Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 28 October 2014 - 6:00 pm

Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

The legal status, role and detail about the governance of the Health & Wellbeing Board can be found in Part B, Article 5 of the Council Constitution. Full terms of reference for the Board can be found in Part C, Section D. More information about the work of the Board is listed on the Council's website www.lbbd.gov.uk

Date of publication: 20 October 2014

Graham Farrant
Chief Executive

Contact Officer: Tina Robinson
Tel. 020 8227 3285
E-mail: tina.robinson@lbbd.gov.uk

Membership

Cllr Maureen Worby (Chair)	(LBBD) Cabinet Member for Adult Social Care and Health
Dr W Mohi (Deputy Chair)	(Barking & Dagenham Clinical Commissioning Group)
Cllr Laila Butt	(LBBD) Cabinet Member for Crime and Enforcement
Cllr Evelyn Carpenter	(LBBD) Cabinet Member for Education and Schools
Cllr Bill Turner	(LBBD) Cabinet Member for Children's Social Care
Anne Bristow	(LBBD) Corporate Director of Adult and Community
Helen Jenner	(LBBD) Corporate Director of Children's Services
Matthew Cole	(LBBD) Divisional Director of Public Health
Frances Carroll	(Healthwatch Barking & Dagenham)
Dr J John	(Barking & Dagenham Clinical Commissioning Group)
Conor Burke	(Barking & Dagenham Clinical Commissioning Group)
Jacqui Van Rossum	(North East London NHS Foundation Trust)
Dr Stephen Burgess	(Barking Havering & Redbridge University NHS Hospitals Trust)
Chief Supt. Andy Ewing	(Metropolitan Police)
John Atherton (Non-voting member)	(NHS England)

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 9 September 2014 (Pages 3 - 17)**

CHILDREN AND YOUNG PEOPLE

4. **Children's Social Care Inspection: OFSTED Inspection and Review Outcomes 2014/15 (Pages 19 - 36)**

5. **Protocol Outlining Barking and Dagenham Safeguarding Partnership Arrangements (Pages 37 - 43)**

6. **Child Death Overview Panel - Update Report (Pages 45 - 57)**

7. **Contract: Children's Emergency Duty Team Shared Service (Pages 59 - 64)**

HEALTH AND SOCIAL CARE

8. **BHRUT Improvement Plan Update (Page 65)**

9. **Life Study - new UK birth cohort study (Pages 67 - 72)**

10. **Joint Carers' Strategy and Commissioning Priorities For Future Contract(s) (Pages 73 - 126)**

11. **Joint Strategic Needs Assessment 2014 - Key Recommendations (Pages 127 - 138)**

12. **Local Account 2013/14 (Pages 139 - 200)**

13. **Contract: Independent Domestic & Sexual Violence Advocacy Service (IDSVA) (Pages 201 - 210)**

14. **Urgent Care Board (Pages 211 - 215)**

15. **Sub-Group Reports (Pages 217 - 228)**

16. Chair's Report (Pages 229 - 232)

17. Forward Plan (Pages 233 - 247)

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

19. 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.***

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

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Barking and Dagenham's Vision

One borough; one community; London's growth opportunity

Priorities

To achieve the vision for Barking and Dagenham there are three priorities that underpin its delivery:

1. Encouraging Civic Pride

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

2. Enabling Social Responsibility

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

3. Growing the Borough

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

For more detail on the vision and priorities please visit the Council's website www.lbbd.gov.uk/visionandpriorities.

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MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 9 September 2014
(6:00 - 8:47 pm)

Present: Dr Stephen Burgess, Cllr Evelyn Carpenter, Anne Bristow, Helen Jenner, Matthew Cole, Chief Superintendent Andy Ewing, Marie Kearns, Dr John, Dr Waseem Mohi (Deputy Chair), Jacqui Van Rossum, Martin Sheldon, Cllr Bill Turner and Cllr Maureen Worby (Chair)

Also Present: Cllr Eileen Keller

Apologies: John Atherton, Conor Burke and Cllr Laila Butt

36. Declaration of Interests

Jacqui Van Rossum, Executive Director Integrated Care (London) and Transformation), NELFT, declared a pecuniary interest agenda items 6, 7 10 and 11 as NELFT are providers of services associated with those items.

37. Minutes - 29 July 2014

The minutes of the meeting held on 29 July 2014 were confirmed as correct.

38. Vision and Priorities for the Borough

The Chair, Councillor Maureen Worby, presented the report on the proposed Vision and Priorities for Barking and Dagenham, which set out the aspirations and ambitions of the new Administration to encourage civic pride, social responsibility and growth. The Chair stressed the Borough had the space, passion and ability to deliver growth. The regeneration would include both aspirational and affordable housing, improved employment opportunities and hopefully improved transport links, such as the extension of the Gospel Oak Line, over the next five years. Once the Vision and Priorities were agreed by the Assembly, an Action Plan would be developed to drive projects forward.

Helen Jenner, Corporate Director of Children Services, added that the Vision was aspirational and was set to create a strong mixed borough with improved income, health and educational attainment.

Steven Burgess, Interim Medical Director, Barking Havering and Redbridge University NHS Hospitals Trust, commented that the aim to provide 10,000 extra jobs, 17,000 new homes and with an anticipated 50,000 population growth, planning for service delivery would be essential as this level of growth would certainly have an effect on primary and secondary health care and school place numbers. The Chair agreed and said this was why the Vision and Priorities were being brought to the attention of the partners at this stage to ensure that that the services were in place as the aims become realities during the next five years.

The Board:

(i) Noted the strong position of the Borough for growth and the need for joint infrastructure and service provision planning by the Council and its partners to ensure the facilities would come on stream as the growth, such as new housing and increased population, occurred.

(ii) Requested further reports and Action Plan(s) be reported to the Board over the coming year or two to enable partners to be fully informed on the timescales and progress of developments in order that this can be fed into each partner's resource planning for future service demands and to enable the partners to report back to the Board on their proposals and preparations.

39. Transforming Services, Changing Lives in East London

Councillor Turner arrived during this item.

Richard Dale and Yasmin Peiris from the Transforming Services, Changing Lives Programme (TSCL) Team presented the report and explained the inception of the clinical transformation programme and its aim to consider how best to ensure safe, effective and sustainable hospital services at Bart's Health Hospitals in the context of challenging financial changes and the need to find more than £400m savings in the next five years. The work programme was launched in February 2014 and was expected to run until October 2014, following which a baseline assessment of the drivers for change for the local health economy would be drawn up in order to inform further discussions about the scope, scale and speed of change that would be needed. The introduction of NHS111, integrated care and personal health budgets were just some of the changes to the health economy that had occurred recently. The principles of the Francis Report together with national and international best practice would be at the heart of developing the case for change.

The governance arrangements for the programme had been established and this included a Programme Board, Clinical Reference Group and its six working areas and Public and Patient Reference Group. The full details together with the engagement and consultation that the TSCL intended to undertake were set out in the report and the 'Interim Case for Change' could be viewed at the web address provided in section two of the report. Comments could also be made via that link.

The health challenges across the boroughs and the 34% population growth that was anticipated made planning for both treatment and preventative health an issue for all stakeholders, which may require adapting and delivering services in a different way. Staff also needed to be engaged in the process and empowered to make changes.

There was an acknowledgement that there are some excellent services but they are not always consistently provided across the borough. The health estate and technology systems also needed to be upgraded to enable different and efficient ways of working.

Helen Jenner, Corporate Director of Children's Services drew the Boards attention to the need for clarity as the report seemed to be more about inner east London and the Bart's NHS Trust and not the whole of East London or LBBD provision.

Anne Bristow, Corporate Director of Adult and Community Services, pointed out

that the report was NHS focused and did not seem to exhibit the integration thrust that is being required under the Better Care Fund, Care Act, Children and Families Act, Department of Health Policy and Barker Commission report .

Marie Kearns raised the issue of access and transport and the additional resources that would be required from the Ambulance Service. The Chair supported the concerns about transport links and said that real life travel issues from LBBD to King George's site caused genuine difficulties for both patients and visitors.

Councillor Carpenter questioned whether there proposals in the report would result in sufficient drive to address the mental and physical health inequalities in funding and service provisions. The TSCL team response was that this has been identified as an issue but potential solutions were still being looked into.

The Board was advised that the LBBD Health and Adult Services Select Committee will be scrutinising proposals, and the public would be able to attend that meeting.

The Board noted that at this stage recommendations were not being set out and accordingly

The Board commented:

(i) Improved clarity was required in the appendix to the report as only some of East London is included, as some of the sections / services in the report LBBD are not included or only part of LBBD is included.

(ii) References to the safeguarding needs and practices, following the Francis report, need to be more pronounced.

(iii) Concerns were raised around the accessibility and quality of transport links for residents of LBBD when travelling to clinics or visiting patients.

(iv) Due to the lack of parking around, St Bartholomew's, The Royal London, Homerton and London Chest hospitals, more patients would require ambulance transport, as patients own transport would not be feasible. The journey times for LBBD residents would be longer. This would have resource implications for the Ambulance services.

(v) The document seemed to be a stand alone NHS document, which did not seem to equate with the drive for integration under the Better Care Fund, Care Act, Children and Families Act, Department of Health Policy and the Barker Commission report, which had been published last week.

(vi) There needed to be recognition that a 'one size fits all' approach is not appropriate and what may be suitable for a neighbouring borough, or even a borough of similar make up, does not always work in LBBD.

(vii) The need to ensure parity of treatment and funding to achieve a holistic approach to mental and physical heath.

(viii) In regards to the £400m savings it should be reworded to reflect improved

quality and productivity savings.

(ix) There needs to be more data and analysis to back up the statements in the report. A number of broad brush statements were being made but they are not being expanded to deal with peoples experience, for example young people's experience of the health service is not good.

40. Life Study - New UK Birth Cohort Study

Deferred to 28 October 2014 meeting

41. Intermediate Care Better

Dr John, Clinical Director, Barking and Dagenham CCG presented a report on the trial of two new home based intermediate care community services and the case for change based upon evidence gathered through the trial, which had started in November 2013, of an expanded community treatment team (CTT) and the new intensive rehabilitation service (IRS). The report and presentation provided details of the pre consultation business case and consultation period, which would end on 1 October 2013.

Dr John stressed that both the CTT and IRS had been well utilised during the trial, with both services performing above expected activity rates. Patients had been able to access IRS and community beds within an average of 2 days from referral, as opposed to 5 days before. The service provides short-term support for people experiencing a short-term health care crisis and 34% of referrals to CTT are from the patients themselves or their carers and family. 90% of patients receiving care form CTT and IRS are supported at home and do not require admission to hospital and 94% of patients referred to IRS had improved outcomes. Since the launch, the service had seen an increase from 2,100 to over 7,000 people being seen. In addition, the admissions to acute care have been reduced, when compared to bed based services. Dr John explained that services, such as physiotherapy were provided in people's homes, and there was international evidence to suggest that patient outcomes are much improved when services are delivered in patients home environments.

The 12 week consultation period included on-line questionnaires and face-to-face events. The event for Barking and Dagenham would be held on 11 September at the Barking Learning Centre.

Dr John then advised that there was an issue with the empty bed rate, the details of which were set out in the report, and they were looking at a number of options but that any decision would be tempered by affordability and funding available, however, King George's Hospital was the only site that could accommodate the bed numbers needed.

The Chair raised a number of concerns in regards to the differences between the three boroughs not being recognised, an increasing and ageing population in the borough and, if the service closed, what would happen to the clinics and Gray's Court buildings. The Chair also stressed that access to King George's Hospital is a major issue for LBBD patients. Dr John accepted that the points were valid but the proposal to remove beds from Gray's Court was based on getting patients better quicker. Dr John stressed that it was an issue of clinical safety as there is

not enough clinical support at Gray's Court, particularly overnight, and if people deteriorated they would have to be moved to another hospital: whereas if they are on a site with more clinicians it would remove the need for an emergency ambulance transfer and the need to go through processing on arrival at the A&E. Clinicians were advising that the safest way to provide high quality care is by having bed services in one place, as running one unit would enable staff to be used more efficiently and flexibly.

Councillor Keller, Chair of Health and Adult Social Services Select Committee, commented that living space standards could be an issue and this had been discussed at an earlier Select Committee, for example Havering have larger and more modern housing, the smaller living areas in older LBBD properties could make it difficult to treat people well in their own homes.

Helen Jenner, Corporate Director of Children's Services, stated that there had been research evidence in regards to the importance of visits from friends and relatives to patient's wellbeing and she felt that option 3 might be the best option.

Anne Bristow, Corporate Director of Adult and Community Services, stated that at the end of July assurances were being given about sufficient cover, except for stroke care, at Gray's Court that now seemed to have been misleading. Anne Bristow added that even if you travel by car to King George's Hospital the walk from the car park to the wards is considerable and could be prohibitive for elderly, frail or disabled visitors.

The Chair and Anne Bristow raised concern about the comment on the safety level at Gray's Court. Their concerns were that if these plans were eventually agreed they will not come to fruition for some time and both wanted to know what was being done to ensure that Gray's Court was safe now. Dr John assured the Board that the facility was safe but that faster clinical care could be delivered if the beds were at King George's Hospital. Jacqui Van Rossum, NELFT, added that if a patient became acute overnight they would not need 'a blue light' move to a hospital, and that would reduce the stress on both the patient and family.

Steven Burgess, Interim Medical Director, BHRUT advised that of the 104 beds only half of them were regularly used. King George's site already had 60 beds, which would cover the demand and in his view it made clinical sense to amalgamate the beds on the King George's Hospital site.

Martin Sheldon, Deputy Chief Officer, CCG, stressed that this trial had been a success, with more patients being seen and helped and that they had more positive outcomes: this was being reflected in the positive responses and by the referrals from carers and patients themselves.

The Chair stressed that she was extremely disappointed that this is the second proposed closure of a local service in the Borough since the inception of the CCG.

Councillor Turner commented that it would be extremely helpful if the CCG and BHRUT dealt with the issue of recruitment of high calibre staff at all levels as a way of improving service provision across all services.

Councillor Turner made a point about the broad brush statement about 'some poor areas of care' and the analysis that had been done needed to be reflected in the

report. Councillor Turner added that the lack of data or detailed information, was not conducive to understanding or in enabling informed discussions.

Christine Brand, a member of the public, commented on the need to ensure a better overlap in service provision and support between physical wellbeing and mental health services for the elderly, who by the nature of the services, were the majority of users of these services.

Having discussed the trial and proposals, including the transfer of care beds to King George's, noted that the Board's points will be taken back to the Programme and that a more formal response will come from the Council's Health and Adult Social Services Select Committee.

The Board commented:

(i) There are three different boroughs, each of which had their own diverse and different needs, and that needs to be acknowledged.

(ii) In the Council's view, shutting the service at Gray's Court at time of a growing population and an increasingly ageing population was short-sighted.

(iii) Clarification was needed in regards to the future of the clinics that operate at Grays Court and the Gray's Court building itself.

(iv) LBBD residents find it difficult to get to King George's Hospital.

(v) The beneficial effect of visitors to a patient getting well could be lost if relatives, especially older residents, could not travel to visit patients.

(vi) The drive to provide more care in patient's homes may be more difficult in LBBD, as the space in the older LBBD properties was not as generous as the 60s and 70s builds in Havering.

(vii) There had been assurances that Gray's Court service was safe and there had been categorical assurances of overnight clinical cover, with the exception of stroke cover, and now feel the Council feel it had been very misled.

(viii) This was the second facility closure since the inception of the CCG and both facilities had been in LBBD.

(ix) The recruitment of high calibre staff at all levels still needed to be resolved.

(x) There was insufficient detailed data to enable discussions to be informed and meaningful.

(xi) Based upon the evidence currently available the Board would prefer Option 3, which was provision on three sites.

42. Dementia Needs Assessment

Matthew Cole, Director of Public Health, presented the report and explained that a national challenge had been set by the Prime Minister in 2012 to improve dementia diagnosis and care. In order to asses current and future service needs the Office of Public Management (OPM) had been the commissioned to deliver a an assessment of local need, services and areas of improvement. Details of the methodology and consultations undertaken were set out in the report.

It was estimated that in the Borough 1,537 people had dementia, but only 669 were diagnosed and recorded on GP registers. It was expected that locally the number of people with dementia would grow by 10% over the next 10 years. It was clear from the OPM report that there work would be required to improve upon both detection of those with dementia and the support and services provided.

Matthew Cole advised that the report had now been to both the Integrated Care Sub-Group and the Mental Health Sub-Group and the Action Plan had been agreed with the Chair.

Councillor Carpenter drew the Board's attention to section 3 of the report and the comment '*that the number of people with dementia in LBBD will rise by approximately 10% over the coming decade; however this increase is much steeper in the 90+ age group, with the number of people with dementia in this age group increasing by 50% in this time'* and asked if this was in line with trends elsewhere. Matthew Cole responded that the borough is anticipating higher levels: due to its higher prevalence of poor general health and higher levels of risk factors for vascular dementia, such as heart disease, diabetes and smoking rates.

Councillor Carpenter also asked for clarification in regards to the Action Plan in regards to increasing the capacity of hospital specialists and also the Admiral Nurses and memory services. Matthew Cole confirmed that Admiral Nurses had been commissioned and explained that there would be commissioning implications in regards to the availability of trained staff in future years and added that in preparation for this BHRUT had placed a greater emphasis on training hospital staff and had introduced screening for all over 65 year olds that were admitted to hospital. Matthew Cole added that there was also a greater awareness of dementia in the borough and people were beginning to be assessed and diagnosed in the early stages.

In response to a question from Helen Jenner, Corporate Director of Children's Services, Matthew Cole confirmed that there were no additional financial implications to those already provided for in the five year plan.

Dr Mohi commented that work would be needed, in association with GPs, on identifying patients earlier, as early identification could have improved patient outcomes, however, this would have resource implications as an increased number of patients progressed through the support systems. Anne Bristow agreed that this could be the case but felt that there was undoubtedly money being spent on people who had been given the wrong diagnosis, and this was especially important where an earlier correct diagnosis would had been more productive and cost effective in the long-term.

Councillor Turner apprised the Board of the work that was undertaken by the

'Magic Me' charity in providing interaction between children and older adults in care homes and the benefits this had to wellbeing and intergenerational understanding.

Steven Burgess stated that he felt a good start had been made. The assessments were indicating that some 25% of acute patients admitted to hospital had some form of dementia. Training, the blue butterfly system and feeding buddies was improving understanding of dementia within BHRUT, especially on-wards. Steven Burgess added that Guys and St Thomas hospitals are leading centres for dementia and work would be undertaken with them to share knowledge and good practice, in addition he would see if a presentation he had seen by them could be shared with the Board at a future meeting.

The Board:

(i) Endorsed the Action Plan, set out in Appendix 1 to the report;

(ii) Requested the Integrated Care Sub-Group, with support from the Mental Health Sub-Group, to lead and review progress against the Action Plan and provide updates in line with the Better Care Fund;

(iii) Requested the Director of Public Health to investigate the use of the 'Magic Me' charity project in LBBD; and,

(iv) Noted that update reports would be presented to the Board.

43. Better Care Fund Update

Glynis Rogers, Divisional Director Community Safety and Public Protection and Sharron Morrow, Chief Operating Officer Barking and Dagenham CCG, jointly presented the report and reminded the Board of the background to the Better Care Fund (BCF) that had been announced by the Government in June 2013 and how it provided an opportunity for the Council and CCG to use existing funds to work together to transform local services and accelerate the progress towards integration.

The plan for the BCF, which focused on the 11 individual schemes, had been approved by the Board and was submitted to NHS England and LGA on the 4 April and positive feedback had been received. Since then new guidance had been issued, which had required further work to be undertaken to produce a revised BCF plan for submission by 19 September 2014. However, a major component of the resubmission was the need to agree a target for reducing 'avoidable emergency admissions to hospital' against a national target of 3.5% of all admissions. In this target area Barking and Dagenham had provided good performance over recent years. The further requirements from the NHS were in regard to national assurance process and nationally. The £1m performance related funding was attached to 3.5% performance and a £2.% performance would result in a £400,000 less funding. Providers were required to sign off the revised plan including the target on admissions.

The Chair commented that she had seen the Better Care Fund as being a great opportunity for different and innovative ways of working, but then the rules had changed and decisions were now being restricted by constantly changing

guidance and had been undermined by the focus on hospital admissions. Martin Sheldon added that new guidance was being issued on a weekly basis and comments were constantly being fed back to NHS England, however, he felt if BCF ceased the projects that had been identified were sufficiently robust and would continue regardless of central guidance changes.

The Chair opened the issues for discussion and comments included:

Steven Burgess asked if a 2% target may not be considered stretching enough based upon the background of the BHRUT being one of the worst performing trusts in London at present. Discussion followed on the negative effect of setting a target that currently was not achievable and also on setting a target that was not stretching enough.

Dr John and Martin Sheldon both raised the effect of targets on A&E and admissions, which first and foremost had to be based on clinical decisions. Mark Tyson advised that support had been indicated from Consultants.

Councillor Carpenter asked for clarification in regards to support for family carers and engagement with local carers and in particular children who were carers. Sharon Morrow gave assurance that it did include young carers.

Councillor Carpenter raised concern about the time that it can take to arrange for appropriate equipment and adaptations so that people could be quickly supported to allow them to remain in their own homes and was advised that work was ongoing to streamline the referrals and that a project plan and scoping paper had been scheduled for the Integrated Care Sub-Group.

Having discussed in some detail the need for an achievable but stretching target, the Board:

(i) Noted the progress on developing governance and management arrangements and endorsed the direction of travel for those;

(ii) Noted the progress made in the delivery of the individual scheme plans, provided within Appendix 1 of the report;

(iii) Agreed the approach for the target reduction in emergency admissions for the Barking and Dagenham BCF, and that the Board would wish this to be in the order of 2%; and,

(iv) Delegated to the Corporate Director of Adult and Community Services on behalf of the Council to finalise any outstanding matters from the Board's discussions and to further test our approach against national assurance with the Accountable Officer on behalf of Barking and Dagenham CCG, with the Chair of the HWBB, prior to formal submission to NHS England.

44. Progress on the preparation for transfer of the 0-5 year Healthy Child Programme (Health Visiting) Service from NHS England to LBBD

Matthew Cole, Director of Public Health presented the update report and advised of the progress that had been made in regards to the transfer in October 2015 of the Early Years Programme (Health Visiting Services) to the Council from NELFT.

The mandatory sections for consultation have been published and the due diligence process had now commenced. Assurances had also been given that resources will be transferred.

Helen Jenner, informed the Board about a meeting with NHS London and about data that had been received on the 8 September to which a response would now need to be provided by the end of September. Helen Jenner advised the details in regards to the management costs and any transfer of funding provision for those were still not known. However, it appeared that the Family Nurse Partnership funding may not be transferred to the Council.

As NELFT currently provide services across four boroughs, and each of those boroughs operated differently, there would also need to be consideration of how future contract(s) would operate. It was noted that LBBD had outstanding Children's Centres, which could provide a base for the service.

Marie Kearns, Healthwatch, commented that 43 health visitors was the same number as were in place over a decade ago, and was concerned that the increase in pressures had not been taken into consideration.

The Board was apprised on the actions being taken in regard to training of new Health Visitors. The funding assumption by the NHS was that all Health Visitors would be on a level 6 on transfer, however, there would be potential in the future to look at the skills mix to meet the needs of the Borough.

The Board:

(i) Noted the progress being made to increase the Barking and Dagenham health visiting workforce in line with Call to Action numbers before the transfer in October 2015;

(ii) Noted and reviewed the risks, as set out in the report and presentation;

(iii) Commented that the contract currently operates across four different boroughs and each of the boroughs had their own way of operating. The contract would need to take this into account;

(iv) Concern that 43 health visitors may not be sufficient, as this number had not risen over the past decade but the population had increased considerably, especially in the under 18 yrs category;

(v) Noted the management requirements and grading mix of the staff would be looked at in due course; and,

(vi) Requested the Cabinet Member for Children's Social Care to keep an overview on this issue on behalf of the Board between meetings.

45. Learning Disabilities Section 75 - Update

Glynis Rogers, Divisional Director of Adult and Community Services presented the report and updated the Board on the arrangements that had been negotiated with the CCG in regards to the main body of the Sections 75 agreement, the schedules and funding requirements. Glynis also gave assurance that the users and carer

groups and the Learning Disabilities Partnership Board were fully involved in the consultations.

The Board noted the report and:

(i) The Section 75 agreement had still not been signed;

(ii) The Joint Commissioner had now been recruited and would be in post in October 2014;

(iii) The intention was to set up a shadow system between January and April; and,

(iv) An update would be presented to the Board at its 9 December meeting.

46. Substance Misuse Strategy Board End Of Year Report 2013-14

Glynis Rogers, Divisional Director of Community Safety and Public Protection presented the report to the Board for information and advised that the report had previously been considered by the Community Safety Partnership. Accordingly the Board:

(i) Noted and supported the work and actions taken by the Substance Misuse Strategy Board, as set out in the report;

(ii) Noted the Community Safety Partnership had also received a report on the issues raised at its recent meeting;

(ii) Noted there had been a significant improvement in children's referrals, which was evidence of the positive impact of the Substance Misuse Strategy Board; and,

(iv) Noted a further report would be presented to the Board on New Psychoactive Substances once the scoping work and risks in the Borough had been identified.

47. Urgent Care Board Update

Anne Bristow, Corporate Director of Adult and Community Services presented the report. Anne Bristow and the Chair both raised as a matter of strong concern that despite Matthew Hopkins assurances, that accommodation for the Joint Assessment and Discharge (JAD) Service had still not been resolved and this did not equate to the assurances that were given at the 1 July launch on the importance that was being attached to this new service. Anne Bristow stressed that there was no need for all the staff to be co-located in one room but it was essential that basic health and safety needs were met and the staff at least had access to phone and computers.

The Board:

(i) Noted the report and the strong concerns of the Council in regard to the unacceptable accommodation situation and lack of services, such as phones and computers, that the staff were being asked to operate under;

and

(ii) Noted the assurances that Steven Burgess gave in regard to this being a high priority for BHRUT to achieve and that a report would be presented to the next meeting on action taken to resolve the situation.

48. Contract: Gateway and Recovery Drug Treatment Services - Request to Tender

The Council had provision in place for drug treatment services, two of those contracts would expire in March 2015. Due to future funding possibilities, the contract period for the new contact would be from April 2015 to March 2017, with potential to extend to March 2019. The contact value over the potential four years for the new contract would be in the order of £5m. The report also provided details and proposals for the new contract, including tendering and assessment criteria.

Councillor Turner brought to the Boards attention the statement in section 2.7 of the report in regard to the projected reduction of on-costs to the Council by £2.50 per £1.00 invested. Councillor Turner raised concern about how the figures had been arrived at and commented that if such statements are made then the underlying data must be robust and the savings genuinely achievable.

The Board:

(i) Agreed that the Council proceeds with the re-procurement of the Gateway Service, as set out in the report;

(ii) Agreed that the Council proceeds with the re-procurement of the Recovery Service, as set out in the report; and,

(iii) Delegated authority to the Corporate Director of Adult and Community Services to conduct the procurement in accordance with the procurement strategy set out in this report, and award the contract, in consultation with the Chief Finance Officer and the Head of Legal and Democratic Services, to the successful bidders.

49. Contract: Care Providers for Home Care and Crisis Intervention - Request to Tender

The report provided details of the arrangements for care and support in the home, either through the use of personal budgets or managed personal budgets, as well as short-term non-charged for social care support provided upon discharge from hospital. The Council wished to invite homecare agencies to tender for delivery of these services and to establish an 'Approved List' of between 10 and 15 providers.

Helen Jenner asked if these contracts would be for adults only, or children and adults and was advised that these contracts would be care providers for home care or crisis intervention home support for adults only,

The Board was asked to consent to the issuing of tenders for those services and to delegate authority to award the contracts in due course, the details of which were set out in the report. Having considered the issue the Board:

(i) Approved the procurement of Home Care and Crisis Intervention Services for Older People and Adult Physical Disabilities, on the terms detailed in the report;

(ii) Delegated authority to the Corporate Director of Adult and Community Services, in consultation with the Chief Finance Officer and Head of Legal and Democratic Services, to award contracts to the successful bidders upon conclusion of the procurement process; and

(ii) Waived the application of the Contract Rules until 31 May 2015, as detailed in the report, on the grounds that these are essential services and of a specialist nature, and to cease them would give rise to an emergency situation.

50. End of Year Performance and Quarter 1 Performance

Matthew Cole, Director of Public Health presented the end of year and Quarter 1 performance report and explained the outcomes against the local, regional and national performance comparisons.

Helen Jenner commented that Red-Amber-Green (RAG) rating was very useful in flagging risk and to enable consideration of those risks and what action should be risk taken to reduce risk.

Councillor Carpenter raised concern about the quite high incidence of tuberculoses (TB). Matthew Cole advised the Board that there was a London TB strategy and that action being taken included neo natal vaccination and the prevention and treatment process for at risk people / families.

Councillor Carpenter asked why screening for Chlymidia was not a high as other areas. Matthew Cole explained that there had been improvements in uptake but there was still a need to consider, as part of future commissioning, how this can be improved further. There could be no assumptions that actions taken elsewhere, which had increased testing rates, would have a similar effect in the Borough and further research was required to identify what we could do better in order to spread the testing message and improve screening rates.

The Board received the report and following discussion:

(i) Noted the action that was being taken, especially in regards to Tuberculoses;

(ii) Noted the Director of Public Health would undertake some research to try to ascertain why take up rates for screening for Chlamydia were below local and national average and what potential action that could be taken as part of future commissioning to improve screening rates; and,

(iii) Welcomed Dr John's request to allow the CCG to share the report and information amongst GPs in the Borough.

51. Sub-Group Reports

Noted the reports and work undertaken by the:

- Integrated Care Sub-Group
- Mental Health Sub-Group
- Learning Disability Partnership Board
- Children and Maternity Sub-Group
- Public Health Programme Board

52. Chair's Report

The Board noted the Chair's report, including details regarding:

(i) Alcohol Awareness Week – 17 to 23 November 2014

(ii) Care Act Financial Modelling

(iii) Launch of Our Market Position Statement and event held in July 2014

(iv) Market Management Peer Review – would be taking place 7 to 9 October 2014

(v) A New Approach to Caner and Cardiovascular Care

(vi) GP Patients Survey Results published July 2014. Noted that Sharon Morrow, CCG, would discuss the results with Marie Kearns, Healthwatch.

(vii) Response from Dr Anne Rainsberry, Regional Director at NHS England, on the process for managing GP performance and engagement for safeguarding both children and vulnerable adults.

(viii) Health and Wellbeing Board Away Day - Reminder that this would be on 6 October 2014

(ix) 'Walk a Mile in Her Shoes' - 25 November will be the launch of this campaign against domestic violence and requested as many Board members and their colleagues as possible to attend.

(x) 50th Anniversary of the London Borough of Barking and Dagenham - The aim is to encourage real life style changes and have one storyboard of the changes one family had made each week.

53. Forward Plan

The Board:

(i) Noted the draft Forward Plan for the Health and Wellbeing Board and that there had been some changes and items added since the publication of the agenda; and,

(ii) The deadline was 26 September to advise Democratic Services of any changes or new items to be considered at the 28 October Board meeting or later.

54. Rotherham Child Abuse Report.

Helen Jenner advised that the Rotherham Child Abuse report had just been published. At its next meeting the Children's Safeguarding Board would be looking at the report and its implications and recommendations.

The Board agreed it would wish to receive a summary report on the issues relevant to the Health and Wellbeing Board in due course.

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HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title: OFSTED Inspection of services for children in need looked after children, care leavers and Local Children's Safeguarding Board (LSCB) Review Outcomes - 2014/15.	
Report of the Director of Children's Services	
Open Report	**For Decision**
Wards Affected: None	**Key Decision: No**
Report Author: Vikki Rix, Performance and Strategy Manager, Children's Services	**Contact Details:** Tel: 020 8227 2564 E-mail: Vikki.Rix@lbbd.gov.uk
Sponsor: Helen Jenner, Director of Children's Services	

Summary: This report provides a summary of the key finding and outcomes of the Ofsted inspection of services for children in need, looked after children, care leavers and the review of the Local Children's Safeguarding Board. The inspection took place between 29th April to 22nd May 2914 and the report was published on the 7th July 2014.

The inspection resulted in a 'requires improvement' grading for all judgements. The review of Barking and Dagenham's safeguarding children board (B&DSCB) was also judged as requires improvement for the effectiveness and impact of the partnership in driving safeguarding improvement across the partner agencies.

In response to the OFSTED inspection, the Local Authority is required to submit an Improvement Plan within 70 days of the report publication date, which was due on 10 October 2014 and submitted accordingly. This improvement plan is attached for your information.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note the content and outcomes of the Ofsted inspection of services for children in need, looked after children, care leavers and review of the B&DSCB and provide comments as appropriate.

(ii) Note the Local Authority Children's Services Improvement Plan and provide comments as appropriate.

1. Background and Introduction

1.1 The Ofsted Single Inspection Framework was introduced in November 2013 on a universal three year cycle, replacing the previous Safeguarding and Looked after Children inspection framework. The single inspection framework is conducted under section 136 of the Education and Inspections Act 2006 and focuses on the effectiveness of local authority services and arrangements to help and protect children, the experiences and progress of children looked after, including adoption, fostering, the use of residential care, and children who return home. The framework also focuses on the arrangements for permanence for children who are looked after and the experiences and progress of care leavers. In parallel to the single inspection, a review of the LSCB is undertaken buy Ofsted. Although this review is not an inspection of the LSCB, it is provided with the equivalent grading from the inspection process.

1.2 The single inspection is unannounced and took place over a four week period during 29th April and 22nd May 2014. The inspection involved 7 inspectors on site during the field work stage, which lasts for two weeks. The final inspection report for Barking and Dagenham, including the outcome of the LSCB Review, was published on the 7th July 2014.

1.3 The outcomes of the inspection are as follows (taken directly from the OFSTED Report page 1);

The overall judgement is **requires improvement** There are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. However, the authority is not yet delivering good protection and help and care for children, young people and families.	
1. Children who need help and protection	**requires improvement**
2. Children looked after and achieving permanence	**requires improvement**
2.1 Adoption performance	**requires improvement**
2.2 Experiences and progress of care leavers	**requires improvement**
3. Leadership, management and governance	**requires improvement**
The effectiveness of the Local Safeguarding Children Board (LSCB) is **requires improvement** The LSCB is not yet demonstrating the characteristics of good.	

2. Summary of the Ofsted Inspection findings

2.1 The inspection focused on children who need help and protection, the experiences and progress of children looked after, including adoption, fostering, the use of residential care, and children who return home, the experiences and progress of

care leavers and leadership and management of services. Although the overall judgement was requires improvement, a number of strengths were identified during the inspection as follows:

- Early help services support large numbers of children and their families. Purposeful work with vulnerable families leads to improvements for most children, such as increasing school attendance and the early provision of support for very young children with additional needs.

- Social workers appropriately challenge parents of children who are the subject of a child protection plan if they do not engage with services. When families are not making the progress needed, decisive action is taken to protect the child, including escalation into public law and transition to a safe and settled future.

- Help and protection services are responsive to families' diverse needs. Inspectors saw examples of proactive, skilled social work sensitive to children's needs, giving parents a clear understanding of what is expected of them. Social workers are creative in the ways in which they engage and communicate with children. These include observations and other work with pre- or non-verbal children.

- The range of services targeted at children who are on the edge of care are effective and make a positive difference in many individual cases. Family group conferencing supports children and families well.

- When needed, legal and social care services work constructively and effectively together at all stages. The average duration of care proceedings within the family court is improving, despite an increase in the number of proceedings.

- Assessment and support for carers is of a high quality, meaning that children can be placed safely with skilled and well supported carers. Placements are well supported by the local authority, resulting in positive attachments and high levels of stability. The use of special guardianship has increased and there is a low rate of placement disruption.

- Case conferences and other formal meetings are effective in ensuring the engagement and participation of families. Parents' attendance at conferences is good and their feedback is routinely collected. Almost all parents told inspectors that they had been helped to understand the concerns for their child.

- Agencies share information quickly and effectively to make sure those children at risk of child sexual exploitation and those who go missing from home, care or education get a well-co-ordinated response.

- The Adoption Panel is well managed and chaired, supported by a stable and experienced adoption team. Post-adoption support is also a strength and is valued by those who have used the service.

- Care Leavers feel well supported and prepared for independence by their allocated workers. Young people report that training programmes are valued and the service overall is very accessible and welcoming.

- Leaders have a clear picture of the current pressures faced by front-line practitioners. Strategic bodies, such as the Children's Trust and the Health and Wellbeing Board, have a shared understanding of these pressures. Extra staffing has been recently agreed to help children's social care meet its responsibilities.

- The Local Safeguarding Children's Board learning and improvement framework has developed good communication from front line practitioners across the key agencies. This is an effective approach to understanding what is happening on the ground.

The following areas for improvement were identified:

- Ensure that sufficient checks and enquiries are undertaken before any unplanned removal of children from their families. This concerns the exercise of police powers of protection. This was an area for improvement in the last inspection.

- Improve the quality of referrals to children's social care by partner agencies to ensure that timely and appropriate decisions are based on all relevant information.

- Ensure that child protection strategy discussions are focused on all children in families, are clearly recorded, have engagement from all relevant agencies and identify clear and achievable outcomes.

- Ensure that all key information is shared and considered at initial and subsequent child protection conferences through regular attendance by all key agencies.

- Ensure that assessments include children's wishes and feelings; provide a thorough consideration of parenting difficulties, their impact on the child, and a full analysis of risk.

- Ensure that all children are seen in a timely manner, assessments are timely and thorough, and written plans consider all areas of need and identify the outcomes sought.

- Introduce a permanency policy that emphasises parallel planning from the earliest point when children become looked after, as well as tracking of the timescales for individual children with a plan for adoption.

- Further develop consultation arrangements for children in care, including through increased representation of looked after children in the children in care group.

- Improve the quality of planning towards adulthood for those leaving care, with a greater focus on those not in education, employment or training, or with other vulnerabilities.

- Continue to improve the opportunities for young adults leaving care to continue living with their carers as part of 'staying put' arrangements.

- Develop and implement medium and long-term strategic service plans that fully take account of known and estimated increases in amount and type of demand for the whole range of services for vulnerable children.

- Strengthen management oversight, including oversight of plans by conference chairs and independent reviewing officers, as well as formal social worker supervision, to reduce drift or delay in assessments.

- Ensure that corporate parenting responsibilities are fully understood by elected members to achieve greater awareness and accountability across the local authority.

2.2 The 13 areas for improvement identified by Ofsted have been incorporated into a detailed action plan, which is set out in Appendix 1. To drive forward improvement the Local Authority is required to submit an improvement plan to Osfed within 70 working days of the inspection report publication (13th October 2014).

2.3 The Ofsted action plan will be monitored and evaluated by the Children's Services Inspection Board, which has representation from the LA and partner agencies i.e. Health and Police. Quarterly progress reports will be delivered to the B&DSCB with six monthly reports to Cabinet, Health and Wellbeing Board, Children's Trust and Corporate Parenting Group.

3. Local Safeguarding Children's Board Review

3.1 The review of the effectiveness of the Barking & **Dagenham Local Safeguarding Children's Board** (LSCB) was judged as requires improvement in May 2014. Although the overall judgement was requires improvement, a number of key strengths were identified. Key strengths were (taken directly from the Ofsted published report):

- The LSCB operates in line with its statutory responsibilities. The Chair is suitably independent and uses this independence well to hold partners to account, for example through direct communication with the metropolitan police and crime commissioner, and with NHS England over a range of issues which have a potentially adverse impact on local safeguarding work.

- The Board's recent use of a structured development session between member agencies is a positive approach to tackling shared concerns. This is aimed at enabling agencies to work together to identify issues under a range of previously agreed themes (for example, 'pressures in the system') encouraging a more robust approach to problem-solving and forward planning.

These discussions lead to an agreed action plan, and while it is too early to see impact from this, or how it will link with other existing priorities of the Board and other strategic planning arrangements, this is a positive approach that is being taken.

- The LSCB Chair promotes links between partnerships through membership of the Children's Trust, attending regularly, and feeding back on the work of the Board. However, the LSCB Chair is not a member of the Health and Wellbeing Board. This weakens the LSCB's link with and influence on the work of this body.

- The LSCB risk register provides a helpful and coordinated approach through collating and monitoring progress of the priority risk issues for each partner agency as well as shared ones. Detailed consideration of the issues facilitates a sustained focus on those issues most important to partners as well as in the identification of areas where partners should take action to support one another to improve outcomes. Key issues at the time of the inspection include the impact of health service changes, workforce difficulties and limits to commissioning capacity across several agencies. While the difficulties around the extent of exercise of police powers of protection and dwindling attendance at conferences have been escalated there remains no satisfactory outcome to these issues.
  The LSCB offers a wide range of relevant training for practitioners across the partnership. It also monitors training applications and attendance, identifying any trends in non-attendance. Immediate feedback from attendees is collated and reported to the board. This provides a picture of attendees' views on the value of training, facilitating the further development and tailoring of courses. There is, however, no evaluation of the longer-term impact of training on the practice of front line professionals and managers or on outcomes for children.

- The LSCB has established two multi-agency practitioners forums, that are well planned and offer front line practitioners a constructive opportunity for discussion and debate of current professional challenges. The results of these are feedback to the Board giving it a direct view of current practice and practitioners' views on improvement. However, the attendance of social workers at the forums has declined, reducing the effectiveness of this positive initiative.

The following areas for improvement were identified:

- Ensure the LSCB Chair strengthens the coordination, focus and impact of the boards work in the Health and Wellbeing Board.

- Undertake an evaluation of the full impact of training on the performance of practitioners to ensure it targets improvements in outcomes for children.

- Sustain and extend the positive and constructive role of the practitioners forums in promoting multi-agency working through improving the attendance of social workers.

- Strengthen oversight of private fostering by the board, supporting efforts to ensure all such children are identified.

- Ensure the annual report and business plan are focused on understanding and addressing local needs and on evaluating progress made in achieving improved outcomes for children.

3.2 The LSCB recognises the need to have a more developed approach to how it measures the impact of learning and development across its multiagency training programme and will be working with the London Safeguarding Board to further develop this. As a partnership, the LSCB needs to strengthen how it demonstrates the impact of work with families and have more confidence in reporting this through the LSCB Annual Report. Following the inspection, the LSCB has developed an action plan to address the areas for improvement and will also be working alongside Children's Social Care to support and oversee the action plan from the single agency inspection. The BDSCB action plan is in Appendix 2 of this report. The B&DSCB action plan will be monitored and evaluated by the Board quarterly.

4. Summary

4.1 Overall, the single inspection reported a number of strengths in the borough, but it is clear that further improvements need to be made to secure a grading of good inspection. The Ofsted action plan will help us deliver those improvements and secure a good outcome at the next inspection.

5 Mandatory Implications

5.1 Joint Strategic Needs Assessment

The JSNA has sections dedicated to the of services for children in need, looked after children, care leavers, child deaths and safeguarding. The JSNA is used to inform Local Safeguarding Children's Board (LSCB) annual report. It is important that the LSCB has an influence on the priority setting of the Health and Wellbeing Board.

5.2 Health and Wellbeing Strategy

Services for children in need, looked after children and care leavers are an integral part of the safeguarding and early intervention elements in our Health and Wellbeing Strategy. At this point there is no need to change the focus of the Health and Wellbeing Strategy as a result of this Ofsted inspection report.

5.3 Integration

As stated above, an integrated improvement plan has been worked up to address the areas of weakness identified by the inspection. The result of the inspection will require all agencies to work together to improve services for vulnerable children.

5.4 Financial Implications

Children's Services budget for 2014/15 in total is £61.8m and Social Care and Complex needs is currently forecasting pressures of c£5.6m, however there is a full Management review being conducted by the Director of Children's Services to reduce this with immediate management actions within the service and review and redesign of services and procedures including a `spend freeze' to mitigate this and reduce the overspend.

Financial implications as a result from the Ofsted action plan currently amount to c£35k for immediate effect of the outcomes from the inspection. £10k of this will be received in a grant directly from the Local Government Association (LGA).

Implications completed by: Patricia Harvey, Interim Group Manager, Children's Finance

5.5 Legal Implications

There are no legal implications arsing from this report, which is for noting.

Implications completed by: Lindsey Marks Principal Solicitor Children's Safeguarding

Public Background Papers Used in the Preparation of the Report:

Ofsted Inspection Report of Services for Children in Need, Looked After Children, Care Leavers and the Review of the Local Children's Safeguarding Board

List of Appendices:

Ofsted Action Plan
Local Safeguarding Children's Board Action Plan

London Borough of Barking & Dagenham

Single Inspection of Services for children in need of help and protection, children looked after and care leavers

LA ACTION PLAN

Barking and Dagenham's OFSTED action plan in response to the Inspection of Services for children in need of help and protection, children looked after and care leavers (May 2014)

Area for Improvement (1): Ensure that sufficient checks and enquiries are undertaken before any unplanned removal of children from their families. This concerns the exercise of police powers of protection. This was an area for improvement in the last inspection.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
1.1	Audit every Police Protection (PP) case from May 2014 to March 2016 and discuss findings at monthly Police and Social Care meetings. Immediate feedback to relevant practitioners and share learning.	Ann Graham	Teresa De Vito	May 2014 to March 2016	Improved checking of all information and enquiries undertaken before removal of children. 100% of PP cases audited monthly - learning shared with police colleagues and social care staff. Significant reduction in Police Protection **(target is 20% reduction in PP numbers by March 2015).** Emergency Protection Orders (EPO) more readily accessible with legal advice. Protocol agreed. Audits demonstrate Police contacting social care at the earliest opportunity.	**In place**. Every PP case has been audited by our QA Manager since April 2014. The audits have demonstrated improved checks and enquiries being undertaken before any unplanned removal of children.
1.2	Develop Police Protection Strategy and revise Protocol and monitor via Police and Social Care at monthly PP meeting.	Ann Graham	Beverley Hendricks	July 2014		**Completed.** The Police Protection Strategy and Protocol have been revised and signed off with Police and Social Care. The impact of these are monitored via the monthly joint strategic meetings with Borough Police, CAIT and Social Care, which have all taken place on schedule with representation of CAIT at every meeting.
1.3	Police colleagues to ensure that social care are informed of all PP cases at the very earliest opportunity to ensure alternatives can be considered and all sufficient checks made by MASH/Assessment.	Tony Kirk Kevin Jeffrey	Beverley Hendricks	From July 2014		**In place.** Joint training with the police has taken place as part of MASH development. In addition, monthly meetings with the out of hours service also takes place. We are also commissioning Family Support resource to assist out of hours and borough police to reduce the 'risk' and alleviate the need for accommodation or execution of PP.
1.4	Include PP and EPO numbers and trends in the quarterly safeguarding triggers meetings with Lead Member, Chief Executive (CE) and Director of Children's Services (DCS).	Ann Graham	Vikki Rix	Oct 2014		**Completed.** Police Protection and EPO numbers and trends are now included in the quarterly safeguarding triggers performance report and discussed in meetings with Lead Member, Chief Executive, DCS and Divisional Director of Complex Needs and Social Care. **Impact.** Good progress has been made with a reduction in PP numbers in the borough. Police Protection numbers from April to September 2014 total 33, representing 31% of all those entering care. This compared to 64 at the end of September 2013 (41% of all those entering care entering on PP). Our target is a 20% reduction in use of police powers by March 2015. Based on current numbers, we cannot have more than 5-6 PPs each month.
1.5	Monitor impact of strategy and practice change by quarterly reporting on PP numbers, trends and themes. Report quarterly to Children's Services Departmental Management Team, LSCB Performance and Quality Assurance (PQA) Committee and 6 monthly at LSCB.	Ann Graham	Teresa De Vito Vikki Rix	Quarterly (review March 2016)		**On track.** Q1 2014/15 report was presented to the LSCB PQA Committee in September 2014. Q2 report will be presented to the LSCB in December 2014. This report will provide audit findings and recommendations in addition to numbers and trends, which are reducing. In addition, London wide discussions on increases in PP are taking place through the London Safeguarding Boards and London Divisional Directors of Children's social care meetings.
1.6	Set up a Children's Select Committee task and finish working group to evaluate actions and impact.	Cllr John White	Helen Jenner	Jan 2015		Due January 2015.

Area for Improvement (2): Improve the quality of referrals to children's social care by partner agencies to ensure that timely and appropriate decisions are based on all relevant information.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
2.1	DCS and LSCB Chair to write to all partner agencies reminding them of the importance of good quality referrals to social care, which should include all relevant information of the family and clearly identify concerns.	Helen Jenner Sarah Baker	Teresa De Vito	Nov 2014	More detailed information on the family and identified concerns and improved quality of referrals leads to improved assessment quality and timescales and full range of issues identified. 100% of all referrals by partner agencies include all family details and concerns identified by April 2015. % of re-referrals remains below 15% and lower than benchmarks (25%) by April 2015.	Letter will be drafted once guidance on completing the MARF is produced. This will be sent out along with the letter from the DCS and Chair of LSCB reiterating the importance of good quality referrals. The letter, guidance and MARF to be placed on LSCB website. **On track.** MASH is checking for compliance and quality. MASH is feeding back to referring agencies on quality of information provided and escalating when all family details not included on the referral. New Tri-Borough (LBBD, Redbridge and Havering) Multi Agency Referral Form (MARF) has been produced and agreed - to be distributed at the MASH launch in November 2014. MASH will lead on the consultation and twice yearly outreach programme targeting schools, midwifery, health visitors, housing and voluntary sector covering MARFs and good quality referrals. Dedicated officer appointed to commence outreach work effective from November 2014. Multi-Agency Audits twice yearly on the quality of social care referrals. Periodic report to BDSCB. **On track.**
2.2	Produce guidance and training on completing the new Tri-Borough Multi Agency Referral Form (MARF) across partner agencies and ensure good quality information is included and distributed to partner agencies. MASH to check for compliance and quality. Place on LSCB website.	Ann Graham Meena Kishinani	Beverley Hendricks Teresa De Vito	Nov2014		
2.3	Train Child Protection Leads in schools on completing MARFs demonstrating what good quality looks like (see 2.1).	Meena Kishinani	Teresa De Vito	Dec 2014		

Area for Improvement (3): Ensure that child protection strategy discussions are focused on all children in families, are clearly recorded, have engagement from all relevant agencies and identify clear and achievable outcomes.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
3.1	Produce and implement practice standards for all social care managers and key partner agencies and ensure that all practitioners have London Child Protection (CP) procedures on desktop. Implement and monitor for compliance and quality of recording.	Ann Graham Meena Kishinani	Beverley Hendricks Teresa De Vito	Oct 2014	Audits of CP strategy discussions/meetings show improved recording, better information exchange, better attendance and quality of discussion, information received in a timely manner, clear rationale for decisions and timescales for action. Information fed back to LSCB. <u>Baseline</u> - the baseline will be confirmed by case file audits from October 2014. Case audits show standard of strategy discussions are less variable, focused on all children, clearly recorded with outcomes. Attendance at ICS refresher training monitored. Non-attendance escalated to senior management. Performance reports show improved ICS recording on CP screens including timeliness and outcomes.	**On track -** a local set of practice standards is being produced. Due for completion end of October 2014.
3.2	Ensure, where appropriate, multi agency "sit down" child protection strategy meetings with partner agencies takes place to improve engagement and decision making of all relevant agencies.	Ann Graham	Beverley Hendricks	Ongoing		**In place.** Practice Managers are holding sit down multi agency strategy discussions as the case determines. The issue of working with CAIT re: capacity challenges remain.
3.3	Undertake quarterly audits of child protection strategy discussions - audit for compliance and quality. Report to Practice Development and Outcomes Group and follow up with practitioners.	Meena Kishinani	Beverley Hendricks TMs in CN&SC	Oct 2014 Quarterly		**On track**. Quarterly audit of CP strategy discussions has commenced with report to be completed by end of October 2014. Baseline to be produced and milestones and targets to be set.
3.4	Provide ICS refresher training on recording child protection strategy discussions for all team managers and practice managers in social care.	Meena Kishinani	Dan Monahan	Dec 2014		**On track.** Easy to use ICS screenshots have been re-circulated to managers and practitioners to support better recording of CP strategy discussions. Refresher training for all managers is being scheduled into the ICS training programme and this training is mandatory.

Area for Improvement (4): Ensure that all key information is shared and considered at initial and subsequent child protection conferences through regular attendance by all key agencies.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
4.1	Increase levels of performance reporting on CP conference attendance and timeliness of sharing conference reports by agency, escalating poor performance at PQA sub group of LSCB, LSCB quarterly meetings and HWBB (GP attendance) and Children's Services DMT.	Meena Kishinani	Teresa De Vito	Quarterly 2014/15	Improved attendance at Conferences (particular focus on CAIT and GPs). Child Protection Conferences have full information (particular focus on CAIT and GPs). Improved timeliness on sharing of all conference reports. Target - % attendance and sharing report Attendance performance tracker for LSCB reports attendance increasing to 50% and sharing reports (when no attendance) to 100% by April 2015.	**In place.** Performance reports related to attendance at CP Conferences and sharing reports are established and data is shared at BDSCB. This report will be presented at every BDSCB meeting rather than quarterly in order for the Board to escalate poor performance. The September Board meeting discussed this is in detail and this remains a performance and capacity issue. This is, however, being addressed. CAIT has committed to attending all initial Conferences and has installed a call in facility for Review Conferences until CAIT staffing increases. This issue has also been escalated and taken up by the London Safeguarding Board, who are progressing on behalf of London re: CAIT capacity, chaired by Cheryl Coppell (Havering CE).
4.2	Monitor timeliness of sharing agency conference reports and compliance with standards set before Conference. IROs to escalate to Managers on non-compliance.	Meena Kishinani	Teresa De Vito	Oct 2014 Quarterly		This is in place and is being monitored.
4.3	Independent Chair of LSCB to escalate attendance and non sharing of reports to Senior Leads of all agencies. Monitor for compliance and improvement.	Sarah Baker	Meena Kishinani	Oct 2014 Quarterly		**On track.** Following on from the September LSCB meeting, the Independent Chair is drafting a letter to escalate attendance and non sharing of reports to Senior Leads of all agencies. This will be an ongoing process. Where necessary, the DCS will raise low attendance at Conferences (below 50%) with Community Safety Partnership and HWBB from December 2014.
4.4	Report and escalate levels of Police attendance at Conferences at quarterly meetings between LSCB Chair, LSCB lead Officer and Chief Superintendent Scotland Yard.	Sarah Baker	Meena Kishinani	Nov 2014 Quarterly		**On track.** The next meeting is in November 2014 and a core agenda item is Police attendance at Conferences.
4.5	Report and escalate levels of GP attendance at Conferences at HWBB and NHS England.	Sarah Baker	Meena Kishinani	Dec 2014 Quarterly		**On track.** GP attendance at Conferences is being escalated and discussed at the December HWBB meeting.

Area for Improvement (5): Ensure that assessments include children's wishes and feelings, provide a thorough consideration of parenting difficulties, their impact on the child, and a full analysis of risk.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
5.1	Managers at authorisation stage to ensure that analysis and the views of the child are evidenced within assessments.	Ann Graham GMs (CN&SC)	Team Managers (CN&SC)	In place	All assessments completed with clear evidence of case analysis and the child's voice, wishes and feelings being evident and integrated throughout the assessments process. The new baseline will be confirmed by case file audits from October 2014. Assessments effectively identify needs and risks for children so that action to reduce risk is identified and families are clear about what change is needed and the consequence of no change. Assessment audits show increase in the quality of assessments i.e. those rated as good and reduction in inadequate/adequate assessments. 100% of assessments are seen and signed off by managers - not authorised if poor quality and core standard not met.	**In place.** Managers sign off all assessments and authorise on the basis that analysis and child's views are evidenced. If not assessments are rejected and SW needs to action. Ongoing practice.
5.2	Children's Services DMT to undertake quarterly reviews on the quality of assessments alongside social workers (OFSTED Model)	Helen Jenner	Beverley Hendricks TMs in CN&SC	Nov 2014 Quarterly		**Planned.** Children's Services DMT will undertake a review of assessments alongside social workers in November 2014. This audit will take place with social workers and check for compliance in line with area for improvement 5.
5.3	Design and set up the new single assessment on Northgate ICS.	Meena Kishinani	Lee Fisher Dan Monahan	Nov 2014		**On track.** The Single Assessment has been created in the Test Environment of ICS. The Single Assessment has been demonstrated on ICS to senior managers for initial user feedback. Feedback and changes are being incorporated into test version. Plan is to upgrade ICS in the middle of November and the Single Assessment will go live by the end of November 2014.
5.4	Provide training to all SWs and Managers on how to complete the single assessment, focusing on the analysis of needs and risk, voice of the child - wishes and feelings, parenting factors and difficulties and impact on child.	Ann Graham	Laura Clements Baljeet Nagra Beverley Hendricks	Dec 2014		**Planned.** The single assessment and associated guidance have been produced. Training on a rolling programme will be delivered and compliance measured in supervision.
5.5	Provide ICS training and ICS guidance on how to record the single assessment on ICS to all social workers and managers.	Meena Kishinani	Dan Monahan	Jan 2015		**Planned.** ICS training is scheduled to commence December to January 2015 to all social workers.
5.6	Implement standards required for single assessment and monitor for compliance.	Ann Graham GMs (CN&SC)	Team Managers (CN&SC)	Jan 2015		**From Jan 2015.** The single assessment case recording practice guide has been drafted and will be formally adopted by the end of November 2014. Once the single assessment training has been completed and post go live date, audits checking compliance and quality will commence.

Area for Improvement (6): Ensure that all children are seen in a timely manner, assessments are timely and thorough, and written plans consider all areas of need and identify the outcomes sought.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
6.1	Team Managers to act upon practice alerts raised by IROs and ensure feedback impacts more effectively on quality. GMs to monitor compliance.	Ann Graham Meena Kishinani	Team Managers (CN&SC) IROs	In place	All children who meet the threshold for assessment receive a timely assessment that is of good quality. All assessments checked and signed off by managers. Timescales for assessment fit to individual case and met. (Reviewing how to monitor as part of single assessment launch). All children seen alone (age appropriate) and in a timely manner. Improved timeliness without loss of quality - measured quantitatively and quality evaluated through audit and supervision notes. Baseline - 75% of assessments completed within 45 days. Milestone 80% by April 2015 85% by Sept 2015 Improved written plans with outcomes identified. All IRO's/CP Chairs to monitor statutory visits to children and receive reports from ICS.	**In place.** Practice alert process has been revised and implemented standards for CiN, CP and LAC. Quarterly reports on themes and trends to the Practice Improvement and Outcomes Group and linked to workforce development and principal Social Worker. **On track.** An assessment performance report is in development to report on timeliness of seeing children. This will become part of the local monitoring dataset in social care and reported on monthly. CiN, CP and LAC visits to children already establishing and reported on. **On track.** We are in the process of commissioning Tri.x to produce a set of local procedures across social care to improve practice. This is on track for being commissioned and delivered by the end of December 2014. **In place.** The Workforce Strategy has been revised and is in place. We have recruited a specialist Recruitment Manager to assist with stabilising the workforce in social care. This person has been in post since August 2014. A project plan and recruitment timetable has been developed and is being monitored via the project group and CS Programme Board. We have run 3 open days since the inspection and recruited 9 SWs. Additional Team Managers have also been recruited.
6.2	Implement a robust performance system to report on timeliness of seeing children. Performance report at monthly Complex Needs & Social Care Senior Management Team (SMT), Children's Services DMT and LSCB.	Meena Kishinani	Vikki Rix	Oct 2014 Reviewed monthly		
6.3	Develop procedures, standards and set of expectations required for care plans covering CiN, CP and LAC. Audit for compliance and quality.	Ann Graham Meena Kishinani	Group Managers (CN&SC) Teresa De Vito	Dec 2014		
6.4	Recruit additional Social Workers and Managers to ensure case loads managed down and work effectively monitored.	Ann Graham	Group Managers (CN&SC)	April 2015		

Area for Improvement (7): Introduce a permanency policy that emphasises parallel planning from the earliest point when children become looked after, as well as tracking of the timescales for individual children with a plan for adoption.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
7.1	Implement a local adoption tracker with timescales for all individual children with a plan for adoption and monitor outcomes at Permanency Planning Group.	Ann Graham	Joanne Tarbutt	June 2014	Increased opportunities for adoption and improved adoption timeliness as measured locally and via DfE Adoption Scorecard. Improved permanency and parallel planning. Permanency Planning is corporately owned. Permanency policy is evidenced from the beginning of the child's journey in social care. Robust monitoring of timescales and drift is challenged.	**Completed.** Adoption tracker implemented for all individual children with a plan for adoption. This is being monitored at Permanency Planning Group (PPG) on a monthly basis. In 2014/15 to date, we have adopted 19 children compared to 17 in the whole of 2013/14. Scorecard improvements should be evident when published next year (autumn 2015). **In place.** Consistent representation from IROs (CPRS team) at PPG is now in place to ensure any delays in permanency planning is picked up via this service in addition to the Social Worker and Adoption Teams. Practice alert process monitors permanency policy and draft. IROs evidence of scrutiny on case files. reports and outcomes of audits presented at PPG. Drift on cases and care plan raised and challenged via PPG. Impact to be reviewed in December 2014. **In place.** Coaching is in place with social workers in need of improvement around permanency planning. Impact of coaching on practice to be evaluated April 2015. **On track.** The permanency policy is currently being revised and on track for full version and launch by the end of November 2014. Members and other Council departments will receive the revised policy to improve awareness and knowledge of adoption. The Policy will be agreed by Cabinet following consultation with LSCB, Corporate Parenting Group, HWBB and Children's Trust.
7.2	Ensure all IROs escalate cases of children who do not have a permanence plan at second review to social care team managers. Monitor for compliance.	Meena Kishinani	Teresa De Vito	Sep 2014 Quarterly		
7.3	Identify key practitioners/SWs for support and put in place improvement coaching for those practitioners/SWs with weak permanency planning.	Meena Kishinani	Linnet Whittaker	Impact Review April 2015		
7.4	Revise current permanency policy and agree Policy at Cabinet post consultation with LSCB, Corporate Parenting Group, HWBB and Children's Trust.	Ann Graham	Joanne Tarbutt	Nov 2014		

Area for Improvement (8): Further develop consultation arrangements for children in care, including through increased representation of looked after children in the children in care group.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
8.1	Re-launch the children in care pledge to all children in care and increase mechanisms/ways in which children in care feed into the Children in Care Council.	Ann Graham Jane Hargreaves	Erik Stein	Oct 2014	Consultation arrangements developed and widened, with larger numbers of LAC involved including Out of Borough. All children, young people and their carers to have knowledge and copies of the Pledge for CIC and understand how this links to the care they provide. Increased representation of LAC in CiC Council, across all age groups. Baseline - 7 in April 2014 <u>Milestone</u> 9 by Sept 2014 12 by April 2015	**Work is on track and progress is being mad**e - Details of how to make a complaint and copies of the LAC Pledge have been re-sent to all looked after children. A Pre-Assembly briefing was delivered to Council Members regarding the work of the Children in Care Council to raise awareness and expectations, and to support the re-launch of the LAC Pledge in September 2014. Extremely positive feedback received and recorded. The IRO's will monitor the implementation of the Pledge through CiC Reviews.
8.2	Establish plan to increase consultation arrangements and LAC representation in the children in care council. Implement plan and review impact at Corporate Parenting Group.	Ann Graham Jane Hargreaves	Erik Stein	Dec 2014		**On track**. The CiC Council has increased its membership from 7 to 9 since the inspection. The target is to reach at least 12 members by April 2015. Out of Borough LAC consulted through small group visits conducted by Children's Rights Officer. LAC now able to submit views via online review forms. 2800 website hits in previous quarter, with number of forms completed rising month on month. Impact to be reviewed by March 2015.
8.3	Run 6 monthly surveys to monitor LAC views on participation and quality of services received. Findings to inform annual LAC review reported to Corporate Parenting Group.	Ann Graham Jane Hargreaves	Erik Stein	Dec 2014		**On track**. LAC survey to be conducted in Autumn 2014, with results reported to MCPG in Q4 2014/15.
8.4	Provide copies of the CIC pledge to all foster carers and residential staff to ensure pledges and impact for young people regularly considered (include in Annual Reviews).	Ann Graham	Joanne Tarbutt	Dec 2014		**On track.** CiC Pledge and care leavers pledge to be distributed together to all foster carers and residential staff by the end of October 2014. All in-house carers to be measured against Pledge in foster carer annual reviews and in SSW supervisions. All in-house, agency carer and residential worker to be asked specific questions at LAC reviews about how they are contributing to implementing the pledges.

Area for Improvement (9): Improve the quality of planning towards adulthood for those leaving care, with a greater focus on those not in education, employment or training, or with other vulnerabilities.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
9.1	Ensure all young people have Pathway Plans and action is taken to ensure appropriate EET plans are implemented.	Ann Graham	Joanne Tarbutt	Dec 2014	Quality of care leavers planning towards adulthood improves. All care leavers have an up to date Pathway Plan and case file audit of pathway plans report increase in those rated good or better. Baseline to be established November 2014. <u>Baseline</u> - % of care leavers aged 18 plus 100% <u>Milestone</u> Maintain 100% <u>Baseline</u> - % of LAC aged 16-17 with an up to date pathway plan 75% <u>Milestone</u> 100% by April 2015 Reduction in care leavers NEET. Gap between NEET LAC and local children reduced. Corporate Parenting Group key focus. <u>Baseline</u> - % of care leavers known to L2L service NEET 34% Milestone 30% by Sept 2014 25% by April 2015	**On track.** 100% of all care leavers aged 18 plus have an up to date pathway as at the end of September 2014/15 as was the case in 2013/14. 70% of LAC aged 16-17 have an up to date pathway plan and is in need of improvement. This is being monitored at performance senior management team monthly meetings. **In place.** Care leavers NEET is continuing to decline, reducing from 34% to 28% as at the end of September 2014. NEET performance is a standing agenda item at the Corporate Parenting Group. Pathway plans to be introduced for 15 year olds from January 2015 so that long term aspirations for EET are addressed in the year before GCSEs are completed. This will embed ownership of long term outcomes for young people with Social Workers at an earlier stage. NEET events are organised twice yearly by L2L - providers of post 16 EET options to attend and all young people aged 15+ to be invited. Reciprocal apprenticeship opportunities with other Local Authorities in East London to be explored within Children's Services.
9.2	Corporate Parenting Group to challenge NEET performance and review how Council and partners improve position.	Cllr Channer	Joanne Tarbutt Helen Richardson	Ongoing		
9.3	Establish a Care Leavers Group made up of LA staff to drive forward improvements and monitor outcomes. Report to Corporate Parenting Group.	Ann Graham	Joanne Tarbutt	Oct 2014		**Completed.** Care leavers group has been established and meets bi-monthly to monitor progress and outcomes, chaired by Divisional Director.
9.4	Publish and distribute the Care Leavers Pledge across the service and to all care leavers.	Ann Graham	Joanne Tarbutt	Oct 2014		**On track.** Care leavers pledge has been produced and is with our Marketing Department ready for distribution end of October 2014. Impact reviewed annually.
9.5	Revise current pathway plan and replace with a simple modified plan that is outcome focused, friendly, accessible and includes long term ambitions.	Ann Graham	Joanne Tarbutt	Nov 2014		**On track.** Service Manager of Learn 2 Live team is currently working with ICS Development Officer exploring options to simplify the current pathway plan. This review will substantially reduce the number of questions in the current plan and replace with a simple modified plan that is outcome focused, friendly, accessible and includes long term ambitions.
9.6	Set up new pathway plan on ICS and train all social workers and managers across the service.	Ann Graham	Joanne Tarbutt	Dec 2014		**On track.**

Area for Improvement (10): Continue to improve the opportunities for young adults leaving care to continue living with their carers as part of 'staying put' arrangements.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
10.1	Ensure the transitional care planning (TCP) meeting takes place for all young people and a detailed discussion exploring all options for move on plans. Where young people state they would prefer independence, evidence of challenge and implications should be discussed recorded before agreement.	Ann Graham	Joanne Tarbutt	Ongoing	Each transition decision to be fully analysed with the young person's future at the heart of decision making. This may lead to an increase in staying put and must lead to better pathway planning.	**In place.** Staying put arrangements are discussed at all TCP meetings with care leavers. Audits show young people challenged to consider all options for their future and to consider the longer term consequences of their choices.
10.2	Ensure Staying Put arrangements are discussed and recorded in all LAC Reviews from the age of 15 onwards up to 17.	Ann Graham	Joanne Tarbutt	Dec 2014		**On track.** Staying Put discussions to be implemented for all LAC from the age of 15 upwards from Dec 2014 onwards.
10.3	Commission a specialist consultant to produce a staying put policy with financial implications for in house and agency carers.	Ann Graham	Joanne Tarbutt	Dec 2014		**On track.** We have commissioned a consultant to review and finalise our Staying Put policy, including financial implications, which will also outline implications for care leavers and carers. Due December 2014. Once our Staying Put policy has been agreed, a schedule of training covering expectations of Staying Put arrangements i.e. young people continue preparation for independent living and the carers role in this, will be delivered to all foster carers in early 2015.

Area for Improvement (11): Develop and implement medium and long-term strategic service plans that fully take account of known and estimated increases in amount and type of demand for the whole range of services for vulnerable children.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
11.1	Commission a Corporate Peer Review by LGA to review impact of changing demographic in the borough and LA capacity to manage demand with declining resources. Implement recommendations.	Graham Farrant	Karen Wheeler	Dec 2014	Council Plans MFTP reflect and address changing children's demographic and its implications - Dec 2014. Strategic plans ensure demands can be met.	**Completed.** A Corporate Peer Review was commissioned in July 2014 and undertaken by the LGA - this was aimed at reviewing impact of changing demographic in the borough and LA capacity to manage demand in Children's Services with declining resources . An action plan has been developed and recommendations are being implemented. **Planned.** A review with the LGA will look specifically at detailed financial planning to address demographic change. Report December 2014.
11.2	Jointly commission with Newham and Havering, LGA support for peer review of demand pressures for social care in East London boroughs and strategies for managing cost implications.	Helen Jenner	Ann Graham	Sept 2014 Report Dec 2014		**On track -** Demand led improvement work jointly commissioned with Newham and Havering commencing in October 2014. The first meeting is scheduled for 27th October to scope out the project.
11.3	Develop and implement Medium and Long Term Council and partners' plans to address changing demographic and financial and service impacts.	Helen Jenner Graham Farrant Cllr Bill Turner	Karen Wheeler	Feb 2015		**Planned** as part of Council financial planning. MTFP for 2015/16 and beyond will be agreed by Cabinet February 2015.
11.4	Children's Services Sufficiency Plan to be reviewed and updated annually.	Helen Jenner Graham Farrant Cllr Bill Turner	Meena Kishinani Karen Wheeler	April 2015		Due April 2015.
11.5	Commission a Social Care Peer Review to review improvement and impact.	Graham Farrant Cllr Bill Turner Helen Jenner	Ann Graham	April 2015		Planned for April 2015.

Area for Improvement (12): Strengthen management oversight, including oversight of plans by conference chairs and independent reviewing officers, as well as formal social worker supervision, to reduce drift or delay in assessments.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Performance/Outcome	Progress to date and evidence of improvement
12.1	Embed new service standards and set of expectations. Monitor compliance and outcomes via the Practice Improvement and Outcomes Group.	Ann Graham	GMs (CN&SC)	Dec 2014	Overall service improvement - better outcomes for children and young people and timeliness. Audit shows reduction in inadequate new plans to 0% by end of November 2014. 50% good by December 2014 (evidenced in audit and supervision notes).	**On track.** Set of expectations for social care are in place. We are in the process of commissioning Tri.x to produce a set of local procedures across social care to improve practice and achieve consistency in practice standards. . This is on track for being commissioned and delivered by the end of December 2014.
12.2	Launch new Supervision Policy and ensure staff receive regular supervision.	Ann Graham	GMs (CN&SC)	Oct 2014		**On track.** The Supervision Policy has been revised and re-launch due end of October. Supervision will take place in accordance with the new policy. Managers and staff understand what is expected of them.
12.3	Establish quarterly meetings with CPRS GM and CN&SC Team Managers to review supervision practice. Implement a coaching model to improve supervision as required.	Ann Graham Meena Kishinani	Teresa De Vito Team Managers (CN&SC)	Nov 2014 Quarterly		**On track.** This is in development with the GM for Child Protection reviewing Service producing a coaching model to ensure supervision improves.
12.4	Implement midway reviews of CP and LAC reviews to ensure actions from previous reviews and progress is being made plans. Escalate drift and delay through safeguarding practice alerts.	Meena Kishinani	Teresa De Vito	Nov 2014		**Completed.** Midway reviews of CP and LAC reviews has been implemented. This is enabling IROs to escalate and challenge drift midway before the 6 month review with the social workers. Impact to be reviewed by December 2014 through case file audits of reviews.
12.5	Undertake specific training for managers based on feedback on the quality of their management and supervision roles.	Ann Graham	Cherrylyn Senior Linnet Whittaker	Dec 2014		**On track.** The Social Care Workforce Manager and Principal Social Worker are working together to identify the quality issues in relation to management and supervision of staff. If training is required this will be provided.
12.6	Recruit additional managers set out in the social care redesign model to strengthen management oversight.	Ann Graham	GMs (CN&SC) HR	April 2015		**In place.** Recruitment strategy and timetable is in place. Please refer to update provided in 6.4

Area for Improvement (13): Ensure that corporate parenting responsibilities are fully understood by elected members to achieve greater awareness and accountability across the local authority.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Outcome	Progress to date and evidence of improvement
13.1	Revise the Corporate Parenting Group terms of reference (ToR) and governance requirements following new member appointments.	Ann Graham	Joanne Tarbutt	Nov 2014	Priorities for looked after children are driven and agreed by the Members Corporate Parenting Group and understood by all elected members. Good attendance at meetings and at training delivered to elected Members on Corporate Parenting Elected Members to achieve greater awareness and accountability.	**On track.** The Corporate Parenting Group has a new Chair and ToR and governance is due for review in the autumn 2014.
13.2	Revise and strengthen the Corporate Parenting Board's performance dataset and monitoring reports.	Ann Graham	Vikki Rix	Oct 2014		**Completed.** In response to the Lead Member of Children's Services requesting a more detailed and analytical report on LAC and care leavers, the local performance dataset has been revised and expanded considerably. The report provides an update on numbers and trends as well as trends in safeguarding, education, EET and health outcomes with benchmarks and analysis.
13.3	Produce Corporate Parenting annual evaluation report based on progress against strategy and action plan for Cabinet, Children's Select Committee, B&DSCB and Children's Trust.	Ann Graham	Joanne Tarbutt	Annual		**On track.** The 2013/14 Corporate Parenting report has been produced and is an agenda item at the October Corporate Parenting Group. From this report, a revised set of priorities and key actions will be discussed and agreed by the members. This will lead to a revised Strategy and action plan embedded and evaluated annually.
13.4	Increase elected members awareness of corporate parenting responsibilities through member training.	Fiona Taylor	Fiona Jamieson	Annual		**Completed for 2014.** A training session for new members was delivered to 20 Council Members regarding the work of the Children in Care Council to raise awareness and expectations in September 2014. Planned annual Pre-Assembly briefings by CiC group in place.
13.5	Refresh Corporate Parenting Strategy and Action Plan and agree with elected members and Corporate Parenting Group.	Ann Graham	Joanne Tarbutt	March 2015		To be completed by March 2015.

OFSTED LSCB Review: Barking & Dagenham

Areas for Improvement

B&DSCB Action Plan

BDSCB action plan in response to Ofsted's Review of the LSCB (May 2014)

Area for Improvement (1): Ensure the LSCB Chair strengthens the coordination, focus and impact of the boards work in the Health and Wellbeing Board.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Outcome	Progress and Evidence of Improvement
1.1	Produce a Protocol outlining joint working between the Health and Wellbeing Board (HWBB) and LSCB and agree at LSCB and HWBB.	Sarah Baker	Meena Kishinani	Oct 2014	Both Boards will have an ongoing and direct relationship, communicating regularly. Chairs will work towards ensuring there is no duplication of work or strategic operational gaps in policies, protocols, services or practice.	**On track.** A Protocol outlining joint working between the HWBB and the LSCB has been produced and is an agenda item at the HWBB on the 28th October 2104. The Chair of the LSCB and HWBB have set out formal reporting lines. Regular 1-1 meetings between both Chairs have been scheduled in for the year. Both Chairs will receive Board minutes. The LSCB is involved in the CYPP, the JSNA and the HWBB strategy. The Chair of the LSCB will present the LSCB annual report to the HWBB in October. Relevant issues arising from LSCB meetings will be considered within the agenda setting process for the HWBB and vice versa.

Area for Improvement (2): Undertake an evaluation of the full impact of training on the performance of practitioners to ensure it targets improvements in outcomes for children.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Outcome	Progress and Evidence of Improvement
2.1	Commission an evaluation of the long term impact of training on the performance of all practitioners across the partnership and the impact and quality of single agency training including the sustainability plan for the training programme. Implement findings.	Sarah Baker	Teresa DeVito Learning and Improvement Committee	Feb 2015	Multi agency learning opportunities are provided through a variety of forums. Practice and knowledge is improved as a result.	**On track.** The London training evaluation process has been discussed at the Learning and Improvement Committee. The Learning and Improvement Committee has also set up a development day early November to pull together the training programme for the coming year. Key objectives and learning outcomes for each course will be established and an evaluation framework put in place to enable the LSCB to monitor long term impact of both single and multi agency training. Senior Managers Away Day planned for evaluation of long term impact of training February 2015.

Area for Improvement (3): Sustain and extend the positive and constructive role of the practitioners forums in promoting multi-agency working through improving the attendance of social workers.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Outcome	Progress and Evidence of Improvement
3.1	Require a minimum attendance of social workers to attend 2 practitioner forums per year. Nominated SW's (2 from each team) to feed information in a 2 way communication loop.	Meena Kishinani Ann Graham	Teresa DeVito Learning and Improvement Committee	Ongoing	Increased attendance of social workers at the practitioner forums. The Practitioner Forum is a responsive multi agency learning group that demonstrates practice and research is disseminated widely and positively informs practice.	**On track**. Social Care Group Managers are in the process of identifying 2 social workers from each of their teams to attend the Practitioner Forum and this will be in place by the end of October 2014.
3.2	Monitor and report on attendance at Practitioner Forums by all agencies with a particular focus on SWs and report to Learning & Improvement Committee.	Meena Kishinani	Teresa DeVito Learning and Improvement Committee	Oct 2014 Quarterly		**In place.** We have revised the attendance database of members and this is being monitored to capture non attendance from particular teams. Non-attendance from particular teams will be escalated to Senior Management in social care and at the Learning and Improvement Committee.
3.3	Ensure Practitioner Forums are a core agenda item at team meetings with messages from the Forums sent out to all practitioners through an e- newsletter.	Meena Kishinani	Teresa DeVito Learning and Improvement Committee	Oct 2014		**On track.** The Practitioner Forum has been widely advertised, including on Yammer and our internal Social Media site to ensure wide borough coverage. The LSCB action plan has also been shared with the Practitioner Forum, ensuring that the Forum is aware of the area for improvement and what the LSCB is doing to ensure improvement in the attendance of social workers.

Area for Improvement (4): Strengthen oversight of private fostering by the board, supporting efforts to ensure all such children are identified.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Outcome	Progress and Evidence of Improvement
4.1	LSCB to receive and review a Private Fostering report annually.	Sarah Baker	Meena Kishinani	Sep 2014	Increased oversight of Private Fostering including numbers by LSCB.	**Completed.** The Private Fostering annual report 2013/14 has been produced and presented to BDSCB on the 25th September 2014. A presentation on private fostering was also provided to LSCB members to raise awareness of private fostering in the borough. This will feature as part of a LSCB Communications Strategy.
4.2	Continue to monitor Private Fostering numbers and other relevant data at PQA quarterly meetings.	Meena Kishinani	Vikki Rix	Sept 2014 Quarterly		**Ongoing.** Private fostering numbers and timeliness of assessments are reported quarterly via the PQA LSCB dataset and monthly on the Complex Needs & Social Care local dataset with benchmark data included. End of year 2013/14 numbers increased to 12 and at Q1 2014/15 increased to 14. Current numbers as at the end of September 2014 are 10 compared to 6 in September 2013. We remain in line with benchmark data.

Area for Improvement (5): Ensure the annual report and business plan are focused on understanding and addressing local needs and on evaluating progress made in achieving improved outcomes for children.

	Action Description	Strategic Lead	Operational Lead	Timescale (By When)	Outcome	Progress and Evidence of Improvement
5.1	Revise the LSCB Annual Report and ensure it provides a clear analysis and focus on local demographic and need and self assess progress made in improving outcomes for children.	Sarah Baker & PQA/L&I Committee	Meena Kishinani	Sep 2014	Outcome focused LSCB based on local need annual report and Business Plan.	**Completed:** LSCB Annual Report 2013/14 has been revised in the light of the area for improvement. The annual report includes an analysis of local needs and progress made against children's outcomes. The report was agreed by the Board on 25th September 2014. BDSCB Annual Report and Business Plan to be published on the website at end of October 2014.
5.2	Revise the LSCB Business Plan with a clear analysis of how the Board has demonstrated the focus on local demographic and need and self assess progress made in improving outcomes for children.	Sarah Baker & PQA/L&I Committee	Meena Kishinani	Oct 2014		**On track:** The 2014/14 Business Plan is being reviewed in light of the LSCB new annual report and priorities set for 2014/15. This will be completed by the end of October 2014.

HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title: Protocol outlining Barking and Dagenham's safeguarding partnership arrangements	
Report of the Corporate Director of Adult and Community Services and Children's Services	
Open Report	**For Decision**
Wards Affected: None	**Key Decision: No**
Report Author: Glynis Rogers, Divisional Director Commissioning and Partnerships Meena Kishinani, Divisional Director Strategic Commissioning and Safeguarding	**Contact Details:** 020 8227 2827 Glynis.Rogers@lbbd.gov.uk 020 8227 3507 Meena.Kishinani@lbbd.gov.uk
Sponsor: Anne Bristow, Corporate Director of Adult and Community Services Helen Jenner, Corporate Director of Children's Services	

Summary:

As discussed at previous Board meetings, the Safeguarding Adults Board (SAB) will become a statutory partnership under the Care Act 2014, giving the SAB a clear basis in the law for the first time. Sarah Baker has been appointed the Independent Chair of the SAB, meaning that she will be the Independent Chair of both the SAB and the Local Safeguarding Children's Board (LSCB).

Following the changes in the statutory footing of the SAB and the outcome of the Ofsted inspection in which it was stated that an area of improvement was to 'Ensure the LSCB Chair strengthens the coordination, focus and impact of the boards work in the Health and Wellbeing Board', it was agreed that a protocol was required to outline the safeguarding partnership arrangements and coordination between the Boards.

Discussions have taken place between the Chair of the Health and Wellbeing Board and the Chair of the LSCB and the SAB, and as a result, the protocol at Appendix 1 has been drafted. This protocol outlines how the safeguarding boards will work together with the Health and Wellbeing Board and how appropriate items will be reported and raised at the Health and Wellbeing Board.

The Board are asked to note and discuss the protocol at Appendix 1.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note and discuss the attached protocol (Appendix 1) outlining Barking and Dagenham's safeguarding partnership arrangements, particularly paragraph 6.1 which clarifies arrangements to secure co-ordination between the Boards.

1 Mandatory Implications

1.1 Joint Strategic Needs Assessment

The JSNA has a section dedicated to the analysis of safeguarding needs. This section of the JSNA is updated annually.

1.2 Health and Wellbeing Strategy

The review of arrangements is an integral part of the safeguarding elements in our joint Health and Wellbeing Strategy. At this point there is no need to change the focus of the Health and Wellbeing Strategy as a result of this report.

1.3 Integration

The Health and Wellbeing Board, Safeguarding Adults Board and the Local Safeguarding Children's Board are comprised of representatives from organisations across the local health and social care economy, working to improve the health and wellbeing of all residents and safeguard children and vulnerable adults.

1.4 Financial Implications

There are no financial implications directly arising from this report.

Implications completed by: Roger Hampson, Group Manager, Finance (Adults)

1.5 Legal Implications

The report recognises the statutory basis of the SAB pursuant to the Care Act 2014 and the protocol is way of ensuring that all the Boards work in a collaborative and integrated way.

Implications completed by; Dawn Pelle, Adult Social Care Lawyer

Public Background Papers Used in the Preparation of the Report:

Ofsted Inspection Report of Services for Children in Need, Looked After Children, Care Leavers and the Review of the Local Children's Safeguarding Board

List of Appendices:

Appendix 1: Protocol outlining Barking and Dagenham's safeguarding partnership arrangements

Protocol outlining Barking and Dagenham's safeguarding partnership arrangements

Between the Health and Wellbeing Board, the Local Safeguarding Children Board, and the Safeguarding Adults Board.

Version	Date	Agreed
V1 draft	24.7.14	
V2	03/10/2014	
V3	7/10/2014	

1.1 This document sets out the expectations of the relationship and working arrangements, between Barking and Dagenham's Health and Wellbeing Board (HWBB), Barking and Dagenham Safeguarding Children Board (BDSCB) and the Safeguarding Adults Board (SAB). It covers their respective roles and functions, arrangements for challenge, oversight and scrutiny and performance management.

1.2 The Independent Chair of the BDSCB and SAB, together with the Chair of the HWBB, have formally agreed to the arrangements set out in this document, which will be subject to review -annually.

2. The Health & Wellbeing Board (HWBB)

2.1 HWBBs were established under the Health and Social Care Act 2012 and became statutory in April 2013. The Health and Wellbeing Board is an Executive Committee of the Council, with the same powers as Cabinet for matters relating to health and social care. The Council's Constitution outlines the responsibilities of the Board.

2.2 The Board is a forum where key leaders from the Barking and Dagenham health and social care system work to improve the health and wellbeing of local residents and reduce health inequalities. The members of the Board work together to understand the needs of the local community and have strategic influence over the commissioning decisions across health and social care. The Board undertakes a Joint Strategic Needs Assessment (JSNA) and develops a Joint Health and Wellbeing Strategy to develop and demonstrate how needs can best be addressed in a coordinated, planned and measurable way.

2.3 The HWBB brings together representatives from the Council, the Clinical Commissioning Group (CCG), major health service providers, Healthwatch, the Metropolitan Police and NHS England to develop this shared understanding of the health and wellbeing needs of the borough.

2.3 The Health and Wellbeing Strategy identifies four key themes across a life course approach:

1. Care and Support
2. Protection and Safeguarding
3. Improvement and integration of services
4. Prevention

Of particular importance for this protocol is the 'protection and safeguarding' theme which consists of a number of key priority areas including:

- Fewer children experience bullying, hate crime or domestic violence.

- More people from minority groups feel confident to report abuse and harassment.

3. Barking and Dagenham Safeguarding Children Board (BDSCB)

3.1 The BDSCB is a statutory partnership with responsibility for agreeing how relevant local organisations will co-operate to safeguard and promote the welfare of children. The BDSCB's role is to monitor and evaluate the effectiveness of local arrangements to safeguard all children.

3.2 The BDSCB contributes to the wider goal of improving the wellbeing of all children; however it has a narrower focus on safeguarding and promoting welfare. In order to ensure that its separate identity and independent voice is not compromised, the BDSCB must not be subordinate to or subsumed within other board structures.

3.3 The BDSCB's key responsibilities are to:

- Engage in activities that safeguard all children and aim to identify and prevent maltreatment, or impairment of health or development, and to ensure that children are growing up in circumstances consistent with safe and effective care
- Lead and coordinate proactive work that aims to target particular groups; and
- Lead and co-ordinate arrangements for responsive work to protect children who are suffering, or likely to suffer, significant harm,

4. Barking and Dagenham Safeguarding Adults Board (SAB)

4.1 The Safeguarding Adults Board (SAB) will become a statutory partnership under the Care Act 2014 and gives the SAB a clear basis in the law for the first time. The SAB has responsibility for agreeing how relevant local organisations will co-operate to safeguard and promote the welfare of vulnerable adults. The SAB's role is to monitor and evaluate the effectiveness of local arrangements to safeguard all vulnerable adults.

4.2 The SAB's responsibilities are to:

- bring together the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues;
- develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations;
- publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

5 The relationships between the HWBB, BDSCB and SAB

5.1 The roles and responsibilities of the respective bodies are different but complementary. They have a common purpose – to promote joint working and co-operation between partners to improve the wellbeing of children and vulnerable adults in Barking and Dagenham, support and develop areas of mutual interest through integrated multi-agency practice in prevention and early intervention.

5.2 Through its safeguarding work, the BDSCB must be able to form a view of the quality of local activity, to challenge organisations as necessary, and to speak with an independent voice. For that reason, the BDSCB and HWBB must be chaired by different people.

5.3 In Barking and Dagenham, the BDSCB and SAB are chaired by the same Independent Chair with the HWBB is chaired by the Cabinet Member for Adult Social Care and Health.

5.4 All of the key agencies, the Council, the Police the NHS Trusts and the CCG have a role on each of the Boards described, although the representatives on each of the Boards are not always the same individuals. However, a number of key members of Senior Staff from organisations attend both. For example:

- The Corporate Director of Children's Services is a member of both the BDSCB and the HWBB;
- The Corporate Director of Adult and Community Services is a member of both the SAB and the HWBB;
- The Executive Director for Integrated Care from NELFT is a member of both the HWBB and the BDSCB.

This is an illustrative and not an exhaustive list.

6. Arrangements to secure co-ordination between the Boards.

6.1 In order to secure working coordination and to preserve the independence of the chair of both Safeguarding Boards. it is proposed that the following arrangements are scheduled:

- The respective Board Annual Reports are presented to the HWBB Board each year;
- The HWBB will consult the BDSCB and the SAB on future iterations of the Health and Wellbeing Strategy along with the latest version of the JSNA;
- The Chair of the Safeguarding Boards will receive agendas and minutes of the HWBB and have a standing invite to attend the Board

meetings. They will speak with the permission of the chair when they consider significant items are being presented at Board meetings that may have safeguarding implications;

- The Chair of the Safeguarding Boards will be invited to attend the HWBB Development Days and other development activity;
- The Chair of the Safeguarding Boards will hold regular meetings with the Chair of the Health and Wellbeing Board.

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HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title: Update on the Barking & Dagenham Child Death Overview Panel Annual Report 2013/14	
Report of the Director of Public Health	
Open Report	**For Information**
Wards Affected: All	**Key Decision:**
Report Author: Matthew Cole Director of Public Health / Chair Child Death Overview Panel Roselyn Blackman CDOP Co-ordinator Valerie Day Interim Consultant in Public Health	**Contact Details:** Tel: 020 8227 3657 E-mail: matthew.cole@lbbd.gov.uk Tel: 0208 227 2826 Email: roselyn.blackman@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	

Summary:

The Child Death Overview Panel Annual Report was presented to the Health and Wellbeing Board at its meeting on 29th July 2014. The Board requested that the Director of Public Health update the Board on the following actions:

- To give the Board an in-depth understanding of Sudden Unexpected Death in Infancy and how it can be prevented
- An update on the outcomes of the cases relating to maternity services and the London Ambulance Service with modifiable Factors / recommendations to child death reviews 2013-14
- Update on the further analysis on the relationship with ethnicity and child death rates through examining the deaths across the boroughs of north east London.

Recommendation

The Health and Wellbeing Board is asked to note the report.

Reason(s)

There is a requirement to present an annual Child Death Overview Panel (CDOP) report to the Local Safeguarding Children Board who recommends its findings to the Health and Wellbeing Board as part of the process of influencing health and social care commissioning priorities. Under Regulation 6 of the Local Safeguarding Children Boards Regulations 2006, set out the function of the Local Safeguarding Children Board (LSCB) in relation to child deaths, made under section 14(2) of the Children Act 2004. The LSCB is responsible for:

a) collecting and analysing information about each death with a view to identifying:

- any case giving rise to the need for a review mentioned in regulation 5(1)(e);
- any matters of concern affecting the safety and welfare of children in the area of the authority;
- any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and

b) establishing procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

Barking and Dagenham CDOP is asked to categorise the likely cause of death, record the event that caused the death and any modifiable factors.

1. Background and Introduction

1.1 Child Death Reviews are undertaken on behalf of Local Safeguarding Children Boards for every child that dies under the age of 18, and data is published annually. The statutory responsibility to review child deaths was introduced on1 April 2008.

2. Sudden Unexpected Death in Infancy in Barking and Dagenham

2.1 Sudden Unexpected Death in Infancy (SUDI) is defined as the sudden death of an infant, which is unexpected by history and remains unexplained after a thorough forensic autopsy and detailed death scene investigation.

2.2 Data for the year ending 31 March 2013 shows that the event which caused the child's death in 374 cases was sudden unexpected death in infancy, out of a total of 3857 child deaths that were reviewed. These deaths were 9.7% of the child deaths reviewed and modifiable factors were identified in 57% of the deaths. In spite of the difference in some cases between year of death and year of review, and some lack of clarity about whether rates are based on deaths under the age of one year or under the age of two years, the rate per 1000 live births, at local and higher levels is published as a means of comparison between areas. In 2011 the rate for England was 0.34 per 1000 live births, with London having the lowest regional rate at 0.29.

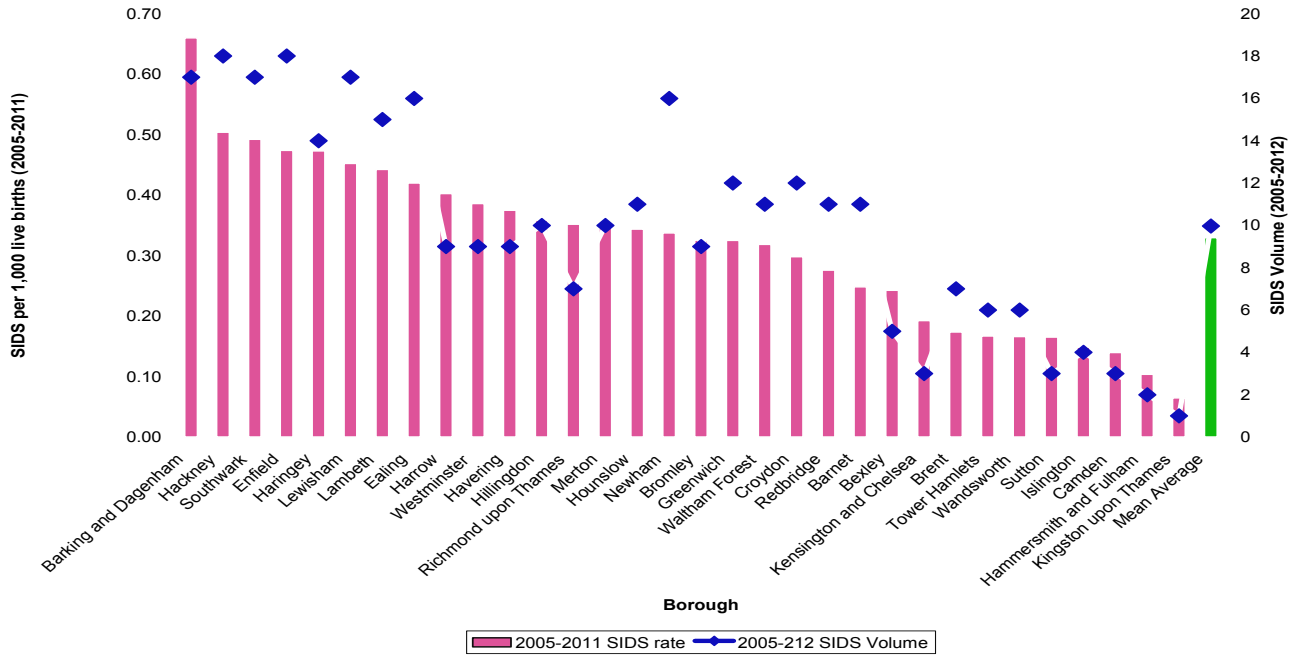
2.3 Data on child deaths is complicated by the difference in timing between the date of death and the date of the child death review being completed. For example, of the 3954 children in England who died in the year ending 31 March 2013, only 38% of the child death reviews had been completed. This may be due to the complexity of on-going investigations, or simply lack of resources or meeting dates. In Barking and Dagenham in 2012-13, 46 child death reviews were completed. Of these 13 deaths occurred in 2012-13, 27 in 2011-12 and 6 in 2010-11. In 2013-14, 27 deaths were reported, of which one was reported as occurring in 2012. 18 reviews were completed, of which 9 related to the year of the report and 9 to the previous year.

2.4 Data on child deaths is therefore confused by the potential for the death to occur one year and the review to be completed in a different year. This is particularly important with the small numbers of deaths that occur in a rare circumstance like SUDI, and in a small geography like a London borough. In Barking and Dagenham, SUDI numbers have varied between 0 and 5 per year. In both 2008 and 2010 no SUDI deaths were reviewed. Both years were followed by higher numbers of reviews in the subsequent year, as can be seen from the table, which also shows the annual rate per 1000 live births. The table also shows slight differences between the deaths reported by the Metropolitan Police Service and by the Child Death Overview Panel Report, which may reflect a difference in timing between the date of death and the date of review, but which impacts on the rate in the relevant years, depending on the data source.

Year	Number of live births	SUDI deaths as reported by MPS		SUDI deaths reported by CDOP	
		Number	Rate	Number	Rate
2005	2985	2	0.67	2	0.67
2006	3208	4	1.25	4	1.25
2007	3384	2	0.59	2	0.59
2008	3619	0	-	0	-
2009	3624	5	1.38	4	1.1
2010	3729	0	-	0	-
2011	3688	3	0.81	4	1.08
2012	3957	1	0.25	1	0.25
Total 2005-12	28194	17	0.6	17	0.6
2013	N/A	N/A		1	

2.5 In spite of all the data issues, taking the period 2005-2012 it is clear that Barking and Dagenham has experienced a high number of SUDIs, and has the highest SUDI rate in London. Data is collected and analysed by the Metropolitan Police Service as 'Project Indigo', from which it is possible to see London borough comparisons.

2.6 The graph below, taken from the Project Indigo report published in 2013, shows the numbers and rates per 1000 live births for SUDI for all London boroughs.



2.7 At borough level, although the aggregate number of SUDIs is comparatively high, the numbers are small from an epidemiological perspective. This means that no analysis can demonstrate whether any specific characteristic of an individual case has occurred by chance or indicates a trend or risk that should be addressed. In addition, details of cases that could lead to identification of the infant or family cannot be published as this would break confidentiality. This means that, while information about any modifiable factors related to the death are published, demographic data cannot be published, and due to the small numbers no meaningful conclusions can anyway be drawn from demographic data.

2.8 Of the six Child Death Reviews included in the 2012/13 and 2013/14 Child Death Overview Panel Reports that confirmed the death was a SUDI, in five cases there were modifiable factors and in one there was not. Of the five with modifiable factors, in two there were pre-existing medical conditions where more active clinical intervention might have influenced the situation, and in one inappropriate feeding was identified, which might have been modified with more feeding advice from the midwife or health visitor. In the other two, classic factors associated with SUDI were present – co-sleeping, alcohol use and the sleeping position of the baby. Again, more advice from the midwife or health visitor might have resulted in better appreciation of the risks and more appropriate care of the infant. In the single case where there were no modifiable factors, it is assumed that none of the factors known to be associated with SUDI were present, and the death was completely unexplained.

3. Sudden Unexpected Death in Infancy in London

3.1 Project Indigo reviews all SUDI cases in London and due to the larger numbers is able to give some indication of demographic and other circumstances. Between 2005 and 2012 there were 319 cases and they found that:

- 56% of children were under 12 weeks of age at the time of their death
- 11% were born underweight

- 18% experienced major health problems prior to their death
- 42% of children were white
- 32% of children were black

3.2 Importantly Project Indigo data shows that in around 50% of SUDI cases the mothers were smokers, between 40 and 50% feature a household where one of both parents have a record on the Police National Computer, co-sleeping is a factor in one-third of cases and co-sleeping where the adult had consumed cigarettes or alcohol prior to sleeping a factor in one in ten cases. There is some indication from the small numbers for which additional housing data is available that co-sleeping may be associated with over-crowded households, and that SUDI cases are more likely in socially or privately rented households rather than owner-occupied (83% of 12 cases were in rented accommodation).

3.3 This more local data adds to the picture that we have from national statistical analysis and research over the years. SUDI was found to be associated with sleeping position and the incidence has reduced sharply since the introduction of the 'Reduce the Risk' campaign in 1991 which advised that babies should be laid on their back for sleep. 80% of SUDIs occur between 28 days and one year of age. They are more common in boys, in births that are registered by the mother only, in babies born to young mothers, in those that are not breastfed, and in those from routine and manual socio-economic classifications. The highest proportion occurs over the winter period from December to February, which is thought to be due to overheating with bed covers or central heating at night. SUDI is associated with exposure to tobacco smoke both during pregnancy and after birth.

4. What action can we take in Barking and Dagenham to reduce the number of SUDI deaths

4.1 Following completion of a Child Death Review, any failings or potential improvements in care that may influence modifiable factors are communicated to the health and care professionals involved, and where appropriate will result in changes in care policy or practice. The Child Death Overview Panel reports provide details of the recommendations arising from each Review.

4.2 In considering what further action to take in Barking and Dagenham, as many as possible of the 18 cases that have occurred since 2005 could be further assessed to ensure that all recommended actions have been implemented. In addition, any new cases should be rapidly reviewed for modifiable factors and recommendations. With such small numbers in recent years (one each in 2012 and 2013) it is possible that the local position is improving, but the aggregate data will demonstrate a high local rate for some years to come. On an annual basis, the difference between being above or below that London and national average is the difference between 0, 1 or 2 cases in the year, which could be artificially impacted on by whether the Child Death Review was completed in the same year as the year of death or not. Future Child Death Overview Panel reports should clearly report the relationship between the date of death and date of completion of Child Death Review in order to ensure accurate assessment of the local position on SUDI rate.

4.3 From the Public Health perspective, continuing to focus on sleeping position together with emphasising the risks of smoking in pregnancy and around the infant are the priority actions. Although it is assumed now to be well known that babies should be

laid on their back to sleep, inappropriate sleeping position was a factor in two of the recent local SUDIs and midwives and health visitors should be asked to continue to give advice on sleeping position and co-sleeping. The biggest single factor which could make a difference is to avoid smoking in pregnancy and around the infant.

4.4 Although 2013/14 data published on smoking at the time of delivery shows that the percentage of mothers who smoke has reduced from 15% in 2012/13 to 9.3% in 2013/14, there is no data on the percentage of mothers, fathers and other carers who smoke around the infant. Research demonstrates that infants of mothers who smoke may have up to five times the risk of SUDI than infants of mothers who do not smoke. The greatest risk is smoking during pregnancy, but the risk continues after the child is born. Although the evidence on exposure to tobacco smoke from other people is less clear, there is evidence of that the risk increases with the number of smokers in the household or the number of hours in the day that the infant is in a smoke-filled environment. A renewed drive to reduce smoking during and after pregnancy by both the mother and family members could help to reduce the number of SUDIs locally as well as bring health benefits to all those who stop smoking.

5. The outcomes of the cases relating to maternity services and the London Ambulance Service with modifiable Factors / recommendations to child death reviews 2013-14

5.1 The Performance and Quality Assurance Committee of the Barking and Dagenham Local Safeguarding Children Board is responsible for ensuring the recommendations of child death reviews are taken forward.

5.2 The September performance report to the Committee from CDOP is contained in Appendix 1 details progress to date.

6. The relationship with ethnicity and child death rates through examining the deaths across the boroughs of north east London

6.1 Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn. Reducing infant mortality overall and the gap between the richest and poorest groups are part of the Government's strategy for public health.

6.2 The small number of infant deaths at local authority level means that pooling over a number of years for robust levels of analysis is required. Even with pooled rates, however, numbers may still be small and large random fluctuations possible. With the exception of ethnicity, the rates are not standardised or adjusted to take into account any potential confounding variables. Whether or not such variables need to be considered depends on the purpose to which the indicator is being put.

6.3 There is a known association between infant mortality and deprivation, which combined with a relatively high proportion of those from ethnic minorities living in socially deprived areas compared to the white British population, could contribute to higher observed rates of infant mortality in non-white British populations in England.

6.4 The combined infant mortality rates across five of the six east London boroughs was 8.2 per 1,000 live births in black children, compared to 6.1 per 1,000 in other ethnic groups. With the data pooled over four years, totalling 167 deaths amongst Black children and 485 in all other ethnicities, this difference was found to be statistically significant. At borough level, the numbers are too small for reliable testing of significance.

6.5 Infant mortality is associated with a range of factors including congenital abnormality, low birth weight,, young maternal age, sole registration of the birth, smoking and deprivation. For the east of London as a whole, the possibility that there is a relationship between mortality among Black infants and deprivation should be considered. Addressing avoidable factors and optimising support to families through health visiting and children's centres are some of a range of interventions to reduce childhood deaths.

6.6 While the current findings remain inconclusive, it is reasonable to be concerned that the local Black population is at higher risk of infant mortality, and to take steps to reduce those risks. The Public Health directorate will seek to undertake more detailed analysis of any available and relevant data so as to have a better understanding of issues that may be associated with the subject area.

7. Mandatory implications

7.1 Joint Strategic Needs Assessment (JSNA)

The JSNA has a section dedicated to the analysis of child deaths. The annual CDOP report is used to update this section of the JSNA annually.

7.2 Health and Wellbeing Strategy

The review of child deaths is an integral part of the safeguarding elements in our Health and Wellbeing Strategy. At this point there is no need to change the focus of the Health and Wellbeing Strategy as a result of this annual report.

7.3 Integration

The review of child deaths and the work of the Barking and Dagenham Local Safeguarding Board for Children is multi-agency and integrated in its approach.

7.4 Financial implications

There are no financial implications to this report and it is assumed that all CDOP training will be conducted by the CDOP Manger and not commissioned externally.

Implications completed by Patricia Harvey Interim Group Manager Children's Finance

7.5 Legal implications

There are no specific legal implications arising out of the recommendations in this report. The statutory provisions relating to the child death review processes have been set out in the body of this report. Legal services will continue to support the service delivery to achieve the improvements identified. In addition appropriate advice will be given on any changes to governance arrangements to ensure responsibilities are clearly defined and information exchanged to support the continued delivery of these improvements.

Panel is invited to note that child deaths and the review process can lead to interest from the media and other parties, such as the local community. Panel should be aware of the management of requests for information, from whatever source. Legal services shall support the appropriate marketing and communications team in managing such requests.

Implications completed by: Chris Pickering, Principal Solicitor - Litigation & Employment, Legal and Democratic Services

7.6 Risk management

The work of the CDOP links very closely into the Francis Report recommendations in respect of safeguarding and quality of care. The comprehensive and multi agency review of child deaths aims to understand how and why children die in Barking and Dagenham and use the findings to take action to reduce the risks of future child deaths and to improve the health and safety of the children in the area.

8. List of Appendices

Appendix 1 - September Performance Report

Appendix 1 – Modifiable Factors / Recommendations to child death reviews 2013-14

Report to Performance and Quality Assurance Committee – August 2014				
Reference	**Originating/ Responsible Agency**	**Modifiable Factors / Recommendations**	**Status**	**Source of update and date**
SI 2012/21226	London Ambulance Service (LAS)	Due to a lack of formalised processes to support clear communication and decision making to respond to LAS requests for urgent assistance, Newham University Hospital failed to provide a midwife to attend the birth. No root cause was attributed to the London Ambulance Service. **Escalation Path - Recommendation** The draft escalation path for Emergency Operation Centre (EOC) when requesting a midwife to be discussed with the Head of Operations for potential inclusion in OP035 Obstetric Care policy and OP061 Dispatch Procedures **Operational Policy Review - Recommendation** The Pre-Arrival Instructions (PAIs) for breech presentation for protocol 23 are reviewed by the Consultant Midwife to ensure that all clinical scenarios are covered. If any additional scenarios are felt essential and not adequately covered by the current PAIs this will be highlighted to the Academy for international review as to whether the PAIs should be amended. If the review identifies that this is training issue on the process flow of the PAIs, a clinical bulletin will be issued to Control Room staff. An immediate clinical update is provided to call	The SI is recorded as closed to the LAS Management Group but, due to a number of staff departures and vacant positions, LAS is unable to provide an update on the action plan. This will be followed up by the LAS Clinical Governance post once recruited to. CDOP is currently looking at how updates to SIs are provided to CDOP from both in and out of borough services	

Report to Performance and Quality Assurance Committee – August 2014				
Reference	**Originating/ Responsible Agency**	**Modifiable Factors / Recommendations**	**Status**	**Source of update and date**
		handlers to clarify breech birth stages and terminology so that they are clear on which PAIs to follow **Operational Policy Review - Recommendation** Step 5 of the Trust's OP035 Obstetrics Care Policy should be amended to read "presentation of a single limb, i.e. a hand or a foot" to remove ambiguity. It is also recommended that this is discussed with the Joint Royal College Ambulance Liaison Committee (JRCALC) for potential inclusion in later versions of the guidance. The Trust should provide clear guidance to staff on the risk factors involved in immediately transporting the mother, when birth is in progress. This guidance should be included in the obstetric training programme. **Risk Register Review - Recommendation** That the existing Risk Register entry Reference 031-2002 is reviewed in the light of recent Serious Incidents declared around the Trust's capacity to respond to obstetric emergencies. **Target Date for implementation: 31 March 2013**		
SI 2012/21226	Newham General Hospital	Newham University Hospital to review local guidance for responding to LAS calls for assistance. Local flowchart to record all LAS calls and support clear communication and decision making.	At the time of writing this report, Newham had not yet provided a response to our request for an update.	

Report to Performance and Quality Assurance Committee – August 2014				
Reference	**Originating/ Responsible Agency**	**Modifiable Factors / Recommendations**	**Status**	**Source of update and date**
		Local Supervisory Authority; to investigate into midwifery practice. Obstetric staff to receive training regarding their role in relation to LAS calls. Review midwifery mandatory training. Recommendation that Line manager review the leadership skills of the Coordinator as a Band 7 midwife in line with Capability Policy.		
SI 2012/21226	Queens Hospital	Excerpt taken from LAS Serious Incident Report: *"Although Queens Hospital has not provided the LAS with a formal report, from the information provided in the call transcripts and in discussions with the Risk Manager, it would appear that the hospital also lacks formalised processes to support clear communication and decision making to respond to LAS requests for urgent assistance".* Calls and triage notes into the labour ward at Queens will be reviewed to ensure documentation of appropriate advice is relayed to LAS and families.	1. **E3 a new electronic maternity** This system keeps a permanent record of all calls made to the maternity ward from mothers who are booked at Queens. This has been in place since late 2013.For mothers not booked, a proforma is being trialled. 2. **Direct line number for use by the LAS** This is likely to be up and running by mid September 2014. The installation has been delayed due to no free phone lines. 3. **Telephone recording system** This due to be installed in	Wendy Matthews Director of Midwifery & Divisional Nurse Director 21 August 2014

Report to Performance and Quality Assurance Committee – August 2014				
Reference	**Originating/ Responsible Agency**	**Modifiable Factors / Recommendations**	**Status**	**Source of update and date**
			approximately 6-9 months. 4. **Further meetings with LAS** There are issues Queens would like to discuss with LAS. Queens met twice with LAS but LAS has since proved difficult to engage.	
CDOP KG/12/136	London Ambulance Service (LAS)	The call handler should have employed the shift function and selected the '*Third Trimester Haemorrhage'* which would have resulted in a 'R2' priority level – returning a higher priority response time	Complete. A Quality Assurance manager has fed back to the call hander concerned and provided advice and guidance. We are confident this will enhance the future practice of the member of staff involved accordingly.	LAS Form B completed by Lysa Walder, Head of Safeguarding Children 7 May 2013
CDOP KG/12/137	London Ambulance Service (LAS)	No suitable sized mask, to bag and mask ventilate this baby either at the scene or on the way to the hospital. CDOP to write to LAS to request all vehicles have different sized masks available.	This area of practice has been highlighted to staff to ensure different sized masks are available.	Response letter from Fiona Moore, Medical Director 8 May 2014
CDOP KG/12/137	Partnership of East London Co-operatives (PELC)	An investigation and review to be carried out into whether the Urgent Care Centre at Queens has the equipment to carry out eye swabs in the event of an emergency	The outcome has been received and will be discussed out the next CDOP meeting on 24 September 2014. There were no further concerns raised by CDOP and the case was closed	Response letter from Louise Rogers 8 August 2014

Report to Performance and Quality Assurance Committee – August 2014				
Reference	**Originating/ Responsible Agency**	**Modifiable Factors / Recommendations**	**Status**	**Source of update and date**
CDOP KG/12/141	NELFT	Issues identified were co-sleeping 2 days prior to death and baby put face down to sleep – not in accordance with national recommendation Findings to be communicated to NELFT	The findings have been communicated to the CDOP Representative who will write to the appropriate Director	
CDOP KG/13/156	NELFT	Alcohol use and co-sleeping Findings to be communicated to NELFT	The findings have been communicated to the CDOP Representative who will write to the appropriate Director	
CDOP/13/001	General Practitioners	Changes in NHS from 2013 have presented challenges in performance management of general practitioners' responses to CDOP learning and contributions, as well as how learning is incorporated into general practice. CDOP recommends that there is an NHS England representative on CDOP	This has been communicated to the CDOP chair who will write to NHS England.	

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HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title:	**Children's Emergency Duty Team (EDT) Shared Service: 4 Boroughs Children's Emergency Duty Team (EDT) Service**
Report of the Cabinet Member for Children's Social Care	
Open Report	**For Decision**
Wards Affected: All	**Key Decision: No**
Report Author: Meena Kishinani (Divisional Director; Strategic Commissioning and Safeguarding; Children's Services)	**Contact Details:** Tel: 020 227 3507 E-mail: meena.kishinani@lbbd.gov.uk
Sponsor: Helen Jenner; Corporate Director of Children's Services	

Summary:

In 2013 the London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest agreed in principle to merge their Children's Emergency Duty Teams (EDT) and to have a single Children's EDT partnership for the four boroughs which will be known as the 4 boroughs Children's EDT Service. Redbridge Children's Trust agreed to be the host authority.

The EDT service is a statutory service and the 4 Boroughs Children's EDT Service actually became operational on the 1 May 2014.The service is funded through Children's Services social care budget. The cost of the service to LBBD is at present £257,000 per annum (total cost of £771,000 over the life of the partnership agreement).

Due to this being a partnership agreement with other Local Authorities, it was not realised at the time that formal approval from LBBD Cabinet or LBBD Health and Wellbeing Board should have been secured prior to commencement of this statutory service. Portfolio agreement was sought as advised and is documented. Without retrospective approval from either body, Legal Services are unable to seal the contracts underpinning this Local Authority partnership arrangement.

Therefore and in line with the Council's Contract Rules the Health and Wellbeing Board is being formally approached to give retrospective approval, effective from 1 May 2014 for the entering into of a three year legal partnership agreement for the delivery of the 4 Borough Children's EDT Service with the the London boroughs of Havering, Redbridge and Waltham Forest

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. Approve the entering into of a three year legal partnership agreement, effective from 1 May 2014, for the delivery of the 4 Borough Children's EDT Service with the the London boroughs of Havering, Redbridge and Waltham Forest.

Reason(s)

1. This decision will support the Council's Priority of "enabling social responsibility" by protecting the most vulnerable and keeping children healthy and safe.

1. Introduction and Background

1.1 The Emergency Duty Team (EDT) in Barking and Dagenham has previously been delivered in partnership with LB Havering (LBH) providing out of hours emergency duty cover for both Adult and Children's Social Care.

1.2 In October 2011 the London Borough of Redbridge (LBR) met with LBH and the London Borough of Barking and Dagenham (LBBD) via East London Solutions to review existing arrangements for Children's EDT and how these could be progressed jointly. Subsequent to this meeting the work was expanded to include Waltham Forest (LBWF).

1.3 A number of options were explored and considered:

- **Option 1.** For each borough to revise its EDT model at an individual Borough level. Whilst this was considered to be a viable option it is not being recommended as developing a single borough approach would mean that the value for money benefits that could be achieved through a joint approach namely, joint management, flexible rotas, and a resilient service would not be achieved.

- **Option 2.** Explore a broader based joint working solution. Given the nature of EDT it is important that boroughs respond to emergencies in a timely way. Therefore, to take forward a joint arrangement with partners outside of East London would increase risk of delayed response and therefore this was not considered a viable option.

- **Option 3.** Explore a joint working solution with four boroughs providing a Children's EDT Service across Havering, Barking and Dagenham, Waltham Forest and Redbridge.

1.4 In 2013 the London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest agreed in principle to merge their Children's Emergency Duty Teams (EDT) and to have a single Children's EDT partnership for the four boroughs which would be known as the 4 boroughs Children's EDT Service. Redbridge Children's Trust agreed to be the host authority.

1.5 The EDT service is a statutory service and the 4 Boroughs Children's EDT Service actually became operational on the 1 May 2014.The service is funded through Children's Services social care budget.

1.6 Out-of-hours emergency duty services for Adult Social Care is being carried out by NELFT under a Section 75 National Health Service Act 2006 Agreement, and has been so since the 1 May 2014.

2. Proposal and Issues

2.1 Before the 4 Boroughs Children's EDT Service became operational on the 1st May 2014 and as TUPE applied to the recommended model of service delivery, Human Resource (HR) Leads worked closely with Service Leads to ensure that any risks from the transfer and any restructure were minimised. All relevant Human Resources (HR) policies and procedures were followed to ensure that employees were consulted appropriately both pre- and post transfer.

2.2 The cost of the new model of service delivery is broadly neutral, but there may be scope for a reduction in these costs over time and it is envisaged that savings may be achieved through further standardisation/ rationalisation of staffing and support costs across the four boroughs. The initial costs of the service have been split based on 2012/13 costs until the end of March 2015, following which a review of apportioned costs will be undertaken.

2.3 The total cost of the new 4 Boroughs Children's EDT Service is £890,199 per annum and the cost to LBBD is at present £257,000 per annum (total cost of £771,000 over the life of the partnership agreement), which is commensurate with the expenditure per annum on this service by LBBD prior to the new arrangement and does not, therefore, represent any increase in expenditure.

2.4 Although the service has been running since 1 May 2014 partnership contracts were only sent out for signing by LBR in June 2014. Due to this being a partnership agreement with other Local Authorities, it was not realised at the time that formal member level approval from LBBD Cabinet or LBBD Health and Wellbeing Board should have been secured prior to commencement of this statutory service. Without retrospective approval from either body, Legal Services are unable to seal the contracts underpinning this Local Authority partnership arrangement.

2.5 This report therefore proposes that the Health and Wellbeing Board give retrospective approval, effective from 1 May 2014, for the entering into of a three year legal partnership agreement for the delivery of the 4 Borough Children's EDT Service with the the London boroughs of Havering, Redbridge and Waltham Forest

3 Consultation

3.1 LBBD was part of a Project Board comprised of senior managers across the four Boroughs tasked with managing, reviewing and developing the proposals. Full and formal consultation was held with staff and trade unions throughout the process in accordance with the Council's HR procedures.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

The JSNA shows a continued rise in the child population and this growth has been factored in to he new service model with Havering, Redbridge, and Waltham Forest.

(Implications completed by: Matthew Cole, Director of Public Health, LBBD)

4.2 Health and Wellbeing Strategy

This service is a key extended hours safeguarding service and is key to achieving priorities relating to children in the strategy.

(Implications completed by: Matthew Cole, Director of Public Health, LBBD)

4.3 Integration

The 4 Boroughs Children's EDT Service is an integrated Local Authority approach that will provide a high quality value for money service. This integrated approach will enable management costs to be shared and will improve working relationships between EDT staff and daytime duty teams with improved and consistent communication and practice.

4.4 Financial Implications

(Implications completed by: Patricia Harvey, Interim Group Manager – Children's Services)

4.4.1 The Social Care and Complex Needs total budget for 2014/15 is £32.6m and reporting within this is a budget allocation for the Children's Emergency Duty Teams (EDT).

4.4.2 The initial agreement of the 4 Boroughs shared apportioned costs is currently based on 2012/13 costs and is due for review after March 2015.

4.5 Legal Implications

(Implications completed by: Daniel Toohey, Principal Corporate Solicitor, Legal and Democratic Services)

4.5.1 This report is seeking approval from the Health and Wellbeing Board (HWB) to enter into a three year arrangement with the London Boroughs of Havering, Redbridge and Waltham Forest for the provision of a statutory function, namely the Children's Emergency Duty Team Shared Service.

4.5.2 Due to the value of this arrangement being in excess of £500,000 formal HWB minutes will be required in order for Legal Services to seal the contract documentation.

4.5.3 Legal Services has reviewed the contract documentation and advised the responsible directorate accordingly throughout the process. Legal Services note that there are no procurement implications for this partnership agreement as this is not an agreement which is subject to the Public Contracts Regulations 2006.

4.5.4 Under rule 7.3 the HWB has the same power as Cabinet to authorise the award of contracts.

4.5.5 Legal Services will be on hand to assist the responsible directorate in the sealing of the contract documents and should any further queries arise throughout the contract period.

4.6 Risk Management

The partnership agreement has been specifically tailored to ensure that aspects such as monitoring, accountability and collaboration for effective functioning of the EDT, are all addressed.

4.7 Patient/Service User Impact

The service will be delivered from two location hubs Barking and Dagenham and Havering (hub 1) and LBR and LBWF (hub 2). The potential for one hub to cover the other should multiple and/or prolonged emergencies arise should lead to a more resilient service and improved outcomes for service users.

5. Non-mandatory Implications

5.1 Crime and Disorder

Not applicable.

5.2 Safeguarding

The new EDT service is required to adhere to all the Council's local safeguarding procedures. These are explicitly addressed within the service specification that forms a schedule of the contract that has been scrutinised by the Council's Legal Department.

5.3 Property/Assets

The EDT service was previously located in Butler Court. This accommodation has been released and Redbridge have accommodated the new service at no additional cost to Barking and Dagenham, Havering, and Waltham Forest.

5.4 Customer Impact

An Equalities Impact Assessment screening assessment was undertaken and indicated that there are no assessed service impact outcomes as a result of the change in service delivery.

An initial Equalities Workforce Assessment (EWA) was completed indicating no adverse impact.

5.5 Contractual Issues

Partnership agreements have been issued by LBR and these have been reviewed by the LBBD Legal Department who are now waiting to sign and seal the agreements.

5.6 Staffing issues

An HR work stream with HR leads from the three employing boroughs worked closely with Service leads to review and manage the HR implications and risks. The preferred approach entailed a TUPE transfer of staff from LBBD and LBWF to deliver the Children's EDT service.

In order to achieve an aligned service a review of the structures and roles was undertaken. All relevant HR policies and processes were followed to ensure employees were consulted appropriately both pre and post transfer and to ensure risks from the transfer and any restructure were minimised. Costs arising from this implementation were shared between the four participating boroughs.

Public Background Papers Used in the Preparation of the Report:

- None

List of Appendices:

- None

HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title: BHRUT Improvement Plan Update	
Report of the Report of the Barking Havering and Redbridge University Hospitals NHS Trust	
Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Louise Hider, Health and Social Care Integration Manager	**Contact Details:** Tel: 020 8227 2861
Sponsor: Stephen Burgess, Interim Medical Director, BHRUT	

Summary:
The Care Quality Commission (CQC) inspection of Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT) took place from 14 to 17 October 2013 and the Trust was the second in London to be scrutinised under the new inspection model. The final CQC report was published in December 2013.

Following their inspection, the CQC recommended that the Trust be placed into special measures, publicly recognising and reinforcing that the Trust must make significant improvements. Particular areas of focus centred on the emergency pathway and overall organisational structures and processes to oversee and drive improvement in the quality of services.

Steve Russell, Deputy Chief Executive of BHRUT attended the June Health and Wellbeing Board meeting and presented the BHRUT Improvement Plan. A progress update on the Improvement Plan will be presented at the October meeting.

Recommendation(s):
The Health and Wellbeing Board is recommended to:

- Note and comment upon the progress of the Improvement Plan when it is presented at the October meeting

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HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title:	**Life Study**
Report of the Accountable Officer, Barking and Dagenham CCG	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Professor Carol Dezateux	**Contact Details:** Tel: 020 7905 2114 E-mail: c.dezateux@ucl.ac.uk
Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group	

Summary:

The purpose of this paper is to provide a brief for the Health and Wellbeing Board on the strategic partnership, established under the University College London Partners (UCLP) umbrella, between the ***Life Study*** and Barking Havering & Redbridge University Hospital NHS Trust (BHRUT).

Within this partnership, the ***Life Study*** team is working with BHRUT and local stakeholders (NELFT and BHRCCGs) to deliver the first ***Life Study*** Centre in mid-2014. Wider involvement with other stakeholder groups may occur at a later date, with the possible inclusion of other members of the Integrated Care Coalition.

This paper provides a summary of the arrangements in place and the strategic benefits to the local population and all stakeholders.

Recommendation(s)

The Health and Wellbeing Board is asked to note the contents of the report, in particular:

(i) The development of the strategic relationship between ***Life Study*** and BHRUT
(ii) The benefits delivered via this integrated delivery model
(iii) The impact of the 'in kind benefits' to the Study

1. Background and Introduction

1.1 ***Life Study*** is a UK cohort study designed to recruit up to 83,000 children across England, Scotland, Wales and Northern Ireland and to follow them through childhood and into adult life. Around 60,000 of these children will be recruited by contacting their mothers during pregnancy in selected maternity units.

1.2 The Study aims to understand how family, social and physical environment in early life influences child development, health and wellbeing. It offers an opportunity to develop and test our understanding of social and biological mechanisms operating through the life course, and to identify translational opportunities which might have early impact in relation to health and social policy. The study is innovative in design and its size means it will have enough statistical power to examine the interplay between biology, behaviour and environment (including by ethnic groups).

1.3 Women and their partners will be recruited during pregnancy and invited to attend specially designed ***Life Study*** centres in pregnancy and later with her baby when they are 6 months and 12 months old.

2. Proposal and Issues

2.1 Involvement by BHRUT in the Study means that mothers and their nominated partners will be invited to attend a specially commissioned ***Life Study*** Centre based at King George's Hospital on one occasion during pregnancy. The ***Life Study*** Centre is a facility similar to a large GP surgery or an NHS outpatient facility where Study participants can attend to undertake the various assessments and tests required as part of the Study.

2.2 Mothers will be invited to attend the same centre with their baby when their baby is aged 6 and 12 months. Attendance at a ***Life Study*** Centre will enable a richer assessment of the child's development than is possible in the home, as is a more traditional model for a cohort study. Further contacts with participants throughout childhood and into adult life are anticipated and further funding for these will be sought.

3. Consultation

3.1 A communications and engagement strategy have been developed specifically for ***Life Study***. To date this has involved an engagement phase involving many types of consultation activities such as presenting at large scale events, face to face discussions with members of the public and science fairs.

3.2 To maximise the benefit of the Study for the local population and ensure the longer term success, it is essential that the Study is well embedded in local services, in the primary care and community services as well as within the Trust.

4. Mandatory Implications

4.1. Joint Strategic Needs Assessment

Five major research themes will be explored through the cohort, which align with the health priorities identified in Joint Strategic Needs Assessment:

- Inequalities, diversity and social mobility

- Early life antecedents of school readiness and later educational performance

- Developmental origins of health and ill health in childhood

- Social, emotional and behavioural development: the interplay between infant and parent

- Neighbourhoods and environment: effects on child and family

4.2. Health and Wellbeing Strategy

The aims of the Study fully support the recommendations outlined in the Health and Wellbeing Strategy. ***Life Study*** seeks to understand how the family, social and physical environment in very early life influences child development, health and wellbeing.

This cohort will provide a rich and internationally unique longitudinal resource of data, environmental and biological samples that can be used to address future questions and hypotheses regarding early life origins of disease, health, wellbeing and development.

The design and scale of this study will also allow exploration, for the contemporary UK population, of cross cutting issues such as intergenerational influences on child outcomes and issues relating to diversity arising from, for example, different family structures, ethnic groups, early life experiences, and prematurity. The study offers an opportunity to develop and test our understanding of social and biological mechanisms operating through the life course, and to identify translational opportunities which might have early impact in relation to health and social policy. The study is innovative in design and its size means it will have enough statistical power to examine the interplay between biology, behaviour and environment (including by ethnic groups).

4.3. Integration

The Trust offers an opportunity to integrate the Study into a large modern maternity unit with a commitment to research and the wider environment and partner providers, which service a diverse population. The Study will provide benefits to the Trust in terms of benefits via the NIHR portfolio as well as direct and indirect benefits to staff development and recruitment. Finally in the longer term BHRUT is part of a wider stakeholder group and civic environment that will support the longer term follow up of recruited babies through childhood and into adolescence and ensure integration of the ***Life Study*** into the local community.

4.4. Financial Implications

BHRUT and its strategic partners have undertaken to host and support the first ***Life Study*** Centre, within the King George's hospital site and to

- A suitable outpatient style facility, up to 500m2 by time of peak operation, in a child and family friendly environment and ideally co-located with maternity services with

weekend and evening opening options and associated office space for the local and UCL ***Life Study*** staff ready for operation from June 2014

- Services and facilities to support the running of the facility including water, heating and lighting, IT connectivity, cleaning and clinical waste removal and security monitoring for the duration of the operation of the facility

- Appointment centre support and clinic facility on the hospital information system (HIS)

- Non-specialist equipment as per clinic outpatient facilities

Life Study has been adopted on the NIHR portfolio and once the model has been agreed with the local provider, a joint application will be submitted for NIHR to fund aspects of the staffing model.

Implications completed by: Anne Carey, Chief Operating Officer, Life Study

4.5. Legal Implications

Life Study has been approved by the City and East London Research Ethics Committee, the Confidentiality Advisory Group of the Health Research Authority and has been notified to the Information Commissioners' Office. It has been approved by the BHRUT Caldicott Guardian and has been adopted onto the NIHR research portfolio. Collection and management of biological samples collected for research will comply with the Human Tissue Act. In addition, the Study has been accredited to ISO27001 and NHS IG toolkit standards.

Life Study complies with all ethical, legal and information governance requirements for research.

Implications completed by: Anne Carey, Chief Operating Officer, Life Study

4.6. Risk Management

There is a ***Life Study*** Risk Management Plan (RMP) in place to describe the methodology for identifying, tracking, mitigating, and ultimately retiring ***Life Study*** Project risks. It sets out the internal and external risks to the Study and how these will be managed. The primary purpose of the strategy is to identify potential problems before they occur so that risk-handling activities may be planned and invoked to mitigate adverse impacts on achieving objectives. This risk management plan contains an analysis of measures to identify risks with both high and low impact and will periodically reviewed by the project team at the commencement of each project phase to avoid having the analysis become stale and not reflective of actual potential project risks.

This risk management process incorporates the BHRUT-Life Study Strategic Partnership.

4.7. Patient/Service User Impact

Life Study offers several benefits to the local population and health research needs. Specific health issues flagged as strategic priorities in the local current public health and health and well-being reports are integral to the ***Life Study***. These include antenatal smoking, infant feeding, maternal and childhood obesity and physical activity, mental health and well-being, and environmental risks. These are important health improvement targets which cut across the acute, community and public health sectors.

In addition, engagement with ***Life Study*** also affords an opportunity to gain momentum in the aspirations to develop a research capacity centred on the local population and one in which local people and health professionals can engage.

Similar birth cohort studies such as Born in Bradford (BiB) or Avon Longitudinal Study of Parents and Children (ALSPAC) focused in a single location have demonstrated the benefits of an 'on-site' study team integrated with the clinical care team and perceived as being part of that community. BHRUT and their community partners will provide the environment and infrastructure to form these close links with both the clinical service and the local communities.

5. Non-mandatory Implications

5.1. Safeguarding

The Study complies with all local safeguarding policies and feeds into the systems in place within the host organisation: all ***Life Study*** staff have level 2 child protection training.

5.2. Property/Assets

The ***Life Study*** centre, located at King George's Hospital, might provide a venue for parenting and other pregnancy and baby related classes, which in time could support the vision of King George's as a hub for women and children's services for the local population.

5.3. Customer Impact

5.4. Contractual Issues

All staff within the ***Life Study*** Centre at BHRUT are employed on NHS contracts hosted at BHRUT with honorary contracts at UCL. Thus NHS terms and conditions apply and all staff employed to work on ***Life Study*** are subject to the scrutiny of NHS employment checks.

5.5. Staffing issues

All key midwifery posts within the ***Life Study*** centre are employed as joint roles with the clinical service and the post-holders spend fifty percent of their time working within the clinical service. In this was the Study is closely aligned with the clinical service as well as well as enhancing the appeal of midwifery roles within BHRUT to retain existing staff or attract new staff to the organisation. .

HEALTH AND WELLBEING BOARD

28 October 2014

Title: Joint Carers' Strategy and Commissioning Priorities For Future Contract(s)	
Report of the Corporate Director of Adult & Community Services	
Open Report	**For Decision**
Wards Affected: All	**Key Decision: No**
Report Author: Mark Tyson, Group Manager, Integration & Commissioning	**Contact Details:** Tel: 020 8227 2875 E-mail: mark.tyson@lbbd.gov.uk
Sponsor: Anne Bristow, Corporate Director of Adult & Community Services	

Summary:

Carers in Barking and Dagenham play a critical part in supporting people to remain health and independent for as long as possible. There is evidence to show that investment in carers and carers' services can reduce demand for more expensive health and social care services. The Care Act 2014 greatly enhances the rights of carers in relation to assessment of need, provision of support and an improved offer for information and advice.

Carers are the largest provider of care and support throughout the UK. The economic value of the contribution they make was estimated at £119bn per year in 2011. CarersUK estimate that the equivalent value of the care provided by carers in Barking and Dagenham is £352m.

The current carers' strategy for Barking and Dagenham runs until 2015, and there is a need to revise our strategy to ensure that it delivers the vision outlined in the Care Act, as well as the Better Care Fund plan, and that it captures improved opportunities for joint commissioning between the Council and the Clinical Commissioning Group**.**

The development of the strategy has been undertaken on our behalf by CarersUK, meaning that the borough has been able to benefit from their national experience and draw upon best practice from elsewhere. Additionally, this approach means that there has been a sound level of engagement with stakeholders, including local carers, carers' groups, clinicians, frontline teams and commissioners. Primarily, this stakeholder engagement has helped to identify the local experience of caring and areas in need of improvement.

A strategy has been finalised, and we are in the process of exploring the recommendations with commissioners, providers and service users. For a development of this significance, the Board is invited initially to shape the recommendations that have emerged, with final sign-off of the Strategy to be brought to the 9 December 2014 meeting. In particular, the strategy headlines will inform the approach to commissioning, which is set out in broad terms in this report and which will be further developed in order to request the necessary approvals on 9 December.

Appendix 1 sets out the proposed outcomes, the sources of evidence, links to other strategies and frameworks, and the proposed actions which would deliver the required support for carers.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Consider the outcomes and proposed actions at **Appendix 1**, and approve the content for the final strategy, with any questions or concerns raised needing further consideration ahead of presentation of the strategy at the Boards December meeting;

(ii) Note the proposed approach to extending the current carers' support contract and drawing up a more detailed approach to commissioning future services based on the general commissioning intentions set out below;

Reason(s)

Carers' support is a major plank of social care reform as set out in the Care Act 2014. It is also one of the 11 schemes in the Better Care Fund plan agreed by the Board through recent meetings. The Council has, in addition, just agreed a new vision and priorities to shape and guide its work, including a priority around **enabling social responsibility**, which frames the Council's intentions around supporting residents to take responsibility for themselves; protecting the most vulnerable and ensuring that everyone can access good quality healthcare when they need it. The proposed Carers' Strategy will be core to the delivery of these aims within a challenging financial climate.

1. Background and Introduction

1.1 At the 2011 Census, 16,200 people in Barking and Dagenham indicated that they provide some form of informal care, with 28% reporting that they provide weekly care totalling 50 hours or more. Carers of Barking & Dagenham, by contrast, have around 4,000 carers on their database (though a known number are 'ex-carers'), and they worked actively with 890 throughout 2013/14. 745 assessments or reviews of carers are formally recorded in the Council's social care systems. This suggests that a potentially large number of carers are not known to the Local Authority or any carers' support services.

1.2 This is significant because of the pressure on carers and the need for support to maintain good health and ability to cope with the difficulty of providing care. Nationally 61% of older carers report some form of long term health condition, against 41% of non-carers, rising to 73% of carers providing 50 or more hours. Caring in poor health is a critical risk factor to the sustainability of the caring role. In Barking and Dagenham it is estimated that almost 1,400 carers are missing out on over £4m of Carers Allowance and almost two-thirds of carers say they miss out on social contact or feel isolated.

1.3 Our Better Care fund provides £925,000 a year for carers services for both 2014/15 and 2015/16.

1.4 The current commissioned service with Carers of Barking and Dagenham provides support to all carers and has specialist support services for young carers, parent carers and carers of adults with dementia. Its offer for adult carers includes:

- Peer support and social groups;
- Day trips and activities;
- Home visits;
- Emotional support;
- Welfare benefits advice including benefits checks;
- A comprehensive training programme.

1.5 Although there was much praise for the quality of services provided by Carers of Barking and Dagenham within our consultative activity, questions were raised about the effectiveness of a 'one size fits all' approach to carer support. Some groups were felt to under represented in the organisation, including male carers and carers of people with learning disabilities.

1.6 There were also felt to operational concerns such as support groups being held during the day and therefore exclude working carers, and traditional 'talking groups', which do not meet everyone's needs or preference in terms of engaging with support. It was also suggested that there was an over-reliance on groups and programmes led by workers, as opposed to an independently carer- or peer-led group.

1.7 Overall the work undertaken by Carers UK has suggested that there is an opportunity to improve the levels of innovation in support for carers, and to diversify the market, encouraging a wider range of smaller organisations alongside the core provision, to broaden the ‘offer’ within the local market. Some carers within the consultation, questioned the ability of a generic model to have the subject matter expertise of such a diverse range of caring experiences, cultural and religious and ethnic diversity and to be effective in offering support to all.

1.8 From our mapping activity with Carers UK we have identified areas of particular need based upon factors such as age, variations in health outcomes by ward and ethnicity and age alongside exacerbating conditions such as those of dementia and supporting people with end of life care needs.

1.9 We are proposing a shift away from a focus upon reactive support to one of prevention and early intervention with a renewed focus upon supporting carers health and wellbeing, addressing social isolation, improving awareness and access to benefits checks, screening for physical and mental health conditions facilitating access to peer networks and improving access to skills and training. Critically we are seeking to embed an understanding and awareness of carers and their needs into everything we do. This will involve innovation such as exploring the use of preventative payments to carers., flexible breaks and targeted engagement with hard to reach carers- individuals and groups within the Borough.

1.12 By building the capacity and resilience of carers to care through identification and support earlier in the caring journey, the aim is to prevent and or delay the onset both of the carers needs and potentially the needs of the cared for.

1.13 Amongst good practice brought to our attention through the development of the strategy is an example from Cambridgeshire. Crossroads Care,

NHS Cambridgeshire and 22 GP practices issue free prescriptions to contact Crossroads Care, who will then visit the carer. Breaks can be booked directly through Crossroads Care. Carer identification increased by 80% across the practices in a six month period and GPs advised that 32% of prescriptions prevented hospital admission.[1] This has a clear resonance with the Borough's target reduction in hospital admissions of 2.5% as part of our Better Care Fund.

2. The Strategy

2.1 **Appendix 1** sets out the outcomes that are proposed for the strategy, with the supporting analysis and a set of actions which are suggested to ensure that the outcomes are achieved.

2.2 In discussion with officers from Children's Services, it has been agreed to maintain the separation of strategy and commissioning intentions with regard to young carers. Nonetheless, there will need to be 'read across' between the respective approaches, and careful planning around transition as young carers move into adulthood.

2.3 In summary, the seven proposed outcomes for the strategy are:

1. Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for;
2. Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break;
3. Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised;
4. Carers are supported to improve and maintain good physical and mental health and wellbeing;
5. Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life;
6. Carers are supported to cope with changes and emergencies and to plan for the future;
7. Carers are supported when their caring role is coming to an end and to have a life after caring.

2.4 Under these seven outcomes, the areas for action are set out as:

[1] GP Carers Prescription Service 6 Monthly Report (Crossroads Care Cambridgeshire and NHS Cambridgeshire, 2010)

1. Identification

- *Mainstreaming of carer identification*
- *Appointing carers' leads*
- *Implementing a carers' referral protocol*
- *Carer identification and support at GP practices*
- *Identifying carers in hospital*
- *Accessible communications for underrepresented groups*
- *Preventative approaches*

2. Choice & Control

- *Self-directed support offer*
- *Direct payments*
- *Preventative payments*
- *Flexible breaks scheme*
- *Accessible support*
- *Stimulating the market*

3. Involvement and Consultation

- *Ensuring carers are involved in their cared for's assessment*
- *Ensuring carers are involved and supported to provide care at home*
- *Supporting carers of people with mental health conditions*
- *Involving carers during the hospital journey*
- *Carers as part of a wider workforce*
- *Involve carers in service design*

4. Carers' Mental and Physical Health

- *Support for carers at GP practices*
- *Preventative health programmes*
- *Providing carers with preventative advice and support in the community*
- *Emotional support for carers*
- *Safeguarding training*

5. Carers' Economic Wellbeing and Isolation

- *Carers' assessments*
- *Referral to work and training opportunities*
- *Carers' employment champions*
- *Support for carers in employment*
- *Peer support*
- *Targeted financial support*

6. Emergencies and Changes

- *Identifying and supporting carers at times of change or crisis*
- *Reviews*
- *Emergency planning scheme*
- *Training for future planning*
- *Supporting young carers and parent carers during transition*

7. Life After Caring

- *Supporting carers providing end of life care*
- *Research into cultural needs*
- *Supporting carers when their caring role comes to an end and beyond*

2.5 Board members are invited to comment on the detail in **Appendix 1**, and identify any omissions or points of concern from their organisation's perspective.

3. Commissioning intentions

3.1 In order to support carers in the future, and consistent with the Care Act 2014, work is underway to develop commissioning intentions for 2015/16. The Council's Care Act programme is currently working on the assessment and eligibility requirements for the social care support system, based on draft guidance (with final statutory guidance expected imminently). The final shape of future carers' services are not therefore clear.

3.2 In the interim, commissioners are working on an extension of the contract with Carers of Barking & Dagenham (allowed for in the existing contract) for six months whilst the final specifications are developed and the tender process can be initiated. The proposal for extension will include provision for the disaggregation of the carers' assessment requirement and the provision of support services, so that current thinking that carers' assessments will be brought 'in-house' to the Council under the new Care Act regime, can be implemented from 1 April 2014.

3.3 In particular, this is complicated by the need to respond to the right of all carers, under the Care Act, to request a personal budget. Like care and support in the home, this will change the market in support services for carers, and a greater level of personalisation and 'micro-commissioning' by carers themselves, with the budget provided by the Council, can be expected.

3.4 In addition, the Care Act emphasises the parity of treatment between carers and service users, and therefore consideration will need to be given to how the revised charging policy for social care applies to carers and the services that they receive.

3.3 Thereafter, the proposals for the commissioning of new carers' services will look to adopt some key principles:

- An emphasis on models of support for carers which build resilience, including peer-led support groups involving 'experts through experience', with professional inception where required and phased withdrawal. This will be a delivery model that is less about doing for and much more about building local capacity and skills.

- Through our market-shaping programmes, to promote and develop services which are responsive to the provision of personal budgets and individual purchasing decisions as exercised by individual carers.

- Within this context, to establish an umbrella offer for the commissioned carers service which becomes one of providing a local infrastructure with a core offer of provision of information and advice and promotion of access to universal services and training and skill development. This will be aligned with the further development of the Care and Support Hub providing information, advice and signposting for universal services and services which might be purchased using an individual carer's budget.

- Undertake a separation between advocacy and support from assessment and provision- work will be undertaken to model steps required to bring carers assessments 'back in house'. From our consultation highest on carers' wish lists was the desire to be involved and consulted about the support provided to their loved one, and assessment and review is an important element of this. There was a consensus amongst professionals that the benefit of 'whole family' approaches to assessment far

outweighed the fragmentation that can occur when different organisations conduct separate assessments of individuals within one family. One single assessment had universal appeal, if service user and carer agreed.

- Improved targeting of support to include those carers identified as hard to reach. Through mapping work now completed a clear picture is available of carers at risk of breakdown and ill health within the Borough. This approach will include developing flexible breaks scheme for carers with direct access via GPs without the service user necessarily being FACs eligible. Specifically we will seek to support outreach into BME organsiations to develop and raise awareness of caring, encourage peer support to help reduce some of the stigma associated with disability and reduce the fear of approaching statutory services for help. This will build upon groups within the borough who already provide support and advice to differing ethnic and cultural groups.

3.4 The services will be commissioned so as to draw clear links with other areas of business, including:

- Continued joint commissioning of carers' services between the Council and the Clinical Commissioning Group utilising the agreed Joint Commissioner to lead future development and implementation.

- Links with the separate commissioning arrangements for young carers services, to reflect the decision by Children's services to establish these contracts separately.

- Support compliance with Care Act requirements and the delivery of Better Care Fund outcomes.

3.5 The commitment currently used to support Carers assessments be retained by the current provider to support stability and to enable us to jointly test implementation of the new model of support proposed above subject to the determination of the Board at its meeting on the 9 December 2014.

3.6 In general terms, the commissioning timeline is planned as:

Task	**Timescales**
Review of market impact and opportunities	to 9 December 2014
Extension of current contract with Carers of B & D and variation	November 2014
HWBB approves strategy and gives formal approval to tender	9 December 2014
Completion of tender documents	January 2015
Issuing of tender docs	February 2015
Completion of ITTs returned	April 2015
Panel evaluation completed	May 2015
Notice of award of contracts	May 2015
Contracts go live	July 2015

4. Consultation

4.1 Recommendations and next steps are based upon a series of stakeholder interviews and carer focus groups, supported by Carers UK in June and July 2014. This paper also reflects discussions and engagement with the Carers Strategy Group for Barking and Dagenham who have considered and informed section 2.1 'key outcomes required' above.

5. Mandatory Implications

Joint Strategic Needs Assessment

5.1 The JSNA identifies a number of factors which will need consideration within our approach to carers and carers support, not least the impact of migration into the borough and their particular needs. A report prepared by the Migration Observatory in 2011 suggests that migrants experience poorer mental and physical health outcomes overall. The report also found that socio-economic circumstances of migrants and immigration regulations affecting some migrants can have a negative impact on access to and use of health care. We also know that Barking and Dagenham has high levels of deprivation – the top 7% most deprived boroughs in England. Within the Borough there are variations in levels of deprivation and it is important that our strategy is better able to respond to such variations, adopting targeted interventions where carers maybe at higher relative risk.

5.2 The UCL institute of Health Equity Report identified that particular groups will be more at risk following the economic and welfare changes. The numbers of at risk will be increasing. Welfare reforms are predicted to cause migration between London Boroughs and out of London altogether. Poorer areas and outer London may experience a disproportionate rise in their populations because of the inward migration of benefit recipient households.

5.3 There are also significant health inequalities based on ethnicity and people of black ethnicity were more likely to have an emergency hospital admission than any other ethnic group in 2010/11 even after adjusting for differences in age.

5.4 Carers in the Borough have consistently highlighted that they can derive considerable benefit from short breaks. Against a backdrop of welfare reform, economic pressures we need to utilise community based services to provide more information, advice and choice to carers. Carers want appropriate support, access to universal services and short breaks to support them in their caring role.66

Health and Wellbeing Strategy

5.5 Our Health and Wellbeing strategy identifies a number of key principles which include to enable increased choice and control by residents who use services with independence, prevention and integration at the heart of how choices can be made and to seek to reduce health inequalities with themes early recognition and intervention and upon the promotion of positive health and wellbeing.

5.6 It is therefore imperative that both the development of a new Joint Carers Strategy and Commissioning steps fully reflect these principles.

Integration

5.7 Integration is supported through our steps to improve support to family carers which is a key scheme within our Better Care Fund supported by both our pooled funds and through the joint commissioning of services, review of their effectiveness in delivering required outcomes and oversight by the HWBB.

Financial Implications

5.8 The better care fund plan for Barking and Dagenham provides a spend of £925,000 for carers support within our Better Care Fund there are governance arrangements in place to support recommendations to move resources between the 11 schemes where evidence of positive outcomes are demonstrated.

5.9 Care Act places clear additional duties upon Councils in relation to Carers and we have identified £513,000 within our Better Care Fund for Care Act implementation alongside resources available through the Burdens' grant.

Implications completed by: Roger Hampson, Group Manager, Finance

Legal Implications

5.10 The Local Authority has a more extensive duty towards Carers under the Care Act 2014. They are covered by the well-being provisions, the provisions as to P.R.D. They are entitled to a needs assessment pursuant to s.10. They have to be provided with information and advice, they can be charged for receiving services. They have to be involved in the assessment of any adult. They can be provided with care and support.

5.11 There is throughout the Care Act 2014 a raft of provisions relating to carers, all of which appear to have been encompassed within LBBD's carer's strategy. The fact that Child Carers are entitled to an assessment during any transition phase.

5.12 There is recognition that there are hidden carers and steps are being taken to address this. Work is also being undertaken with the voluntary sector to ensure that these carers are identified.

5.13 The Strategy aims to accord with the Care Act 2014 in recognition of the additional duties towards carers' by the Local Authority.

Implications completed by: Dawn Pelle, Adult Social Care Lawyer

6. Non-mandatory Implications

Customer Impact

6.1 Our aim is to put carers at the centre of our approach to both the development of the new joint carers strategy and to the provision of support services, reflecting both stakeholder engagement and legislative requirements. Experience of support will be improved through proactive engagement, earlier identification and greater choice and control through provision being responsive to individual budgets and purchasing decisions.

Contractual Issues

6.2 In order to fully mainstream and embed carers support into everything we do we propose to build carers awareness and support to identify carers into our commissioning contracts across health and social care in order that these support required outcomes – including those for Care Act Implementation and Better care Fund deliverables.

Staffing issues

6.3 In parallel with steps to embed carers awareness and support in everything we do the Carers strategy will, alongside staff training and development requirements as part of Care Act implementation seek to support staff in supporting earlier identification of carers, sign posting to appropriate support, information and advice and in understanding the key responsibilities for assessment and support of carers in their own right. This will be undertaken across health and social care and critically target staff in primary care who will also play a key part in supporting early recognition and identification of people with caring roles.

7. List of Appendices:

Appendix 1: Strategy Headlines and evaluation framework (Carers UK)

Appendix 1:

Evaluation Framework

This section sets out

- The key outcomes for carers and carers' support in Barking and Dagenham
- Recommendations for new and modified services that will help to meet these outcomes in the future
- Summaries of key evidence from this project so far that relates to the desired outcomes, including evidence of any disproportionate impacts on key groups of carers
- Existing national and local outcomes and improvement indicators to monitor progress against
- How mainstreaming carers aligns with Better Care Fund plans
- Why investing in carers' support can lead to savings elsewhere

Summary of key outcomes

1	Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for
2	Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break
3	Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised
4	Carers are supported to improve and maintain good physical and mental health and wellbeing
5	Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life
6	Carers are supported to cope with changes and emergencies and to plan for the future
7	Carers are supported when their caring role is coming to an end and to have a life after caring

Outcome 1: Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for

Outcome measures	Existing outcome sources
• Carer identification is embedded across all health, social care and statutory services • Carers are identified at the earliest opportunity regardless of their own level of awareness • Carers are able to access information, advice and services to prevent, delay or reduce their needs for support and the needs of their cared for	• National Carers' Strategy (2010) • Adult Social Care Outcomes Framework • Care Act (2014) • Caring for Carers in Barking and Dagenham (2011-15) • Joint Health and Wellbeing Strategy • Social Care Commissioning Plan • Integrated Care in Barking and Dagenham, Havering and Redbridge: The Case for Change • Better Care Fund Scheme 2: Improved hospital discharge • Better Care Fund Scheme 5: Integrated commissioning • Better Care Fund Scheme 6: Support for family carers • Better Care Fund Scheme 8: Prevention • Better Care Fund Scheme 10: Equipment and adaptations • Better Care Fund Scheme 11: Dementia Support

Improvement indicators

- The proportion of carers who find it easy to find information about support (ASCOF 3D Part 2**)**

Carers most at risk

Male carers More than 4 in 10 carers in Barking and Dagenham are male, yet men are underrepresented in service provision and so are more likely to be caring without support. The largest male carer populations are in Abbey, Gascoigne and River.

BME carers A third of carers in Barking and Dagenham are from a BME background; however, some ethnic groups such as Indian and Other White are underrepresented in service provision. The largest BME carer populations are in Abbey, Gascoigne and Longbridge.

LGBT carers National evidence suggests that LGBT people are less likely to be visible to services; there is no specific social care support offered or engagement with the local LGBT community so they are likely to be a hidden group in Barking and Dagenham.

Carers of people with dementia Identifying people with dementia and their carers early is a key priority of *Better Care Fund Scheme 11: Dementia Support*; early diagnosis helps to find the right treatments and best sources of support.

Carers with learning disabilities Nationally, carers with learning disabilities remain a largely hidden group, with very little data available to measure the level of mutual caring. Lack of awareness and understanding amongst staff is a key issue. As family carers start needing more support themselves, families develop routines and ways of coping that mean that both the older person and the person with learning disabilities are looking after each other. A growing number of people with learning disabilities are providing regular and substantial care for their ageing relatives.

Carers within primary and secondary care Carers indicated that in primary care, carer identification needs improvement, and there is a need for consistency across all GP practices to support carers at risk and refer them to appropriate support. Evidence indicated that the secondary care acute trust is not at present able to identify carers on wards at an early stage; there is a pilot discharge project that supports carers through the hospital discharge procedure and into reablement but this has limited resources.

Recommendations

Mainstreaming of carer identification

The Council and CCG work together to ensure carer identification is mainstreamed across health and social care, including mental health and substance misuse and other statutory services that have regular contact with people and families, such as housing and cultural services. Carer identification and support should be a key part of all Better Care Fund schemes (see *Appendix 1: Better Care Fund – Mainstreaming Carers*). Carer identification shouldn't be reliant on people having the recognition that they are caring. This may mean a significant shift in working cultures, but will ensure carers of all ages are more likely to be identified and the needs of carers and opportunities to identify, engage, partner with and support them are built into all statutory activity and become everyone's responsibility. This is particularly important with the potential for increased identification of carers as a knock-on effect of an increase in self-funders coming forward for assessment due to the Care Act.

Appointing carers' leads

It may be beneficial to appoint carers' lead roles within services, or jointly across services, to commission support for carers, champion the mainstreaming of carer identification and support and offer advice and support to colleagues. This needs careful consideration as carers' leads can sometimes assume or be given total responsibility for carers, when mainstreaming carers should be intrinsic to all services and everyone's responsibility. A commitment to mainstreaming carers needs to be led from the most senior level of the organisations involved and cannot be solely a commissioning or operational responsibility.

Implementing a carers' referral protocol

A carers' referral protocol to be implemented, to support mainstreaming and wider access to carers' support outside of that which the

particular service can offer itself; for example, a GP could support a carer with their health needs, but may need to refer them to social care for an assessment or to the local carers' service for information about peer support groups. This protocol should include clear referral pathways or, at the very least, signposting so that services can easily divert carers to relevant community support, and carers and services understand the specific types of support available including preventative information, advice and training; this could be complemented by a wide roll out of face-to-face and/or online carers' awareness training for professionals, and an online guide for carers to support them to, for example, navigate health and social care services. Navigation sessions could also be held for staff in social care and health, as part of their learning time, to increase their understanding of carers' support available locally; these could be coordinated by the commissioned carers' service but would need to cover the breadth of support available in the area.

Carer identification and support at GP practices

Carer identification, signposting and support to be offered at all GP practices as they are often the 'first point of contact' for carers; consider a targeted programme that may require the investment of dedicated resources, such as a clinical carers' lead at the CCG and/or the recruitment and use of volunteers. Identify GP champions at each practice and/or within cluster teams; ensure all new patients and all health screening asks for details about any caring responsibilities; make full use of the GP Carer Register; encourage practices to adopt a carers' charter; and encourage use of flexible/extended appointments for carers. This can also support the aims of *Better Care Fund Scheme 11: Dementia support* to signpost service users and carers to support at point of diagnosis. Use GP teaching forums to put across the clinical benefits of supporting carers including early identification of carers' own health problems through activities such as regular health checks and depression screening, and a carer's role in helping to meet a patient's needs. Make use of existing resources, such as the RCGP's Caring for Carers Hub[1] when it is available, aimed at helping primary care staff to focus on the health and wellbeing needs of carers; the RCGP's commissioning guide for CCGs on the importance of identifying and supporting carers; and the GP Champions programme which offers knowledge and expertise, GP to GP, on the business benefits of identifying and supporting carers.

Identifying carers in hospital

Continue and improve identification and support of carers in hospital through the Joint Assessment and Discharge Service and in conjunction with the carers' hospital discharge project (if still running) to improve hospital discharge arrangements and prevent readmissions. This supports the aims of *Better Care Fund Scheme 2: Improved hospital discharge*. This could include understanding the information and learning needs of carers, such as moving and handling, use of equipment and the objectives of reablement. For those carers who do not live with their cared for, the service can work around the needs of the carer including arranging for a weekend discharge**.**

Accessible communications for underrepresented groups

Reconsider all communications and promotional activity around being a carer and support for carers to ensure that it is accessible to

[1] http://www.rcgp.org.uk/clinical-and-research/clinical-resources/carers-support.aspx

people who do not identify with the term 'carer' or have not yet labelled themselves as such; target communications and specific services at underrepresented groups and communities including men, BME groups, LGBT people, and adults with learning disability who may be caring for ageing frail parents (known as 'mutual caring'). Target low level information and advice, such as leaflets and posters, at locations that carers regularly visit such as supermarkets, pharmacies and libraries. Develop joined up working practices between learning disability and older people's teams to share information and support that addresses the interdependent needs of mutual caring roles. Use existing resources to improve processes, such as the Foundation For People With Learning Disabilities Mutual Care Project[2], which champions innovation and good practice for this discrete caring group.

Preventative approaches

Consider as part of mainstream preventative approaches, including *Better Care Fund Scheme 8: Prevention*, focussed preventative offers to carers that seek to delay their own needs both as a carer and as a service user. This would focus on key aspects that support the carers' own health and wellbeing and ability to cope with caring, and seek to promote the independence of the 'cared for' and thus reduce reliance upon the carer. Support could include financial and benefits checks; screening for physical and mental health conditions; access to peer support networks; access to therapies and relaxation days; and emergency/contingency planning. A simple OT assessment for low level equipment, telecare and telehealth could support both carer and cared for; such as grab rails, raised toilet seats, key safe, community care alarm and mobility aids. This would support the aims of *Better Care Fund Scheme 10: Equipment and adaptations*. A preventative approach could also include a carers' skills audit, to identify training and learning needs such as moving and handling.

Summary of key evidence related to this outcome

Identifying carers in the population

There is a large hidden carer population in Barking and Dagenham. Of the 16,000 carers identified by the Census, an estimated 1,000 (6%) were actively supported by the Council and/or Carers of Barking and Dagenham in 2013/14. Almost half of the carers provide 20 or more hours of unpaid care a week and are likely to have higher support needs.

More than 4 in 10 carers are men but male carers are significantly underrepresented in service provision. Working age carers are underrepresented by statutory services and working carers are likely to be underrepresented in service provision. Half of the carers in Barking and Dagenham are in full-time or part-time work; the highest proportions of working age carers are in Abbey, Becontree and Gascoigne.

Some carers spoke of outreach activities such as Carers Week events and stalls in libraries as a successful way in which they were identified, and the immense relief they felt after this; however, this was often years into their caring role and despite having been in

[2] http://www.learningdisabilities.org.uk/our-work/family-friends-community/mutual-caring/

contact with numerous professionals before this point.

Challenges with identifying carers

Stakeholders and carers alike in Barking and Dagenham spoke of difficulties with carer identification due to the time it takes for people to recognise that the relationship with their loved one has changed and that they are providing them with more support on a regular basis. For many, the term 'carer' did not resonate. Some feared the formality of making themselves known to statutory services and the perceived responsibilities that may come with that. There was also a general feeling that people in the local community are reluctant to ask for help and just 'manage'.

Some challenges were raised in terms of identifying certain communities and groups of carers:

- Eastern European carers do not come forward for support
- Some Asian communities do not understand the term 'carer' and are fearful of engaging with statutory services
- Information on LGBT carers and service users is not routinely monitored and there is no specific support available for these groups alongside mainstream services
- Working carers are more difficult to identify as they are often not able to attend activities or promotional events
- Young carers worry about what their friends may think or what will happen to their families if they ask for help

Specific challenges that affect carer identification from a health service perspective were mentioned including:

- A lack of knowledge amongst GPs about effective social interventions for carers and their clinical benefits; and what is available locally in terms of support for carers
- Difficulties due to time and resources in identifying all carers in hospital at the earliest stage and providing them with support leading up to discharge; also the potential negative ramifications on this if the carers' hospital discharge pilot is discontinued
- Identifying carers of people with mental health problems who do not come forward as they worry about what the expectations may be on them when they are identified

Carers talked about a lack of understanding of the local services available to support them and how to access and navigate statutory support. Some professionals said similarly that identifying carers was a challenge as it was not clear what they could offer them in terms of support afterwards. Issues with record keeping and data sharing mean that information on carers and their needs is not easily monitored or shared between services, including the council, health and their commissioned services.

Early intervention and prevention

Some frontline professionals said that carers often only come into contact with them at the point of crisis – either when the carer is too ill to continue providing care, or the needs of the person they are looking after have escalated to the point that they can no longer cope.

Some carers had their own physical and mental health needs that they were neglecting and had not sought medical treatment for.

Preventative information, advice and support is available from Carers of Barking and Dagenham including a comprehensive training programme that covers dementia care, mental health awareness and lifting and handling. However, professionals – including those on the frontline – were not all aware of this offer and in general were not aware of the specific services that are available to support carers.

Some carers were grateful to receive a newsletter from Carers of Barking and Dagenham regularly, but felt they needed something more. Many carers were unclear what their support needs were or what they could reasonably ask for; a number of them had health and wellbeing needs that were not being addressed such as physical health problems, insomnia and isolation. Some carers in the learning disabilities group felt that support for long-term family carers was lacking from Carers of Barking and Dagenham, and that it dealt mainly with dementia. However, one carer in the learning disabilities group said they found Carers of Barking and Dagenham to be very helpful and supportive when they needed them**.**

Outcome 2: Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break

Outcome measures	Existing outcome sources
• Carers have access to integrated and personalised services to support them in their caring role and which offer choice and control • Support for carers is tailored to their individually assessed needs and aspirations • Services are accessible to all and consider the specific needs of different communities and groups of carers • Carers are able to access support that allows them to take a break when they need to	• National Carers' Strategy (2008) • National Carers' Strategy (2010) • Adult Social Care Outcomes Framework • Care Act (2014) • Caring for Carers in Barking and Dagenham (2011-15) • Joint Health and Wellbeing Strategy • Social Care Commissioning Plan • The Business of Care in Barking and Dagenham • Integrated Care in Barking and Dagenham, Havering and Redbridge: The Case for Change • Better Care Fund Scheme 5: Integrated commissioning • Better Care Fund Scheme 6: Support for family carers • Better Care Fund Scheme 7: Care Act implementation

Improvement indicators

- Carers receiving self-directed support (ASCOF 1C Part 1b)
- Carers receiving direct payments for support direct to carer (ASCOF 1C Part 2b)
- Overall satisfaction of carers with social services (ASCOF 3B)

Carers most at risk

High intensity carers Carers in a high intensity caring role (20 or more hours a week) are more likely to suffer the negative impacts of caring and have the greatest need for support. Almost half of the carers in Barking and Dagenham fall into this category; Parsloes, Goresbrook and Heath have the highest proportion**.**

Carers at breaking point Inadequate support including access to care services, breaks and medical treatment are identified causes of crisis and along with other stresses and pressures including exhaustion and physical strain, can come together to push carers over the edge.[3]

Recommendations

Self-directed support offer

Consider a range of methods for implementing a separate self-directed support offer for carers following carer's assessment, which is not reliant on the cared for having their own personal budget, and which supports the carer to continue to fulfil their caring role and considers their health and wellbeing needs and desire to take a break. Access to a range of universal 'free' services and opportunities to take a break from caring, including those already offered by Carers of Barking and Dagenham such as training and activities, could form part of a self-directed offer so that carers could choose themselves from a range of 'paid' and unpaid support to meet their nee**ds.**

Direct payments

A self-directed offer for carers could include access to a separate payment, direct to carers, and based on eligibility; however, this payment must not be towards the costs of services that are provided to the service user e.g. replacement care. The process for accessing personal budgets and direct payments for carers should be clear and form part of a 'pathway' and/or online guide that both professionals and carers can follow**.**

Preventative payments

Barking and Dagenham could also consider the use of preventative payments for carers who do not meet eligibility criteria for a direct payment. These could be administered by a third party such as Carers of Barking and Dagenham, for those carers who may not be caring for a person with critical or substantial needs, but may, for example, struggle to afford a one off item, such as a washing machine, driving lessons or something else which could significantly improve the experience of caring, or a carer's individual wellbeing.

FLEXIBLE BREAKS SCHEME

A FLEXIBLE BREAKS SCHEME COULD SUPPORT CARERS TO TAKE BREAKS FROM THEIR CARING ROLES AND TO PROMOTE HEALTH AND WELLBEING, INCORPORATING ALREADY EXISTING SERVICES E.G. DAY TRIPS AND ACTIVITIES. THIS SCHEME COULD BE SUPPORTED BY GP ENDORSEMENT AND SPECIFICALLY TARGET CARERS WHOSE HEALTH AND WELLBEING IS AT RISK AND/OR WHOSE CARING ROLE IS AT RISK OF BREAKDOWN; CARER BREAKDOWN CAN LEAD TO COSTLY INTERVENTIONS FOR THE HEALTH AND SOCIAL CARE SYSTEM INCLUDING HOSPITAL AND RESIDENTIAL CARE ADMISSIONS (SEE ALSO *APPENDIX 2: BUILDING THE 'INVEST TO SAVE' ARGUMENT*).

[3] Carers at breaking point (Carers UK, 2014)

ACCESSIBLE SUPPORT

Ensure support is accessible to all carers in the community, in particular groups that are underrepresented in service provision e.g. male carers, BME carers and LGBT carers. Services should be ready to consider any specific needs or concerns these groups may have, which could be understood through engagement with individuals or relevant local/national organisations**..**

Stimulating the market

Improve choice and control for carers through stimulation of the market in services to support them, particularly within the voluntary sector, where condition-specific or equality-specific organisations could provide insight to new, innovative models of support for carers, or partner with other organisations to do so. This could help improve the diversity of services on offer to carers, to better reflect the makeup of the population. Encourage other public, private and voluntary sector services to be more accessible to carers. These services could be accessed via a personal budget and/or as part of a universal offer for carers**.**

Summary of key evidence related to this outcome

Self-directed support

Compared to other local authorities in its comparator group offering self-directed support for carers, Barking and Dagenham performs well below average. It does not have a separate personal budget or direct payment scheme for carers; however, carers can access respite and replacement care through the service user's budget. The Adult Social Care Market Position Statement cites 'more options for carers to have a break from their caring role and to purchase respite with a personal budget' as a commissioning priority. The opportunity to invest in carers support using the Better Care Fund also cites the importance of carers' breaks.

There was confusion from some professionals and carers about how the personal budget process works now. Social workers raised that they used to be able to offer carers a personal budget in their own right and that this was very popular and gave them something tangible and valuable to offer following a carer's assessment; they couldn't understand why this had changed.

Some carers said that they could see the benefits of a personal budget so that they could find support that was tailored to their own requirements. It was noted that there was a lack of specific support or understanding of the needs of some cultural and faith communities, and LGBT people**.**

Integration and partnerships

Integration of health and social care support for carers is limited in comparison to support for service users. Some of the financial and commissioning commitment is there – as is the commitment to a joint carers' strategy – but integrated services need development and that commitment at the strategic end should translate to delivery, for example in hospitals and GP practices. Carers are not currently a strong feature in the integrated care teams or cluster teams. Carers of Barking and Dagenham spoke of good relationships and integration with GPs, but other professionals (including one GP) and many car**ers** felt that there was a lot of work to be done in terms of

involvement, recognition and support for carers at GP practices.

There was little evidence of partnerships with or within the voluntary sector to support carers – for example, between Carers of Barking and Dagenham and condition-specific, or equality-specific, charities. Although a few professionals spoke of strong working relationships in the voluntary sector – and clear signposting between agencies to avoid duplication – some thought there is room for more partnership working and additional organisations working in health, social care and welfare. There is limited choice for carers as Carers of Barking and Dagenham is the sole provider of carer-specific services, and carer-friendly and carer-ready universal services are not well developed.

Carers' assessments

Some frontline professionals felt that the separation of a service user's and carer's assessment means that social work assessments are only focussed on carers' needs with regards to the care of their loved one, and their individual needs are disregarded and redirected to Carers of Barking and Dagenham for a separate assessment. However, some social workers saw themselves as an advocate for the service user, and felt that a separate, external carer's assessment was more beneficial for carer and cared for. It seemed difficult to strike the right balance between the two, but all agreed that carers needed an holistic assessment that considered their own needs and aspirations as well as those needs related directly to their caring role.

Social workers said that they leave a carer's self-assessment form with a carer when they do a service user assessment; however, some social workers were unclear as to whether they should fill this in with the carer or if it's acceptable to leave them to do it themselves. They said there is no formal referral process to Carers of Barking and Dagenham, and no easy way of knowing what support the carer ultimately receives and the outcomes of this. One social worker asked 'what can you offer a carer following a carer's assessment?' and this view was echoed by others**.**

Outcome 3: Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised

Outcome measures	Existing outcome sources
• Carers are respected as expert care partners throughout the care process and treated with respect and dignity • Carers are actively and positively involved and consulted in the care and support provided to their loved ones • Carers are involved in the planning and design of local services	• National Carers' Strategy (2008) • National Carers' Strategy (2010) • Adult Social Care Outcomes Framework • Care Act (2014) • Caring for Carers in Barking and Dagenham (2011-15) • Social Care Commissioning Plan • Integrated Care in Barking and Dagenham, Havering and Redbridge: The Case for Change • Better Care Fund Scheme 1: Community Health and Social Care Teams • Better Care Fund Scheme 2: Improved hospital discharge • Better Care Fund Scheme 3: New model of intermediate care • Better Care Fund Scheme 4: Mental health support outside hospital • Better Care Fund Scheme 6: Support for family carers • Better Care Fund Scheme 9: End of life care • Better Care Fund Scheme 11: Dementia support

Improvement indicators

- The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)

Carers most at risk

Carers of people with mental health problems Within mental health services, barriers including confidentiality have prevented carers from being fully involved and consulted in the care and support provided to their loved ones.

Carers of people who are in hospital There is a lack of support for carers throughout the hospital journey, and a risk that support provided to carers whose loved ones are being discharged will suffer if the carers' hospital discharge project loses its external funding.

Recommendations
Ensuring carers are involved in their cared for's assessment Ensure carers are always involved in community care assessments if they are providing care to meet someone's needs, so that their perspective and experience supports a better understanding; this may involve more than one carer if they are not caring alone. Always offer service users and carers the opportunity to have a joint or a separate assessment. Carers' assessments should cover in detail carers' ability and desire to continue providing care. Recording and monitoring processes need to be tightened to capture all carers' assessments, and training rolled out to support this if necessary. ***Ensuring carers are involved and supported to provide care at home*** To support *Better Care Fund Scheme 1: Community Health and Social Care Teams* and *Better Care Fund Scheme 3: New model of intermediate care*, and to help prevent hospital admissions, carers should be fully involved and supported as an equal partner in the work of the integrated care teams and as part of the Community Treatment Team and Intensive Rehabilitation Service. This aligns with work to improve support to end-of-life carers (see *Outcome 7*) and dementia carers who are able to care for their loved ones at home**.** ***Supporting carers of people with mental health conditions*** Improve carers' experiences in acute and non-acute mental health services by rolling out the Triangle of Care[4] approach throughout the North East London NHS Foundation Trust with an aim to have true collaboration between mental health professionals, service users and carers. This could be a substantial culture shift, and will require a programme of work and training to implement, but has wide ranging benefits for all involved. Thought should also be given to clear policy and practice protocols around confidentiality and sharing of information, to ensure that confidentiality is never an unnecessary barrier for carers. This supports the aims of *Better Care Fund Scheme 4: Mental health support outside hospital*. ***Involving carers during the hospital journey*** In line with improving identification and support of carers in hospital through the Joint Assessment and Discharge Service – and supporting the aims of *Better Care Fund Scheme 2: Improved hospital discharge* – develop mechanisms to identify, recognise and support carers throughout the hospital journey and ensure their involvement and inclusion in discharge planning to prevent further admissions. This is an ambitious piece of work requiring the full support of the acute trust and recognition of the potential cost, clinical, social and organisational benefits of such an approach. This has the potential to be a low cost activity as a key success measure is the ability of staff to maintain and sustain a change in behaviour; for example, in how carers are greeted and approached by staff, included in assessment and care planning conversations, and assumptions not being made about their ability and willingness to provide care after discharge. This recommendation would lend itself well to a small scale pilot project in one discrete area of acute care in order to analyse

[4] The Triangle of Care: Carers Included, A Guide to Best Practice in Mental Health Care in England (Carers Trust, 2013)

the cost benefit of the approach; elderly care, for example.

Carers as part of a wider workforce

Consider implementing a training and learning programme for carers that considers their needs as part of a wider workforce; for example, moving and handling, health and safety, safeguarding. Learn from the successes of the training courses delivered by Carers of Barking & Dagenham and look to mainstream these into wider commissioning programmes of work. For example, building carers into any re-ablement contracts, such that they are aware of the principles and objectives of re-ablement and their learning needs are identified. Try to shift the view of carers as a 'resource' and more towards 'co-worker' and 'colleague'; people with skill and knowledge to share that can contribute towards service user outcomes.

Involve carers in service design

Work in partnership with carers, alongside service users, to improve services. This should be standard across all health, mental health, social care and other statutory services to ensure carers' voices are heard across the whole system and carers are able to influence decisions about services that affect them and the people they care for.

Summary of key evidence related to this outcome

Carers being involved and consulted

6 in 10 (58.7%) carers report that they have been included or consulted in discussions about the person they care for, which is below England and London average and low against comparator councils.[5]

More than three quarters (78.5%) of carers' assessments are carried out separately to the service user; however, feedback from frontline professionals indicated that many more joint assessments do take place and these are not necessarily recorded in a way that can be picked up by current monitoring processes e.g. free text fields are used.

Health professionals said that GPs do not always involve carers in care planning and that carers could be more involved in Integrated Care Team meetings. Dementia carers spoke of GPs not giving them the information they needed to care effectively, causing uncertainty and confusion. A number of carers said GPs had never broached the subject of them being a carer.

Involving carers in patient care at hospital was said to be difficult when there are so many competing priorities, and if this does happen it's usually at the point of discharge. The externally-funded carers' hospital discharge pilot run by Carers of Barking and Dagenham had helped more than 75 carers through the discharge process and beyond, with excellent outcomes recorded for carer and cared for.

[5] National Carers' Survey 2012/13 – results should be viewed with some caution due to a low response rate

Involving carers when carrying out mental health assessments was said to be more difficult due to confidentiality issues. Also, carers generally don't feed into mental health service design and delivery.

Overwhelmingly carers reported that to 'get it right' for them, professionals just had to 'get it right' for the person they are looking after; the health and wellbeing of their loved one is paramount and if they feel satisfied and confident with their care, it improves their own quality of life. One example of this was a mother of a man with mental health issues, who felt he had been suffering due to a change in supported accommodation provider, which had meant an increase in the burden of her caring role.

Carers talked of having to carry out tasks that they didn't feel confident with, such as moving and handling, because their cared for had said it was not a problem for them and the carer had not been consulted about it**.**

Treatment by professionals

Carers, particularly those in the learning disabilities group, said that building positive relationships with social workers was important to them and made them feel more valued. They found it frustrating to liaise with different workers, and have to continually explain their circumstances. The annual review process was cited as an example of this. Carers also said they had to chase review meetings. Documents received following assessment were said to often be an inaccurate reflection of what had been said, and the carers would have to correct this.

One carer of an adult child with learning disabilities said that carers are tired of going between hospitals and GPs and no one taking notice of their concerns. Another carer said that professionals get one view when they talk to his daughter alone and a fuller picture when they speak to her in his presence, as she will tell them "what they want to hear".

One carer spoke highly of the support she had received from physiotherapy and social workers, including feeling valued and that her views were listened to. Staff at Heathlands Day Centre were highly praised for their dedication, communication with carers and for keeping loved ones safe and happy**.**

Consultations with carers

Consultations with carers to understand what they think and feel have included the National Carers' Survey in 2012/13 and a follow up to improve the response rate in 2013/14. The next national survey is due to be run in 2014/15. The GP Patient Survey collects the views of patients, including some who are carers. Healthwatch Barking and Dagenham are also running a consultation with over 200 carers about their experiences and involvement in safeguarding processes; the findings of this survey will be followed up by the Safeguarding Adults Team.

Outcome 4: Carers are supported to improve and maintain good physical and mental health and wellbeing

Outcome measures	Existing outcome sources
• Opportunities to improve and maintain carers' physical and mental health are embedded across health, social care and statutory services • Opportunities to promote carers' good physical and mental health are embedded into the wider range of local services they come in to contact with • Carers are provided with all the information and support they need to stay healthy and well and make positive lifestyle choices • Carers are supported to ensure their caring role is not putting them at risk and they have all the information they need to care safely	• National Carers' Strategy (2010) • Adult Social Care Outcomes Framework • Public Health Outcomes Frame work • Joint Health and Wellbeing strategy • Care Act (2014) • Caring for Carers in Barking and Dagenham (2011-15) • Better Care Fund Scheme 1: Community Health and Social Care Teams • Better Care Fund Scheme 5: Integrated commissioning • Better Care Fund Scheme 6: Support for family carers • Better Care Fund Scheme 7: Care Act implementation • **Better Care Fund Scheme 8: Prevention**

Improvement indicators

- Health-related quality of life for carers (NHSOF 2.4)

Carers most at risk

Carers with poor health outcomes Carers in Chadwell Heath, Eastbury and Valence have the worst self-reported health outcomes in the borough.

Older carers Carers aged 65 and over are more likely to be high-intensity carers and are more likely to be in poor health. River, Parsloes and Goresbrook have the highest proportion of older carers who provide 20 or more hours of unpaid care a week. Chadwell Heath, Mayesbrook and Parsloes have the highest number of older carers whose health is 'not good'. Caring in poor health is considered a critical risk factor to the sustainability of a caring role.

High intensity carers Carers in a high intensity caring role are more likely to suffer the negative impacts of caring on their physical and mental health. Almost half of the carers in Barking and Dagenham provide 20 or more hours of unpaid care a week; Parsloes, Goresbrook and Heath have the highest proportion. Heath, Parsloes and River have the highest proportion of carers providing 50 or

more hours a week.

Recommendations

Support for carers at GP practices

Ensure support for carers is embedded and championed as part of a targeted programme to encourage GP practices to adopt a positive commitment to carer identification and support. This could be led by a clinical carers' lead at the CCG. As well as, and as part of, ensuring carers are looking after their own health needs, carers could have special access to interventions and schemes such as exercise on referral and books on prescription. Carers could also be offered flu jabs in accordance with NHS guidance. It may be worth considering a social prescribing model for carers (and all patients) who report low mood and depressive symptoms, instead of traditional drug therapy models, which has been evidenced in one CCG locality in the East of England to contribute towards cost savings in SSRI prescription budgets.

Preventative health programmes

Ensure carers are considered as an integral part of *Better Care Fund Scheme 8: Prevention*, aimed at improving health broadly, as a cost-effective way of using existing programmes of work in a carer friendly way. In line with poor health outcomes in the area, and the negative health inequalities experienced by carers, a 'carers' health drive' could target carers for preventative public health programmes including smoking cessation, healthy eating and obesity, physical activity, and alcohol misuse. Healthy eating and keeping fit and healthy could be a part of the ongoing training programme for carers. Carers could be offered access to flu jabs, as a preventative measure. Discounted, or free, access for carers to local leisure facilities could also be negotiated.

Providing carers with preventative advice and support in the community

Negotiate formal and/or informal partnerships with local health venues such as pharmacies to embed carer identification, information and support into places that carers regularly visit. Preventative health checks and flu jabs for carers could be offered by community pharmacies to take some of the pressure off primary care; as a pilot this could take place in areas with the worst self-reported health outcomes for carers e.g. Chadwell Heath, Eastbury and Valence. This could be another project that would benefit from the use of volunteers, who could help to meet and greet carers, and support staff teams in collecting information and answering general questions. Older carers and carers that provide 20 or more hours of care a week could also be targeted, as they are shown to have the poorest health outcomes. At the same time, carers could be targeted for other preventative activities as outlined above and/or referred to formal support**.**

EMOTIONAL SUPPORT FOR CARERS

EMOTIONAL SUPPORT COMES IN ALL SHAPES AND SIZES – ONE SIZE DOES NOT FIT ALL. SUPPORT GROUPS ARE NOT FOR EVERYBODY AND MORE COULD BE DONE TO PROVIDE A WEB OF EMOTIONAL SUPPORT THAT WOULD SUIT A WIDER GROUP OF CARERS. TRAINED VOLUNTEERS INCLUDING EX-CARERS COULD BE USED TO EXPAND ON THE TELEPHONE SUPPORT OFFERED BY CARERS AND BARKING AND DAGENHAM AND PROVIDE A

'LISTENING EAR' SERVICE FOR CARERS, WHICH WOULD GIVE THEM SOMEONE TO TALK TO WHEN THEY NEED SOME EXTRA SUPPORT TO COPE. AN ONLINE MENTORING SERVICE, SUCH AS CARERS TOGETHER, COULD ALSO BE CONSIDERED.[6] PROVIDING CARERS WITH ACCESS TO SPECIALIST COUNSELLING AND THERAPIES, THROUGH IAPT OR THE VOLUNTARY SECTOR, COULD HELP THOSE WITH MORE COMPLEX EMOTIONAL SUPPORT NEEDS. 'MEN'S SHEDS' IS ONE EXAMPLE OF GROUP SUPPORT FOR MALE CARERS THAT BRINGS PEOPLE TOGETHER AROUND A SHARED INTEREST AND ACTIVITY, SUCH AS GARDENING, AS WELL AS THE EXPERIENCE OF CARING. EMOTIONAL SUPPORT DOES NOT ALWAYS HAVE TO BE FACILITATED BY A 'PROFESSIONAL' IN A COUNCIL FUNDED BUILDING.

Safeguarding training

Once the findings of the Healthwatch research into carers and safeguarding are published, some consideration could be given to a training course for carers around safeguarding including understanding the safeguarding process, what to do in situations where carers are at risk of harm, and how to prevent carers causing inadvertent and unintentional harm to the person they care for. A part of this course could also be a skills audit to identify their training and learning needs in relation to their caring role.

Summary of key evidence related to this outcome

Health outcomes and inequalities

The Health and Wellbeing Strategy 2012-15 recognises that the residents of Barking and Dagenham are not as healthy as they should be and that compared to other parts of the country, they don't live as long and many die early from cancer or heart disease. Prevention is a key theme and identifies five priorities:

- To support more people to successfully quit smoking
- To get more people participating in the recommended levels of physical activity for health
- To raise awareness of the need to adhere to the recommended guidelines for sensible drinking
- To support more people to achieve and maintain a healthy weight
- To raise awareness of the early signs and symptoms of disease

Barking and Dagenham's Better Care Fund Plan Scheme 8: Prevention is also aimed at improving physical and mental health in the population, with a focus on:

- Improving premature mortality
- Tackling obesity and increasing physical activity
- Improving community safety
- Improving mental health
- Reducing injuries and accidents

[6] http://timebank.org.uk/carers-together

National research demonstrates the health inequalities between carers and non-carers, with carers facing negative impacts on their physical and mental health as a result of their caring role. Research shows that this is no different in Barking and Dagenham, with poorer health outcomes for carers that get worse as their caring role intensifies. People providing 20 or more hours of unpaid care a week have poorer self-reported health outcomes than non-carers at all ages apart from the oldest old. Census results show that carers are caring for longer – with almost half of the carers in Barking and Dagenham providing 20 or more hours of unpaid care a week – which makes this an even more serious concern.

More than 5,000 carers in Barking and Dagenham (including more than 1,500 aged 65 and over) declare their health to be 'not good'. This includes more than 1,400 carers (almost 500 aged 65 and over) who declare their health to be 'bad or very bad'; with the poorest self-reported health outcomes for carers in Chadwell Heath.

61% of carers in Barking and Dagenham reported a long-standing health condition against 46% of non-carers; this rises to 73% of carers providing 50 or more hours. Carers are more likely to suffer from high blood pressure, arthritis and long-term joint problems. They are also more likely to suffer from pain/discomfort and anxiety/depression, which are dimensions of poor health-related quality of life.

GP support for carers' health

Carers said that there should be more support at GP practices as they are their "first point of contact". It was said that there is a lack of information for carers at GP practices e.g. leaflets or posters. Some talked about feeling let down by their GPs, who had never recognised their caring role even though they often attended appointments with their loved ones. One carer said she doesn't have the time to organise her own GP appointments, despite suffering from severe insomnia; however, she often organises and attends appointments for the people she cares for. One carer who uses mental health services felt strongly that those services had a responsibility to help him to understand the impact caring may be having on his mental health condition.

Professionals, including one GP, said that GPs cannot always see the clinical benefits of supporting carers and referring them on for assessments. One professional felt there was a need to support carers to access mainstream services to improve their health rather than relying on costly bespoke services and initiatives. One health professional felt that adding things into GP contracts was not the right way and that contractual levers could be difficult; "it's better to talk to deliverers".

Dementia carers spoke of "keeping themselves well" to cope with the physical and mental pressures of their caring role. One carer said she had a different doctor to her husband and rarely had time to make an appointment and "list" her problems. One learning disability carer spoke of cancelling appointments including operations because they could not get respite**.**

An evaluation of the Department of Health's Demonstrator Sites programme[7] hypothesised the potential significant cost savings of undertaking health and wellbeing checks on carers and identifying undiagnosed conditions. The study showed that health checks frequently led to diagnosis of previously unknown conditions and referred many carers for earlier, and less costly, medical intervention, which ultimately supported them to care for longer.

Carers and safeguarding

Barking and Dagenham's Safeguarding Adults process recognises carers as a group that is potentially 'at risk' of harm or abuse. They may be subject to harm themselves, or may need information, advice and support to prevent them causing inadvertent harm to others. A large scale survey of carers around safeguarding issues is being carried out by Healthwatch.

[7] Evaluation of the National Carers' Strategy Demonstrator Sites Programme (University of Leeds, 2011)

Outcome 5: Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life

Outcome measures	Existing outcome sources
• Opportunities to improve carer's individual social and economic wellbeing are embedded across health, social care and statutory services they come in contact with • Carers are able to have their own life alongside their caring role and avoid becoming socially isolated • Carers are able to access support to enable them to fulfil their educational and employment potential • Carers in employment are able to access the information, advice and support they need to understand their rights and sustain themselves in their caring role • Carers are supported to maximise their income and access information and advice related to their financial situation	• National Carers' Strategy (2010) • Adult Social Care Outcomes Framework • Public Health Outcomes Frame work • Care Act (2014) • Caring for Carers in Barking and Dagenham (2011-15) • Better Care Fund Scheme 5: Integrated Commissioning • Better Care Fund Scheme 6: Support for family carers • Better Care Fund Scheme 7: Care Act implementation • Better Care Fund Scheme 8: Prevention

Improvement indicators

- Carers can balance their caring roles and maintain their desired quality of life (ASCOF 1D)
- Proportion of people who use services and their carers, who reported that they had as much social contact as they would like (ASCOF 1I)

Carers most at risk

Working and working age carers 8 in 10 carers in Barking and Dagenham are of working age but working age carers are underrepresented in social care data. Almost half of the borough's carers are in employment. The highest proportions of working age carers are in Abbey, Becontree and Gascoigne.

Carers in wards with high income deprivation Carers face serious and lasting financial consequences due to the costs of caring. There is some correlation between higher proportions of carers in the population and higher levels of income deprivation in parts of Chadwell Heath, Parsloes and River.

Socially isolated carers National evidence and local engagement suggests certain BME groups (including Pakistani and Bangladeshi) and young carers are more likely to be socially isolated.

Recommendations
Carers' assessments Ensure carers' assessments support and promote carers to have a life of their own outside of caring, access to education and training, and to be able to seek work; and ensure professionals are fully aware of the services available to support carers in this regard and referral pathways are in place. This supports the aims of *Better Care Fund Scheme 7: Care Act implementation* and the relevant duties in the Care Act that put support for carers on a par with service users. *Referral to work and training opportunities* Care City will provide a range of back to work and training opportunities for carers who are looking to utilise their skills to forge a career in the local social care field. The partnership is between NELFT, LBBD and other partners and is set to be launched in the next few years. Once in place, carers could be referred to this service. Currently, DABD offers a range of training which carers could be referred into, including basic skills and employment support. *Carers' employment champions* Carers' champions in Jobcentre Plus and local Job Shops could provide specialised support for carers seeking employment and return to work activities. This support would be particularly important for carers wishing to return to work after long periods of caring. *Support for carers in employment* A programme of work to support carers in employment, through local businesses and Chamber of Commerce members, could see benefits for employers and carers, as well as the local economy. This is an opportunity to develop carer friendly policies and practice and identify and engage with carers in the workplace, which would increase retention of skilled workers who may otherwise give up work to care. Employers for Carers[8] offers practical advice and support for employers seeking to promote better support for carers in their workforce. *Peer support* Ensure all carers' support groups are proactively facilitated, so that carers are encouraged to be independent and any concerns that carers raise are actioned. New members should be regularly sought, and long-term dependency discouraged. Groups could include an element of teaching carers new skills e.g. relaxation techniques, CV writing, financial advice, as well as providing emotional support. Peer support networks could be developed through the age, condition and equality specific voluntary sector and linked into other initiatives in the borough that seek to minimise

[8] http://www.employersforcarers.org/

ISOLATION AND LONELINESS. IN THE LONG RUN, GROUPS MAY BENEFIT FROM ENCOURAGEMENT AND SUPPORT TO BECOME SELF-SUFFICIENT, WHICH WILL INCREASE THEIR RESILIENCE.

TARGETED FINANCIAL SUPPORT

CARERS IN WARDS WITH THE HIGHEST LEVELS OF DEPRIVATION COULD BE TARGETED FOR BENEFIT CHECKS AND INCOME MAXIMISATION E.G. CHADWELL HEATH, HEATH AND THAMES.

Summary of key evidence related to this outcome

Carers' quality of life

The National Carers' Survey asked carers to rate whether their needs were met under six quality of life domains: occupation, control, personal care, safety, social participation, and encouragement and support. They were then given a score based on their answers. Overall, Barking and Dagenham scored 7.6, which is below the England (8.1) and London (7.7) average. The highest score nationally was 9.8.

Carers and employment

A third of carers aged 16 and over in Barking and Dagenham (33%) are in full-time employment, compared to 39% of non-carers. Carers are more likely than non-carers to be in part-time employment. Carers' ability to work is reduced by the intensity of their caring role, with 6 in 10 people who care for 1 to 19 hours a week in some type of work, compared to 3 in 10 people who provide care for 50 or more hours a week. Over 750 people are in full-time employment and providing care for 50 or more hours a week. They are likely to be a group with high support needs**.**

The opportunities for carers to reskill or return to the job market while they are caring or when their caring role ends are not clearly defined. When launched, Care City will present opportunities for carers to access education, training and employment opportunities in the care sector in Barking and Dagenham and should be explored. DABD also provides a range of services including support with employment, training and welfare rights. Their training courses include basic skills in Maths, English and Computing.

Carers of Barking and Dagenham spoke of contributing to the care market in Barking and Dagenham through their training programme; some carers have gone onto work in the care field as personal assistants. It also runs a volunteer project which engages carers and former carers; currently they have around 120 volunteers**.**

Carers' finances

There is some correlation between high proportions of carers and higher levels of income deprivation in the population in parts of Chadwell Heath, Parsloes and River. Uptake of Carer's Allowance in the borough correlates with an increase in claims for disability benefits and an increase in the intensity of the caring role.

Social isolation and peer support

The National Carers' Survey revealed that 63% of carers in Barking and Dagenham have little or not enough social contact and feel socially isolated. Carers of Barking and Dagenham offers a wide range of peer support and activities to support carers and reduce isolation. Their day trips always book to capacity and cater to a mix of carers.

The Department of Health identified social isolation as a significant problem for carers of people with dementia. [9] The Memory Lane Resource Centre is run by Carers of Barking and Dagenham and provides a much needed line of support to a very isolated and historically unsupported group of carers. Professionals spoke of it keeping people with dementia away from going into nursing care.

National research in 2011 showed that carers from some BME groups can experience social isolation due to stigma and language barriers.[10] This research particularly highlighted Pakistani and Bangladeshi carers (of which there are more than 1,200 in Barking and Dagenham). There are also high numbers of carers from Eastern European communities who are not coming forward for support and may be socially isolated due to their caring role.

Carers of Barking and Dagenham offer a number of services which contribute to improving carers' social wellbeing and reducing isolation. As well as day trips and activities, the organisation runs peer support groups for carers of people with mental health conditions, dementia and parent carers. Another group that has proved popular is the monthly 'skill share' group where carers can learn new skills from each other including arts and crafts. This group has encouraged friendships outside of the sessions.

Feedback from the dementia group was that the carers find it hard to find the time to attend activities and pampering sessions; however, they were reassured that someone knew their situation and got peace of mind from the regular telephone contact from Carers of Barking and Dagenham. There was a feeling that more could be done to check that elderly carers are claiming all the benefits they are entitled to.

One carer of someone with a mental health condition said that she had valued the support of a carers' worker at the Hedgecock Centre, and has felt more isolated since that service was stopped.

Long-term family carers in the learning disabilities group spoke of the difference between their quality of life and that of a non-carer who they felt could go about their day as they pleased, and didn't have to plan everything. Generally there was a feeling from carers that caring changes your social life and friends and neighbours may offer to help, but they don't stay for long. One carer described caring as "like being on a desert island".

[9] The Needs of Informal Carers of Those Living with Dementia (Hull Churches Home from Hospital Services, 2011)
[10] Half a Million Voices: Improving Support for BAME Carers (Carers UK, 2011)

People who attended the peer support groups found them to be a “lifeline” and said they struggled to talk about their caring role to other friends, family members and work colleagues. One carer said that the group helped him to realise, “I’m not absolutely useless….I’m a carer”. Young carers particularly appreciated the support of peers through being part of Carers of Barking and Dagenham; many had had bad experiences with other children at school who would, “take the mick”.

Outcome 6: Carers are supported to cope with changes and emergencies and to plan for the future

Outcome measures	Existing outcome sources
• Carers are provided with information and advice at an early stage to prepare them for changes in their caring role and emergency situations • Carers have access to tools and strategies that enable them to prepare for changes in their caring role and emergency situations • Carers who are going through changes in their caring role are offered information, advice and support to help them to cope • Young carers and parent carers are prepared for the transition into adult carers' support services and supported through the process	• NHS Outcomes Framework • CCG Outcomes Indicator Set • Care Act (2014) • Children and Families Act (2014) • Caring for Carers in Barking and Dagenham (2011-15) • Better Care Fund Scheme 2: Improved hospital discharge • Better Care Fund Scheme 6: Support for family carers • Better Care Fund Scheme 11: Dementia Support

Improvement indicators

- The number of carers with an emergency plan recorded (local**)**

Carers most at risk

Older carers Engagement with older carers revealed they worry about the future and are fearful of what will happen to their loved ones if they are no longer able to care for them in the short or long term. The largest proportions of older carers aged 65 and over are in Chadwell Heath, Heath and Parsloes**.**

Older carers of people with learning disabilities There is a risk within this group of carers who are supporting adult children at home and are getting older themselves and have their own support needs. Both need support with future planning; the older carers need support to 'let go' and the adult children need support to become more independent. A growing number of people with learning disabilities are providing regular and substantial care for their ageing relatives. Without each other's support, neither person would likely be able to remain living independently within their local community**.**

Carers of people with dementia Identifying people with dementia and their carers early is a key priority of *Better Care Fund Scheme 11: Dementia Support* and supports people to plan and make decisions for the future.

Recommendations
Identifying and supporting carers at times of change or crisis As part of mainstreaming of carer identification and support, the health, social care and voluntary sector could develop joint strategies for identifying and supporting carers at times of crisis or change in their role. This includes social workers, mental health staff, GPs, health staff and voluntary sector staff who may come into contact with a carer in an ongoing or emergency context. As part of *Better Care Fund Scheme 8: Prevention*, offer carers preventative information, advice and training to cope with situations when caring changes; this could be related to carers' own health deteriorating or the health of the person they care for worsening, and should have an aim to sustain carers in their caring role and prevent carer breakdown which leads to costly social care interventions. *Better Care Fund Scheme 2: Improved hospital discharge* is relevant here too; including offering carers in hospital information, training and referral to community support to prepare for and cope with changes to their caring role. ***Reviews*** Ensure carers receive an annual review where they are receiving ongoing services, or are considered as part of the service user's annual review. This is an opportunity to understand if there have been any changes in the caring situation and to update emergency planning information. This should be timely and carers fully prepared for what it will entail; it should also consider their needs outside of the caring role and related to having a life of their own. ***Emergency planning scheme*** Consider the development of an emergency/contingency planning scheme for carers. The benefits to health and wellbeing of having a plan in place, written down and securely held, of what carers would like to see happen to the person with care needs in the event of something unexpected happening to themselves is well evidenced. As well as offering peace of mind and reassurance there is an 'invest to save' argument, which suggests these schemes represent value for money.[11] ***Training for future planning*** The training programme for carers could include sessions on future planning. Consider commissioning a dedicated piece of work to focus on older carers, including carers of people with dementia and older carers of people with learning disabilities, using an approach that seeks to build trust and confidence in public bodies and supports future planning. This would address a major concern for those older carers, some of whom are experiencing their own serious health issues, and align with a commitment to enable people to become more independent and prevent future crises. Collecting data to measure the level of mutual caring in the borough would be a helpful start, as well as considering the accessibility and availability of information for carers with learning disabilities. Partnerships between learning disability, older people and carers' forums and programmes of work would recognise the interdependency and value of thinking

[11] Emergency Schemes for Carers in Britain: Results of a National Survey (H. Elwick and S. Becker, 2011)

systematically about projects.

Supporting young carers and parent carers during transition

Ensure protocols are in place to support young carers and parent carers as they transition to adult social services and adult carers' support. This includes supporting their caring role alongside education and employment ambitions and opportunities.

Summary of key evidence related to this outcome

Changes to a caring role

There are many scenarios which may result in changes to a caring role or even an emergency situation. Common reasons heard from carers include changes in their health or an exacerbation of the condition of their loved one. These changes can result in carers making substantial changes in their life such as giving up work to care or moving house to be closer to the person they care for.

During times of change or crisis, carers said they would usually go to their GP as they don't know where else to seek support; however, carers tend to have a number of interactions with professionals in social care, hospital and the emergency services.
A social work professional reported that carers only come into contact with her when a situation has got to crisis point.

Planning for emergencies and the future

Carers voiced their worries about what will happen to the person they care for if they are not able to continue in their role, either in an emergency or ongoing situation. This was a particular concern for carers who had no informal network of support. One carer said that she was completely alone now, with no family or friends left to call on. Another carer, who had already suffered a serious stroke, said she lived in fear of collapsing again with no plan in place for her daughter's care. Carers said that an emergency plan would give them peace of mind and reassurance.

Carers of Barking and Dagenham provides carers with an emergency card to record two contacts that can be called upon if the carer is unable to provide care. If those two people cannot be contacted then the card indicates the police should be called. This card is the only emergency planning tool that is used in Barking and Dagenham and there was no mention of strategies for managing changes in caring situations.

Carers in the learning disabilities group reported finding it difficult to 'let go' and allow greater independence for the adult child who they have been looking after for many years; they were worried for their child's future and what would happen if they weren't around. One carer asked if she could be taught to let go; she feels her daughter is even more reliant now she is getting older and as a family they struggle with respite as they don't want to send their daughter away.

Carers articulated wishes for greater information and support at an earlier stage of their caring role to help prepare them for changes and

emergency situations in the future.

Outcome 7: Carers are supported when their caring role is coming to an end and to have a life after caring

Outcome measures	Existing outcome sources
• Carers are provided with the information, advice and support they need when they are looking after someone who is at the end of life • Carers are treated in a sensitive manner and provided with support when their caring role comes to an end • Former carers are supported to transition into mainstream services	• NHS Outcomes Framework • CCG Outcomes Indicator Set • Care Act (2014) • Joint Health and Wellbeing Strategy • Integrated Care in Barking and Dagenham, Havering and Redbridge: The Case for Change • Better Care Fund Scheme 6: Support for family carers • Better Care Fund Scheme 9: End of life care

Improvement indicators

- Bereaved carers' views on the quality of care in the last 3 months of life (NHSOF 4.6)

Carers most at risk

End-of-life carers Significantly more people die in hospital in Barking and Dagenham than die at home; for carers to support people at the end-of-life in a home setting, they require a great deal of support and understanding.

Former carers Some carers' support groups in Barking and Dagenham have a large former carer membership, which can have positive and negative effects on the individuals and groups. Former carers would benefit from a tailored offer and access to other opportunities.

Recommendations

Supporting carers providing end of life care

A programme of work to ensure carers are well supported at the end of their loved one's life could help to improve this difficult time for families and to prevent unplanned hospital admissions for people who can be better cared for in other settings. This supports the aims of *Better Care Fund Scheme 9: End of life care*, This should include ensuring carers' needs and their desire and ability to provide care is assessed when their cared for is approaching the end of their life; and ensuring carers are as involved as they want to be, consulted and treated in a sensitive manner by everyone in every setting. This is a whole system piece of work. It is vital that the right information is available at the right time to help carers to navigate the health and care system and to understand the multitude of professionals they may come into contact with. Continue to offer end of life care training for carers, to prepare them for this time, and refer more carers to this from primary and secondary care. Information for carers regarding end of life care could be provided within GP practices and

hospitals. Some simple initiatives have included a palliative carers' pack detailing, for example, fast track benefit applications, continuing health care explained, preferred place of care directives and lasting power of attorney.

Research into cultural needs

A discrete piece of work could be commissioned to understand the cultural and faith needs of people providing end of life care at home, including any best practice models.

Supporting carers when their caring role comes to an end and beyond

A tailored, more focused offer to former carers that supports people to consider their life after caring. This could firstly include access to bereavement counselling, available flexibly when the person is ready. Peer support networks may also appeal to some, to reduce isolation; however, a supported transition from carers' groups into mainstream support would be appropriate, as well as support to become a volunteer if they would like to help other carers or former carers. For those former carers who wish to return to the workforce, training and courses such as CV building, computer literacy, confidence building and job searching would help them and could be accessed through the voluntary sector; in the future, this may be something that could be provided through Care City.

Summary of key evidence related to this outcome

Place of death

6 in 10 deaths in Barking and Dagenham occur in hospital (60.6%) and 2 in 10 (19.4%) take place at home. 12.5% of deaths happen in a care home and 4.7% in a hospice. Compared to the England average, significantly more people die in hospital (England average is 50.7%) and significantly fewer die in other places including at home.[12]

Supporting carers with end of life care

Barking and Dagenham scored below the England average regarding the support received by family carers both before and after the death of their loved one; this includes being involved in decisions about end of life care before death, being supported by the health team at the time of death and being dealt with in a sensitive manner after death.

Health professionals expressed concern about end of life care which they said is very good in hospital but is not always supported very well at home. The CCG is interested to research the support carers might need to provide end of life care at home – particularly carers from different cultural and faith groups**.**

When the caring role comes to an end

Older carers shared their concerns about what will happen to their loved one when they are no longer around to care for them. They also

[12] End of Life Care CCG Profile (Public Health England, 2010-12)

shared that they have faced challenges towards the end of life of the person they care for, or when they move into residential care. One former carer (86) spoke of the loneliness and isolation she felt when her caring role ended, as her loved one moved into residential care and subsequently died. She described positively what she gains from attending a carers' support group, in spite of a journey of up to an hour and a half each way. The carers' group at Memory Lane was dominated by former carers who greatly value the support and friendship they receive from the group whilst in a caring role and also when that caring role comes to an end.

Carers provided examples of the support they would most like to receive when their loved one is no longer around, including bereavement support being routinely available, as well as practical help to look for work and build a CV; "help to get back into society, especially if you've been caring for years".

Appendix 1: Better Care Fund – Mainstreaming Carers

The overall aim for integrated care is to strengthen the community response to people's needs by bringing together health and social care and so reduce the need for hospital care, maximise independence and improve outcomes.

People with caring responsibilities are a fundamental part of any community response to people's needs. They form an integral part, not only of a person's 'natural network', but any 'service' response in place to meet a person's needs. They therefore have an important role to play in supporting the achievement of Barking and Dagenham's Integrated Care Commissioning Strategy and Better Care Fund schemes.

Below is a snap shot view of how each BCF scheme could integrate carer identification, recognition and support as part of its mainstream activity. This is based on evidence and best practice, where available, to suggest the effectiveness both in terms of better service user/carer outcomes and cost-benefit analysis.

Evidence has been drawn from a number of sources including an independent evaluation of the National Carers' Strategy Demonstrator Sites programme. This evaluation concluded that although precise measurement of cost savings was not possible, many of the types of carer support introduced had the potential to result in cost savings within the health and social care sector. Potential savings were identified in the national evaluation study and in the local evaluation reports, relating to:

- Preventing hospital or residential care admissions
- Supporting carers to sustain their caring role
- Earlier identification of physical and/or mental health issues
- Improved health and wellbeing of carers
- Improved partnership working
- Efficiency savings in GP practices
- Assisting carers to return to, or remain in, paid work
- The establishment of informal support networks among carers

Four sites calculated the cost savings of their services, using different approaches; each calculated positive cost savings. Many sites continued to offer all or part of the support services following the end of the demonstrator period.[13]

[13] New Approaches to Supporting Carers' Health and Wellbeing (Department of Health, 2011)

Scheme 1: Community Health and Social Care Teams
Supporting carers to identify with caring and its impact at the earliest opportunity is an evidenced outcome that promotes health and wellbeing. Primary care is the point of contact for many people when caring changes. This can be as a result of the carers' own health deteriorating and no longer being able to cope, or the cared-for's health worsening.

People who are able to recognise they are caring are more likely to enjoy better health long-term and more able to recognise themselves with some degree of emotional independence from the person they care for and therefore more able to take breaks.[14] One study carried out by Dr Sachin Gupta, the RCGP East of England GP Carers' Lead, concluded a significant reduction in depressive symptoms reported by carers, following a carers' break on prescription; from 39% pre break to 20% post break.[15]

Scheme 2: Improved hospital discharge
Hertfordshire County Council, Carers in Hertfordshire and East & North Hertfordshire NHS Trust are piloting a carer friendly community and carer friendly hospital. The aim is to measure the joint benefits – both financial and non-financial – of a carer friendly health and social care system. The hospital is a key trigger point in the caring journey. People may become carers in a hospital setting, or they may see their caring responsibilities increase following a hospital admission as a result of a fall or similar incident.

The impact of caring on health also means that carers are more likely to be admitted themselves; for example, carers caring for someone for over 50 hours a week are at 23% higher risk of a stroke than non-carers. This leaves their cared for alone, vulnerable, with the potential outcome of a double admission to hospital or residential care. The rationale for the carer friendly hospital project is there is significant scope for better outcomes to patients and carers, by improving support to carers in an acute setting. The pilot project ran in tandem with the carer friendly community project, and ran in Lister Hospital until March 2014. It had an initial focus on the carers of stroke survivors, measuring the impact of better support to carers on readmission rates, length of stay, and delayed transfers of care, as well as the carer experience and outcomes for carer and cared for.[16]

With the appointment of a dedicated carers' lead officer at the hospital the pilot achieved the following outcomes:

- Initially focusing on the stroke ward, from August 2013 the hospital pilot included elderly care wards where there are higher rates of readmission.

[14] Professor Julia Twigg (University of Kent)
[15] Supporting Carers in General Practice & role of RCGP GP Champions for carers (Dr Sachin Gupta, 2013)
[16] http://www.enherts-tr.nhs.uk/patients-visitors/our-services/carers-support/carer-friendly-hospital/

- A Carers' Policy, a trust-wide policy which sets out minimum standards in supporting carers to care in a hospital setting, was drafted and finalised following extensive consultation with staff and the Carer Steering Group. It includes a Carers' Agreement for carers to complete with a member of ward staff at the beginning of their stay, which sets out tasks and boundaries for the carer whilst they are cared for in hospital. The Policy also outlines certain privileges for carers, including discounts on parking, catering and the health shuttle, increasing carers' status in the hospital.

- A carers' leaflet has been produced, guidance for carers is now available on the Trust website, there are dedicated carer information boards and regular carers' coffee mornings are being held. In addition, formal carer awareness training has been attended by 56 members of staff on the stroke unit and elderly care wards over 12 sessions on six days. A further 65 staff have received an informal talk on carer awareness by the Carers' Lead attending team meetings – all with excellent learner feedback.

- The Carers' Lead has helped to expedite discharge and reduce length of stay through specific support to individual carers. The Carers' Lead was in contact with 210 carers from March to December 2013 and varying levels of support were provided depending on the need of the carer.

- During the project, 155 direct referrals were made to Carers in Hertfordshire while there had been no direct referrals from the Lister hospital the year before. The number of carers assessments carried out by the Lister Hospital Team/Integrated Care Team during the pilot was 54% more than the previous year.

- Prior to the project 46 patients were readmitted to the Stroke unit in a 28 day period between April 2012 and March 2013, and of those 10 were admitted due to carer breakdown or where the carer required additional support (142 bed days). During the project period, March 2013 to December 2013, 41 patients from the Stroke unit were readmitted, however all of these patients were readmitted due to medical reasons and none were readmitted due to carer breakdown or where the carer required additional support.

Low level support to carers has also been proven to have an impact on delaying residential as well as hospital admissions. International randomised controlled trials have shown up to 28% reduction in hospital admission compared with the control group when carers are identified soon after admission.[17]

The Moffat Project, developed by the former Princess Royal Trust for Carers (PRTC), worked in four Health Board areas in Scotland to promote early identification of carers and to provide support to prevent unnecessary crisis. An evaluation by Glasgow Caledonian University found that the majority of the aims of the Moffat Project had been achieved, including identifying new carers early on; providing

[17] Supporting Carers in General Practice & role of RCGP GP Champions for carers (Dr Sachin Gupta, 2013)

information and support to carers in the hospital setting; creating pathways to refer on carers to carers' centres, other agencies or to social work; and training the paid staff in carer awareness. There was a significant increase in the percentage of carers reporting that discharge plans were put into place.[18]

Scheme 3: New model of intermediate care

The following evidence suggests that if carers understand the principles and objectives of reablement and have their training and learning needs taken account of (e.g. moving and handling, health and safety, managing medication), it is more likely to lead to faster recovery rates for the patient and support carers to maintain their caring roles for longer:

- A randomised controlled trial (RCT) evidenced a reduction in depression amongst stroke patients (17% from 27%) and reduced need for physiotherapy by supporting family carers via an information and advice offer in the hospital setting

- Another RCT evidenced a higher proportion of stroke patients achieving independence at an earlier stage when carers were provided with 3-5 sessions of personal care training lasting 30-45 minutes per session. There were also significant reductions in carer burden and improvements in mood and quality of life for carers and care recipients.[19]

- Bristol & South Gloucestershire Carers' Centre have dedicated hospital carers' support workers providing advice, information and training for both carers and staff; this has led to reduced bed days either through quicker discharge, or reduced readmission[20]

- Improving the skills of carers during the rehabilitation of stroke patients was found to reduce the costs for stroke care and improve the quality of life of the stroke patient, without increasing the burden of care to families or transferring the costs to the community.[21]

Scheme 4: Mental health support outside hospital

The Triangle of Care[22] project brings together many years of research with carers into what they feel will benefit them when involved with mental health services. It was launched in 2010 to ensure carers are fully included and supported when the person they care for has an acute mental health episode, but has evolved to encompass all areas of mental health service delivery.

[18] The Moffat Project: Preventing Crisis for Carers (PRTC, 2010)
[19] Written evidence from The Princess Royal Trust for Carers and Crossroads Care (Health Committee, 2011)
[20] Summary Social Impact Evaluation of the Carers Health Project (Baker Tilly, 2013)
[21] Training Care Givers of Stroke Patients: Economic Evaluation (British Medical Journal, 2004)
[22] The Triangle of Care: Carers Included, A Guide to Best Practice in Mental Health Care in England (Carers Trust, 2013)

The triangle demonstrates true collaboration between the mental health professional, service user and carer. The service is usually defined by the link between professional and patient, the link between patient and carer is already there, and the willingness by the professional and carer to engage completes the triangle and produces the best chance of recovery.

It identifies six key standards that are required to achieve these aims:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter
2. Staff are 'carer aware' and trained in carer engagement strategies
3. Policy and practice protocols re: confidentiality and sharing information, are in place
4. Defined post(s) responsible for carers are in place
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway
6. A range of carer support services are available

Avon and Wiltshire Mental Health Partnership NHS Trust take an open approach to working with service users and carers, recognising the advantages of fostering three-way working relationships based on Triangle of Care principles. It offers a comprehensive information pack for carers that covers everything from carers' rights and looking after yourself, to advice for carers about how to help someone who has problems with alcohol or drugs. The pack also has a 'Consent to Share Information' form which can be filled out by a service user to give permission for a carer to receive information about their condition and treatment. This form has to be verified by an independent witness.[23]

Northumberland, Tyne and Wear NHS Foundation Trust has a Carers' Charter, which was developed in partnership with carers. It sets out what the Trust commits to do to recognise, value, inform, advise and involve carers.[24] Involving carers in the care and treatment of the person they care for is guided by a confidentiality policy which provides advice and guidance to carers on how information can be shared. It includes occasions when the patient withholds consent, but the Care Co-ordinator is still able to support the carer. The policy affirms that providing general information about mental illness, emotional and practical support to carers does not breach confidentiality.[25]

Solidarity in a Crisis is an out-of-hours peer support service in Lambeth, run by Certitude, which offers crisis support and information for service users and their carers during out-of-hours over the weekend. People with lived experience of mental health issues are employed as peer support workers, who can provide support to people over the phone and through face-to-face meetings in public places (always in pairs), as an alternative service to conventional hospital support.

[23] An information pack for relatives and friends who care for people with mental health problems (Avon and Wiltshire Mental Health Partnership NHS Trust, 2010)
[24] Carers' Charter (Northumberland, Tyne and Wear NHS Foundation Trust, 2012)
[25] Commonsense Confidentiality: A guide for carers, family and friends (Northumberland, Tyne and Wear NHS Foundation Trust, 2012)

In Richmond, a new role has been introduced to integrate a 'chain of care' for informal carers during and post an acute crisis period. The Acute Carers' Recovery Worker gives carers quick access to a dedicated service with specialist advice, support and guidance from a trained family worker. The worker is managed by the local voluntary sector, but seconded to and jointly supervised by the NHS Mental Health Trust. They are able to share risk concerns, address confidentiality barriers and act an advocate for carers. Carers can receive guidance on how to respond to difficult behaviour symptoms and help to navigate health, social care and voluntary sector services.

The role has helped to improve identification and support of carers, particularly those who wouldn't traditionally access a statutory carer support service, and has led to better feedback from carers about the value of the service and their experiences on wards.[26]

Scheme 5: Integrated commissioning
Commitment to a jointly funded post to support next steps in integrated commissioning makes reference to family carers as an integral part of future commissioning activity.

Scheme 6: Support for family carers
Refer to the work carried out by Carers UK to develop a robust evidence base on carers and this evaluation framework, outlining key recommendations for change.

Scheme 7: Care Act implementation
Preparing for the new duties in the Care Act related to carers is incorporated as part of Scheme 6.

Scheme 8: Prevention
While the theoretical arguments in support of prevention and early intervention are strong, it is also the case that the evidence base for prevention in terms of quantifiable outcomes (including demand reduction and costs savings) has been ambiguous. In part, this reflects the fact that previous approaches to prevention have often been oriented around small, typically grant-funded, pilot schemes, which have not always been embedded and integrated into a 'whole system' of health and adult social care, nor properly evaluated. It is also a consequence of the methodological complexity of proving a causal link between particular interventions and identified outcomes e.g. between carer support and demand reduction or cost savings or avoidance.

Nonetheless, if prevention is about building capacity within communities – enabling individuals, groups and communities to take responsibility for themselves and each other – then supporting carers to build resilience and maintain and improve their own health and

[26] Acute Carers Recovery Worker: learning from an initial pilot (Richmond Borough Mind and South West London and St George's Mental Health NHS Trust, 2012)

wellbeing must surely be at the core of any prevention programme of work. Ensuring that carers are included in all of the prevention schemes will help carers to build their own capacity to care now and into the future.
In 2011, a social return on investment analysis evaluated the impact of the support given by five Carers' Centres over a number of years. Looking across the network of 144 Carers' Centres supported by The Princess Royal Trust for Carers, it estimated the gain based on total funding of £57m to be in the region of £814m per year.[27]

A 2011 report showed how funds to increase support for carers also benefit the people being cared for, as well as reducing demand on other health and social care services. Using evidence from RCTs and peer reviewed journals, the report showed that increasing support for carers not only improves the health and wellbeing of patients and recipients of care, but also improves the health and wellbeing of carers themselves. It also reduces unwanted admissions, readmissions and delayed discharges in hospital settings as well as reducing unwanted residential care admissions and length of stays.[28]

Scheme 9: End of life care
One London borough has a specific support service for unpaid carers of people with end stage heart failure or severe COPD. The service can fast track access to health and social care services and delivers benefits for patients, carers and commissioners. It has evidenced a significant reduction in hospital admissions, an increase in people dying at home and fewer carers requiring additional bereavement support.[29]

Scheme 10: Equipment and Adaptations
A study exploring the potential benefits of telecare for unpaid carers in Scotland found that since the introduction of telecare into their caring situation, carers felt they had benefited from more peace of mind; a better night's sleep; an improved relationship with the person(s) they care for; the opportunity to continue with activities they might otherwise have to give up; the ability to remain in paid employment in some cases; and more confidence about the safety and comfort of the person they care for. The carers in the study welcomed the introduction of telecare into their situations. [30]

Although not tested, the preventative benefits of equipment supporting the caring role but also reducing the burden of caring are anecdotally evidenced. An audit of telephone calls to Essex County Council's Adult Social Care in 2012 discovered the majority of callers (frequently family members) were either unable or struggling to help the person they looked after to get out of the bath.

[27] Carers' Centres: What impact do they have? (Baker Tilly, 2011)
[28] Supporting Carers: The Case for Change (PRTC and Crossroads Care, 2011)
[29] http://www.carershub.org/content/fast-track-care-and-support-end-life-heart-failure-patients-and-carers
[30] 'A weight off my mind': Exploring the impact and potential benefits of telecare for unpaid carers in Scotland (University of Leeds and Carers Scotland, 2009)

National research suggests it takes on average two years to recognise a shift in relationship and recognition of caring.[31] It is possible to see the preventative benefits of families being made aware of a range of practical supports, such as equipment that may assist in both maintaining independence and reducing the impact of a caring role, without the necessity to identify with a caring role.

Scheme 11: Dementia Support

A 2005 study looked at the effectiveness and cost-effectiveness of respite services and short breaks for carers of people with dementia. It points to the value of providing a range of respite options for family carers including day care, in-home respite, host-family respite, institutional/overnight respite, respite programmes, multi-dimensional carer-support packages and video respite. Overall, however, the review found that on the basis of the outcome measures used and on the service that was offered, evidence of the effectiveness and cost-effectiveness of respite care and short-term breaks is limited.

In contrast, there was considerable qualitative evidence from carers (and some from care recipients) of the perceived benefits of the use of respite services. It would be wrong to assume that lack of evidence of effectiveness should be interpreted as evidence that respite is ineffective. This is a very complex area; methodologically, undertaking studies of respite services is particularly challenging.[32]

As part of a pilot project funded by the Dementia Strategy, two Carers' Support Workers (CSW) were employed by the Worcestershire Carers' Unit to work with the NHS, in Accident and Emergency (A+E) and the Medical Assessment Units (MAU) at Worcester Royal Hospital and the Alexandra Hospital in Redditch. The CSWs are in post to ensure that informal carers of people who may have a dementia and are admitted to A+E or MAU feel supported, listened to and informed right from the start of the hospital journey. The workers can help carers to understand the hospital process, advocate for the needs of the carer and cared for and help the hospital teams to plan effective discharges.

The CSWs work alongside the Integrated Discharge team and utilise the Mental Health Liaison service and the Dementia Nurse Specialist. The workers also help carers by signposting them on to or referring them to support systems in the community. For example, Carers' Action Worcestershire, that offers a 24 hour advice, information and support helpline, regular talk time support, carers groups and training events. The workers also refer carers to services such as Admiral Nurses, Red Cross and, as appropriate, request Carers' Assessments which can lead to statutory services such as the flexible break voucher scheme or carers' direct payments. The practice is to support any informal carers but predominantly carers who look after someone who has dementia. The workers also help to support the staff working in those areas.

[31] Professor Julia Twigg (University of Kent)
[32] Review of Respite Services and Short-Term Breaks for Carers for People with Dementia (NCCSDO, 2005)

Feedback from carers was that the workers have helped to facilitate discharges and that they always listen to and put in place the support that the carer requires to help assist them to continue to look after their cared for person. This in turn may help to reduce re-admissions of the cared for person and may help to prevent potential admissions of the carer. An evaluation by Worcester University captured some of the impact that having CSWs in the hospital has had on the lives of the carers that they made contact with. The workers were praised for their compassion and empathy. Such attributes that underpin a service are difficult to equate into potential savings.[33]

The Triangle of Care describes a therapeutic relationship between the person with dementia (patient), staff member and carer that promotes safety, supports communication and sustains wellbeing. The Triangle of Care for Dementia describes how meaningful involvement and inclusion of carers can lead to better care for people with dementia. In an ideal situation the needs of the carer and the person with dementia are both met. Inclusion of people with dementia and support in making decisions is therefore fundamental to its success. This will then complete the triangle.[34]

[33] A local evaluation of dementia advisers (University of Worcester, 2011)
[34] The Triangle of Care: Carers Included, A Guide to Best Practice in Mental Health Care in England (Carers Trust, 2013)

Appendix 2: Building the 'invest to save' argument

Caregiving has ramifications on both the physical and mental health of the carer and can result in carer breakdown, which has significant consequences for the health economy. Carer breakdown is one of the reasons for admission to permanent residential care and hospital re-admission. A national study in 2001[35] of almost 2,500 people admitted to residential and nursing care showed that carer-related reasons for admission were common. Reasons including stress on carers and family breakdown were given in 40% of cases overall. Being able to demonstrate both the financial and social return on investment (ROI) of supporting carers is fundamental in ensuring partners prioritise allocating the limited funding that is available into supporting carers. CCGs are focused on Quality, Innovation, Productivity and Prevention (QUIPP) plans and strong business cases are required to ensure that 'spend to save' projects show a true ROI.

Business cases are already being developed elsewhere; Herts County Council and CCG are jointly investing in a test and learn 'carer friendly hospital', part of a broader 'carer friendly community' pilot to collect the data they need in order to test the hypothesis that supporting carers during hospital discharge reduces the risk of re-admission and potentially leads to savings as a consequence.

There is still significant work to do to develop the evidence base around what works well and what does not for carers both in terms of demonstrating positive outcomes and achieving cost savings. It is challenging to show robust evidence on ROI by providing support to carers. The Department of Health National Carers' Strategy Demonstrator Sites programme spent over £15m in 25 sites on a range of interventions to support carers, but concluded that 'precise measurement of cost savings was not possible'. The lesson to learn from their experience is to ensure that measures of success are built into the business case models from the start.[36]

Investment in carers' support services has also been proven to generate a substantial social return on investment; an investment of £5m in five carers' centres generated £73m in social return. The research looked at the potential financial benefits from improved physical health and the reduced risk of new or pre-existing conditions being exacerbated by the burden of caring. It assumed that a decline in physical health for the carer might result in the need for medical intervention, for example, rehabilitative care. Using a calculated assumption that an average rehabilitation care episode lasts for two week at a cost of £4,254 and the need for residential care for the cared for during this time at a cost of £1,067 per week. The report concluded that the damage avoided by managing a carer's medical condition amounts to £6,388 per annum.[37]

[35] Care Homes for Older People: Volume 2 Admissions, Needs and Outcomes (PSSRU, 2001)
[36] Evaluation of the National Carers' Strategy Demonstrator Sites Programme (University of Leeds, 2011)
[37] Princess Royal Trust for Carers: Social Impact Evaluation of five Carers' Centres using Social Return on Investment (PRTC & Baker Tilly, 2011)

If there was a cohort of 100 carers and 40 were in danger of suffering a health breakdown due to the impact of their caring role and lack of time away from caring, the above calculation could be used as a proxy measure for the ROI of providing carers with opportunities and time away from their role.

Based on the assumption that an annual carer's break costs £2,500, the following ROI can be demonstrated:

- 40 carers x £6,355 = £255,520
- 40 breaks x £2,500 = £100,000

By spending £100,000 there is the potential to save £155,520 from across the health and social care system.

An example of this in action is in Cambridgeshire, where Crossroads Care, NHS Cambridgeshire and 22 GP practices issue free prescriptions to contact Crossroads Care, who will then visit the carer. Breaks can be booked directly through Crossroads Care. Carer identification increased by 80% across the practices in a six month period and GPs advised that 32% of prescriptions prevented hospital admission.[38]

Carers' breaks enable carers to maintain a balance between their caring responsibilities and a life outside caring. Time away from the cared for provides an opportunity for carers to pursue hobbies, have relaxation time and tend to their own health needs which in turn enables them to continue in their caring role for longer.

A key finding from a Scottish study of unpaid carers' experiences was that short breaks were considered fundamental to carers to help alleviate the physical and emotional demands of caring and to sustain the caring relationship, preventing admission to residential care. It found that short breaks could be improved by being provided as an early intervention rather than at crisis point and offering carers increased choice and flexibility, including frequency and length of breaks.

As part of next steps the study suggested helping families and communities to support each other. The report highlighted the scope to use online technology and social media to connect families and friends to arrange help with trips to the shops, GP or hospital appointments. An example of this would be Carers UK's Jointly app.[39] Linking families in similar circumstances together may provide more opportunities for more informal reciprocal offers of help such as house swapping arrangements for holiday breaks and time banking opportunities to help share the care.[40]

[38] GP Carers Prescription Service 6 Monthly Report (Crossroads Care Cambridgeshire and NHS Cambridgeshire, 2010)
[39] https://www.jointlyapp.com/
[40] Rest assured? A study of unpaid carers' experiences of short breaks (IRISS, 2012)

The evaluation of the National Carers' Demonstrator sites, noted that carers' perception of how their health and wellbeing was affected by having access to the breaks service showed positive outcomes with regard to health, with a number of carers saying that how they look after themselves and feel about life had improved. In relation to health behaviours, most carers recorded improvements or no change in their ability to relax, deal with stress and take regular exercise. Analysis of breaks in the second wave of the evaluation showed that carers who had not received a break were more likely than those who had done so to show a significant deterioration in their wellbeing scores. Six break sites reported in their evaluation reports that carers were able to sustain their caring role for longer as a result of having a break.

It was not possible for the sites to evaluate an ROI by providing breaks albeit some sites did attempt a broad analysis. The demonstrator sites were encouraged to develop their own definition of breaks and be innovative in how they were provided. This included one off payments for personalised breaks; new ways of making breaks accessible, often without having a carer's assessment; breaks on GP prescription; electronic referral systems for GPs; and online booking of breaks by carers. The evidence suggested that carers preferred to engage with voluntary sector organisations rather than through statutory organisations.[41]

[41] Evaluation of the National Carers' Strategy Demonstrator Sites Programme (University of Leeds, 2011)

HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title: Joint Strategic Needs Assessment 2014 – Key Recommendations	
Report of the Corporate Director of Adult & Community Services	
Open Report	**For Decision**
Wards Affected: All	**Key Decision:**
Report Author: Mark Tyrie – Senior Public Health Analyst Valerie Day – Interim Public Health Consultant Remi Omotoye – Interim Head of Public Health Intelligence	**Contact Details:** Tel: 020 8227 3914 Email: mark.tyrie@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	

Summary:

This paper highlights the key strategic recommendations arising from the refresh of the Joint Strategic Needs Assessment (JSNA) for 2014.

Background information on demographic need and more specific recommendations are available on the website: http://www.barkinganddagenhamjsna.org.uk/.
In particular, many of the key recommendations arising from the 2014 JSNA surround how the borough handles the impact of the high rates of poverty and its related indicators on the health and wellbeing of the population as a whole, many of which are strongly linked to the economic climate and benefits changes. Premature mortality remains a major challenge for the borough and is also a priority in many of the recommendations, as a result of the proposals agreed by the Board following discussion of the Longer Lives paper in July 2013.

Recommendation(s):

The Health and Wellbeing Board is recommended:

(i) To note and agree the recommendations of the JSNA.

(ii) To discuss the recommendations and their implications for strategic and commissioning decisions.

(iii) To be aware that work is underway to assess the impact of the Care Act 2014 and the Children and Families Act 2014, which is intended to provide the evidence and policy base for future commissioning and strategic decisions relating to those changes in statutory responsibilities.

Reason(s):

The JSNA provides the fundamental evidence base on which the commissioning and strategic decisions of the Board are made. It directly informs the development of the Joint Health and Wellbeing Strategy. It is a statutory duty of the Health and Wellbeing Board to discharge the functions of the Council and the NHS Barking and Dagenham Clinical Commissioning Group to prepare the JSNA.

The JSNA also informs other strategies linked to the Council's priorities for delivering **One borough; one community; London's growth opportunity**.

1. Background

1.1 The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of a population. The aim is to inform and guide the commissioning of services in order to improve the physical and mental health and wellbeing of individuals and communities. The production of the JSNA was enshrined in the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012 imposes this duty on local authorities and Clinical Commissioning Groups, discharged through the Health and Wellbeing Board. Local areas are free to undertake the JSNA in a way best suited to their local circumstances, but the JSNA must identify the needs which are subsequently addressed through a joint health and wellbeing strategy.

2. Introduction

2.2 This paper builds on our current priorities agreed at the Health and Wellbeing Board as well as making a number of new strategic recommendations for improving health through the Council and its partners wider responsibilities. Background information on demographic need and more specific recommendations are available on the website http://www.barkinganddagenhamjsna.org.uk

2.3 The JSNA underpins a range of key documents for delivering both the Council's vision and priorities as well as NHS Barking and Dagenham Clinical Commissioning Group's 5 year strategic plan:

Joint Health & Wellbeing Strategy 2012 - 2015
Joint Better Care Fund work programme
Children & Young People's Plan
Community Strategy 2013 -2016

JSNA Process

2.4 Whilst led and produced by the Public Health Department, the JSNA is a collaborative endeavour with data, analysis and recommendations provided by a number of senior officers across the health and social care system in the borough.

JSNA Structure

2.5 There is no template or format that must be used and no mandatory data set that has to be included in a JSNA. In Barking and Dagenham, the JSNA has evolved based on the needs of the population and changes in demographics. It is structured and indexed using the 'life course' approach used in the Marmot Review of Health Inequalities *Fair Society, Healthy Lives* starting with 'Giving every child the best start in life' and following through the ages and needs of the population including the health and sustainability of individuals and communities.

The Care Act 2014

2.6 Guidance for the Care Act 2014 was issued during the JSNA process and it has not been feasible to fully consider the impact in all the recommendations outlined in this

paper. As a tool informing the Health and Wellbeing Strategy, the guidance views the JSNA as integral to embedding the Act locally. Whilst the JSNA already details both health and social care needs and services in the borough, there is additional work that is required to review the recommendations and the process of the JSNA to ensure the Care Act is fully considered and facilitates the health and social care integration and changes that the Act enshrines. The Public Health Department is working with the Care Plan Programme Office to ensure the Care Act 2014 is fully considered in further iterations of the JSNA in coming months.

Future Iterations

2.7 Going forward, the JSNA will be an iterative process: the website will be regularly updated to reflect any new information that becomes available during the year. There is a need for the JSNA and its process to be reviewed generally, but particularly in light of the Care Act 2014 and Children & Families Act 2014. Stakeholders will be surveyed to ascertain how it is currently used and how it could be improved. There is a Government policy intention for Health and Wellbeing Boards to consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Some localities have moved to a Joint Strategic Needs and Asset Assessment and this will be explored for Barking and Dagenham. This also aligns well with both Acts noted above and would be a driver to ensure community involvement and consultation.

Priorities

2.8 The Board agreed and prioritised the following for commissioning intentions at its meeting on 14th February 2014:

- Transformation of Health and Social Care
- Improving premature mortality
- Tackling obesity and increasing physical activity
- Improving Sexual and Reproductive Health
- Improving Child Health and Early Years
- Improving Community Safety
- Alcohol and Substance Misuse
- Improving Mental Health
- Reducing Injuries and Accidents.

2.9 These remain the priorities for improving population health and wellbeing. The refresh of the JSNA identifies areas where increased work and focus can support the delivery of outcomes.

3. Key Recommendations (Through the Life Course Stages)

Pre – birth and early years	1. NHS England commissioners to build on their work with local partners to ensure the promotion of public health interventions such as breastfeeding, child nutrition, and physical activity are embedded and developed through to 2015. 2. The Council and their partners to review and develop further an integrated approach to the delivery of early year's interventions and capitalise on the opportunities presented by the transition of the 0-5 Healthy Child Programme commissioning to the Council in October 2015.
Primary School	3. Children's Services, Public Health and NHS England to ensure that commissioning takes into account the impact of the growth in the 5-19 years population and are providing adequate capacity in services to support this group in education and community settings. 4. The Council and NHS Barking and Dagenham Clinical Commissioning Group (CCG) to review the pathways and provision across the partnership to support children and young people living with, and affected by parents living with, disability or learning disability. This should include a review of the responsibilities and pathways around transition of care from childhood to adulthood. 5. The CCG to work towards assuring that there is appropriate specialist capacity for vulnerable groups with mental ill health and that pathways exist at all tiers of service accessible to these populations.
Adolescence	6. The CCG, working with local stakeholders, should consider undertaking an equity audit of Child and Adolescent Mental Health Services (CAMHS) which evaluates access to services for vulnerable populations of young people and address any recommendations to ensure equity of uptake. 7. Children's Services and the CCG should further develop universal provision to support children and young people's emotional health and wellbeing, and developing resilience needs to be further considered as part of looking after children's emotional health.
Early Adulthood	8. Commissioners across the partnership may wish to consider the opportunities for paid employment, job sharing, volunteering, job coaches etc within commissioning strategies. In particular there needs to be a focus on increasing employment opportunities for young people and people claiming benefits due to sickness or disability. 9. Public Health to work with partners to further enhance programmes that encourage behaviour change to healthier lifestyles and take up of the national immunisation and screening programmes .
Maternity	10. The CCG and NHS England commissioners to work with the Council to strengthen the maternity pathway to ensure the promotion of public health interventions such as breastfeeding, smoking cessation, drugs and alcohol are embedded and developed through to 2015.

Established Adults	11. The Council and CCG to further develop through programmes such as the Better Care Fund, Care Act and Children and Families Act implementation to ensure services promote residents' independence to enable them to make healthier choices over their daily lives. In doing this we can alleviate the effects of poverty in the borough. 12. The Council and its partners also need to build on and develop the good work being done to tackle the stigma associated with poverty so vulnerable people feel able to seek help. 13. The Council, CCG and NHS England, together with residents and patient groups need to enhance and develop initiatives to increase awareness of signs and symptoms of chronic disease to improve our early diagnosis of disease, which will increase life expectancy.
Older Adults	14. The Housing Directorate working with partners builds on our affordable warmth strategy which seeks to increase thermal comfort and reduce excess winter deaths. This should include wide-ranging insulation programmes, mitigation against energy waste by encouraging energy efficiency and reduced fuel consumption, and tackling fuel poverty by ensuring residents have access to some of the lowest fuel tariffs. 15. The Council, CCG and its partners to further develop their work around addressing the needs of frail, older people, with particular emphasis around maintaining independence for those with long term conditions, care outside the hospital setting and end of life care.
Vulnerable and Minority Groups	16. The Safeguarding Adults Board and the local Safeguarding Children's Board have a key role to ensure that multi agency capacity is sufficient to meet our safeguarding needs and that they are effectively monitored and embedded across the borough. 17. Adult and Community Services to review our domestic violence services to ensure they continue to meet the needs of residents and support projects that promotes emotional wellbeing, giving opportunities to develop skills and understanding. 18. The Council and CCG to ensure that the needs and issues faced by residents suffering from autism and other neurological conditions are effectively provided for. 19. The Safeguarding Adults Board has a key role in ensuring that providers are working in adherence with London procedures, and that practice in the services is regularly reviewed by commissioning authorities. 20. Safeguarding professionals from across the Partnership need to record service users' sexual orientation more consistently. 21. All partners should work towards clearly defined outcomes for employment opportunities for disabled people included in the partners commissioned contracts.

4. Key Issues

Pre-birth and early years - Early intervention

4.1 Barking and Dagenham want to build on the successful implementation of its early help primary tools; Common Assessment Framework (CAF) and Family CAF.

4.2 Forty – one percent of CAFs are initiated on children between the ages of unborn (teenage parents) up to and including children of 5 years old, which reflects the borough's approach to intervening early and ensuring families are supported at a time which can have the biggest impact on long term life chances. Barking and Dagenham are above the London average for CAFs initiated between the ages of unborn to 5 years old.

4.3 CAF initiation peaks at the age of 2 with 1 in every 8 two year olds having had a CAF initiated (12% of the nearly 4,000 children aged 2 years in LBBD). This demonstrates the scale of need reflected in a child population that already forms an unusually high proportion of the total population relative to other places.

4.4 The challenge for Barking and Dagenham is ensuring that the right families are being supported at the right time to avoid intervention at a point of crisis. This is a key priority for the Early Help Committee as is set out in the Early Help Strategy and Business Plan 2014-18.

Breast Feeding

4.5 Although there has been some improvement over recent years, Barking and Dagenham has relatively low breastfeeding initiation rates compared with London, although they are quite similar to the England average. The most recent data shows that fewer than three in every four mothers begin breastfeeding soon after birth with only half still doing so exclusively at week 6 – 8. Compared to its neighbours, Barking and Dagenham's levels are slightly above Havering's but below Redbridge.

4.6 Whilst breastfeeding rates appear to be similar to the England average, it is highly likely that higher rates among the growing BME population in LBBD are masking particularly low rates in other groups. Indeed, there appear to be stark differences between both geographical areas and population groups, with White British people being least likely to breastfeed. This represents a worrying health inequality with significant adverse consequences for the future in a borough where child obesity is of great concern and evidence of the relationship between low levels of breast feeding at 6-8 weeks and healthy weight in infants and children is growing.

4.7 The Council has taken some steps to address cultural norms, through the LoveMums programme. Directors of Public Health across North East London, given that their populations are largely served by the same provider of maternity services, should consider working together to promote a normalisation of breastfeeding in cultural groups that are known to have low rates, supported by local midwives and health visitors.

Health Visiting Services

4.8 In Barking and Dagenham the assessed need for Health Visitors is about twice the current number of staff in post, which means that staff are overstretched and focus

on the most critical aspects of care such as child protection and are not able to provide universal services to the extent that they are needed for our large child population. Health visiting services are subject to a national 'Call to Action' which has focused on increasing training opportunities and the numbers of trained health visitors across England.

4.9 Commissioning responsibility for children aged up to five years old, including health visiting services, will transfer to the Council from NHS England in October 2015. Work is underway both to ensure that the resources transferred are sufficient to increase the numbers of health visitors and to assess how care delivery can best support the needs of the children in the borough.

School age children - Healthy eating, obesity and exercise

4.10 Findings from the Active Sport survey suggest children in Barking and Dagenham do lesser levels of exercise when compared to levels e across London and England. The Active Sport survey and only 45% of children in Barking and Dagenham participate in at least 3 hours of sport each week, which is significantly lower than the average across London and England.

4.11 The number of children in Reception Year who are either obese or overweight children fell from 26.7% to 25.9% in 2012/13; there has also been a slight decrease in the numbers for those in Year 6 from 42.2% in 2011/12 to 40.1% 2012/13. Even with these small improvements, findings from analysis of the National Child Measurement Programme (NCMP) 2012/13 data identify Barking and Dagenham as one of the eight London boroughs where more than 25% of children were either overweight or obese.

4.12 Actions to address the eating and exercise habits of our children are important and must engage families and schools, as well as the provision of safe green spaces and access to fresh food. Across the country, school aged boys consumed an average of three portions of fruit and vegetables per day and girls an average of 3.3, with just 16% of boys and 20% of girls consuming the recommended minimum of five portions per day.

Mental Health

4.13 The National Service Framework for Children and Young People indicated that the workforce required for specialist community CAMHS (tiers 2 and 3) should equate to approximately 15 per 100,000 total population. Barking and Dagenham would therefore need 26 whole time equivalent professional staff for the borough working at tier 2 and 3.

4.14 Barking and Dagenham's CAMHS spend per head of population under 18 is almost three times the London average and 3.5 times the England average spend. If the mapping data is accurate then this suggests that Barking and Dagenham is paying substantially more than neighbouring boroughs per head and the cost effectiveness of the model of service should be reviewed. At the current time it appears that more money is being spent but needs are not being met, so there is clear opportunity for improvement.

4.15 Child and Adolescent Mental Health Services (CAMHS) for children resident in Barking and Dagenham are mainly provided by the North East London NHS Foundation Trust.

4.16 The services are predominantly outpatient based, but include Brookside unit which is an 18 bed inpatient unit. In addition, there is access to medium-secure beds through a consortium arrangement.

Impact of Children and Families Act 20014

4.17 The Children and Families Act extends responsibility for young people to the age of 25 years, placing a duty on local authorities to ensure integration between educational provision and training provision, and health and social care provision, where this would promote wellbeing and improve the quality of provision for disabled young people and those with Special Educational Needs (SEN). In addition, local authorities and clinical commissioning groups) are required to make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities.

4.18 Local authorities and their partners must cooperate in the provision of adult care and support and arrange the provision of preventative resources that can be accessed by those who require support but do not have eligible needs under the Care Act 2014. It is important, therefore, that children's and adult services, along with health partners, determine what these duties will look like in relation to service provision for 1 September 2014. Although there needs to be greater clarification between the Children and Families Act 2014 and the Care Act 2014, this cannot delay implementation of the Children and Families Act from 1 September.

4.19 Whilst the JSNA includes a profile of the needs of children and young people with SEN and disability, this needs to be reviewed to ensure consistency with the requirements of the Children and Families Act. This review will inform further joint work between partners, to ensure robust forecasting and understanding of risk, and to support services to be needs, rather than demand led. The Public Health Department, working with Children's Services will ensure the Children and Families Act 2014 is fully considered in further iterations of the JSNA in the coming months.

Maintaining Educational Attainment

4.20 In May 2014 there were 526 young people (16-18 years) not in employment, education or training (NEET) in the borough, which is 6.6% of the 16–18 year olds in the borough. In the same period, 11.2% of the 16-18 population were recorded as 'situation unknown'. As of Quarter 4 2013/14, 6.9% of the 16-18 population are NEET.

4.21 Additional data is also collected about young people who are classified as both NEET and considered unable to seek employment due to caring responsibilities, pregnancy, being teen parents or illness. These factors all relate directly to health and wellbeing. In April 2014, 23% of 16-18 year olds and 21% of 19 year olds not in employment, education or training were considered not to be available to the labour market. Of these, teenage pregnancy and parenting were the primary reasons for their unavailable status.

4.22 There is a strong correlation between young people who are NEET and those who have poorer health outcomes, as well as with teenage conceptions and new entrants to the youth justice system.

5. Adults - Depression and Other Mental Health

5.1 It is expected that there will be an increase in the numbers of people needing to access mental health services in the coming years. Taking service access rates of 2.2% of the population (access levels in the Mental Health Minimum Data Set) locally modelled estimates predict that the number will increase by 19.5% by 2025.

5.2 Older people (aged 65 years and over) may have additional needs and experience poor outcomes if those needs are not met. Depression is more common in older women than older men in Barking and Dagenham. The number of cases of severe depression is projected to increase among residents aged 65-69 years as the population in this age group is projected to grow over the coming years.

5.3 Mental ill health is associated with socio-economic deprivation. Since Barking and Dagenham is ranked in the second most deprived decile in England, prevalence would be expected to be higher in Barking and Dagenham than currently indicated by the GP records.

5.4 Considerable evidence is also emerging of the impact of inequalities on mental health, but the relationship between these factors is not well understood. Although certain social circumstances may lead to mental health problems, it is also likely that experiences of long-term and severe forms of mental illness will impact on the socioeconomic status of individuals and so there is reverse causality. Employment is a major factor in a person's wellbeing, and loss of employment and the financial security employment brings is associated with higher rates of mental and physical ill health. Unemployment in men of working age is a very significant factor in the development of depression and suicide.

Employment for Those with Mental Health Problems and Learning Disabilities

5.5 Evidence reviews have shown that work is generally good for both physical and mental health and wellbeing.

5.6 With around 2,700 out of 8,200 people with a mental illness known to be in a job in the borough, the gap in employment between this group and the rest of the population remains wide in Barking and Dagenham. Recent figures indicate employment rates of 32.5% in those with a mental illness compared to 67.7% for the general population. Compared to the London region and England, the borough is performing slightly better, with a narrower gap, however, a gap of 35.2 percentage points is still very large and represents a significant number (5,500) of people with mental illness that are not benefitting from improvements in physical and mental wellbeing associated with employment.

Long Term Conditions – Diabetes and Chronic Obstructive Pulmonary Disease

5.7 Based on modelling studies, it is estimated that half of the people with Coronary Obstructive Pulmonary Disease (COPD) in the borough remain undetected and, of these number, more than a third of them continue to smoke.

5.8 Of all the boroughs in the outer North East London, hospital admissions for COPD is highest in Barking and Dagenham, with the admission rates even more than double the England average. In addition, deaths from COPD in the borough are

relatively high, with death rates (equating to approximately 100 COPD deaths per year), almost twice that for London, and significantly higher than rates in Redbridge, Waltham Forest and Havering.

5.9 Diabetes is a major public health problem, and approximately 10% of the NHS budget is spent on diabetes care. 90% of adults with diabetes have Type 2 or adult onset diabetes.

5.10 Unhealthy diet, low physical activity and obesity are major contributors to Type 2 diabetes. The prevalence of diagnosed diabetes in varies from 2.4% to 7.9% between GP practices in the borough. This variability is mainly caused by different age structures in each practice: the older the population, the more diabetes. It is a particularly large health problem in Dagenham and in the Whalebone and Chadwell Heath wards, with higher prevalence and admission rates in these localities than in the borough as a whole. However, it is estimated that at least 1,642 people remain undetected and the National Diabetes Audit found that a number of patients (35) are known to be diabetic but are not correctly coded within the health care system so as to be actively managed as diabetic.

Older Adults - Dementia

5.11 The Alzheimer's Society's mapping of prevalence and diagnosis suggests there is an under - diagnosing of dementia cases in Barking and Dagenham, with the borough ranked 29th worst out of 237 local authority areas in England. Published figures in 2011 indicate that an estimated 36% cases of the condition were detected in the borough, compared to 42% in England. With cases of dementia across the country expected to rise more than 60%, the borough will have to map out enhanced strategies to address the gap between the numbers of those currently diagnosed against the significantly high rates expected in the future.

5.12 The numbers of dementia cases registered by GPs should be increased through case finding and more accurate recording. Differences in the rate of access to diagnosis between practices should be reduced. This can be achieved through a planned workforce development programme for GPs and other primary care practitioners. Commissioners of primary care should monitor implementation and provide the necessary informatics support. This should include highlight reports using practice based data for the Dementia Strategy steering group to inform refinements to the care pathway.

End of Life

5.13 Availability of good quality, locally accessible and affordable hospice care for Barking and Dagenham residents is vital. There is good 24/7 provision of specialist palliative care advice and support into the community. The challenge is in recognition by referrers of when a referral would be valuable, particularly for people with advanced illness other than cancer.

5.14 Identification of patients in primary care is poor as evidenced by the low level of recording of palliative care patients on the palliative care register. If palliative care patients are not identified in time for their care needs to be anticipated and managed by a multi-disciplinary team, their needs and preference cannot be met.

5.15 Family support is available through St Francis Hospice and Barking, Havering and Redbridge University NHS Trust (BHRUHT), but there is no specifically

commissioned bereavement support service to support families who do not fall into either of these two services, which would be the majority of bereavements.

Impact of Care Act 2014

5.16 The Care Act stresses the need to integrate health and social care services at all levels and is prescriptive about what it expects in terms of the JSNA and the Joint Health and Wellbeing Strategy. In response, Barking and Dagenham have recently agreed a sector wide five year strategy which will clearly inform our thinking. Both the Health and Wellbeing Strategy and the JSNA are due to be reviewed over the coming months and will take account of these matters.

5.17 There are also significant implications for policy, professional practice and costs arising from the Act and a very short timescale to make the necessary changes for the April 2015 phase. For instance, it is not yet clear whether or when our electronic records provider will be able to deliver all the necessary system changes and upgrades. Barking and Dagenham's existing processes will require review and amendments to take into account the very specific 'customer journey' mapped out in the legislation.

6. Mandatory Implications

6.1 Joint Strategic Needs Assessment

This report provides an update on the most recent findings and recommendations of the JSNA.

6.2 Health and Wellbeing Strategy

The recommendations of this report align well with the strategic approach of the Joint Health and Wellbeing Strategy. The strategy continues to serve the borough well as a means to tackle the health and wellbeing needs of local people, as identified in the JSNA. The reader should note, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.

6.3 Integration

The report makes several recommendations related to the need for effective integration of services and partnership working.

6.4 Financial Implications

Financial implications completed by Roger Hampson, Group Manager Finance, Adults and Community Services, LBBD.

The refresh of the Joint Strategic Needs assessment is intended to inform the development of the Health and Wellbeing Strategy, and future commissioning decisions relating to changes in statutory responsibilities. Given the current financial environment for both the local authority and the CCG, it is not expected that there will be new funding for investment.

6.5 Legal Implications

Legal implications completed by: Dawn Pelle, Adult Care Lawyer, Legal and Democratic Services

There are no legal implications.

6.6 Risk Management

The recommendations of this paper are a product of the evidence based JSNA process, with an aim to improve health and wellbeing across the population. There are no risks anticipated, provided the commissioning and strategic decisions take into consideration equality and equity of access and provision.

6.7 Non-mandatory Implications

The JSNA seeks to review the evidence of need for local residents across the breadth of health and wellbeing. Therefore, the recommendations presented here and the full JSNA document will be of relevance to stakeholders across the health and social care economy.

7. Background Papers Used in the Preparation of the Report:

http://www.npi.org.uk/files/3313/8150/0123/Final_full_report.pdf - Poverty Profiles 2013, Trust for London (2014)

http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CId=669&MID=7075#AI47136 – Longer Lives Summary Report – LBBD (2013)

http://www.lbbd.gov.uk/Health/Documents/Director%20of%20Health's%20Annual%20Report%202013.pdf – Barking and Dagenham Director of Public Health Annual Report 2013 (2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf - Care and Support Statutory Guidance – Department of Health (2014)

HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title:	**Adult Social Care Local Account 2013/14**
Report of the Cabinet Member for Adult Social Care and Health	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Louise Hider, Health and Social Care Integration Manager	**Contact Details:** Tel: 020 8227 2861 E-mail: louise.hider@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Cabinet Member for Adult Social Care and Health	

Summary:

The Local Account is the Council's statement to the local community and service users about the quality of social care services.

Our Local Account for 2013/14 has been structured slightly differently to previous years. A main Local Account document has been produced which gives the overview of our performance and spend in Adult Social Care, key highlights of what we did in 2013/14 and our plans for 2014/15. It also contains our statutory complaints report. However, key summaries have also been produced for some of the key areas of Adult Social Care in Barking and Dagenham, including learning disabilities, carers, physical disabilities and sensory impairment, mental health and older people.

Following approval from the Health and Wellbeing Board, the Local Account will be published on the Council's Care and Support Hub website. A questionnaire will be open throughout the year to receive the views of service users, partners and the community about Adult Social Care services. This feedback will be fed into services and will inform our Local Account for 2014/15.

Recommendation(s)

Members of the Board are recommended:

- to comment on the Local Account document, and raise any questions or concerns that they have;
- to approve the Local Account for publication, with any amendments required, as a version on which the views of service users, partners and the community can be sought.

Reason(s):

This is the basis of an on-going 'conversation' about the quality and future development of social care services. It is the Council's way of accounting to the local community for the quality of its services and is an essential component of the performance management system that replaced the Care Quality Commission's regime of annual audit.

1. Background/Introduction

1.1. When the role of the CQC was redefined and consideration was given to how social care was regulated a decision was taken that there was sufficient maturity in the adult social care sector to move away from the approach of holding an Annual Review Meeting and awarding star ratings to local authorities.

1.2. It was agreed that, in response to representations from the Local Government Association and others, a 'sector-led approach' to service improvement would be adopted. Thus putting the onus on adult social care services to lead that agenda at local, regional & national level.

1.3. There are a number of aspects to this work being steered at a national level by the 'Towards Excellence in Adult Social Care' (TEASC) Board chaired by the Association of Directors of Social Services (ADASS) and serviced by the Local Government Association (LGA). Its membership also includes (amongst others) the Department of Health (DH), Care Quality Commission (CQC), and the Social Care Institute for Excellence (SCIE).

1.4. The London Social Care Partnership Group also has a group, chaired by Anne Bristow, which has developed the regional response. Some external challenge is being provided through Chief Executives of London Councils.

1.5. Key points of the approach in London are:

- Participation in a peer review challenge process
- Publication of Local Account
- Participation in the voluntary national quarterly data collection exercise from Q3 2013/14.

1.6. The Local Account is a way of opening up information on adult social care. It should foster a conversation between the Council, service providers, commissioners, service users and the public. The Local Account should empower people to challenge or commend local services as they see fit. It should promote accountability and engagement, delivering a clear account of adult social care services which can be disseminated, discussed and challenged, with services being improved as a result.

2. About the Local Account

Structure

2.1. This year, the Local Account has been structured slightly differently to previous years. A main Local Account document has been produced which gives the overview of our performance and spend in Adult Social Care, key highlights of what we did in 2013/14 and our plans for 2014/15. It also looks at the local and wider national context for adult social care and contains our statutory complaints report.

2.2. Additionally this year, key summaries have also been produced for some of the key areas of Adult Social Care in Barking and Dagenham, including learning disabilities, carers, physical disabilities and sensory impairment, mental health and older people. These summaries give a more comprehensive overview of the services, performance, achievements for 2013/14 and plans for 2014/15 in each of these areas. Crucially, they also provide more information on what residents have told us about Adult Social Care services in each of these areas.

2.3. Once the Local Account 2013/14 has been agreed by the Health and Wellbeing Board, it will be uploaded to the Care and Support Hub website. The document will be downloadable in pdf format, either in full or in part in order that residents can download the sections that they are interested in.

Highlights from the Local Account

2.4. The Local Account includes information about some of the successes and important developments in adult social care in Barking & Dagenham during 2013/14. These include:

- Launching our new online source of support and information about social care services, the Care and Support Hub
- The Care Quality Commission inspected Kallar Lodge, Millicent Preston House and 80 Gascoigne Road Residential Care Homes, recognising that they provide good quality, safe services
- Extending hospital social work support to weekends so that people had a better experience when discharged from hospital into social care services
- Distributing grants to over 100 local people so that they could choose and arrange their own minor adaptations to their home when they needed them
- Continuing to raise awareness about safeguarding vulnerable adults to residents and amongst council staff and social care agencies
- Continuing to work closely with local GPs to make sure that health and social care were planned together for those that needed both
- Setting up a Personal Assistant accreditation scheme, so that there is a local ‘quality check’ for this important new part of the social care workforce
- Co-ordinating Older People’s Week, with around 1,100 people taking part
- Opening Relish@BLC, a café which prepares adults with a learning disability for employment opportunities

- Continuing to support new small enterprises, with an innovation fund of around £47,500 to support new prevention initiatives aiming to become self-sustaining
- Commissioning Healthwatch to strengthen the voice of social care users, carers, patients and the public.

2.5. Areas for development for 2014/15 that are highlighted within the text include those that respond to national developments, and those that arise based on improvements and developments needed to local services. They include:

- Getting ourselves ready for the implementation of the new Care Act on 1 April 2015, which will bring major change to how we deliver social care services
- Better promotion of the Care and Support Hub web directory of services, and work to make the information more comprehensive
- The launch of the Joint Assessment and Discharge team, which brings hospital, community health and social care teams into one so that people coming out of hospital get a better service
- Improving our systems for responding to Deprivation of Liberty Safeguard applications (where people are prevented from doing something for their own protection) to meet rising demand
- Continuing our work to make sure that residents, service users and staff all know how to raise safeguarding alerts when they are concerned about someone's safety or wellbeing in social care services
- Launching our first Market Position Statement, that sets out how we think local services need to develop in order to meet the demands of people using services
- Improving our processes for ensuring the quality of local services, focusing our attention on those that are a concern, and working closely with the Care Quality Commission
- Developing a new Carers' Strategy, with input from local carers and their support organisations, and work out new ways to deliver services for carers in the future
- Working with HealthWatch to strengthen the voice of social care users, carers, patients and the public, and to make sure their voice gets heard at the Health & Wellbeing Board.

2.6. Once approved, the Local Account will be published and comments will be sought from local service users, residents and partners through a questionnaire that will run throughout the year. The questionnaire has been included in the back of the main overview document and can be sent directly to the Adult Commissioning team by post or by email. Alternatively, the questionnaire can be filled out online on the Care and Support Hub 'Local Account' webpage. The questionnaire asks residents about their thoughts on Adult Social Care services, as well as asking for feedback on the Local Account itself. Feedback received throughout the year will be given to managers to inform service delivery, as well as shape the Local Account for 2014/15.

Consultation with residents

2.7. The document provides some overview of the feedback received through the service user and carer surveys, and the complaints that the Council has received and responded to.

2.8. This year we have also taken drafts of the Local Account to the following meetings and events that were taking place in September and October:

- The Carers Strategy Group
- Learning Disability Carers Forum
- Learning Disability Service Users Forum
- User-led disabilities group
- Residents during Older People's Week events
- Residents during World Mental Health Day events

2.9. We asked residents and groups to specifically tell us what they thought about the Local Account, anything that they thought was missing and what they would like to see in Adult Social Care in 2014/15. This feedback will inform our planning for 2014/15 and has been incorporated into the Local Account 'key summaries' where appropriate. A list of the comments that we received during this process can be found on page 24 and 25 of the main Local Account document in Appendix 1.

2.10. It is recognised that we still have some way to go in incorporating the 'user voice' within the Local Account. We have carried out some consultation on the document and we have asked Healthwatch to look at the Local Account and provide us with feedback which will be included in the main body of our Local Account for 2013/14. We also hope that the inclusion of a questionnaire at the back of the document and on the website will enable us to receive feedback throughout the year on Adult Social Care which we can use to inform services and future Local Accounts. However, service user involvement will need to be a key priority for development in the next draft and we will look to work further with Heathwatch and other service user representative organisations, as well as the service users, carers and other residents themselves, to incorporate feedback into the Local Account 2014/15.

3. Mandatory Implications

3.1. Joint Strategic Needs Assessment

The Local Account is a stocktake of the performance of adult social care in Barking & Dagenham and, as such, complements the identification of need and the priorities for future action described in the JSNA. The data from the annual returns, which is the basis for the performance section of the Local Account, will in time come to inform the refresh of the JSNA.

3.2. Health and Wellbeing Strategy

The commitments set out in the Health & Wellbeing Strategy are consistent with the views expressed in the Local Account as to the future development of social care services: towards more integrated delivery and greater personalisation. The two

documents therefore complement each other and, where the Local Account may flag up issues not dealt with in detail in the Strategy, the broad thrust for the future of social care remains consistent.

3.3. **Integration**

Integration is a theme that occurs in a number of places in the Local Account, and the document reaffirms the Council's commitment to work with partners in the development of integrated services, including specifically:

- Integrated care with local primary care partners;
- Joint mental health services;
- Joint community learning disability services.

3.4. **Financial Implications**

There are no significant immediate financial implications arising from the Local Account. No large mailing of hard copies is planned, and such requests for paper copies as are made can be accommodated within existing budgets.

Implications completed by: Roger Hampson, Group Manager, Finance (Adults)

3.5. **Legal Implications**

The Council is required to issue an annual overview of complaints received, which forms part of the Local Account. Whilst there is no legal requirement to publish a Local Account, it stands in lieu of more assertive performance management by regulators, and lack of a Local Account of suitable quality could be taken into account should formal regulatory intervention be necessary. The report details the preparations the Council is making for the change in adult social care legislation introduced by the Care Act 2014.

Implications completed by: Dawn Pelle, Adult Care Lawyer

4. List of Appendices:

Appendix 1: Barking & Dagenham Adult Social Care Local Account 2013/14: Overview

Appendix 2: Key Summary: Learning disabilities

Appendix 3: Key Summary: Older people

Appendix 4: Key Summary: Mental health

Appendix 5: Key Summary: Physical disabilities and sensory impairments

Appendix 6: Key Summary: Carers

Local Account 2013/14

Barking and Dagenham's account of Adult Social Care activity in 2013/14

Foreword

Welcome to our 2013/14 'Local Account' for Adult Social Care. This is a really important document, in which we set out where we think we have been successful over the past year in Adult Social Care, and what we think we need to improve.

We have recently agreed a new Council vision **'One borough; one community; London's growth opportunity'** and one of the key priorities of this vision is 'enabling social responsibility'. This fits with our guiding principle for Adult Social Care in Barking and Dagenham: giving service users meaningful choice and control over the care and support that they receive. We are committed to working with the local community to help create a Borough that supports wellbeing, promotes independence and encourages residents to lead active lifestyles as far as they possibly can. We champion this through our own services, but have built good relationships with our service providers and our health Partners in order that we are all working together to provide the best outcomes for our residents who need social care in Barking and Dagenham.

2013/14 was a busy year. More and more people received direct payments in order that they can purchase the care and support that they want. Our integrated arrangements which see social workers working alongside GP practices and other health professionals, has developed over the last year with the introduction of mental health social workers to the arrangements, and continues to be successful. We launched our new Adult Social Care website, the Care and Support Hub which gives information and advice, a directory of services and a register of all of our accredited Personal Assistants in the Borough. We also received good inspections from the CQC on a number of our in-house services including 80 Gascoigne Road and Kallar Lodge. This was all achieved against a backdrop of budgetary pressures and I commend our passionate and committed staff, within the Council and across the Partnership, for their hard work in achieving a great deal in a difficult financial environment.

2014/15 will be a challenging year for Adult Social Care services. We will be continuing to work hard to plan and take forward the substantial changes that are required within the Care Act, many of which need to be in place by April 2015. We will also be working with Children's Services to ensure that we are ready for the changes brought in by the Children and Families Act, primarily affecting young people who will 'transition' to Adult services and will be eligible for care and support. Additionally, we will be working with our health partners to deliver the Better Care Fund (an existing pot of money to facilitate closer working between health and social care services to deliver better outcomes for residents), and with neighbouring boroughs to launch our Joint Assessment and Discharge service, a service which will streamline the preparations for people coming out of hospital back into their homes. Additionally, the Council will need to consider more savings to the budget. Cuts to the funding we receive from central Government continue to force us to make difficult financial decisions, although we will endeavour to protect the essential Adult Social Care services that support local people. Our plans for 2014/15 are provided in more detail below and I hope you will look forward to reading next year's Local Account to see how well we did in taking all of this forward!

Thank you for taking the time to read our Local Account and I hope that you feel it is a true and transparent account of our work in Adult Social Care in 2013/14. Remember, we always want to hear from our residents about what they think of Adult Social Care services and how we can make them better. I would therefore urge you to fill out the questionnaire at the back of this document or on our Care and Support Hub website, or alternatively email any comments to marketdevelopment@lbbd.gov.uk in order that your feedback can inform the way that we conduct Adult Social Care in Barking and Dagenham.

Yours sincerely,

Councillor Maureen Worby
Cabinet Member for Adult Social Care and Health

Contents

1. Introduction

Thank you for reading our 2013/14 'Local Account' for Adult Social Care. This is our third Local Account for Barking and Dagenham and it describes what we did and how we did in Adult Social Care services and activity in 2013/14. The Local Account looks backwards to the things we are most proud of having done during 2013/14 and looks at the areas where we need to improve. It also sets out the key activities we are planning to do during 2014/15.

This year we have produced our Local Account in a slightly different format. We have a main Local Account document which gives the overview of our performance and spend in Adult Social Care, key highlights of what we did in 2013/14 and our plans for 2014/15. It also contains our statutory complaints report. However, we have then produced short summaries for some of the key areas of Adult Social Care in Barking and Dagenham, including learning disabilities, carers, physical disabilities and sensory impairments, mental health and older people. Please feel free to read the document as a whole, or look at the sections that you are interested in. You can also download the document as a whole, or in parts, by visiting the Local Account page on our new Adult Social Care website: http://www.careandsupport.lbbd.gov.uk

This document is for you, our service users, carers and residents to read through and tell us whether you think we have got it right. Along with using feedback from our Adult Social Care Survey, we have spoken to a number of residents and groups during the production of this Local Account and we have included their thoughts and ideas throughout. Engagement on this year's Local Account has included the following:

- The Carers Strategy Group
- Learning Disability Carers Forum
- Learning Disability Service Users Forum
- User-led disabilities group
- Residents during Older People's Week events
- Residents during World Mental Health Day events

We are also introducing a questionnaire this year in order that you can provide us with feedback on Adult Social Care, our services and what you want to see in Adult Social Care in the future. It will also be an opportunity for you to tell us what you think about this year's Local Account. You can either fill in the questionnaire at the back of this document and send it back to us or visit our online questionnaire on the Local Account webpage on the Care and Support Hub. The questionnaire will be 'live' all year and we will use the responses to inform our services and shape the format and content of our Local Account for 2014/15. If you have any questions or queries, or want to provide us with feedback without filling in the questionnaire, please email us at marketdevelopment@lbbd.gov.uk.

2. Care and support needs in Barking and Dagenham

To help us plan for future adult social care needs in Barking and Dagenham we use the information in our Joint Strategic Needs Assessment (JSNA), an in-depth analysis of local health and social care needs. In addition during 2013/14 we consulted and began developing the Market Position Statement, which sets out how we would like to see the local social care market developing so people have greater choice with their personal budgets.

The following key facts help us understand our local population in order to provide services tailored to meet the needs of our residents.

Key facts

- The 2011 Census shows that the population has increased by 22,000 to 185,900 between 2001 and 2011. It is expected to grow by a further 20% over the next 20 years.
- The proportion of white British residents decreased from over 80% to 49%; there was a increase in residents from black and minority ethnic groups (black African - 293%; Bangladeshi - 1000%). This will result in an increase of BME residents aged 65+.
- There has been a slight decrease in the number of people aged 65+ to approximately 19,700 older people; however there is predicted to be an increase in people aged 85+.
- There are around 1240 people living with dementia locally.
- In the last 10 years the number aged 0-4 has increased by 49% and the number aged 5-7 has increased by 20% -one of the fastest growing populations of young children London.
- The number of residents with a learning disability is expected to increase by 20% as children with learning disabilities become adults, and adults with a learning disability live longer.
- We know that our population has significant health problems, at rates higher than other areas of London for conditions such as heart disease, diabetes and respiratory disease.
- Barking and Dagenham remains England's 22nd most deprived local authority area. With the high levels of deprivation and the potential impact of welfare reform it is predicted that:
  - The prevalence of drug misuse and related harms may increase
  - The risk of mental health problems is likely to be high
  - Many people will have less money to contribute to care services and there will be fewer people funding their own care than other London boroughs.

3. Summary of local care and support services

More detailed information on local care and support services can be found in the key area summaries at the end of this document (for older people, learning disabilities, physical disabilities and sensory impairment, carers and mental health).

Older People
There are nine privately owned residential and nursing homes with a combined capacity of 508 beds and one council-run home for people with dementia, Kallar Lodge. There is a wide range of Extra Care provision, some of which is provided by the Council and some by independent care providers. Across the eight local Extra Care schemes there is a bed capacity of 285. There is a range of day opportunities and six Active Age centres offering activities for around 500 older people, which the Council is seeking to expand. As well as homecare services, a significant proportion of people needing social care at home are now achieving better outcomes through employing their own personal assistant directly. In March 2014, 522 people were in receipt of a direct payment.

People with learning disabilities
There are five residential and care homes providing support, one of which offers support for people with complex needs; and 11 providers of supported living schemes with a capacity of 109 placements. There is also a range of day opportunities locally. In addition the Council funds the Welcome to Our World (WOW) unit at Healthlands Day Centre for adults with autism who require intensive care and support, which provides day opportunities for 12 people.

Drugs and alcohol misuse
Support to people who misuse drugs and alcohol is provided by Crime Reduction Initiatives (CRI), which offers a range of services including counselling, advice and information, and recovery and prescribing services. CRI also provide the Borough's Community Alcohol Service.

Mental Health
Services for people with mental health problems: Barking and Dagenham's statutory mental health services (including social care responsibilities) are provided through an integrated service with North East London NHS Foundation Trust (NELFT). This means that NELFT manages multi-disciplinary teams of social workers, physiotherapists and community nurses to support people with both their health and social care needs. In addition counselling services are available for people aged 16+ through Big White Wall, which offers 24/7 professionally moderated mental health support. The borough runs mental health first aid (MHFA), which trains front-line staff to spot signs of mental health problems and prevent them from getting worse.

Physical disabilities and sensory impairments
People with physical disabilities and sensory impairments: Much of the work to support this client group concerns adaptations to assist people with daily living in their home. The Council signposts clients to reputable suppliers allowing them to make their own choices about what equipment they need. Clients then get a prescription from the Council to go and purchase the equipment from a retailer. The Council's Sensory Impairment Team continues to be proactive in raising awareness of sight and hearing loss, promoting services and preventive options, and creating strong professional networks.

Other general services
There are also a number of commissioned services that offer information, advice and advocacy to prevent further crisis and provide financial support or loans to all client groups including the Local Emergency Support Service (LESS), the Credit Union, specialist advocacy and advice and information services.

4. What's happening locally?

Continued development of Integrated Care
We have continued to deliver social care through close working with GPs within six 'cluster groups'. Each cluster is made up of social workers, support planners, community matrons, district nurses and occupational therapists based around a group of GP practices, and means that people receive better co-ordinated and planned care from both health services and the Council. The Council has worked to create a **Joint Assessment and Discharge team** with neighbouring boroughs of Havering and Redbridge, for launch in June 2014. This service aims to improve the way people leave hospital into community-based support or to go back to their homes. This is part of our aim for more people to get support they need in the community and their own home rather than in hospital or residential settings.

The Better Care Fund
The Government has introduced the **Better Care Fund,** which is a sum of money from existing spending that is brought together by the Council and the local GPs' group known as the Clinical Commissioning Group (CCG). Bringing our money together like this allows us to make joint decisions and plan better together to deliver integrated health and social care for local people and make better use of tax payer's money. In Barking and Dagenham the CCG and the Council have a shared fund of £13million in 2014/15, rising to £21million in 2015/16. The money comes from existing NHS and social services budgets – so this not new or additional money – and is to be spent on reconfiguring existing services to work better together. Pooling funds like this calls for a shared approach and the development of shared plans to reduce the need for people to go to hospital where possible, allowing them to stay in their own homes, staying independent and healthy for longer. We are currently agreeing our plans but expect to see improvements in integrated care, intermediate care, end of life care, dementia support and services for carers as a result of our Better Care Fund activity. The priorities for the Better Care Fund are:

- Improving how people experience care and ensuring the best possible quality in the services that we commission and deliver
- Designing a health and social care system that is 'future proof' and able to manage effectively increasing demand and need, not only today, but in years to come
- Ensuring that services are efficient, sustainable and deliver value for money

Fulfilling lives Programme
The Fulfilling Lives transformation programme is a joint initiative between the Council and its partners to expand the opportunities available to people with a learning disability to receive the care and support they need in order to live an independent life. It includes encouraging independent travel and the remodelling and transformation of in-house day services. It contributes to our response to Winterbourne View described below.

Response to Winterbourne View
In December 2012 the government published its final report into the events at Winterbourne View Hospital and set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice. Following the report all local authorities were required by April 2014, to have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice. Barking and Dagenham agreed its plan in March 2014, and although it needs further development it, can be viewed here.

Preparing for the Children and Families Act
The Children and Families Act received royal assent in March 2014. The Act sets out a swathe of changes to be implemented from 1 September 2014, however in particular for local authorities, the Act:

- Introduces a single assessment process and an Education, Health and Care (EHC) Plan to support children, young people and their families from birth to 25 years. EHC Plans replace 'statements of educational needs'.
- Requires health services and local authorities to jointly commission and plan services for children, young people and families.
- States that local authorities must publish a clear, easy-to-read 'local offer' of services available to children and families.

As they do now, Adult Social Care services will be working with Children's Services, young people and their families and carers, to prepare children and young people for adulthood and set out arrangements for transition to adulthood, particularly where young people will be eligible for Adult Social Care support. It is thought that there will be some cross-over with the requirements of the Care Act (see below) and this will be worked through in 2014/15.

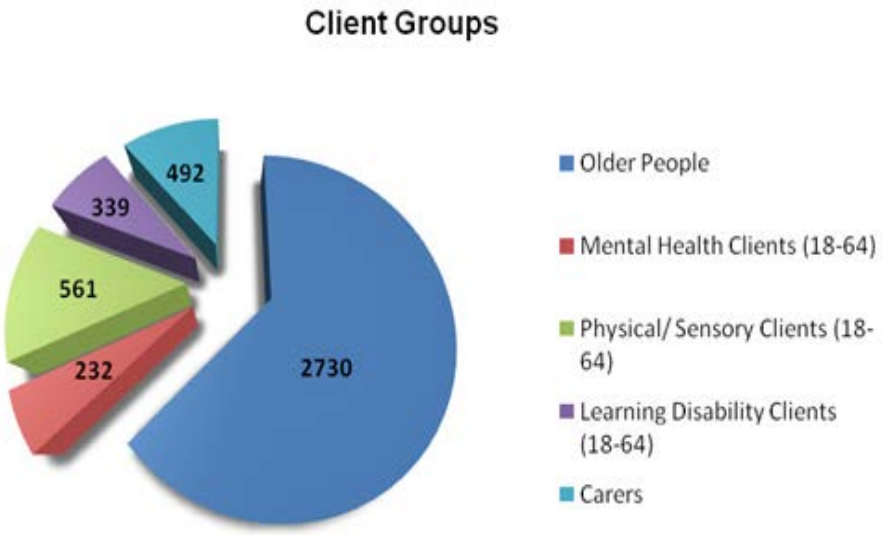
5. Social Care is changing… (The Care Act)

Throughout 2013/14 we have been preparing for the biggest change to adult social care in a generation: the **Care Act 2014**, which received its Royal Assent in May 2014. It promotes integration with the NHS in the delivery of care and support services and strengthens procedures for the safeguarding of vulnerable adults. It will be a significant area of our work for the coming years, with major dates for implementation on 1 April 2015 and 1 April 2016.The Act means that the Council must:

- Prioritise a person's health and wellbeing, to prevent or delay the need for care and support
- Empower people to be involved in decisions about their care by providing information and advice, and access to independent advice to support their choices
- Promote personalisation and the use of personal budgets/direct payments
- Follow national eligibility thresholds for care and support to improve continuity of care and consistency if someone moves to a new local authority area
- Put unpaid carers on an equal legal-footing with service users giving them rights to assessments and for their needs to be met
- Encourage people to think about and plan how to meet their care costs (the Act extends financial support to those who need it most, protecting everyone though a cap on the care costs that people will incur).

6. Who used Adult Social Care services in 2013/14?

Figure 1: Breakdown by client group of the numbers of adults receiving an Adult Social Care service in Barking and Dagenham



During the year 1,005 assessments and 2673 reviews were undertaken leading to 3,862 adults receiving a service. The graph above shows the breakdown by client group of the numbers of adults receiving a service. The Council:

- Gave 1,152 adults aged 18 and over a direct payment to help them make their own choices about care and support
- Responded to 1,300 safeguarding alerts, half of which went on to further investigation
- Provided relevant information and advice about the care and support available locally through the new 'Care and Support Hub' with over 30,000 page hits in its first four months (December 2013 – March 2014)
- Supported the completion of assessments, either undertaken by the Council or Carers of Barking and Dagenham, resulting in 492 carers receiving services

7. What we did in 2013/14

We have used the priority themes identified in the Barking and Dagenham Health and Wellbeing strategy to show what we have achieved in 2013/14 and our plans for 2014/15.

A more detailed overview of the work that we did in 2013/14 for people with learning disabilities, people with physical disabilities and sensory impairments, carers, people with mental health needs and older people can be found in the 'key summary' documents as part of this Local Account.

Priority Theme: Care and Support

- ✓ Launched the 'Care and Support Hub', our new Adult Social Care website which helps service users and carers to have more information, choice and control over their social care services. The website http://careandsupport.lbbd.gov.uk/ includes:
  - general information and advice
  - an interactive service directory of social care related services and providers in the Borough, including community services, care and residential homes. 80 providers were listed in March 2014.
  - our new Personal Assistant Finder - a tool which service users can use to view the Council's register of accredited Personal Assistants (PAs), look at individual PA profiles and help them to find a PA who matches their requirements and personal preference. As of March 2014 there were 42 accredited PAs listed and another 48 pending Council checks.

- ✓ Kallar Lodge, Millicent Preston House and 80 Gascoigne Road Residential Care homes were recognised as providing good quality, safe services following unannounced inspections by the Care Quality Commission (CQC).

- ✓ In November 2013 hospital social work support was extended to weekends allowing people to leave hospitals in a safe and timely way over the weekend. This relieved pressure on the hospital's ability to cope with admissions and discharges during the winter, and ensured people are given all the support that they needed.

- ✓ Work is being carried out to improve our End of Life Care services, with an action plan being drafted for decision at the Health and Wellbeing Board in late 2014.

- ✓ Carried out a Dementia Needs Assessment to gain a local picture of need, services and areas for improvement in order to plan for current and future need. Dementia support is a key part of our Better Care Fund plan.

- ✓ We are working with Carers' UK to produce a detailed evidence report to inform the refresh of the Borough's Carers' Strategy which is currently underway.

Priority Theme: Protection and Safeguarding

- ✓ The Council received a very sudden and significant increase in the number of applications to make sure that people in care homes; hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom (known as Deprivation of Liberty Safeguards). This increase happened from 19 March 2014, following a decision of the Supreme Court regarding the case of Cheshire West, and will therefore be seen in next year's figures. To the end of March 2014, 19 applications were made, of which 16 were granted and three were not. In addition a number of DoLs applications were submitted by Providers and approved

by the Council accordingly. The Council worked closely with Barking & Dagenham CCG to ensure co-ordination of the required Deprivation of Liberty Panels.

- ✓ There were a number of residential and nursing homes where serious concerns were reported. We worked with these homes and Barking & Dagenham Clinical Commissioning Group, North London NHS Foundation Trust and the Care Quality Commission to ensure that improvements were made and that further harm was prevented.

- ✓ Ran the annual iCare Campaign to raise safeguarding awareness amongst residents.

- ✓ Completed audits of our own safeguarding practice to ensure that processes and procedures are followed. The audit focused on how effective our safeguarding interventions were, as well as the interventions of our service providers. The following findings and subsequent actions have been taken regarding the audit:
  - o **Providers:** The audit found some concerns regarding the quality of record keeping by providers and that in some instances service user feedback was not being fed into service developments. Meetings have been held with Providers to discuss these issues and improvements are being monitored, including unannounced checks of records and documents. Additionally, 150 people from provider agencies attended face to face safeguarding training during 2013/14.
  - o **Staff:** The following recommendations and actions were put forward relating to Council staff safeguarding practice:

Table 1: Safeguarding audit recommendations and actions relating to the Council's safeguarding practice

RECOMMENDATIONS	Activities
Continue to develop the provision of training across the partnership in particular to ensure that a transient workforce is trained	• A Safeguarding Adults at Risk online course has been developed; 289 staff completed it in 2013-2014. 244 of these were Council staff and the remaining 45 were external staff, including colleagues in the North East London NHS Foundation Trust. • A training Strategy has been developed and approved by all members of the multi-agency Safeguarding Adults Board.
Work to ensure partners make safeguarding alerts appropriately including recording rationales for decisions made where it is felt that the involvement of wider partners should have been present	The Council is developing a Decision Monitoring Tool for use by Safeguarding Adult managers to ensure that rationale progressing the case to full investigation or not is clear and feedback is given to the referrer.

RECOMMENDATIONS	Activities
Need to ensure that 'no further action' is used appropriately	Further training has now been given to Safeguarding Adults Managers and this has been discussed in the managers' forum. The use of the Decision Monitoring Tool will further enhance this and will provide information that can be used for quality assurance.
Areas of concern relating to the highest level of persons alleged to be causing harm (PACHs) PACHs indicate a need for improved training and monitoring of these providers and the improved awareness of both adults at risk and their wider families	A Training Strategy for 2014/15 has been developed.

- ✓ A new Hate Crime Strategy was agreed which recognises disability-related hate crimes or incidents, which the person affected believes are motivated by prejudice or hostility towards people with physical disabilities, mental health problems or learning disabilities.

Priority Theme: Improvement and Integration of Services

- ✓ Provided a single point of access for care and support through our community health and social care teams which work with GPs to plan, manage and join up care for people most at risk of ending up in hospital. The teams now include mental health social workers to improve the support needed to those with mental health conditions outside of hospital, to prevent their repeated presentation at A&E. This has improved integration between health and social care for those with long-term conditions.

- ✓ Signed up to Care City - a partnership with North East London Foundation Trust, which will establish a major new research and development centre in Barking, shaping the future of health and social care services and providing access to employment, training and pioneering health services for local residents.

- ✓ Worked in partnership with people who use services and service providers across six east London boroughs (East London Solutions) to develop a quality assurance framework for providers who wish to offer services to people who manage their own care and support arrangements via a Direct Payment or Personal Budget. This will cover services that support people to live independently in their own community but do not need to be registered with the Care Quality Commission, as they do not deliver personal care.

- ✓ Consulted on and developed the Market Position Statement which sets out the social care services Barking and Dagenham will need to meet our changing local population and provides organisations who deliver services with information about the direction of travel for services in the borough. This is a major piece of work to better signal to the providers of social care services the sorts of services that our residents need in the future. This will be launched in July 2014.

- ✓ The Joint Health and Social Care Learning Disability Health Self Assessment Framework (JHSCSAF) was adopted to provide a single, consistent way of identifying the challenges in meeting the needs of people with learning disabilities, and documenting the extent to which our shared goals of providing good quality care are being met.

- ✓ A joint health and council plan to support people with challenging behaviour has been agreed. It covers positive behavioural support and the right (last resort) physical intervention. By encouraging the development of individual tailored solutions in general needs housing it will help people to live in the community either in or out of borough.

- ✓ Barking and Dagenham, jointly with Havering and Redbridge Councils, has subscribed to corporate membership of The College of Social Work for the next four years offering social workers practical resources to help build knowledge, skills and confidence.

- ✓ Reviewed long standing adult social care cases ensuring that those who no longer require help and support do not appear in our predictions for the future so allowing us to plan services more effectively.

- ✓ Commissioned Healthwatch (the organisation set up to strengthen the voice of social care users, carers, patients and the public), which has sought the views of over 600 residents about local health and care services; carried out five 'enter and view' visits and trained seven volunteers. Their work this year relating to adults has supported developments including:
    - Carers being able to go into hospital to provide care for their loved ones
    - 0844 high cost phone lines no longer being used by GP surgeries

Priority Theme: Prevention

- ✓ Facilitated Older People's Week, which saw around 1,100 people take part in 14 different events across the borough, ranging from tea dances, computer support sessions, cricket, knitting, sewing, beauty therapy and a workshop on remembering our history.

- ✓ Opened Relish@BLC, a café that provides an opportunity for adults with a learning disability to gain work experience and interaction with the public to prepare them for further employment opportunities.

- ✓ Set up an innovation fund of approximately £47,500 to support new prevention initiatives, which are aiming to become self-sustaining. Seven projects are underway: *peer friendship* for young people with learning disabilities, *Dance for Life* for older people, *psycho drama* for people with mental health needs, *social sewing classes* for vulnerable children and adults, and *Out and About* which trains volunteers to help people with learning disabilities and challenging behaviour to access community activities.

- ✓ Community Catalysts commissioned by the Council, began supporting over 30 existing and new micro- providers in the borough to deliver creative services for

people with a personal budget. The services include massage, strengthening and stretching techniques, postural assessments and advice on health and wellbeing that helps people to stay independent in their own homes for longer.

- ✓ Launched the BanD Together initiative on 29 November 2013, a series of projects that brings together organisations and co-ordinates activities in the borough, which provide the opportunity for people to receive or give support. Initiatives were aimed at helping and supporting vulnerable people during the winter months and included the 'knit and natter' project in which blankets are being made for vulnerable people, foodbank collection boxes; and a new Furniture Bank. The event also highlighted advice, support and other services available for those in need and information for residents on how they can volunteer and get involved in the projects that are taking place.

- ✓ A number of services were tendered for in April 2013 to offer information, advice and advocacy across the borough including:
  - Advice to help people in challenging situations at 17 different locations, including children's centres
  - Advocacy
  - Grants for people in crisis
  - Credit union

8. Key performance highlights in 2013/14

We have used information from our adult social care database, the annual social care users' survey and a local survey of carers to report how we have performed in 2013/14.

- Our annual adult social care users' survey has responses from 340 service users. We successfully worked with volunteers to telephone service users to encourage and help them to complete the survey. As with previous years, this survey gave us some really interesting feedback, which we will use to improve the support and advice we give you to make your own choices, the services we commission on your behalf, and the services we provide ourselves.

- In February 2014 a postal survey was sent to 279 carers who had had their circumstances assessed or reviewed in the last 12 months.130 surveys were completed with 121 returned by post and nine completed over the telephone with the help of volunteers.

This section compares our performance with a comparator group of 15 London boroughs for 2012/13, which have a similar range of social and economic issues as well as with London as a whole. **Please note that the 2013/14 performance data for London and our comparator group will not be published until December 2014 and we will ensure that the Local Account is updated with this performance information then.** Our detailed performance indicators for 2013/14 (including the results of the adult social care users' survey) are set out in Appendix 1, and again include comparisons to the 2012/13 data for the comparator group and London. Detailed responses to the carers' survey can be found in the carers 'Key Summary'.

The areas of performance where the Borough has performed less well will inform our plans for 2014/15. Please see Section 11 – 'What are we planning to do in 2014/15?' and the sections within our 'Key Summaries'.

Areas where Barking and Dagenham has performed well

The proportion of Learning Disability clients in settled accommodation (own home or with a family member) is 85.3%, up from 77.8% last year and above the 2012/13 comparator group average of 71.8% and the 2012/13 London average of 68.5%.

The borough scored well in comparison to the 2012/13 comparator group results on the:

- social care related quality of life score, with 19.2 compared to 18.0 last year, and compared to 18.3 for both the 2012/13 comparator and London averages
- percentage of service users who are satisfied with the care and support they receive - 65% up from 56.8% last year and above the 2012/13 comparator and London averages of 59.2 and 59.3% respectively
- proportion of service users who feel safe - 73.2%; a considerable increase on the 49.6% reported last year and much higher than the 2012/13 averages for the comparator group (60.3%) and the London average (60.5%).
- proportion of adults in contact with secondary mental health services living independently with or without support – 91.5% compared to 2012/13 data for the comparator group (79.2%) and London (79,4%).
- percentage of service users who said they have as much social contact as they want with people they like - 47.6% compared to 38.4% last year. This is a new indicator for 2013/14 and therefore we have no data to compare this to from 2012/13 for London and the comparator group.

The proportion of service users receiving direct payments (30.5%) places Barking and Dagenham above 2012/13 comparator group (20.1%) and London (19.5%) averages. This is a marked increase to our figures for last year which were 18.9%.

Performance on Delayed Transfers of Care (i.e. meaning that people are able to leave hospital as soon as they are ready) was good with significant improvements over the last two years; the borough stands at 1.1 per 100,000, better than both 2012/13 averages for the comparator group and London at 2.7 and 2.6 respectively.

The local carers' survey found that:

- 79% said "they had no worries about personal safety" up from 68% in 2012/13
- 56% said "I look after myself" up from 50% in 2012/13
- 41% said "I feel I have encouragement and support" up from 36% in 2012/13

Areas where Barking and Dagenham performed less well

The proportion of adults with a learning disability in paid employment is increasing but remains lower than similar boroughs. The percentage of people with a learning disability known to the Council in some form of paid employment is estimated at 6.7% which is below the national average of approximately 7%. However, this is an increase from 2012/13, when estimates stood at 5.4%. This is a nationally reported measure for the borough and the data now provisionally places Barking & Dagenham in the middle quartile of comparative local authorities. Again, this is a change to 2012/13 when the Council was ranked as in the bottom quartile.

The proportion of adults in contact with secondary mental health services who are in paid employment in the borough remains at the same level as last year (3.0%) and is worse than the 2012/13 figures for the comparator group (6.3%) and London (6.9%).

The proportion of people aged 65+ admitted in permanent residential and nursing care is decreasing (871 in 2012/13 to 697 in 2013/14) but we are still performing worse than the 2012/13 figures for the comparator group (526) and London (478.2). Reasons for this include the relatively small number of self-funders locally and a smaller 65+ population than the other comparable boroughs.

The local carers' survey found that:

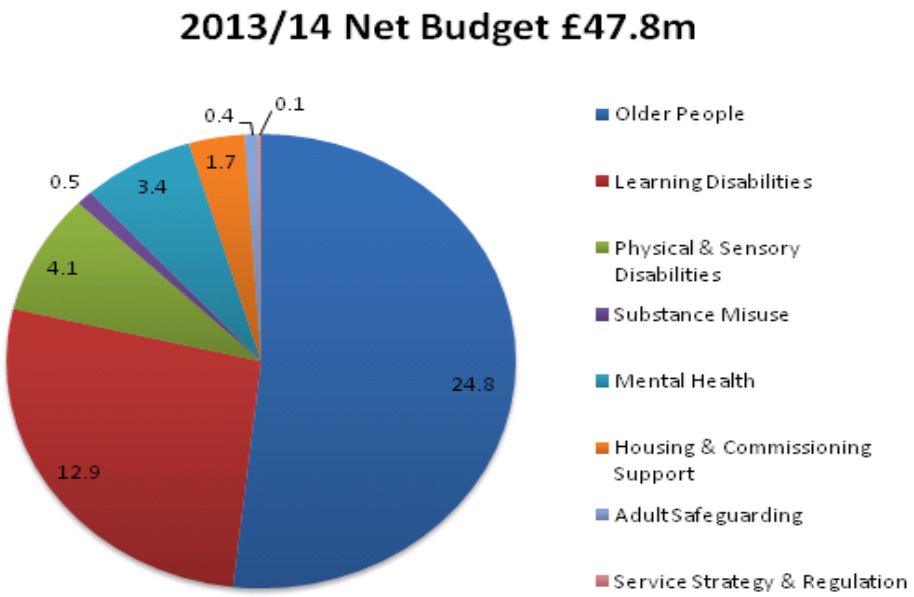
- 43% of carers said information and advice was "easy to find" compared with 47% in 2012/13
- 78% said "I have as much control over my daily life" or "I have some control over my daily life" compared with 87% in 2012/13

9. What we've spent in 2013/14

Barking and Dagenham's net adult social care budget for 2013-14 was £47.8m (excluding income from the Social Care grant of £3.268m). It covers care and support services that the Council purchases, staff who co-ordinate their support, and money given to people to buy their own support. The Council receives around £5m in income from service users assessed as needing to contribute to the cost of their own care.

- £7.4m was given to people across all client groups as direct payments so they could arrange their own care
- £12m was spent on residential care, direct payments and home care for older people
- £12.9m was spent on residential care, direct payments, home care and day care for people with learning disabilities
- £3.8m was spent on mental health services delivered by North East London Foundation Trust (including direct payments)
- £7.1m was spent on block contracts where support services are purchased for more than one person, usually in advance of the service being delivered e.g. supported living for older people and those with a learning disability, advocacy services and welfare support

Figure 2: Breakdown of net Adult Social Care budget



What we are forecast to spend in 2014/15

The 2014/15 adult social care budget is £44.2m. Due to the financial climate and the reduction in grants from central government the Council has had to make reductions to the adult social care budget in line with reductions to other budgets; for 2014/15 £0.987m of savings are planned within adult social care. 48% of these are from care provision budgets (including in-house services), 43% from reduction in commissioned services and the remainder being staff (including management) reductions. As part of the preparations for the introduction of the Care Act we will model the financial impact of the changes to how people pay for care.

10. Complaints and Compliments

Compliments from service users and carers

In 2013/2014 we received 31 compliments from service users and their families about our services and the dedication of staff to make sure people get the high quality service that they deserve. Some examples are given below.

On the support given by our **Integrated Mental Health Team**:
"It is with immense gratitude that I feel compelled to write to you to pay our heartfelt tribute to 2 members of your mental Health Team. For they provided excellent and exemplary care and support for our son for which we are extremely grateful"

Assistance with finding suitable **Personal Assistants** to help her Mum retain her independence:
"Thank you very much on behalf of both myself and my mother for helping us find the 2 PAs, mum is feeling at home with them already"

Complaints from service users and carers

The Adult Social Care Complaints service received 103 complaints in 2013/14. These covered a range of subjects where service users or their families were not happy or had queries about the services being delivered. All complaints are fully investigated so that the best outcome in the circumstances is achieved for the complainant.

Of the 103 complaints we investigated:

- 31 (30%) complaints lodged by complainants were found after careful investigation and information gathering from all parties to be unjustified
- 12 (12%) complaints were withdrawn after advice and support was given to the complainant
- 40 (39%) complaints were partially justified and after investigation an outcome achieved which was acceptable to both the complainant and the Council
- 20 (19%) complaints were found to be justified and we worked with the complainants so that they were satisfied with the eventual outcome

Working with the Local Government Ombudsman (LGO)

If the complainant is not satisfied with the outcome or handling of their complaint they have the option to approach the LGO and ask for the case to be reviewed. Overall seven complainants approached the LGO. We worked closely with the LGO to ensure that where we may not have reached the correct outcome for the complainant this was rectified. Of the seven that were referred we were asked by the LGO to revisit our outcomes on three cases on behalf of the complainant. The LGO found the remaining four cases to have been handled correctly and the outcome to be fair.

The themes of the seven LGO referred cases included transition from children's to adult services where they were unhappy with the services offered and requested more choice; service users unhappy with waiting time for adaptations to be completed; and the remaining not satisfied with allocation of personal budgets. For the three cases where the LGO requested our outcome be revisited we have taken on board the LGO's findings and recommendations, and made changes to our service offer, particularly when a service user transitions from children's to adults' services, providing information on a wider range of choices available.

How did we respond to the complaints that we received?

During 2013/2014 the Complaints Service handled 20 complaints which following investigation, were found to be justified. When this happens, the service area works with the recommendations of the investigating officer to make improvements. The justified outcomes can be broken down into the following main themes.

Table 2: What we did with 'justified' Adult Social Care complaints

Complaints about:	No.	What did we do
The quality of service delivered by providers	6	Providers who deliver social care services to our residents are monitored regularly to make sure that they are delivering quality services. Where there has been a complaint or a concern raised, we increase our monitoring and work with the provider to make improvements. Of these six complaints, two were linked to safeguarding concerns. In these cases a safeguarding alert is raised and a very detailed piece of work is carried out by social workers. When the outcome of the investigation has been agreed we then take action against the provider such as if proven an embargo or if partially proven we will work with the provider to put things right. The provider will have an agreed action plan which we monitor closely until we are satisfied they are able to provide services safely and of the quality that we expect for our residents. Complaints raised about the quality of services being delivered are important to us as it gives the opportunity to investigate and work with them to ensure that they are meeting residents' expectations and needs and that care is being delivered by well trained experienced carers.
Challenging the amount of personal budget allocated to an individual	6	Where an individual challenged the decision regarding the amount of money given to them to pay for care we asked for a further financial assessment be carried out to make sure all the individuals incoming and outgoing money including benefits were taken into account. Of the six complaints three benefitted from a fuller understanding of how the allocation of a personal budget was calculated. A member of staff with expert knowledge about both benefits and personal budgets telephoned or visited so that the person was left feeling confident that they understood how the budget was calculated. However in three cases the resident was not satisfied about the amount of funding for care given by the Council and their expectations could not be met despite a further assessment. The Council has a fair assessment process for everyone based on the needs of the individual to enable them to live a fulfilling life and be able to stay at home. We have made changes to the way we assess and offer home visits particularly when carrying out financial assessments as face to face contact with a council officer has a better outcome for most people.

Complaints about:	No.	What did we do
Staff attitude	4	Complaints against staff are always taken very seriously. If a complaint of this nature is found to be justified the member of staff is closely supervised and given training over a period of time to allow them to reflect on their conduct and make the necessary changes. There were no cases, which after investigation were serious enough to merit disciplinary action.
Waiting times for assessments and adaptations	4	We have worked hard to keep waiting times for assessments and adaptations down to the minimum, however sometimes we do not always meet expectations. Some complainants had been waiting between four to six weeks to be assessed which is not acceptable and a further six weeks and over for the work to be carried out. After investigating these complaints and presenting our findings to both the Occupational Therapy Team and the Housing Service which carry out the work a plan was put in place to communicate with residents regularly explaining the reasons why they may have to wait including telling them where they were on the works list. We found that although residents were not completely satisfied with waiting they were more accepting of the situation because of the regular contact with council officers keeping them abreast of what was happening. We will continue to work towards keeping waiting times down and have made progress in this area particularly for assessments which are usually now carried out in two to three weeks.

11. What are we planning to do in 2014/15?

We will use performance information and analysis, survey responses, and the information that we have received from compliments and complaints to improve the support, services and information and advice that we give to residents to make their own choices on the care and support that they receive, our in-house services, and the services we commission on their behalf.

In addition to the above, we have asked residents and service user forums to give their feedback on the Local Account. People that we spoke to included:

- The Carers Strategy Group
- Learning Disability Carers Forum
- Learning Disability Service Users Forum
- User-led disabilities group
- Residents during Older People's Week events
- Residents during World Mental Health Day events

We asked residents and groups to specifically tell us what they thought about the Local Account, anything that they thought was missing and what they would like to see in Adult Social Care in 2014/15. This feedback will inform our planning for 2014/15 and has been incorporated into the Local Account 'key summaries' where appropriate.

Feedback that we received included:

Older people

- We had strong support for the work that is taking place around the Dementia Needs Assessment and plans to look at improving dementia services next year.
- There was also support for the joint working that takes place between our social workers and GP practices.
- Our older residents were really positive about the Borough's Active Age Offer, although they said that more computer training should be offered and that leisure classes were often very busy and booked up at Becontree Heath Leisure Centre. It was also said that there are not enough leisure classes in Barking. The building of the new Abbey Leisure Centre in Barking Town Centre, opening in late 2014, will provide many more first-class sporting facilities in the Borough and it is hoped that this will ease the problems regarding full classes and availability in Barking.

Physical disabilities and sensory impairments

- One resident raised concerns with us regarding swimming support for adults and older people who use wheelchairs as it was felt that existing support was mainly focused on young people with physical disabilities. This feedback will be given to our Culture and Sport service to inform future service delivery in the Borough's leisure centres.

Carers

- The carers that we consulted with asked us to include more information in the Local Account about the training and range of activities provided by Carers of Barking and Dagenham, as well as a summary of the Carers Rights Day event that took place on 29 November 2013.
- Carers asked us to ensure that advocacy for carers was included in the preparatory work that the Borough is doing for the implementation of the Care Act.
- It was also discussed that benefit changes have impacted upon carers and that we needed to ensure that future services for carers needed to include benefits and welfare advice support.

People with learning disabilities

- The Learning Disability Service User Forum asked us to ensure that Learning Disability Week 2013 was discussed in the Local Account, particularly as the sport 'taster' sessions that were offered during the week gave service users the 'fitness bug' and that it raised the profile of physical activity amongst the learning disability community.
- Service users told us that they were particularly concerned about uptake levels for health screenings for people with learning disabilities. There were concerns that service users are not attending appointments and that some people are not aware of the importance of screening. Additionally, service users were concerned that not all people with learning disabilities were identified on GP registers. Health

screening and work around GP registers will form some of our plans for 2014/15 in the work that we are doing in learning disabilities.

Mental Health

- Service users at World Mental Health Day felt that current advocacy services available to mental health clients were of a high standard and provided a very good service. One service user however stated that they felt that the borough was lacking in a support group for family members of people with mental health issues.
- A number of service users also thought that there needed to be more work done to engage with people from all cultural groups. It was suggested that cultural and community leaders should be involved in any engagement work.
- One service user felt that mental health service users would benefit from more computer training and computer based activities.
- Service users told us that they felt days like the World Mental Health Day where they had the opportunity to express their opinions were very helpful and should be held on a more regular basis.
- These comments will be given to the Mental Health sub-group of the Health and Wellbeing Board for discussion and to inform planning for 2014/15 and beyond.

Taking all of this information into account the **key areas for focus in 2014/15** that we have identified are:

- Ensuring people have a positive experience of care and support
- Ensuring safeguarding is prioritised
- Commissioning quality services
- Providing better and more accessible information about support available for service users and carers
- Ensuring carers get the advice and support that they need

Addressing these areas as soon as we can will result in fewer inappropriate referrals and ensure people receive the support they need much earlier and at a reduced cost. This approach alongside **the requirements of the Care Act 2014** will inform our future work.

We have identified the activities below to help us deliver on these key areas and move towards ensuring an early intervention and prevention approach. They are set out against the priority themes in Barking and Dagenham's Health and Wellbeing Strategy 2012-15.

Please note that further specific activities for 2014/15 for learning disabilities, older people, mental health, carers and people with physical disabilities and sensory impairments have been identified in the 'key summary' documents.

Table 3: Key areas for focus in 2014/15

Health and Wellbeing Strategy themes	Key activities for 2014/15
ALL	➢ Get ourselves ready for the implementation of the new Care Act on 1 April 2015, which will bring major changes to how we deliver social care services

Health and Wellbeing Strategy themes	Key activities for 2014/15
Care and support	➢ Better promote the Care and Support Hub web directory of services, and work to make the information more comprehensive ➢ Launch the proposed Joint Assessment and Discharge team, which brings hospital, community health and social care teams into one so that people coming out of hospital get a better service ➢ Improve end of life care through training and service improvements within our joint health and social care teams, including the writing of an End of Life Care Action Plan for agreement at the Health and Wellbeing Board
Protection and safeguarding	➢ Improve our systems for responding to Deprivation of Liberty Safeguard applications (where people are prevented from doing something for their own protection) to meet rising demand ➢ Continue our work to make sure that residents, service users and staff all know how to raise safeguarding alerts when they are concerned about someone's safety or wellbeing in social care services ➢ Improve our processes for ensuring the quality of local services, focusing our attention on those that are a concern, and working closely with the Care Quality Commission
Improvement and integration of services	➢ Launch our first Market Position Statement, that sets out how we think local services need to develop in order to meet the demands of people using services ➢ Work with people who need care and support, and care providers to develop the choices available to meet their needs ➢ Encourage more small providers and micro-providers to complete the East London Solutions quality assurance process ➢ Expand the number of accredited Personal Assistants in Barking and Dagenham ➢ Take forward the improvements highlighted in our Dementia Needs Assessment ➢ Improve screening uptake and communication with healthcare services for people with a learning disability.
Prevention	➢ Develop a new Carers' Strategy, with input from local carers and their support organisations, and work out new ways to deliver services for carers in the future ➢ Work with HealthWatch to strengthen the voice of social care users, carers, patients and the public, and to make sure their voice gets heard at the Health & Wellbeing Board

12. Glossary

Term	Description
Advocacy	Support to help a person to express their views about their care needs and choices, secure their rights and represent their interests
Adult social care	Personal care and practical help for adults who have care or support needs due to age, illness or disability to help them live their lives as independently as possible
Carer	Someone who provides unpaid support to a family member or friend who cannot manage without this help
Clinical Commissioning Group (CCG)	A group of GP practices in the same area that have joined together to buy, change or discontinue services for the benefit of their patients and others living in the local area. Most of the health services you might expect to get through your GP practices will need to be organised by the CCG
Commissioning	Process the Council uses to plan and buy services for adults with care and support needs
Comparator group	The London boroughs in our group are: Barking and Dagenham, Bexley, Brent, Enfield, Greenwich, Hackney, Haringey, Havering, Hownslow, Lewisham, Merton, Newham, Southwark, Sutton, Redbridge
Direct payment	Money paid from the Council to people who have been assessed as needing care or support to help them buy it and be in control of those services
Extra care housing	A type of housing which helps people to maintain their independence; it provides a range of housing and care/support services tailored to meet individual needs available 24 hours a day, 7 days a week. The amount of care provided at any time can be flexible to accommodate fluctuating needs
Fair Access to care criteria (FACS)	Government guidance for councils to help them decide who can receive adult social care services
Health and Wellbeing Board	The Health and Wellbeing Board is a statutory committee of the Council and brings together senior leaders from the local NHS, the Council's Adult Social Care service, Healthwatch and the voluntary and community sector to improve health and wellbeing and reduce health inequalities locally

Term	Description
Health and Wellbeing Strategy	The Health and Wellbeing Strategy is a statutory requirement which sets out how the Council and other partners on the Health and Wellbeing Board will improve health and wellbeing in their area. The Barking and Dagenham Health and Wellbeing Strategy is available at: http://www.lbbd.gov.uk/Health/Documents/FinalHealthAndWellbeingStrategy.pdf
Healthwatch	The organisation set up to strengthen the voice of social care users, carers, patients and the public
NHS East London Foundation Trust	North East London NHS Foundation Trust (NELFT) provides mental health and community health services for people living in the London Boroughs of Waltham Forest, Redbridge, Barking & Dagenham and Havering, and community health services for people in south west Essex
Outcomes	The changes, benefits or other results that happen as a result of getting support from social care
Personal assistant	Someone who is employed by an individual with care or support needs, who is in receipt of a personal budget to undertake a wide range of care and support tasks
Personal budget	Money allocated from the Council to someone to buy their own care and support following a social care assessment under the FACS criteria
Personalisation	Personalisation is the process of enabling people to be more in control of the services they receive. Every person who receives support, whether funded by Adult Social Care Services or by themselves, will have choice and control over the shape of that support
Provider	An organisation the Council funds or “commissions” to provide adult social care on its behalf
Review	Regular review of a person’s needs to make sure their care and support plan meets their needs
Safeguarding	The process of protecting vulnerable adults from abuse or neglect.
Self-directed support	Support that a person chooses, organises and controls to meet their needs in a way that suits them

Questionnaire

We would like you to hear your views about Adult Social Care in Barking and Dagenham and your feedback on this Local Account. We will use your feedback to inform our services, as well as shaping our Local Account for 2014/15.

You can tell us what you think by:

- Completing our online questionnaire on the 'Local Account' page on the Care and Support Hub website: http://www.careandsupport.lbbd.gov.uk
- Emailing your feedback and completed questionnaire to marketdevelopment@lbbd.gov.uk
- Post to: Integration and Commissioning team, Room 218, Barking Town Hall, 1 Town Square, Barking, IG11 7LU

This questionnaire will be open for responses until 31 March 2015.

1. **Are you filling in this survey as a:**

	Please tick one
Service user of adult social care services	
Carer of an adult social care service user	
Local resident (non service user or carer)	
Provider of social care locally	
Other (please write in):	

2. **What adult social care services do you use and how regularly do you use them? (please write in)**

3. **What do you think about adult social care services in Barking and Dagenham? (please tick)**

Unsatisfactory	Acceptable	Good	Excellent	Undecided

Please give us reasons for your answer

4. **How do you think adult social care services can be improved? (please write in)**

5. **What did you think about the Local Account 2013/14?**

Please rate the Local Account with a scale of 1-5 where 1 is strongly disagree and 5 is strongly agree

	informative	interesting	easy to read	easy to understand
The main Local Account document is:				
The key summaries (older people, learning disabilities, mental health, carers and physical disabilities and sensory impairment) are:				

Please give us any additional feedback below

6. **How do you think the Local Account can be improved for next year?**

About you

To help us check we are getting the views of as many people as possible and that everyone is treated fairly, we would like to know a bit about you. We won't share the information you give us with anyone else. We will only use it to help us make decisions and make our services better. If you would rather not answer any of these questions, you don't have to.

Please circle your answers below

Q1. Age

Under 20
20 – 39
40 – 60
Over 60

Q2. Gender

Male
Female

Do you identify, or have you ever identified, as Transgender?
Yes
No

Q3. What is your ethnic group?

A. White
• English / Welsh / Scottish / Northern Irish / British
• Irish
• Gypsy or Irish Traveller
• Any other White background, write in:

B. Mixed / multiple ethnic groups
• White and Black Caribbean
• White and Black African
• White and Asian
• Any other Mixed / multiple ethnic background, write in:

C. Asian / Asian British
• Indian
• Pakistani
• Bangladeshi
• Chinese
• Any other Asian background, write in:

D. Black / African / Caribbean / Black British
• African
• Caribbean
• Any other Black / African / Caribbean background, write in:

E. Other ethnic group
• Arab
• Any other ethnic group, write in:

Q4. Do you consider yourself disabled?

Visual impairment

Speech impairment

Wheelchair user

Mental health issues

Hearing impairment

Restricted mobility

Learning difficulty

Other hidden impairment (please state):

Q5. Are you a carer?

A disabled person within your family

Older family member

Child/ren under 14 years

Q6. What is your religion?

No religion

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion, write in:

Other (please state):

Q7. What is your sexual orientation?

Heterosexual („straight“)

Gay man

Lesbian

Bisexual

Other (please specify):

Appendix 1 - Detailed Adult Social Care performance in 2013/14

Following the key highlights of Adult Social Care performance above, please see below for detailed performance information, split into the four priority themes of the Health and Wellbeing Strategy.

Please note that comparator group and London data for 2013/14 will not be published until December 2014 and therefore we are unable to include this information at the current time. Instead, we have included the 2012/13 data for London and the comparator group to give a provisional snapshot of benchmarked performance. Once the data is published in December 2014 this section will be updated with 2013/14 figures for the comparator group and London.

Table 4: Performance measures split into the Health and Wellbeing Board priority themes

Care and support					
Performance measures	**Barking and Dagenham**		**Comparator group**	**London**	**Comment**
	2012/13	**2013/14**	**2012/13**	**2012/13**	
Social care related quality of life (average based on responses to eight questions in Adult Social Care survey)	18.0	19.2	18.3	18.3	Improving – in comparison to 2012/13, slightly above comparator group and London averages
Proportion of people who use services who have control over their daily life shown as a %	69.8	72.3	70.2	70.9	Improving - in comparison to 2012/13, slightly above comparator group and London averages
Number of social care users who receive self-directed support as a % of all clients	42.1	60.6	64	63.9	Improving – in comparison to 2012/13, below comparator group and London averages
Number of social care users who receive direct payments as a % of all clients	18.9	30.5	20.1	19.5	Improving – in comparison to 2012/13, above comparator group and London averages

Care and support					
Performance measures	**Barking and Dagenham**		**Comparator group**	**London**	**Comment**
Percentage of adults using services who are satisfied with the care and support they receive	56.8	65.0	59.2	59.3	Improving – In comparison to 2012/13, above comparator group and London averages
Number of people aged 65+ admitted in permanent residential & nursing care placements per 100,000 population	871	697	526	478.2	Improving – In comparison to 2012/13, worse than comparator group and London averages (a lower number is good)

Protection and safeguarding					
Performance measures	**Barking and Dagenham**		**Comparator group**	**London**	**Comment**
	2012/13	**2013/14**	**2012/13**	**2012/13**	
Proportion of service users who feel safe shown as a %	49.6	73.2	60.3	60.5	Improving – in comparison to 2012/13, better than comparator group and above London average
Proportion of service users who say that those services have made them feel safe and secure shown as a %	75.3	76.3	75.9	73.9	Improving – in comparison to 2012/13, better than comparator group and above London average

Improvement and integration of services					
Performance measures	**Barking and Dagenham**		**Comparator group**	**London**	**Comment**
	2012/13	**2013/14**	**2012/13**	**2012/13**	
Number of delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	4.4	1.1	2.7	2.6	Improving – In comparison to 2012/13, better than comparator group and London average (a lower number is good)
Proportion of people aged 65+ living at home 91 days after leaving hospital shown as a %	91.5	88.3	84.3	85.3	Declining – in comparison to 2012/13, slightly above comparator group and London averages

Prevention					
Performance measures	**Barking and Dagenham**		**Comparator group**	**London**	**Comment**
	2012/13	**2013/14**	**2012/13**	**2012/13**	
Proportion of service users and carers who find it easy to find information support shown as a %	66.0	71.2	68	68.3	Improving – In comparison to 2012/13, slightly above comparator group and London averages
Proportion of service users that said they have as much social contact as they want with people they like shown as a %	38.4	47.6	This was a new indicator for 2013/14 so historical data is unavailable.		
Proportion of adults with a learning disability in paid employment shown as a %	5.4	6.7	8.8	9.1	Improving – in comparison to 2012/13, below comparator group and London averages
Proportion of adults with a learning disability who live in their own home or with family shown as a %	77.8	85.3	71.8	68.1	Improving – in comparison to 2012/13, above comparator group and London averages
Proportion of adults in contact with secondary mental health services in paid employment shown as a %	3.0	3.0	6.3	6.9	Static – in comparison to 2012/13, below comparator group and London averages
Proportion of adults in contact with secondary mental health services living independently with or without support shown as a %	91.6	91.5	79.2	79.4	Static – in comparison to 2012/13, above comparator group and London averages

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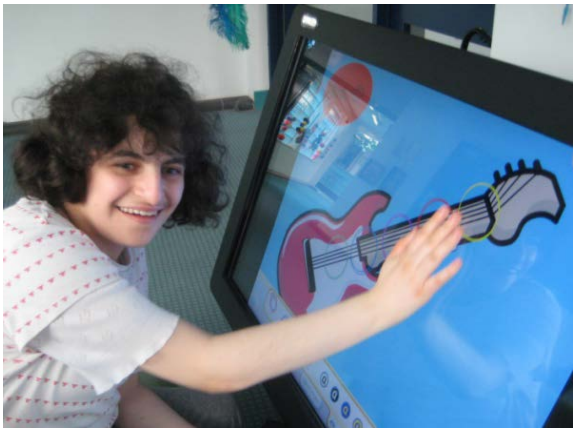
Local Account 2013/14

Learning Disabilities

Who used our services in 2013/14?

- 620 people with learning disabilities are currently known to the Community Learning Disability Team, 339 who are eligible to receive services.
- 673 people with learning disabilities are identified on GP registers: 62 with profound or complex needs, 128 are aged under 17 years, 506 are 18-64 and 39 are aged 65+.
- There were a small number of Deprivation of Liberty Safeguards (DoLs) applications concerning people with learning disabilities which were responded to accordingly, however we are seeing an increase following the outcome of the Cheshire West Supreme Court ruling. There are dedicated 'Best Interest Assessors' now working on dealing with the increase.



£12.9m was spent on services for people with learning disabilities including care and support, our in-house services, staffing, and our commissioned contracts (for example, our Supported Living schemes).

What services are available for people with learning disabilities?

- There are a range of day opportunities available and a maximum capacity of 109 placements in supported living schemes locally.
- There are five residential and care homes in the borough providing support for around 60 people with a learning disability (including 80 Gascoigne Road which offers support for those with more complex needs). There are an additional 33 people living in care homes outside of the borough.
- The Council has a range of in-house services including the **Maples** (a day centre that provides and organises activities that help people with learning disabilities to achieve their goals and ambitions), and **Heathlands** (which provides day services and activities for adults with learning disabilities who require intensive care and support). Additionally, the Council has an integrated **Community Learning Disability Team**, a team of social workers, nurses, doctors and therapists who work with people with more severe and complex learning disabilities and who are eligible for Adult Social Care from the Council.

The Borough has an ambitious transformational programme called ***'Fulfilling Lives'*** which is aimed at encouraging independence, choice and control and expanding the number of opportunities available to people with a learning disability to ensure that they have the same life chances as everyone else.

What do people with learning disabilities think of social care services?
Based on the 2013/14 Adult Social Care survey:

- 86% of people with learning disabilities felt that they had as much control over their daily lives as they wanted or adequate control over their daily lives;
- 86% of people with learning disabilities said that care and support services made them feel safe;
- 77% of people with learning disabilities said they were 'extremely satisfied' or 'very satisfied' with the care and support they receive;
- 64% of people with learning disabilities felt that they have as much contact as they want with people they like;
- 52% of people with learning disabilities found it easy or very easy to find information and advice about support, services or benefits.

These are good results for people feeling in control of their lives, for people feeling safe and satisfied with the support they receive. The low score for social contact and access to information reaffirms the Council's commitment to the Fulfilling Lives programme.

During consultation on the Local Account with the Learning Disability Service User Forum, service users told us that they were particularly concerned about uptake levels for health screenings for people with learning disabilities. There were concerns that service users are not attending appointments and that some people are not aware of the importance of screening. Additionally, service users were concerned that not everyone with a learning disability was appearing on GP registers in the Borough.
Health screening and GP registers will form some of our plans for 2014/15 in the work that we are doing in learning disabilities.

What did we achieve in 2013/14?

- ✓ The **Fulfilling Lives programme** which started in 2012, is continuing to expand the range of meaningful opportunities available for people with learning disabilities.
- ✓ **Relish@BLC** opened in March 2013, a café that provides an opportunity for adults with a learning disability to gain the work experience and interaction with the public for them to take into further employment opportunities. Relish is also the venue for **'Stars in the sky'** which provides friendship groups and nightclub events across the whole of London and Essex making Relish a premier learning disability venue!
- ✓ **Developed traineeships** for people with a learning disability aged 16 -25 in partnership with Barking and Dagenham College. Six trainees completed the programme in 2013/14 and a new cohort is starting in 2014/15.
- ✓ The 'Welcome to our World' (WOW) Autism Unit based at Heathlands achieved an **excellent rated accreditation** from the National Autism Society.
- ✓ The **ELF Project**, sponsored by the Public Health Programme, started in September 2013 aiming to improve the health of people in Barking and Dagenham who have a learning disability.

ELF participants in the weight loss programme

ELF stands for '**E**at well, **L**ive an active life, **F**eel sustainable lifestyle changes, including helping service users to access screening and health care services, choose and prepare healthy food and helping them to become more active. Highlights so far have included cookery demonstrations, local nature walks, dance aerobic sessions and a bespoke weight loss programme.

Participants at the LDPB Away Day 2013

- ✓ 80 Gascoigne Road residential home was recognised as providing good quality, safe services for people with learning disabilities following **an unannounced inspection by the Care Quality Commission**. 80 Gascoigne was completely refurbished to create a new unit for six people with behaviour that challenges to support the commitment from Winterbourne View that people are able to receive the care and support they need as close to home as possible.

- ✓ The **Learning Disability Partnership Board (LDPB)**, a sub-group of the Health and Wellbeing Board was refreshed. The LDPB is the strategic group for issues relating to learning disabilities and includes carer and service user representatives within its membership, as well as representatives from commissioned organisations who provide services in the Borough.

- ✓ A **successful training programme** was commissioned by the Council and delivered by Carers of Barking and Dagenham to support ageing carers in thinking about the future when they may no longer be able to care for their loved ones. Good feedback was received by attendees.

- ✓ The Council hosted a successful week of events for national **Learning Disability Week** which was held between 19 and 25 August 2013. The theme was 'bringing people together to celebrate family life and developing strong family networks in local communities.' Events included a Family Sports Day at Jim Peters Stadium and a Community Day hosted by Mencap. Service users told us that the sport 'taster' sessions that were offered during the week gave them the 'fitness bug' and that it raised the profile of physical activity amongst service users.

- ✓ In response to the government's final report into the events at **Winterbourne View** Hospital Barking and Dagenham has produced a plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging. It sets out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.

Sport taster sessions at LD Week 2013

- ✓ The Council is working with the Royal National Institute for the Blind (RNIB) and local opticians to ensure that people with a learning disability get the eye care that they need. The initiative is called '**Bridge to Vision'**.

- ✓ During 2013-14 the **volunteer driver scheme** was started up to enable both people with a learning disability and older people who cannot use public transport to get around the Borough. So far, the scheme has recruited 16 volunteers, 9 drivers and 7 befrienders, delivering 47 journeys per week.

How did we perform in 2013/14?

- Throughout the 2013/14 financial year 134 learning disability clients accessed their care via a direct payment, a 23% increase when compared to the 109 in the previous year.
- The proportion of adults with a learning disability who live in their own home or with family has increased from 77.8% in 2013/13 to 85.3% in 2013/14; this far exceeds the London average of 68.5%.
- The proportion of adults with a learning disability in paid employment has increased from 5.4% in 2012/13 to 6.7% in 2013/14

Examples of our plans for 2014/15

- Improve screening uptake and communication with healthcare services for people with a learning disability. The Learning Disability Service User Forum has asked the Council to tailor the theme of Learning Disability Week 2014 around healthy lifestyles, with events centred on topics such as healthy eating, exercise and living independent lives. We will also be continuing to develop the ELF project, particularly working with health partners to improve screening uptake.
- Deliver awareness training and ensure reasonable adjustments within universal services to meet the needs of people with learning disabilities
- Deliver and develop the Challenging Behaviour action plan
- Develop and refresh the Borough's Adult Autism Strategy (due to be refreshed in 2014/15)
- Continue to deliver the Fulfilling Lives programme, particularly in improving information and advice, access to local community services and improving the uptake of personal budgets.
- Build on the training delivered by Carers of Barking and Dagenham and develop a range of support for ageing carers who are caring for ageing service users.
- Develop further projects, including 'Urban Vintage', a vintage shop at the Maples which combines a furniture renovation project and vintage clothing supplied by the Osborne Partnership.

Urban Vintage at The Maples

- Build on the work of the volunteer driver's scheme and establish a Transport Forum and a travel training initiative with the local Police and Transport for London to support people with learning disabilities travelling independently in Barking and Dagenham.
- Establish a project to work with 12 people with behaviour that challenges in seeking employment opportunities.

Do you agree with what we have said above about learning disabilities?

Take part in our Local Account questionnaire and tell us what you think!

Local Account 2013/14

Older People

Who used our services in 2013/14?

- Older people represent the largest group of people receiving social care support from the Council: 70.6% of our service users
- There was a monthly average of around 330 in residential care through the year; 136 were admitted into permanent placements in the year (125 residential, 11 nursing placements)
- 2,248 received community-based services, including 763 people who were in receipt of aids and adaptations for their home
- 522 people at the end of the year were receiving a direct payment.
- 318 older people received new/additional services following an assessment or review
- 88.3% of older people (65+) discharged from hospital into crisis intervention were still living at home 91 days after discharge
- 707 safeguarding alerts were raised about older people
- 13.4% of the over 60s population are members of the borough's leisure centres: the number visiting leisure centres increased by 20.1% from 60,217 in 2012/13 to 72,328 in 2013/14; 69.4% of visits were to Becontree Heath Leisure Centre.

Do you agree with what we have said in this document about older people?

Take part in our Local Account questionnaire and tell us what you think!

Local resident Carol and her Personal Assistant, Teresa. Carol employs Teresa through the use of her personal budget

What did we spend in 2013/14?

£

- The Council spent £4.2m on direct payments to older people in 2013/14. It spent £3.3m on homecare and crisis intervention; this bought a monthly average of 9,600 hours of care
- £8.6m was spent on residential and nursing placements for older people, with an additional £2.1m spent on the Council's own residential and extra care services.
- The Council offset those costs with £3.3m in income from charges to service users for their care
- In addition, the Council spent approximately £3m on the social work teams that plan and co-ordinate that care, and which are co-located with GP surgeries in 'clusters'.

Services for Older People

- The Council's approach to co-ordinating the care and support of older people in the borough is built around the borough's six clusters of social workers, nurses and GPs.
- Most of our service users receive a direct payment, which allows them to make choices about their care. We work with people to form their plans for the care, often starting with a personal assistant to provide their flexible support. By 31 March, 42 personal assistants were accredited with the Council.
- Nine privately owned residential and nursing homes in the borough have a combined capacity of 578 beds; in addition the Council runs Kallar Lodge, a specialist home for people with dementia.
- 8 extra care schemes have a bed capacity of 285; some provided by the Council and some by independent providers.
- A range of day opportunities, including six Active Age centres, offer a wide range of activities for older people. In addition, the Council offers free leisure centre use for older people, and a range of volunteering opportunities,

What do Older People think about Adult Social Care services?

Based on the 2013/14 Adult Social Care survey:

- 72% of older people felt that they had as much control over my daily life as they want and adequate control over their daily lives
- 54% of older people felt that they have as much contact as they want with people they like
- 65% of older people said they were extremely satisfied' or very satisfied' with the care and support they receive
- 81% of older people found it easy or very easy to find information and advice about support, services or benefits
- 83% of older people said they felt as safe as the want
- 88% of older people said that care and support services made them feel safe

These are good results on feelings of safety, and reasonably positive around feeling in control. The Council will be looking at how it can improve the satisfaction with services (particularly bearing in mind the emphasis on personalisation). The low score for older people having social contact reaffirms the Council's commitment to its Active Age Offer, volunteering and promotion of other community activities.

We spoke to residents at Older People's Week about the Local Account and the majority of people agreed with what we have listed overleaf as our achievements for 2013/14 and our plans for 2014/15.

In particular, we had strong support for our work around the Dementia Needs Assessment and plans to look at improving dementia services next year. There was also strong agreement for joint working arrangements with GPs in our clusters. Residents were also really positive about the Borough's Active Age Offer, although they said that more computer training should be offered and that leisure classes were often very busy and booked up at Becontree Heath Leisure Centre. It was also said that there are not enough leisure classes in Barking.

The building of the new Abbey Leisure Centre in Barking, opening in late 2014, will provide many more first-class sporting facilities in the Borough and it is hoped that this will ease the problems regarding full classes and availability in Barking. We will look at how expanded computer training can be offered through our Active Age offer.

What did we achieve in 2013/14?

- ✓ Launched the 'Care and Support Hub', our new Adult Social Care website - http://careandsupport.lbbd.gov.uk/ - to help service users have more information, choice and control over their social care services.
- ✓ Kallar Lodge, and Millicent Preston House were recognised as providing good quality, safe services for older residents following unannounced inspections by the Care Quality Commission (CQC).
- ✓ During Elder Abuse Week the Adult Safeguarding and Neighbourhood Crime Reduction Teams worked with the Police, Fire Service, Victim Support, Safer Homes Project, Blue Bird Care and Carers of Barking & Dagenham to hold '*Keeping Safe in Barking and Dagenham'*, an event attended by about 92 people.
- ✓ The 2013 Older People's Week saw 14 events take place across the borough, in e.g. libraries and community centres to care homes and leisure centres. Voluntary and community organisations were given the opportunity to bid for small grants to run local events, leading to a significantly extended programme. 1,100 people took part in tea dances, three 'Silver Sunday' computer support sessions, sewing, knitting, cricket, beauty therapy and a workshop on remembering our history, as well as advice sessions on finances, benefits/entitlements and health. People were encouraged to join local clubs and societies.
- ✓ Carried out a Dementia Needs Assessment to gain a local picture of need, services and areas for improvement in order to plan for current and future need.

Examples of our plans for 2014/15

- Improve dementia diagnosis rates and access to memory clinics. Following the Dementia Needs Assessment, the Council will be putting together an action plan to look at how, with our Partners, we can improve and strengthen the services that we offer around dementia.
- Expand the six Active Age centres offering activities older people and better link it to the free leisure offer at the borough's leisure centres, including the new Abbey Leisure Centre opening in late 2014.
- Launch the Joint Assessment and Discharge team, bringing together social care and health services from across three boroughs, so that people are better able to leave hospital as soon as they are ready
- Continue our work to raise the awareness of safeguarding amongst residents and service users
- Improve our processes for ensuring the quality of local services, focusing our attention on those that are a concern, and working closely with the Care Quality Commission
- Undertake a programme of Councillor Visits to care homes to support quality assurance
- Launch a Market Position Statement, in which we 'signal' to providers of social care services the sorts of services that our local residents want, so that people have more choice in how they meet their needs
- Expand the number of accredited Personal Assistants in Barking and Dagenham

Many older people are now choosing to employ Personal Assistants (PAs) to help care and support them. In 2013, the Council launched the PA accreditation scheme. All of the PAs accredited by the Council have gone through a number of checks, including a Disclosure and Barring Service (DBS) check provided free of charge by the Council, and a reference check. They have also signed up to a Code of Conduct with the Council to ensure that they meet the Council's standards of care, including the promotion of rights and independence, confidentiality, safeguarding, and risk. In return, the Council offers free training to the accredited PAs and promotes the PAs through the Borough's PA register and online PA Finder. The PA Finder is part of the Council's new Care and Support Hub website http://careandsupport.lbbd.gov.uk/. PAs also regularly come together in a 'PA Forum' in order that they can discuss their work, support each other and talk through issues and training needs.

By 31 March 2014, the Council had 42 accredited PAs listed on the PA Finder and another 48 pending Council checks. The Council is receiving great satisfaction rates for the PAs in the scheme with 143/144 telephone spot checks in March 2014 recording satisfaction with a PA.

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Local Account 2013/14

Mental Health

Who used our services in 2013/14?

According to our latest data for 2013/14:

- 231 people aged 18 – 64 were accessing mental health services provided by NELFT
- 310 people aged 65+ were accessing mental health services, including people with dementia
- 92 people with a mental health problem were in residential care
- 153 Safeguarding alerts about people with mental health problems

Additionally, the latest Joint Strategic Needs Assessment 2012/13 states that:

- Recording of mental health problems is low with only about 0.7% of residents registered by GPs on their mental health registers
- In any given week an estimated 11% of residents will be experiencing depression; higher than the England average (8%) but the same as the London average (11%).

Discussions taking place between service users, professionals and service providers at World Mental Health Day

How did we perform in 2013/14?

- The numbers of people accessing mental health services via a personal budget remains low relative to other client groups, at just 66 people, although it has increased over the year.
- The proportion of adults in contact with secondary mental health services in paid employment is 3%, below the London average for 2012/13 of 5.5%.
- The proportion of adults in contact with secondary mental health services living independently with or without support is shown at 91.5 %, above the London average for 2012/13 of 78.7%.

What services exist in the Borough for people with mental health problems?

Barking and Dagenham's statutory mental health services are provided through an integrated service with the North East London NHS Foundation Trust (NELFT). This is arranged through a Section 75 agreement, a formal agreement in which the Council can delegate responsibilities to NHS bodies for health-related functions. NELFT manages multi-disciplinary teams (e.g. social workers, community nurses and physiotherapists) to support people with their health **and** social care needs to ensure that individuals get the right support at the right time.

Alongside these teams there are a number of commissioned services:

- The Council currently oversees 3 mental health specialist **supported accommodation** contracts which provides 14 self contained flats and 10 shared units.
- The Council also recently retendered and awarded a contract for **Independent Mental Capacity Advocacy (IMCA) and Independent Mental Health Advocacy (IMHA)** which are statutory services. The IMCA service provides specialist independent advocacy service to people (aged over 16) who have no one able to support or represent them, who lack the capacity and/or have problems communicating.

- In April 2012 a new contract was awarded to **Richmond Fellowship** who provide specialist employment support service users with mental health needs. They are also commissioned to provide services users with social inclusion opportunities to prevent isolation and support recovery.
- The Council also supported a local User Led organisation, **Starlight,** in 2013/14 who provided peer support opportunities for local residents who also have mental health needs.

Award-winning digital mental health service Big White Wall (http://www.bigwhitewall.com) is available for all patients over 16 in Barking and Dagenham. It offers 24/7 professionally moderated mental health support: peer support, creative art and writing therapies, self-management information and online self-help courses in a safe and anonymous environment. The service may be used by itself as an early intervention for emotional distress, or alongside medication and talking therapies.

What we've achieved in 2013/14

✓ Agreed to update the Section 75 agreement so that mental health services continue to be integrated between the council and health and provided by NELFT from 1 April 2014. The agreement affects the employment of 29 members of the Council's staff, who will work under a secondment arrangement to NELFT, and pooled funding arrangements for both organisations; pooled funding totaled £10.7m in 2013/14.

✓ The Borough received a national award at the House of Lords to honour their "exemplary" first aid help to people with mental health problems. The Mental Health First Aid (MHFA) project trained 500 front-line staff by March. The Borough has made a local commitment to deliver Mental Health First Aid (MHFA) training to 1500 frontline staff working with both adults and children over the next 2 years that are within the Barking & Dagenham partnership.

✓ Hosted a service user engagement event on World Mental Day (10 October) to inform a review on the impact of welfare reforms and austerity on people's emotional and mental wellbeing. The review's recommendations cover better information, advice and advocacy; opportunities for training and volunteering; review of the primary care depression pathway; and deliver Mental Health First Aid training programme.

✓ Social care services are entirely structured around integration with the NHS's six clusters of GP practices. Together with community matrons and other health services, these cluster teams work jointly to plan and deliver the care that some of our most vulnerable residents, including our older residents, need. In 2013, a mental health social worker joined each of the clusters to work with vulnerable residents who have mental health problems, but are not of a high enough level to access mental health services.

What do people with mental health problems think of Adult Social Care services?

Based on the 2013/14 Adult Social Care survey:

- 77% of people with mental health problems felt that they had as much control over their daily lives as they want
- 54% of people with mental health problems said they felt as safe as the want; 46% said that care and support services made them feel safe
- 49% of people with mental health problems said they were extremely satisfied' or very satisfied' with the care and support they receive
- 44% of people with mental health problems found it easy or very easy to find information and advice about support, services or benefits

…**Continued**

- 36% of people with mental health problems felt that they have as much contact as they want with people they like

People with mental health problems feel in control of their lives, and reasonably safe. More work is needed to improve satisfaction with the services they receive, access to information and advice and increased opportunities for socialising.

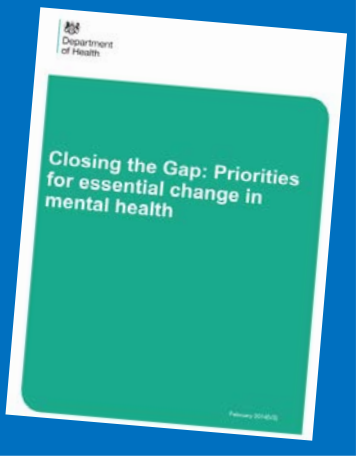
We spoke to mental health service users who attended the World Mental Health Day event held at the Barking Learning Centre where we asked them their views on the services currently available in the borough. Feedback regarding the advocacy services available was very positive and a number of service users expressed that they felt days like the World Mental Health Day where they get to express their views were very useful. A number of mental health service users stated at the event that they would like to have more computer training and activities available to them and also that more work should be done to engage with people from all cultural groups. It was suggested that cultural and community leaders should be involved in this work. All feedback gained will be shared with the appropriate services, particularly the Mental Health subgroup of the Health and Wellbeing Board and considered as part of the future planning of services.

How much did we spend on mental health in 2013/14?

£3.4m was spent on social care services for people with mental health problems £

Examples of our plans for 2014/15

- Remodel supporting living arrangements for residents with mental health problems to encourage more movement into independent living in the Borough
- Increase the number of people with mental health problems receiving a direct payment /personal budget and the services and opportunities that are available in the market that can be purchased
- Review the information and advice available about mental health, particularly on the Care and Support Hub, and ensure that people know where to get information about mental health
- Increase professional development for staff through the Mental Health First Aid scheme in order that 1500 staff are trained across the Partnership.
- Improve understanding and appropriate use of the Mental Health Act and Deprivation of Liberty Safeguards.
- Increase access to mental health advocacy services
- Implement actions from the scrutiny review to minimise the negative impact of the recession on people with mental health problems
- Audit services within Barking and Dagenham against the government's 'Closing the Gap' report (published February 2014) which sets out 25 recommendations for local authorities and their partners to take forward to ensure that robust and effective services and care and support are available to people with mental health problems.



Do you agree with what we have said above about mental health?

Take part in our Local Account questionnaire and tell us what you think!

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Local Account 2013/14

Physical Disabilities and Sensory Impairments

Who used our services in 2013/14?

- An estimated 4.5% (7650) of the local population has significant sight impairment; the proportion rises to over 20% of those aged over 75, however not all of these people will be eligible to receive services
- 561 people with physical and sensory disabilities are receiving services
- 289 clients with physical and or sensory disabilities (aged 18-64) were in receipt of direct payments in 2013/14.
- 383 adapted their home to meet their needs last year, 117 of these people received an adaptations grant through a direct payment.
- 1133 people attended 'Inclusive for Life' sports and activity sessions in 2013/2014

An event during Deaf Awareness Week

£4.1m was spent on services for people with physical disabilities and sensory impairments

What services are there in Barking and Dagenham for people with physical disabilities or sensory impairments?

- One of the most significant, practical solutions to supporting residents with disabilities is through **adaptations** that are made to their home to meet their needs. We have a number of different adaptations schemes, including our Major Adaptations Scheme detailed below.
- The Council's approach to supporting people with **sensory impairments** continues to be proactive in raising awareness of sight and hearing loss, promoting services and preventive options, and creating strong professional networks.
- A multi-agency **Vision Strategy Group** has been set up to provide strategic direction on how the Borough as a whole comes together to work on eyecare and vision issues for our residents. The Council chairs the group, but it is also attended by local Optical Committee representatives, local voluntary sector organisations, our Community Learning Disability Team and carer representatives.
- The Council supports the **TaxiCard and Dial-a-Ride** schemes which provide important services for those residents who have trouble getting out and about because of a disability or mobility problems.
- The Council commissions a number of other services to help support people with physical disabilities and sensory impairments. These include:
    - **Disabled Go** - an online access guide for the Borough providing information on around 1,000 venues across Barking and Dagenham
    - **Translation and Interpreting Services** - The Council has a shared services arrangement for translation and interpreting services with Newham Language Shop, which includes services for residents who are deaf and visually impaired. The service is used as required by managers in the Council, usually in front-line services such as Adult Social Care.

We also support and work with a number of other organisations and micro-enterprises who provide support for disabled people in the Borough. The **Disablement and Information Line** (DIAL) also offers advice and information over the phone on all welfare rights and benefits and can help residents in Barking and Dagenham complete their claims with form filling and other advice and information.

Do you agree with what we have said?
Take part in our Local Account questionnaire and tell us what you think!

What do people with physical disabilities and sensory impairments think of Adult Social Care services?

Based on the 2013/14 Adult Social Care survey:

- 67% of people with physical disabilities felt that they had as much control over my daily life as they want and adequate control over their daily lives
- 60% of people with physical disabilities said they felt as safe as the want; 64% said that care and support services made them feel safe
- 58% of people with physical disabilities said they were extremely satisfied' or very satisfied' with the care and support they receive
- 48% of people with physical disabilities found it easy or very easy to find information and advice about support, services or benefits
- 37% of people with physical disabilities felt that they have as much contact as they want with people they like

People with physical disabilities feel reasonably in control of their lives, safe and satisfied with the services they receive. More work is needed to improve access to information and advice and increase opportunities for socialising. Our plans for 2014/15 will focus on these issues.

During the consultation on this edition of the Local Account, one resident raised a concerns with us that they felt that there needed to be more swimming support for adults and older people who use wheelchairs as it was felt that existing support was mainly focused on young people with physical disabilities. This feedback will be given to our Culture and Sport service to inform future service delivery in the Borough's leisure centres.

How did we perform in 2013/14?

- 383 adapted their home last year to meet their needs. 128 adaptations were undertaken in 2013/14 via the boroughs major adaptations direct payments scheme
- 289 clients with physical and or sensory disabilities (aged 18-64) were in receipt of direct payments in 2013/14.

What did we achieve in 2013/14?

✓ Launched the **'Care and Support Hub**', our new Adult Social Care website - http://careandsupport.lbbd.gov.uk/ - which helps service users to have more information, choice and control over their social care services.

✓ The Council has done a great deal of work to look at equipment and adaptations to assist people with daily living in their home. This has included developing the retail market in equipment and assistive technologies, and training numerous retailers around assistance equipment and accrediting them as safe and knowledgeable providers.

✓ Importantly our **Major Adaptations Direct Payments Scheme** has been a great success! Service users receive a direct payment to arrange their own adaptations, which mean that they get the adaptation that they want within their own home. Grants of up to £4,000 have been given to local people for showers, downstairs toilets, ramp access, stair lifts and lighting for visually impaired people. 117 people were given a major adaptation direct payment to undertake adaptations to their home. A further 266 people made adaptations to their home through grants from the Council, including adaptations to Council houses and funding through the Disabled Facilities Grant.

✓ Events were held for **Deaf Awareness Week, World Sight Day and Eye Health Week** in the Borough in which we promoted our local services and our strategies, like our local Vision Strategy.

✓ As part of the national UK Vision 20/20 organisation, Barking & Dagenham **won a poster competition** describing the implementation of our local Vision Strategy.

What did we achieve in 2013/14? (continued)

- ✓ The **'Inclusive for Life'** project being taken forward by our Sports and Leisure service aims to increase the numbers of disabled people who are engaged in sports and leisure activities. The project aims to increase levels of participation, increase the numbers of sporting opportunities available, raise awareness and encourage existing clubs to become more inclusive. The project works closely with day centres and community groups to ensure the sessions that are being provided are what the service users want and need them to be. There are lots of sessions and activities already available for disabled people in the Borough including inclusive athletics, cycling, and dance sessions, and sessions specifically for adults with a sensory, learning or physical disability including football, boccia and multi-sport sessions at Becontree Heath Leisure Centre.
- ✓ The residents of **Lodge Avenue**, a supported living scheme which has a range of fully accessible living accommodation for people with a physical disability, have pooled their budgets to pay for care and support which has enabled them to use the money they have saved to spend on activities such as going to the cinema, football or saving to go on holiday with carer support.
- ✓ The Council gave a pump priming grant to the **VIPERS** (Visually Impaired People Embracing Recreation and Sport), a user group of people with visual impairments. The group meet monthly at Dagenham Library and are consulted with regarding issues and relevant services.
- ✓ The Borough was also instrumental in setting up and supporting **East London Vision (ELVis)**. ELVis is a user-led organisation designed to provide an effective and efficient way of ensuring that vision impaired people living in East London get the support and services they need. It is an umbrella organisation with voluntary sector, user led representation in each of the east London Boroughs, including Barking and Dagenham.

East London Vision
Supporting people with sight loss

Examples of our plans for 2014/15

- Following the feedback that we received in the Adult Social Care Survey, we will be working to improve access to our information and advice provision and increase opportunities for socialising for people with physical disabilities. A lot of this work will be undertaken under our response to the Care Act.
- Retender our Translation and Interpreting Service in November 2014 as the contract comes to an end in March 2015.
- A Magnifyer and Lighting workshop will regularly take place in one of our local libraries for residents with visual impairments to provide help and support around magnifying and lighting issues.
- Continuing to support local voluntary sector and user-led groups, including ELVis in its development of an East London Vision Strategy, and supporting the VIPERS.
- The Borough's Access Group is going to be refreshed in 2014/15. The Access Group is made up of local volunteers with knowledge of access and disability issues. The group will work with a range of organisations and policy makers to make buildings, roads, transport, information, Council and health services more accessible to everybody.
- The Borough's Select Committees undertake investigations into a topic in which they scrutinise and challenge local services and talk to service users to understand their experiences. At the end of their investigations, the Select Committee makes recommendations to improve service provision in that area. Two of the Select Committees will be undertaking scrutiny reviews in physical disabilities and sensory impairments in 2014/15 – the Safer and Stronger Select Committee will be conducting an investigation into disabled parking, and the Health and Adult Services Select Committee will be undertaking a scrutiny review into sight loss.

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Carers

What is a carer?

Carers are adults and children who provide unpaid care to people who are ill, frail or living with a disability and who cannot manage without them. Carers look after partners, spouses, family members, friends or neighbours. The caring role can be stressful, and isolating.

From April 2015 the Care Act 2014 puts carers on an equal legal-footing with service users giving them rights to assessments of their needs, to services and to a personal budget. We will be working with CarersUK, residents and other stakeholders to plan the services that will be needed to improve the lives of carers over the coming months.

What services are available for carers?

Adult and Community Services in Barking and Dagenham provides support to unpaid carers who care for anyone aged 18+ and who give support to family or friends not able to manage without this help due to illness, disability, mental health or substance misuse. In order to receive adult social care support the person being cared for must live in the borough, although carers may live inside or outside the borough.

Carers of Barking & Dagenham are commissioned by the Council and the Clinical Commissioning Group to provide assessment, advice, information and support for carers: http://www.carerscentre.org.uk. Their services include the development and delivery of training programmes, peer support, identification of 'hidden' carers and outreach work, support for carers to access employment, training, training, benefits and information/advice, and a programme of work with young carers.

They also provide the Memory Lane Resource Centre, providing support to carers of people with dementia, which carers and service users can choose to 'purchase' with the personal budget that is provided to them by the Council.

Numbers of carers in Barking and Dagenham

The 2011 Census showed that in Barking and Dagenham:

- There were 16,201 carers
- Carers make up 8.7% of the local population, compared to 8.4% of the population in London and 10.2% across England.

The number of carers' assessments or reviews carried out in 2013/14 rose to 741 from 551 in the previous year, across both the Council's social care teams and by *Carers of Barking & Dagenham*.
At 31 March 2014, 492 carers were receiving a support service. *Carers of Barking & Dagenham* report having contact with around 3,000 carers via their regular newsletter.

Do you agree with what we have said about carers?

Take part in our Local Account questionnaire and tell us what you think!

What have we achieved in 2013/14?

- ✓ Commissioned CarersUK, to work with local carers' groups, service providers and others to draft a new Carers' Strategy, and shape the services needed for the future.
- ✓ Launched the 'Care and Support Hub', our new Adult Social Care website which has information specifically for carers to help them have greater choice and control.
- ✓ Carers of Barking and Dagenham have taken the lead for Safeguarding Awareness training for carers. Where the main carer has not been the alleged abuser in safeguarding investigations, we have involved them in the safeguarding process and ensured that their voice is heard.
- ✓ Carers have also been involved in the Deprivation of Liberty Safeguards (DoLs) application process. Where they have needed support in the DoLs application process, we have commissioned Independent Advocacy for them.
- ✓ Continued to support the Carers' Group, convened by Carers of Barking & Dagenham, to highlight issues around being a carer.
- ✓ Carers Week took place in June 2013, with a range of events to highlight the issues faced by carers, and the promotion of and advice. Additionally, Carers of Barking and Dagenham ran two successful stalls on Carers Rights Day (29 November 2013) in Barking Town Centre and Dagenham Heathway.

Examples of our plans for 2014/15

- Finalise the new Carers' Strategy to set the new direction for carers' services, in line with the intentions in the Care Act 2014 and continue to involve carers in the development of new services and support.
- Join the pilot for Making Safeguarding Personal which covers carers as well as other client groups.
- Retender carers' support services, to ensure that they meet the duties outlined in the Care Act 2014 for all groups of carers
- Review the way we record the services that are offered to carers so that we can better track how we provide support and what we spend on carers' services.

What do carers say about Adult Social Care services?

Annually, we collect the views of carers through a survey. For 2013/14, questionnaires were sent to 279 carers who had had their circumstances assessed or reviewed in the last 12 months.130 surveys were completed with 121 returned by post and nine completed over the telephone with the help of volunteers. The survey asked carers whether or not current services they receive are helping them in their caring role and their life outside of caring and for their views of services provided for the cared for person.

- 58% said they were satisfied with the support or services they and the person they care for had received in the last 12 months
- 72% said "I'm able to spend my time as I want" or "I do some of the things I value"
- 78% said "I have as much control over my daily life" or "I have some control over my daily life"
- 56% said "I look after myself"; (in terms of their sleeping and eating)
- 79% said "they had no worries about my personal safety
- 35% said "I have as much social contact as I want" with 45% reporting "they have some social contact but not enough"
- 43% said information and advice was "easy to find"
- 58% said they felt involved or consulted in discussions about the support or services provided to the person they care for

Some of these responses raise a number of concerns: too few carers are satisfied with the services they receive; too few found it easy to get the information and advice they need; and a concerning number feel that their own wellbeing is not being looked after.

In addition, we conducted a telephone survey of 77 carers in June 2013 to explore their views and needs. 80% of them were caring for people more than 50hrs per week. People identified wanting more respite 'trips'; more opportunities to talk to people when there are difficult times; and more volunteering support for older people.

We will ensure that we are using this feedback in finalising our new Carers' Strategy and to inform the development and delivery of carers' and information and advice services in 2014/15 and beyond.

HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title: Contract: Independent Domestic & Sexual Violence Advocacy Service (IDSVA)	
Report of the Corporate Director of Adult & Community Services	
Open Report	**For Decision**
Wards Affected: All	**Key Decision:**
Report Author: Peggy Mhembere, Group Manager Safeguarding Adults, LBBD Mark Reed, Procurement Category Manager, LBBD	**Contact Details:** Tel: 020 8724 8857 Email: Peggy.mhembere@lbbd.gov.uk Tel: 020 8227 5481 Email: mark.reed@lbbd.gov.uk
Sponsor: Anne Bristow, Corporate Director of Adult and Community Services	

Summary:

Domestic Violence is exceptionally high in London Borough of Barking and Dagenham and the landscape has changed since services were last tendered. We have the opportunity to remodel and recommission the Domestic Violence Services to encompass feedback from the OFSTED Inspection of the LBBD Children Services and the government funding provided for Troubled Families. Furthermore, the recent review of Domestic Violence Services undertaken by the Director of Public Health (submitted to HWBB in July 2013) recommended prioritising 'the funding of services which focus on identification and protection of those individuals (including children) at risk and experiencing domestic violence.

This report relates to the Independent Domestic & Sexual Violence Advocacy Service (IDSVA) contract with the Hestia which delivers support in relation to domestic violence.

The IDSVA service offers residents of Barking and Dagenham a specialist independent domestic violence advocacy service. This covers a specialist service to female victims of domestic and sexual violence with a signposting function for male victims of domestic violence. The main aim is to maximize the immediate and long term safety of adults and childrenat risk due to domestic and sexual violence.

The current IDSVA contract is £228,700 per annum in value and is due to end on 31 March 2015. The current IDSVA contract is jointly funded by the Mayor's Office for Police and Crime (MOPAC) (£40,000) and the Local Authority which

includes, Housing Revenue Account (£40,000) & Public Health (Adults £108,700 / Childrens £40,000). The Clinical Commissioning Group have ceased joint funding arrangements and have put in place an alternative commissioning strategy for the IDSVA maternity function which is delivered as a payment by results model (PbR).

Victim Support London also currently provides support to victims who would not meet the threshold for IDSVA support (i.e. those assessed as medium risk and below) providing a signposting and early intervention function. The current arrangement will end on 31 March 2015 and cost of provision is £31,500 funded from Public Health.

Victim Support London also provides domestic violence specialist services to a cohort of 40 Troubled Families on a separate contract due to end on 31 March 2015. The cost provision is £45,000 funded from the Troubled Families Programme. This is a project that commenced in August 2014 as part of the government's initiative on dealing with identified Troubled Families and the cohort that Victim Support has has Domestic Violence as the predominant problem. Children Services are also in the process of recruiting two domestic violence specialist workers to cover their cohort of Troubled Families.

There is also a further £120,000 Public Health funding allocated to Children's Service and it is currently being used independent of the current Domestic Violence provision.

Officers recommend that these services are remodelled to include young peoples IDSVA function, Troubled Families, specialist children and families domestic violence services support to the Multi Agency Safeguarding Hub (MASH) and low level medium support offering a seamless service that supports people over a life course that are most at risk therefore reflecting draft NICE guidelines. Once remodelled it is recommended that the new services are retendered to ensure continuity of support for those who require it. Plans to retender will consider contribution for the IDSVA service by Troubled Families and the Children Services domestic violence element of their funding from Public Health.

This report seeks the permission of Members of the Health and Wellbeing Board for the current IDSVA service not to be extended in it's current form but to be retendered.

Recommendation(s):

The Health and Wellbeing Board is recommended to:

(i) Give approval to seek tenders for and procure Independent Domestic & Sexual Violence Advocacy Service (IDSVA) community based provision

(ii) Delegate authority to the Corporate Director of Adult and Community Services, in consultation with in consultation with the Chief Finance Officer and Head of Legal and Democratic Services, LBBD to award the contract to the successful contractor upon conclusion of the procurement process.

Reason(s):

To take forward the recommendations outlined within the recent review which took place in July 2013. The review evaluated current impact and value for money and made recommendations based on current and future needs. The review highlighted the importance of targeted preventative action, early intervention and targeting those most at risk.

To facilitate improvements to the provision of on domestic violence services based on feedback received from the OFSTED inspection.

To improve domestic violence service provision to Troubled Families in line with the government performance indicators.

These contracts also assist the Council and partners to deliver the following priorities within the Health & Wellbeing Strategy:

- To reduce health inequalities.
- To promote choice, control and independence.
- To improve the quality and delivery of services provided by all partner agencies.

1 Introduction & Background

1.1 The recent review undertaken by Public Health which focused on domestic violence

1.2 outlined key recommendations for commissioners to consider. The recommendations included prioritising funding arrangements which focused on prevention and protection and targeted early interventions across the life course of those most at risk. In addition the draft NICE guidance which is due to be published in February 2014 also refers to the importance of integrated care pathways, creating an environment for disclosure and tailoring support. All the above recommendations have been taken into consideration in preparing the proposal for remodelling existing services.

1.3 The function currently provided by Victim Support London offers Domestic Violence casework to those women who do not meet the IDSVA threshold and mainly provides early intervention and signposting. The referral source for this support is mainly via police and IDSVA.

1.4 Last year funding from The Mayors Office for Policing and Crime (MOPAC) was secured to employ a young person specific IDSVA which works with under 18s with a focus on prevention of sexual exploitation, this funding is agreed year on year and is currently delivered as within the current ISDVA contract. Children's services have now also secured funding via Public health to recruit an additional young person IDSVA last financial year and the

aim is for this funding to be utilized for the IDSVA service cover for the MASH

1.5 The overall aim of the Domestic and Sexual Violence strategy is to ensure that the Partnership has an effective co-ordinated community response to D&SV, this will be achieved by focussing on the following objectives:

- Preventing D&SV from happening in the first place;
- Providing support to victims where violence does occur;
- Reducing the risk and bringing perpetrators to justice; and
- Working better as a Partnership locally to achieve the best outcomes for victims

2 Proposal & issues

2.1 The IDSVA contract will end on the 31 March 2015, as will the arrangement with Victim Support London for low level cases and Troubled Families. It is proposed that a new contract which will include a revised model of IDSVA that will focus primarily on the community function for both adults, children and families including MASH and Troubled Families. It is proposed that the new model will also provide low level medium support and specialist young people advocacy which are in line with draft NICE guidance in relation to early intervention and prevention for those most at risk.

2.2 **The current contract structure**: Team Manager, IDSVA Coordinator, 4 IDSVAs (covering adults, children and families and specialist young persons)

2.3 **The proposed contract structure:** Team Manager, IDSVA Coordinator, 5 IDSVAs (covering adults, children and families and specialist young persons) and 3 Troubled Families Coordinators.

2.4 The contract will be tendered and procured to continue to provide independent domestic violence advocacy to commence on the 1 April 2015.

2.5 Our local approach to commissioning domestic abuse services is founded upon a principle of identifying and then prioritising those most at risk of homicide, however we also work to prevent the risk of escalation for all other victims. The services outlined within the report are predominantly delivered by specialist voluntary agencies because research dictates that independent support is most accessible for victims. All of the services currently in place work together as part of a co-ordinated community response and as such are interdependent upon the services offered by one another.

2.6 Domestic violence impacts on many of our local priorities. For example domestic violence is a contributing factor for many of the issues that we

collectively grapple with including homelessness, unemployment, child protection, truancy, crimes against the person, missing education, missing persons, pupil mobility, anti-social behaviour, youth crime, GP visits, A& E visits, female offending, sexually transmitted infections, drug and alcohol use, teenage pregnancy, prostitution, mental ill health, adult safeguarding, obesity, reducing the number of children in care, reducing poverty, even some dental neglect can be due to a phobia of another person standing over them and the list goes on. Therefore, work to reduce domestic violence will contribute to the health and well-being of the population on many different levels.

2.7 The new service model for IDSVA will also incorporate support for low level medium risk cases with a view to offering a seamless intervention for those women that may need higher or lower levels of support depending on need and potentially their changing circumstances. This approach will further clarify pathways in the borough and offer victims a seamless transition between low or high risk support.

2.8

3 Procurement Process

3.1 The contract falls under the EU procurement category of health and social care and will be procured under Part B of the EU procurement process and in line with the Council's Contract Rules. Elevate will complete the procurement process. The contract will be advertised on the LBBD external website on the Current Tenders page:

- http://www.lbbd.gov.uk/BUSINESS/CURRENTTENDERS/Pages/Tenders.aspx
- and the Contracts Finder website: http://www.contractsfinder.businesslink.gov.uk

4 Tender Evaluation

4.1 The evaluation of tender submissions will be based on a quality: cost: matrix of 70:30. The contract will be awarded on the basis of the most economically advantageous tender (MEAT) criteria.

4.2 Prospective tender candidates will be advised of any weighting to be applied to any of the criteria or sub-criteria beforehand. This will enable a fair and transparent approach to be taken. Prior to award of the contract an evaluation of the price will be carried out to ensure that provider organisations tendering for the contract provide value for money and fair and competitive prices that are consistent with the requirements in the service specification.

Tender Timetable

4.3 Outline tender timetable for both Supported Accommodation and IDSVA services (all dates are provisional and subject to change).

Action	Date
Health and Wellbeing Board approval	October 2014
Advertise	November 2014
Contract award	January 2015

4.4 The proposal is to prepare and execute a Procurement process for the current services under one umbrella of Independent Domestic and Sexual Violence Services which can be bid for together resulting in a three year contract with one 12 month extension option up to a maximum of four years, with a total value of up to £1,420,000 over the four years.

5 Consultation

5.1 This report is based on the consultation that was completed in November 2013 with representatives from Refuge, Victim Support London, Barking and Dagenham CCG, Public Health and LBBD partners. Further joint working has been done with Children Services, Troubled Families, Metropolitan Police CSU and Youth Offending Services and Hestia.

5.2 There is a commitment to working with all members of LBBD diverse communities and understanding the prevalence and impacts of domestic violence on specific groups. We will use a range of communication approaches to ensure all groups are offered equal access to services. This will be carried out through the commissioning cycle process and include service user involvement. Consultation with service users through contract monitoring reported that residents would like supported accommodation to be more responsive to Families needs particularly children and more focus on re engaging women back into mainstream services locally including more focused structured support to gain ETE status. Consultation also includes input from professionals including Health and Public Health which will feed into the development of the new service specification.

6 Equalities & Diversity

6.1 Gender: Domestic and sexual violence can affect people of both genders. However, research shows that despite under-reporting, women and girls are more likely to experience all forms of intimate violence. Whilst both women and men experience domestic violence, it is also important to recognise that they do not experience it at the same frequency, impact or harm and this is reflected in the different priorities female and male domestic violence victims have for services. Women tend to prioritise physical safety for themselves

and their children whereas male victims tend to prioritise access to information.

6.2 On average, two women a week are killed by a violent partner or ex-partner. This constitutes nearly 40% of all female homicide victims. Women who were killed by current or former partners significantly outnumber men – around three quarters of the people killed by current or former partners are women. While men are more likely than women to be the victim of a homicide, women are more likely than men to be killed by a partner, ex-partner or other family member. 51% of all female victims of homicide and 5% of male victims were killed by a current or ex-partner.

6.3 Age: Teenage girls between 16 and 19 are now the group most at risk of domestic violence, closely followed by girls aged 20-24 – all victims of a new generation of abusers who are themselves in their teens and early twenties. British Crime Survey estimates that up to 15% of the adult population of the UK have been sexually abused in childhood. This includes 11% of young men. 1.5 per cent of men had suffered a serious sexual assault at some point in their lives with 0.9 per cent reporting rape. It is estimated that 227,000 older people were neglected or abused in the past year, by family members (including partners), carers or close friends. (2.6% of the population aged over 65).

6.4 Pregnancy: Between 4 and 9 women in every 100 are abused during their pregnancies and / or after the birth

6.5 Disability: Disabled women are twice more likely to experience gender-based violence than non-disabled women. They are also likely to experience abuse over a longer period of time and suffer more severe injuries as a result. They are less likely to seek help and often the help is not appropriate.

6.6 Mental Health: In addition to the physical symptoms experienced by victims of domestic violence, it is also thought to be the single most important cause of female suicide, particularly amongst pregnant women and Black, Asian and Minority Ethnic women. Victims often also present to health services with symptoms of traumatic stress, psychosis, depression, anxiety, post-traumatic stress disorder, eating disorders and self-harm; although often professionals will not make the causal link. 75% of incidents of domestic abuse result in physical injury or mental health consequences. (DOH, 2005)

6.7 Substance Misuse: Women with problematic substance use who also experience domestic violence are particularly likely to feel isolated and doubly stigmatised. They may find it even harder than other women to report or even to name their experience as domestic violence; and when they do, are in a particularly vulnerable position, and may be unable to access any sources of support. Other research suggests that in 73% of

cases of domestic violence, alcohol had been consumed prior to the incident and 48% of those convicted of domestic violence had a history of alcohol abuse, while 19% had a history of substance misuse.

7 Safeguarding Vulnerable Adults and Children

7.1 Adults at risk and their children are disproportionately affected by domestic abuse and so any work that we do to prevent and de-escalate it will be in keeping with the partnerships work led by the Safeguarding Adults Board and Local Safeguarding Children Board respectively.

7.2 Robust safeguarding policies and procedures will be evidenced as part of the procurement process including compliance with local safeguarding procedures. Both services provide specialist functions which are an integral element of the local suite of services available to residents and connect strongly with the priorities within the Health and Wellbeing Strategy as well as the work of the Barking & Dagenham Safeguarding Adults Team. There remains a robust referral pathway between DV services and the local Safeguarding Adults Team and Social Services. All staff in DV services is qualified to recognise child protection issues. Whilst staff have a duty to respect and protect the confidentiality of service users which is both professional and a legal responsibility; complete confidentiality cannot be guaranteed. There may be cases when it is lawful to break confidence, there are situations that might arise where confidential information may need to be shared; for example in an emergency where there is a risk to the client or others.

7.3 All commissioned voluntary and statutory sector organisations must have their own safeguarding and child protection policies in place. Evidence of these is gathered at tender stage and then through contract monitoring and auditing processes. Case files are audited by commissioners to ensure best practice is routinely undertaken.

7.4 All agencies commissioned to work with adults and young people are aware of LBBD safeguarding procedures and must adhere to incident reporting as part of their contractual obligations. In addition all providers are required to be section 11 compliant and attend relevant borough training sessions.

8 Mandatory Implications

8.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) 2014 shows that the borough has the highest Domestic Violence (DV) reported incident rate in London; therefore DV remains a priority for the borough. Nearly three quarters of children with child protection plans live in households where DV occurs, (Department of Health 2002). It is estimated that serious incidents of DV cost the public purse £20,000 per case, during 2013/14 the Multi Agency

Risk Assessment Conference (MARAC) had 356 cases with an estimated cost of £7 million locally.

8.2 Health & Wellbeing Strategy

A key action identified in theme 2 of the Health and Wellbeing Strategy (Protection) highlights the need for "work relating to accident and emergency and maternity services which are both areas where individuals affected by domestic violence may present and require support and signposting". Approving the recommendations set out in this report will achieve progress against that safeguarding priority by having an IDSVA service working in partnership with BHRUT

8.3 Integration

Domestic Violence is a cross cutting need across health, social care and crime. The proposed services will form part of a wider response which includes necessary partnership working and specialist input from Health, Police, Social workers Substance Misuse and the local Voluntary Sector. Both new service specifications will include more outcome focused targets.

8.4 Financial Implications

(Implications completed by Roger Hampson, Group Manager, Finance)

Budget provision of £355,000 has been identified for the proposed IDSVA Contract. This will pool funds from MOPAC (£40,000), HRA (£40,000) and Public Health (£275,000, including both Adult & Community Services and Children's Services directorate allocations). Whilst there is likely to be some funding for Troubled Families, this has not been confirmed yet and it is therefore expected for the budget provision not to exceed £400,000. To alleviate the financial risk to the Council the contracts will continue to have break clauses for early no fault termination.

8.5 Legal Implications

(Implications completed by Eldred Taylor-Camara, Legal Group Manager)

This report is seeking the Health and Wellbeing Board's permission to tender for the service provision of Independent Domestic and Sexual Violence Advocates (IDSVA).

The services to be procured in this report are classified as Part B services under the Public Contract Regulations 2006 (as amended) (the "Regulations") and therefore not subject to the full tendering requirements of the Regulations. However in conducting the procurement, the Council still has a legal obligation to comply with the relevant provisions of the Council's Contract Rules and with the EU Treaty principles of equal treatment of bidders, non-discrimination and transparency in procuring the contracts.

The tender timetable for the procurement of these services is set out in paragraph 4.3. The contract is to be advertised in October with a view to awarding the contract in January 2015 which will give ample time for a 3 month handover period so as to provide a seamless service to users of this service. The EU Treaty principles noted above generally encourage the advertisement of contracts in a manner that would allow providers likely to be interested in bidding for the contracts to identify opportunities and bid for the contracts, should they wish to do so. This report states that the Council's website and the Contracts Finder website will be utilised for advertising to potential bidders.

Following the recent tender of these services, the proposal is that this tender has a higher quality weighting as compared to price. The details of this will be worked out at a later date with the assistance of Elevate. Officers will need to ensure that they also establish and publish to bidders any sub-criteria and weightings against which the quality element of bids will be evaluated.

In deciding whether or not to approve the proposed procurement of the contracts, the Health and Wellbeing Board must satisfy itself that the procurement will represent value for money for the Council.

Contract Rule 47.3 provides delegated authority to the commissioning Corporate Director, in consultation with the Chief Finance Officer and Head of Legal and Democratic Services, to approve the award of a contract upon conclusion of a duly conducted procurement exercise, in the absence of direction to the contrary from Cabinet / the Health and Wellbeing Board.

The Legal Practice confirms that there are no legal reasons preventing the Health and Wellbeing Board from approving the recommendations of this report.

Non-Mandatory Implications

8.6 Staffing Implications

There are no TUPE implications for LBBD staff; however, there are potential contractor to contractor TUPE implications,

HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title:	**Urgent Care Board Update**
Report of the Urgent Care Board	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Louise Hider, Health and Social Care Integration Manager, LBBD	**Contact Details:** Tel: 020 8227 2861 E-mail: louise.hider@lbbd.gov.uk
Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group	

Summary:

This purpose of this report is to update the Health and Wellbeing Board on the work of the Urgent Care Board (UCB). This report provides updates on the UCB meetings held on the 1 August 2014 (**Appendix 1**) and 1 September (**Appendix 2**).

It should be noted that as part of operational resilience planning we submitted a bid as part of the Joint Assessment and Discharge (JAD) Service and in relation to community services bolstering service capacity within the system at periods of increased demand and to support the reduction in beds required within the hospital. The total bid value is £1.8m with £1.2m committed to community based services within both Barking and Dagenham, Redbridge and Havering and £600,000 to enhancing the JAD assessment capability, providing increased focus to the hospital front end and additional service capacity and provision with a particular focus upon December, January and February.

We are currently in mobilisation phase with NHS England having confirmed assurance of the bids submitted by our BHR area- subject to weekly update reporting.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

- Consider the updates and their impact on Barking and Dagenham and provide comments or feedback to Conor Burke, Accountable Officer, to be passed on to the Urgent Care Board.

Reason(s):

There was an identified need to bring together senior leaders in health and social care to drive improvement in urgent care at a pace across the system.

1 Mandatory Implications

1.1 Joint Strategic Needs Assessment

The priorities of the Board is consistent with the Joint Strategic Needs Assessment.

1.2 Health and Wellbeing Strategy

The priorities of the Board is consistent with the Health and Wellbeing Strategy.

1.3 Integration

The priorities of the Board is consistent with the integration agenda.

1.4 Financial Implications

The UCB will make recommendations for the use of the A&E threshold and winter pressures monies.

1.5 Legal Implications

There are no legal implications arising directly from the UCB.

1.6 Risk Management

Urgent and emergency care risks are already reported in the risk register and board assurance framework.

2 Non-mandatory Implications

2.1 Customer Impact

There are no equalities implications arising from this report.

2.2 Contractual Issues

The Terms of Reference have been written to ensure that the work of the Board does not impact on the integrity of the formal contracted arrangements in place for urgent care services.

2.3 Staffing issues

Any staffing implications arising will be taken back through the statutory organisations own processes for decision.

3 List of Appendices

BHR Systems Urgent Care Board (UCB) Briefings:

- **Appendix 1**: 1 August 2014
- **Appendix 2**: 1 September 2014

APPENDIX 1

# BHR Systems Urgent Care Board (UCB) Briefing	Meeting dated – 1 August 2014
	Venue – Barking Learning Centre, Barking
Summary of paper	This paper provides a summary of the key issues discussed at the July Urgent Care Board meeting. The meeting was chaired by Conor Burke (Chief Accountable Officer, BHR CCGs) and attended by members as per the Terms of Reference.

Agenda	Key issues raised
Operational resilience and capacity planning (non-elective)	The operational resilience and capacity planning templates 2014/15 was presented to the UCB. Leads provided an outline of their proposals: Joint Assessment Discharge – aims to make safe and timely discharges. Frailty – aims to provide better, more appropriate and accessible care for patients. Primary Care – aims to improve access to primary care. Members noted and endorsed the proposals and agreed to a panel meeting to further review and strengthen the proposals.
Improvement Plan update	Members noted the progress of the Improvement Plan initiatives.
Reporting / escalation	Members received the latest update of the dashboard. The key highlight noted was that the Trust achieved the 95% target on one of the days last week. Members noted that a draft updated dashboard will be presented at the next meeting.
Letter from Rob Larkman to CCG system resilience groups	Members noted the report from LAS on next steps in response to the letter received regarding LAS performance.
Urgent Care Board forward planner	Members reviewed the forward planner setting out the workplan for the next six months.
AOB	Members noted the Intermediate Care is out to consultation.
Next meeting	Monday 1st September 2014 (1pm – 3pm) Committee room 3a, Havering Town Hall

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APPENDIX 2

# BHR Systems Urgent Care Board (UCB) Briefing	Meeting dated – 1 September 2014
	Venue – Committee room 3a, Havering Town Hall
Summary of paper	This paper provides a summary of the key issues discussed at the Urgent Care Board meeting. The meeting was chaired by Conor Burke (Chief Accountable Officer, BHR CCGs) and attended by members as per the Terms of Reference.

Agenda	Key issues raised
Reporting / escalation	Members received the latest update of the dashboard. Members discussed the draft revised dashboard and provided feedback/suggestions. A further update will be presented at the next meeting.
Operational resilience	The operational resilience and capacity planning template 2014/15 was endorsed by members. Leads provided a brief update on the progress of their initiatives.
Flu planning	Members noted the requirement to start planning for the national flu campaign.
Governance and assurance	Members agreed to the revised Terms of Reference. Members noted the proposal to set up an Urgent Care Leads Network forum.
Reporting by exception from Trust Oversight and Assurance Groups	Members received an update from the Trust Improvement Plan Oversight and Assurance Group. Members received an update from the RTT Improvement Plan Oversight and Assurance Group.
AOB	None.
Next meeting	Monday 30th September 2014 (1pm – 3pm) Board room A, Becketts House

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HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title:	**Sub-Group Reports**
Report of the Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: NONE	**Key Decision: NO**
Report Authors: Louise Hider, Health and Social Care Integration Manager, LBBD	**Contact Details:** Telephone: 020 8227 2861 E-mail: Louise.Hider@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board	
Summary: At each meeting of the Health and Wellbeing Board each sub-group, excluding the Executive Planning Group, report on their progress and performance since the last meeting of the Board.	
Recommendations: The Health and Wellbeing Board is asked to: • Note the contents of sub-group reports set out in the Appendices 1 - 5 and comment on the items that have been escalated to the Board by the sub-groups.	

List of Appendices

- Appendix 1: Integrated Care Sub-group
- Appendix 2: Mental Health Sub-group
- Appendix 3: Learning Disability Partnership Board
- Appendix 4: Children and Maternity Sub-group
- Appendix 5: Public Health Programmes Board

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APPENDIX A

Integrated Care Group

Chair:
Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group

Items to be escalated to the Health & Wellbeing Board

- The Health and Wellbeing Board is asked to note progress of the integrated care sub group

Meeting Attendance

22 September 2014: 43% (9 of 14)

Performance

Please note that no performance targets have been agreed as yet; going forward the group will review progress against Barking and Dagenham targets delivered through achievement of milestones in Better Care Fund (BCF) schemes. Further national Better Care Fund guidance has now been issued which will inform development of the BCF outcomes.

Action(s) since last report to the Health and Wellbeing Board

The group

- Discussed the key changes made to the BCF plan following the issuing of further national guidance in July. It was noted that the revised plan was submitted on 19 September and the assurance process would be completed by 3 October. The rationale for setting a target for emergency admission reduction of 1.5% was also discussed.
- Received feedback from the joint BCF workshop held on 13 August and noted that a Better Care Fund s75 Board (Joint Executive Management Committee) will commence in shadow form from October 2014.
- The group was asked to review and comment on the key recommendations on the Joint Strategic Needs assessment 2014 document.
- The group was presented with the draft EoLc paper and updates were received on the two stakeholder events that took place in August. It was agreed that the plan needed more work to focus on key outcomes for B&D.
- The agreed to disband the Integrated Care Operational group

Action and Priorities for the coming period

- Work being carried out to incorporate the BCF work streams into the commissioning intentions 2015/16.
- Following receipt of the JSNA document a population review will be conducted within the services that are formed in the BCF plans.
- The group is working to further develop the stakeholder engagement strategy work closely with Healthwatch.

Contact: Jackeya Quayam, Project Officer, Strategic Delivery, BHR CCGs
Tel: 0208 822 3016; Email: Jackeya.Quayam@onel.nhs.uk

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APPENDIX B

Mental Health Sub-Group

Chair: Gillian Mills, Integrated Care Director (Barking and Dagenham), NELFT

Items to be escalated to the Health & Wellbeing Board

(a) None to note.

Performance

Please note that no performance targets have been agreed as yet.

Meeting Attendance

10 September 2014: 38% (6 of 16)

Action(s) since last report to the Health and Wellbeing Board

(a) Accommodation issues were agreed as the 'Hot Topic' for wider partnership discussion at Health and Wellbeing Development Day 6 October.
(b) Finalised planning for World Mental Health Day Service user engagement event. The focus of the event will be to gather service user information and input into the mental health needs assessment.
(c) Scrutiny review action plan considered. Members requested to forward action updates by mid-September ahead of briefing update to the Health and Adult Social Services Committee in October.
(d) Some self-assessment templates have been received but some still outstanding. Members asked to forward the completed templates to sub-group chair in order to write the Health and Wellbeing Board report detailing the local health and social care economy position.
(e) Agreement to review the local Digital Mental Wellbeing Service to ensure this is meeting needs within Barking and Dagenham.

Action and Priorities for the coming period

(a) MH sub group oversight of the Mental Health Needs Assessment that has been commissioned by LBBD Public Health.

Contact:

Julie Allen, PA to Integrated Care Director (NELFT)

Tel: 0300 555 1201 ext 65067; **E-mail:** Julie.allen@nelft.nhs.uk

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APPENDIX C

Learning Disability Partnership Board

Chair: Glynis Rogers, Divisional Director Commissioning and Partnerships, London Borough of Barking and Dagenham

Items to be escalated to the Health & Wellbeing Board

None.

Meeting Attendance

2 September 2014: 68% (13 out of 19 attendees)

Action(s) since last report to the Board

(a) Topics that have been discussed recently include Fulfilling lives, Healthwatch Consultation on Personal Budgets, Update on Joint Assessment and Discharge Service, Care city, Supported Living Tender and Joint Strategic Needs Assessment.
(b) The agenda has been changed to reflect changing priorities for the Learning Disability Partnership Board with both the Care Act and the Children and Families Bill now standing agenda items.
(c) Feedback from the Sub groups is proving valuable. The service user forum has been working with sports development who successfully bid for some additional funding to resource adult swimming lessons for people with a learning disability , tai chi and trampolining.
(d) The Carers forum is gaining in momentum and attendance is growing.
(e) Re-election for Representatives is scheduled for the January sub groups.

Action and Priorities for the coming period

(a) At future meetings the LDPB will discuss the Care Act, Winterbourne view update. transitions and LD Housing Strategy which will now be incorporated into an Independent Living Strategy for the council.

Contact: Karen West-Whylie, Group Manager – Learning Disabilities

Tel: 020 8724 2791 **Email:** karen.west-whylie@lbbd.gov.uk

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APPENDIX D

Children and Maternity Group

Chair: Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group

Items to be escalated to the Health & Wellbeing Board None
Meeting Attendance 10 September 2014: 66% (10 out of 15)
Performance Prevalence of children in reception year that are obese or overweight – above England average and increased on 12/13 Prevalence of children in year 6 that are obese or overweight - above England average and increased on 12/13
Action(s) since last report to the Board The CMG at its meeting on 10 September: • Discussed the draft JSNA and agreed to submit any comments • Agreed the 12 CMG priority areas and lead organisations • Considered an outline action plan for the breastfeeding strategy • Received an update on the CAMHS referral pathway • Received a report on maternity quality performance management processes • Received an updated on troubled families phase 2 programme
Action and Priorities for the coming period • Lead organisations to complete high level action plans • Maternity dashboard to be reviewed at next meeting

Contact: Mabel Sanni, Executive Assistant, Barking and Dagenham CCG
Tel: 0203 644 2371 mabel.sanni@barkingdagenhamccg.nhs.uk

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APPENDIX E

Public Health Programmes Board

Chair: Matthew Cole Director of Public Health

Items to be escalated to the Health & Wellbeing Board

None

Performance

The Group met on 19th September. The remit and membership of the group was agreed. The membership is:

Matthew Cole	Director of Public Health (Chair)
Glynis Rogers	Divisional Director Community Safety and Public Protection
Meena Kishinani	Divisional Director Strategic Commissioning , Safeguarding and Early Help
Robin Payne	Divisional Director Environment
Sharon Morrow	Chief Operating Officer Barking and Dagenham CCG
Paul Hogan	Divisional Director Culture and Sport

The Obesity Task and Finish Group, Health Protection Committee and the Integrated Sexual Health and Reproductive Board will report into it as part of the Board's governance.

The groups remit moving forward will be to :

- have an overall view of the 'health' of the Public Health Programme's performance across the life course in delivering outcomes
- act as a reference group for advice on the development of the refreshed joint Health & Wellbeing Strategy and Joint Strategic Needs Assessment
- hold the above 3 groups to account

Agreed meetings for the rest of the calendar year

- 28th October
- 9th December

The Obesity Task and Finish Group are meeting on 22nd August

Health Protection Committee met on 26th September

Integrated Sexual Health and Reproductive Board meets on 22nd October

Meeting Attendance

Attendance at the Health Protection Committee, Obesity Task and Finish Group and Public Health Programmes Board was good.

Action(s) since last report to the Health and Wellbeing Board

(a) September will be the first review of the Public Health programmes to access impact and financial performance. Completed

(b) Integrated Sexual Health service invitation to tender to be dispatched 10th October. Completed

(c)	3rd October – Exercise Panacea Pandemic Flu emergency planning exercise. Completed
(d)	Notification in September of the indicative allocation for commissioning the 0-5 Healthy Child Programme and Family Nurse Partnership. Completed and signed off in agreement with NHS England with caveats on management costs
(e)	Seasonal flu vaccinations will start in October. Completed

Action and Priorities for the coming period

A) Process for engagement for the joint Health and Wellbeing Strategy refresh agreed and started with key stakeholders.
B) Response to the Health premium incentive scheme consultation.

Contact: Pauline Corsan

Tel: 0208 227 3953 ; **Email:** pauline.corsan@lbbd.gov.uk

Chair's Report

28 October 2014

In this edition of my Chair's Report I discuss a number of events that are coming up over the coming weeks, and a few important events that have taken place recently including the Health and Wellbeing Board Development Day and World Mental Health Day. I would welcome Board Members to comment on any item covered should they wish to do so.

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

Alcohol Awareness Week Reminder

Alcohol Awareness Week is a national annual event organised by Alcohol Concern. This year's Alcohol Awareness Week will run from 17 - 23 November and the national theme is "**taking back our health and high streets**". The Borough's Alcohol Alliance is coordinating Alcohol Awareness Week in Barking and Dagenham and has drafted a plan of proposed activities for this year's event, including:

- Setting up a mock bar in the Town Square to provide information and advice relating to alcohol consumption and alcohol service promotional material;
- Holding information and advice stalls in Queen's and King George Hospitals and Becontree Heath Leisure Centre;
- Posting alcohol-related health messages on our social media channels;
- Promoting healthy eating and drinking through the Recovery Café cooking workshops;
- Publicising Alcohol Awareness Week and alcohol treatment service details through the new GP Shared Care newsletter;
- Delivering awareness and training sessions to Council staff and GP surgeries;
- Providing health information in pubs throughout Alcohol Awareness Week;
- Commissioning a piece of theatre to be performed in community centres and residential homes for older people, looking at the effects of alcohol use on health.

Subwize, the Borough's specialist substance misuse service for young people will also be holding a number of activities including workshops in schools, colleges and tuition centres, stalls in the Borough's supported housing schemes for young people and developing a newsletter for professionals.

If Board Members want to find out more about Alcohol Awareness Week plans, please email Sonia Drozd on sonia.drozd@lbbd.gov.uk or call 020 8227 5455.

White Ribbon Day Events

This year Barking and Dagenham will run an unprecedented sixteen days of activism to raise awareness of violence against women and girls, endorsing the message not to commit, condone or remain silent about this violence.

From Tuesday 25 November to Wednesday 10 December, we'll be publicising the support available to those experiencing domestic abuse, and reinforcing a holistic approach, across all partner agencies, to address domestic violence.

The programme will launch with an event in the Town Square and a talk in the Town Hall, starting at 11am on Tuesday 25 November. You will see some hardy men attempting to 'Walk a Mile in Her Shoes', and there will be music and entertainment too. A white floral display will stand outside Barking Town Hall to symbolise victims of domestic violence locally and celebrate White Ribbon Day.

For more information contact Allison Buchanan on 2020 8227 2363 or allison.buchanan@lbbd.gov.uk.

Health and Wellbeing Board Development Day

The Health and Wellbeing Board Development Day was held on Monday 6 October**.** Thirty seven people attended the day. There were presentations from Futuregov around digital opportunities in social care and from Care City, who showcased their work on dementia research and therapy. There was also a presentation from NHS England on Primary Care Development and Transformation and some workshops to allow people to work through questions looking at:

- *Views on the emerging London-wide Strategic Commissioning Framework and how it can be implemented locally*
- *Determining the top 5 priorities for primary care improvement within Barking and Dagenham*
- *Opportunities and challenges relating to the successful implementation of the primary care transformation programme in Barking and Dagenham*
- *Views on the draft governance arrangements for the transformation work.*

Colleagues from BHR CCGs and NHS England took away the feedback from the workshops to inform their Primary Care programme.

Earlier in the day the sub-groups of the Health and Wellbeing Board hosted their own workshops to look at 'wicked issues' which could be problem-solved in the group. The outcomes of the workshops will be taken back to sub-groups to work up and take forward.

Some of the headline issues and solutions from the sub groups workshops included:

How can we support people in the community, in particular people with learning disabilities, to take control of their health and lifestyle?

Suggestions made to tackle this issue included making health campaigns more 'person centred' and ensuring they appeal to people's individual lifestyles. Suggestions were made around developing campaigns and advice through apps and 'lifestyle coaches'. Using television to reach a wider audience such as older people and disabled people was also suggested as well as social media such as Facebook and websites. Awareness raising is required with carers as well as those with learning disabilities to increase take up of screening programmes.

How do we support people with mental health needs to access appropriate housing?

The group defined the issue as ensuring 500 mental health clients have a home of their own that is stable and safe. Some of the barriers to this included having the correct information, housing benefit regulations and lack of one bedroom flats. One of the solutions included NELFT working with private sector landlords to rent a three bedroom house and matching people to house share. Suggestions also included working with private landlords to negotiate rents and deposits.

What contribution can health and social care services make to the eradication of child poverty in Barking and Dagenham?

Suggestions made by this group included identifying a solution to break the poverty cycle and identifying the 'working poor'. Support needs to be available in terms of employment, education and housing. There needs to be better information sharing and data analysis through partner agencies e.g. GPs, schools, housing and service providers. One solution is to train professionals to identify families in need and signpost them to support including the voluntary sector and charities. Social media can be used to share information and advice, for example, money management and self help initiatives.

Chair's Report

28 October 2014

World Mental Health Day

World Mental Health Day was marked in style in Barking and Dagenham on Friday 10 October. Hundreds of residents visited the free event 'Time for World Mental Health Day' at Barking Learning Centre, and scores of service users and health professionals took part in a conference to assess mental health services and needs in the borough, 'Time to Listen – Time to Change'.

MPs Margaret Hodge and John Cruddas visited the public event at the invitation of the Cabinet Member for Adult Social care and Health Cllr Maureen Worby; giving their support to the council's participation in the national 'Time to change' campaign.

Councillors showed the level of commitment to ending mental health discrimination and improving services in Barking and Dagenham; Council Leader Cllr Darren Rodwell, Deputy Leader Cllr Saima Ashraf, and the Lead Member of the Health & Adult Services Select Committee Cllr Eileen Keller all attended. Residents and stall-holders had the opportunity to talk to MPs and Councillors about their services and experiences. Cllr Edna Fergus, as the council's Mental Health Champion, spoke at the afternoon conference; and worked with service users, council officers and partners on the borough's Mental Health Needs Assessment. A second conference will take place in November.

The Mental Health Sub Group will be looking at the outcomes of the day.

Health Premium Incentive Scheme

The Health Premium Incentive Scheme is being established as a Government financial incentive awarded to local authorities from 2015/16. The payment will be in addition to the ring-fenced Public Health Grant, and will be paid in recognition of progress made towards improving the health of the local population and tackling existing health inequalities.

On introduction in 2015/16, the proposed scheme would be based on only 2 of the Public Health Outcome Indicators (PHOF) – with one set centrally, and one locally chosen from a list of 34 indicators that are considered to be robust at a single year level.

The proposed national indicator is *'successful completion of drugs treatment'* with combined PHOF data for opiate and non opiate users.

We are also recommending that the Council adopts *NHS Health Check – based on eligible population offered checks, and proportion of those offered that received,* as its local indicator.

Peer Review

A peer review looking at the management of the market in the borough for people with an adult social care need took place between 7 and 9 October 2014. The team was led by Simon Pearce, Executive Head of Care Services from Kingston, and for the first time included a service user. The integration and commissioning team invited partners, providers, and people with an adult social care budget and local authority staff to meet with the team over the three days.

Initial feedback from the review team has been received and a workshop will be organised to look at the recommendations, after which a report will be brought to the Health and Wellbeing Board for discussion.

Stoptober

The Stoptober Roadshow campaign has been a great success, with provisional figure of around 200 for referrals to local services. Every resident referred was given a 'Stopper Shopper bag' to take away, and all roadshow visitors were encouraged to sign up online for the Stoptober 'quit kit'.

The Roadshows ran from 8 September through to 14 October, with twelve main public event days, five staff events and involvement in the Youth Parade and Older People's Day too. With web content, media releases and social media messages we hope to beat last year's 800 Stoptober sign-ups in Barking and Dagenham.

The campaign was championed by Cabinet Member for Education and Schools Cllr Evelyn Carpenter and Council Leader Cllr Darren Rodwell.

Mamogram checks

Mr Jon Cruddas MP raised concerns on behalf of a constituent to the Council, that mammogram tests are now held at Harold Wood, and the centre have told them lots of women are not turning up, as it isn't really accessible. They used to be held at ASDA Dagenham but Mr Cruddas was told, ASDA didn't want them there anymore.

The concerns were passed on by the Director of Public Health to NHS England who commission the National Breast Screening for response to the concerns raised. NHS England looked into the issues raised and their response to these concerns is as follows:

Screening invitations for the site at Harold Wood: were offered to women from the Barking and Dagenham area in order to utilise some spare capacity in this unit, and assist with the delivery of the screening round focussing on King George Hospital. This was not a long term strategy and Barking Havering & Redbridge Breast Screening Service (BHRBSS) have rebooked some patients to the King George Hospital site upon their request to do so. Screening at Harold Wood for Barking and Dagenham invitees has been in place since August and so far uptake of invitations has been good.

Accessibility/acceptability of screening invitations and the Asda Site: There are several interrelated issues surrounding access and service provision:

- BHRBSS moved from the use of mobile to static sites to support greater accessibility and availability of high quality facilities – i.e. ramps, toilets, waiting areas, and greater flexibility in appointment duration to accommodate service users and their families with mobility or other requirements such as those encountered by people with Learning Disabilities.
- The ASDA supermarket site had historically low uptake of invitations and for reasons of access inclusion and service flexibility detailed above the service in moving to fully digital provision is delivered with two static sites and one mobile covering (Harold Wood, King George Hospital, and Hawkey Hall respectively.

In addition the removal from the ASDA site permits greater flexibility for extended opening hours and better facilities etc for service users at the fixed sites in the area.

HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title:	**Forward Plan**
Report of the Chief Executive	
Open	**For Comment**
Wards Affected: NONE	**Key Decision: NO**
Report Authors: Tina Robinson, Democratic Services	**Contact Details:** Telephone: 020 8227 3285 E-mail: tina.robinson@lbbd.gov.uk
Sponsor: Cllr Worby, Chair of the Health and Wellbeing Board	

Summary:

Attached at **Appendix A** is the Draft December 2014 issues of the Forward Plan for the Health and Wellbeing Board.

The Forward Plan lists all known business items for meetings scheduled for the 2014/15 municipal year and is an important document for not only planning the business of the Board, but also ensuring that we publish the key decisions to be taken at least 28 days notice of the meeting. This enables local people and partners to know what discussions and decisions will be taken at future Health and Wellbeing Board meetings.

Recommendation(s)

The Health and Wellbeing Board is asked to:

a) Note the draft forward plan and to advice Democratic Services of any issues of decisions that may be required so they can be listed publicly in the Board's Forward Plan, with at least 28 days notice of the meeting;

b) To consider whether the proposed report leads are appropriate;

c) To consider whether the Board requires some items (and if so which) to be considered in the first instance by a Sub-Group of the Board.

d) To note that the next issue of the Forward Plan will be published on 10 November. Any changes or additions to the next issue must be provided before that date.

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HEALTH and WELLBEING BOARD
FORWARD PLAN

Draft November 2014 Edition

Publication Date: 3 November 2014

THE FORWARD PLAN

Explanatory note:

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

Key Decisions

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

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

In relation to (ii) above, Barking and Dagenham's definition of 'significant' is spending or savings of £200,000 or more that is not already provided for in the Council's Budget (the setting of the Budget is itself a Key Decision).
In relation to (iii) above, Barking and Dagenham has also extended this definition so that it relates to any decision that is likely to have a significant impact on one or more ward (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).

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

Information included in the Forward Plan

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

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

Publicity in connection with Key decisions

Subject to any prohibition or restriction on their disclosure, the documents referred to in relation to each Key Decision are available to the public. Each entry in the Plan gives details of the main officer to contact if you would like some further information on the item. If you would like to view any of the documents listed you should contact Tina Robinson, Democratic Services Officer, Civic Centre, Dagenham, Essex, RM10 7BN (telephone: 020 8227 3285, email: tina.robinson@lbbd.gov.uk.

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

The Health and Wellbeing Board's Forward Plan will be published on or before the following dates during the 2014 / 2015 Council year, in accordance with the statutory 28-day publication period:

Edition	Publication date
October 2014 edition	29 September 2014
December 2014 edition	10 November 2014
February 2015 edition	12 January 2015
March 2015 edition	16 February 2015

Confidential or Exempt Information

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

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to Alan Dawson, Democratic Services Manager, Civic Centre, Dagenham, Essex RM10 7BN (telephone: 020 8227 2348, email: committees@lbbd.gov.uk).

Key to the table

Column 1 shows the projected date when the decision will be taken and who will be taking it. However, an item shown on the Forward Plan may, for a variety of reasons, be deferred or delayed.

It is suggested, therefore, that anyone with an interest in a particular item, especially if he/she wishes to attend the meeting at which the item is scheduled to be considered, should check within 7 days of the meeting that the item is included on the agenda for that meeting, either by going to http://moderngov.barking-dagenham.gov.uk/ieListMeetings.aspx?CId=669&Year=0 or by contacting contact Tina Robinson, Democratic Services Officer, Civic Centre, Dagenham, Essex, RM10 7BN (telephone: 020 8227 3285, email: tina.robinson@lbbd.gov.uk .

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

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

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

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author
Health and Wellbeing Board: 9.12.14	**Autism Strategy** : Community The Board is asked to review the refreshed edition of the Autism Strategy which picks up improvements identified in the Autism Self Assessment Framework and independent mapping exercises • Wards Directly Affected: All Wards	Open	Glynis Rogers, Divisional Director, Community and Partnerships (Tel: 020 8227 2827) (glynis.rogers@lbbd.gov.uk)
Health and Wellbeing Board: 9.12.14	End of Life Care - Progress on Actions Following the meeting of 11 February 2014 at which the Board was presented with a position statement and next steps to take forward the end of life care agenda, the Board will receive and consider an action plan produced by the Integrated Care Sub-group to deliver those next steps. • Wards Directly Affected: All Wards	Open	David Millen, Integrated Care Delivery Manager (Tel: 020 8227 2370) (david.millen@lbbd.gov.uk)
Health and Wellbeing Board: 9.12.14	**Child and Adolescent Mental Health Services (CAMHS) Strategy** : Community The Children and Maternity Sub-Group will present the framework for a Child and Adolescent Mental Health Services Strategy for Barking and Dagenham for approval by the Board. • Wards Directly Affected: All Wards	Open	Sharon Morrow, Chief Operating Officer (Tel: 020 3644 2378) (Sharon.Morrow@barkingdagenhamccg.nhs.uk)

Health and Wellbeing Board: 9.12.14	**'Closing the Gap': Implications for Mental Health Services and Commissioners** : Community The Mental Health Sub-Group has conducted a mental health service audit following the publication of the 'Closing the Gap' report which set out 25 priorities for change in how children and adults with mental health problems are supported and cared for. Following the overview report in July, this report will outline the implications of the report for mental health services and commissioners in Barking and Dagenham. • Wards Directly Affected: All Wards	Open	Gillian Mills, Director Childrens Services, North East London Community Services (NEL CS). gillianmills@nhs.net (Tel: 0300 555 1201) (gillianmills@nhs.net)
Health and Wellbeing Board: 9.12.14	Children's Social Care Annual Report The report will provide an overview of the work that has been undertaken in 2013/14 in Children's Social Care. • Wards Directly Affected: All Wards	Open	Ann Graham, Divisional Director of Complex Needs & Social Care (Tel: 020 8227 2233) (ann.graham@lbbd.gov.uk)
Health and Wellbeing Board: 9.12.14	Adoption Annual Report The Adoption Annual Report will be presented to the Health and Wellbeing Board for information and discussion. • Wards Directly Affected: All Wards	Open	Ann Graham, Divisional Director of Complex Needs & Social Care (Tel: 020 8227 2233) (ann.graham@lbbd.gov.uk)

Health and Wellbeing Board: 9.12.14	**Contract: Public Health Services in Primary Care Contracts 2015/16** : Community,: Financial The report will outline the delivery and procurement strategy for the Public Health Services in Primary Care for 15/16, in regards to: • Health Checks (Mandatory Function for the Council since April 2013) • Smoking Cessation • Chlamydia Screening in General Practices • Long Acting Reversible Contraception • Sexual Health Services in Pharmacies (including Chlamydia Screening and Emergency Hormonal Contraception) • Supervised Consumption in Pharmacies • Shared Care in General Practices The Board will be asked to: 1. Authorise a waiver of the Contract Rules for these contracts, under Clause 6.6.8, on the grounds that the circumstances are genuinely exceptional; and, 2. Give delegated authority to the Corporate Director of Adult and Community Services, on the advice of Director of Public Health and the Chief Finance Officer to award the Public Health service contracts to the chosen Primary Care providers for the above service contracts. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

Health and Wellbeing Board: 9.12.14	**Carers Strategy and Commissioning of Carers Services** : Community The Board will be asked to agree: (i) The final Carers' Strategy. (ii) The proposed commissioning intentions for carers services. (iii) To delegate authority to the corporate Director of Adult and Community Services, in consultation with the Head of Legal and Democratic Services, to commence a tender for these services and award the contracts. • Wards Directly Affected: All Wards	Open	Mark Tyson, Group Manager, Integration & Commissioning (Tel: 020 8227 2875) (mark.tyson@lbbd.gov.uk)
Health and Wellbeing Board: 9.12.14	Quarter 2 Performance and Better Care Fund (BCF) Update The Quarter 2 performance dashboard and Better Care Fund (BCF) update will be presented to the Board for the Board to analyse and discuss. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 9.12.14	Adult Social Care Peer Review This Board will be presented with the outline the findings of the Adult Social Care Peer review and recommendations. • Wards Directly Affected: All Wards	Open	Bruce Morris, Divisional Director, Adult Social Care (Tel: 020 8227 2749) (bruce.morris@lbbd.gov.uk)
Health and Wellbeing Board: 9.12.14	Learning Disability Section 75 Agreements - Update The Board will be updated on the Learning Disability Section 75 Agreements, including the results of consultation that has been undertaken with service users and the Learning Disability Partnership Board. • Wards Directly Affected: All Wards	Open	Glynis Rogers, Divisional Director, Community and Partnerships (Tel: 020 8227 2827) (glynis.rogers@lbbd.gov.uk)

Health and Wellbeing Board: 9.12.14	**Pharmaceutical Needs Assessment (PNA) - Delegated Authority** The Pharmaceutical Needs Assessment (PNA) is required to be published by April 2015, following a 60 day consultation period. Due to tight timescales, the Board will be asked to give Delegated Authority for sign off of the PNA to the Director of Public Health in consultation with Corporate Director of Adult and Community Services. • Wards Directly Affected: Not Applicable	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 9.12.14	Barking and Dagenham Safeguarding Children Board (BDSCB) Annual Report 2013-14 To present the Annual Report of the Barking and Dagenham Safeguarding Children Board for 2013/14, which will provide an overview of the issues and work undertaken during the past year. • Wards Directly Affected: All Wards	Open	Meena Kishinani, Divisional Director of Commissioning and Safeguarding (Tel: 020 8227 2786) (meena.kishinani@lbbd.gov.uk)
Health and Wellbeing Board: 9.12.14	**Joint Assessment and Discharge Service Section 75** : Community,: Financial The Board will receive a report on the progress and proposed agreement between the Council and partner organisations to support the operational delivery of a Joint Assessment and Discharge Service. The proposed agreement will also be considered by (London Borough of Havering, Barking, Havering and Redbridge University Trust, North East London Foundation Trust and Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups). The Board will be asked to delegate authority to the Corporate Director of Adult and Community services to finalise the Section 75 agreement on behalf of the Board. • Wards Directly Affected: All Wards	Open	Bruce Morris, Divisional Director, Adult Social Care (Tel: 020 8227 2749) (bruce.morris@lbbd.gov.uk)

Health and Wellbeing Board: 10.2.15	Health and Young Offenders The Board will receive a report that outlines the health needs and challenges for young offenders as a cohort. The Board will discuss gaps in service provision and how health inequalities can be addressed for this group. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 10.2.15	Quarter 3 Performance and Better Care Fund (BCF) Update The Quarter 3 performance dashboard and Better Care Fund (BCF) update will be presented to the Board for the Board to analyse and discuss. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 10.2.15	Health and Wellbeing Board Strategy Refresh (Draft) One of the key roles of the Health and Wellbeing Board is to oversee the development, authorisation and publication of the Health and Wellbeing Strategy. The Health and Wellbeing Strategy is the mechanism by which the Board addresses the needs identified in the Joint Strategic Needs Assessment (JSNA), setting out agreed priorities for collective action by the commissioners. The current Health and Wellbeing Board Strategy is due to be refreshed in 2015. The Board will be presented with the draft refresh of the Health and Wellbeing Board Strategy for discussion in order that the final version can be presented at the March 2015 Board meeting. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

Health and Wellbeing Board: 10.2.15	Procurement Plan 2015/16 Under the Council's Contract Rules (Rule 25) there a requirement to report the Procurement Plan for all new contracts (including extensions, additions and renewals) with a Contract Value of £500,00 or above scheduled to start in the next financial year, which are funded in part or in whole from the Public Health Grant or from within social care budgets. The Board will be presented with Procurement Plan and be asked to agree the proposed Plan in its entirety or identify any individual procurements / contracts which the Board requires separate more detailed Procurement Strategy Reports to be submitted to it for closer consideration. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 17.3.15	**Health and Wellbeing Board Strategy Refresh (Final)** : Community One of the key roles of the Health and Wellbeing Board is to oversee the development, authorisation and publication of the Health and Wellbeing Strategy. The Health and Wellbeing Strategy is the mechanism by which the Board addresses the needs identified in the Joint Strategic Needs Assessment (JSNA), setting out agreed priorities for collective action by the commissioners. The current Health and Wellbeing Board Strategy is due to be refreshed in 2015. The final refreshed version of the Health and Wellbeing Strategy will be presented for approval. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 17.3.15	**Director of Public Health Annual Report** The Director of Public Health Annual Report identifies key issues, flags up problems, and reports progress. The Annual Report will also be a key resource to inform local inter-agency action. The Board will be asked to note the 2014/15 Annual Report. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

Health and Wellbeing Board: 5.15	Quarter 4 Performance and Better Care Fund (BCF) Update The Quarter 4 performance dashboard and Better Care Fund (BCF) update will be presented to Board for the Board to analyse and discuss. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: Not before 1.6.15	Annual Health Protection Profile *[Annual Item]* Representatives from Public Health England are invited to the Board to present and discuss Barking and Dagenham's Health Protection Profile which is compiled annually. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

APPENDIX 1

Membership of Health and Wellbeing Board:

Councillor Maureen Worby, Cabinet Member for Adult Social Care and Health (Chair)
Councillor Laila Butt, Cabinet Member for Crime and Enforcement
Councillor Evelyn Carpenter, Cabinet Member for Education and Schools
Councillor Bill Turner, Cabinet Member for Children's Social Care
Anne Bristow, Corporate Director for Adult and Community Services
Helen Jenner, Corporate Director for Children's Services
Matthew Cole, Director of Public Health
Frances Carroll, Chair of Healthwatch Barking and Dagenham
Dr Waseem Mohi, Chair of Barking and Dagenham Clinical Commissioning Group (Deputy Chair of the H&WBB)
Dr Jagan John, Clinical Director (Barking and Dagenham Clinical Commissioning Group)
Conor Burke, Accountable Officer (Barking and Dagenham Clinical Commissioning Group)
Jacqui Van Rossum, Executive Director Integrated Care (London) and Transformation (North East London NHS Foundation Trust)
Stephen Burgess, Interim Medical Director (Barking Havering and Redbridge University Hospitals NHS Trust)
Chief Superintendant Andrew Ewing, Borough Commander (Met Police)
John Atherton, Head of Assurance (NHS England) (non-voting board member)

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