-year rolling average, containing data for the 12 quarters up to and including the quarter named. Barking and Dagenham's 3-year rolling average of under 18 conceptions has more than halved in the past decade. However, its rate remains substantially higher than the London average (target) of 17.2 conceptions per 1,000 females aged 15 to 17 years.	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 past few years. The Healthy Schools Programme also supports schools to provide effective Relationships and Sex Education. The programme in the borough is among the best performing in London. ONS annual data for the 2017 (calendar year) demonstrated that the borough's teenage conception rate had fallen at twice the rate of London and national compare to 2016. In addition, the most recent quarterly data for the borough (Q4 2017-2018) was the lowest the borough had ever seen and lower than the England average for the first time.	2017/18 quarter 4 (rolling 3-year average): London: 17.2 England: 18.7.

Responsible Director	Matthew Cole	Status	

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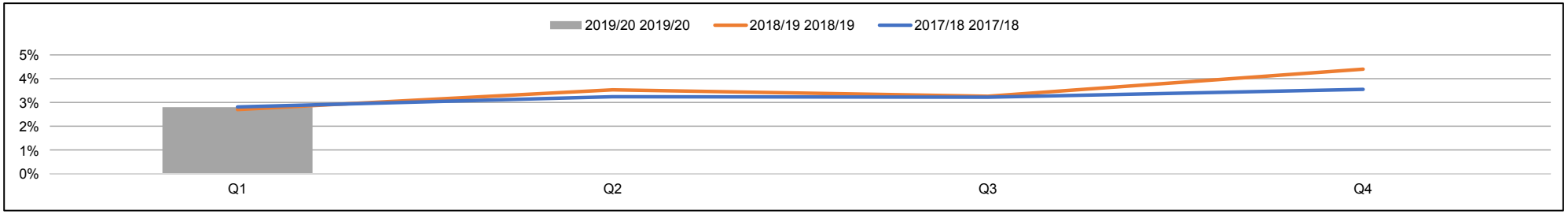
Back to summary page	Percentage of eligible population that received a health check	Health and Wellbeing Board Indicators	Q1	2019/20

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
2019/20	2.80%			
2018/19	2.70%	3.53%	3.26%	4.40%
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 2.80%, this is below the target figure of 3.75% coverage per quarter but similar to the performance seen in Q1 2018/19 at 2.70% Performance has fallen from 4.40% reported in Q4 of 2108/19 From quarter 1 to quarter 4 2018/19 we achieved 13.89% coverage, which is 93% of our yearly target to reach 15% of our eligible population and higher than achievement last year (12.82%).	Training for GP staff who are delivering health checks, expansion of the service into Pharmacies to increase the access of health checks to our residents.	2018/19 (quarter 4): London: 2.78% England: 2.35% Barking & Dagenham: 3.55%

Responsible Director	Matthew Cole	Status	

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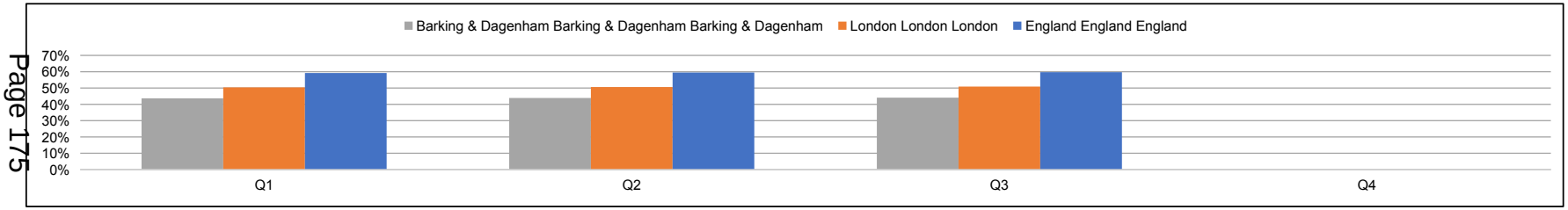
Back to summary page	Bowel screening - coverage of people aged 60-74 years	Health and Wellbeing Board Indicators	Q3 2018/19

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		Public Health England		
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].

Quarterly data

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Barking & Dagenham	40.7%	41.4%	42.1%	43.0%	43.7%	43.9%	44.1%	
London	49.8%	49.9%	49.9%	50.2%	50.4%	50.6%	50.9%	
England	58.8%	58.9%	58.9%	58.9%	59.2%	59.5%	59.7%	



Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham continues to perform worse than the national and regional averages, as well as being considerably below the 60% performance threshold, with only 44.1% coverage of the eligible population at Q3 of 2018/19. This is the fourth lowest coverage in both London and England.	Work is underway with the University College London Hospital (UCLH) partners to monitor the effect of the re-launched 'small c' website. This continues alongside the UCLH Cancer Collaborative to enable individuals with information about living healthy lifestyles and recognise signs and symptoms of cancer. In line with the Health Scrutiny Committee (HSC) Cancer Scrutiny Review Action Plan, additional funding has been provided with the ambition to engage GP practices. The aim is to identify the cohort of individuals reaching the age of 60 and also those not attending ('DNAs') – i.e. those who did not return their previous screening pack and contact them out of hours to encourage uptake of the screening. GP practices can offer the FIT (Faecal Immunochemical Test) test to those who are at low risk but are deemed no risk in line with NICE DG30.	2018/19 quarter 3: London: 50.9% England: 59.7%.

Responsible Director	Matthew Cole	Status	

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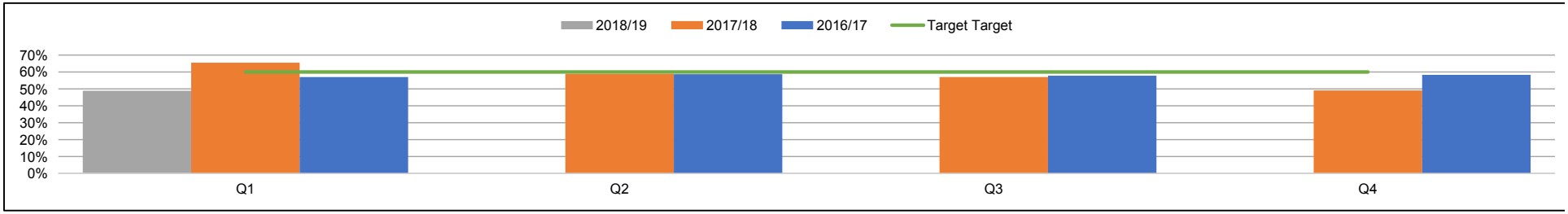
Back to summary page	The percentage of people using social care who receive services through direct payments	Health and Wellbeing Board Indicators	Q1 2019/20

Definition	**Numerator**	The number of adult social care services provided in the form of a direct payment.	**How this indicator works**	This is a measure of the packages service users receive as direct payments as a percentage of all services delivered in the community.
	Denominator	The total number of adult social care service users in receipt of community services.		
Source		Liquid Logic Adults System		
What does good performance look like?		Good performance is above the target of 60% receiving direct payments in lieu of directly managed services.	**Why is this indicator important?**	Direct payments are cash payments given to service users in lieu of community care services they have been assessed as needing and are intended to give users greater choice in their care.

Quarterly data	Q1	Q2	Q3	Q4
2019/20	**48.9%**			
2018/19	65.5%	58.9%	57.0%	49.1%
2017/18	57.0%	58.7%	57.8%	58.3%
2016/17	57.0%	56.0%	59.0%	60.9%
Target	60.0%	60.0%	60.0%	60.0%



Performance overview	Actions to sustain or improve performance	Benchmarking
Performance in Q1 (48.9%) remained at approximately the same level as the end of year position for 2018/19 (49.1%). Both Q4 2018/19 and Q1 2019/20 are the only quarters for which performance was more than 10% below the target of 60%. Therefore performance remains RAG-rated red. Since 2016/17 only two quarters have exceeded the 60% target: Q4 2016/17 (60.9%) and, more recently, Q1 2018/19 (65.5%).	As indicated over the past years since 2016/17, the strategy of providing choice and control in the form of direct payment packages was focussed on rapid roll-out with the 60% target in mind. This has proven difficult to sustain and would have been inappropriate to continue at the previous levels of performance, the current levels of receiving Direct Payments are more aligned with the level on clients needs.	This is a local indicator.

Responsible Director	Stefan Liebrecht	Status	

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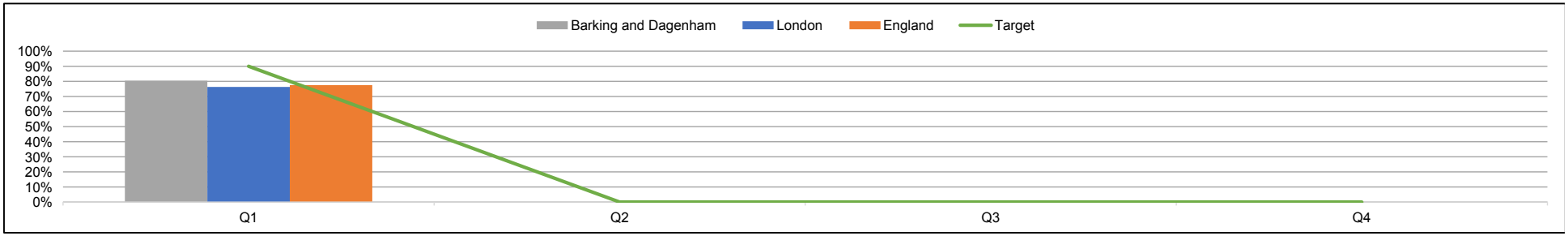
Back to summary page	A&E attendances ≤ 4 hours from arrival to admission, transfer or discharge (type all)	Health and Wellbeing Board Indicators	Q1 2019/20

Definition	**Numerator**	Number of A&E attendances where the time to admission, transfer or discharge is 4 hours or less	**How this indicator works**	This indicator shows the proportion of people attending A&E who are admitted, transferred or discharged within 4 hours. It describes a provider rather than a population. The figures below are for Barking, Havering and Redbridge University Hospitals NHS Trust, which runs A&Es at King George Hospital and Queen's Hospital. The figures are not specific to residents of Barking and Dagenham, and Barking and Dagenham residents may also attend A&Es run by other trusts.
	Denominator	Total number of A&E attendances		
Source		NHS England		
What does good performance look like?		For the proportion to be as high as possible and above the target of 90%	**Why is this indicator important?**	The Handbook to the NHS Constitution pledges that individuals should face a maximum wait of 4 hours from arrival in A&E to admission, transfer or discharge.

Quarterly data	Q1	Q2	Q3	Q4
Barking and Dagenham	80.4%			
London	76.3%			
England	77.5%			
Target	90.0%			



Performance overview	Actions to sustain or improve performance	Benchmarking
The proportion of people attending A&E where the time to admission, transfer or discharge was 4 hours or less at Barking, Havering and Redbridge University Hospitals NHS Trust rose from 76.9% in Q4 2018/19 to 80.4% in Q1 2019/20. This is above the London and England 2019/20 Q1 averages but remains below the 90% target Recent performance: 2018/19:Q1:82.3% Q2, 83.2%, Q3: 80.6%, Q4: 76.9%.	The Trust have implemented a weekly flow programme. In addition, there are workstreams focusing on reducing ambulance conveyance, community capacity (as alternatives to ED), and hospital flow which will also focus on the non-admitted pathway from ED. This work is all overseen by the BHR A&E Delivery Board.	2019/20 quarter 1: London: 76.3% England: 77.5%.

Responsible Director	N/A	Status	

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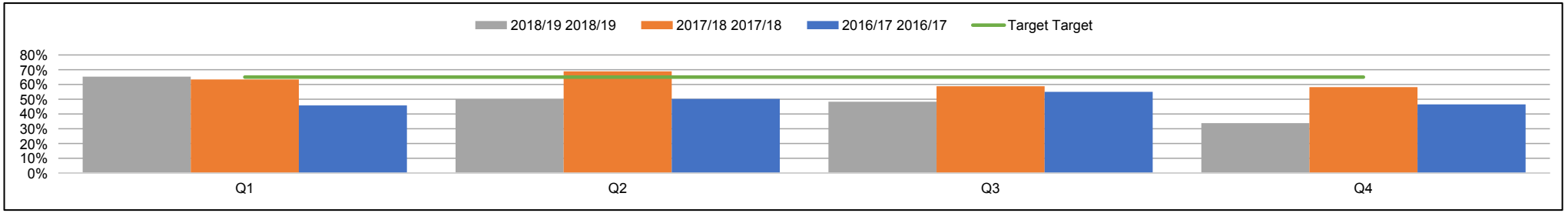
Back to summary page	The percentage of children and adults starting healthy lifestyle programmes that complete the programme	Health and Wellbeing Board Indicators	Q4 2018/19

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 (EOR), 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		Community Solutions		
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
2018/19	65.3%	50.0%	48.3%	33.8%
2017/18	63.4%	68.9%	58.8%	58.2%
2016/17	45.8%	50.2%	55.0%	46.5%
Target	65.0%	65.0%	65.0%	65.0%



Performance overview	Actions to sustain or improve performance	Benchmarking
Performance for this measure has decreased from 65.3% in quarter 1 to 50.0% in quarter 2 to 48.3% in quarter 3 and 33.8% in quarter 4. Since 2016/17, only two quarters (quarter 1 2018/19 and quarter 2 2017/18) have exceeded the target of 65%.	Recruitment to vacant posts has recently occurred and will increase number of delivery staff and raise the number of appointments and programmes available. A revised National Child Measurement Programme (NCMP) referral pathway is being discussed with NELFT to align delivery with NCMP schedule in schools ensuring children get access to support after identification. A system is now in place where attendance is monitored weekly and people that do not attend are contacted to check how they are and to encourage them to come back. Early indications suggested an improved position in Arpil 2019.	This is a local indicator.

Responsible Director	Matthew Cole	Status	

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Appendix C - CQC inspections - 2019/20 Q1

Name	Report publication date	Link to inspection report	Overall rating	Service type
KAF Healthcare Training Centre Ltd	2019-04-17	http://www.cqc.org.uk/location/1-3215101206	Good	Homecare agencies
Rose Lane Dental Surgery	2019-04-17	http://www.cqc.org.uk/location/1-1413667912	Inspected but not rated	Dentist
Dr Gurkirit Kalkat	2019-04-22	http://www.cqc.org.uk/location/1-551125553	Good	Doctors/GPs
Chaseview Care Home	2019-04-25	http://www.cqc.org.uk/location/1-3153731434	Requires Improvement	Nursing homes
Barking Enterprise Centre	2019-05-08	http://www.cqc.org.uk/location/1-777256040	Good	Homecare agencies
Shalom Health Recruitment Ltd	2019-05-10	http://www.cqc.org.uk/location/1-5021519797	Good	Homecare agencies
Shalom Care	2019-05-30	http://www.cqc.org.uk/location/1-716658849	Inspected but not rated	Homecare agencies
Longbridge Practice	2019-06-13	http://www.cqc.org.uk/location/1-3878655897	Good	Doctors/GPs
Alexander Court Care Centre	2019-06-13	http://www.cqc.org.uk/location/1-3977761030	Good	Nursing homes
Treal Care UK Limited	2019-06-21	http://www.cqc.org.uk/location/1-5341612356	Good	Homecare agencies
Kallar Lodge Residential Care Home	2019-06-26	http://www.cqc.org.uk/location/1-142472420	Requires Improvement	Residential homes
Dr Yousef Rashid	2019-06-27	http://www.cqc.org.uk/location/1-494257660	Inadequate	Doctors/GPs

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HEALTH and WELLBEING BOARD
FORWARD PLAN

September 2019 Edition

Publication Date: 12 August 2019

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 John Dawe, Democratic Services Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (telephone: 020 8227 2135, email: john.dawe@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 2019/2020:

Edition	Publication date
June 2019 edition	13 May 2019
September 2019 edition	12 August 2019
November 2019 edition	15 October 2019
January 2020 edition	24 December 2019
March 2020 edition	10 February 2020
June 2020 edition	11 May 2020

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 John Dawe, Democratic Services Officer, Ground Floor, Town Hall, 1 Town Square, Barking IG11 7LU (telephone: 020 8227 2135 email: john.dawe@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 Masuma Ahmed 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: 10.9.19	Oral Health in Early Years Scrutiny Review - Update on progress of Action Plan ***: Community*** The Board will be presented with an update report on the implementation of the action plan from the Oral Health in Early Years Scrutiny Review. The Board will be presented with an update report on the implementation of the action plan from the Oral Health in Early Years Scrutiny Review • Wards Directly Affected: Not Applicable	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 10.9.19	**Childhood Obesity Scrutiny Review *: Community*** The Board will be presented with the outcome of a scrutiny review into childhood obesity and asked to approve the proposed action plan. The Board will be presented with the outcome of a scrutiny review into childhood obesity and asked to approve the proposed action plan • 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: 10.9.19	Cancer Scrutiny Review - Update on progress of Action Plan ***: Community*** The Board will be presented with an update report on the implementation of the action plan from the Cancer Scrutiny Review. • Wards Directly Affected: Not Applicable	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 10.9.19	Feedback from the Ofsted Inspection of Children's Services***: Community*** The Health and Well-being Board will be presented with a report on the Inspection of Local Authorities Children's Services (ILACS) conducted by Ofsted in February 2019 and asked to note and comment on the headline improvement plan • Wards Directly Affected: Not Applicable	Open	Chris Bush, Commissioning Director, Children's Care and Support (Tel: 020 8227 3188) (christopher.bush@lbbd.gov.uk)

Health and Wellbeing Board: 10.9.19	Multi-Agency Safeguarding Arrangements***: Community*** The Health and Well-Being Board will be asked to note and comment on the new multi-agency safeguarding arrangements in Barking and Dagenham, in accordance with the Children and Social Work Act of 2017 and mandated through the revised statutory guidance "Working Together to Safeguard Children 2018 • Wards Directly Affected: Not Applicable	Open	Chris Bush, Commissioning Director, Children's Care and Support (Tel: 020 8227 3188) (christopher.bush@lbbd.gov.uk)
Health and Wellbeing Board: 10.9.19	Health and Wellbeing Outcomes Framework Performance Report-Quarter 1***: Community*** To review the overarching dashboard indicators to track progress across the wide remit of the Health and Wellbeing Board • Wards Directly Affected: Not Applicable		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 10.9.19	**Annual Report of Safeguarding Adults Board 2018/19 (SAB)*:Community*** The report presented for information and discussion outlines the work of the SAB and its committees over the last year and the priorities for the year ahead • Wards Directly Affected: All Wards		Chris Bush, Commissioning Director, Children's Care and Support (Tel: 020 8227 3188) (christopher.bush@lbbd.gov.uk)
Health and Wellbeing Board: 10.9.19	North-East London Long-Term NHS Plan***: Community*** Presentation by North East London Commissioning Alliance / East London Health and Care Partnership on the key issues re the Long-term NHS Plan • Wards Directly Affected: All Wards		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 10.9.19	Primary Care Partnerships and Localities***:Community*** Joint presentation LBBD and BHR CCG • Wards Directly Affected: Not Applicable		Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

Health and Wellbeing Board: 10.9.19	BHRUT Clinical Strategy Work***: Community*** To discuss the BHRUT progress to date on their Clinical Strategy • Wards Directly Affected: Not Applicable		Chris Bush, Commissioning Director, Children's Care and Support (Tel: 020 8227 3188) (christopher.bush@lbbd.gov.uk)
Health and Wellbeing Board: 13.11.19	Demand for Places for Pupils with Special Educational Needs and Disabilities***: Community*** The report articulates the forecast demand for school places over the next 5 years for pupils with special education needs and disabilities. It provides an indication of the types of SEND likely to be seen and the type of specialist provision required to meet those needs. • Wards Directly Affected: Not Applicable		Jane Hargreaves, Commissioning Director, Education (Tel: 020 8227 2686) (jane.hargreaves@lbbd.gov.uk)
Health and Wellbeing Board: 13.11.19	Better Care Fund (BCF) Guidance ***:Community*** The Department of Health and Social Care has issued the planning requirements for the Better Care Fund for 19/20. All submissions for 2019/20 are required to be submitted by 27 September. The submission will be presented at the Board meeting in November for information • Wards Directly Affected: Not Applicable		Chris Bush, Commissioning Director, Children's Care and Support (Tel: 020 8227 3188) (christopher.bush@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
Kimberly Cope, Metropolitan Police
Fiona Peskett, Barking Havering and Redbridge University Hospitals NHS Trust
Sharon Morrow, Barking & Dagenham Clinical Commissioning Group
Cllr Lynda Rice, LBBD Cabinet Member for Equalities and Diversity
Nathan Singleton, Healthwatch Barking and Dagenham (CEO Lifeline Projects)