

Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 15 September 2020 - 5:00 pm
Meeting to be held virtually

Date of publication: 7 September 2020

Claire Symonds
Acting Chief Executive

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Membership

CLlr Maureen Worby (Chair)	LBBB (Cabinet Member for Social Care and Health Integration)
Dr Jagan John (Deputy Chair)	Barking & Dagenham Clinical Commissioning Group
Elaine Allegretti	LBBB (Director of People and Resilience)
CLlr Saima Ashraf	LBBB (Cabinet Member for Community Leadership and Engagement)
CLlr Sade Bright	LBBB (Cabinet Member for Employment, Skills and Aspiration)
CLlr Evelyn Carpenter	LBBB (Cabinet Member for Educational Attainment and School Improvement)
Melody Williams	North East London NHS Foundation Trust
Matthew Cole	LBBB (Director of Public Health)
PS Kimberly Cope	Metropolitan Police
Sharon Morrow	Barking & Dagenham Clinical Commissioning Group
Fiona Peskett	Barking Havering & Redbridge University NHS Hospitals Trust
CLlr Lynda Rice	LBBB (Cabinet Member for Equalities and Diversity)
Nathan Singleton	Healthwatch - Lifeline Projects Ltd.

Standing Invited Guests

CLlr Paul Robinson	LBBD (Chair, Health Scrutiny Committee)
Terry Chaplin	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

Please note that this meeting will be webcast to enable the press and public to listen in to the proceedings of this 'virtual' meeting. To view the webcast click [here](#) and select the relevant meeting (the weblink will be available at least 24-hours before the meeting).

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 28 July 2020 (Pages 3 - 6)

BUSINESS ITEMS

4. Director of Public Health update on Covid-19 cases in Barking and Dagenham (Pages 7 - 25)

5. Domestic Abuse Update (Pages 27 - 31)

6. Safeguarding Adult Board Annual Report 2019/20 (Pages 33 - 68)

7. The Future of Health Care - NE London - Local Authorities (Pages 69 - 89)

8. Appt Health - Vaccinations Pilot (Pages 91 - 95)

9. Any other public items which the Chair decides are urgent

10. 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.***

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

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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, 28 July 2020
(5:00 - 6:40 pm)

Present: Cllr Maureen Worby (Chair), Elaine Allegretti, Cllr Saima Ashraf, Cllr Sade Bright, Cllr Evelyn Carpenter, Cllr Lynda Rice, Matthew Cole, Sharon Morrow and Nathan Singleton

Also Present: Cllr Paul Robinson, Brian Parrott, Ian Winter, Cllr Jane Jones, Ceri Jacob, Cllr Bill Turner, Alison Blair, Peter Hunt and Dr Magda Smith

Apologies: Kimberly Cope

62. Declaration of Members' Interests

There were no declarations of interest.

63. Minutes (10 March 2020)

The minutes of the meeting held on 10 March 2020 were confirmed as correct.

64. Overview of COVID-19 situation in LBBD

The Principle Performance Manager, Public Health presented for the Board's information an overview of the pandemic in the Borough since the start of lockdown in March 2020 highlighting the relevant local aspects such as the geographical spread of the virus and the different groups at higher risk of admission to hospitals and of deaths, and the comparisons with cases across NE London.

Responding to a question about the accuracy of the data the Director of Public Health (DPH) explained that at the start of the pandemic there was no data as to the number of deaths in care homes although all local authorities now had access to the same information around deaths from COVID-19 in different settings.

The DPH agreed to share the most up to date information about the number of tests carried out per capita in the Borough as well as statistics profiling the possible link between the number of deaths and housing tenures.

65. DPH Assurance report on the position and implementation of NHS Test and Trace Programme

On 17 July the government announced the Covid-19 Contain Framework – a guide for local decision makers setting out national and local partners will work to prevent, contain and manage local outbreaks.

The DPH gave a presentation detailing the responsibilities of this Board for local accountability and the governance arrangements around the NHS Test and Trace Programme including the creation of a Covid-19 Health Protection Board, the range of levers available to encourage compliance including a communication and engagement strategy, internal levels of responsibility, the approach to national monitoring and additional support available, and finally a summary of the local and national powers brought in under new regulations to deal with restrictions to help stop the spread of the virus should they be required.

In respect to local testing there is currently a good capacity in the Borough with a 48 hour turn round for results. There was also provision to employ additional mobile testing should there be any local outbreaks. B&D Can were being engaged to support residents to access facilities for test and trace.

The DPH informed the Board that a desk top exercise would be conducted at one of the high-risk Borough sites at Frizlands where it was not always possible to maintain 2 metre social distancing. At the request of the Chair a summary briefing on the outcome of the exercise would be provided to this Board.

It was noted that a link in the report to the terms of reference of the Covid-19 Protection Board was not working and therefore the DPH undertook to circulate the ToR to all Board Members.

In terms of managing the virus come September schools will have a vital role to play and in that respect the Chair placed on record her thanks to the staff for all their hard work in ensuring that parents have the confidence for their children to return to the classroom safely.

The Board acknowledged its role within the governance of the NHS Test and Trace Programme, in that the newly created Covid-19 Health Protection Board was accountable to this Board and would present regular assurance reports, and that the HWBB would provide the political oversight of local delivery of the NHS Test and Trace Service, keeping residents informed and being the public face of the local response in the event of a local outbreak.

66. Barking and Dagenham Delivery Group - Update and next steps

The Director of People and Resilience provided an update on the progress of the Barking and Dagenham Delivery Group which meets monthly, but which was stood down for March and April during the emergency response to the pandemic. It was reconvened in May for a discussion about its role in focusing partnership efforts in the Borough in the recovery phase of Covid-19 as well as looking at its priorities, values and behaviours in the coming months.

Accordingly the Board in noting the report had a discussion on the future of the Delivery Group recognising where it sits in the broader multi-agency governance landscape and the opportunities for it to take a leading role across the various sectors in areas such as locality working across the partnership, the model for community-based care, prevention and workforce development.

It was noted that the Integrated Care Partnership was also due to discuss the role of the Delivery Group at its next meeting on 29 July. In that respect the Director stressed the importance of taking stock of some of the learning of the distributed partnership model and how it can involve the voluntary sector and in that respect the role of B&D Can who are able to provide a strong vehicle to help and improve residents outcomes.

The report was well received by the Board it being recognised that the Deliver Group had demonstrated strong leadership and partnership working and acting at speed during this public health crisis and driving forward the Place Space Care approach in Barking and Dagenham advocated by the CCG. The Chair did however recognise the particular challenges from the acute side and how this need could be best accommodated in this new setting and which was commented on by BHTUT.

The Board noted the report.

67. Update on BHR Recovery and Restoration Plan

The Board noted a presentation of the BHR Integrated Care Partnership plans for Covid-19 recovery and restoration across health and care, including a summary of work activities being undertaken both at provider, BHRUT and NE London level. The backlog in elective surgery was estimated to take up to a year to clear and would have to be prioritised. There had also been knock on effects for those already having treatment for cancer as well as bigger concerns for new cases and screening services as well as routine appointments.

Infection control guidance had been very challenging although new relaxed NICE guidance issued yesterday would help. If there were to be a second wave then this time there would not be a blanket shut down across health and care services, rather a targeted approach. The Chair stressed the need for more pro-active public messaging given the extent of the delays predicted.

A number of points in the report and appendices were clarified including:

- the bed capacity at Goodmayes which had seen an additional 100 beds created with ongoing work as to how many would be retained. The DPH placed on record his thanks to the team at BHRUT for their efforts in this respect.
- the extent of the challenge around children services, namely issues of safeguarding as well as mental health and emotional wellbeing, the latter of which had hit vulnerable young children hardest.

A question was raised as to the disproportionate effect of COVID-19 on those with learning difficulties in supportive living settings. Work had started to understand the extent of the issue across the region but there was a lot more to do. The DPH confirmed that he had today submitted information on the number of care homes including supportive living accommodation subject to the second roll out of testing, that he would be happy to share.

He added that COVID-19 had exposed the fault lines across the services which going forward in the longer term would need radical and different solutions.

The Board noted the report.

68. Variation to Framework Partnership Agreement to support COVID-19 hospital discharge requirements

The Board noted a joint report from the Council and BHR CCG concerning the decision of the BHR Joint Commissioning Board to agree a variation to the Framework Partnership Agreement to provide the governance for the pooling of budgets and the transfer of resources from the NHS to the local authority to support Covid-19 hospital discharge requirements.

69. Lost Hours Campaign

The Chair referred to the Council shortly launching a publicity campaign on the side of buses entitled 'The Lost Hours', with a hard-hitting message about the Borough's most vulnerable young people. It aims to raise the importance of the community safeguarding these young people and knowing where they are. Both the Chair and Councillor Carpenter, Cabinet Member for Educational Attainment and School Improvement would welcome feedback, both positive and negative, as to whether the message works.

HEALTH AND WELLBEING BOARD

15 SEPTEMBER 2020

Title:	Director of Public Health update on Covid-19 cases in Barking and Dagenham		
Report of the Director of Public Health			
Open Report	For Information		
Wards Affected: All	Key Decision: No		
Report Author: Matthew Cole, Director of Public Health	Contact Details: Tel: 0208 227 3657 E-mail: matthew.cole@lbbd.gov.uk		
Sponsor: Director of People and Resilience			
Summary:			
<p>This report provides an update on testing, contact tracing and schools' preparedness.</p> <p>Due to the low testing rates and high positivity in the borough, there is a need to increase access to testing. Local walk-in test sites are being established in the borough with the first one in Barking. Testing started on 3 September, with full operation (8.00am to 8.00pm, 7 days a week) from 5 September.</p> <p>A locally supported contact tracing system is being developed to support the national programme in order to improve case completion rates. A Task and Finish Group has been set up in the borough to progress this.</p> <p>We have worked with care homes and schools in the borough to make them Covid-secure environments. This includes webinars for schools and care homes. Whole care home testing for staff and residents is now in place. Weekly testing of care home staff is picking up asymptomatic staff who are positive, who then self-isolate to prevent spreading infection. Each school has been given home testing kits for pupils in exceptional circumstances.</p> <p>There are currently no overall areas of concern in Barking and Dagenham.</p>			
Recommendation(s)			
<p>The Health and Wellbeing Board are asked to note the report, and</p> <ol style="list-style-type: none"> 1. Work with community engagement partners and members to build on our campaign to promote symptoms and testing, focusing on postcodes with the highest infection, 2. Promote the Council's use of powers in relation to closing premises that are not covid-19 secure, 			

3. Continue with a whole borough approach to prevention messaging to avoid stigmatizing communities and enhance its visual impact,
4. Produce an easy to read and understand Covid-19 Barking and Dagenham metrics scorecard to help communicate 'the one version of the truth', and
5. Work with Department of Health & Social Care to establish walk-in testing units in the borough.

1. Introduction and Background

- 1.1 At the last Health and Wellbeing Board on 28 July 2020, the Director of Public Health gave a presentation detailing the responsibilities of this Board for local accountability and the governance arrangements around the NHS Test and Trace Programme. The Board acknowledged its role within the governance of the NHS Test and Trace Programme. This report provides an update on testing, contact tracing, care homes and schools.

2. Proposal and Issues

The latest Situational Report

- 2.1 Everyone has an important role to play to prevent the spread of Covid-19. For the public health response to be effective, residents, council officers, politicians and partners all have to play their part. To support this goal the Council will be producing a weekly Situation Awareness Report (Appendix A). These reports provide an overview of the current Covid-19 situation in Barking and Dagenham based on available local, London and national data.
- 2.2 The key indicators that we will be reviewing on a daily and weekly basis to try to spot likely future issues are detailed below.
 - 7-day Covid rate per 100,000 population
 - Number of new cases on a day to day basis
 - 7-day testing rate per 100,000 population (the PHE target we should be aiming for is 150 per 100,000)
 - Positive test rate (target is less than 1%)
 - Contact tracing rate (target to be above 85%)
- 2.3 There are many factors that can contribute to the number of cases in an area. As part of our local outbreak control arrangements, the Director of Public Health, supported by a cross Council team meets daily to review information about new cases to identify where further investigation or action is required.

Locally Supported Contact Tracing

- 2.4 To date the London Coronavirus Response Centre (LCRC) has operated well, but with all integrated systems there are areas to improve on. The biggest issue has been that 20-25% of cases have not been contactable. Allowing London boroughs

to chase up will ensure more are contacted and enable us to reach 90% of those contact of confirmed cases.

- 2.5 However, this needs to be thought through very carefully in London as we have remained around 70% of contacts reached, although there is variation across the boroughs. The advantage of the London system is that it can divert resources to hotspots. In some places there are very few cases, others have many more, so there is likely to be a capacity issue in some areas. At the moment the LCRC can divert resources where they are needed more efficiently. The LCRC needs to oversee this as the borough Public Health teams are generally too small and cannot continually be checking with each other about cross-border issues which is where the LCRC is needed to co-ordinate.
- 2.6 We will be supporting the national programme to improve case completion rates (locally supported contact tracing). The Director of Public Health is part of the Task and Finish group working with the national team to develop a local contact tracing plan for London. Once this work is completed the Director of Public Health will advise the Board at its next meeting on the options proposed to support the London programme.
- 2.7 A Task and Finish Group has been set up in the borough to plan the implementation of the locally supported contact tracing programme. A data sharing agreement has been signed and returned to Public Health England (PHE). Full post codes in Barking and Dagenham have been sent to PHE to do demand/ capacity modelling for us. See Appendix B (progress checklist).

Local walk in testing sites

- 2.8 We have negotiated with the Department of Health & Social Care and Deloitte to establish walk in testing facilities. Site survey by Deloitte, who have been appointed by Department of Health & Social Care (DHSC) to run local test sites, was carried out on 27 August. The venues and provisional start dates are:
- Barking Football Club car park – Work has started, and testing is scheduled to be start on 3 September, with full operation (8.00am – 8.00pm, 7 days a week) from 5 September
 - Chadwell Heath Community Centre – due to change of flooring, testing is scheduled to start week commencing 14 September
 - Marks Gate Community Centre – awaiting final approval from DHSC and testing will also be scheduled to start week commencing 14 September

Schools update

- 2.9 The Public Health Team has worked closely with the Health and Safety Team, HR and Education to support schools and Early years to be Covid-secure for reopening in September. The schools reopening guidance published in July has been incorporated in the Schools Reopening Risk Assessment (RA) template. There has been extensive consultation with the primary, secondary and Trinity school headteachers to undertake the RA to ensure that the premises are Covid-secure. An individual RA tool for schools has also been developed to help assess the risk to staff and mitigations prior to schools opening. A number of webinars have been delivered to head teachers to raise awareness about signs and symptoms of Covid-

19, how to book a test, measures to be taken in case of a suspected case, cleaning and decontamination, general precautions to be undertaken such as hand washing, social distancing etc. and outbreak management.

- 2.10 A tabletop scenario-based exercise was undertaken in July with Head Teachers, corporate Directors and Civil Protection Team at LBBB to understand and refine the key steps to be followed in case of a suspected case and an outbreak in schools. Schools action cards and Standard Operating Procedures have been developed to manage various scenarios and are available on the LBBB website.
- 2.11 As part of the NHS test and trace service, the Department of Health and Social Care (DHSC) has now provided 10 home testing kits to each school in Barking and Dagenham for pupils in exceptional circumstances who have symptoms but are unable to book a test via the conventional routes. An extensive guidance has been published to this effect.
- 2.12 The Director of Public Health receives an Exceedance report from DHSC to monitor the number of positive cases and situations in the borough including schools. So far, the situation in Barking and Dagenham schools has been stable. When the schools open in September, monitoring the positive cases and any outbreaks in schools would be crucial to ensure that the schools are able to provide a Covid-secure environment for pupils and school staff in the borough.

Care Home update

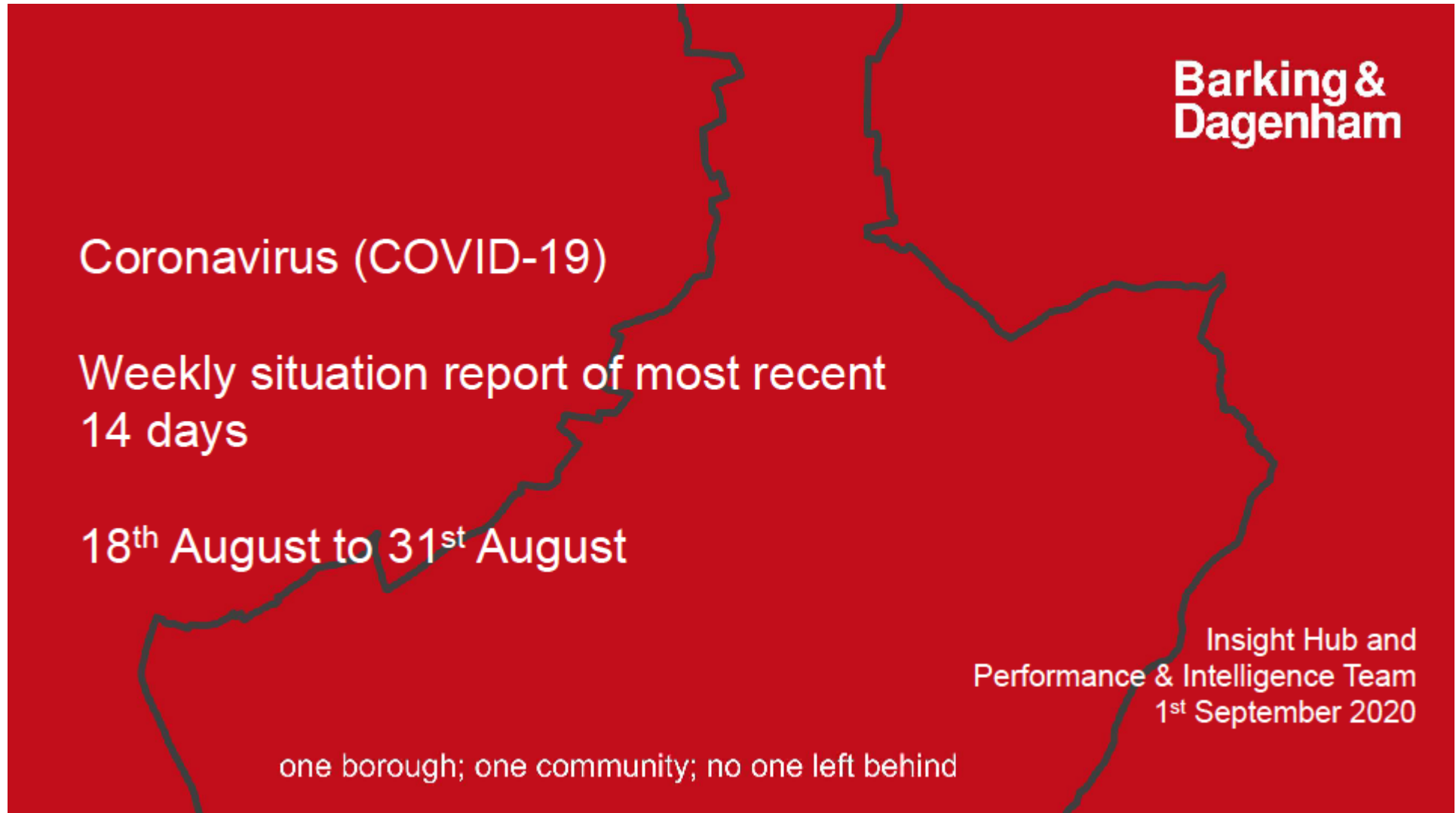
- 2.13 Whole care home testing was rolled out nationally in July. This involves weekly testing of care home staff and monthly testing of residents through Pillar 2. Due to issues nationally, there have been delays in the successful roll out of care home testing. Some care homes have had to wait for weeks before receiving any test kits.
- 2.14 To alleviate the pressures, Pillar 1 testing capacity (where available) is being used to support care homes across North East London. Public Health and Adult Commissioning teams in Barking and Dagenham are working closely to prioritise care homes for these Pillar 1 test kits. The first batch of 100 Pillar 1 test kits has been allocated to a care home that had not received any kits from Pillar 2.
- 2.15 We have not had any positive tests in care home residents since the end of July, until a positive case during routine testing at the end of August. Weekly staff testing has identified asymptomatic staff who have tested positive and therefore had to self-isolate.

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

List of Appendices:

Appendix A - Weekly Situation Report

Appendix B - Checklist - Locally Supported Contract Tracing



Key findings

There are currently no overall areas of concern in Barking & Dagenham.

Key 7 day indicators

- 1x green (Covid-19 cases per 100,000 people)
- 3x red (testing rates too low, % positive cases too high, contact tracing success rate too low)

Situational awareness indicators

- 3x green (MSOAs in top 5%, community outbreaks, hospitalisations)
- 1x amber (exceedances)

Covid-19 testing

- Testing rates are the lowest in London
- Public Health has arranged for 3 new testing sites to be opened in the borough in September

Covid-19 cases in the last fortnight

- 55 cases, 57% male, 48% aged 20-39 (London = 54%), 46% asymptomatic
- residents who describe their ethnicity as Other ethnic group have had the highest rate of cases per 100,000 population (previously residents from the Pakistani ethnic group had the highest 14 day case rate)

COVID-19 related deaths

- 0 deaths involving COVID-19 in the last 5 weeks

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**Barking &
Dagenham**

Key 7 day indicators

7 day Covid rate per 100,000 population	17.8	24th to 30th Aug
7 day testing rate per 100,000 population	81.1	20th to 26th Aug
Positive test rate	2.2%	
Contact tracing rate	70.3%	24th to 30th Aug

Key: 7-day rate per 100,000	7-day testing per 100,000	% Positive tests	% Contact tracing
0.0 - 9.9	>= 150	< 1%	>= 85%
10.0 - 19.9	135 - 150	1% to 1.5%	76.5 - 85%
20.0 - 25.9	< 135	> 1.5%	< 76.5%
26.0 - 49.9			
≥50.0			

There are currently no overall areas of concern in Barking & Dagenham.

- Our 7 day Covid rate is currently within the 2nd lowest trigger point of escalation based on key trigger points agreed by London Directors of Public Health.
- Testing is lower in Barking & Dagenham compared to London and nationally. Our aim is to increase testing to 150 tests per 100,000 population every 7 days. Testing is scheduled to commence at 3 local test sites next month:
 - Barking Football Club car park
 - Chadwell Heath Community Centre
 - Marks Gate Community Centre
- A higher proportion of Barking & Dagenham residents test positive for COVID-19 compared to London and nationally. Our aim is to reduce the proportion of persons testing positive to below 1%.
- The intention is also to increase successful contact tracing to 85% - contact tracing relating to Barking & Dagenham residents is currently below this target.

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Barking & Dagenham

Situational awareness indicators for Barking and Dagenham

Analysis component	Measure	Result	Time period	Thresholds
Cases	MSOA rank	0	20th to 26th Aug	Red any MSOA with incidence rates in the top 5% within London
	Number of community outbreaks (last 7 days)	0	20th to 26th Aug	Red any outbreak within the last 14 days
Early warning	Exceedances	1	16th to 29th Aug	Red exceeded threshold for 2 or more days in the last 14 OR observed cases per 100 test is greater than forecast mean for 12 out of 14 days Amber exceeded threshold for one day in the last 7 Green not meeting the criteria for Red or Amber
	111 Triages per 100,000 population	13 - establishing threshold	16th to 22nd August	Red exceeded threshold for 2 or more days in the last 7 Amber exceeded threshold for one day in the last 7 Green not meeting the criteria for Red or Amber
Impact on services	CAS calls	No data yet		Red Referrals to ED increase 3 or more consecutive days Amber Referrals to ED increase 2 consecutive days Green not meeting the criteria for Red or Amber
	Hospitalisations	0	1st September	Red New admissions + new diagnoses within last 24 hrs > 5 Amber New admissions + new diagnoses within last 24 hrs 1 to 5 Green No new admissions + new diagnoses within last 24 hrs

- None of Barking and Dagenham's Middle Super Output Areas were in the top 5% of COVID-19 rates in London this week.
- Public Health England currently maintain an exceedance rating of **AMBER**, based on combined Pillar 1 and 2 case data for the 14 day period 16th to 29th August. *The most recent four days are subject to reporting delay, so care is required in interpreting these figures as they are liable to change as more data is reported.*
- We are trying to establish a threshold for 111 Triages and also to source data on Emergency Department referrals.
- Hospitalisations refers to North East London Clinical Commissioning Groups.

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**Barking &
Dagenham**

COVID-19 cases in North East London

- Barking & Dagenham has the fourth highest rate of cases per 100,000 population over the last 7 days and second highest for the last fortnight
- We have had more cases in the last 7 days compared to the previous week
- **Numbers remain low so this can easily fluctuate**
- Hackney and City of London remains in the middle trigger point of escalation agreed by London Directors of Public Health

Borough	Most recent 7 days 24th Aug to 30th Aug		Prior 7 days 17th Aug to 23rd Aug		Difference	14 day rate per 100,000 pop
	Positive cases	Rate per 100,000 pop	Positive cases	Rate per 100,000 pop		
Barking and Dagenham	38	17.8	26	12.2	5.6	30.1
Hackney and City of London	69	23.7	55	18.9	4.8	42.6
Havering	48	18.5	27	10.4	8.1	28.9
Newham	45	12.7	29	8.2	4.5	21.0
Redbridge	47	15.4	21	6.9	8.5	22.3
Tower Hamlets	58	17.9	32	9.9	8.0	27.7
Waltham Forest	36	13.0	28	10.1	2.9	23.1
London	1376	15.4	966	10.8	4.6	26.1
England	6084	10.8	6743	12.0	-1.2	22.8

0 to 9.9
10 to 19.9
20 to 25.9
26 to 49.9
50 and over

0 to 19.9
20 to 39.9
40 to 51.9
52 to 99.9
100 and over

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COVID-19 cases in London

Borough	Most recent 7 days 24th Aug to 30th Aug		Prior 7 days 17th Aug to 23rd Aug		Difference	14 day rate per 100,000 pop
	Positive cases	Rate per 100,000 pop	Positive cases	Rate per 100,000 pop		
Barking and Dagenham	38	17.8	20	12.2	5.6	30.1
Barnet	61	15.4	48	12.1	3.3	27.5
Bexley	36	14.5	17	5.8	7.7	21.3
Brant	53	16.1	21	6.4	9.7	12.4
Bramley	40	12.0	26	7.8	4.2	19.9
Camden	52	19.3	38	14.1	5.2	33.3
Croydon	32	8.3	32	8.3	0.0	16.5
Ealing	58	17.0	50	14.6	2.5	31.6
Enfield	52	15.6	36	19.8	-4.8	26.4
Greenwich	42	14.6	7	2.4	12.2	17.0
Hackney and City of London	69	23.7	55	18.9	4.8	42.6
Hammersmith and Fulham	30	16.2	33	17.8	-1.6	34.0
Haringey	37	13.8	33	12.3	1.5	26.1
Harrow	55	21.9	29	11.5	10.4	33.4
Havering	48	18.5	27	10.4	8.1	28.9
Hillingdon	46	15.0	45	14.7	0.3	29.7
Hounslow	43	15.8	26	9.6	6.3	25.4
Islington	25	9.5	22	9.1	0.4	18.6
Kensington and Chelsea	42	20.9	18	11.5	15.4	38.4
Kingston upon Thames	22	12.4	15	8.5	3.9	20.8
Lambeth	62	19.0	39	11.0	7.1	31.0
Lewisham	25	8.2	27	8.8	-0.7	17.0
Merton	16	7.7	16	7.7	0.0	15.5
Newham	45	12.7	29	8.2	4.5	21.0
Redbridge	47	15.4	21	6.9	8.5	22.3
Richmond upon Thames	31	15.7	18	9.1	6.6	24.7
Southwark	42	13.2	52	16.3	-3.1	19.5
Sutton	20	9.7	21	10.2	-0.5	19.9
Tower Hamlets	58	17.9	52	9.9	8.0	27.7
Waltham Forest	36	13.0	28	10.1	2.9	23.1
Wandsworth	76	23.1	47	14.3	8.8	37.3
Westminster	39	14.9	32	12.2	2.7	27.2
London	1376	15.4	966	10.8	4.6	26.1
England	6084	10.8	6743	12.0	-1.2	22.8

7 day rate per 100,000

0 to 9.9
10 to 19.9
20 to 29.9
30 to 39.9
40 to 49.9
50 and over

14 day rate per 100,000

0 to 19.9
20 to 39.9
40 to 59.9
60 to 99.9
100 and over

- During the most recent 7-day period only five London boroughs have a rate per 100,000 population within the lowest trigger point of escalation agreed by London Directors of Public Health
- Barking & Dagenham is one of the London boroughs within the 2nd lowest trigger point. We have the 9th highest rate over 7 days and 9th highest over 14 days.
- **Numbers remain low though so this can easily fluctuate.**
- Kensington and Chelsea has moved into the second highest trigger point for 7 day rates.

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COVID-19 tests and diagnoses in London

Upper Tier Local Authority	Individuals tested per 100,000 population (7-day moving average) ¹	Percentage individuals test positive (weekly) ²	Exceedance score (for 2020-08-30) ³	community outbreaks (Last 7 days)		
Barking and Dagenham	81.1	decrease	2.2	decrease	AMBER	0
Barnet	132.4	increase	1.2	decrease	GREEN	0
Bexley	96.9	decrease	1.2	increase	RED	0
Brent	110.0	increase	1.2	increase	GREEN	1
Bromley	120.7	increase	1.3	increase	RED	1
Camden	122.4	increase	1.8	increase	AMBER	0
City of London	236.3	increase	2.1	increase	GREEN	0
Croydon	102.4	increase	1.1	=	RED	0
Ealing	125.0	increase	1.9	decrease	AMBER	0
Enfield	102.3	decrease	2.1	increase	RED	1
Greenwich	103.0	decrease	1.0	increase	RED	0
Hackney	129.6	increase	2.8	increase	AMBER	1
Hammersmith and Fulham	108.9	increase	1.9	increase	GREEN	1
Haringey	120.2	increase	1.6	increase	RED	0
Harrow	105.3	increase	2.7	increase	AMBER	0
Havering	105.4	increase	1.5	increase	RED	0
Hillingdon	105.0	decrease	1.4	decrease	RED	0
Hounslow	143.6	increase	1.1	decrease	GREEN	2
Islington	133.0	increase	1.3	increase	RED	1
Kensington and Chelsea	128.1	increase	2.4	increase	GREEN	0
Kingston upon Thames	131.5	decrease	1.0	decrease	GREEN	0
Lambeth	132.1	increase	1.4	=	GREEN	0
Lewisham	108.9	decrease	1.3	increase	RED	0
Merion	123.1	increase	0.7	decrease	GREEN	0
Newham	89.9	increase	1.4	decrease	AMBER	1
Redbridge	110.8	increase	1.1	increase	AMBER	0
Richmond upon Thames	158.3	decrease	1.0	decrease	GREEN	0
Southwark	122.7	increase	1.7	decrease	RED	0
Sutton	105.6	decrease	0.9	decrease	AMBER	0
Tower Hamlets	117.4	increase	1.6	increase	RED	0
Waltham Forest	105.7	decrease	1.4	decrease	GREEN	0
Wandsworth	158.3	increase	1.8	increase	RED	1
Westminster	105.2	increase	2.2	increase	GREEN	0

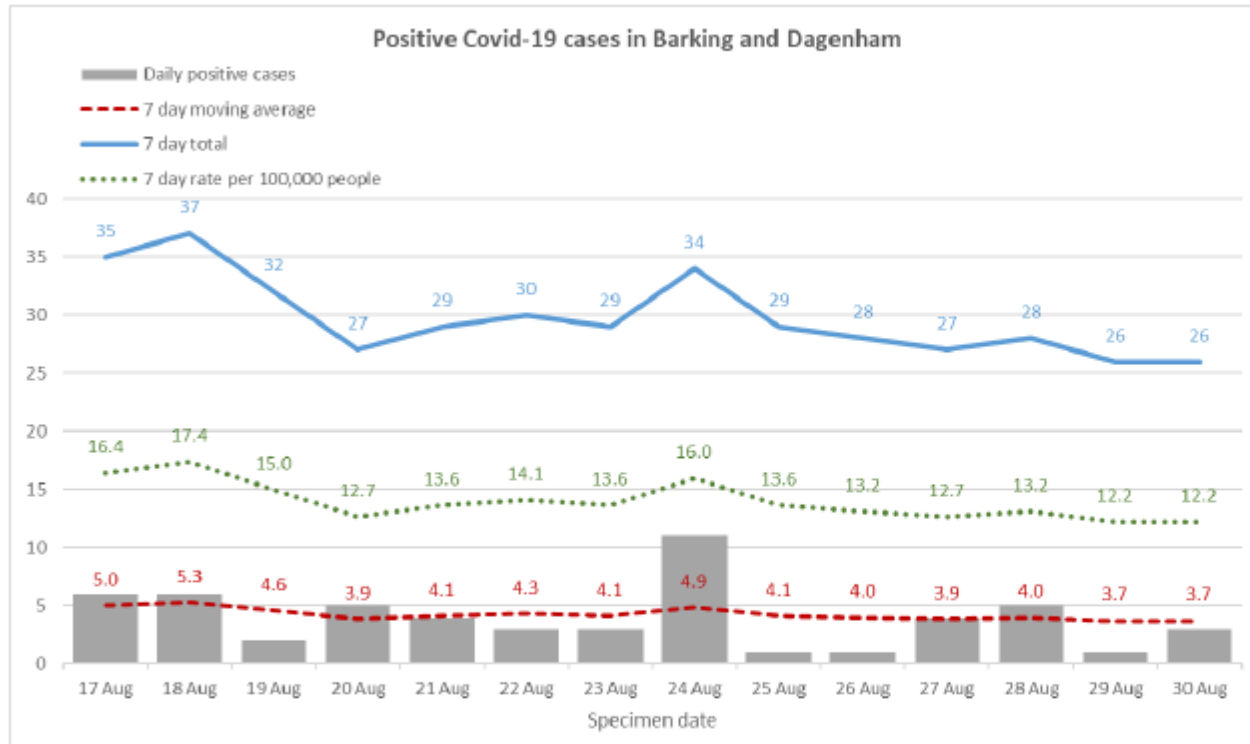
Comparison with previous week:
¹Positivity is calculated for both Pillar 1 and Pillar 2 combined tests. It excludes tests where postcode of residence is not available
²Weekly percentage positive: Red >7.5%, Amber 4% to 7.5%, Green <4%
³Exceedance are for the 14-day period between 2020-08-16 to 2020-08-29.
 Source: Laboratory confirmed COVID-19 case list, PHE, 2020-08-30

- Data for the 7-day period between 20th and 26th August shows that in Barking & Dagenham:
 - testing rates continue to be the lowest in London
 - % of people testing positive has decreased from 2.3% to 2.2% and is no longer the highest in London
- Our aim is to:
 - increase testing to 150 tests per 100,000 population every 7 days; and
 - reduce positivity to lower than 1%.
- Deloitte have been appointed by the Department for Health & Social Care to run 3 local test sites:
 - Barking Football Club car park
 - Chadwell Heath Community Centre
 - Marks Gate Community Centre
- Testing is scheduled to start at Barking Football Club on 3rd September and at the other two sites week commencing 14th September

one borough; one community; no one left behind



New COVID-19 cases in the last fortnight



In the last 14 days, our 7 day case rate has not exceeded the amber threshold of 20 cases per 100,000 residents.

At the 30th of August, in Barking and Dagenham we have had:

- 26 new positive cases in the last 7 days
- an average of 3.7 cases per day
- 7 day case rate of 12.2 per 100,000 people

Case numbers are low so this can easily fluctuate.

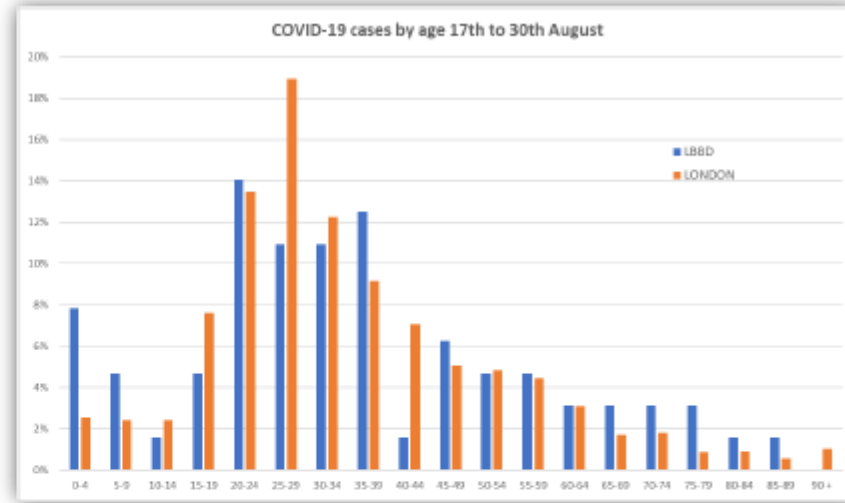
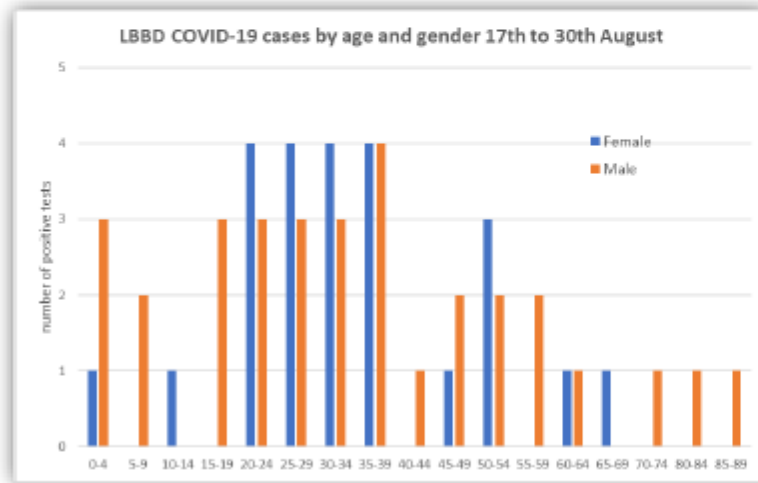
one borough; one community; no one left behind

Barking & Dagenham

New COVID-19 cases in the last fortnight by age and sex

Compared to London, Barking & Dagenham has had higher proportions of cases amongst children aged under 10 and adults aged 65 to 89 during the last 14 days.

In London 54% of cases were for people in their twenties or thirties – this was slightly lower in Barking & Dagenham (48%).



Males accounted for 57% of cases in Barking & Dagenham during the last fortnight.

Case numbers are low so this data should be treated with caution.

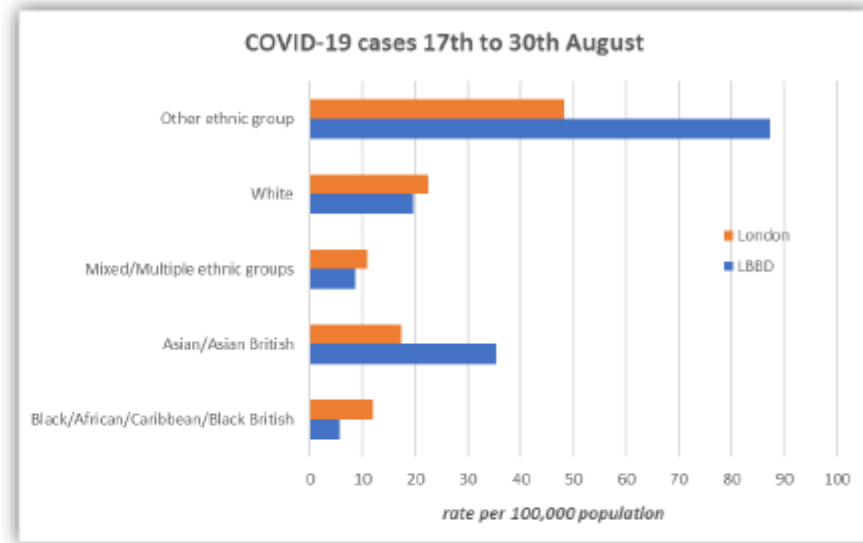
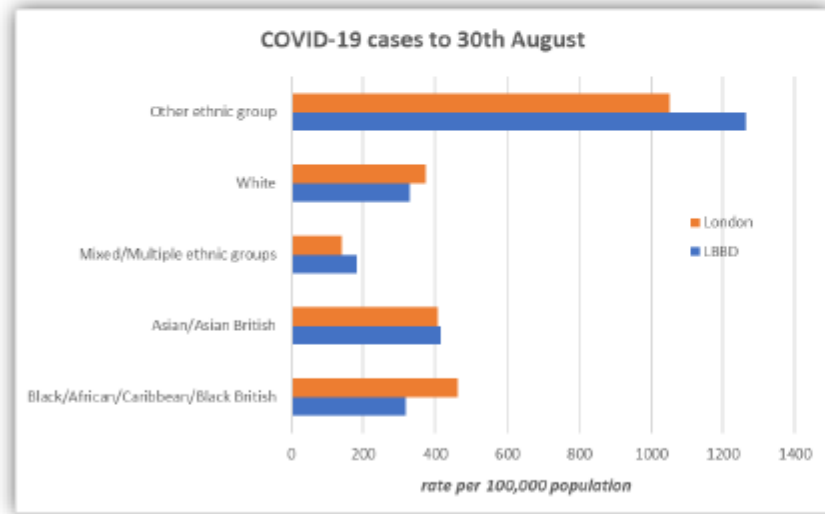
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COVID-19 cases by ethnic group

During the last 14 days Barking & Dagenham residents who describe their ethnic group as *Other ethnic group* or *Asian/Asian British* have had the highest rate of cases per 100,000 population. This mirrors London although the rates in Barking & Dagenham have been higher – particularly in the *Other ethnic group*.

To date, people whose ethnic group is *Other ethnic group* have had the highest rate of cases in both Barking & Dagenham and London.



Barking & Dagenham cases per ethnic group sourced from Department of Health

London cases per ethnic group sourced from Public Health England

Ethnic group population sourced from GLA ethnic group population projections

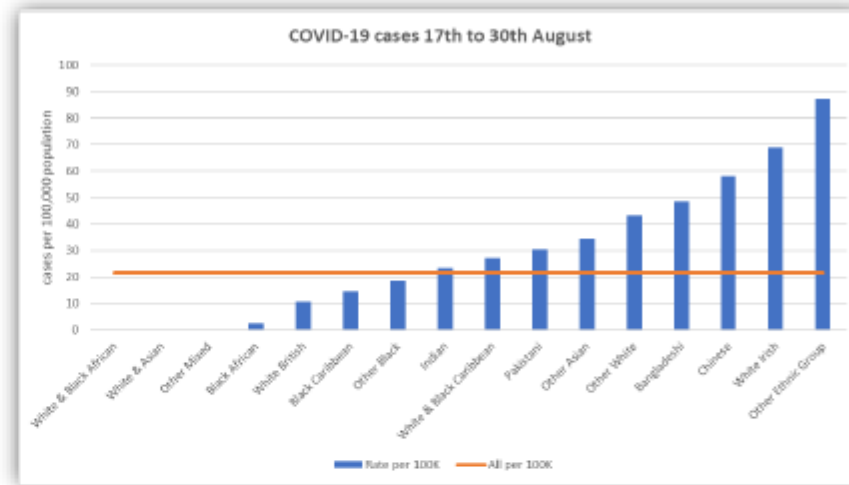
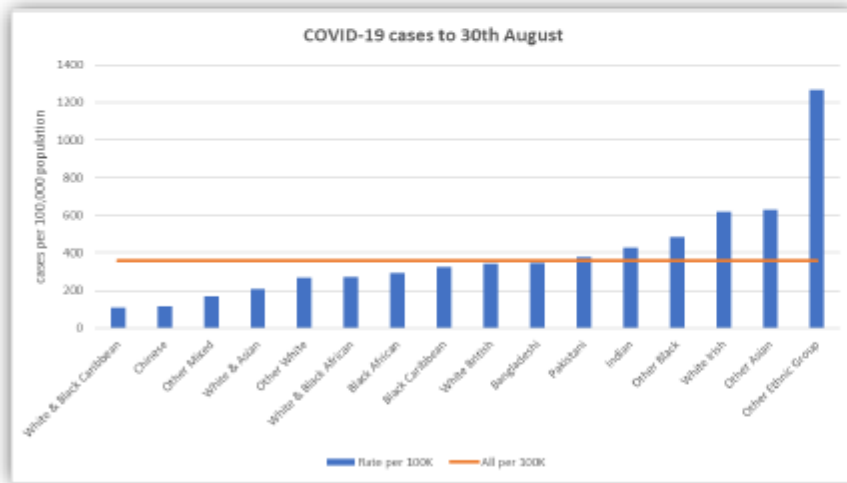
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Barking & Dagenham

COVID-19 cases by detailed ethnicity

During the last 14 days Barking & Dagenham residents who describe their ethnicity as *Other ethnic group* have had the highest rate of cases per 100,000 population.

Case numbers are low so this data should be treated with caution.



As at 30th August *Other Ethnic group, Other Asian, White Irish, Other Black, Indian and Pakistani* have had a higher rate of cases than the total population of the borough

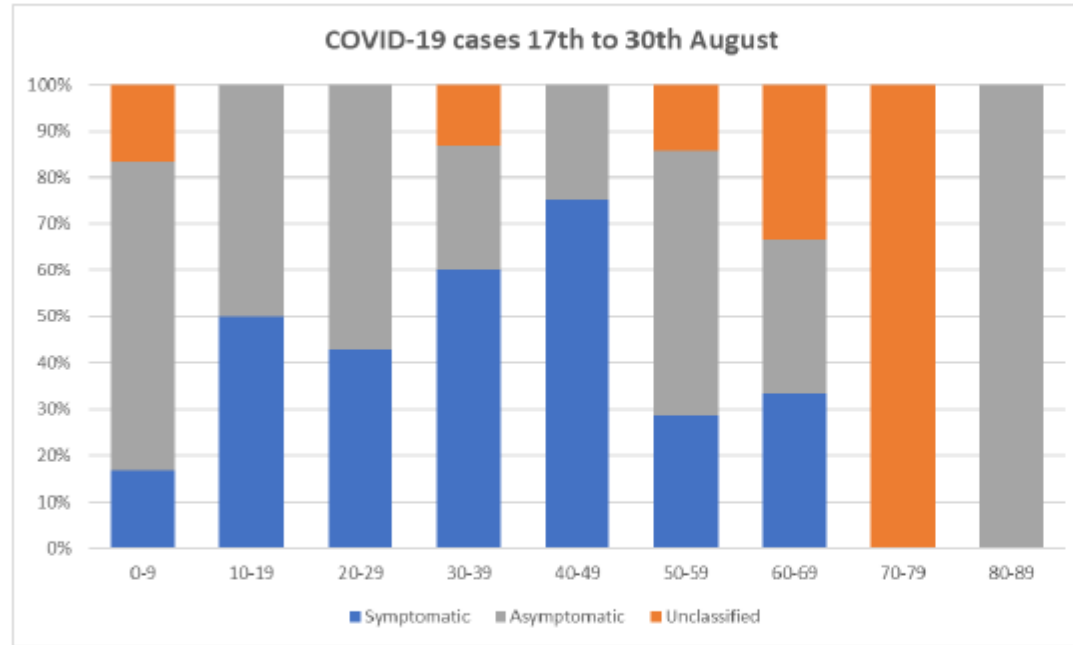
Barking & Dagenham cases per ethnicity sourced from Department of Health

Population per ethnicity sourced from GLA ethnic group population projections

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Asymptomatic vs Symptomatic during last 14 days



- 46% of all Barking & Dagenham residents testing positive during the 14-day period between 17th and 30th August reported that they were asymptomatic
- This was particularly the case amongst those aged under 10, in their twenties and fifties
- ***Case numbers are low so this data should be treated with caution.***

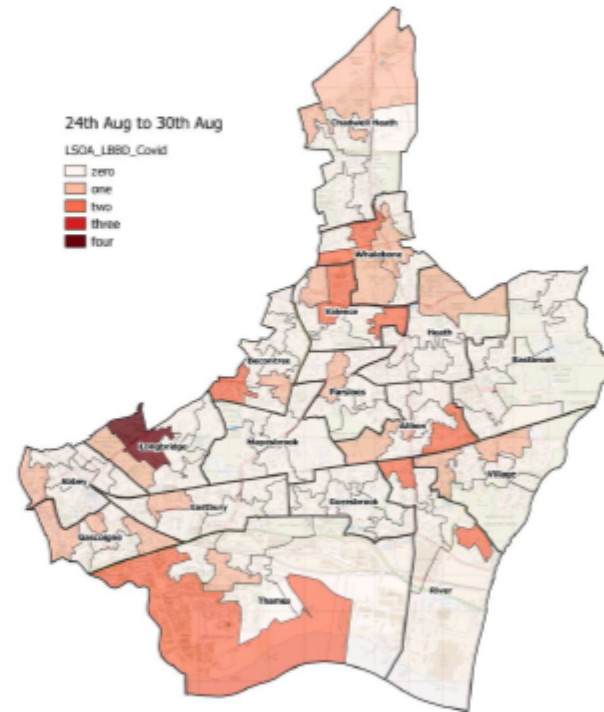
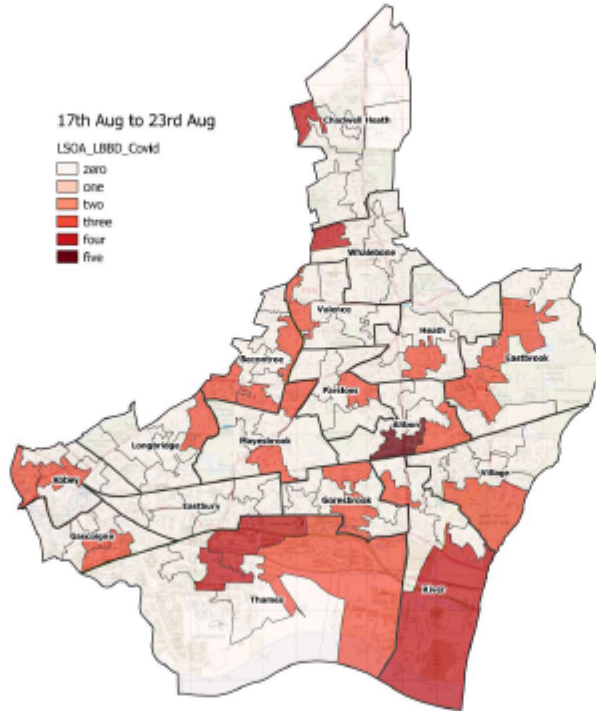
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**Barking &
Dagenham**

Cases within the most recent 7 days versus those within the previous 7 days

The maps on this page show the number of cases per lower layer super output area (LSOA) within the borough

- The concentration of new cases has moved from the South East to the South West of the borough.
- There have also been several cases identified on and around Green Lane, which traverses Becontree, Valence and Whalebone wards.
- *Case numbers are low so this data should be treated with caution.*

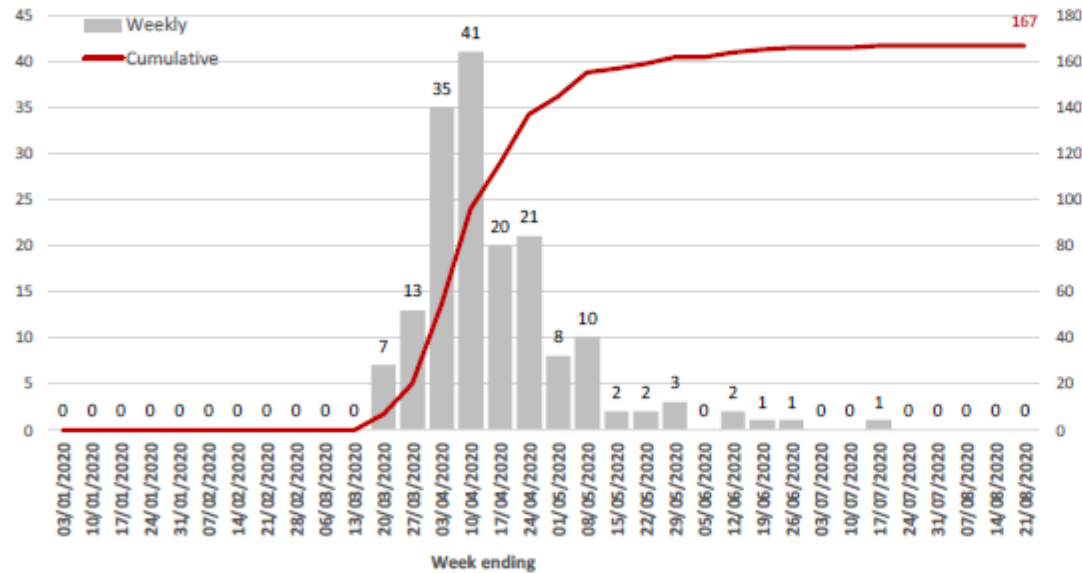


one borough; one community; no one left behind

Barking & Dagenham

COVID-19 related deaths

Deaths of Barking and Dagenham residents involving COVID-19, occurring up to 21 August 2020 but registered up to 29 August 2020



As at 21st August 2020 there have been 167 deaths recorded for Barking & Dagenham involving coronavirus (COVID-19), based on any mention of COVID-19 on the death certificate.

Numbers have been lower since mid-May.

There have been no deaths involving COVID-19 in the last 5 weeks.

APPENDIX B - Checklist - Locally Supported Contract Tracing				
Task	Owner	Required for go-live	Status	Comments/Latest update
RESOURCES				
Local Authority Project Lead confirmed	Local Authority	Yes	Completed	
Local Authority single point of contact confirmed. This is who will lead the service once it is live	Local Authority	Yes	Completed	
NHS Professionals - Tier 2 call handler resources confirmed	NHS Professionals	Yes	In Progress - On track	Council staff identified, not NHS professionals
LOCAL OPERATIONAL MODEL				
Staff confirmed	Local Authority	Yes	Completed	
Service hours confirmed	Local Authority	Yes	Completed	
Linking in with local data sources approach confirmed e.g. council tax data	Local Authority	Yes	In Progress - On track	
Call handling approach confirmed	Local Authority	Yes	In Progress - On track	
Face to Face (door knocking) approach confirmed	Local Authority	Yes	In Progress - On track	
Stand-down approach identified	Local Authority	Yes	In Progress - On track	to be finalised
Future stand-up/surge approach identified	Local Authority	Yes	In Progress - On track	to be finalised
DATA				
Enhanced data sharing agreements signed by PHE/LA	Local Authority/PHE	Yes	Completed	
Confirmed postcodes of interest sent to phesocsupport@phe.gov.uk	Local Authority	Yes	Not Started	There is an upper limit of 15k postcodes. If you have more than this then they will need to be separated into separated
LA contact(s) who will access Power BI report confirmed	Local Authority	Yes	Not Started	
Demand profiling/ Estimated volume of cases confirmed and sent to LA & NHS Professionals	Gareth Hughes /Charlotte Anderson	Yes	Not Started	
TRAINING				
All staff have access to Health Education England training portal	Local Authority	Yes	Not Started	Staff put forward for training
Training completed by LA staff	Local Authority	Yes	Not Started	
<i>Data Security Awareness</i>	Local Authority	Yes	Not Started	
<i>Clinical & Information Governance</i>	Local Authority	Yes	Not Started	
<i>Safeguarding Level 2</i>	Local Authority	Yes	Not Started	
<i>An introduction to health protection, contact tracing and COVID-19</i>	Local Authority	Yes	Not Started	
<i>An introduction to NHS T&T system</i>	Local Authority	Yes	Not Started	
<i>NHS T&T – Level 2 data entry Demonstration video</i>	Local Authority	Yes	Not Started	
<i>NHS T&T web-based tool: Logging in and Data Entry of Records - Level 2</i>	Local Authority	Yes	Not Started	
<i>ACTION CARD – Escalation of queries, complex issues and situations between Tier 2 and 1</i>	Local Authority	Yes	Not Started	
<i>SOP - Escalation of queries, complex issues and situations between Tiers 2 and 1</i>	Local Authority	Yes	Not Started	
IT/SYSTEMS				
Spreadsheet completed for access to CTAS and sent to PHESocsupport@phe.gov.uk	Local Authority	Yes	Not Started	To note - Training needs to be completed before access is provided
CTAS access granted and system URL sent to LA staff	CTAS Development Team	Yes	Not Started	
IP address sent to phesocsupport@phe.gov.uk To ensure it is whitelisted by CTAS	Local Authority	Yes	Not Started	
CTAS URL whitelisted by LA IT department	Local Authority	Yes	Not Started	Please note the URL will not work until a decision has been made to go-live with the implementation
Campaign set up within CTAS	CTAS Development Team	Yes	Not Started	
Campaign tags sent to Sitel for reporting process	CTAS Development Team	Yes	Not Started	
Power BI access requested - Named individuals with the authorisation of the DPH or other person who signed the data sharing agreement (send to WNCov.dataLA@phe.gov.uk and specify this is for contact tracing data to support LA enhanced contact tracing).	Local Authority			
Power BI access confirmed and report ready for go-live	Gareth Hughes /Charlotte Anderson	Yes	Not Started	
COMMUNICATIONS				
LA to provide signposting contact details for the CTAS system - This is so National Tier 2 Taskforce can direct people for further wellbeing support. To be sent to phesocsupport@phe.gov.uk	Local Authority	Yes	Not Started	
Ensure Service Management Teams are aware of the process	PHE / Local Authority	Yes	Not Started	
Deliver local communications plan	Local Authority	No	Not Started	
SERVICE GO-LIVE				
Go-live date confirmed	PHE / Local Authority	Yes	Not Started	
Go/No go decision meeting booked in	PHE / Local Authority	Yes	Not Started	
Go/No go decision made	PHE / Local Authority	Yes	Not Started	
CTAS system switched over to Tier 2 Taskforce (48 hours prior to LA go-live)	Kainos / PHE	Yes	Not Started	
Service go-live within Local Authority	Local Authority	Yes	Not Started	

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HEALTH AND WELLBEING BOARD


15th September 2020

Title:	Domestic Abuse Update
Report of the Director of People and Resilience	
Open Report	For Information
Wards Affected: ALL	Key Decision: No
Report Author: Hazel North Stephens, Lead Commissioner Community Safeguarding	Contact Details: E-mail: Hazel.NorthStephens@lbbd.gov.uk
Sponsor: Chris Bush, Commissioning Director	
<p>Summary: This is a brief update for the Board's information in relation to the response to domestic abuse across the system in Barking and Dagenham during the pandemic and plans for the longer recovery period.</p> <p>The update will focus more on health-related initiatives included work with pharmacies and more specifically on the IRIS programme: a domestic abuse identification and response project with GPs in Barking and Dagenham. Funded by the Violence Reduction Unit and delivered locally by Nia who run services for women and girls who have been subjected to sexual and domestic violence and abuse, the project has recently launched and there have been minor changes to the original delivery model as part of the response to COVID-19.</p>	
<p>Recommendation</p> <p>The Health and Wellbeing Board is recommended to note the:</p> <ul style="list-style-type: none"> (i) updates relating to domestic abuse, and (ii) contents of the presentation from IRIS colleagues and provide guidance on supporting the ongoing implementation of the project. 	

1 Introduction and Background

- 1.1 The VAWG (Violence Against Women and Girls) Partnership last met in January 2020, but in lieu of VAWG meetings there has been significant work taking place across the system to tackle VAWG, with a real focus on domestic abuse. Much of this has been discussed virtually between partners.

- 1.2 Remote meetings have been particularly useful in relation to the COVID-19 response and this Microsoft Sway report discussed through the (remotely held) Domestic Abuse Operational Forum provides an update of the adaptations and changes in the system that have taken place:



LBBB DA Operational Forum

During the current coronavirus pandemic, the LBBB has been working closely with partners to respond quickly and efficiently to the increases in domestic abuse seen across the country, and i...

[Go to this Sway](#)

- 1.3 The Sway report is offered as a brief update in terms of the systems response, but at the Board meeting the Lead Commissioner will introduce the IRIS service, with the IRIS institution attending to talk through the delivery model, progress update, and coronavirus impacts.
- 1.4 IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for general practices that has been positively evaluated in a randomised controlled trial. It is a partnership between health and the specialist DVA sector. IRIS provides in-house DVA training for general practice teams and a named advocate to whom patients can be referred for support.
- 1.5 Funded by the Violence Reduction Unit for one year initially, the funding has now been adapted and will continue at a reduced level but over 2 years. The VRU funded the model recognising that:
- i) One in four women will experience domestic abuse in their lifetime. Between 6% and 23% of women attending general practice will have experienced physical or sexual abuse from their partner or a previous partner in the preceding year. On average two women in England and Wales are killed by a male partner or ex-partner each week. (*The Health Foundation, 2011. Home Office, 2005*)
 - ii) 80% of women in a violent relationship seek help from health services at least once (usually general practice) and this may be their first or only contact with professionals. (*Department of Health, 2000*)

- iii) Domestic violence is a common problem that is almost invisible in primary healthcare, even though women would most like to receive support from their doctors. Only around 15% of women with a history of domestic violence have any reference to abuse in their medical record in primary care. (*Richardson et al, 2002*)
 - iv) 75% of cases of domestic violence result in physical injury or mental health consequences to women. (*Department of Health, 2005*)
- 1.6 The model rests on one full-time advocate educator working with up to 25 practices alongside a Clinical Lead. The advocate educator is a specialist DVA worker who is linked to the practices and based in a local specialist DVA service. IRIS commissioned NIA to undertake this role as an East London focused organisation.
- 1.7 The advocate educator provides training to the practice teams and acts as an ongoing consultant as well as the person to whom they directly refer patients for expert advocacy.
- 1.8 The evidence base for the IRIS model is that it is effective for female patients. However, every practice that is IRIS trained is given a male patient referral pathway so that they will be signposted towards services that support male survivors. Referral pathways for perpetrators of domestic abuse are also provided.
- 1.9 Ultimately the whole programme is to the benefit of patients, practices and practice teams. It:
- i) Improves safety, quality of life and wellbeing for your patients and their children.
 - ii) Provides access to advocacy which benefits victims and survivors of DVA.
 - iii) Develops DVA aware practices with fully informed, resourced and equipped practice teams.
 - iv) Saves general practices and the wider NHS time and resources.
 - v) Provides holistic care thus achieving better patient outcomes in terms of improved quality of life, physical and mental health and wellbeing.

2 Mandatory Implications

2.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment 2018 has a section on domestic abuse, detailing the health impacts for children experiencing domestic abuse and the impact on social care, such as an estimated 32% of children living in income deprived families. It also outlines adverse childhood experiences, and how these are linked to multiple health risk factors and poor health outcomes in adulthood.

2.2 Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy focuses on three themes – giving children the best start in life, early diagnosis and intervention and building resilience. Within resilience, there is a specific outcome relating to Domestic Abuse.

A borough with zero tolerance to Domestic Abuse that tackles underlying causes, challenges perpetrators and empowers survivors.

2.3 Financial Implications

Implications completed by Isaac Mogaji – Finance Business Partner:

This report is for information and asks the Health and Wellbeing Board to note the relevant updates relating to domestic abuse and provide guidance on supporting the ongoing implementation of the IRIS project. As such, there are no financial implications arising directly from the report.

2.4 Legal Implications

Implications completed by Lindsey Marks - Deputy Head of Law

There are no direct legal implications arising from this report, providing an update on service delivery only.

2.5 Risk Management

Through approaches to service commissioning, there are mechanisms for ensuring that the risks around individuals who have experienced domestic abuse in any form and managed, jointly as necessary with the systems in place for perpetrators of domestic abuse.

3 Non-mandatory Implications

Crime and Disorder

- 3.1 Domestic and sexual violence impacts on many other types of crime and is correlative with all types of violent crime, anti-social behaviour and offending. There are clear correlations with child sexual exploitation, criminal exploitation and youth violence, as well as with Modern Slavery.
- 3.2 Under the Community Safety Partnership, work is taking place to design preventative approaches to tackling violent crime, including domestic and sexual violence, which is underpinned by trauma informed ways of working, and recognising the damaging impacts of childhood adversity.

Safeguarding

- 3.3 Domestic and sexual violence presents a range of behaviour that pose a risk to the individuals themselves and others around them and can give rise to a range of safeguarding concerns.
- 3.4 The current strategy recognises the impacts of domestic violence on children in the home and recommends working closely to support the victim to safeguard their children, whilst tackling the risk: the perpetrator. Working with the whole family provides a framework to reduce risk, reduce the use of abusive behaviours, and to address trauma experienced by the victim and children.

- 3.5 The borough's systems for reporting and investigating both adult and child safeguarding concerns have established links to specialist support services, and the Strategy recognises the need for commissioning interventions to continue to foster these links and provide training for those involved in safeguarding.

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HEALTH AND WELLBEING BOARD

15 SEPTEMBER 2020

Title:	Safeguarding Adult Board Annual Report 2019/20		
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. This year however, due to the Covid-19 pandemic, SAB's were given flexibility over the production of the report and what information to include. The Barking and Dagenham SAB have produced the Annual Report 2019/20 attached with contributions from all partners of the Board. The SAB's Annual Report 2019/20 highlights the work of the Board between April 2019 and March 2020. It sets out the key achievements, work of the partners, information around the priorities and how the SAB has worked to improve the protection of adults across Barking and Dagenham.			
Recommendation(s) The Health and Wellbeing Board is recommended to agree the Safeguarding Adults Board (SAB) Annual Report 2019/20 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 the SAB Annual Report 2019/20.			

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 key 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. This year however, due to the Covid-19 pandemic, SAB's were given flexibility over the production of the report and what information to include. The Barking and Dagenham SAB have produced the Annual Report attached with contributions from all partners of the Board.

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, and comment on how the Board's will review and set its priorities going forward in light of Covid-19 and other system wide safeguarding issues.

2.2. Key achievements of the Board in 2019/20 include the work of the two Committees. The Performance and Assurance Committee, which is chaired by the London Borough of Barking and Dagenham, has worked to improve the engagement from all partners. This Committee has agreed to work together to review the performance framework to ensure it is providing a picture of safeguarding across the whole system. The Safeguarding Adults Review (SAR) Committee, which is chaired by a senior NHS CCG officer, has commissioned and completed a Safeguarding Adult Review, has reviewed cases against the SAR criteria and looked at wider learning from local and national cases. One SAR was commissioned and completed in 2019/20 the details of which are set out in the Annual Report.

2.3 The Board completed an all-organisations Safeguarding Adult Partnership Audit Tool which has helped to focus on priorities going forward.

2.4 The Board has also hosted a Tri Borough SAB Learning Event in partnership with the Havering and Redbridge SAB. This focussed on embedding the learning from SARs locally and nationally.

3 Consultation

The Barking and Dagenham Safeguarding Adults Board.

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 Financial Implications

Implications completed by: Murad Khan, Group Accountant, Corporate Finance

The Safeguarding Adults Board received financial contributions for 2019/20 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, the Board Business Manager, Safeguarding Adult Reviews, training and development needs and other administration costs. The London Borough of Barking and Dagenham make up the short fall of costs.

4.4 Legal Implications

Implications completed by: Lindsey Marks, Deputy Head of Law

Section 43 Care Act 2014 requires every Local Authority to have a Safeguarding Adults Board for its area. One of the core duties of the Safeguarding Adults Board is to publish an annual report detailing how effective the Board's work has been
There are no legal implications for this report directly arising from this report.

4.5 Risk Management

The SAB manages risks by having a 3 Year Strategic Plan in place that sets out its priorities and how partners will work together to achieve these. This Strategic Plan is reviewed annually.

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 adults who may be at risk of abuse or neglect.

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 - The Safeguarding Adults Board Annual Report 2019/20

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Barking and Dagenham Safeguarding Adult Board Annual Report 2019-20

Annual Report

Safeguarding Adults Board

Barking & Dagenham

2019-20

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1. Independent Chair's Foreword and Overview



This is my second foreword to an Annual Review report of Barking and Dagenham's Safeguarding Adults Board (SAB) for a full year in my role as Independent Chair. Written after the close of the year (April 2019 to March 2020) in June 2020 and agreed at a meeting of the Board in July 2020, it is difficult for it not to be influenced by Covid-19 events since March 2020.

This Annual Report for 2019/20 says less than an Annual Report would ordinarily (and should) about the Board's ambitions and priorities for 2020/21 and continuing strategic priorities up to the end of the current three-year Strategic Plan in March 2022. The context for this is clearly Covid-19, such that what might have been anticipated continuing priorities from 2019/20 require further review, and, significantly, new concerns and priorities have emerged during the first four months of the pandemic which are requiring the Board's consideration. There is further discussion of this in Section 10.

Whatever else has emerged with Covid-19 it has been pleasing to observe how safeguarding partner organisations in Barking & Dagenham have responded so effectively and worked together well since March. This is notwithstanding real concerns about:

- deaths in care homes, locally as well as nationally
- more deaths than would have been expected of adults with learning disabilities, locally as well as nationally
- unknown levels of distress from isolation or lack of personal contact with health, social care and police services because of ill health (physical & mental), disability, anxiety, abuse or other reasons.

Clearly these will be issues for our 2020/21 Annual Report but I do want to acknowledge here the outstanding personal and professional commitment of so many staff of all the SAB partner organisations - Barking and Dagenham Council (LBBD), Barking, Havering & Redbridge (BHR) NHS Clinical Commissioning Group, The Metropolitan Police, The Fire Service, BHR University Hospitals Trust, North East London NHS Foundation Trust and the Probation Service over the period.

This Annual Report also includes the Board's continuing ambitions (chapter 10) from 2019/20 into 2020/21 and strategic priorities up to March 2022.

Throughout the year I have been appreciative of the excellent willingness from senior and very busy colleagues of all organisations which have enabled 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.

Our role as a Safeguarding Board is to give confidence (i) to the Barking and Dagenham public, (ii) to those people who speak for 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 and are laid out in law in the Care Act 2014. I hope that the following pages of this Annual Report satisfy those challenges without being too lengthy and detailed.

The scale of the challenges for safeguarding adults continue to be considerable. Our concerns are for people in the borough who are in some way more vulnerable than others (e.g. through frailty, disability, illness, language, culture or being of a minority in some other respect) and may be 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, hate crime, forced marriage, 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, all of us are potentially vulnerable to becoming a victim of harm by those who might neglect us 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, the effects of continuing austerity on everybody, 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:

- Strengthened the work of the two Board committees with delegated responsibilities for (i) Safeguarding Adults Reviews (chaired by Mark Gilbey-Cross from BHR CCG) and (ii) Performance and Assurance (chaired by Vikki Rix from LBBB). The former has developed a robust and focussed approach to individual cases and focus on the learning which then needs to be applied when, with hindsight, professional intervention could have been more timely or better quality.
- Widened learning beyond the Board through a successful joint learning event about outcomes from London-wide and local Safeguarding Adult Reviews with Havering and Redbridge SABs and staff from all partners.
- Undertaken an individual organisation self-assessment and safeguarding assurance exercise with Havering SAB up to the stage at which this and the planned LBBB Safeguarding Peer Review were disrupted by Covid-19 in March 2020.
- Sought to improve timely information sharing about individual concerns between professional and partner organisations through an agreed documented protocol and escalation of notice to more senior colleagues and the Board's Independent Chair.
- Recognised that Board needs to be alert to specific safeguarding service needs and to probing them further. For example:
 - homelessness and rough sleeping
 - interface with domestic abuse/violence
 - developments with 'Prevent'
 - avoidable deaths of people with learning disabilities who have underlying physical health care conditions
 - continuous need for watchfulness about highest risk aspects: hospital discharge, mental capacity assessment, exploitation of others
 - cultural/ethnic/religious/language dimensions
 - self-neglect.

The Board has recognised that it has:

- Been slower than we wished to establish meaningful arrangements to learn directly from the lived experiences of people who need or use safeguarding services, and what people's wishes might be. This must be a priority to develop further in 2020/21 with help from Council, given LBBB's own wish to develop this aspect of their services.
- Needs to think more strategically with others about the relationship between Boards which all have statutory partnership assurance responsibilities - children, domestic abuse/violence and public protection/community safety, and the ways in which there can be greater focus on preventative approaches. This too must be a priority for 2020/21. I have been pleased with the close working together with the Health and

Wellbeing Board, particularly as it also includes senior elected councillors and NHS non-executive and clinical lead colleagues beyond that of the membership of the other partnership boards.

- May wish to review in 2020/21 the way in which it links with the non-statutory, more informal, LBBD-convened 'Complex Case Panel', and in particular the reporting and accountability responsibilities from this Panel on individual cases.

I am pleased that:

- At a personal level, in my 'independent' role I have been able to visit services and talk with people (but less than I would have wished), 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.
- The Board has welcomed the Director from the Council's Community Solutions service to become a 'standing' board member, meaning eight statutory partner organisations or services are directly represented on the Board.
- During the year we have welcomed a new Borough Fire Commander and at the turn of the year into 2020/21 both a new Metropolitan Police Superintendent and Probation Head of Service.
- I am grateful for the consistent personal commitment and support to the SAB from senior colleagues from the Council and all three NHS bodies.

I hope that it will be apparent from the above paragraphs and what follows 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. It is so important that what it does is 'real' and grounded in the reality of people's lives and their worries in Barking and Dagenham. 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 all partner organisations - 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

2. What is Safeguarding?

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.



3. The SAB's Vision

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 out 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**.

4. The Board and Committees

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

- The Local Authority (Adult Social Services)
- The Borough Police
- The NHS 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
- a representative from the Council's Community Solutions Service

The SAB 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)

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.

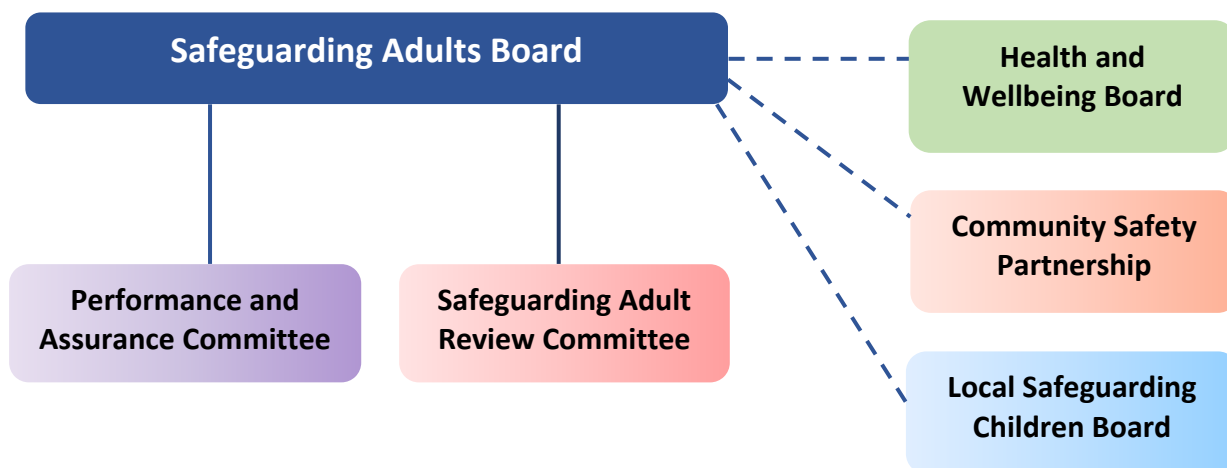
The Chair of each of the two committees is responsible for:

- Developing a work programme which will be 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 under previous LSCB arrangements. This allowed 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 attended quarterly the 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 2019/20 and provides an account of the work of the partnership including achievements, challenges and priorities for the coming year.

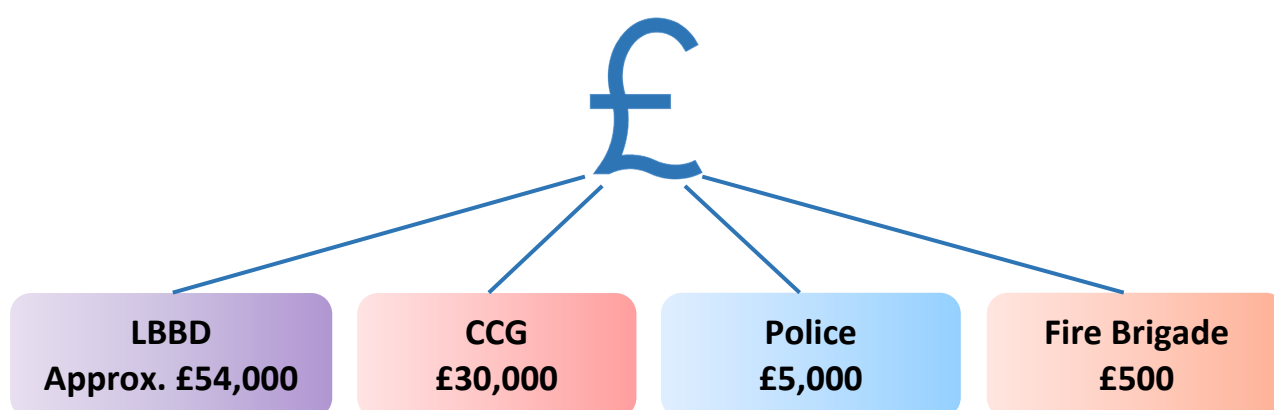
In addition, the SAB has a statutory duty to carry out Safeguarding Adult Reviews (SARs) where an adult in the Local Authority area:

- has died as a result of abuse or risk (either known or suspected) and there are concerns that partner organisations could have worked together more effectively to protect that adult.
- has not died but the SAB knows or suspects that adult has experienced serious abuse or neglect.

The implementation of recommendations and action plans from a SAR must be reported in the Annual Report, including any decision not to implement any recommendation. One SAR was commissioned and reported in 2019/20. Details of this can be seen at chapter 6.

Financial Contributions and Expenditure

Statutory partners make financial contributions to the Safeguarding Adults Board. For 2019/20 the partner contributions to the SAB were as follows:



The following table shows a breakdown of the expenditure for 2019/20. This includes staffing costs for the SAB Independent Chair and the Board Business Manager and administration costs.

Expenditure	Cost
Safeguarding Adult Reviews – one review was commissioned and funded in 2019/20	£6550
Learning and development events	£817
Support services costs, including staffing (SAB Independent Chair and the Board Business Manager) and support budgets	Approx. £82,000
Board Administration Costs	Approx. £1000
Total	£90,367

5. Safeguarding Data

Finalised safeguarding performance data for 2019/20 is not available as the national data collection has been suspended by NHS Digital due to the Covid-19 pandemic. However, provisional data reported during the year is available to provide trends in local safeguarding compared with 2018/19.



Safeguarding Concerns

- The number of concerns raised to the Council declined marginally. During the year 1,408 safeguarding concerns were raised in Barking and Dagenham, 75 fewer concerns than in 2018/19.
- The proportion of concerns which required further inquiry or investigation also decreased. During 2019/20, 21% of concerns progressed to further enquiry; 6% fewer than in 2018/19 (27%).



Section 42 enquiries

- The number of Section 42 enquiries that concluded this year increased by 6% from 389 in 2018/19, to 412 in 2019/20. The 412 enquiries that concluded during 2019/20 involved 361 individuals at risk; 41 individuals were the subject of 2 or more enquiries.



Outcomes

- The risk was removed or reduced in 94% of enquiries (297) that concluded. This is a slight reduction compared with 2018/19, during which 97% of enquiries resulted in an overall reduction in risk for the adults at risk of abuse.
- The risk remained in 6% of concluded cases (20) in 2019/20. In all cases where the risk remained the person continued to be offered support and advice.

6. Safeguarding Adult Reviews

In 2019/20 the Barking and Dagenham Safeguarding Adult Board commissioned a Safeguarding Adult Review to be undertaken by an Independent Reviewer following the unexpected death of Peter Smith (the name has been changed to protect the individual's identity). The Safeguarding Adult Review (SAR) Committee reviewed the case and details of Mr Smith's death and concluded that the case met the criteria for a SAR to be undertaken. The SAR Committee appointed the Independent Reviewer and oversaw the undertaking of the review, production of the report and was involved in drafting the final recommendations. The final report and recommendations were agreed by the SAB in February and the Safeguarding Adult Review Committee were tasked with developing an action plan which has been agreed by the SAB and which will implement the recommendations. The full report is available at this link <https://www.lbbd.gov.uk/barking-and-dagenham-safeguarding-adults-board>

Mr Smith, a 75-year-old man, was found deceased on October 3rd 2018 on an unplanned visit by an Integrated Care Assistant (ICA) from the Community Health and Social Care Service Barking and Dagenham East (CHSCS). Mr Smith had been discharged from King George Hospital on 10th September 2018 where he was undergoing rehabilitation with follow up in the community. Mr Smith was also assessed for a community alarm which had yet to be installed. The last time Mr Smith was seen alive was 28th September 2018. Given the circumstances of Mr Smith's death an inquest was held at an East London Coroner office who issued a report under schedule 5 of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 on 3rd July 2019. The coroner concluded the cause of Mr Smith's death as follows, "Mr Smith died as a result of starvation ketoacidosis following a likely fall in his home address."

The purpose of the review was to:

- Establish what lessons were to be learned from the work carried out by local professionals and organisations either individually or together to safeguard people in need of care and support
- Set out recommendations for consideration by the Barking and Dagenham Safeguarding Adults Board based on the findings and analysis identified in the report
- Identify preventative strategies that might be utilised to safeguard other vulnerable groups.

A number of recommendations were agreed by the Board and an action plan has been developed and is being monitored by the Safeguarding Adult Review Committee. The recommendation are as follows:

1. Develop strategic plans to strengthen integration across agencies where mental capacity and risk assessments can be built into mental capacity training using evidence and intelligence from SARs, Serious Incidents and near misses.
2. Where an individual has the mental capacity to make decisions, yet there is an identified risk to safety, health and wellbeing implement a multi-agency approach to risk management planning to mitigate or reduce the risk in consultation with the individual and/or advocate ensuring contingency planning and escalation.
3. Review how safeguarding and safety is incorporated into discharge planning across multi-agency partnerships to include:
 - risk
 - mental capacity
 - emotional and mental wellbeing
 - health and functional ability
 - attitudinal constraints (personality, culture)
 - family and community involvement
 - telecare systems
 - equipment
 - referrals and contingency plans.
4. Ensure that all healthcare professionals implement the NICE guidance in relation to falls and older people and that there is quality assurance on compliance.
5. All ward and discharge planning staff to have at minimum a basic awareness of procedures and lead in times for Telecare systems and equipment.
6. The SAR Committee to develop targeted learning and dissemination.

7. Safeguarding Case Studies

Here are some case studies illustrating how partners and agencies have worked together to safeguard people in Barking and Dagenham. Please note that some basic details of the adults in the following stories were changed to protect their identity.

Story 1

Mohammed was a 34 year-old man who was born outside of the UK and originally came from a South Asian Country. He came to England as a small boy, after attending school in his home country where learning became increasingly difficult as he had special needs around his speech and hearing, as a result of a congenital condition of the brain. His family wanted to ensure he was taken care of and had arranged for a woman from the country of his origin, to marry him. Mohammed lives with his family members, who meet all his care and support needs, but equally manage his money and control his interactions with the wider world. The Home Office got in contact with Adult Social Care following a concern about the visa application of Mohammed's spouse. The social worker conducted a mental capacity assessment and found that Mohammed did not have the mental capacity to understand marriage or sexual relations and he had no understanding that he was supposedly wanting to financially sponsor the woman he married to come to the UK. The Forced Marriage Protection Unit (FMPU) was contacted and they issued a Forced Marriage Protection Order which nullified the marriage and the spousal visa. The Local Authority presented the case to the Court of Protection who agreed that Mohammed lacked the mental capacity to get married and to decide about his care and support needs. The Court issued an order to prevent Mohammed's family from taking him abroad.

Analysis: This case illustrates how a Section 42, under Care Act 2014, Safeguarding Adults Enquiry was coordinated. This multi-agency approach to safeguard Mohammed from the coercion, financial and possibly sexual abuse arranged by his family. Mohammed is still living with his family, but they are now aware of how the Local Authority, FMPU and the police work together to safeguard adults from the financial abuse of their family members and his care and support is more regularly reviewed.

Story 2

Thomas is a 35 year-old male and he contacted his mental health worker, a Care Coordinator Nurse from North East London Foundation Trust (NELFT), at 2am saying he was on the track at a local train station. He said he was hearing voices and wanted to go to heaven where he believes he will have peace. The British Transport police found him approximately an hour later and he was taken to a mental health hospital and admitted

there. The details in the British Transport Police report were reviewed and Thomas's circumstances were considered against the Three Stage Test of Section 42 in the Care Act 2014. It was found that he had no apparent care and support needs at present, rather he needed a mental health assessment and detention in a mental health hospital to keep him safe as he was a very serious risk to himself. The Adult Intake Team in Community Solutions therefore sent details of this safeguarding concern to Barking and Dagenham Adults Access and Assessment Team for Mental Health (BDAAT) in NELFT for follow up.

Analysis: This case illustrates how the Local Authority and Health Services work together to support the Mental Health of an adult. This case did not progress to Adult Social Care as a Section 42 Safeguarding Adults Enquiry under the Care Act 2014. However, the Community Solutions Team offered some community safety actions, as they referred the circumstances of the adult to more appropriate Mental Health Services within the provision of the North East London Foundation Trust. This adult required mental health interventions as this was his primary need.

Story 3

Mrs Smith a 72 year-old woman, was referred to the Complex Case Panel (a multi-agency risk mechanism with SAB organisations represented, to support adults with care and support needs in Barking and Dagenham) with regards to the concerns that her house was in disrepair and a number of organisations in Barking and Dagenham such as the Housing Department and her adult social worker were concerned for her welfare. She was living in squalor and her toilet was not in working order. She was not addressing the concerns that her GP, social worker and housing officer had regarding her living conditions. The multi-agency team was concerned that she lacked the mental capacity to make the decision around her housing needs. It was found that she had mental capacity to make her own decision around her housing and accommodation. Mrs Smith, with lots of encouragement and her social worker building a relationship with her, eventually agreed to a move to sheltered accommodation whilst her property was cleared and assessed. She negotiated that her dog, Jack could come along. A charge was put on her property by the Housing Department and after being assessed it was confirmed derelict. She sold her property and is now a permanent resident in a flat, where she has the appropriate care and support and some assistance to keep a cleaner living environment.

Analysis: Mrs Smith was always more concerned about her dog than herself. Looking after her pet aided her wellbeing and gave her life greater purpose. When she knew that her social worker was supporting her values, as a person, she was able to move somewhere else where her care and support needs could be met and she was subsequently safer. This case demonstrates the strength-based approach the social worker took, which enabled person-centred care that was arranged with Mrs Smith and this enabled the outcomes she wanted.

8. The SAB's Partners

London Borough of Barking and Dagenham

Developments and Improvements in Safeguarding Adults Practice

2019/20 was a year of developing best practice through the Adults Best Practice Forum within the Local Authority. The Adults Principal Social Worker who is also the Strategic Lead for Safeguarding Adults worked closely with the Enquiry Officers and the Safeguarding Adults Managers, who manage the safeguarding processes, to connect and ensure interaction between the priorities of the Safeguarding Adults Board and enable best outcomes for people who receive safeguarding services. We audited some of our activities to consider low conversion rates of safeguarding concerns to enquiries. We concluded that many community safety actions take place within wider Council and other specialist services in the local area, albeit that adults may be vulnerable, they are often not in need of care or support services from Adult Social Care. This confirmed our practice as we reviewed it in line with: 'Making decisions on the duty to carry out safeguarding adults enquiries suggested framework to support practice, reporting and recording' as outlined by the Local Government Association and ADASS, 2019.

In previous years the SAB's Annual Report has reported only about adult social care and safeguarding in the Council. This year, for the first time, the Council's Community Solutions function has been represented on the Board and a lengthier report follows. Community Solutions has continued to develop the Adult Intake Teams which is the front-door into adult social care. A recent safeguarding audit showed that overall thresholds were applied appropriately, that decision making is safe, proportionate and that residents were receiving timely support. Where adults did not have care and support needs, Community Solutions Triage and support offered community safety actions and signposting to relevant support service.

The Adult Intake Team and the wider Community Solutions Service have been involved in direct safeguarding work particularly where there have been significant self-neglect concerns. In some circumstances where the Section 42 threshold has not been met to initiate a safeguarding enquiry, particularly with individuals experiencing mental health problems but no care needs, we have strengthened joint working opportunities with the Community Mental Health Services who are best placed to provide community based support.

The Adult Intake Team has continued to strengthen relationships with key partners within the community. This has involved improved working relationships with partners such as

Reconnections, Independent Living Agency and the broader voluntary sector offers. Over 100 residents have been signposted to Reconnections over the last few months ensuring localised preventative support.

With partners, Community Solutions has implemented a number of strategic preventions to improve service delivery, enable efficiencies and to improve outcomes for residents. These include the following:

- In December we launched a new social prescribing model, providing a gateway for GPs to connect residents to a wide offer of support within Community Solutions and the wider community where needs are not medical. To date over 900 referrals have been made by GPs resulting in wrap-around support packages led by Community Solutions.
- Working alongside social care, Community Solutions has supported 15 residents living with mental health difficulties to secure alternative long-term accommodation options. Enabling this work, we have established new operational panels and procedures to strengthen the process round allocations, lettings and placements for vulnerable residents.

In response to Covid-19, Community Solutions significantly increased capacity within the team by re-deploying staff from across the service. The team continues to provide the central point of management and co-ordination of the Council response to Covid-19. This includes leading on support for residents who are shielding or vulnerable and undertaking proactive outgoing contact, triage and coordinating an offer of help and support in collaboration with community partners where needed. To date, over 9000 calls have been made to vulnerable adults to offer support, over a thousand residents have referred to BD-CAN and the Independent Living Agency (ILA) for ongoing support and over two thousand welfare enquiries have been undertaken.

The Homes and Money Hub has continued to offer support to residents facing financial challenges throughout the Covid-19 period. They continue to offer a safe face to face service for those residents without access to a phone or IT, as well as increasing remote access to services. The service has experienced significant demand, dealing at the peak of lockdown with over 160 residents a week requesting help, providing access to foodbank vouchers, Hardship Fund assistance and helping those digitally excluded with assistance to claim financial help like Universal Credit and other benefit claims.

Following the government announcement to get all rough sleepers off the streets by the 27th March 2020, significant work has taken place not to just ensure that all rough sleepers were accommodated but also that this was done in a sustainable way. There has also been

targeted work with residents to prevent future issues and alleviate immediate hardship. Some of the activity which has taken place has included:

- The re-housing of around 26 people from hostels (shared accommodation) who were medically vulnerable to Covid-19 into self-contained accommodation.
- The offer of accommodation to 31 people presenting as rough sleeping in the local area.
- The placement of these individuals within our own accommodation in order to provide them with on-going support and a permanent offer of support to resolve their homelessness. This approach is very different from most London Boroughs who have used hotel accommodation leading to issues around the ending of these placements.
- From this cohort we have already moved a number of people into permanent accommodation and have move-on options into permanent accommodation identified for others.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Local Authority supported the Tri-Borough SAB Learning Event to consolidate learning from Safeguarding Adult Reviews (SARs) across East London. We contributed to a SAR following a hospital discharge without technology which may have prevented a death. The Safeguarding Adults Risk Assessment Tool (SARAT) was completed to review partnership working within the SAB, which further shaped local priorities. Significant preparation was undertaken for a Safeguarding Adults Peer Review led by ADASS (The Association of Directors for Adult Social Services) which was due to take place in April 2020. However, the Covid-19 pandemic and the impact of this on our community meant that this has been provisionally rescheduled for November 2020.

Community Solutions are continuing to work with The Source (a local voluntary organisation) to provide support and face to face contact for people with issues around homelessness, from Barking Learning Centre. This 'day centre' support offer has continued throughout the period and supports around 50 people per week. This support includes food, help with accessing benefits, engagement with GPs, dentists and other services like drug and alcohol support. We have continued with 'street counts' in the borough to identify anyone still rough sleeping or new to the streets. A full street count took place on the 11th June 2020. 24 locations were visited overnight which had previously had rough sleepers or had reports of people sleeping in them and no rough sleepers were identified in any location. Thames Reach have undertaken nightly outreach work and provide a rapid response to calls from the public, rough sleepers or the Council where someone is seen or

believed to be rough sleeping. They have identified one rough sleeper since the beginning of June in the borough who was engaged with and offered accommodation.

The Welfare Fund was set up at the beginning of April has allocated £71,921 to assist residents cover their essential needs including food, utilities and essential home items. There have also been increases in the spend of the Discretionary Housing Payment Fund which has been used to mitigate hardship where appropriate.

With partners we have been working to re-shape hospital discharge processes to enhance community-led support. The longer-term planning of which will be shaped by our learning from Covid-19. Community Solutions via the Adult Intake Team will play a coordinating role in delivering the Test and Trace response to Covid-19. Due to the coordination and proactive role that Community Solutions continues to play in coordinating the Covid-19 response, the Council has not taken up the Care Act easements because most of the Covid-19 related demand has been managed within Community Solutions.

The Metropolitan Police

Developments and Improvements in Safeguarding Adults Practice

In the last year the Metropolitan Police has continued to embed the tri-borough model of local policing. East Area Basic Command Unit (BCU) was one of two pilot sites for this approach and the implementation of this model created a number of challenges and significant learning both for the local area and the Metropolitan Police Service (MPS) as a whole. We have used this learning to evolve and sophisticate our safeguarding leadership and governance arrangements to ensure those in need of help and protection receive the support they require in a timely manner. An example of this is the creation of dedicated specialist investigative teams that focus on domestic abuse, child abuse and sexual offences to ensure that victims are supported by those with the appropriate skills and experience.

In 2019, Her Majesty's Inspectorate of Constabulary Fire and Rescue Services published a national thematic report into the effectiveness of the police response when crimes are committed against older people. The report highlighted that much more can and should be done to protect older people from abuse and exploitation. While the report showed that the police are generally good at supporting older victims in the early stages of an investigation the provision of longer term effective safeguarding support was lacking. The MPS and the East Area BCU have done considerable work to ensure that older victims are provided with the help and protection they need. A senior officer has been identified to lead the development of an improved response across the organisation to ensure that the particular vulnerabilities of older victims are recognised. This has resulted in additional training and

awareness being provided to staff to ensure risk is recognised and responded to more effectively.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Despite high volume the East Area BCU continues to place strong emphasis on ensuring that victims of domestic abuse are provided with the appropriate support and protection. The community safety unit (that investigates domestic abuse) continually seeks opportunities to ask the courts to issue Domestic Violence Protection Notices to ensure abuse survivors are safeguarded from perpetrators. In this period 312 notices have been issued. This represents 44% of the total issued across London. In the vast majority of cases the court has agreed to convert these notices into full orders, meaning that the victims and perpetrators have a clear understanding of the legal safeguards in place to protect the survivors of abuse.

Ensuring those who are suffering from mental ill health are effectively supported when encountered by the police is an area of increasing focus and has been the subject of significant additional training and investment. As a consequence, during this period approximately 200 adult safeguarding referrals per month have been submitted relating to those who are suffering from mental illness. A dedicated police mental health team has ensured that information sharing is supported and the development of protective plans is a jointly agreed process.

Barking and Dagenham NHS Clinical Commissioning Group (CCG)

Developments and Improvements in Safeguarding Adults Practice

The Barking, Havering and Redbridge Clinical Commissioning Group (BHR CCG) have co-operated and collaborated with requests for contributions to learning events, progression of Safeguarding Adult Reviews and the general requirements of the Care Act 2014. We have also contributed to SAR reviews through provision of information from GP Practices records. BHR CCGs also participated in learning reviews and contributed towards action plans arising from the recommendations from SARs and Domestic Homicide Reviews (DHRs).

The Local Quality Surveillance Committee is chaired by the Designated Nurse Adult Safeguarding which continued to monitor quality and assurance and safeguarding issues in care homes with nursing across the tri-borough partnership.

Regular updates were provided to the SAB on progress and recommendations from Learning Disability Mortality Reviews (LeDeR). The Designated Nurse for Adult Safeguarding fulfilled the role of Local Area Coordinator for the Learning Disability Mortality Review Programme

in North East London. Briefings on LeDeR findings and recommendations have been submitted to the Barking and Dagenham SAB highlighting learning and omissions in care. Anonymised reports are also sent to agencies who were involved in the persons care prior to their death so that good practice in care can be shared with relevant staff.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Over the previous year, BHR CCGs have been represented at all the SAB meetings and have also chaired the Safeguarding Adult Review Committee.

BHR CCGs Designated Nurse Adult Safeguarding attended the tri-borough Liberty Protection Safeguards (LPS) Task and Finish Group which undertook an assessment of the potential impact that the Liberty Protection Safeguards will have across Barking & Dagenham, Havering and Redbridge. A significant amount of work has been progressed to prepare staff and agencies for the implications of the Liberty Protection Safeguards when they come into force.

Barking Havering and Redbridge University Hospital Trust (BHRUT)

Developments and Improvements in Safeguarding Adults Practice

Barking, Havering & Redbridge University Hospitals NHS Trust is a large provider of acute services, serving a population of over 750,000 in outer North East London. The Trust operates from two sites, Queen's Hospital and King George Hospital. There are approximately 900 beds across both sites. Queen's Hospital is the Trust's main acute hospital and opened as a private finance initiative (PFI) in 2006. It is the main hospital for people living in Havering, Dagenham and Brentwood. The hospital includes a hyper acute stroke unit (HASU). The Emergency Department (ED) treats over 150,000 walk-in and ambulance emergencies each year. King George Hospital opened at its current site in Ilford in 1995 and provides acute and rehabilitation services for residents across Redbridge, Barking and Dagenham, and Havering, as well as providing some services to patients from South West Essex. The Trust serves a demographically diverse population of around 767,500 of people from a wide range of social and ethnic groups living in the London Boroughs of Barking and Dagenham (209,000), Havering (254,300) and Redbridge (304,200) (NHS Redbridge Clinical Commissioning Group Annual Report and Accounts 2017/18).

The focus for the Safeguarding Adults Team during 2019/20 has been to progress the Trust's Safeguarding Strategy 2018-2020 and work towards our vision to uphold the rights of

individuals to live free from harm, exploitation and neglect through a 'Think Family Approach'.

The Corporate Safeguarding Team have consistently promoted the Think Family Approach in training and supervision of staff. This is demonstrated in the increased number of referrals to the Local Authority. The Emergency Department Safeguarding Advisors promote the Think Family Approach in meetings to ensure risks to children/adults are identified and acted upon.

Two audits on Making Safeguarding Personal were undertaken in 2019. One of the key findings identified that staff are gaining consent to raise a safeguarding referral and if not, are citing a valid reason to override consent.

Service Users are part of an ongoing maternity domestic abuse project. In consideration to two recent maternity related domestic homicides (of which one of the victims was a member of hospital staff) in February 2020 maternity initiated a Domestic Abuse Task and Finish Group project to explore initiatives that would allow the Trust to inform, educate and provide pro-active support to staff.

Surveys have been undertaken to ascertain staff understanding of learning disability processes and procedures/reasonable adjustments. The first Dementia Café afternoon took place at Queen's Hospital at the end of May 2019, during Dementia Action Week. This was followed by one at King George Hospital in June 2019. These will continue on the last Wednesday of each month across both sites. In the reporting year the Trust's Mental Capacity Act/Deprivation of Liberty Safeguards (DoLS) Safeguarding Advisor actively supported staff to engage with the Independent Mental Capacity Advocate (IMCA) services, providing independent support to those patients who required a best interest decision to be made for serious decisions. The Trust has a Safeguarding Audit Schedule for 2019/20 and audit results are considered at the Trust's Safeguarding Groups.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Throughout 2019/20, BHRUT have continued to contribute to multi-agency safeguarding practice and partnership working arrangements to ensure Barking and Dagenham service users are protected from harm. This has included attendance at all Barking and Dagenham Safeguarding Adult Board (SAB) meetings, participation in the work of the SAB Committees including Safeguarding Adult Reviews (SARs). In December 2019 the Trust participated in the Barking and Dagenham Safeguarding Adults Partnership Audit (SAPAT).

The Trust has continued to develop Safeguarding Adult Practice by responding to learning from safeguarding adult concerns and Safeguarding Adult Reviews (SARs) and ensures training has been aligned to the updated NHS England Intercollegiate Document.

BHRUT has contributed towards the LBBD Strategic Plan 2019-22 key priorities. The focus was maintained on key themes:

Mental Health:

In this period 2019/20 members of the Safeguarding Adult Team worked closely with NELFT (North East London Foundation Trust) to support the development of the new Mental Health Service.

Mental Capacity:

There has been proactive engagement with the IMCA service and facilitated training sessions to empower staff and support patients in their decision making.

Self-Neglect and Neglect:

Awareness raising, training and cascaded learning has taken place via Lessons Learnt Bulletins.

Domestic Abuse:

In light of Domestic Abuse/ Domestic Homicides/ Knife Crime electronic systems are being explored to see if we can better capture information to improve service provision. The Safeguarding Team is also in the process of reviewing the Emergency Department Safeguarding Trigger Assessment Tool.

North East London Foundation Trust (NELFT)

Developments and Improvements in Safeguarding Adults Practice

The NELFT Safeguarding Strategy 2018-2021 builds on the NELFT Best Care Clinical Strategy. It reflects national policies and guidance to ensure NELFT continues to meet the statutory requirements. The strategy will be reviewed to align with the Patient Safety Strategy.

NELFT continue to review The Safeguarding Standard Operating Procedures (SOP) regularly to reflect changes in legislation across adults and children's procedures and to incorporate learning from all learning reviews and incidents into practice.

The NELFT Safeguarding intranet page provides a more clear and user friendly page enabling staff to source local information more efficiently. This has received positive feedback from staff who has reported that it is user friendly.

The Safeguarding Training Strategy has been reviewed in partnership with CCG partners and the training team. This is to ensure a robust safeguarding training offer that remains compliant with the Safeguarding Adults Intercollegiate Guidelines (2018).

The NELFT safeguarding team have continued to maintain the safeguarding advice service during the Covid-19 pandemic using the telephone system remotely or utilising systems such as Web-ex for all NELFT employees to access when needed.

The Safeguarding Team is supporting inpatient units by providing MCA & DoLS bitesize learning sessions and facilitating an audit on a frailty ward, in respect of whether the introduction of a DoLS Admission Screening Tool has had any effect on the number of DoLS applications made. Bite-size sessions have continued for inpatient staff during the Covid-19 pandemic.

A Liberty Protection Safeguards (LPS) Task and Finish group is currently reviewing how NELFT implements the required changes in relation to LPS and is a core member of the BHR LPS Task and Finish group.

Exploitation training has been developed for practitioners and additional training in relation to gangs, county lines and knife crime was commissioned to further support staff in Walk-in Centres.

The Domestic Abuse and Harmful Practices SOP was reviewed. They have been separated into two documents to better support staff. The Domestic Abuse Staff Policy is currently being reviewed by Human Recourses with support from the Safeguarding Team.

In response to the concerns nationally and the reported increase in domestic abuse cases during the Covid-19 pandemic, the safeguarding team took part in the trust webinar in May 2020 and facilitated a presentation about managing domestic abuse concerns. This also included responding to disclosures via video and phone consultations.

The Multi Agency Risk Assessment Conference (MARAC) representative support network has been re-established. The MARAC SOP and pathway is currently being reviewed to ensure a robust process for information sharing.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

In 2019/20 NELFT were involved and contributed towards one SAR and one Domestic Homicide Review (DHR). NELFT continue to work with agencies at strategic and operational level to strengthen integration and existing relationships across the partnership within the Borough of Barking and Dagenham.

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 Committee to explore learning opportunities.

The NELFT safeguarding team have established regular meetings with the CCG designated safeguarding professionals, which provides an opportunity to review the safeguarding strategy, safeguarding risks and any learning and action plans from Safeguarding Adult Reviews, Domestic Homicide Reviews and Local Practice Reviews.

NELFT attended the Tri-Borough SAB Learning Event where thematic learning was presented. This provided a fantastic opportunity for partners across Barking and Dagenham, Redbridge and Havering to meet and discuss the learning from SARs locally and regionally.

The Fire Service

Developments and Improvements in Safeguarding Adults Practice

During 2019/20 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 intranet. There has been a number of training sessions run for all senior officers around dealing with any safeguarding referrals as part of the implementation of the recommendations from the Mayor's Office for Policing and Crime (MOPAC). As a result of the 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.

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 sub-groups concerning single issue safeguarding concerns or specific at-risk individuals such as the Barking and Dagenham Complex Case Panel.

The National Probation Service

Developments and Improvements in Safeguarding Adults Practice

The National Probation Service (NPS) continues to embed a culture where staff are aware of their role in safeguarding adults. There is a local commitment to maximise support for vulnerable service users in collaboration with stakeholders. Mandatory e-learning for staff is being delivered across the borough and training provided by the Local Authority will be secured. The understanding of the statutory duties under the Mental Capacity Act 2005 the Care Act 2014 is promoted.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Participation in statutory enquiries where the National Probation Service has information or a National Probation perspective is requested, is a commitment. Working within the Multi Agency Public Protection Arrangements (MAPPA) framework at management levels 2 and 3 where adult safeguarding is an issue. Referrals are and will continue to be made to enable effective risk management planning for service users. The NPS will seek to work more closely with Adult Social Care to improve access to available resources namely social workers, accommodation and a wider range of professionals. The NPS will continue to implement its Quality and Improvement Plan related to adult safeguarding and continue to have representation at the SAB to support effective local governance arrangements.

9. Quality of Care

The Adult Social Care Provider Market

In Adults' Care and Support, commissioning, provider quality assurance and contract management are used to drive up standards and demonstrate tangible improvements. Robust provider quality assurance processes are in place to check and provide assurance on the quality and safety of provision within Barking and Dagenham. We have a provider Quality Assurance Policy and Framework in place to ensure quality service provision and clear expectations of providers to meet quality standards. Providers are held to account, and contracts are monitored for safe service user outcomes. We have good relationships with providers and work with any provider in the borough, whether they are contracted by us, or have LBBD service users, to ensure people are safeguarded. Providers know how to raise safeguarding enquiries and we work through any safeguarding issues in contract monitoring, provider forums and through visits and advice from the Provider Quality and Improvement 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 Provider Quality and Improvement Team and the Commissioning Team. The Provider Quality and Improvement Team attend the Local Quality Surveillance Group meeting along with BHRUT, CCG, the Care Quality Commission (CQC) and other health professionals including the London Ambulance Service. This gives professionals the opportunity to share information across neighbouring boroughs and discuss working together to undertake joint visits and support local providers across the local sub regional footprint.

In 2019/20 Barking and Dagenham reported a 50% improvement on CQC ratings for social care providers. This was the most improved provider rating for a London Borough. We have a higher proportion of nursing homes rated good than England and our comparators.

We have a good relationship with the CQC who routinely ask us for feedback before each inspection and we have influenced inspection outcomes and been referenced in CQC reports. Joint visits have been undertaken with Care Home Leads in operational teams and where there are Continuing Health Care (CHC) placements with borough providers. We also have a good relationship with other Local Authorities and joint visits are undertaken for providers who span several different boroughs e.g. Newham and Waltham Forest.

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 Provider Quality and Improvement team to allow the opportunity for investigation and feedback.

Quarterly Provider Forums are in place for residential care and homecare and Mental Health and Learning Disability forums are planned and safeguarding is on the agenda for all the meetings.

In 2019/20 a number of large contracts have been tendered including the Home Care Framework, the Advice and Guidance contract with the Citizens Advice Bureau and the Advocacy contract. The Commissioning Team have also developed and tendered for two new services which are the Hoarder's Pathway Service and the Direct Payments Support Service.

A recent restructure has meant that there is an increase in safeguarding and quality assurance capacity for vulnerable adults. There will be more staff in the Provider Quality and Improvement Team and an integrated Brokerage, Adult and Childrens' Commission service in the Commissioning team has focused more resources on partnerships, provider assurance and safeguarding. A new Partnerships and Governance unit has been implemented to ensure more cohesion between the various partnership boards, particularly the safeguarding partnerships. Additionally, more capacity has been given to the Provider Quality and Improvement team and the Brokerage team. Seven new Lead Commissioner roles have also been implemented to lead themed portfolios across Adults, Children's and Disabilities including a new Community Safeguarding Lead who will lead commissioning around areas such as domestic abuse and modern slavery.

Barking and Dagenham Primary Care Providers

Out of thirty-three GP practices in the borough twenty-nine have been rated as good. This is a vast improvement on Care Quality Commission practice (CQC) ratings from 2018 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. Practices rated as requires improvement are supported to improve by the CCG primary care support staff. Common areas of development include safeguarding, education and training, practice policy updates and communication.

10. Partnership Priorities 2020/21

The Board regularly considers the work of the SAB in light of the changing contexts of:

- (i) health, social care and public protection nationally and locally
- (ii) objectives, views, emerging risks and financial pressures of partner organisations.

The Foreword (Section 1) of this Annual Report for 2019/20 said that, in the context of Covid-19, what might have been anticipated continuing priorities from 2019/20 require further review, and, significantly, new concerns and priorities have emerged during the first four months of the pandemic. As a result, and in line with the Government Department of Health and Social Care permitted discretion to SABs, the Board will be finalising our continuously developing priorities in 2020/21 after publication of this Annual Report.

The Board recognises that it needs to have oversight of safeguarding practice and performance in the borough to ensure that quality of care is not compromised or that there is avoidable harm and abuse. 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 Board agreed a Three-Year Strategic Plan 2019/22 at its meeting in July 2019 which is still valid and very relevant in 2020/21. Specific priority areas for attention in 2019/20 were identified as:

- Safeguarding in relation to people who present challenging behaviour to their carers.
- Reviewing commissioning approaches to restrictive practices and restraint.
- Avoidable deaths and harm in hospitals.
- 'Transitional care', particularly of children and young adults with disabilities.
- Homelessness and people with no recourse to public funds, including identification in hospitals.
- Exploitation of vulnerable adults, improving practice in relation to financial and sexual abuse and modern slavery.
- Domestic abuse.
- Mental capacity and advocacy in relation to new approaches to Deprivation of Liberty Safeguards (DoLS) and the forthcoming implementation of new law around Liberty Protection Safeguards (LPS).
- Mental well-being in the community.
- Poverty, neglect and self-neglect in relations to safeguarding concerns.

These subjects of embrace the SABs ambitions for 'efficient systems', 'effective practice' and 'meaningful engagement'.

Inevitably three months into 2020/21 much has changed. At its next Board meeting in October 2020 the SAB will examine in detail what has been learned from Covid-19 experiences, policies and practices in Barking and Dagenham – known concerns, the unsighted and hidden risk to people, what the aftermath of Covid-19 means and needs to be given continuing or new priority for the remainder of 2020/21. The product of this will then be published as an addition to this Annual Report.

11. Safeguarding Information

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

<https://www.lbbd.gov.uk/tell-us-if-youre-worried-about-an-adult-at-risk-of-abuse-or-neglect>

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



HEALTH AND WELLBEING BOARD

15 September 2020

Title:	The future of health and care for the people of North East London (NEL); proposal for a single CCG	
Open Report	For Information	
Wards Affected: ALL	Key Decision: No	
Report Author: Emily Plane Programme Lead, BHR System Development Barking and Dagenham Havering and Redbridge Integrated Care Partnership	Contact Details: e.plane@nhs.net 0203 182 2965	
Lead Officer: Alison Blair, Director of Transition Barking and Dagenham Havering and Redbridge Integrated Care Partnership		
Summary This paper sets out the plan to establish a single CCG for NEL. The new CCG is part of the evolution to an Integrated Care System (ICS) and will be based on what is being referred to as the 80:20 principle. This is about 80% of delivery continuing at a local level and 20% at NEL level where it makes sense to do things together and achieve economies of scale. Among other benefits, this will reduce duplication and releasing capacity to focus on what matters: improving outcomes for residents.		
Recommendations The Health and Wellbeing Board is asked to: note and comment on the proposal to establish a single CCG for NEL.		
Reasons for report To share the plan to develop a single CCG for north east London with all key stakeholders across the seven CCG footprints, taking on board their feedback and answering any questions that they may have.		

1. Introduction and Background

- 1.1 Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCG) shared on Thursday 6th August 2020 two key stakeholder engagement documents which set out the plan to form a single North East London (NEL) CCG. This was part of a wider engagement exercise to share the proposals with key stakeholders from across the seven NEL CCGs.
- 1.2 The plans both build on and bring together the vision for how key stakeholders will work in partnership across north east London to provide the best health and care possible for residents.
- 1.3 The document 'The future of health and care for the people of north east London (NEL)' (appendix one) sets out the overarching NEL vision.
- 1.4 This is supported by appendix two; 'What does the move to a single NEL Clinical Commissioning Group (CCG) mean for Barking and Dagenham, Havering and Redbridge (BHR)' which outlines the history of successful partnership work in BHR which the plans for a single CCG build on, alongside the vision and plan to continue to deliver the majority of health and care services at a local level, working in partnership with providers, local authorities, the community and voluntary sector and local people.

2 The plan for a single North East London CCG

- 2.1 The formal process to come together as an integrated care system (ICS) includes the creation of a new CCG for NEL. This is not about creating a large commissioning body; the greatest strengths of the partnerships that we have built across NEL are our local knowledge, strong relationships, and focus on delivering stronger community care.
- 2.2 The new CCG is part of the evolution to an ICS and will be based on what is being referred to as the 80:20 principle. This is about 80% of delivery continuing at a local level and 20% at NEL level where it makes sense to do things together and achieve economies of scale.
- 2.3 BHR CCGs General Practice (GP) membership are required to undertake a formal vote as part of this process and there is a full engagement programme underway with GPs in various forums over the coming weeks to gather feedback, outlining why this is the right thing to do and discussing how to achieve the best possible outcomes for local people.
- 2.4 There will also be a formal consultation with staff (alongside ongoing engagement) who are employed by the CCG as their employer will change from their current CCG, to the north east London CCG.
- 2.5 A new CCG for NEL will provide the support and strategic overview required to enable the Barking and Dagenham, Havering and Redbridge Integrated Care Partnership to continue on its local integration journey.
- 2.6 The NEL future is based on the following principles:
 - Future proofing ahead of any further legislative changes
 - Building on achievements and looking ahead with a positive view of what has been done well and what can be done next both locally and together
 - Reducing duplication and releasing capacity to focus on what matters: local people
 - A level playing field in terms of payment systems and voice for mental and physical health, in and out of hospital care, social care and community health
 - Working together across the whole of NEL for the health of our communities and to drive out inequalities
 - Ultimately ensuring NEL is a place that our workforce want to live and work and our people are able to thrive and age well

3. Consultations (list if any)

- 3.1 There will be a formal consultation with CCG staff employed by the respective seven North East London CCGs as the creation of a single CCG will result in a change in employing organisation. This will continue to be an NHS organization.

4. Recommendations

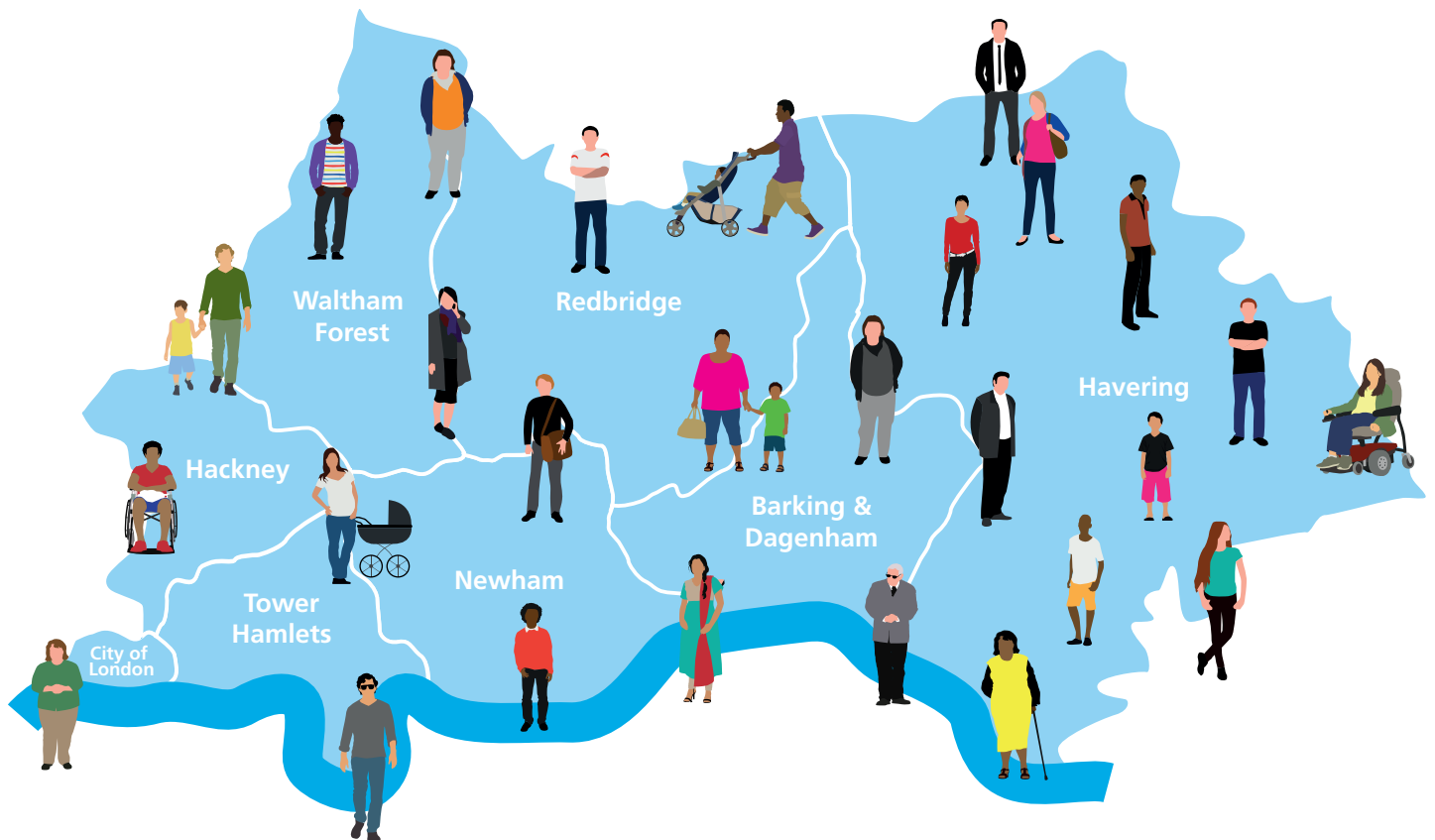
- 4.1 Members are asked to review and comment on the proposals, sharing their views and asking any questions that they may have about the establishment of a single CCG.

Appendices

Appendix one 'The future of health and care for the people of north east London (NEL)'

Appendix two 'What does the move to a single NEL Clinical Commissioning Group (CCG) mean for Barking and Dagenham, Havering and Redbridge (BHR)'

The future of health and care for the people of north east London



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This is an overview of how we are changing the way we work across north east London (NEL) to improve the health of our communities.

By strengthening our already established local partnerships, streamlining our Clinical Commissioning Group (CCG) administrative and other functions into one joined up organisation and bringing together our partners as an integrated care system for NEL, we will have the infrastructure we need to provide the best health and care for our local populations.



Overview of health and care in north east London

North east London (NEL) has a population of 2.3 million people and is a vibrant, diverse and distinctive area of London steeped in history and culture. The 2012 Olympics were a catalyst for regeneration across Stratford and the surrounding area, bringing a new lease of life and enhancing the reputation of this exciting part of London. This has brought with it an increase in new housing developments and improved transport infrastructure and amenities. Additionally the area is benefiting from investment in health and care facilities with a world class life sciences centre in development at Whitechapel and confirmed funding for the Whipps Cross Hospital redevelopment and a new health and wellbeing hub on the site of St George's Hospital in Havering, making it an exciting time to live and work in north east London.

At the heart of NEL are its people and together as health and care partners we have a collective vision of enabling our population to live healthy lives. This vision is reliant on a wide set of determinants beyond just health and which include: access to education, job opportunities and creating a healthy environment at all stages of a person's life, ensuring they have the best chances possible. To achieve this we need to make sure patients, clinicians and managers are working together in a way that ensures they can all reach their maximum potential.

Locally led successes across NEL

We have a number of fantastic examples of local leadership and achievements across our local areas. Together we can learn from each other and share our innovations and successes for the benefit of all our local populations. Some of these include:

- **Working together across primary care** – across our local areas we have led the way in supporting primary care to work differently. Through Primary Care Networks GP practices are working together across neighbourhoods and with community, mental health, social care, pharmacy, hospital and voluntary services.
- **Social prescribing** – is at the heart of our work and we have a variety of models in place across our area including link workers who facilitate social prescriptions between clinicians and patients.
- **Supporting our diverse population** – as part of our recovery from Covid-19 we are collectively committed to supporting local people, training, volunteering, education and creating apprenticeships at a local level, to support the recovery of our local economies, which have been significantly impacted by the pandemic.

Overview of health and care in north east London

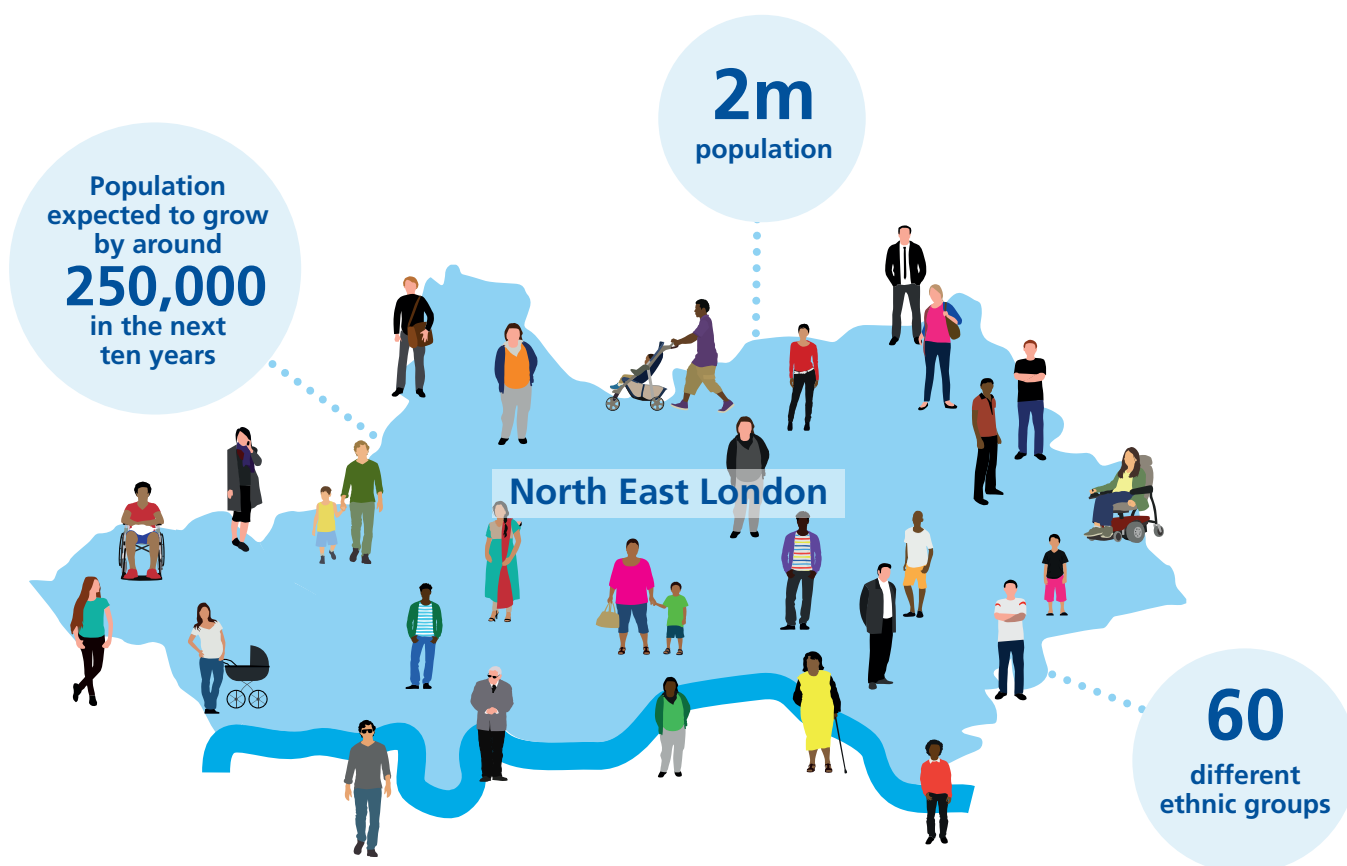
- **Promoting a healthy start in life** – across north east London children benefit from our healthy schools programme which supports children, families and adults to be more active and eat healthily.
- **Acute partnerships across NEL** – we are developing an acute alliance across NEL which brings together Barts Health NHS Trust, Homerton University Hospital Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust to set an overarching strategy for acute services to the benefit of all our people.
- **Urgent care** – to ensure that the Urgent and Emergency Care (UEC) needs of our population are met, we are working together to ensure that we have staff with the right skill mix at the right place and time to care for our people.
- **Mental health** – we are committed to supporting people with severe mental health difficulties and one way of doing this is ensuring they have access to employment opportunities. Across all our partnerships we have rolled out our individual placement and support service which provides tailored support including job placements and guidance for both the employer and the employee.
- **End of life care** – through our multi-disciplinary teams we are able to support patients to die at home or in the community surrounded by their loved ones.
- **Enhancing our local estates** – the regeneration of Whipps Cross, the Barking riverside development and new health and wellbeing hub at St George's will benefit our local populations
- **Digital progress** – we know that patients want to access their own information and only to tell their story once so are committed to improving access to patient records. As a result of Covid-19 patients can engage with services in many more ways: online, telephone, video as well as face to face.
- **Maternity** - across north east London, we work together as the East London Local Maternity System. This benefits staff as they are able to work across the whole patch and also allows us to ensure equal access to services. One priority for us is ensuring more choice and control for women and their families and we are prioritising personalised care plans for vulnerable women.
- **Major long term conditions** – we are working together to improve prevention of diabetes through education and training; running community based enhanced services to support and improve the care of those living with long term conditions and working to ensure services and support are joined up.
- **Ageing well** – we are committed to ensuring our workforce are trained to support our ageing population to support them to age well and maintain their independence, one example is our joined up teams consisting of physiotherapists, occupational therapists, social workers and consultant geriatricians.
- **Homelessness** – during the Covid-19 period we have worked closely with local authorities to provide support and care to rough sleepers. The pandemic offered a unique and powerful opportunity to address the needs of thousands of London's rough sleepers. Charity partners have worked intensively with hotel residents to assess their needs and agree the next steps. Across north east London we are committed to building on what has been achieved so far, working in partnership with local authorities and our voluntary sector colleagues.

Overview of health and care in north east London

NEL is not without its challenges, with a high level of deprivation and inequality requiring us to work together in the best interests of patients. The Covid-19 pandemic has been a once in a lifetime challenge for all of us, testing us in every way possible not just as health and care providers but as a wider population too. Newham has been particularly impacted with the highest number of deaths in the country and more than ever before we have needed to draw on our strengths and experiences across NEL to respond to this, to learn from it and to ensure that everyone has equal opportunity to health in their lifetime.

As we continue to respond to our challenges and build on our partnership working to date, we are formalising this by coming together as an Integrated Care System (ICS). This will be how we come together as a partnership to strategically manage the health of the whole of our population and future proof ahead of any further legislative changes. Our NEL ICS and single CCG for NEL will provide support to our local places/boroughs, and in BHR's case its local system, where the vast majority of delivery and leadership will take place. We call this the 80:20 principle, placing most of our focus on delivery where it is best placed – closest to the individual. At a local level we will bring together an integrated partnership of local authorities, local acute trusts, local community services, local mental health services, local primary care, voluntary sector and most importantly local residents.

NEL – who we are





The vast majority of our health and care delivery will continue to be delivered at our local place and borough level, working together as partners with our local population.

The 80:20 principle

Our basic principle of 80:20 is in recognition of the fact that decisions about health and care will take place as close to local people as possible.

Local partnerships will decide how best to use resources in the best interests of patients.



Local integrated care partnerships and local delivery

Local delivery is critical to the success of this way of working. A key feature of our north east London partnership is our distinct population-focused collaborative systems or integrated care partnerships (ICPs): Barking and Dagenham, Havering and Redbridge (BHR); Waltham Forest, Tower Hamlets and Newham; City of London and Hackney.

Each of these systems has developed local priorities based on the needs of their populations, developed collaboratively across organisations and through working together with local communities. In some instances these priorities are place based and in some areas like BHR they have chosen to work together to develop priorities across a wider area and will continue to collaborate closely as we develop our new arrangements.

None of this is possible without the leadership of the local authority and without involvement from our voluntary sector, patients and the wider public.

At an even more local level we bring together our services to support patients with complex care needs such as frailty, those who are housebound, those who require terminal care and those with learning disabilities.

We remain committed to demonstrating collaborative leadership, this means leadership 'with', rather than leadership 'over'. An example being clinicians working with managers and with patients on developing pathways of care.

A clinically led CCG for north east London

One CCG for NEL would continue to be a clinically led organisation with strong clinical leadership and a GP voice at all levels. There would be one NEL CCG governing body and an ICS partnership board at a NEL level. Most decisions will take place through local governance arrangements. Each place will be represented by a GP chair on the NEL governing body and ICS partnership board.

GP members' forums and representative bodies will be essential to making this successful, working with the GP chair to make decisions about health and care in our local communities.

Involving lay members

We know that lay members bring a diverse range of expertise that augments the best of how we collectively work as clinicians, managers and patients. Their independent input ensures we focus on outcomes, patient voice, value for money and good governance.



Why create an integrated care system for north east London?

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We believe that creating an ICS across north east London will allow us to collectively respond to the challenges we face across NEL and benefit our local population in the following ways:

Benefits for people

- Closer partnership working will enable people at all stages of their life e.g. whether you are pregnant, have a long term condition, require trauma treatment or end of life care, you will have equal access to all services across the whole system.
- The amazing energy of health and care partners will be better shared so that we can keep you healthy.
- Working together with local councils, providers and the voluntary sector across north east London, we will address health inequalities and ensure we do everything possible to stop people getting ill to begin with. We will be truly responsible for the health of all our communities, not just managing health services.
- By working together across our organisations we will make sure that even if you have a complex condition requiring specialist care, you will be supported by all our services.
- We will ensure that wherever you go in the system you won't have to tell your story again if you don't want to.

Benefits for staff

- We are committed to supporting our workforce to grow and develop and to creating a wider pool of opportunities for career progression and development for everyone. We want north east London to be the place you want to live and work in.
- We want to ensure staff work in an environment with reduced bureaucracy, fewer meetings and a reduction in duplication.
- We want everyone to be a leader no matter where they sit in the organisation
- Our focus will be on relationships and solving problems together.
- Together we will build on our own local plans to develop a single consistent plan for the future, helping us to improve services and reduce variation.

Financial benefits

- Our overriding priority is to make sure every single pound is spent to the benefit of every single person in north east London. This means we can focus on where we can get the best value in terms of outcomes for patients and wider social value outcomes for our communities and neighbourhoods.

Our collective vision for north east London

What do you want to achieve for our communities in the next few years?

“We support people with long term conditions to take control of their own health and care management allowing them to live full and happy lives”

Dr Atul Aggarwal, Chair, NHS Havering CCG



“Working in partnership to ensure that people are supported to age well and that quality of care is improved within our existing acute and community services”

Dr Ken Aswani, Chair, NHS Waltham Forest CCG

“Ensuring all our children in north east London have the best possible start in life, with their parents experiencing the best possible pregnancy and birth, right through to supporting schools to maximise the health of all children”

Dr Sam Everington, Chair, NHS Tower Hamlets CCG



“Making sure people have choice and control over the way they live their lives, and access to local resources and opportunities”

Dr Jagan John, Chair, NHS Barking and Dagenham CCG

“People with mental health conditions are able to live good lives – to be employed, have good relationships, somewhere comfortable to live, and to feel part of their community”

Dr Anil Mehta, Chair, NHS Redbridge CCG



Our collective vision for north east London

“By working together we address the causes of inequality and poor health in NEL, drawing on our collective strengths and experience to improve the lives of our local people”

Dr Muhammad Naqvi, Chair, NHS Newham CCG



“Grow our neighbourhood way of working, with thriving primary care networks an essential element, to ensure that across north east London our teams are working together to support local people”

Dr Mark Rickets, Chair, NHS City and Hackney CCG

“We make every pound count and invest our health and care resource so it improves population outcomes”

Henry Black, Chief Finance Officer, NELCA



“Engaging and involving our local populations continues to be at the heart of everything we do”

Marie Gabriel, Independent Chair, NEL ICS

“The benefits of working in partnership will give everyone the best start in life, deliver world-class care for major health problems, such as cancer and heart disease, and help people age well”

Jane Milligan, Accountable Officer, NELCA



Have your say

In September 2020 we will produce a report on our proposal to merge, including feedback from stakeholders for consideration by NHS England who will need to approve our application later in the year.

How can I have my say?

Each CCG will engage with all its partners and members over the coming months. Engagement will continue through the summer, autumn and beyond. As questions come in we will develop a questions and answers document.

We also want to hear from anyone who wishes to share their views on the proposal set out in this document.

You can either email us at nel-ics.pmo@nhs.net

Write to us at **NELCA, 4th floor Unex Tower, Station Street, Stratford, E15 1DA**

Visit www.eastlondonhcp.nhs.uk



As part of our work to create an Integrated Care System over the last 18 months we have undertaken engagement with a wide range of stakeholders. We have listened to feedback and already taken in to account the following:

Topic	You told us you are concerned that...	What we are doing...
Money	Budgets may be held centrally and not passed on at a local level	Ensuring that budgets are devolved to a local level to match existing budget allocation, so there is no impact at a local level
Decision-making	We may lose influence on key decisions at a local level	Putting in place new governance arrangements to ensure that decisions are made at a local level
Clinical leadership	Clinical leadership may weaken as a result of moving to a single CCG	Building on our existing relationships with our clinical leaders and getting their input to shape a new way of working. Clinical leadership will exist at every level within the ICS and will be key to our success. Clinical leadership budgets for each CCG will be maintained, with clinical leaders freed up to lead clinical transformation of services rather than some of the current bureaucratic focus
Impact on services	A single CCG may mean reducing services for patients	Existing hospitals, NHS trusts, GP surgeries and community services will continue with no impact. What we are doing is changing the way we work so that we can deliver a better patient experience with access to more services more easily. By working collectively, we can attract transformation funds to improve services for local people where they are needed most. We will address variation for patients across NEL, with a focus on the highest standards
Impact on jobs	There may be impact on CCG staff as a result of the merger	We are aiming to minimise the impact on staff, maximise opportunities for career progression and training, and to tackle inequalities across our system. We are assuming that requirements to reduce or restructure posts will be minimal

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BHR Integrated Care Partnership
Better care, better lives, together

BHR Integrated Care Partnership

What does the move to a single NEL CCG mean for BHR?

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August 2020



What does the move to a single CCG mean for BHR? Our Story

BHR Partners across health and care have been working together for a number of years as trailblazers in integrated care and partnership working, with significant achievements:

- The response to COVID-19 brought health and care partners together in an unprecedented way to deal with the challenges faced. We are proud of what we achieved to care for our residents in this period at such a difficult time. We are now working on our recovery together.
- Pre Covid we have delivered a significant amount of transformational change. Changes to service models led to a sustained reduction in elective activity (5% fewer GP referrals last year) and a reduction in non-elective admissions for those aged 65+ (4% fewer), supporting more people in the community without the need for acute care. Another example of our successful collaborative working is our award winning primary care led diabetes scheme. All of this was achieved through the strengthened voice of primary care, partnership working, and a consistent approach across BHR.
- We produced a five year financial recovery plan agreed across the NHS (it is the only of its type in London).

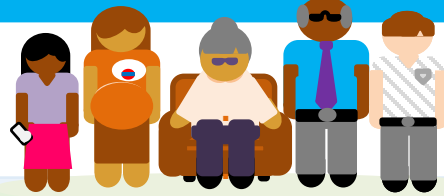
Recognising that the only way we can deal with the significant on-going challenges to health and care is to work together, we want to build on our achievements and deliver more for the people we serve.

The move to a single north east London CCG, with the majority of resources focussed at a BHR level will support us to achieve delivery of our key ambition to improve the delivery of care to, and outcomes for local people. The BHR Integrated Care Partnership is being developed to be fully up and running by April 2021. It is not the creation of a new organisation in BHR but will mean services working together across current organisational boundaries, joining up health and social care, physical and mental health services, primary care and hospitals.

For a resident, they will see more joined up, planned care. With all services working together on the same plan, with the same information. People will be helped to stay more healthy, receiving more treatment and support at home rather than go to hospital if it is not necessary. If people do need to go to hospital, they will be helped to get home quickly with the right support. We will improve the standard and consistency of services across the area.

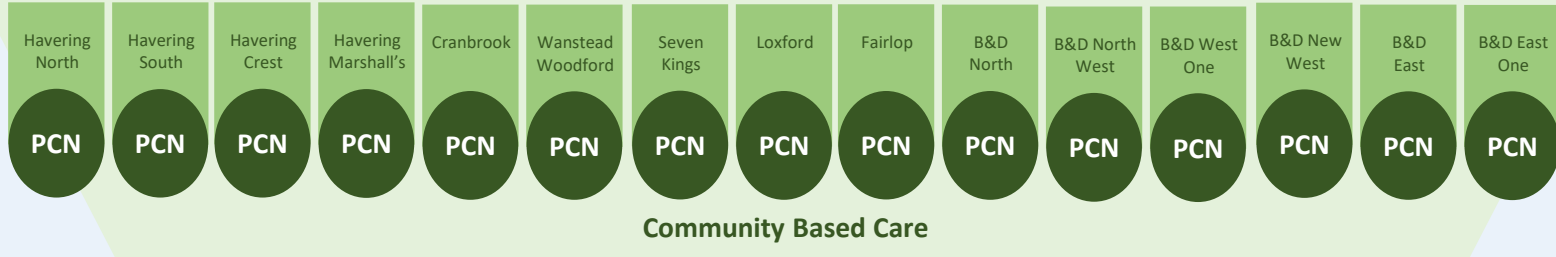
The following page illustrates how this model will work in practice, in relation to existing organisations and partnerships.

What will the BHR System look like in April 2021?



Co-production & Engagement

Our patients, residents and local communities



Partners at all levels of the BHR system:

- London Borough Barking and Dagenham
- London Borough Havering
- London Borough Redbridge
- BHRUT
- NELFT
- Primary Care Networks x15
- GP Federations x3
- Community and voluntary sector
- PELC
- Others e.g. Barts Health, police, housing etc.

Delivery and Improvement

Partners at all levels of the BHR system

BOROUGH PARTNERSHIPS

Barking and Dagenham Health and Wellbeing Board

Delivery: B&D Delivery Group
Scrutiny: HSC

Havering Borough Partnership (which links to the Health and Wellbeing Board)

Delivery: Havering Borough Partnership Design Group
Scrutiny: HSC

Redbridge Health and Wellbeing Board

Delivery: Redbridge Operational Group
Scrutiny: HSC

Planning and Co-ordination

BHR TRANSFORMATION BOARDS

Children and Young People, Mental Health, Planned Care, Unplanned Care, Cancer, Primary Care, Long Term Conditions, Older People/ Frailty, LD and Autism

Supported by key enablers; workforce, digital, finance, estates

Integrated Care Executive Group; Commissioners and Providers

Integrated Care Partnership Board; with Health and Care Cabinet

Oversight and Assurance

North East London ICS and single North East London CCG

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HEALTH AND WELL BEING BOARD

15 September 2020

Title:	Appt Health Vaccination Uptake project		
Report of the Head of Insight and Innovation			
Open Report	For Information		
Wards Affected: New West Primary Care Network	Key Decision: No		
Report Author: Pye Nyunt, Head of Insight & Innovation	Contact Details: E-mail: pye.nyunt@lbbd.gov.uk		
Sponsor: Cllr Worby, Chair and Cabinet Member for Social Care and Health Integration			
Summary: New West Primary Care Network is commissioning Appt Health – the social enterprise in partnership with the Council – to deliver on a 2-way SMS booking system for flu vaccinations and childhood immunisations. The project is to be fully funded by Innovate UK (via a successful grant application) between late Sept 2020 to end of March 2021.			
Recommendation(s) The Health and Wellbeing Board is recommended to: 1. Note timelines for the project 2. inform relevant ward councillors			
Reason(s) Reducing health inequalities in the borough and improve uptake rates for important vaccinations.			

1. Background

- 1.1. Between July 2019 – March 2020, Appt Health have been working with seventeen GP Practices across LBBD to trial a two-way, automated SMS booking system for NHS Health checks. The aim was to increase the uptake of these free Health checks for residents aged 40-74, designed to spot early signs of largely preventable conditions including stroke, kidney disease, heart disease, type 2 diabetes and dementia. It was also intended to reduce the administrative pressure on, and cost to Primary Care providers.
- 1.2. The eligible patient population were considered “hard to reach” – they were aged 40 – 74 without pre-existing health conditions from a population considered one of the most deprived in the country. Appt randomised between the total eligible cohort to create a treatment and control cohort. The control cohort received the status-quo engagement process, whilst the treatment cohort received three rounds of Appt’s SMS invitation process. Appt booked 49.1% of patients reached in round one, 10.4% in round two and 10.2% in round three. COVID-19 has delayed the full analysis of the trial (awaiting data from the CCG), but Appt’s booking rate compares favourably to the national uptake rate of the NHS Health check of 39%.

- 1.3. Appt Health have recently secured funding from Innovate UK to apply their product to promote uptake of seasonal flu vaccinations, childhood immunisations and potentially, a Covid-19 vaccination when it becomes available. This funding is secured for a six-month period running from September 2020 to March 2021. Appt would like to continue its partnership with LBBD by trialling the new vaccination products in the Borough. There are no cost implications for the Council.
- 1.4. The New West Primary Care Network Group has shown a keen interest in extending their use of the Appt Health SMS booking system for flu vaccinations and childhood immunisations. The Group includes:
- Aurora Med care (recent merge of two practices - formally known as Dr John's King Edwards Medical Group and Dr Kalkat at Thames View)
 - Dr Niranjana Victoria Medical Centre
 - Dr Rashid Shifa Medical Centre
 - Abbey Medical Centre Dr Anju Gupta
- 1.5 All of the above practices except for Dr Rashid Shifa Medical Centre, formed part of the Appt Health trial for NHS Health checks and already have system integration and familiarity with the automated Appt system.
- 1.6 The Government recently announced the need to increase the availability for the seasonal flu vaccination to 30 million nationally, and this potentially could have a resource impact on local GP surgeries, especially if supply and demand is managed through a manual, call and recall process. In the BHR CCG Flu Plan 2020-21, there are plans to increase access to the vaccination by offering more locations where the vaccination is able to be taken up opportunistically by patients such as drive through, pop up clinics in car parks via marquee/tents, libraries and other community buildings.
- 1.7 It will be important to understand user behaviour and attitudes towards vaccinations, as well as the barriers people experience to getting vaccinated to help inform the deployment of the Appt vaccine booking approach. Between December 2019 - March 2020 there was a CCG-backed pilot to improve MMR uptake in B&D. Barriers to local MMR vaccine uptake were explored, building on what was already known from national studies about MMR uptake. The common misconceptions highlighted were '*misleading knowledge*' - beliefs and perception on vaccines, as well as '*misleading information*' – for example, the link between the vaccine and autism, and general negative attitudes and behaviours towards vaccinations.
- 1.8 These perceptions are commonly seen in certain cohorts, such as: minority ethnic communities, low socio-economic groups, single parents and large family sizes. Questions were aimed at clinical and non-clinical staff and some of the barriers identified locally in B&D, and discussed at the Delivery Group were as follows:
- 2% of people did not get the MMR vaccine due to inaccessible appointments
 - 41% thought information about the MMR vaccine was misleading
 - 22% were unaware of the importance of MMR
 - 7% experienced language barriers
 - 18% knew the vaccine contained gelatine and were unaware that there was one without gelatine available
 - 7% parents just said "no"
 - 68% of clinical staff wanted more training and knowledge on how to discuss topics with patients and their parents.
 - 35% were unsure where to go - health visitor, school nurses - baby checks, maternity are not being discussed
 - 18% GPs don't routinely ask for the 8-week baby check

2. The benefits of increased uptake

- 2.1 Vaccines are the most effective way to prevent infectious diseases and help protect individuals and the wider community through herd immunity. Childhood immunisations are particularly important for the following reasons:
- a) Immunisations prevent children from becoming ill with serious infectious diseases, which have a risk of complications and long-term side effects.
 - b) Immunisation helps protect all children in the population through herd immunity. This means that children who have lowered resistance to infections, or those too young for a vaccine have a greater level of protection from infectious diseases.
 - c) Immunisation is one of the most effective ways of wiping out as many infectious diseases across the country.
- 2.2 Flu is an unpredictable virus that can cause severe illness and even death among vulnerable groups, including older people, pregnant women, and people with an underlying health condition. The injected flu vaccine is offered free of charge on the NHS to people deemed 'at risk' to help protect them from catching flu and developing serious complications. These include:
- Those aged 65 and over
 - Pregnant women
 - Those with certain medical conditions
 - Those living in a long stay residential care home or another long stay care facility
 - Those receiving a carer's allowance
 - Some frontline health and social care workers
- 2.3 In the same way that the automated booking system worked for NHS Health checks, residents themselves will be able to choose the appointment for their vaccination or childhood immunisations without having to call the practice, or the practice having to call them.
- 2.4 By removing the administrative burden and expensive postage costs associated with a traditional call and re-call booking process, resources can be redirected to other operational areas of a GP Practice.
- 2.5 There is also the possibility that the Pharmacist who services the New West Primary Care Network could be used to administer vaccinations, particularly in those practices where there is a smaller nursing resource.

3. How the Appt Health Product Works

- 3.1. Appt-Health works by matching eligible patients with available appointments in GP surgeries. The product then sends a personalised text message to the patient's phone to allow them to book an appointment.
- 3.2. There is functionality within the system to offer residents the opportunity to book their flu vaccination, or children's immunisation appointments (and potentially a Covid-19 vaccination appointment when ready) at **any one of the practices** across the New West Primary Care Network. CCG approval will be required to make this functionality operational, as internal governance will need to be agreed.



4. Approach

4.1 Selection of practices

As participators in the previous Appt Health trial to increase the number of NHS Health checks, the New West Primary Care Network were keen to use the system to increase the uptake in vaccination and childhood immunisation bookings and therefore put themselves forward to take part in this project.

4.2 We estimate that eighty percent of eligible residents who are patients at the New West Primary Care Network will be contacted using the Appt system between September 2020 and March 2021.

5. Future commercial model

5.1. The company Appt-Health will retain all intellectual property for the development of the product for the lifecycle of this project (which is funded by Innovate UK).

5.2. The New West Primary Care Network will be able to use the product at no cost for the duration of the pilot which will run between September 2020 and March 2021. If GP practices want to continue to use the vaccination and immunisations module after the six-month period, there will be an associated cost. This would be commissioned through the PCNs or CCG so there is no cost to the council.

6. Next steps

The following activity is due to start over the coming months:

The project will be broken down into four stages: (1) project set-up, (2) Appt-Health roll-out, (3) vaccinations delivery and (4) evaluation.

1. Project set-up: the Appt-Health service design and delivery team will work with New West PCN practices (stakeholder interviews and commissioning document reviews) to

understand the care pathways for key vaccination programmes (flu jabs and childhood immunisations) and will make the necessary adjustments to their engagement workflow. In this phase we will ensure information governance requirements are in place and all PCN stakeholders are informed and engaged. [Dates: 03/08/20 – 28/08/20]

2. Appt-Health roll-out: the Appt-Health team will implement their integrated system in practices, perform system testing and vaccine target set up activities. [Dates: 31/08/20 – 18/09/20]
3. Vaccinations delivery: Appt-Health's service will be live for flu jabs and childhood immunisations in New West PCN practices. Appt-Health will be carrying out key patient and practice support functions on a BAU basis. [Dates: 21/09/20 – 31/03/21]
4. Evaluation: LBBD and Appt-Health will work with the PCN to carry out a quantitative and qualitative programme of evaluation of the project. This will be carried out while the Appt-Health programme is still live. [Dates: 01/03/21 – 31/03/21]

Please note: Whilst this project is live, Appt-Health will be working with NHS England/Institute for Health Protection and other national arms-length bodies as part of its Innovate UK funded project preparing for a COVID-19 vaccine programme. This project plan will be updated to incorporate this programme as and when this programme is scheduled.

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