

Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 9 December 2014 - 6:00 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication: 1 December 2014

Graham Farrant
Chief Executive

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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 28 October 2014 (Pages 3 - 14)**
4. **Quarter 2 Performance (Pages 15 - 41)**
5. **Barking and Dagenham CCG Commissioning Intentions 2015/16 (Pages 43 - 51)**
6. **Care Act 2014: Update on Implementation (Pages 53 - 70)**
7. **Adult Social Care Peer Review (Pages 71 - 104)**
8. **Adult Autism Strategy (Pages 105 - 139)**
9. **Update for Board Members on Availability of Adolescent Mental Health Crisis Beds (Page 141)**
10. **Children's Social Care Annual Report (Pages 143 - 168)**
11. **Barking and Dagenham Safeguarding Children Board (BDSCB) Annual Report 2013-14 (Pages 169 - 208)**
12. **Adoption Annual Report (Pages 209 - 236)**
13. **Pharmaceutical Needs Assessment (PNA) (Pages 237 - 242)**
14. **Contract: Public Health Services in Primary Care Contracts 2015/16 (Pages 243 - 258)**

STANDING ITEMS

15. **Systems Resilience Group - Update (Pages 259 - 263)**
16. **Sub-Group Reports (Pages 265 - 275)**
17. **Chair's Report (Pages 277 - 281)**

- 18. Forward Plan (Pages 283 - 294)**
- 19. Any other public items which the Chair decides are urgent**
- 20. 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.***

- 21. 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 key priorities that underpin its delivery:

Encouraging civic pride

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

Enabling social responsibility

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

Growing the borough

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

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MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 28 October 2014
(6:00 - 8:39 pm)

Present: Cllr Maureen Worby (Chair), John Atherton, Anne Bristow, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Matthew Cole, Helen Jenner, Dr John, Cllr Bill Turner, Jacqui Van Rossum, Steven Russell, Sharon Morrow and Sean Wilson

Also Present: Professor Carol Dezateux

Apologies: Dr Waseem Mohi, Dr Stephen Burgess, Frances Carroll and Chief Superintendent Andy Ewing

55. Declaration of Members' Interests

There were no declarations of interest.

56. Minutes - 9 September 2014

The minutes of the meeting held on 9 September were confirmed as correct.

57. Children's Social Care Inspection: OFSTED Inspection and Review Outcomes 2014/15

The Corporate Director of Children's Services, Helen Jenner, presented the report and explained that the OFSTED Inspection of children in need, looked after children and care leavers and a review of the Local Safeguarding Children's Board (LSCB) had been undertaken over April and May 2014 and the report had been published in July. Both the service and the LSCB had been judged as 'requires improvement'. To achieve the required improvements the Action Plan, attached to the report, had been drawn up. Whilst the Action Plan would be monitored by the Children's Services Select Committee, in view of the cross interest it was intended that the Health and Wellbeing Board would also receive an overview of progress on a six monthly basis.

Barking and Dagenham was now the eighth poorest borough in the country and was facing a massive demographic change including a massive increase in the number of children.

The Chair added that as part of the feedback to the Inspectors she had stressed the rapid pace of demographic change and felt that the impact on the borough and its services had not been fully understood by OFSTED. The Chair added that the Inspector had indicated that he would feed that back centrally.

The Deputy Borough Commander, Sean Wilson, advised that the issues were now raised at the Police Inspector training days and as a result the number of children being taken into the police protection had started to reduce since April 2014.

The Chair commented that there appeared to be a tangible cultural difference from previous years and practical change appeared to be occurring and this was very

encouraging.

The Board noted:

- (i) The content and outcomes of the OFSTED Inspection of services for children in need, looked after children, care leavers and review of the Barking and Dagenham Safeguarding Children Board as set out in the report; and
- (ii) The Local Authority Children's Services Action Plan, attached as an Appendix to the report, and whilst this Action Plan would be monitored by the Children's Services Select Committee, the Health and Wellbeing Board would also receive an overview of progress on a six monthly basis.

58. Protocol Outlining Barking and Dagenham Safeguarding Partnership Arrangements

The Divisional Director Commissioning and Partnerships, Glynis Rogers, presented the report and reminded the Board that the Safeguarding Adults Board (SAB) would become a statutory partnership under the Care Act 2014. Sarah Baker had now been appointed as the Independent Chair of the SAB and was also the Independent Chair of the Local Safeguarding Children Board (LSCB).

In view of the statutory footing of the SAB and the outcome of the OFSTED Inspection, which had indicated a need to strengthen the 'coordination, focus and impact' of the LSCB work with the Health and Wellbeing Board, a protocol had been drawn up that this outlined how the SAB and LSCB would work together with the Health and Wellbeing Board (H&WB), including how appropriate items would be reported and raised at the H&WB.

The Board:

- (i) Noted the protocol outlining Barking and Dagenham's safeguarding partnership arrangements, as set out in the Appendix 1 to the report, which clarified arrangements to secure coordination between the Boards; and
- (ii) Were pleased to note that the arrangements would enable the Chair of the Safeguarding Adults Board and the Local Children Safeguarding Board to interact with the Health and Wellbeing Board whilst maintaining the Chair's independence.

59. Child Death Overview Panel - Update Report

Further to Minute 23, 29 July 2014, the Director of Public Health, Matthew Cole, presented the report, which provided the Board with an in-depth understanding of Sudden Unexpected Death in Infancy and how it can be prevented, and also provided updates in the cases relating to maternity services and the London Ambulance Service (LAS) as well as further analysis of ethnicity and child death rates across north east London.

Councillor Carpenter, Cabinet Member for Education and Schools, suggested that the Safeguarding Faith and Cultural Sub Group could be a useful conduit for

getting health, maternity and child care messages to the BME communities.

Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group (CCG) advised that she would take back to commissioners the Board's concerns over the lack of response and engagement from the London Ambulance Service. Councillor Turner, Cabinet Member for Children's Social Care, commented that he felt a report should be forthcoming if no progress was made in regards to the LAS.

The Chair commented that two incidents where the LAS's lack of the appropriate equipment clearly needed to be followed up.

Brief discussion at the LSCB had shown that the staff training was in place, but there was some concern that the General Practitioners may not be fully aware of the most recent good practices and care risks to specific communities.

Helen Jenner, Director of Children's Services, commented that as the Borough had the highest level of avoidable death, were we certain that enough action was being taken? In response Matthew Cole advised that in one of the cases there was clearly nothing that could have been done, however, where the cases were associated with inappropriate feeding, alcohol use of the parent and the failure to use 'back to sleep' methods there was clearly a chance to reduce risk by further education of parents and in particular mothers and it was difficult to break outdated maternal family traditions and practices in infant care. Health Visitors do pass on the information at anti-natal classes but only around 60% of expectant mothers attend those and, unfortunately, the ones that don't attend are probably the ones that most need to be educated and updated.

In response to a question about holding the LAS to account the Chair advised that it was not a function for the Board, however, she would discuss the Board's concerns with the Chair of the Health and Adult Services Select Committee.

The Board:

- (i) Noted the report and additional details provided by the Director of Public Health;
- (ii) Placed on record its disappointment that no response had been received from the London Ambulance Service; and
- (iii) Expressed concern at the lack of engagement in the process, as a way learning to prevent avoidable deaths in future, from the London Ambulance Service;
- (iv) Noted the Chair would discuss the Board's concerns in regard to the LAS with the Chair of the Health and Adult Services Select Committee;
- (v) Noted the potential to use the Safeguarding Faith and Cultural Sub Group as a conduit for information to the BME community.
- (vi) Further reports will be presented when progress was made in regards to the issues raised by the Board.

60. Contract: Children's Emergency Duty Team Shared Service

The Corporate Director of Children's Services, Helen Jenner, presented the report and explained that in 2013 the London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest agreed to merge their Children's Emergency Duty Teams (EDT) and create one single Children's EDT, with Redbridge Children's Trust being the host authority. The service had become operational on the 1 May 2014. The Police confirmed that from their perspective the new service was operating well.

At that time the officers involved had not understood that under the Council's Contract Rules it would be necessary to obtain approval from the Board to enter into the contract as the value of the contract was over £500,000. The Corporate Director wished to rectify the position in order that the contract could be sealed and sought the Boards retrospective approval to the entering into a three-year legal partnership agreement, effective from 1 May 2014.

The Board:

- (ii) Approved the entering into of a three-year legal partnership agreement contract, effective from 1 May 2014, for the delivery of the four Borough Children's Emergency Duty Team (EDT) Service with the London boroughs of Havering, Waltham Forest, and Redbridge on the terms set out in the report;
- (ii) Noted the cost of the service to LBBD at present was £257,000 and over the life of the contract was anticipated to be in the sum of £771,000;
- (iii) Noted that Redbridge Children's Trust were the host authority.

61. BHRUT Improvement Plan Update

Steve Russell, Deputy Chief Executive, BHRUT presented the report and presentation and informed the Board that following publication of the Improvement Plan in June 2014 there had been significant changes to the leading personnel and some of the roles in the organisation. For the last four months the Trust had published and circulating its monthly progress report, which included details of key achievements and changes made.

Steven Russell went on to outline some of those changes:

- Work Streams and Organisational Development
New Chief Executive and the rest of the senior management team had been appointed, with the exception of one post for which the interviews would be held on 29 October. It was expected that all senior Executive staff would be in place by January 2015. The reorganisation of the clinical management and middle tier would begin shortly

Five new non executive directors were now in post. Steve Russell said that the new BHRUT Board would, in his view, hold the Chief Executive and senior Executive staff to account. The Executive staff were being challenged, and were "stepping-up their game" to meet the expectations and demands from the non executive BHRUT Board members.

- Outpatients

The management were now actively listening to the staff and feedback from patients. As a result there had been some significant patient interface improvements. For example,

 - Now achieving 97% of calls are being answered (up from 40%).
 - Short-term clinic cancellations had now been reduced by 87%.
 - Clinics details /specialism had been reviewed to improve correct referrals by GPs, reducing second referrals and delays for patients.
 - Customer Service Improvements had been made and a listening event had been held, as a result the number of concerns made through PALS had reduced, which indicated the actions taken were having a positive effect. In addition, stock letters were being re-written to make them more easily understood and patient-friendly clinic timetables were being looked at.

- Patient Care

Over 3,000 staff had been trained in recognising and managing sepsis.

Audits were now being undertaken on how many patients are treated within 1 hour.

Nursing Documentation was also being improved to increase record efficiency and reduce staff time needed to complete the paperwork.

- Patient Flow

Ambulatory Care Unit and the Medical Receiving Units were now both open

The number of discharges before noon had substantially improved, and this had also improved bed occupancy rates. This had been achieved by some new simple procedures, which had resulted in priority testing of blood and other tests and faster dispensing of medications for those due to be discharged, as well as carers / relatives being arranged to receive patients at home.

The Assessment Units were now being reviewed.

- Ward of the Week

Every Friday there is a thank you visit by senior managers for good discharge rates. These visits had improved feedback and engagement of the staff and improved staff's attitude to being a valued part of the organisation.

Steve Russell stressed that they had still not “cracked it” but felt that the new team and staff were on the right path and were moving forward and added that governance in the organisation now felt much stronger and more robust and the culture was starting to change.

In response to a question from Councillor Turner, Steve Russell explained that

Nursing Documents covered a wide range of care plans and ways of monitoring care on the wards. Nurses were saying the records systems were not the same across the organisation and it was time consuming working out what was where in the patient folders etc. As a result the Nursing Documents and patient folder layouts were being reassessed to simplify them and where possible provide some conformity across all the wards / disciplines.

Steve Russell then received and responded to a number of further questions from the Board and Public:

- Public Transport Difficulties – TfL had approached BHRUT about a seminar on transport access and this should occur in the near future. Transport difficulties had been raised on a number of occasions and the point would be taken back for discussion with BHRUT colleagues and noted that the Council could also raise the issue of transportation links with TfL if it would assist.
- Listening Events – As some people could not attend in the day and some preferred not to attend in the evening, BHRUT will be looking at spreading the events over several times of the day and different venues as a way of increasing participation
- Spend on Locum Staff – The spend on bank and agency staff was about £20m per year. The priority was to get the spend converted to permanent staff as this would have a quality and care benefit and in addition would improve costs.
- CQC Systems – CQC had indicated oversight was less strong for mortality information and some areas appeared to be higher than should be expected, but this information may not have been accurate and collection needed review. The clinical lead for Mortality was now in place and improved governance and other actions would be progressed as necessary.
- Learning Disability Partnership Board – Steve Russell said he or a Trust Representative would attend the LDPB to improve relations between the LDPB and BHRUT and to obtain their feedback on issues of concern and would be sent dates of the LDPB meetings.
- Staff Recognition – The BHRUT Executive team now undertook weekly visits to various wards / departments. There appeared to be an improvement in the moral of staff as they now felt their concerns were being listened to. Steve Russell added that some improvements had started as suggestions from staff.

Mark Tyson advised that a live 'Twitter' comment had been posted to the Board in regards to why a member of the public had been told by 999 that 'babies are not important'. Steve Russell responded that he was not sure who had made that comment and if the call had been to 999 it may have been a response by LAS to that particular incident, however, he stressed that at Queens all infants are triaged by a specialist paediatrician.

The Chair commented that she felt that there was a level of honesty in the responses from BHRUT that was truly refreshing and some signs of practical improvements, although there was still significant improvement to come. Conor Burke, Chief Officer, CCG, supported this comment and said he felt that is some

palpable change and the honest relationship and work with NELFT and the Joint Assessment and Discharge Service was also part of the solution.

The Board:

- (i) Received the presentation and noted the response of the Deputy Chief Executive of the BHRUT to questions raised by the Board and Public and the progress of the BHRUT Improvement Plan; and
- (ii) Were encouraged by the genuine and positive level of honesty from the BHRUT and felt that whilst there was still some way to go there were clearly some tangible and practical actions being taken and improvements were beginning to be achieved.

62. Life Study - new UK birth cohort study

Professor Carol Dezateux presented the report and presentation and advised that, rather than a being a snapshot study, the Life Study would follow the life course of a statistically significant number of the population from conception. The results, as they occur, will assist in the development of future government and local polices. The size of the study was robust enough to not be effected by drop out of participants over the decades. Professor Dezateux went on to explain the methodology of the study and how ONS data labs would be used to assess bias and how participants would be chosen to ensure a diverse cross section of the population was achieved. Consent would be given by the parents for the participation of the unborn child. Work was also being undertaken with NELFT about picking up the second and third years of life in the community and different communication models.

In response to a question from Councillor Carpenter the Professor confirmed that payment would not be given to individuals for their participation, but reasonable travel expenses would be met.

BHRUT was the first NHS trust to join the study and a Life Study Centre was opening imminently at King George's Hospital.

Helen Jenner, Corporate Director of Children's Services indicated that if the Life Study Team wished to attend appropriate forums that could be arranged.

In response to a question from Councillor Butt, Cabinet Member for Crime and Enforcement, Professor Dezateux advised that about a fifth of the children to be followed would be from LBBB, this was around 16,000 children.

Dr John suggested that the Study should be raised at the GP Forum in order that they could advise potential cohorts about the study, so that people are more likely to participate if approached. The Professor advised that she was currently looking at the 'flag code' on patient's records to enable GPs to know that a particular patient was participating in the Life Study.

The Chair advised that there were a large number of events arranged to celebrate the 50th anniversary of the LBBB, and the majority of these would have a health basis. Details would be provided to Professor Dezateux so that should she or her team wish they could attend those events to make the public aware of the Life

Study.

Professor Dezateux advised that she would be happy to attend any Forums or events and would be guided by the CCG and Council where the best impact could be achieved for the local area.

Family members attending sessions and /or acting as interpreters was not considered the best methodology as it could inhibit truthful responses due to embarrassment, fear or lack of understanding.

The Board noted the report, in particular:

- (i) The development of the strategic relationship between Life Study and BHRUT;
- (ii) The benefits delivered via the integrated delivery model;
- (iii) The impact of the 'in kind benefits' to the study; and
- (iv) The Board would also welcome information or presentations of findings to the Board as the Life Study progressed.

63. Joint Carers' Strategy and Commissioning Priorities For Future Contract(s)

Mark Tyson, Group Manager, Integration and Commissioning, presented the report and proposals for further development into the final strategy and reminded the Board the Care Act 2014 enhanced the rights of carers in relation to assessment of need, provision of support and improved offer for information and advice. The Strategy was specifically for adult care but there were clearly some benefit in aligning commissioning of the adults and children's provision together. Mark Tyson advised the timetable for commissioning, was set out in paragraph 3.6 of the report and officers were currently working on the assumption that the assessment of carers would be brought back in-house to LBBD and further details would be reported in due course.

The Board's attention was drawn to the seven proposed outcomes for the strategy, which were set out in section 2 of the report, and the headlines which will be used to inform the approach to commissioning. The Board was advised that these would be developed further in order that the necessary consents can be obtained at the 9 December Board.

Councillor Turner indicated that it might be useful to know what was working well or less well in the current commissioning arrangements. Mark Tyson responded that there was different support for different user groups and there had been some positive feedback. There would be a need to look at stakeholder experiences in looking to future services, and some information would be provided in the next report.

The Chair commented that we still do not know the true number of carers, and suspected that there were many more than all the agencies were aware of. When they are identified the Care Act would then require assessment and necessary provision to be made for them. Sharon Morrow indicated that organisation need to embed, as common practice, how they identify carers and their needs.

Anne Bristow, Corporate Director of Adult and Community Services, indicated that what was not modelled was the cost of the assessments, and she also had concerns about putting packages together, especially as the Regulations appear to be changing yet again. Strategy might need to have a focus on how we phase in the changes and build the service over the life of the Joint Carers Strategy. The Board needed to be aware that all partners need to be realistic on what can be delivered and get the balance right across the services.

All partners were asked to provide their comments and any information to Mark Tyson.

Having considered the outcomes, the sources of evidence, links to other strategies and frameworks and proposed actions which would deliver the required support for carers, as set out in Appendix 1 to the report, the Board:

- (i) Approved the content of Appendix 1 as the basis for the final Joint Carers Strategy, which will be presented to the Board's 9 December 2014 meeting for final sign off; and
- (ii) Noted 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 in the report.

64. Joint Strategic Needs Assessment 2014 - Key Recommendations

Matthew Cole, Director of Public Health, presented the report which highlighted the key strategic recommendations arising from the refresh of the Joint Strategic Needs Assessment (JSNA) for 2014 and indicated that the recent policy and legislative requirements meant that the JSNA needs to be restructured and the nine priorities needed to change. The JSNA also needed to take on board the Borough's potential as London's Growth Opportunity and expected demographic changes.

Matthew pointed out that it was not feasible to take mental health and safeguarding out of health and there were also a large number of people in the Borough who had more than one long-term condition and dementia was a growth area, principally linked to younger people with chronic conditions which develop dementia.

In response to a question from Councillor Carpenter about the cost of CAMHS, which was three times the London rate, Matthew Cole and Sharon Morrow advised that they would be reviewing the service as the indication was that needs were not being met measured against the level of input.

In response to a question from the Chair as to what has changed in the JSNA and how it fits in with other strategies, Matthew Cole advised that the main changes are the 9 key priorities and how we can use commission to affect those. Anne Bristow advised that the next report would show where the changes were and specific topics would be brought to the fore for discussion.

In response to a question from Councillor Turner, Matthew Cole said that he felt

that the recruitment of the additional 56 Health Visitors for the Borough was on track and achievable. Jacqui Can Rossum confirmed that the number of students in training had been increased to improve trajectories and so ensure staff were in post next year. Helen Jenner reminded the Board that the funding does not provide for managing the service or for specialist Health Visitors and there was still a gap in the funding being proposed.

Conor Burke commented on the value of the JSNA in formulating needs and priorities and planning for commissioning, bearing in mind what could be realistically achieved within funding constraints that were anticipated in future years.

The Board thanked Matthew Cole for the comprehensive piece of work that he had provided.

The Board:

- (i) Agreed the recommendations of the Joint Strategic Needs Assessment (JSNA), as set out in the report.
- (ii) Noted the implications for strategic and commissioning decisions.
- (iii) Noted that work was underway to assess the impact of the Care Act 2014 and the Children and Families Act 2014, which was intended to provide the evidence and policy base for future commissioning and strategic decisions relating to those changes in statutory responsibilities.

65. Local Account 2013/14

Anne Bristow, Corporate Director of Adult and Community Services, presented the report which provided historical details of the performance, and highlights what we did well and what we could have done better, spend in 2013/14 and statutory complaints report and also plans for 2014/15. Anne Bristow commented that this was now the third Local Account and wondered who it was being aimed at and what it was meant to achieve, bearing in mind it was historic information, and the response to it from the community in previous years was low. The Chair concurred with these comments and felt that the Local Account was not a living document but it was a reasonable snapshot of the service in the previous year.

Councillor Carpenter provided an insight into the number of learners and their learning and disability needs at the Adult College of which 280 learners were registered for additional learner support, 178 of whom are DDA registered and 113 have learning difficulties and disabilities.

Discussion was also held on how the Local Account could be made more attractive and useful to stakeholders.

The Board:

- (i) Noted and commented on the Local Account document and key summaries appended to the report.
- (ii) Approved the Adult Social Care Local Account 2013/14 for publication, in

order that the views of service users, partners and the community can be sought.

- (iii) Encouraged Partner organisations to contact the Corporate Director of Adult and Community Services if they had any views on the target audience(s) for future Local Account reports.
- (iv) Would support the trial of multi-media approaches to future iterations of the Local Account, and to provide the information to the public.

66. Contract: Independent Domestic & Sexual Violence Advocacy Service (IDSVA)

Glynis Rogers, Divisional Director Commissioning and Partnerships, presented the report and reminded the Board that domestic violence is exceptionally high in the Borough, although year on year there has been a reduction in repeat victims. The Domestic Violence Service needed to be remodeled and re-commissioned to encompass the feedback from the OFSTED Inspection of LBBD Children's Services, the government funding for Troubled Funding and other local changes, including the recommendation of the Director of Public Health to priorities funding services which focus on identifying and protecting individuals at risk and experiencing domestic violence. This had resulted in the development of an integrated victim management service. The new tender will integrate all services from low risk to high risk, the details of which were contained within the report.

Councillor Turner reported that there had been discussion at Children's Trust in regard to maternity IDSVA service and was advised that this service would still be available and delivered through the hospitals but was not part of this tender.

The Board:

- (i) Approved the seeking of tenders for the procurement of an Independent Domestic and Sexual Violence Advocacy Service (IDSVA) community based provision; and
- (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 the contract to the successful contractor upon conclusion of the procurement process.

67. Urgent Care Board

Conor Burke, Accountable Officer, CCG, presented the report and explained that the Board had changed name and the new Systems Resilience Group (SRG) had a slightly wider brief than the former Urgent Care Board and the SRG would meet monthly to improve response and planning.

Chair commented that the Joint Assessment and Discharge (JAD) Service must be fully functioning including with the provision of community based services within the three boroughs, as the JAD assessment capabilities were important to ensure

additional service capacity during the influenza season and support the reduction of beds required within the hospitals.

The Board noted that NHS England had confirmed the bids submitted, subject to weekly update reporting, and welcomed the early confirmation of the bid. The Board also noted the JAD was currently in 'mobilisation phase'.

The Board:

Considered the report of the Systems Resilience Group (SRG), formerly known as the Urgent Care Board, and the updates contained within it and asked the Accountable Officer to convey the Board's views back to the SRG.

68. Sub-Group Reports

The Board noted update reports from the following:

- (i) Integrated Care Sub-Group
- (ii) Mental Health Sub-Group
- (iii) Learning Disability Partnership Board
- (iv) Children and Maternity Sub-Group
- (v) Public Health Programmes Board

69. Chair's Report

The Board noted the Chair's report, which provided information on a number of events / issues:

- Alcohol Awareness Week - 17 to 23 November 2014
- White Ribbon Day Events – 25 November to 10 December 2014, including the 'Walk a Mile in Her Shoes' event.
- Health and Wellbeing Board Development Day - Feedback from 6 October 2014
- World Mental Health Day – 10 October 2014
- Health Premium Incentive Scheme
- Peer Review of the management of the market in the Borough for people with an adult social care need 7 to 9 October 2014
- Stoptober Road Show Campaign 8 September to 14 October 2014
- Mammogram checks - Harold Wood and ASDA site

70. Forward Plan

The Board:

- (i) Noted the draft Forward Plan for the Health and Wellbeing Board and there had been some changes and items added since the publication of the agenda; and,
- (ii) Noted any new items / changes must be provided to Democratic Services by no later than noon 7 November for them to be considered at the 9 December Board meeting or later.

HEALTH AND WELLBEING BOARD

9 December 2014

Title: Health and Wellbeing Outcomes Framework Performance Report – Quarter 2 (2014/15)	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
Report Author: Mark Tyrie, Senior Public Health Analyst	Contact Details: Tel: 020 8227 3914 Email: mark.tyrie@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	
<p>Summary:</p> <p>As with the 2014/15 Quarter 1 performance report, the Quarter 2 report shows that significant performance issues remain in A&E, referral to treatment time and on the cancer pathway. Unplanned admissions for ambulatory care sensitive conditions are also highlighted as an area of poor performance, together with chlamydia screening, which was identified as an area of concern previously but has seen an improvement, meeting some monthly targets, although overall it is below target.</p> <p>Childhood immunisations and cancer screening both continue to perform better than regional averages but far below target levels. Under 18 conceptions have reduced following the very sharp rise seen in the previous quarter, but the rate is the highest since March 2012. Provisional childhood obesity figures indicate an increase in those that are overweight or obese.</p> <p>Updates are provided on the performance of the numbers of four week smoking quitters, NHS Health Checks received, cancer screening and delayed transfers of care.</p> <p>An update is also given to the board on published reports from the Care Quality Commission (CQC) inspections in the quarter.</p> <p>We have also included the recently published CQC intelligent monitoring of GP practices which identifies six of our general practices in band 1, making them high priorities for inspection.</p>	
Recommendation(s)	
Members of the Board are recommended to:	

- Review the overarching dashboard, and raise any questions to lead officers, lead agencies or the chairs of sub-groups as Board members see fit.
- Note the further detail provided on specific indicators, and to raise any further questions on remedial actions or actions being taken to sustain good performance.

Reason(s)

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

Further to this, the report assists in the delivery of the Council's vision and priorities, particularly the priority of 'enabling social responsibility'.

1. Background

- 1.1.** The Health & Wellbeing Board has a wide remit, and it is therefore important to ensure that the Board has an overview across this breadth of activity.
- 1.2.** The CCG is managing a number of significant performance issues with its providers, principally at Barking, Havering and Redbridge University Trust (BHRUT). On 7 November Conor Burke, Accountable Officer BHR CCGs, Matthew Hopkins, Chief Executive BHRUT and Cheryl Coppell, Chief Executive London Borough of Havering met with Simon Stevens, Chief Executive NHS England and David Flory, Chief Executive of the NHS Trust Development Authority regarding current system resilience challenges and the performance of BHRUT. The CEOs were assured we had strong system plans but that our joint focus and priority now needs to be on implementation.
- 1.3.** A number of significant issues the Board may wish to discuss are the performance against target for:
 - A&E
 - Referral to Treatment times
 - Cancer
 - Ambulance conveyances
 - The 6 general practices categorised as band 1 in the CQC inspection.
 - NHS Health Check

The Board should be aware that an analysis from the London Ambulance Service of its Top 50 GP surgery locations based on total incidents attended during April 14 to September 14, 3 were in Barking and Dagenham:

- Ripple Road Medical centre
- Chaseview residential and nursing home
- Alexander Court Care Centre

1.4. The indicators contained within the report have been rated according to their performance, measured against targets and national and regional averages, with red indicating poor performance, green indicating good performance and amber showing that performance is similar to expected levels.

2. Overview of Performance in Quarter 2

2.1. **Appendix A** contains a dashboard summary of performance in Quarter 2 2014/15 against the indicators selected for the Board in July 2014.

3. Data availability and timeliness of indicators chosen

3.1. As mentioned in previous reports, there continues to be substantial gaps in monitoring information due to indicators being on annual cycles or having significant delays in the data becoming available. Difficulties remain in data flows to Public Health from parts of the NHS; however, issues are close to being resolved, particularly in relation to access to Hospital Episodes Statistics data.

4. Areas of concern

4.1. **Appendix B** contains detailed sheets for areas of concerning performance highlighted this quarter, as below.

4.2. Indicators 1 & 2: Childhood Immunisations

Barking and Dagenham continues to have childhood immunisation coverage that is higher than the London average for both two doses of MMR (82.2%), and DTaP (82.8%) at five years of age. Barking and Dagenham also performs better than neighbouring boroughs, but this indicator is highlighted as a cause for concern as the local ambition is to reach the target for herd immunity (95.0%). Levels of both immunisations have increased since the previous quarter.

4.3. Indicator 7: Under 18 Conception Rate

The most recent figures for under 18 conceptions, from 2013/14 quarter 2, show that there has been some reduction from the sharp increase seen in the previous quarter, when the quarterly rate was the highest seen since 2011/12 quarter 1. The rate reduced by 19% from this very high level to 38.2 conceptions per 1,000 women aged 15-17, but is still the highest rate since March 2012. Conceptions

have reduced from 45 in quarter 1 2013/14 to 37 in quarter 2 2013/14. The rolling 12 month average for the borough is below levels seen in the same quarter in the previous year.

Rates remain well above those for London (19.9) and England (22.2), where the rates reduced by 13% and 11% respectively compared with the previous quarter.

4.4. Indicator 8: Number of Positive Chlamydia Screening Tests

Quarter 2 has seen the numbers of positive Chlamydia screenings stabilise at levels just below target. September's count of 57 is the highest single month figure since June 2012 and is the second time a monthly target has been met this year.

Performance had been below target for this indicator over the course of the last financial year but work has been done with the provider (Terrence Higgins Trust) to address the shortfall in performance and also to ensure that Chlamydia testing will be part of the new Integrated Sexual Health procurement. Targets have also been adjusted to a more realistic and attainable figure.

4.5. Indicator 9: Four Week Smoking Quitters

Performance was below target for quarter two, with 109 successful quitters against the minimum target of 175 quitters. This target is based on 35% of the targeted number of 2,000 service users successfully quitting. This means that half way through the year the service is 117 quitters below target.

The rate of smoking related deaths has reduced from 404.3 per 100,000 population aged 35 and over in 2009-11 to 386.0 per 100,000 in 2010-12, but remains significantly worse than the England average (291.9 per 100,000).

4.6. Indicator 11: NHS Health Checks Received

Quarters 2 and 3 of 2013/14 had seen an upturn in performance, with uptake around the 3.75% target levels set nationally. However, quarter 4 of 2013/14 and quarter 1 of 2014/15 saw performance levels fall below those corresponding quarters for previous years, with quarter 1 2014/15 figures the lowest of the last three years. Quarter 2 has seen an upturn to 2.8%, although this is still below target.

Visits to poorly performing practices have occurred, with action plans agreed and will be monitored and reviewed. Individual Practice performance data is being communicated to all Practices on a monthly basis with recommendations on number of weekly health check events required to reach their individual targets.

4.7. Indicator 21: Emergency Admissions for Ambulatory Care Sensitive Conditions

Barking and Dagenham's rate increased over the last three years to 2012/13 but has decreased in 2013/14 to 1,108.7 per 100,000 population; however, this remains

significantly higher than both the national and regional averages of 780.9 and 734.6 per 100,000 population, respectively.

5. Further highlighted areas

5.1. Indicators 3 & 4: Childhood Obesity

Provisional figures from the NCMP for 2013/14 show a slight increase in Barking and Dagenham's proportion of both 5 and 11 year olds that are overweight or obese. Local figures cannot be contextualised against London or England figures until these are released in the finalised data set in December 2014.

5.2. Indicators 10 & 12: Cancer Screening

The borough has a slightly higher proportion of the eligible population that are adequately screened for both cervical and breast cancer than the London average, with 72.4% and 71.2% screened, respectively. These figures are, however, below national averages (74.2% and 75.9% respectively).

5.3. Indicators 17 & 18: Delayed Transfers of Care

In 2014/15 quarter 2, a total of 669 days were lost due to our residents having delayed transfers of care (DTC), of which 430 were reported to be the responsibility of the NHS, 89 were reported to be the responsibility of Social Care and the remaining 150 were jointly the responsibility of both.

Rates for both total delayed transfers of care and social care responsible transfers of care are below national and regional averages.

6. Summary of the Local Health Economy

6.1 CCG Performance

NHS England (NHSE) recently issued an assessment of assurance for Quarter 1. Whilst they are fully assured on our governance and partnership working arrangements, due to the ongoing performance issues and challenges around Barking, Havering and Redbridge University Trust (BHRUT) we have been assessed overall as 'assured with support'.

Barking and Dagenham CCG has a Quality, Innovation, Productivity and Prevention (QIPP) target of £10.8m for 14/15. Flex data for month 5 shows a saving of £1.01M actual savings against a target of £0.94M. The CCG has, to date, delivered an overall saving of £4.32M against a plan of £4.41M. The following schemes have not delivered a saving against plan:

- A&E attendance avoidance (Finance and Activity off plan)
- Community Diagnostics (Finance off plan)
- Diagnostics Demand Management (Activity off plan)

All projects have been reviewed to ensure suitable action plans are in place. The CCG has implemented recovery plans for all schemes where there has been significant under performance. The CCG is working to develop additional QIPP schemes throughout 14/15.

6.2. Better Care Fund

NHS England have reviewed the Better Care Fund plan and classified it as 'approved with support'. This recognises that whilst the plan is strong, the review process identified a number of areas for improvement which once addressed will enable us to move to a fully approved status.

6.3. Barking Havering Redbridge Hospitals NHS Trust (BHRUT)

BHRUT A&E Waits

As of August, year-to-date achievement was 85.5% for the Trust as a whole (80.5% at Queens and 93% at King George Hospital (KGH)). The Trust has failed to achieve the 95% standard throughout August and September. A Contract Query Notice (CQN) was issued to the Trust on the 13 June. A draft remedial action plan has been provided by the Trust, which has been reviewed by the CCGs and as a consequence this has not been signed off.

6.4. BHRUT 18 Weeks Referral to Treatment Times (RTT)

The full cost of the RTT backlog at BHRUT is being reviewed and calculated. The estimated cost of reducing the admitted backlog to a normal level is estimated £11.5m trust wide. The estimated cost of the non-admitted element is not yet quantified. NHSE have agreed to provide funding of £4.1m in relation to the RTT work, the BHR CCGs are currently in discussion with NHSE with regard to how this level of funding can be increased. Commissioners meet with the Trust on a weekly basis to review progress on reducing the admitted backlog and the validation process of the non-admitted backlog.

6.5. BHRUT Cancer Waits

62 day cancer waits (overall national target of 85%) – A CQN was issued to the Trust in February and a Remedial Action Plan (RAP) for the 62 day standard is in place. The Trust has stated they are on track to recover against the target for November 2014. Work on the outstanding actions from the RAP will be presented to the next Pathway Advisory Group meeting before submission to the Service Performance Review at the end of October. The Trust anticipates increased demand of approximately 50% in Urology, and a 22% increase in diagnosed bladder cancers as a result of the 'Blood in Pee' campaign which started on 13 October. The Trust also informed the group of work having begun on the Upper GI campaign.

Two week cancer waits (national target 93%) – A CQN was issued to the Trust on the 10 June and an RAP has been agreed. The Trust performance has recovered and has been sustained above national targets since July 2014. For 2ww breast

symptomatic the Trust is below target and a trajectory on the performance against the symptomatic breast metric has been set. CCGs continue to seek assurance and outputs from the Trusts' clinical harm review and RCA process.

6.6. BHRUT PAS Implementation

BHRUT continue to address problems resulting from the implementation of the Medway Patient Administration System (PAS). BHRUT has reported that relationships with System C, the PAS supplier are improving and that all required actions had been delivered. BHRUT are in the process of reviewing the system to ensure data is captured correctly.

An Activity Management Process is underway with the Trust in respect of non-elective pricing, with an agreement to carry out an audit of clinical notes. The process of identifying an auditor and implementing the audit is underway. Following a challenge, the Trust has corrected Urgent Care Centre pricing as of this month and applied the change retrospectively.

6.7. Barts Health NHS Trust (BH)

BH A&E Waits

As of August, year-to-date achievement was 94.43% for the Trust as a whole. The Escalation Level for Barts Health remains at Level 4 due to the on-going concerns at the Royal London and Whipps Cross.

Ambulance handovers also remain a concern particularly at Whipps Cross and the Royal London where breaches are occurring.

6.8. BH 18 weeks referral to treatment times

The Trust reported 92 patients waiting longer than 52 weeks as of the end of August. This is despite the Trust's commitment to not have patients wait longer than 52 weeks from April 2014. The performance has been affected by significant data quality issues impacting on the identification and the management of patients waiting for treatment.

6.9. BH Cancer Waits

Commissioners issued a CQN to the Trust in July as five targets out of the eight were not achieved. A Remedial Action Plan was received. Upon review Commissioners requested that further work was required to fully address the issues. Regular monitoring meetings are now in place to check the improvements against trajectory.

6.10. BH PAS System Implementation (Cerner)

Commissioners issued a CQN in July in respect of the Trusts' failure to print and post appointment letters for a period of two weeks that resulted in a significant backlog of letters not being issued. A Remedial Action Plan was received from the Trust setting out a timetable to recover the position.

Commissioners have asked for revisions to this plan in order to fully address the issue and a revised Remedial Action Plan is awaited.

6.11. BH Serious Incidents Notification (SI)

A CQN was issued to the Trust on the 18 July over concerns on the number of SIs and the process by which they are reported by the Trust. It was felt that the reporting of these incidents and follow-up investigation required was not in line with timelines agreed in the contract. A Remedial Action Plan has been received but upon review by Commissioners, further work has been requested to fully address the issue.

6.12. Barking Community Hospital birthing centre

Barts Health NHS Trust (BH) have advised the CCG that they would like to give notice on the birthing service at Barking Hospital, which could reduce access to midwifery led births if they do withdraw the service and if an alternative provider is not identified.

6.13. Mitigation:

- Issue has been picked up in the Commissioners response to BH's commissioning intentions letter.
- CCGs exploring other alternative service providers for a complete service for Barking Hospital.
- BH asked to provide evidence of impact assessment and an agreed position on consultation.
- Commissioners have been clear that the entire maternity pathway is commissioned, not parts thereof.

6.14. Community Services Contract CHS

North East London Foundation Trust (NELFT) Community Health Services Q1 closedown took place at the Service Performance Review on 25 September with all KPIs and Commissioning for Quality and Innovation (CQUIN) targets delivered in line with agreed targets.

Q1 2014-15 Key Performance Indicators were all met. The intensive case management caseload target has been met and the community treatment team is performing at 20% above block contract activity targets for Q1.

Good performance on working in partnership with BHRUT to deliver 3 joint CQUINs (Falls/Pressure Ulcers/ICM) via a joint contract review meeting.

Three CQNs were issued in Q1 (RTT for Paediatric Services in Havering and Redbridge, and Safeguarding Training for all BHR and Waltham Forest CCGs). Remedial Action Plans have been agreed for all 3 CQNs and NELFT has met all agreed RAP targets.

A 'round table' discussion with Community and Mental Health Services Clinical Directors was held on 29 October 2014 to receive GP feedback on NELFT service line reporting (SLR) and agree a priority for service specification reviews. The Commissioning Support Unit wrote a briefing to frame this event (based on NELFT SLR and focused on high spend areas and those which need to be prioritised due to statutory drivers i.e. Children's and Families Act). The NELFT block contracts are on budget at M6.

6.15. Mental Health Contract

NELFT submitted Q1 performance data which was scrutinised at the Service Performance Review (SPR) meeting on 27 August and fully validated and closed down from the SPR on 25 September. All Barking & Dagenham KPIs for mental health (including IAPT) were met.

7. CQC Inspections in Quarter 2 2014/15

7.1. Appendix C contains an overview of overview of investigation reports published during the period on providers in the London Borough of Barking and Dagenham, or who provide services to residents in the borough.

During this period, 8 reports were published on local organisations. Of these, all met required standards set by CQC. The following list outlines the organisations that were inspected:

- Westminster Homecare Limited
- TLC Care Services
- Dr N Niranjan's Practice
- Chestnut Court Care Home
- Sahara Parkside Limited
- Delrose House Limited
- Shiva Emami et al, Family Dental Practice
- Laburnum Health Centre

7.2 CQC intelligent monitoring of GP practices

On 17 November the CQC published 'intelligent monitoring' of general practices in England which include analysed evidence on patient experience, care and treatment, based on publicly available sources including patient surveys and Quality and Outcomes Framework (QOF) data. Drawing on this information to create 38 indicators, every general practice in England has been analysed to identify the highest priority practices for CQC inspection under its new in-depth regime, which it rolled out formally last month, and what these inspections will focus on. This is so

that it can be confident that people receive care that is safe, caring, effective, responsive to their needs, and well-led.

It is part of CQC's new regulatory approach that specialist inspection teams, including GPs or practice nurses and trained members of the public, inspect services against what matters most to the people who use them. CQC has been using evidence to prioritise its inspections of acute NHS trusts since last October.

The CQC ranked 7,276 of the total 7,661 general practices in England on the 38 indicators to calculate the level of risk. Practices were graded in six bands, with band one being the highest concern and band six the least. This analysis reveals that almost eight out of ten general practices in England appear to be of low concern, based on the available data and almost 3,800 are in the lowest category (band six). However 861 (11%) have been rated in the highest risk category (band one).

In Barking and Dagenham 12 of 37 general practices are in band 6, representing 32.4% of general practices in the borough. Six general practices are in band 1, making them high priorities for inspection. This represents 16.2% of the boroughs' general practices. These high priority practices are listed below (in order of risk, highest first):

- Five Elms Medical Practice
- Dr. Israr Moghal
- Dr. Mohammed Ehsan
- King Edward's Medical Centre
- Dr. N. Niranjan's Practice
- Dr. MF Haq's Practice

14 general practices within Redbridge CCG and 10 Practices within Havering CCG are ranked in band 1 (the highest priority for inspection) representing 32.6% and 19.6% of their general practices respectively. Both of these proportions are higher than the 16.2% of Barking and Dagenham's general practices in band 1.

While the CQC can only judge the quality of care within a service once it has carried out an inspection, the analysis indicates which practices are meeting expected standards for effective diagnosis and care and those where people may not be receiving high-quality and compassionate care.

An overall performance rating is simplistic and cannot adequately capture the complexities of delivering healthcare. For example, the list of core services that the CQC will ordinarily inspect in an acute hospital, or the key patient groups in a GP practice, does not cover the entire spectrum of care delivered by that provider. In particular some practice lists by their makeup are more challenging to deliver health

care. Factors such as deprivation, language, literacy levels and low income can play a part.

Variations in the consistency of care delivery have previously been highlighted in the Director of Public Health Annual Report 2013. The CCG is leading on establishing a joint primary care transformation programme with NHSE and the council which will oversee and assure improvement.

8. Urgent Care Board – Performance Dashboard

The section below gives more detailed information from the Urgent Care Board Dashboard on initiatives including the Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) Improvement Plan and the operational resilience schemes.

8.1. A&E Performance – below national standard and trajectory

BHRUT September performance (all types) was 85.0% which continues to be below the 95% national standard. The site split for September was 92.6% at King George Hospital and 79.8% at Queens Hospital.

The Trust-wide year to date position is 85.4%, with King George Hospital at 93.1% and Queens at 80.1%.

The latest data (week ending 19 October) reports a BHRUT position of 79.1% compared to the planned trajectory of 91.56%. King George and Queens Hospital reported at 89.8% and 71.7% respectively.

8.2. Accident & Emergency Attendances

Between July and August, there was a 12.1% reduction in Type I and II Attendances across the BHR CCGs.

Barking & Dagenham CCG showed the largest reduction between July and August at 14.6%, Havering CCG and Redbridge CCGs had reductions of 10.4% and 11.9% respectively.

For the year to date (April to August 2014) A&E attendances for BHR CCG patients at BHRUT have been 1,237 (1.5%) below contract/plan. Barking & Dagenham CCG was 3.5% below Plan with Havering CCG 0.4% above plan and Redbridge CCG 2.1% below.

8.3. Overall BHRUT Attendances

A&E attendances (all types) for all CCGs at BHRUT in September was 6.6% higher than in August, however, between Q1 and Q2 2014 BHRUT had a 4.6% reduction in all Types attendances.

Comparing April to September 2014 with April to September 2013, BHRUT all types

attendances increased by 3.3%.

8.4. Ambulance Conveyances

There was a decrease of 5.8% in overall ambulance conveyances to Queens hospital between Q1 and Q2 (11,483 and 10,819 respectively).

Similarly, ambulance conveyances to King George Hospital between Q1 and Q2 decreased by 8.6% (4,203 to 3,842).

Ambulance conveyances directly to the Queens Urgent Care Centre decreased by 28.4% between Q1 and Q2 (1,795 to 1,286).

8.5. BHR CCGs Non-Elective Admissions

Between July and August, non-elective admissions at BHRUT for the BHR CCGs reduced by 375 (9.6%).

Redbridge CCG had the highest reduction at 15.3%. Barking & Dagenham CCG had a 9.6% reduction and Havering CCG had an overall reduction of 6.6%.

For the year to date (April to August 2014) non-elective admissions for BHR CCG patients at BHRUT have been 400 (2.1%) below contract/plan. Barking & Dagenham CCG was 3.6% below plan with Havering CCG 1.9% above plan and Redbridge CCG 6.5% below.

8.6. Intensive Rehabilitation Service (New Referrals)

Between Q1 and Q2, new IRS referrals reduced from 343 to 297. This represents a decrease of 13.4%, although new referrals into the service have been consistently above their weekly target of 15 with an average of 24.

8.7. Community Treatment Team

Between Q1 and Q2, Community Hub referrals reduced from 1,888 to 1,741. This represents a decrease of 7.8%, although the referrals into the service have been consistently above their weekly target of 96 with an average of 140.

In the same period, Acute Hub referrals reduced from 764 to 573. This represents a decrease of 25.0%, although the referrals into the service have been consistently above their weekly target of 32 with an average of 50.

9. Mandatory implications

9.1. Joint Strategic Needs Assessment

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

priorities of the JSNA, the impact of which should be visible in the annual refreshes of the JSNA.

9.2. Health and Wellbeing Strategy

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

9.3. Integration

The indicators chosen include those which identify performance of the whole health and social care system, including in particular indicators selected from the Urgent Care Board's dashboard.

9.4. Legal

There are no direct legal implications at this stage, but a robust and efficient system must be embedded.

9.5. Financial

There are no financial implications directly arising from this report.

10. List of Appendices:

Appendix A: Performance Dashboard

Appendix B: Detailed overviews for indicators highlighted in the report as being in need of improvement and detailed overviews for indicators highlighted in the report as performing particularly well

Appendix C: Overview of CQC Inspections published in Quarter 2 2014/15 on providers in the London Borough of Barking and Dagenham

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Key

Appendix A: Indicators for HWBB - 2014/15 Q2

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

Title	2012/13	2013/14				2013/14	2014/15		RAG Rating	BENCHMARKING		HWBB No.	Reported to
		Q1	Q2	Q3	Q4		Q1	Q2		England Average	London Average		
1 - Children													
Percentage of Uptake of Diphtheria, Tetanus and Pertussis (DTaP) Immunisation at 5 years old	85.5%	83.8%	85.4%	82.4%	82.4%	..	82.8%	..	R	88.6%	77.3%	1	PHOF
Year end figures not yet published. Data is published each quarter but when the full year figures are published they adjust for errors in the quarterly data and comprise all the children immunised by the relevant birthday in the whole year. 2014/15 Q2 data is not yet published													
Percentage of Uptake of Measles, Mumps and Rubella (MMR2) Immunisation at 5 years old	85.0%	83.8%	85.5%	80.9%	81.7%	..	82.2%		R	88.5%	79.9%	2	PHOF
Year end figures not yet published. 2014/15 Q2 data not yet published.													
Prevalence of children in reception year that are obese or overweight	25.9%					26.9%	..	..	A	22.2%	23.0%	3	PHOF
2013/14 data due to be finalised December 2014.													
Prevalence of children in year 6 that are obese or overweight	40.1%					42.1%	..	..	A	33.3%	37.4%	4	PHOF
2013/14 data due to be finalised December 2014.													
Number of children and young people accessing Tier 3/4 CAMHS services	879	592	627	589	596	1,053	528		NC			5	HWBB OF
Year end figure is the number of unique people accessing CAMHS over the course of the year.													
Annual health check Looked After Children	71.2%	62.9%	69.2%	86.0%	93.4%	93.4%	84.2%	78.4%	A	84.3%	88.1%	6	HWBB OF
2 - Adolescence													
Under 18 conception rate (per 1000) and percentage change against 1998 baseline.	33.1	47.1	38.2	..	..	..	..	..	R	24.8	22.4	7	PHOF
Number of positive Chlamydia screening results	585	126	147	127	111	511	141	141	R			8	HWBB OF
Please note that a higher number is considered to be good performance as the goal is to find an increased number of people with an under-reported condition.													
3 - Adults													
Number of four week smoking quitters	1480	431	325	233	185	1,174	169	109	R			9	HWBB OF
Please note that the most recent quarter is an incomplete figure and will be revised in the next HWBB report.													

Key

Appendix A: Indicators for HWBB - 2014/15 Q2

	Data unavailable due to reporting frequency or the performance indicator being new for the period
..	Data unavailable as not yet due to be released
	Data missing and requires updating
	Provisional end of year figure
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NC	No colour applicable
PHOF	Public Health Outcomes Framework
ASCOF	Adult Social Care Outcomes Framework
HWBB OF	Health and Wellbeing Board Outcomes Framework
BCF	Better Care Fund

Title										BENCHMARKING		HWBB No.	Reported to
	2012/13	2013/14				2013/14	2014/15		RAG Rating	England Average	London Average		
		Q1	Q2	Q3	Q4		Q1	Q2					
Cervical Screening - Coverage of women aged 25 -64 years	69.4%					72.4%			A	74.2%	70.3%	10	PHOF
Percentage of eligible women screened adequately within the previous 3.5 (25-49 year olds) or 5.5 (50-64 year olds) years on 31st March													
Percentage of eligible population that received a health check in last five years	10.0%	1.9%	3.5%	3.4%	2.6%	11.4%	1.7%	2.8%	R	2.2%	2.3%	11	PHOF
Please note that annual figures are a cumulative figure accounting for all four previous quarters.													
4 - Older Adults													
Breast Screening - Coverage of women aged 53-70 years	68.7%					71.2%			A	75.9%	68.9%	12	PHOF
Percentage of women whose last test was less than three years ago - 2013/14 end of year figures due to be released 27 February 2015.													
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	879.1					696.8	240.8	184.5	NC	668.4	463.9	13	BCF/ASCOF
Year end figure will represent the sum of the four quarter figures. Rate per 100,000 population													
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	91.5%					88.3%			A	81.9%	87.8%	14	BCF/ASCOF
Injuries due to falls for people aged 65 and over	2336.0					..	..		A	2011.0	2242.0	15	BCF/PHOF
Directly age-sex standardised rate per 100,000 population over 65 years. Unable to calculate more recent figures due to lack of access to HES data.													
5 - Across the Lifecourse													
The percentage of people receiving care and support in the home via a direct payment	42.1%	61.3%	66.6%	71.1%	73.4%	73.4%	74.7%	75.2%	G	62.1%	67.4%	16	ASCOF
Delayed transfers of care from hospital	3.0					5.5	4.2	4.7	A	9.7	6.9	17	ASCOF
Rate per 100,000 population (average per month)													
Delayed transfers due to social care	2.4	0.8	1.1	1.2	1.1	1.1	2.22	1.73	G	3.1	2.3	18	ASCOF
Rate per 100,000 population (average per month)													

Key

Appendix A: Indicators for HWBB - 2014/15 Q2

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

Title	2012/13	2013/14				2013/14	2014/15		RAG Rating	BENCHMARKING		HWBB No.	Reported to
		Q1	Q2	Q3	Q4		Q1	Q2		England Average	London Average		
Emergency readmissions within 30 days of discharge from hospital	13.3%*	..	..	..	..	..	..	..	A	11.8%	11.8%	19	PHOF
Percentage of emergency admissions occurring within 30 days of the last, previous discharge after admission, Indirectly standardised rate - 2011/12 is most recent data and was published in March 2014.													
A&E attendances < 4 hours from arrival to admission, transfer or discharge (type all)	84.1%	88.9%	90.5%	88.4%	86.6%	88.8%	85.6%	86.4%	A	95.0%		20	HWBB OF
BHRUT Figure													
Emergency admissions for ambulatory care sensitive conditions	1193.9	1202.1	1163.2	1108.1	1058.7	..	..	..	R	780.9	745.4	21	HWBB OF
DSR per 100,000 population, rolling 12 month average. i.e. 2013/14 Q4 is April 2013 - -March 2014. 2014/15 Q1 is not yet published.													

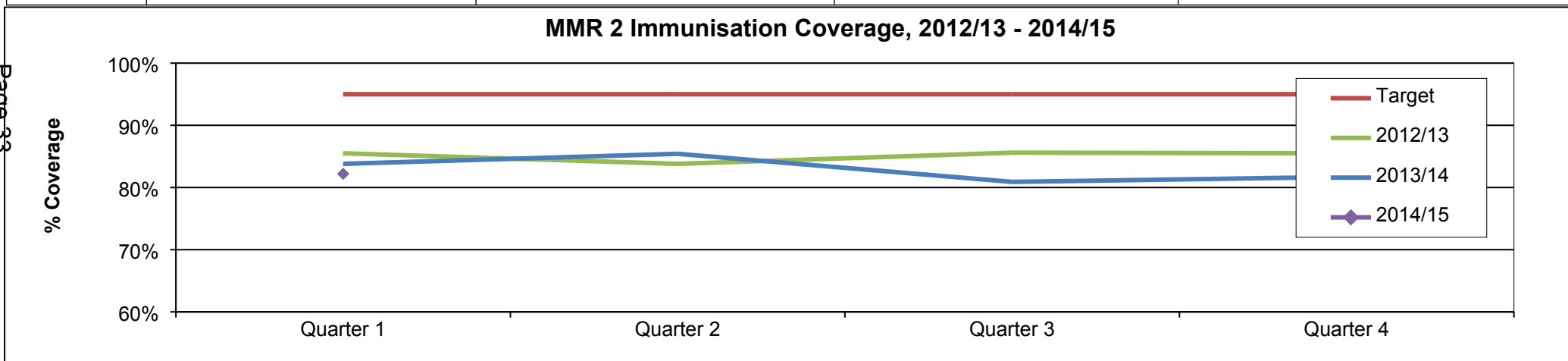
* Data from 2011/12

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Appendix B – Highlighted Indicators

Definition	Percentage of children given two doses of MMR vaccination.	How this indicator works	MMR 2 vaccination is given at 3 years and 4 months to 5 years. Reported by COVER based on RIO/Child Health Record.
What good looks like	Quarterly achievement rates to be above the set target of 95% immunisation coverage.	Why this indicator is important	Measles , mumps and rubella are highly infectious, common conditions that can have serious, potentially fatal, complications, including meningitis , swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.
History with this indicator	2011/12: 77.9% 2012/13: 85.0%		

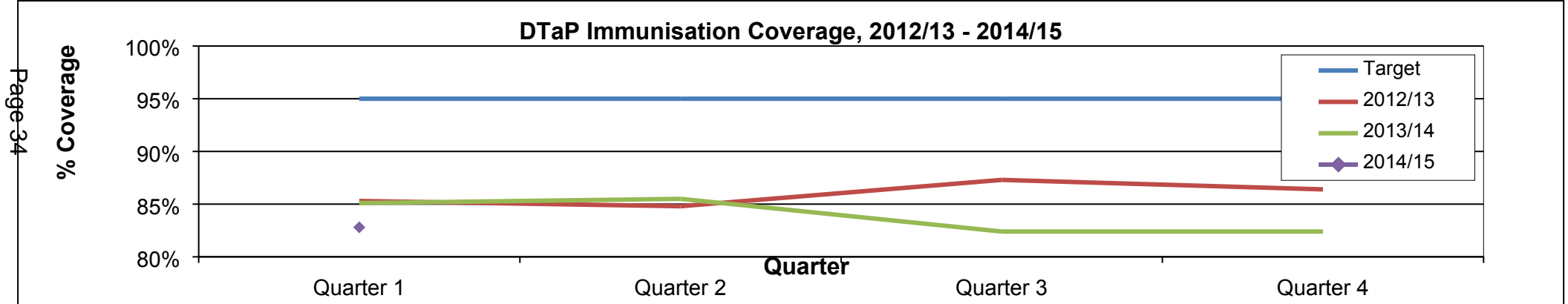
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2012/13	85.5%	83.8%	85.6%	85.5%
2013/14	83.8%	85.4%	80.9%	81.7%
2014/15	82.2%			



Performance Overview	Coverage levels for MMR 2 were below target for all four quarters in 2013/14. Quarter four was 13.3% below the 95% target. 2014/15 Q1 figures rose slightly but are still below target. Levels are, however, above the regional average yet below the national average.	Actions to sustain or improve performance	The local programme is commissioned by NHS England with some Public Health England input. Programme assurance is scrutinised in the Health Protection Committee of the Health & Wellbeing Board and problems fed back to NHS England.
RAG Rating			
Benchmarking	In 2011/12 financial year, uptake rates for MMR 2 were 77.9%. In 2012/13, rates were 85.0%		

Definition	Percentage of children immunised with DTaP vaccination in children at 5 years of age.	How this indicator works	Diphtheria, Tetanus, Pertussis/whooping cough given to children aged 2 months up to 5 years old. Reported by COVER based on RIO/Child Health Record.
What good looks like	We are looking for the coverage percentage to be above the target level throughout the year.	Why this indicator is important	The DTaP vaccine is highly effective for the prevention of diphtheria, tetanus, and pertussis -- all of which are serious diseases. Before DTaP, these diseases often led to serious medical problems and even death.
History with this indicator	2011/12: 79.6% 2012/13: 85.9%		

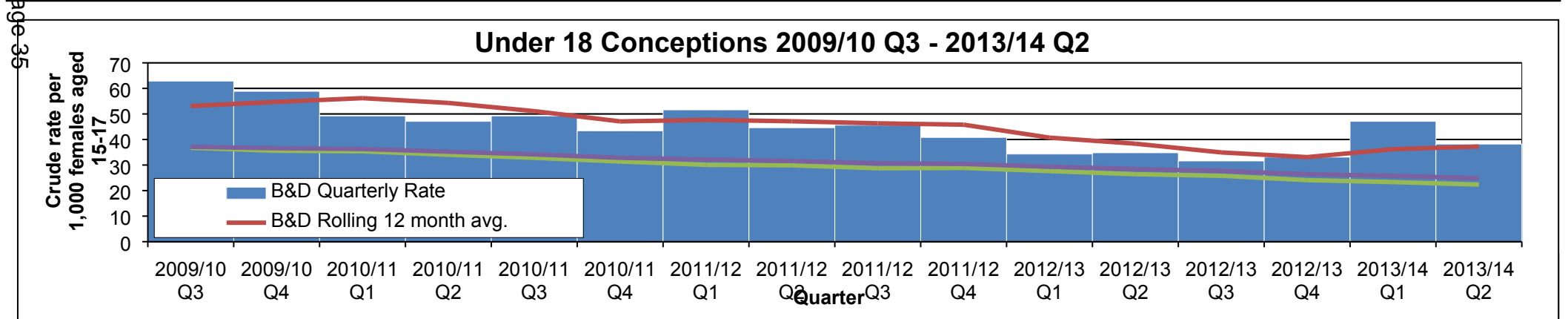
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2012/13	85.3%	84.8%	87.3%	86.4%
2013/14	85.1%	85.5%	82.4%	82.4%
2014/15	82.8%			



Performance Overview	Coverage levels for DTaP were below target for all four quarters in 2013/14. Quarter four was 12.6% below the 95% target. 2014/15 quarter one remains below target but has increased slightly from the previous quarter; levels are, however, similar to the regional average.	Actions to sustain or improve performance	The local programme is commissioned by NHS England with some Public Health England input. Programme assurance is scrutinised in the Health Protection Committee of the Health & Wellbeing Board and problems fed back to NHS England.
RAG Rating			
Benchmarking	In 2011/12, uptake rates for DTaP were 79.6%. In 2012/13, uptake rates for DTaP were 85.9%		

Definition	Conceptions in women aged under 18 per 1,000 females aged 15-17.	How this indicator works	This indicator is reported annually by the Office for National Statistics and refers to pregnancy rate among women aged below 18, but quarterly data is available for monitoring purposes.
What good looks like	For the number of under 18 conceptions to be as low as possible, with the gap to regional and national averages narrowing.	Why this indicator is important	Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children.
History with this indicator	2009: 54.7 per 1,000 women aged 15-17 years 2010: 54.9 per 1,000 women aged 15-17 years		

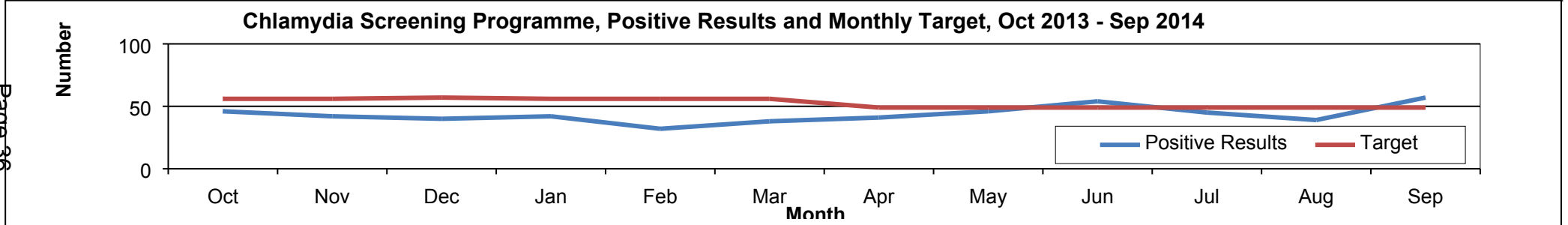
	2010/11 Q4	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	2013/14 Q1	2013/14 Q2
B&D Quarterly Rate	43.40	51.60	44.50	45.40	40.80	34.30	34.80	31.60	33.10	47.10	38.20
B&D Rolling 12 month avg.	47.08	47.67	47.13	46.33	45.80	40.72	38.35	34.94	33.10	36.52	37.24
London rolling 12 month avg.	31.37	30.07	29.88	28.74	28.87	27.62	26.41	25.79	24.08	23.34	22.36
England rolling 12 month avg.	32.82	32.18	31.58	30.70	30.43	29.36	28.43	27.69	26.41	25.61	24.81



Performance Overview	The rate of under 18 conceptions is showing a generally decreasing trend, with the quarterly-rolling annual average falling from 56.2 at the start of 2011-12 to 33.2 in 2012/13 Q4. However, 2013/14 Q1 showed a large increase away from national and regional averages. Q2 saw rates fall back towards expected levels.	Further Actions & comments	Barking and Dagenham remains above the national and London averages (24.8 and 22.4 per 1,000 respectively), who have both seen a continued decline in their conception rate.
RAG Rating			
Benchmarking	In 1998 (baseline year), there were 156 conceptions reported among 15-17 year old women in Barking and Dagenham. This was an equivalent of 55 per 1,000 births. See overleaf for further benchmarking information.		

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Definition	Number of positive tests for Chlamydia.						How this indicator works	This indicator is reported monthly by the Terrence Higgins Trust, who provide numbers screened and testing positive for Chlamydia.					
What good looks like	The number of positive results to be greater than target levels on a monthly basis.						Why this indicator is important	Chlamydia is the most commonly diagnosed sexually transmitted bacterial infection among young people under the age of 25. The infection is often symptomless but if left untreated can lead to serious health problems including infertility in women.					
History with this indicator	2011/12: 587 positive results. 2012/13: 585 positive results (target of 726). 2013/14: 513 positive results (target of 726)												
	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	
Positive Results	45	42	40	42	32	38	41	46	54	45	39	57	
Target	56	56	56	56	56	56	49	49	49	49	49	49	
Quarterly	Quarter 3			Quarter 4			Quarter 1			Quarter 2			
	127/168			112/168			141/147			141/147			

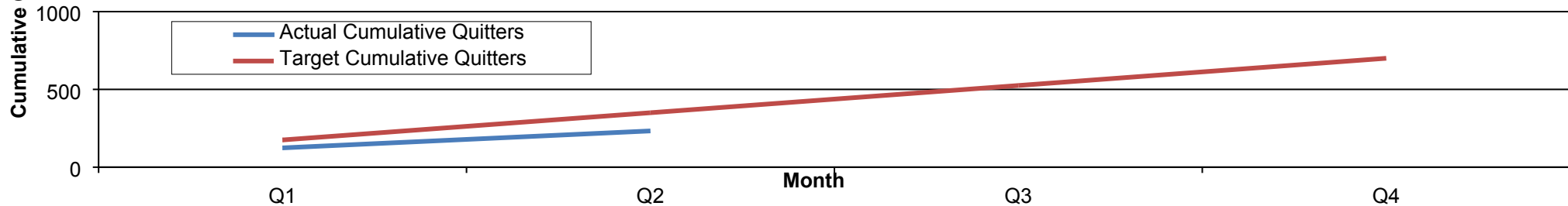


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Performance Overview	<p>Q1 and Q2 of 2014/15 have seen improvements in the number of positive screenings, with uptake levels only six screens below the target for both quarters. The number of screens (57) recorded in September 2014 was the highest single monthly figure since June 2012. The monthly target has been met twice in 2014/15 (June and September). Before this the monthly target had not been met since May 2012 so this represents real progress. However, the trends are variable with many months not meeting the monthly target. In August 2014 there were only 39 positive tests, missing the monthly target by 10 positives.</p>	<p>Actions to sustain or improve performance</p>	<p>The new Health Services Liaison Officer for Barking and Dagenham has been contacting all GPs and pharmacies in order to promote and publicise the Chlamydia testing and results service. The aim is to increase Chlamydia screening activity and we will be following up all the practices and pharmacies visited monthly to monitor and assess the impact and effectiveness of the training. Additionally, large group joined up training sessions on Chlamydia testing and c-card are run for pharmacies covering pharmacists and counter staff across the rest of the year, this started in Q2 2014/145.</p>
RAG Rating			
Benchmarking	<p>The annual positivity rate was 2,395 per 100,000 people in 2011/12 whilst the 2012/13 rate for positivity was 2,966 per 100,000 people. Number of Eligible Young People aged 15-24 years in the population is 24,491 in Barking and Dagenham.</p>		

Definition	Numerator – Number of smokers setting an agreed quit date and, when assessed, self-reporting as not having smoked in the previous two weeks. Denominator – Target number of self reported quitters per month		How this indicator works	This indicator is reported quarterly via the NHS Information Centre. A client is counted as a 'self-reported 4-week quitter' when assessed 4 weeks after the designated quit date, if they declare that they have not smoked, even a single puff of a cigarette, in the past two weeks.	
What good looks like	For the number of quitters to be as high as possible and to be above the target line.		Why this indicator is important	The data allows us to make performance comparisons with other areas and provides a broad overview of how well the borough is performing in terms of four week smoking quitters.	
History with this indicator	2011/12: 1,500 quitters. 2012/13: 1,480 quitters. 2013/14: 1,174 quitters				
	Q1	Q2	Q3	Q4	
Actual Quitters	124	109			
Target Quitters	175	175	175	175	

Number of smoking quitters against target number of quitters, 2014/15

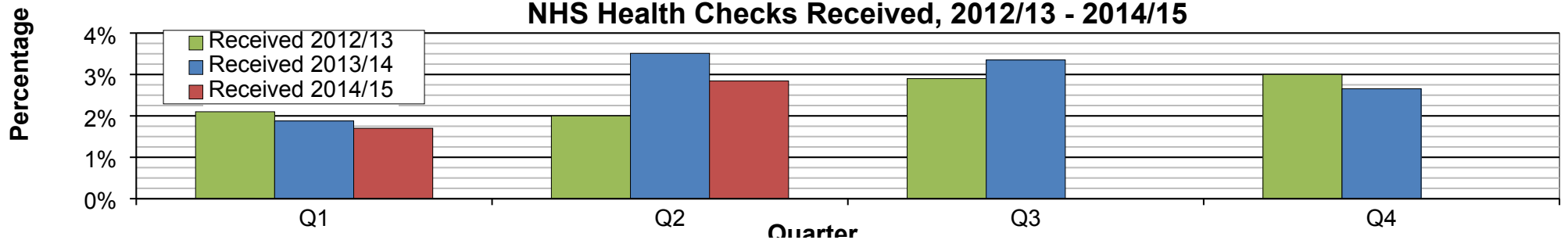


Performance Overview	Performance was below target for quarter one and quarter two, with 124 and 109 successful quitters respectively against the minimum target of 175 quitters. This target is based on 35% of the targeted number of 2,000 service users successfully quitting.	Actions to sustain or improve performance	Plans to ask GPs to send letters to all smokers on their patient list about the smoking services available have been formed, although this is yet to be formalised.
RAG Rating			
Benchmarking	In 2011/12 financial year, 1500 people successfully quit smoking. This was 4.3% higher than the nationally set target (1438) but in line with a target agreed locally. In 2012/13, there were 1480 quitters against a target of 1479. 2013/14 saw 1,174 quitters against a target of 1,475		

Definition	Percentage of the eligible population (those between the ages of 40 and 74, who have not already been diagnosed with heart disease, stroke, diabetes, kidney disease and certain types of dementia) receiving an NHS Health Check in the relevant time period.	How this indicator works	Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions is invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and afterwards given support and advice to help them reduce or manage that risk. The national targets are 20% of eligible population should be offered a health check and 66% of those offered should receive a check.
What good looks like	For the received percentage to be as high as possible and to be above target.	Why this indicator is important	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, and kidney disease.
History with this indicator	2011/12: 12.4% received 2012/13: 10.0% received 2013/14: 11.4% received		

	Q1	Q2	Q3	Q4
Target	3.75%	3.75%	3.75%	3.75%
Received 13/14	1.9%	3.5%	3.4%	2.7%
Received 14/15	1.7%	2.8%		

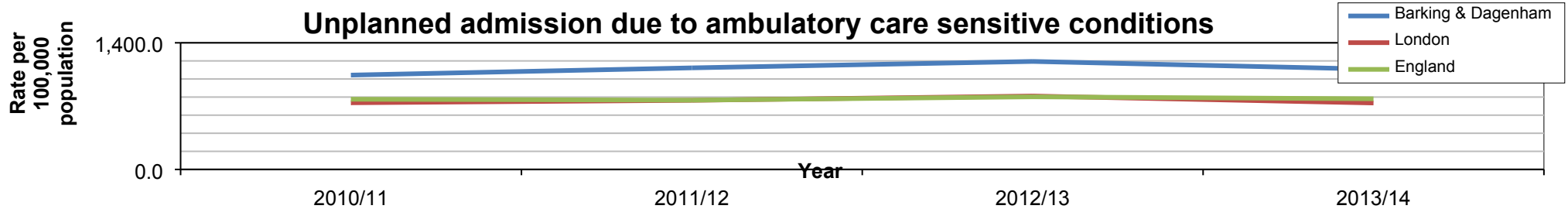
NHS Health Checks Received, 2012/13 - 2014/15



Performance Overview	Q2 and 3 of 2013/14 had seen an upturn in performance, with uptake around the 3.5% target levels set nationally. However, Q4 of 2013/14 and Q1 of 2014/15 has seen performance levels fall below those corresponding quarters for previous years, with Q1 2014/15 figures the lowest of the last three years. Q2 has seen an upturn to 2.8%, although this is still below target.	Actions to sustain or improve performance	Visits to poorly performing practices have occurred, with action plans agreed and will be monitored and reviewed. Individual Practice performance data is being communicated to all Practices on a monthly basis with recommendations on number of weekly health check events required to reach their individual targets.
RAG Rating			
Benchmarking	In 2011/12, 12.4% received health checks, which was less than the set target of 13.7%. In 2013/14, 11.4% received health checks against the target of 15%.		

Definition	Directly age and sex standardised rate of unplanned hospitalisation admissions for chronic ambulatory care sensitive conditions, directly standardised rate (DSR) for all ages per 100,000 registered patients.	How this indicator works	The numerator is Continuous Inpatient Spells (CIPS). The CIP spells are constructed by the HSCIC HES Development team. The denominator is Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems; extracted annually on 1 April for the forthcoming financial year		
What good looks like	For the number per 100,000 population to be as low as possible, indicating that long term conditions are being effectively managed without the need for hospital admission.	Why this indicator is important	The indicator is intended to measure effective management and reduced serious deterioration in people with ACS conditions. Active management of ACS conditions such as COPD, diabetes, congestive heart failure and hypertension can prevent acute exacerbations and reduce the need for emergency hospital admission.		
History with this indicator	2010/11: 1,042.9 per 100,000 population 2011/12: 1,122.9 per 100,000 population 2012/13: 1,193.9 per 100,000 population				
	2010/11	2011/12	2012/13	2013/14	
B&D	1,042.9	1,122.9	1,193.9	1,108.7	
London	737.0	764.1	811.3	734.6	
England	775.9	765.8	802.8	780.9	

Unplanned admission due to ambulatory care sensitive conditions



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Performance Overview	Barking and Dagenham's rate increased over the last three years to 2012/13 but has decreased in 2013/14 to 1,108.7 per 100,000 population; however, this remains significantly higher than both the national and regional averages.	Actions to sustain or improve performance	Recommended actions to improve on this indicator include: disease management and support for self-management, behavioural change programmes to encourage patient lifestyle change, increased continuity of care with GP, ensuring local, out-of-hours primary care arrangements are effective for those with acute exacerbations and ensuring there is easy access to urgent care without hospital admission unless clinically appropriate.
RAG Rating			
Benchmarking	London 2012/13: 811.3 England 2012/13: 802.8		

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Provider Name	Location Name	Weblinks	Location Organisation Type	Report Date	Inspection Date	Result	Comments / Summary
Westminster Homecare Limited	Westminster Homecare Limited (Havering/Barking & Dagenham)	http://www.cqc.org.uk/director/y/1-126215769	Social Care Org	Inspection Report published 02/07/2014	02-Jul-14	All standards met	CQC followed up on their inspection of 21 January 2014 to check that action had been taken to. CQC did not revisit Westminster Homecare Limited as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit. Standard met: 2) Providing care, treatment and support that meets people's needs Since the inspection that was carried out in January 2014 the provider and senior staff at the agency have worked hard to ensure that they met the standard relating to people's safety and care by investing in reviewing all care plans and needs assessments. This meant that people could be sure that staff were knowledgeable about their care needs and would deliver care that was safe and appropriate to each individual.
TLC Care Services	Harp House	http://www.cqc.org.uk/director/y/1-189037034	Social Care Org	Inspection Report published 04/07/2014	12-Jun-14	All standards met	
Dr N Niranjani's Practice	Dr N Niranjani's Practice	http://www.cqc.org.uk/director/y/1-528613695	Primary Medical Services	Inspection Report published 29/07/2014	06-May-14	All standards met	Follow up inspection from previous failure
Chestnut Court Care	Chestnut Court	http://www.cqc.org.uk/director/y/1-150166309	Social Care Org	Inspection Report published 29/07/2014	09-Jul-14 / 11-Jul-14	All standards met	Follow up inspection from previous failure
Sahara Parkside Limited	Sahara Parkside	http://www.cqc.org.uk/director/y/1-164893164	Social Care Org	Inspection Report published 31/07/2014	02-Jul-14	All standards met	Follow up inspection from previous failure
Delrose House Limited	Cloud House	http://www.cqc.org.uk/director/y/1-320058309	Social Care Org	Inspection Report published 09 August 2014	23-Jun-14	All standards met	
Shiva Emami and Ali Payam Sattarzadeh and Farogh Zarza and Laleh Rouzdar	Family Dental Practice	http://www.cqc.org.uk/director/y/1-1207259437	Primary Dental Care	Inspection Report published 30 August 2014	02-Jul-14	All standards met	
Laburnum Health	Laburnum Health Centre	http://www.cqc.org.uk/director/y/1-559160107	Primary Medical Services	Inspection Report published 05 September 2014	13-Aug-14	All standards met	

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HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title:	Barking and Dagenham CCG Commissioning Intentions 2015/16		
Report of the Clinical Commissioning Group (CCG)			
Open Report	For Information		
Wards Affected: ALL	Key Decision: No		
Report Author: Sharon Morrow, Chief Operating Officer Barking and Dagenham CCG	Contact Details: Tel: 020 3644 2370 E-mail: Sharon.morrow@barkingdagenhamccg.nhs.uk		
Sponsor: Conor Burke, Chief Officer Barking and Dagenham CCG			
Summary: The CCG is refreshing the operating plan for 2015/16 to take into account the updated JSNA, local and national priorities for delivery including the Better Care Fund requirements and financial plans. Priority areas for the CCG are summarised in this document. These are the areas where providers will be required to align their services to achieve the outcomes required (as indicated through commissioning intentions).			
Recommendation(s) The Health and Wellbeing Board is recommended to: (i) Note and comment on the Clinical Commissioning Group commissioning intentions for 2015/16.			

1. Background

- 1.1. NHS commissioners are required to refresh their Operating Plans annually to take into account changes in local needs, central planning guidance and annual financial allocations. The planning process develops year on year to reflect national policy.
- 1.2. In line with national requirements, Barking and Dagenham CCG has agreed a two year Operating Plan for 2014 – 2016 and a Better Care Fund Plan which has been approved by the Health and Wellbeing Board. A five year strategic plan was signed off for the Barking and Dagenham, Havering and Redbridge (BHR) health economy in September 2014.
- 1.3. National planning guidance for 2015/16 is due to be published in early December. NHS England has indicated that the planning guidance will be covered by a single year financial settlement and that there will be no requirement to refresh the five year strategic plan, due to the general election. The mandate will be broadly stable

for 2015/16 with the only additional major requirement relating to mental health access (see section 6 below for more detail).

- 1.4 Commissioning intentions for 2015/16 have been drafted based on the current Operating Plan, the output of service reviews, policy recommendations and stakeholder engagement. They will be finalised in December to take into account the 2015/16 national planning guidance and stakeholder feedback.

2. Planning requirements 2015/16

- 2.1 Planning for 2015/16 will require a refresh of the two year Operating Plan. It is expected that there will be a greater focus on ensuring that commissioner and provider plans are aligned and that CCG plans are delivering their stated outcomes, including Commissioning for Quality Innovation Payments (CQUINs), the Quality Premium and CCG Outcome indicators.
- 2.2 Plans will also need to reflect changes to the commissioning system: it is expected that co-commissioning of primary care by NHSE, the CCG and Local Authority will be implemented from April 2015; the forthcoming planning guidance is also expected to set out future commissioning models for specialised commissioning, transferring the commissioning of some specialised services to a local level. The introduction of Integrated Personal Commissioning (IPC) is a new form of commissioning that partners are considering as a pilot for 2015.
- 2.3 It is anticipated that the first draft of the Operating Plan will be submitted to NHS England at the end of February 2015 with the final plan submitted at the beginning of April.

3. Joint Strategic Needs Assessment

- 3.1 The Joint Strategic Needs Assessment (JSNA) for Barking and Dagenham has recently been refreshed and was approved by the Board on 28th October 2014. The recommendations from the JSNA focus on the impact of poverty on the health status of Barking and Dagenham residents and on premature mortality.
- 3.2 Detailed work to map the CCG's commissioning intentions to the JSNA recommendations is underway however the priority areas of commissioning mental health, children and maternity services and cancer services will respond to a number of the key recommendations from the JSNA as will the ongoing joint work with LBBB to deliver the Better Care Fund.

4. Engagement

- 4.1 Feedback from the CCG stakeholder survey 2014 highlighted that the CCG could do more to demonstrate that it engages with member practices, and stakeholders, when making commissioning decisions. There has therefore been an additional focus on drawing on the views and experiences of patients and the public, clinicians, the voluntary sector, providers and other key stakeholders in the 2015/16 planning process.
- 4.2 Development of the draft commissioning intentions has been informed by engagement throughout the year with the Health and Wellbeing Board subgroups for Children and Maternity, Integrated Care and Mental Health; CCG members and;

the Patient Engagement Forum. The CCG Patient Engagement Forum has identified the following priority areas - cancer care, maternity services, children's services, mental health and learning disabilities. More focused stakeholder engagement activities have taken place through the development of the Better Care Fund plan, specifically for intermediate care, which has been subject to a public consultation, end of life care and on the emerging carers strategy. A wider stakeholder engagement event with Healthwatch is planned in January to engage on the refresh of the Health and Wellbeing Strategy and the CCG Operating Plan.

4.3 Barking and Dagenham CCG is planning to publish a commissioning prospectus in March 2015 that will describe the CCG Operating Plans to stakeholders and the public.

5. Priority areas

5.1 CCG commissioning intentions have been mapped against the following priority areas:

- Mental health
- Cancer
- Children's services
- Stroke
- Primary Care Improvement
- Urgent care
- Planned care
- Learning disabilities
- Maternity
- Integrated care

5.2 Mental health

5.2.1 The transformation of mental health services is being driven by national policy and local needs. Improving mental health is a Health and Wellbeing Board priority.

5.2.2 The Barking and Dagenham, Redbridge and Havering CCGs have developed a mental health commissioning framework which has identified some common priority areas across the three CCGs, responding to national, NHSE and local commissioning expectations. The framework is the result of a short and relatively high level exploration of mental health services across the three boroughs and has started from a position with limited information.

5.2.3 This framework strengthens and clarifies CCGs' responsibilities in relation to mental health commissioning but does not propose to have identified all the solutions to achieve parity of esteem with physical health. It is expected that alongside the mental health needs assessment, which is being undertaken by Public Health, this will inform the development of a mental health commissioning strategy for Barking and Dagenham.

5.2.4 The framework makes a number of recommendations needed to:

- Meet the ambitions around mental health included in the 5 year strategic plan
- Ensure the CCGs meet operating plan targets around improving access to psychological therapies and dementia (or develop an agreed way forward)
- Ensure there are plans to "close the gap" between physical and mental health
- Commission mental health services more effectively in the future.

5.2.5 Five priority areas for mental health commissioning have been identified in the framework:

- Mental health crisis – including the development of a borough crisis concordats across partners
- Integration of physical and mental health services
- Improving access to psychological therapies
- Support for carers
- Improving dementia services

5.2.6 The mental health sub-group of the Health and Wellbeing Board will provide the forum for more detailed discussion about improvements in these areas, and alignment between the mental health needs assessments and the national requirements.

5.2.7 NHS England and the government have published [Achieving Better Access to Mental Health Services by 2020](#), a five-year ambition to put mental health on a par with physical health services. From 2015/16, access standards and waiting time standards will be introduced in mental health services, with an additional £80 million investment nationally. This aims to deliver:

- Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies (IAPT) programme, with 95% of people being treated within 18 weeks
- NICE approved treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis

5.2.8 A £30 million targeted investment will help people in crisis to access effective support in more acute hospitals, by increasing the availability of liaison services, such as RAID, and improve crisis response services, such as Home Treatment teams. There will also be a requirement for all areas to sign up to the Crisis Concordat. Availability of liaison psychiatry will inform CQC inspections and therefore contribute to ratings.

5.2.9 Starting in 14/15, further consideration will be given to identifying other service areas for maximum waiting times, which may include eating disorders and perinatal services.

5.3 Cancer services

5.3.1 Barking and Dagenham has poorer under 75 mortality rates for cancer than the England average and is an outlier for early diagnosis of cancer. Barking and Dagenham residents are at risk of developing cancer through lifestyle risks including smoking and physical inactivity. A significant amount of work has gone on, at a local level and at a London level, to develop an improved model of care for cancer services. A BHR Cancer Collaborative Commissioning Group has been established, chaired by the Director of Public Health for Barking and Dagenham.

5.3.2 The London Cancer Commissioning Board has agreed pan-London commissioning intentions for 15/16 that focus on:

- The early detection of cancer
- Reducing variation in the quality of secondary care services
- Living with and beyond cancer

5.3.3 Local commissioning intentions will be agreed through the Cancer Collaborative Commissioning Group. These include:

- Ensuring that all cancer services are commissioned in line with the requirements of NICE Improving Outcomes Guidance and NICE quality standards (QS), the London Model of Care for cancer services and the National Cancer Survivorship Initiative (NCSI).
- Supporting delivery of national CWT standards, services will be commissioned against timed tumour level pathways commencing with lung, colorectal, breast and prostate cancers in 2015/16 with further roll out to other tumour sites in 2016/17.
- Commissioning a number of services to support the earlier diagnosis of cancer in line with the Pan London Early Detection pathways.
- Commissioning some services to manage the consequences of anti-cancer treatment (late effects).

5.3.4 This is an area that is of particular importance and interest to the CCG Patient Engagement Forum, further work with the PEF is planned to enhance local patient engagement in this work.

5.4 Children's services

5.4.1 The Children and Maternity Sub-Group have agreed a set of shared priorities and is co-ordinating the activities that will help deliver these priorities. These priorities are: improving health outcomes for children with disability and special education needs; improving health outcomes for looked after children, care leavers and youth offenders; early years development and childhood obesity. The commissioning plans of the CCG are aligned with these priorities.

- 5.4.2 During 2014 the CCG and LBBD have been working together to ensure that the requirements to provide Education Health and Care Plans are in place for children with special education needs and disabilities (as required by the Children and Families Act 2014).
- 5.4.3 The CCG and LBBD have agreed to create a joint commissioning post for children's services and are planning joint reviews of how children's therapies and Child and Adolescent Mental Health services (CAMHs) are commissioned. These reviews, which will be carried out collaboratively with the providers, will focus on ensuring that sustainable service models are commissioned that lead to better outcomes for children and young people. An important part of this process will be developing better ways of sharing information about how services are performing. Further work to explore how better to integrate services will also be undertaken.

5.5 Stroke

- 5.5.1 People with disability after stroke should receive rehabilitation in a dedicated stroke inpatient unit and subsequently from a specialist stroke team. The current pathway in Barking and Dagenham for early supported discharge and stroke rehabilitation is split across acute and community care which introduces a number of hand offs for patients that can slow down the journey to recovery. The model of care does not currently meet national performance standards and there is a need to review the resources required to meet local need.
- 5.5.2 A review of the stroke rehabilitation pathway is being undertaken across the Barking and Dagenham, Havering and Redbridge CCGs in 2014/15. This will inform the development of a new model of care that meets national standards and delivers an improvement in patient outcomes and experience of services and reduced length of stay in acute care through early supported discharge. The scope of the review covers acute and community rehabilitation services including stroke rehabilitation beds.
- 5.5.3 The CCG has given notice to providers that, following the pathway review, it is expecting to commission a new model of care during 2015/16. A significant change in the service model would require public consultation.

5.6 Primary care improvement

- 5.6.1 "Transforming Primary Care: General Practice – A Call to Action" sets out the case for change for general practice. This sets out the challenges associated with a growing, more transient population with increasingly complex needs, higher list turnover at a time of economic constraint and decreasing investment in real terms.
- 5.6.2 The BHR CCGs have established a Primary Care Transformation Programme which aims to deliver a transformation in services through:
- Improvement in the quality and performance of primary care
 - General practice working more effectively with others to deliver co-ordinated and integrated care

- Where appropriate, individual general practice units working together as a single unit to realise better outcomes and benefits for patients and the local health economy

5.6.3 Progress has been made in delivering the schemes that have been funded through the Prime Ministers Challenge Fund: a GP Federation has been established in Barking and Dagenham to provide 'Access Hubs' for GP appointments on weekday nights and weekends. Across the BHR CCGs, development continues of the Complex Care Primary Care Organisation (Health 1000) which will be providing enhanced care to the most complex patients in the area.

5.6.4 BHR CCGs are progressing plans to develop co-commissioning with NHS England. National guidance was released on 10 November advising on potential models for joint decision making and full delegation. The CCG will need to submit a completed proforma to NHSE in January 2015 if it chooses to opt for either of these options.

5.7 Urgent care

5.7.1 B&D CCG agreed an Urgent Care Strategy in 2014, which focused on supporting access to patients' own GPs as the first port of call for urgent primary care needs including developing the service model at Barking Hospital Walk in Centre.

5.7.2 Increased access to GP services in the evenings and weekends is being progressed by the GP Federations as part of the Prime Ministers Challenge Fund proposals.

5.7.3 This work aligns with the BHR system work, overseen by the Urgent Care Board to improve the performance of urgent care commissioned services. The Barking and Dagenham, Redbridge Havering and Waltham Forest CCGs are collaborating on the procurement an Urgent Care Pathway that will integrate services currently provided by NHS 111, GP out of hours services and Urgent Care Centres co-located with A&E departments.

5.8 Planned care

5.8.1 Improvements in planned (elective) care that will be progressed in 2014/15 include:

- Procurement of a direct access physiotherapy service
- Procurement of a wound care service (post-op suture removal and general wound care, with possible inclusion of tissue viability service)
- Procurement of elective care treatment service from the King George Hospital site (current contract ends in 2015/16)
- Piloting a tier 3 weight management service

5.8.2 Reviews of the pathways for diabetes and respiratory diseases will also be undertaken as well further work to develop a community dermatology service.

5.9 Learning disabilities

5.9.1 The CCG is intending to transfer the commissioning functions for some learning disabilities services to LBBDD under section 75 agreement from April 2015. These

include the commissioning of an integrated community learning disabilities team and continuing healthcare. The joint commissioning arrangements will provide a continued focus on implementing the recommendations in the Winterbourne Concordat.

5.10 Maternity

5.10.1 The CCG will support the delivery of improved public health outcomes through contracts with providers of maternity services. Priorities for 2015/16 include:

- A reduction in smoking during pregnancy
- A reduction in late access to antenatal care
- Increased uptake of breastfeeding

5.11 Integrated Care

5.11.1 The Better Care Fund sets out eleven schemes that the CCG and LBBDD are taking forward. The schemes are expected to impact on a number of outcome measures - emergency admissions, delayed hospital discharges, effectiveness of reablement, admissions to residential care, injuries due to falls and quality of life.

5.11.2 The Commissioning decisions relating to the Better Care Fund will be taken by a Joint Executive Management Committee (meeting in Shadow Form during 2014) and formalised in a Section 75 agreement.

6. Mandatory Implications

6.1 Joint Strategic Needs Assessment

The CCG commissioning intentions respond to the JSNA, with more detailed work to follow to ensure recommendations in the refreshed JSNA are mapped into commissioning plans.

6.2 Health and Wellbeing Strategy

The Health and Wellbeing Strategy priority areas are reflected in the CCG commissioning plans. Public health priorities are set out in the BHR five year strategic plan, with deliverables for 2015/16 aligned to CCG operating plans.

6.3 Integration

Barking and Dagenham CCG and Local Authority have a strong history of integrated working and integrated commissioning is reflected throughout the CCG operating plan; the operating plan incorporates the Better Care Fund plan and joint commissioning arrangements for learning disabilities in 2015/16. The BHR Integrated Care Coalition has agreed a five year Strategic Plan, which sets out the delivery programmes that will improve system outcomes over this period.

6.4 Financial Implications

The CCG will review and update its financial plans in line with the latest operating plan requirements. The financial plans will take into account a number of factors including; planning guideline assumptions, commissioning intentions, QIPP delivery and the baseline position. The 15/16 budget process will align to the plans and will be approved through CCG governance processes.

Completed by: Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG

6.5 Legal Implications

Joint commissioning for services in the Better care Fund Plan and for learning disabilities will be formalised through Section 75 agreements in 2015/16.

Completed by: Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG

6.6 Risk Management

CCG risks are managed through the Governing Body Assurance Framework. A risk-share arrangement will form part of the s 75 agreement that will provide the governance for the Better Care Fund.

6.7 Patient/Service User Impact

The overall impact of the CCG's Operating Plan will be measured through nationally mandated and locally selected indicators.

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HEALTH AND WELLBEING BOARD

09 DECEMBER 2014

Title:	The Care Act 2014: Implementation Update		
Report of the Corporate Director of Adult and Community Services			
Open Report	For Decision		
Wards Affected: ALL	Key Decision: NO		
Report Author: Anne Bristow, Corporate Director, Adult and Community Services	Contact Details: Tel: 020 8227 2300 E-mail: anne.bristow@lbbd.gov.uk		
Sponsor: Anne Bristow, Corporate Director, Adult and Community Services			
Summary: This report updates the Board on the local implementation of the Care Act 2014. In particular this report seeks to: <ul style="list-style-type: none"> • Outline the robust structure of the local implementation programme and the remit for each workstream within it • Highlight key tasks and in particular those that have an impact or require input from statutory partners • Bring to the Board's attention, and to the attention of the NHS Trust governing bodies, forthcoming decisions required by the H&WBB (and Cabinet) to ensure timely implementation of the programme. • Brief the H&WBB on current issues affecting the implementation programme and provide the latest information on financial modelling and budget pressures arising from meeting the requirements of the Care Act • Share details of the national communications plans and the status of local plans to communicate with residents and target key stakeholders A presentation at the meeting will supplement this report.			
Recommendation(s) The Health and Wellbeing Board is recommended to agree: <ol style="list-style-type: none"> (i) That the CCG and NHS Trusts report back to the H&WBB for the organisation, at the February meeting. This will be supported by the Council-led Care Act Programme Team. The reports should outline the actions that must be taken by the CCG and Trusts to be Care Act compliant from 01 April 2015. 			
Reason(s) Implementation of the Care Act contributes to the vision and priorities of the Council to			

enable social responsibility. Person centred, person-led adult social care assessments and services will put people in control about how their care and support needs are met. Duties on wellbeing and prevention will support people to remain healthy and achieve personalised outcomes. The Care Act also strengthens integration between health and social care requiring both the Council and NHS developments throughout 2015/16 and beyond. For example, changes to assessment will need to result in joined up and seamless experiences for service users and carers.

1. Introduction

- 1.1. On 29 July 2014 the H&WBB received a report that outlined the provisions of the Care Act and shared the implications and impact for the Council (and partners) of meeting new duties. The report was presented during the consultation on the draft statutory guidance.
- 1.2. Since the July report, the consultation, to which the H&WBB responded, has concluded and the final statutory guidance and regulations that accompany the primary legislation have been published. While the final guidance has not substantially changed the requirements, emphasis has been added on key areas. It is especially important that the delivery of adult social care functions closely follows the tasks and processes prescribed in the statutory guidance. Activities within the programme are therefore prioritised with compliance in mind.
- 1.3. Officers supporting the programme have undertaken some analysis of important chapters of the guidance to ensure that our implementation plans are robust and address each of the 'must do' requirements of the Act.
- 1.4. The handout at Appendix 1 is designed to illustrate to Board members what has changed in terms of professional practice, systems and processes, adult social care policy, and legal responsibilities as a result of the Care Act.
- 1.5. The Board should be aware that part one of the Care Act 2014 comes into force on 1 April 2015 so there are five months in which to deliver the main working elements of the programme, though full development will need to continue well into 2015/16, both for the Council and for partners.

2. Overview of the implementation programme

- 2.1. In response to the volume and detail of the statutory guidance the local programme was developed rapidly according to the structure and themes of the guidance. The diagram below shows the working and delivery structure of the programme which has been operating since September 2014.



- 2.2. To deliver the reforms and ensure that the borough is fully compliant with part one of the primary legislation by 01 April 2015 additional resource and capacity has been put into the programme; both in terms of supporting the programme centrally and supporting departments to deliver the programme while ensuring current work is maintained.
- 2.3. The Care Act Programme Board and its workstreams have ramped up activity and are now meeting fortnightly to review progress and check activity. As reported to the H&WBB in July financial pressures and the timescale to deliver the reforms are significant risks to the programme. While this has not changed, confidence has grown that the programme, in its new format, can mitigate these risks and deliver on time and within the current Adult & Community Services budget envelope.
- 2.4. More information about the risk management arrangements and financial issues are at paragraphs 5.1 and 9.4 respectively.

3. Implementation tasks

- 3.1. Each workstream within the programme has clearly defined tasks to deliver. To give the H&WBB a sense of the breadth and scale of the programme the key implementation tasks for the six workstreams are summarised overleaf. A high-level Programme Plan is included at Appendix 2 for further illustration.

Assessment & Eligibility

Re-designing assessment and care and support planning processes with emphasis on ensuring each individual's full involvement in decisions about their care and support

Ensuring compliance of care management processes/practice with guidance and regulations

Upgrading case management and other IT systems

Ensuring that carers needs are assessed and met

Ensuring that duties around independent advocacy are implemented

Information & Advice

Strategic planning and delivery of a statutory information and advice service for wellbeing, preventative support, social care and financial matters.

Workforce

Devising a two-tier training programme for affected staff that covers Care Act knowledge/awareness and specialist training on systems/processes.

Safeguarding

Developing the Safeguarding Adults Board to be a statutory entity

Meeting duties to raise enquiries and conduct reviews

Developing local procedures (while supporting revised Pan-London protocols)

Ensuring Board members are held to account and ensure that they embed safeguarding decisions in their respective organisations.

Commissioning

Preparing for new market shaping and market management role

Developing a commissioning strategy that ensures wellbeing, prevention and personalisation

Commission independent advocacy

Work with partners to achieve much greater partnership and integration

Charging & Financial Assessment

Revising the Fairer Charging Policy to be Care Act compliant

Modelling future demand on services and costs

Changing process for giving financial assessments

Preparing for universal deferred payments and full funding reforms (by April 2016) including the impact of care accounts.

4. Recent programme activity

The H&WBB is asked to note the high priority activities that have been undertaken by the programme thus far which are highlighted below.

4.1. Workforce Training Plan

An initial workforce training plan has been developed to meet the training needs of all staff (including those from partner organisations) affected by the Care Act. The programme of training will be delivered in two phases. The first phase will focus on developing the knowledge and understanding of the Care Act based on modules

produced by Skills for Care which are being adapted to be borough specific. The second phase will deliver bespoke training to targeted staff on new approaches, procedures and systems that will be used to deliver Care Act compliant adult social care services. Plans for the second phase of the Training Plan are in development and are dependent on the outcomes of work to re-design the assessment and care management services.

(See also paragraph 10.2 concerning staffing issues)

4.2. Charging policy proposals

The Fairer Charging Policy has been reviewed to test compliance with the charging arrangements set out in the final statutory guidance. In light of this review the current charging policy will be revised before April 2015 to bring it up to compliance. The charging policy will be further revised in preparation for the funding reforms that come into force in April 2016. These changes will focus on new financial thresholds, implementing the Dilnot cap and other charges for self-funders.

4.3. Adult social care process re-design

Three practical workshops with participation from a cross-section of adult social care staff have taken place to review the borough's current case-based assessment services with what is required by the Care Act. These workshops are informing the design of assessment and care management and taking account of processes needed to ensure services to carers and self-funders coming into the care and support system. This activity is driven by the need to comply with statutory guidance, technical annexes and regulations, which for this part of the Care Act are very thorough and detailed.

The workshops have provided an opportunity for staff to identify IT systems requirements to deliver new services. These are being captured as part of related work to upgrade case management systems to support the Care Act.

5. Programme activity in the next period

The next five months of implementation are crucial. The Board is asked to refer to the Programme Plan at Appendix 2 for a full picture of scheduled activity between now and April 2015.

5.1. Financial modelling

Financial modelling on a national level has been paused until January 2015 while the Department of Health develop a revised model based on the Lincolnshire approach. However, LBBB Finance is working on local modelling using local data. Previous modelling has been focussed on estimating the costs of additional assessments. Future modelling exercises will look at the wider costs of the programme and attempt to model ongoing costs more accurately.

(See also paragraph 9.4 for more information about financial issues)

5.2. Deferred Payments

The Programme has carried out an analysis on our current deferred payment scheme. This has identified several areas of non-compliance and development areas in our application of deferred payments. To comply with the Care Act LBBB Finance and Legal Services are drawing up a new deferred payment agreement with tight

legal terms and conditions. Wrap around information and advice, and new procedures for entering into and monitoring deferred payments are also being developed.

5.3. Prevention Strategy

To meet Care Act duties relating to prevention the statutory guidance requires the Council to develop a prevention strategy on behalf of the borough. In keeping with the Council's corporate priority of encouraging social responsibility the Programme Board has agreed a framework which builds preventative support around the individual with an emphasis on self-help and access to universal service provision. The layers around the individual include health and social care services provided by the Council and the NHS, and interventions and assets provided by the voluntary and community sector. The Prevention Strategy will need to have a clear read across and alignment with the Health and Wellbeing Strategy which may require changes to its focus.

5.4. Information & Advice Strategy

Under the Care Act the Council is required to establish and maintain an information and advice service for its local population on all matters relating to adult social care – this also covers wellbeing, preventative support, safeguarding, and financial information. To meet this duty the Council must develop a strategy for improving the information and advice offer locally. The Strategy, which is currently being developed, will be presented to the H&WBB for agreement in March 2015. To deliver the Strategy statutory partners will need to update their and be up-to-date with what information and advice is provided elsewhere and how this can be accessed by residents.

5.5. Developing safeguarding and the role of the Safeguarding Adults Board

Further to a business planning day event that took place on 23 October 2014, the safeguarding workstream is now well advanced on detailed work to ensure that the SAB (its members and governance) are developing to meet the Care Act requirements to operate as a statutory board. Proposals will be presented to the SAB on 18 December for agreement and further work.

(See also safeguarding implications, paragraph 10.1)

5.6. Carers' Strategy

The Board received an overview of the approach to the Carers' Strategy and future commissioning at its meeting on 9 September 2014. In the interim, officers from across the Council and CCG have met (on 17 November) to further review the strategy and commissioning model that emerges from Carers UK's work for the Borough. As the implications of the Care Act are further understood, there is a need to undertake further work to get us to a compliant and fully shared approach for carers' support, which is well-aligned with the development of our response to information and advice, prevention and other related duties. It was intended to bring a more final strategy to the meeting on 9 December, but this will now be scheduled for the new year, when this work has been completed. In the interim, the extension of the contract for Carers of Barking & Dagenham is being confirmed with them to ensure that support remains available from 01 April 2015.

6. Decision-making timetable

- 6.1. Delivering the Care Act requires some executive decisions that go beyond the decision-making powers of the Programme Board. The list of decisions required by the H&WBB and Cabinet to take the programme forward are listed below and, where the H&WBB is concerned, scheduled on the Forward Plan.

Nature of decision	Decision maker and date
<p>Carers Strategy</p> <p>The Carers Strategy is strongly inter-connected to the Care Act. The Act introduces new responsibilities to assess and support carers. This Strategy will be the mechanism for co-ordinating our offer and developing the market of services for this vital group.</p>	<p>H&WBB, February 2015</p>
<p>Updates to JSNA</p> <p>The statutory guidance has several references about the content and use of the JSNA. The Board will be asked to agree a suite of amendments bringing the JSNA up to compliance.</p>	<p>H&WBB, February 2015</p>
<p>Revised Charging Policy</p> <p>Elected Members will be consulted on a suite of amendments to the Charging Policy to bring it up to compliance with the Care Act charging arrangements. These include but are not limited to:</p> <ul style="list-style-type: none"> • Enabling the ability to charge people in custody • Applying tariff income • Making provision to charge self-funders above the upper financial limit • Reviewing all discretionary charges • Reviewing areas of income disregard. 	<p>Subject to consultation with elected members. To be implemented from 01 April 2015</p>
<p>Extension of advocacy contract and process for retendering</p> <p>The Care Act expands the duties on local authorities with regard to arranging independent advocacy for service users and carers. In response to this it is necessary to review our current arrangements with voiceability and make plans to ensure adequate provision of independent advocacy locally.</p>	<p>H&WBB, February 2015</p>
<p>Prevention Strategy</p>	<p>H&WBB, March 2015</p>

Nature of decision	Decision maker and date
As described above the borough will need to have in place a strategy for preventing, reducing or delaying a person's need for care and support. This Strategy will be developed in the context of the refresh of the Health and Wellbeing Strategy and presented to the Board for agreement.	
<p>Health & Wellbeing Strategy refresh</p> <p>Further to the above the Care Act will have other impacts on the Health and Wellbeing Strategy. In particular the refreshed H&WB strategy will need to uphold the wellbeing principle and consider the definition of wellbeing as described in the legislation. Also the refreshed strategy may need to have greater regard for carers and the interface with the carers' strategy.</p>	H&WBB, March 2015
<p>Commissioning Strategy</p> <p>The statutory guidance on market shaping introduces new requirements that promote choice and control (personalisation), wellbeing, higher quality standards for services, and improved competency levels for commissioning. The guidance recommends that authorities develop strategies to demonstrate how the commissioning function aligns with legal duties, corporate plans, local needs analysis, and market intelligence in order to deliver outcomes for the individual and collectively.</p>	H&WBB, March 2015
<p>Deferred Payment Agreement</p> <p>Deferred Payments for residential care must now be offered universally where a person meets the criteria. This will mean that the Cabinet will need to agree the terms and conditions of a legally binding deferred payment scheme. As part of administering this scheme the Council will apply administration and interest charges so that the scheme is cost neutral to run.</p>	Cabinet (in consultation with the H&WBB), March 2015
<p>Information and Advice Strategy</p> <p>See paragraph 5.4 above.</p>	H&WBB, March 2015

6.2. The Board should note that scrutiny of the implementation programme through the Health and Adult Services Select Committee is planned for 20 January 2015.

7. Engagement with H&WBB partners

7.1. It is important to emphasise that the Care Act does not only place duties on the local authority. The Act has impacts for statutory partners which need to be considered

and dealt with through the local implementation programme. The programme has started to engage with each of the H&WBB member organisations on what the Care Act means for them and the best approach to taking forward certain activities. Because there will be major change to policies and practice it is important that the programme engages at a strategic and operational level, and it communicates at all levels during transition to the post-Care Act world.

7.2. Senior Officers from the implementation programme are meeting with executive officers from the local NHS organisations in December. The purpose of these meetings is to:

- identify actions needed of partners to be compliant with the Care Act (the Act does not only have implications for local authorities)
- discuss training and development needs
- plan engagement activities and make plans for communicating with priority staff
- share developments relating to the implementation programme
- set out where practice or processes will need to be developed from 1 April 2015

7.3. A bespoke briefing with the Healthwatch Board on how the Care Act impacts on their work will take place on 2 December 2014. Healthwatch has a key role to play in helping the Council to deliver its information and advice duties and in realising the ambition of the Care Act to empower people in decisions about their care and support.

8. Gearing up for a communications campaign

8.1. The Department of Health is working with Public Health England on national public awareness campaign about care and support reforms. The campaign will be delivered in two phases.

8.2. Phase one will communicate messages to those with existing care needs and their carers on national minimum eligibility threshold, deferred payment agreements, and carers' entitlements. Phase 1 will run from January 2015 through to April 2015 and beyond. This will be followed up by another tranche of communications in the lead up to April 2016; these will focus on the funding reforms raising awareness about the Dilnot cap and new financial thresholds.

8.3. Phase two of the national communications campaign will attempt to change societal behaviours and encourage people in middle age to plan for their future care needs as part of wider financial planning for later life. This will align with the emergence of new financial instruments that will be available to support the use of care accounts.

8.4. The Council is planning a local communications campaign to align with the national approach using a mix of materials, including the toolkit from Public Health England, to engage with existing service users on changes to their services and with residents who may have care needs about how they can access care and support locally. The local communications will especially target carers as we know there are many carers in the borough who have not been assessed, or have in place no support packages.

8.5. The use of statutory partners' communications channels will be vital for extending the reach of such messages. Briefings on the approach to communications and the plan will be shared with partners in advance of the campaign launching in January 2015.

9. Mandatory Implications

9.1. Joint Strategic Needs Assessment

A report outlining the changes that required in order that the JSNA is fully Care Act compliant is scheduled to be presented to the Board at its meeting on 10 February 2014. Further to the structural changes it will be necessary to ensure that the JSNA is enhanced to give a more comprehensive profile of self-funder and carer populations as this will provide important intelligence for planning for the funding reforms in 2016/17, and underpin our response to meeting the needs of local carers – which in total number approximately 16,200.

9.2. Health and Wellbeing Strategy

The new duties on wellbeing and prevention will need to be reflected in the refresh of the Health and wellbeing Strategy. The Board might want to consider the new responsibilities towards carers when setting priorities and how to deliver on wider aspects of wellbeing such as housing, education and employment, and emotional and mental wellbeing.

9.3. Integration/Better Care Fund

The BCF plan provides an allocation of £513k towards cost burdens upon the Council in meeting the requirements of the Care Act. Whilst there is agreement to the costs it is equally recognised that resources within the BCF need to be deployed in order to secure and optimise benefits against both national delivery targets, including reductions in emergency admissions and local metrics. Arrangements are now in place through the Joint Executive Management Group through which the movement of resources can be managed.

9.4. Financial Implications

Implications completed by: Roger Hampson, Group Manager, Finance

A number of reports have been presented to the Health and Wellbeing Board over the last year on the potential funding implications of the Care Act, and the funding streams likely to be available to fund additional costs. There are two principal sources of new funding for additional costs that may arise in 2015/16. Firstly, a New Burdens Grant which will be a specific grant payable to the local authority from government; further details about allocations to individual local authorities are expected to be announced after the Chancellor's Autumn Statement on 3 December 2014. A verbal report will be made to the Board if the detailed allocations of new specific grants are available.

The second principle source of funding are funds of £513k to be transferred to the local authority from the CCG for funding of various aspects of the Care Act as part of the Better Care Fund plan agreed for 2015/16.

Work is progressing through the Care Act workstreams to collate potential bids for additional services arising from the Care Act. These will be presented to the Board at its March 2015 meeting to agree the detailed allocation of these resources within the funding available.

As discussed in paragraph 5.1, further work is also underway to model additional costs arising from April 2016 in respect of the Care Act. It is possible that the Chancellor's Autumn Statement may provide some additional information on how these costs will be funded at national level from 2016/17, and an indication of the resources likely to be distributed to individual local authorities.

9.5. Legal Implications

Implications completed by: Dawn Pelle, Adult Care Lawyer

Given the ambiguities within the statute there is an expectation that there will be legal challenges. In order to avoid this LBB has to ensure that all aspects of service provision are Care Act 2014 compliant. It is key that staff understand the wellbeing principles and the principle as to prevent/reduce/delay during assessment. Staff must be aware of the statutory processes to be followed when undertaking tasks under the Care Act 2014, for example; confirming issues in writing, and consultation with the adult, carer and others nominated persons. There should be a clear understanding on the issues as to ordinary residence and possibly cross-border placements (given that cross-border placements will not occur regularly).

9.6. Risk Management

The scale, complexity and pace of the Care Act implementation present considerable risk to the Council, and to a lesser extent partners. Risks and mitigating actions have oversight at all levels and are monitored systematically and with regularity. The Care Act implementation programme has its own risk log to capture and manage risks. The identified risks are also being monitored on the ACS departmental risk register and the delivery of the Care Act is flagged on the corporate risk register.

The risks related to the programme centre around inadequate funding for implementation, the short time period in which to adapt to major reform and the challenges this brings for systems and workforce development.

10. Non-mandatory Implications

10.1. Safeguarding

The Care Act introduces new safeguarding duties which have been explained to the H&WBB in previous reports. Work has been carried out with the SAB through its business planning to plan the delivery of the tasks related to adult safeguarding.

Officers within the Programme are working on developing new governance arrangements for the SAB and the processes, procedures and practice changes that will ensure the borough is Care Act compliant from 1 April 2015.

10.2. Staffing issues

As reported on 29 July 2014, the Care Act has significant implications for the Council's workforce in terms of training and development. A Workforce Development Plan has been produced and will be implemented in January 2015.

The Board should note that the Workforce Training Plan addresses the training needs for the entire Council workforce (not just adult social care staff) as well as affected staff from partner agencies.

Now that the programme has entered the implementation phase work has begun with adult social care staff, and those in integrated teams, to develop Care Act compliant processes. It will become clear over the coming weeks whether staffing structures or models of service delivery will need to be re-shaped in order to meet the requirements of the Care Act. This will become apparent once the end to end adult social care process review is completed and if a decision is taken that has implications for staff then consultation will take place in accordance with corporate guidelines.

Staffing issues will also need to be considered in light of other budget decisions as part of the Council's financial settlement decisions.

11. Background Papers Used in Preparation of the Report:

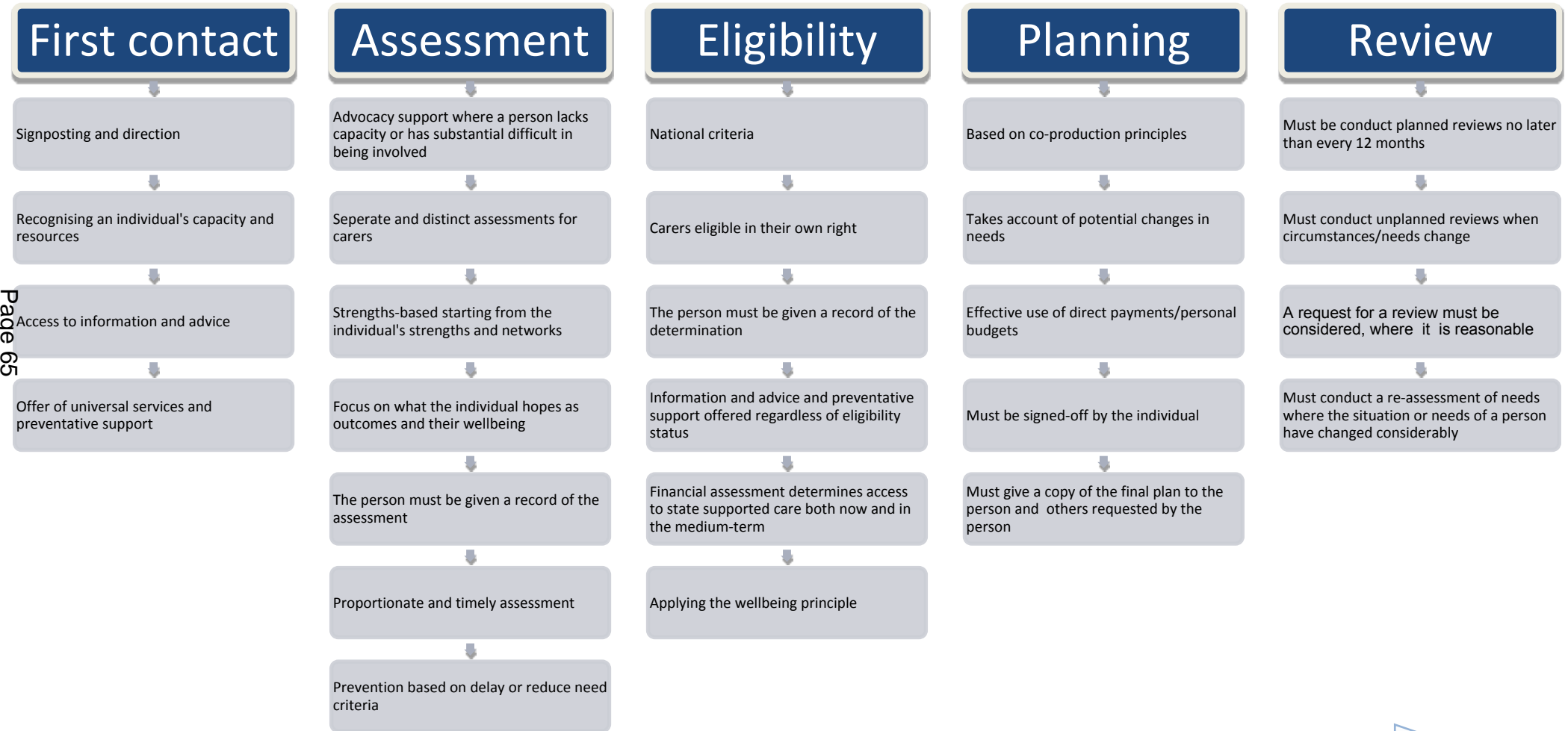
- Care Act Statutory Guidance (<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>)

12. List of appendices

- Appendix 1: Policy and practice changes
- Appendix 2: High level Programme Plan

The new operating process

The diagram below shows new additions and key features of a Care Act compliant operating process. The pathway and tasks below are built on principles of choice and control and wellbeing. Safeguarding must be considered throughout this process so too must capacity.



Issues for the NHS (CCG and Trusts) to consider

The statutory guidance (and its technical annexes) cover a range of issues that NHS Trusts will need to consider, and in some cases take action to comply with the Care Act requirements. These areas are headlined below. The statutory guidance can be found on the Department of Health website. Summarised 'must do' requirements for individual chapters of the statutory guidance are available from the Care Act Programme Office.

Approaches to wellbeing and prevention

Role in assessment and combining assessments

NHS Continuing Healthcare

Identifying carers

Co-operation with the local authority

Provision of info and advice

Integrating services

Joint funded packages of care (outside of CHC)

Safeguarding

Combined direct payments

Discharge from hospitals

Delayed transfers of care

Transitions

Duties to those in prison or custody

Mental health after-care

Mental capacity and working with advocates

Equipment and adaptations

Role in ordinary residence disputes

NHS funded nursing care

Sight registers

What's new as a result of the Care Act

The statutory guidance, as well as describing how the law should be implemented, brings together the breadth of adult social care policy and good practice. Listed below are the **new** duties that the Care Act places on local authorities and the implications of the statutory guidance in terms of new policies, processes, and systems that must be introduced to the local health and social care system, or are needed for successful implementation.

Legal duties - new responsibilities in law (not necessarily new in policy)	Policies - new local policies that must be developed	Process/practice - new processes that must be introduced into the care management pathway	Systems - new systems that are needed for practitioners or service users
Wellbeing and prevention Carers Personal budgets and independent PBs for self-funders Information and advice Independent advocacy support Market shaping Market oversight and provider failure National eligibility criteria Continuity of care, ordinary residence, and cross-border placements Meeting needs of prisoners or those in custody	Prevention Strategy Commissioning Strategy Deferred Payment Agreement Revised Charging Policy Information & Advice Strategy	Arranging independent advocacy Early and indicative financial assessment Light touch/proportionate assessments Carer assessments Safeguarding enquiries and SARs Appeals against eligibility decisions	Upgrades and bolt-ons to the Care and Support Hub Tools for calculating indicative costs for care and support Tools for supported self-assessments New FACE assessment tools New AIS modules Care caps and care accounts

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SUMMARISED CARE ACT IMPLEMENTATION PROGRAMME

WORKSTREAM		Start date	End date	01-Sep	08-Sep	15-Sep	22-Sep	29-Sep	06-Oct	13-Oct	20-Oct	27-Oct	03-Nov	10-Nov	17-Nov	24-Nov	01-Dec	08-Dec	15-Dec	22-Dec	29-Dec	05-Jan	12-Jan	19-Jan	26-Jan	02-Feb	09-Feb	16-Feb	23-Feb	02-Mar	09-Mar	16-Mar	23-Mar	30-Mar																											
Draft revised Financial assessment policy			26/01/2015																						▲																																				
Final review of revised Policy and Procedures			15/03/2015																														▲																												
Commissioning																																																													
JSNA refresh to reflect requirement to scope prevention		01/10/2014	15/11/2014						—————																																																				
Prevention Strategy draft for agreement by H&WBB			17/03/2015																															▲																											
Engage with providers on market shaping		16/10/2015	01/02/2015						—————																																																				
Update Commissioning Strategy to make it Care Act compliant.		30/09/2014	17/03/2015						—————																																																			▲	
Independent Advocacy																																																													
Extend current Voiceability contract		01/10/2014	30/11/2014						—————																																																				
Safeguarding																																																													
Hold Business Planning day event to inform strategic planning and activities/priorities for 2015/16			22/10/2014							▲																																																			
Review safeguarding procedures against the Care Act		22/10/2014	30/11/2014						—————																																																				
Options for the structure of the SAB and its sub-groups and membership for comment		12/11/2014	23/11/2014												▲																																														
Final Safeguarding Strategic Plan to SAB		28/02/2014	February SAB																									▲																																	
Workforce																																																													
Carry out training needs analysis		01/08/2014	30/09/2014	—————																																																									
Draft workforce development plan approved by CAPB			15/12/2014																▲																																										
Deliver training modules (Phase 1)		05/01/2015	01/04/2015																				—————																																						
Deliver system specific training modules (Phase 2)		01/02/2015	01/04/2015																									—————																																	
Integration (Housing)																																																													
Identify activity for Housing to be compliant with the Act (separate plan exists for these tasks)																																																													

HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title:	Adult Social Care Market Management Review		
Report of the Cabinet Member for Adult Social Care and Health			
Open Report	For Decision		
Wards Affected: ALL	Key Decision: NO		
Report Author: Monica Needs, Market Development Manager	Contact Details: Tel: 020 8227 2936 E-mail: monica.needs@lbbd.gov.uk		
Sponsor: Councillor Maureen Worby, Cabinet Member for Adult Social Care and Health			
Summary: Sector Led Improvement (SLI) is a programme of activity which replaces ‘top-down’ Government monitoring of local authority services, instead placing the emphasis on local authorities working together to set standards, champion good practice and review each other’s performance. This in turn reiterates the central importance of accountability to local populations for the services delivered at a local level. Under the London Social Care Partnership, there is an agreed programme of ‘peer review’ whereby a team made up of officers from other London authorities spend time in the Council, reviewing a particular aspect of adult social care services. In October 2014, Barking & Dagenham was subject to a Peer Review of Market Management in relation to Adult Social Care. Following a three-day ‘review’ period, feedback was provided to a team of managers. An action plan has been drawn up and was subject to review at a workshop for a number of the participants, including users of services, carers, providers and partners, on 3 December 2014. Once the outcomes of this workshop and the discussion at the Health & Wellbeing Board have been assimilated, it will be used to drive the continued improvement in the management and development of the Adult Social Care market in Barking and Dagenham, particularly in view of the new duties around market-shaping arising under the Care Act 2014.			
Recommendation(s) Members of the Health and Wellbeing Board are recommended to: <ul style="list-style-type: none"> • Note the presentation that will be given and which will outline the findings of the Peer Review team, and the response developed in partnership through the workshop on 3 December. • Comment on the Market Management Peer Review, and raise any questions or concerns that they have. 			

- Agree and support the proposed direction of travel in managing the adult social care market in Barking and Dagenham.

Reason(s):

The Care Act 2014 places new duties on local authorities in relation to market shaping, commissioning and provider failure and gives people with an adult social care need and carers the right to a personal budget. This timely review and proposed action plan has provided an opportunity for the Council to consider its activities in this respect, and to set in place plans for further improving its approach to developing and managing the adult social care market in the borough in line with these new duties.

The Peer Review action plan will shape our work to support new social care businesses and improve the sustainability of local social care services, and so will support the Council to achieve its vision, **'One borough; one community; London's growth opportunity'** through all three priorities: enabling social responsibility, encouraging civic pride, and growing the borough.

1. Background

- 1.1 Sector Led Improvement (SLI) is the mechanism developed by the local government sector to replace top-down monitoring by central Government, in order to drive improvement in the services it provides, emphasising accountability to local populations.
- 1.2 The London Social Care Partnership (LSCP) has, through a commission from the ADASS London Branch, developed a programme of peer review activity which is around halfway through being implemented.
- 1.3 The London Borough of Barking and Dagenham had a peer review looking at the management of the market in the borough for people with an adult social care need, as well as the wider wellbeing duties we have from the Care Act.
- 1.4 The review took place from 7-9 October and the team was as follows:
 - Simon Pearce (RB Kingston)
 - Simon Galczynski (LB Islington)
 - Tony Jobling (LB Newham)
 - Service user, Katie, and her support worker Glen Mills
 - Denise Snow (LSCP, review team co-ordinator)

2. Scope of the Review and Key Lines of Enquiry

- 2.1 The new Integration & Commissioning function incorporates a team dedicated to leading on Market Development activity, although of course this is an activity to which the whole social care system contributes. Whilst this was felt to be a sound initial development, with Barking & Dagenham having a considerable strength in these areas, it was considered timely to review this activity in view of the new statutory duties brought in by the Care Act 2014. Additionally, having launched the Market Position Statement (15 July 2014), it was agreed that the 'next steps' may benefit from some external challenge to the progress already made.

- 2.2 Our market work to date has focused mainly on encouraging small micro-providers to enter the market to cater for increasing numbers of personal budgets. Important as this is, it has not been without challenges (notably providers complaining of poor uptake). In addition, it was noted that there needed to be a strengthening of the Council's work on assessing the sustainability of the local social care market.
- 2.3 We indicated to the review co-ordinators that we were interested in exploring the following areas:
- Are the benefits of personal budgets and PAs widely recognised and could more be done to promote take up of PAs by any particular groups of service users?
 - Does support planning promote flexible individual support packages, and does it contribute to maintaining a buoyant market?
 - What flexibility can the personal budget level allow?
 - Is the promotion of micro providers via Community Catalysts the most effective way forward?
 - Is the Market Position Statement helpful to providers? Is the analysis sufficiently open and robust to enable providers to access and analyse it with the confidence to re-shape their services?
 - Is the residential care market stable enough to meet need and develop more flexibly within current unit costs/fees. How might the Council balance budget and provider stability concerns in future benchmark pricing?
 - Is there a good match between the vision and strategy and the availability and uptake of services which ensures effective choice for service users?
 - Does the approach to market shaping support the Council's wider need for demand management and cost reductions?
 - How is the wider corporate body of the Council supporting the management of the adult social care market?

Key lines of enquiry

- 2.4 Based on these points and discussions, the key lines of enquiry for the review are suggested as:
- How effective has the strategic stock-take been in shaping the care and support "market" to meet and sustain the needs of a personalised service?
 - Are current and potential providers engaged and signed up to the strategic direction of travel and equipped or equipping themselves to meet current and future demand and need?
 - Has its strategic vision been well communicated to seek ownership by service users and carers and the wider public and are they fully aware of the shape of services and supports available?
 - Are social care teams still promoting creative, flexible support packages which enable users and carers to have individualised choices?
 - Do personal budgets truly deliver a personalised service and how is quality assured within the process?

3. The review programme

3.1 The review programme for the 3 days included meetings with the following:

- A range of providers across residential care, home care, payroll agencies, supported living, mental health and micro providers residential care
- Personal assistants
- The Portfolio Holder for Adult Social Care and Health
- Social care management
- Social care workforce drawn from across the service, to include cluster team, CLDT and mental health
- Personal budget holders
- Other Council services, including Children's Services, Housing, Finance and Shared Strategy
- CVS, Barking Enterprise Centre and Community Catalysts
- Integration and Commissioning team

3.2 A feedback session was arranged for the afternoon of 9 October, with the Corporate Director of Adult and Community Services and managers across the Directorate. It is a tenet of the Sector-Led Improvement programme that the feedback is 'short and sharp', typically in the form of a PowerPoint, rather than a more detailed report. This feedback presentation is attached at **Appendix 1**.

3.3 The feedback included recognition of what was working well and areas to be considered for development. Some of the key aspects of what was working well are:

- A significant shift to a personal assistant model of delivery involving a culture change and accreditation
- The commitment to user choice
- The integrated GP cluster model is a strong foundation to building support around people
- Comprehensive Market Position Statement for Adult Social Care
- Explicit link between local economic regeneration and the care market
- Strategic approach to market development is working its way into day to day commissioning
- Good examples of complex case support plans

3.4 Areas to be considered for development included:

- Develop a stronger vision for personalisation across all groups
- Opportunities to expand the personal assistant model into complex care and mental health
- Consider co-production approach to commissioning, to help build and design services for local people
- Promote the Market Position Statement through Provider Forums
- Refresh commissioning intentions

4. Feedback and future actions

4.1 In order to further explore and implement the findings of the review it has been agreed that an action plan for implementation be drawn up, which was considered

at a workshop for all participants of the review on 3 December. Due to the deadlines for the Health and Wellbeing Board, the outcomes of the workshop and the action plan have not been included in this report. However, they will be presented to the Board to inform the discussion at the meeting.

5. Implications

5.1 Joint Strategic Needs Assessment

The Adult Social Care Peer Review in Barking & Dagenham complements the identification of need and the priorities for future action described in the JSNA.

5.2 Health and Wellbeing Strategy

The commitments set out in the Health & Wellbeing Strategy are consistent with the views expressed in the Peer Review as to the future development of social care services: towards more integrated delivery and greater personalisation. The refresh of the joint Health and Wellbeing Strategy will note the recommendations made in the Peer Review.

5.3 Integration

As part of the Peer Review, the review team looked at the Borough's work to further the integration agenda, particularly the cluster arrangements and stated that the cluster model was a 'strong foundation to building support around people'. As part of the development of the Peer Review action plan, the Market Development team will be looking at how they will create stronger links with the cluster model, as well as with Housing and CCG commissioning colleagues.

5.4 Financial Implications

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

There are no financial implications directly arising from this report. Any proposals in the action plan with significant resource implications will be highlighted in the presentation at the Board.

5.5 Legal Implications

Implications completed by: Dawn Pelle, Adult Care Lawyer

There are no legal implications as such. However it is clear that the work in relation to the duties imposed by the Care Act 2014 is being considered and implemented in relation to Market oversight. As the authority becomes subject to the duty under s.48(2) as soon as it becomes aware of a possible business failure the authority will have to work quite closely with the Care Quality Commission whose duty it is to assess the financial sustainability of a care provider.

6. List of Appendices:

Appendix 1: Market Management Peer review team feedback

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London Borough Barking & Dagenham Peer Review 7 – 9 October 2014

Review Team

Simon Pearce, Lead Reviewer, RB Kingston

Page 78 Simon Galczynski, LB Islington

Tony Jobling, LB Newham

Katy Bessent, Service User Representative

Glen Mills, Support Worker

Denise Snow, Co-ordinator, LSCP

'Light Touch' Peer Review

It is inevitable, with this volume of information and a relatively short time to process it, that there may be subtleties missed along the way. For this reason, the peer review is light on absolute 'judgments' about the quality of services; the report is provided in the spirit of self-directed improvement, and offers areas where the review team feel that Barking & Dagenham could profitably reflect in order to identify how services could improve, alongside identification of good practice.

We have only included our themes and thoughts based on triangulated information.

This Review is the first one which has involved a service user in the process.

London ADASS has been keen to involve service users in the Sector Led Improvement work for some time.

Katy has been the pioneer and has played a full and valued role in the process. There has been masses of learning for the team through working with Katy this week and I am sure this will help the Peer Review process to develop.

Review Scope

- How effective has the strategic stock-take been in shaping the care and support “market” to meet and sustain the needs of a personalised service?
- Are current and potential providers engaged and signed up to the strategic direction of travel and equipped or equipping themselves to meet current and future demand and need?
- Has its strategic vision been well communicated to seek ownership by service users and carers and the wider public and are they fully aware of the shape of services and supports available?
- Are support planners still promoting creative, flexible support packages which enable users and carers to have individualised choices?
- Do personal budgets truly deliver a personalised service and how is quality assured within the process?

Katy's views on Barking & Dagenham

What Works Well

- Micro Providers work well with community catalysts. They do some good things.
- Heathlands is a good place – they employ people with learning disabilities and set up new activities for people. They seem to work well with staff in the community team.
- People that I met said their Personal Budgets are working really well – some had PAs that they chose themselves.
- The Ripple Centre is a good place for people to go and see their friends.

Things to think about

- The website is not very easy to use. Maybe some service users could work on the website and add information. This might be a paid job.
- People need more help to find a paid job.
- Think about some ways of people having their own staff, without becoming an employer.

Things to think about

- More information needs to go straight to the people using services.
- Think about ways to help service users have a say about services and where they live.
- When the Personal Budget is being set up, families could have more of a say.
- The Council should try to listen more to people using services.

Our Findings & Reflections

PA Model

What Works Well

- Significant shift to PA Model of delivery
- Culture change/standard way of doing it
- Accreditation of large numbers of PA's, also flexible about source of PAs
- PA's feedback very positive

What Works Well

- Found examples of positive feedback from Users: “I was overwhelmed at first, couldn’t believe what I could get”
- Comprehensive training package for PA’s
- PA’s dynamic and entrepreneurial

Areas for Consideration

- PA's don't guarantee personalisation
- Employer status may not be well understood
- Opportunity to use PA model for Personal Health Budget's and NHS Continuing Health Care

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Areas for Consideration

- Strategic review of PA market:
 - Role of Market Development team
 - LBBB approach towards PA collective, opportunity and risk?
 - Facilitating PA's from local organisations eg faith groups
- Output would be refresh of Strategy for PA's 2015/16

User Voice & Co-Production

What Works Well

- Commitment to user choice
- Evidence of some user engagement
- Signed up to Making it Real
- Practice focus on asset based approaches
- Integrated model is strong foundation to building support around people

Areas for Consideration

- How people are involved in shaping ASC in Barking & Dagenham
- Consider co-production approach to commissioning, to help build and design services for local people.
- Develop stronger Person Centred support planning approaches.
- How do people lacking capacity influence and benefit from co-production and service design?
- Cluster Managers keen to drive person centred approaches
- Is employment being considered enough in support planning

Market Management

What Works Well

- Work with Community Catalysts and investment in Micro-Providers
- Comprehensive Market Position Statement
- We found largely good relationships with providers
- Explicit link between local economic regeneration and the care market

What Works Well

- Strong and creative new market development team
- Openness to and encouragement of entrepreneurial and different approaches
- Strategic approach working its way into day to day commissioning eg Supporting People
- Cost aware

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Areas for Consideration

- Market Development Team can be a strategic engine
- Need capacity and scope to get to grips with connectedness of the market
- Market Development team could take a lead of the PA Market and to outcome led approaches
- Promote Market Position Statement through Provider Forums

Areas for Consideration

- Micro Providers – what's their position in the market? Targeted or universal?
- Opportunity for bringing together performance and commissioning functions to build intelligence driven commissioning for all groups
- Refresh commissioning intentions
- Market Development team could build on relationships with others, like Housing, NHS commissioners

Complexity & Transitions

What Works Well

- Integrated GP Clusters gives strong basis for supporting individuals with complex needs
- Strong personalised work on substance misuse
- Heathlands offers good quality service
- New Transition Policy and approach
- Dynamic LD community
- Good examples of complex case support plans

Areas for Consideration

- Ensure Personalisation in transitions
- Develop stronger vision of Personalisation across all groups
- Extend good work on PA's and Personalisation to Mental Health
- Strengthen PA models for complex needs
- More capacity and variety of models for complex care

Areas for Consideration

- We didn't have enough time to fully understand how enablement and Rehab fitted together for Clusters or complex needs, does this need attention?
- Opportunity to involve family and carers in Support Planning more
- Needs analysis for complex care should inform Market Development eg transition numbers, Residential, Nursing etc

Thank you

Thank you to all staff, service users and providers who we met and were open and welcoming. Thanks also to the team at Barking & Dagenham with a special mention to Jolene and Arabjan for all their work and support.

Thanks also to the Relish Café for our wonderful lunches

HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title:	Adult Autism Strategy 2015 – 2017		
Report of the Corporate Director of Adult and Community Services			
Open Report		For Decision	
Wards Affected: All		Key Decision: Yes	
Report Author: Louise Hider, Health and Social Care Integration Manager		Contact Details: Louise.Hider@lbbd.gov.uk 020 8227 2861	
Sponsor: Anne Bristow, Corporate Director of Adult and Community Services			
Summary:			
<p>Over the last six months, the Council has been working with partners to refresh its Adult Autism Strategy which has been in existence since 2011. The Strategy has been updated to reflect the new Think Autism national update, as well as the changes that have been brought in through the Winterbourne View Concordat, the Care Act and the Children and Families Act.</p> <p>The Council commissioned the Sycamore Trust, a local charity that supports individuals and families affected by autistic spectrum disorders, to consult and engage with individuals, their carers and professionals on the Strategy and to help shape the Strategy's action plan. Consultation responses from service users and carers can be found at the following link on the Care and Support Hub: http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/advice.page?id=7D-QEpNy3Fs</p> <p>The refreshed Adult Autism Strategy 2015 - 2017 is before the Health and Wellbeing Board for agreement. The final Strategy will be published on the Council's Care and Support Hub at the above link. Following agreement the Strategy will be regularly monitored by the Learning Disability Partnership Board.</p>			
Recommendation(s)			
The Health and Wellbeing Board is recommended to:			
<ul style="list-style-type: none"> • Discuss and agree the Adult Autism Strategy 2015 - 2017 attached at Appendix 1 and delegate responsibility to the Corporate Director of Adult and Community Services to make any final amendments to the Strategy before publication. • Agree to delegate responsibility to the Learning Disability Partnership Board (LDPB) to monitor the progress of the Strategy and to receive a progress report on its implementation from the LDPB in one year. 			

- Agree to delegate responsibility to the LDPB to make amendments to the Autism Strategy following the final publication of the Think Autism guidance in 2015. If amendments are substantial it is proposed that the LDPB will bring amendments to the Health and Wellbeing Board for agreement, subject to discussion and agreement between the chairs of the LDPB and the Health & Wellbeing Board.
- Agree to delegate responsibility to the Corporate Director of Adult and Community Services to finalise the bid for the Autism Innovation Capital Grant before its submission on 12 December 2014.

Reason(s)

The Adult Autism Strategy assists the Council in achieving its vision and priorities, particularly in relation to the priority of “enabling social responsibility”. This priority is made up of a number of elements, including:

- Supporting residents to take responsibility for themselves, their homes and their community
- Protecting the most vulnerable, keeping adults and children healthy and safe
- Ensuring everyone can access good quality healthcare when they need it.

Additionally, this Strategy also ties in with the Council’s priority of ‘encouraging civic pride’, particularly in promoting a welcoming, safe, and resilient community, and also the priority of ‘growing the borough’ which includes developing a local, skilled workforce, improving employment opportunities and supporting housing needs.

1 Introduction

1.1 The first ever strategy for adults with autism in England, ‘Fulfilling and Rewarding Lives’, was published in 2010 with a commitment to review this strategy three years on.¹ The strategy resulted from the Autism Act, which set out governmental commitment to inclusion and full participation by adults with autism in society. Fulfilling and Rewarding Lives set out a framework for all mainstream services across the public sector to work together for adults with autism. For local health and social care economies, Fulfilling and Rewarding Lives focused on four key areas where support for adults with autism should be strengthened:

- Increasing understanding of autism amongst staff
- Strengthening diagnosis and assessment of needs
- Continuing to improve transition support for young people with autism
- Ensuring adults with autism are included within local service planning.

1.2 An update to the national strategy was published in April 2014, called ‘Think Autism’.² Alongside the existing recommendations and duties from the 2010 strategy, Think Autism gives further focus to three key areas:

¹ Department of Health 2010, ‘Fulfilling and Rewarding Lives: the strategy for adults with autism in England’ - <https://www.gov.uk/government/news/fulfilling-and-rewarding-lives-the-strategy-for-adults-with-autism-in-england>

² Department of Health 2014, ‘Think Autism’ - <https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>

- Building communities that are more aware of and accessible to the needs of people with autism.
 - Promoting innovative local ideas, services and projects which can help people in their communities.
 - A focus on gathering comprehensive data on local numbers and needs to inform planning and joining up advice and information on available services.
- 1.3 As a requirement of the Autism Act 2009 and Think Autism, the Council, alongside its partners, is required to produce a local plan which sets out the Borough's approach to delivering the national strategy and commissioning local services.
- 1.4 Our first local strategy was published in 2011. The Council and its partners made progress against the 2011 strategy, including the implementation of a clear diagnostic pathway as well as increased awareness amongst frontline professionals with the introduction of a comprehensive autism e-learning package.
- 1.5 There have also been two self-assessment exercises undertaken by the local authority and its partners. A baseline assessment was carried out in 2011, with a follow up assessment completed in 2013. To inform our 2013 assessment and to map our progress against our 2011 local strategy, the Council commissioned a mapping exercise by Kaleidoscope Social Enterprise to outline the position in relation to autism in Barking and Dagenham. The results of the self assessment and the mapping project were reported to the Health and Wellbeing Board in December 2013 and can be found by accessing:
<http://moderngov.lbbd.gov.uk/documents/s75080/Autism%20Self%20Assessment%20Framework%20and%20Autism%20Mapping%20Project.pdf>
- 1.6 The mapping project found only a very small number of specialist services focused on autistic spectrum disorders (ASD) and that these were almost exclusively focused on people who have ASD together with severe or complex learning disabilities. Feedback from people with ASD revealed concerns about gaining support for transition into adulthood, the need for support to gain employment, and the need for support for adults who have ASD and a learning disability or mental illness.
- 1.7 As a result of the mapping project and the 2014 Think Autism update it was felt that it was timely to refresh the Borough's Adult Autism Strategy. The Council commissioned the Sycamore Trust to consult and engage with adults with autistic spectrum disorders, their carers and professionals on the Strategy and to help shape the action plan within the Strategy. Consultation responses from the residents and carers that they engaged with can be found at the following link:
<http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/advice.page?id=7D-QEpNy3Fs>

2 The Refreshed Adult Autism Strategy 2015 – 2017

- 2.1 The refreshed Adult Autism Strategy has been written against a backdrop of national and local policy. In particular, the Strategy focuses on the changes brought in nationally through the Children and Families Act and the Care Act, as well as the local Borough response to Winterbourne View. Additionally, the Strategy also refers to the Borough's transformation programme to expand the opportunities available to people with a learning disability and autistic spectrum disorders, called 'Fulfilling Lives'. Where work is already being undertaken by the Council and its partners as

part of the implementation of the Care Act, Children and Families Act, Winterbourne View or Fulfilling Lives, this has been referenced in the Adult Autism Strategy in order to avoid repetition and to ensure that there is clear ownership by the appropriate Officers.

- 2.2 The Strategy has been structured in two parts. The first part sets the context of the Autism Strategy, including the vision and aims, the prevalence of autism in Barking and Dagenham, and the links between the Strategy and the national and local context, including other local Strategies. The second part (from page 12) outlines the actions that will be taken forward from the Strategy between 2015 and 2017. The action plan has been split into nine priority areas (see 2.6 below) and provides an overview of the progress that has been made to date in each of the nine areas.
- 2.3 Once approved, officers will consider with the Learning Disability Partnership Board the appropriate ways to ensure dissemination of the Strategy, including ways in which it can be made more widely accessible.

Vision

- 2.4 The overarching vision for our Adult Autism Strategy is in line with the national autism strategy:

‘Adults with autism living in Barking and Dagenham should be able to live fulfilling and rewarding lives within a society that accepts and understands them. They should be able to get a diagnosis; get access to appropriate support if needed; and depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.’

- 2.5 The actions and priorities within this Strategy also tie in with our own Council vision **‘One borough; one community; London’s growth opportunity’**, particularly with the Borough’s key priority of ‘enabling social responsibility’. This Council priority is made up of a number of elements, including:

- Supporting residents to take responsibility for themselves, their homes and their community
- Protecting the most vulnerable, keeping adults and children healthy and safe
- Ensuring everyone can access good quality healthcare when they need it.

- 2.6 Additionally, this Strategy also ties in with the Council’s priority of ‘encouraging civic pride’, particularly in promoting a welcoming, safe, and resilient community, and also the priority of ‘growing the borough’ which includes developing a local, skilled workforce, improving employment opportunities and supporting housing needs.

Aims

- 2.7 The Adult Autism Strategy has been structured around nine different priorities. These priorities are based on what service users, carers and professionals have told us are priorities for adults with autistic spectrum disorders and for the services that currently exist in the Borough. Each priority area has actions which will be delivered over the life of the Strategy. There are nine aims for the Strategy which reflect each of the priority areas. These are:

1. There is a clear and effective **diagnostic pathway** for autism with information and advice on the support that is available.
2. There is **good quality care and support** for adults with autism.
3. Adults with autism are effectively supported with their **housing needs**.
4. Adults with autism are effectively supported to access **employment, training and skills**.
5. There are lots of opportunities to take part in **meaningful activities**, during the day, in the evenings and at weekends.
6. Young people with autistic spectrum disorders who **'transition'** to adult services are appropriately supported and encounter a smooth transition.
7. Adults with autism are **involved in the design, planning and operation** of services.
8. Adults with autism **feel safe** from harm and abuse at home and in the local community.
9. All health and social care staff, including those commissioned to provide services, are aware of autism and are **appropriately trained** to identify, assess and support those with autism.

Governance

- 2.8 Fulfilling and Rewarding Lives states that local authorities should consider establishing a local autism partnership board 'that brings together different organisations, services and stakeholders locally and sets a clear direction for improved services'. The Department of Health has stated that existing structures may fulfil this purpose and as such the Learning Disability Partnership Board (LDPB) fulfils this function locally as the strategic group for all issues relating to learning disabilities and autistic spectrum disorders. Board Members may note that this runs counter to the feedback from a number of people with autism and their carers, who asked for a separate Autism Steering Group; however, combining the role with the LDPB is recommended as a proportionate and manageable way of ensuring that the strategic delivery can be effectively undertaken within the available project management resources. The service user forum of the LDPB does include adults with autistic spectrum disorders.
- 2.9 The Learning Disability Partnership Board (LDPB) will be monitoring the implementation of the Adult Autism Strategy over its lifetime. The LDPB will review progress against the action plan at six monthly intervals.
- 2.10 Board members' attention is also drawn to the timelines attached to the various developments in the Action Plan, which are distributed across the life of the Strategy in order to recognise the resources that are available to deliver against the commitments made. Feedback has suggested that some items should be delivered sooner, but this is presented to the Board as a proportionate and carefully considered view of what can be achieved in delivering the improvements required.

Adherence to the Think Autism update

- 2.11 The Council has ensured that the Think Autism 2014 national update is central to our updated local Strategy. The Think Autism update refers to 15 priority areas for action for autism services in the form of 'I want statements'. These can be found on page 5 of the Strategy. We have ensured that the Strategy covers each of the 15 'I want'

statements at some stage in the Action Plan.

- 2.12 It should be noted that the Think Autism guidance for local authorities and other partners is currently under development and out for national consultation until 19 December 2014.³ We have ensured that this Strategy is compliant with the draft consultation guidance. However, once the final guidance is published, it is proposed that the Learning Disability Partnership Board will ensure that the Adult Autism Strategy is updated to satisfy the requirements from the Department of Health. If amendments are substantial, it is proposed that the LDPB will bring recommendations to the Health and Wellbeing Board for agreement, and that agreement to do this will rest with the chairs of the LDPB and Health & Wellbeing Board jointly.

3 Autism Innovation Capital Grant

- 3.1 Alongside the release of the draft consultation guidance on Think Autism in November 2014, the Department of Health have also released £18,500 to local authorities to spend on implementing Think Autism. This is a non-recurrent grant for capital works, including the purchase of new electrical equipment or IT developments, or for making environments used by people with autism such as public buildings more autism friendly.
- 3.2 Proposals for the grant are currently being worked up. Consultation is being undertaken with the Sycamore Trust and adults with autism, as well as the Learning Disability Partnership Board in the development of these proposals. Submission of the bid is within a tight timescales, and so it is proposed that the Health and Wellbeing Board delegate responsibility to the Corporate Director of Adult and Community Services to finalise the bid for the Autism Innovation Capital Grant before the deadline of 12 December 2014.

4 Consultation

- 4.1 The Sycamore Trust have been engaged in shaping the strategy and, working with Council Officers, there has been engagement with a wide number of service users, carers and professionals in the development of this Adult Autism Strategy. This has included consultation with members of the Learning Disability Partnership Board.

5 Mandatory Implications

5.1 Joint Strategic Needs Assessment

Autism has a dedicated section in our JSNA that has been refreshed. The strategy is consistent with the strategic recommendations.

5.2 Health and Wellbeing Strategy

The commitments set out in the Health & Wellbeing Strategy are consistent with the priorities identified in the Autism Strategy. The refresh of the Joint Health and Wellbeing strategy in March 2015 will note the key themes of this strategy.

³ The draft guidance for Think Autism that is currently out for consultation can be found by accessing: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/371869/Autism_Statutory_Guidance_Consultation_Draft_Guidance.pdf

5.3 Integration

The Adult Autism Strategy has been developed in conjunction with partners and the actions within the Action Plan will be delivered by the organisations identified within the Plan and monitored by the multi-agency Learning Disability Partnership Board.

5.4 Financial Implications

Compiled by Roger Hampson Group Manager Finance (Adults and Community Services)

Other than the Autism Innovation Capital Grant of £18,500 described in section 3, there are no resource implications directly arising from this report. However, further reports will be presented to the Learning Disability Partnership Board on any actions arising from implementing the proposed Strategy, for example if the review of current services for people with high functioning autism (priority 2.2) identifies any gaps in provision for this group; the report if required will need to consider the funding resources available at that time.

The Autism Innovation Grant, if agreed by the Department of Health will be reported to Cabinet in due course for a formal amendment to the local authority's Capital Programme.

5.5 Legal Implications

Compiled by: Dawn Pelle, Adult Care Lawyer

There are no legal implications as all the statutory provisions, guidance and strategies are taken into account in compiling the borough's autism strategy for 2015-2017.

Background Papers Used in the Preparation of the Report

December 2013 Health and Wellbeing Board report: 'Autism Self Assessment Framework and Autism Mapping Project'. See:

<http://modern.gov.lbbd.gov.uk/documents/s75080/Autism%20Self%20Assessment%20Framework%20and%20Autism%20Mapping%20Project.pdf>

List of Appendices:

Appendix 1: Adult Autism Strategy 2015 - 2017

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Adult Autism Strategy

2015 - 2017

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Welcome to our Adult Autism Strategy. This is a really important document which sets out how we will work with our residents and our partners to improve services for people with autistic spectrum disorders in Barking and Dagenham over the next two years.

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'. We are committed to creating a Borough that supports wellbeing, promotes independence and encourages all of our residents to lead active lifestyles as far as they possibly can. This vision should be no different for people with autism in Barking and Dagenham. We need to ensure that adults with autism lead positive and fulfilling lives and can use local services feeling confident that services are safe, accessible and that members of staff are able to support individuals where they need it.



The next few years will be challenging for the Council. 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 to ensure that we are ready for the changes brought in by the Children and Families Act, primarily around young people who will 'transition' to Adult services and will be eligible for care and support. Additionally, the Council will need to consider more savings to the budget.

However, despite these challenging times, we will strive to ensure that our services engage more effectively with people with autism, continue to improve the reasonable adjustments and adaptations that services make, and involve adults with autism in the design and delivery of services wherever we can. The Learning Disability Partnership Board, alongside its service user, carer and provider forums, will be ensuring that this Strategy is taken forward. I will look forward to seeing the Borough's progress on this significant strategy.

Finally, I would like to offer my sincere thanks to the Sycamore Trust for their work on this Autism Strategy, particularly in consulting and engaging with adults with autistic spectrum disorders, their carers and professionals on this strategy, and for working with us to shape the action plan below.

Yours sincerely,

Councillor Maureen Worby, Cabinet Member for Adult Social Care and Health

The first ever strategy for adults with autism in England was published in 2010 with a commitment to review this strategy three years on. This strategy was called *Fulfilling and Rewarding Lives*.¹ The strategy resulted from the Autism Act 2009, which set out governmental commitment to inclusion and full participation by adults with autism in society. An update to Fulfilling and Rewarding Lives was published in April 2014, called **Think Autism**.² Alongside the existing recommendations from the 2010 strategy, *Think Autism* gives further focus to three key areas:

- Building communities that are more aware of and accessible to the needs of people with autism.
- Promoting innovative local ideas, services and projects which can help people in their communities.
- A focus on gathering comprehensive data on local numbers and needs to inform planning and joining up advice and information on available services.

As a requirement of the Autism Act 2009 and *Think Autism*, the Council, alongside its Partners, is required to produce a local plan which sets out the Borough's approach to delivering the national strategy.

Our first local strategy was published in 2011. The Council and its Partners made progress against the 2011 strategy, including the implementation of a clear diagnostic pathway as well as increased awareness amongst frontline professionals with the introduction of a comprehensive autism e-learning package. However, as a Council we know that we have further to go in improving our services for adults with autism.

We asked the **Sycamore Trust** to help us put together and consult on this, our updated Adult Autism Strategy, for 2015 - 2017. Consultation responses can be found in an appendix at the following link: <http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/advice.page?id=7D-QEpNy3Fs> We have ensured that the *Think Autism* 2014 national update is central to our updated local Strategy and will ensure that the Strategy adheres to the revised national guidance once it is published. In particular, we have ensured that this Strategy adheres to the 15 'I want' statements within *Think Autism* which can be found below.

The Learning Disability Partnership Board (LDPB), a sub-group of the Health and Wellbeing Board and the Board which focuses on all strategic issues relating to learning disabilities and autism spectrum disorder, will be monitoring the implementation of this Adult Autism Strategy. The LDPB will review progress against the action plan below at their meetings every six months.

If you have any comments on this Strategy please speak to any member of the Learning Disability Partnership Board or its forums, or please email adultcommissioning@lbbd.gov.uk

¹ Department of Health 2010, 'Fulfilling and Rewarding Lives: the strategy for adults with autism in England' - <https://www.gov.uk/government/news/fulfilling-and-rewarding-lives-the-strategy-for-adults-with-autism-in-england>

² Department of Health 2014, 'Think Autism' - <https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>

The *Think Autism* 15 Priority Challenges for Action: 'I want' statements

We have ensured that our Action Plan (see below) encapsulates all of the 15 Priority Challenges for Action, although for ease of reading this document, we have only referenced them in full here:

1. I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.
2. I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.
3. I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.
4. I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.
5. I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.
6. I want to be seen as me and for my gender, sexual orientation and race to be taken into account.
7. I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.
8. I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.
9. I want staff in health and social care services to understand that I have autism and how this affects me.
10. I want to know that my family can get help and support when they need it.
11. I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
12. I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.
13. If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.
14. I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
15. I want support to get a job and support from my employer to help me keep it.

Vision

The overarching vision for our Adult Autism Strategy is in line with the national autism strategy - *Think Autism: Fulfilling and Rewarding Lives*. In line with *Think Autism*, we believe that:

‘Adults with autism living in Barking and Dagenham should be able to live fulfilling and rewarding lives within a society that accepts and understands them. They should be able to get a diagnosis; get access to appropriate support if needed; and depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.’

The actions and priorities within this Strategy also tie in with our own Council vision **‘One borough; one community; London’s growth opportunity’**, particularly with the Borough’s key priority of ‘enabling social responsibility’. This priority is made up of a number of elements, including:

- Supporting residents to take responsibility for themselves, their homes and their community
- Protecting the most vulnerable, keeping adults and children healthy and safe
- Ensuring everyone can access good quality healthcare when they need it.

Additionally, this Strategy also ties in with the Council’s priority of ‘encouraging civic pride’, particularly in promoting a welcoming, safe, and resilient community, and also the priority of ‘growing the borough’ which includes developing a local, skilled workforce, improving employment opportunities and supporting housing needs.

Aims

The Adult Autism Strategy is split into nine priority areas below. To achieve these priorities, over the next two years we aim to ensure that:

1	There is a clear and effective diagnostic pathway for autism with information and advice on the support that is available	5	There are lots of opportunities to take part in meaningful activities, during the day, in the evenings and at weekends
2	There is good quality care and support for adults with autism	6	Young people who ‘transition’ to adult services are appropriately supported and encounter a smooth transition
3	Adults with autism are effectively supported with their housing needs	7	Adults with autism are involved in the design, planning and operation of services
4	Adults with autism are effectively supported to access employment, training and skills	8	Adults with autism feel safe from harm and abuse at home and in the local community
9	All health and social care staff, including those commissioned to provide services, are aware of autism and are appropriately trained to identify, assess and support those with autism.		

Autism is a lifelong developmental disability and while some individuals with autism can live relatively independently, others will have high dependency needs requiring a lifetime of specialist care. Autism is neither a learning disability nor a mental health problem, although mental health problems can be more common among people with autism and it is estimated that one in three of adults with a learning disability also have autism. Autism affects the way a person communicates with, and relates to, other people.

This plan covers individuals from across the autistic spectrum and therefore we recognise that there are a number of different terms used to describe autism, e.g. autistic spectrum disorders or conditions or Asperger syndrome. The term autism spectrum disorder (ASD) will be used throughout this plan to reflect the fact that autism is a spectrum condition.

Whilst individuals with autism share certain difficulties, the condition can affect them differently. Common core features are persistent difficulties in social interaction and communication and the presence of stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests. Additionally, individuals with autism may have difficulty in processing everyday sensory information such as sounds, sights and smells. This is usually called having sensory integration difficulties, or sensory sensitivity. A person's senses are either intensified (hypersensitive) or lack sensitivity (hyposensitive).

The three main areas of difficulty which all individuals with autism share are known as the 'triad of impairments'. These are:

Social communication – Individuals with autism have difficulty using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice, as well as jokes and sarcasm. Some individuals with autism might not speak or have fairly limited speech. They may understand what people say to them but prefer to use alternative forms of communication, such as sign language.

Social interaction – Individuals with autism have difficulty recognising and understanding people's feelings and managing their own feelings. They may, for example, stand too close to another person, prefer to be alone, behave inappropriately and may not seek comfort from another person. This can make it hard for them to make friends.

Social imagination – Individuals with autism have difficulty understanding and predicting other people's intentions and behaviour and imagining situations that are outside their own routine. This can mean they carry out a narrow, repetitive range of activities. A lack of social imagination should not be confused with lack of imagination. Many individuals with autism are very creative.

Based on national prevalence figures there are predicted to be between 750 and 1275 adults aged 19 and over on the autistic spectrum in Barking and Dagenham. Although we recognise that the diagnosis of autism has improved significantly over the last 20 years, we anticipate that there will be a number of adults that are undiagnosed in Barking and Dagenham. Estimates of prevalence in BME communities vary with higher prevalence in people of Afro-Caribbean heritage, and lower prevalence in people of south Asian or Chinese heritage. The numbers are quite small however and should be treated with some caution. More research is needed into the impact of autism within BME communities. While cultural differences may be mistaken for signs of autism, autism may not be recognised as a condition within some communities, reducing even further the chances of identifying and responding appropriately to autistic spectrum disorders.

The needs of people with ASD vary with the severity of their condition. While some may have no needs or simple needs such as signposting to information, some require 24 hour care in a specialist unit. Anecdotal national evidence suggests that people aged 50 and over with autism who have never had their illness diagnosed are the least likely of all age groups to gain access to the help they require.

Much of the research into ASD has been focused on the root causes of autism in children. There is now an increasing body of knowledge about how adults with autism can be helped to better manage their autism and lead fulfilling lives. Particularly important is ensuring clear and unambiguous communication, as well as attention to diet and access to a wide range of therapies and self-help tools.

Mapping local services for people with autism – the Kaleidoscope report

In 2013, the Council commissioned a mapping exercise by Kaleidoscope Social Enterprise to outline the position in relation to autism in Barking and Dagenham. The report found only a very small number of specialist services focused on autistic spectrum disorder (ASD) and these were almost exclusively focused on people who have ASD and severe or complex learning disabilities. Feedback from people with ASD revealed concerns about gaining support for transition into adulthood, the need for support to gain employment, and the need for support for adults who have ASD and learning disability or mental illness.

Mainstream services, including housing, employment, leisure, volunteering, libraries, colleges and regeneration all have a meaningful contribution to make to improving the lives of those with ASD.

For more information on autism in Barking and Dagenham, please see the Joint Strategic Needs Assessment (JSNA):

<http://www.barkinganddagenhamsna.org.uk/Pages/jsnathome.aspx>

The Adult Autism Strategy needs to be seen against a backdrop of national and local policy which the London Borough of Barking and Dagenham is enacting, in conjunction with residents and partner organisations:

National Context

The Children and Families Act 2014

The Children and Families Act sets out a swathe of changes to be implemented from September 2014. 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. Our Local Offer can be found here: <http://www.lbbd.gov.uk/ChildrenAndYoungPeople/SEN/Pages/Home.aspx> As it does now, the Council is working with 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 is currently being worked through. It should be noted that this Autism Strategy focuses on adults over the age of 18, but it does have a section on 'transitions'.

The Care Act 2014

Throughout 2014/15 the Council has been preparing for the implementation of the Care Act 2014, which received Royal Assent in May 2014. The Act 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 the Council's 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).

Think Autism Update

Understanding and support for people on the autistic spectrum has changed in recent years with the Autism Act of 2009 placing new statutory responsibilities on local authorities and the NHS to:

- identify and diagnose adults with autism;
- train key staff to respond appropriately to adults with autism;
- improve transition planning for young people with the condition;
- improve local planning and leadership in respect of services for autistic adults.

The Act was followed by a national autism strategy *Fulfilling and Rewarding Lives* in 2010, which was updated in 2014 with the launch of *Think Autism*. The vision is that 'all adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents'. The 2014 update sets out fifteen priority challenges for action, focused around being an equal part of the local community, getting the right support at the right time, and developing skills and independence to be able to work at the best of an individual's ability.

Local Context

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 and autism 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. This is monitored through the Learning Disability Partnership Board.

Links to other Local Strategies, Plans and Reports

The Adult Autism Strategy should be read alongside a number of other strategies that have been implemented by the Council and its partners. Where work is being completed through the implementation of another plan or strategy, this has been indicated in the document below:

Addressing Behaviour that Challenges Services: An Action Plan 2014/15, and Outline of Strategic Intent 2015-2020 (March 2014)

This Action Plan was a requirement of the Winterbourne View Concordat. The aim of this plan for those with behaviour that challenges is to ensure that the Council and the Clinical Commissioning Group commission quality care and support which is based on need, evidence based practice and the accepted model of good care.

Positive and Proactive Care (April 2014)

The Council has implemented the guidelines published by the Department of Health which focus on reducing the need for restrictive interventions. The guidance can be found by visiting:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

Carers' Strategy – to be published early 2015

The Council and the CCG have been working with Carers UK, local residents and partner organisations to prepare a new Carers Strategy for Barking and Dagenham. The Strategy is being finalised and will be presented to the Health and Wellbeing Board at the end of 2014.

Market Position Statement (launched July 2014)

We recently launched our Market Position Statement, entitled 'The Business of Care in Barking and Dagenham' which gives an overview of the current state of the social care market in the borough and how we see it developing in the future. We see the statement as a tool to help inform local businesses of the needs and interests of residents. You can read the Market Position Statement by visiting:

<http://www.lbbd.gov.uk/AdultSocialCare/Documents/AD6814-LBBDMarkStatPages%20Web%20Final.pdf>

Children's Autism Strategy – to be published February 2015

The Council is also reviewing its Children's Autism Strategy. Look out for its publication in early 2015.

Priority One

Access to relevant information and support through diagnosis and knowing what support is available

The Council and health partners have been working since the summer of 2013 to improve the pathway from diagnosis to receiving support for people who have autistic spectrum disorders (ASD). The North East London NHS Foundation Trust (NELFT) has been working on a model of service which seeks to avoid and prevent people who have ASD from ‘falling through’ the gaps between meeting service criteria. The new service prevents service users from being stuck between mental health provision and learning disability services by providing a dedicated diagnostic clinic and provides sign posting post-diagnosis to future support.

Number	Focus area	Success measures	By when	By whom
1.1	NELFT to establish published timescales about the diagnostic pathway	Monitoring of timescales from referral to being diagnosed through service	December 2015	NELFT
1.2	NELFT to monitor the timescales set and report back to Learning Disability Partnership Board (LDPB) on annual basis	Service delivered within the timescale in 90% of cases.	April 2015 -16	NELFT LDPB
1.3	Service description, including pathway to service and sign posting to future support, to be published on Care and Support Hub	Easy read time line from referral to diagnosis to what support is available on Care and Support Hub	November 2015	NELFT LDPB
1.4	Ensure that autism is recorded on case management systems across the partnership	Raise awareness of autism as an impairment category and ensure staff from across the health and social care partnership are briefed	September 2015	All relevant staff across the Partnership
1.5	Public Health to draw on case management databases to improve the information that is available about autism, particularly in the Joint Strategic Needs Assessment (JSNA)	Ensure data is used effectively to report autism specific issues	April 2016	All relevant staff across the Partnership

Priority Two

Delivering good quality care and support

Delivering quality services in health and social care is key to ensuring that people are effectively supported and prevented from falling into crisis; access to high quality information and advice is as crucial as good services. The Children and Families Act 2014 and the Care Act 2014 have placed new duties on local authorities regarding the provision of information and advice to people who use services, regardless of disability or impairment. There is a requirement under both Acts to ensure that there is adequate information and advice to support people in making decisions about their current and future care and support needs. The Council and health partners all hold a number of contracts for the delivery of services. Since the implementation of the Disability Discrimination Act 2002 and the Equality Act 2010 it is a legal requirement for contractors to make reasonable adjustments including those for people with Autistic Spectrum Disorders. These contracts are regularly reviewed by Commissioners to ensure that the service is fully compliant and meeting the needs of all service user groups.

However the Council recognises that a recent review by Kaleidoscope in 2013 highlighted that there were only a small number of specialist services focussed on autistic spectrum disorders and these were almost all exclusively focussed on people who had severe and complex learning disabilities as well as autism.

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Number	Focus area	Success measures	By when	By whom
2.1	Commissioners to continue to monitor and evaluate contracts and ensure that reasonable adjustments are being made to services for all service users including those with autism	Contractors continue to comply and provide evidence of reasonable adjustment for people with autism through quarterly contract monitoring	Ongoing on a quarterly basis	LBBB Health and Social Care Integration Team
2.2	A review to be undertaken of current services for people with high functioning autism to ensure services are meeting their needs	Report produced for Learning Disability Partnership Board indicating whether there are gaps in provision for this group	July 2015	Learning Disability Joint Commissioner
2.3	Monitoring of service quality complaints made by service users about accessibility	All complaints investigated and recommendations and actions followed to improve services. Complaints overview to be published in annual Local Account.	Commence May 2015 Publish November 2015	LBBB Health and Social Care Integration Team

Priority Three

Supporting housing needs

10

The Council and its partners recognise that there is a growing need for accommodation, including general purpose housing options as well as meeting the needs of specific client groups. For disabled people, regardless of impairment, this includes access to a range of housing options such as supported living, support to manage a tenancy and shared lives etc.

The Council recognises that as part of this strategy the needs of people with autism should be included along with the needs of other disabled people. The Council is currently working on an Independent Living Strategy, which will identify the housing needs of specific groups through a needs analysis, and a review of the current market and services. The Council is aware that currently the supported living options locally are delivering predominantly to people over the age of 45 with over 40% defined as being on the autistic spectrum. The Council is re-commissioning the supported living contracts and the new provider/s will be in place for April 2015.

The LBBB Housing team will consult through the range of formal mechanisms about the Independent Living Strategy, including people who have autistic spectrum disorders, the Learning Disability Partnership Board, and the forums which support that Board.

In addition the Council is committed to fulfilling the duty of the Winterbourne Concordat which identifies the need for people to live as close to home as possible in accommodation suited to their identified care and support needs.

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Number	Focus area	Success measures	By when	By whom
3.1	LBBB Housing to indicate the timescales for producing the Independent Living Strategy	Housing to publish the timescale for development of the strategy including dates for stakeholder events with LDPB and other fora	February 2015	Group Manager Housing Strategy
3.2	Tender for Supported Living Schemes to be completed. A panel of service users and family carers to be involved in the tender.	Successful tender completed and new provider in place in April 2015	April 2015	Elevate and LBBB Health and Social Care Integration team
3.3	Continue to work with ageing carers to plan for identified housing needs of their adult sons/daughters.	Establish base line data of ageing carers Support via individual support plans	June 2015 As and when need arises, with stocktake	Group Manager Intensive Support

Number	Focus area	Success measures	By when	By whom
		for identified housing needs	in December 2016	
3.4	Continue to support the needs of carers in identifying suitable housing options when they can no longer meet the needs of their adult sons/daughters without support.	Carers Strategy (in development) New carers' services to be remodelled and commissioned by the end of 2015	December 2015	LBBB Health and Social Care Integration team
3.5	Work with people who have ASD to ensure that their tenancy is supported and sustained through the Tenancy Support Service.	Establish base line data of housing need Report on number of people with autism using Tenancy Support Service	June 2015 Annually to begin with 2015/16 data in Summer 2016	Group Manager Housing Strategy Group Manager Intensive Support
3.6	LBBB Challenging Behaviour Plan (post Winterbourne View) to be discussed with providers through contract monitoring	Commissioners to identify issues and ensure that action plans are developed and actioned with providers	April 2015	LBBB Health and Social Care Integration team

Priority Four

Access to employment, training and skills (including volunteering and work placements)

Being able to find a job and keep it is a key priority for people who have autistic spectrum disorders. The Council is committed through its vision and values in supporting people into employment. The low skills base and lack of opportunities in Barking and Dagenham are well documented with a number of strategies in place to support the regeneration of the area and support people into work. For people with autism this is just as hard; evidence collated from the Sycamore Trust (a local autism organisation) suggests that people with autism are not declaring their impairment when attending services which provide employment support.

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Number	Focus area	Success measures	By when	By whom
4.1	To ensure that autism as an impairment can be disclosed in a non-discriminatory manner.	<p>Establish baseline data and plans to improve self-identification or uptake of services (depending on outcome of review)</p> <p>Implement plans to improve uptake of service use by people with autism</p>	<p>April 2016</p> <p>Immediate implementation following agreement</p>	Group Manager Employment and Skills
4.2	Ensure that there is sufficient information and advice about support for getting a job on the Care and Support Hub	Ensure the Information and Advice Strategy for the Council includes autism and monitor through Care Act Programme Board	April 2016	Care Act Project Team
4.3	Information about getting a job and employment on Council main website should be clear and concise	Information to be reviewed and links to pages on Care and Support Hub	April 2015	LBBD Communications Team

Number	Focus area	Success measures	By when	By whom
4.4	Apprenticeships and Traineeships to continue to be available for people who have autistic spectrum disorders	Report to be produced on the outcome and take-up of the initiative for 2014/5	April 2015	Group Manager Learning Disabilities
4.5	Develop support to young people with autism who need support into employment.	<p>Establish baseline data</p> <p>Monitor progress of disabled young people including those with ASD (16-24) offered employment support</p> <p>Young London working initiative (https://younglondonworking.org/) from Mayor of London to be promoted locally</p>	<p>April 2015</p> <p>Ongoing – review in April 2016</p> <p>Ongoing</p>	Group Manager Employment and Skills

Priority Five

Access to meaningful activities, during the day, in the evenings and at weekends

It is important that people with autistic spectrum disorders have the opportunity to take part in activities that provide skills for daily living, social activities and opportunities to pursue interests and hobbies. The Council and its health partners are committed to this, as documented through the work of the Health and Wellbeing Board, the Learning Disability Partnership Board and the Council's Fulfilling Lives Programme. Whenever possible, and if the person wishes, family, friends and carers should be involved in these activities and this will help to ensure that the activity is meaningful and that relationships/friendships are developed and maintained.

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Number	Focus area	Success measures	By when	By whom
5.1	Ensure people with autistic spectrum disorders with assessed eligible needs for care and support have personal budgets	<p>Increase in number of people with autistic spectrum disorders utilising direct payments to purchase support:</p> <p>Establish baseline data</p> <p>10% increase in take up by people with ASD</p>	<p>April 2015</p> <p>April 2016</p>	Group Manager Intensive Support
5.2	Ensure that options for independent advocacy are publicised and utilised by people with autism spectrum disorders	<p>Establish baseline data and identification</p> <p>Monitor uptake of access to advocacy by people with ASD</p>	<p>April 2015</p> <p>April 2016</p>	Group Manager Integration and Commissioning
5.3	Ensure information about support organisations is available to people with autistic spectrum disorders and their carers	<p>Collect baseline data on the organisations using Care and Support Hub to publish their services.</p> <p>Improved provision as part of</p>	<p>November 2015</p> <p>April 2016</p>	Learning Disability Partnership Board

Number	Focus area	Success measures	By when	By whom
		<p>Council refreshed Information & Advice 'offer' following Care Act</p> <p>Report on the progress of organisations regularly using and updating their Care and Support Hub pages and the number of 'hits' to Care and Support Hub pages</p>	April 2017	Learning Disability Partnership Board
5.4	Ensure availability of day opportunities for people with autism spectrum disorders in the local market economy and review opportunities for the development of services.	<p>Monitoring of the local market to see if providers are developing service models and that people with autism spectrum disorders are able to buy support and services with their personal budget.</p> <p>Regularly conduct random market samples.</p>	<p>December 2015</p> <p>Ongoing</p>	Group Manager Integration and Commissioning
5.5	Access to leisure and culture services is available to people with autistic spectrum disorders	Monitoring report on take up of leisure services for people with autistic spectrum disorders to LDPB	November 2015	Group Manager Culture and Sport
5.6	Ensure that the Council's volunteering programme is available to people with autistic spectrum disorders	Publicise programme to organisations that support people with ASD to raise awareness	June 2015	Group Manager Culture and Sport

Priority Six

Transition planning

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The Council and its partners recognise that transition planning can be difficult for young people and their families as plans need to be made about their future as a young adult. The Government has recently introduced a major transformation of the way services for children and young people with Special Educational Needs and/or Disabilities (SEND) are delivered under the Children and Families Act. The new legislation places a duty on the local authority to ensure that the needs of children and young people are captured in and Education, Health and Care Plan (EHCP).

Transition planning is a key priority for an effective transition into adult services and influences the decisions made about the future. It is vital that both adults and children's services work together to ensure that this is a smooth a process as it can be for young people and their families with autistic spectrum disorders.

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Number	Focus area	Success measures	By when	By whom
6.1	Intelligence about the numbers and needs of young people identified by Children's Services needs to continue to be shared to support good planning	Adult Services to receive updated intelligence on a quarterly basis for young people from Year 9 (aged 14)	Ongoing on a quarterly basis	Children's Services
6.2	Identify young people who may need support when they become adults, from Year 9 (aged 14)	Adult services to be in control of the number of young people who are predicted to need the support from adults aged 14 and start working with their plans	Ongoing	Children's Services and Adult Services
6.3	Transitions process to be reviewed on an ongoing basis with implementation of ECH plans	Progress report to LDPB about numbers of plans etc	September 2015	Children's Services

Number	Focus area	Success measures	By when	By whom
6.4	Identify clear transition process and publish information through the Borough's Local Offer	Local Offer pages have been well received. The Local Offer to continue to be monitored and reviewed. The Local Offer to link to the Care and Support Hub	April 2015	Children's Services and Adult Services
6.5	Avoid repetitive assessment processes for young people with autistic spectrum disorders and their families by ensuring that medical and social history is portable.	Improve on the experience of service users and their families in implementing EHC Plans and the process of transition	November 2015	Children's Services and Adult Services
6.6	Young adults with autistic spectrum disorders entering in-house adult services should be supported by the Transition Co-ordinator in ensuring this is planned and managed well	Children and Adult Social Workers to provide the Transitions Co-ordinator with names of Year 12 young people who may be transitioned and ensure this is planned	Ongoing – review in November 2015	Transitions Co-ordinator Learning disability services

Priority Seven

Involvement in service planning

The Council and its health partners recognise the key contribution that service users and their families make in identifying service needs and priorities. All organisations are committed to making this a priority in service planning and monitoring. Some progress has been made on this with a more formal governance structure in place for the Learning Disability Partnership Board which is recognised as a formal sub group of the Health and Well being Board.

Through the consultation on this strategy carers and service users said they would like to find out how the borough is performing against other boroughs to determine if it is doing well.

The Learning Disability Partnership board has formally elected Carer, Service User and Provider representatives which are reviewed every two years. Indeed progress on this refreshed autism action plan will be monitored through the Learning Disability Partnership Board.

Number	Focus area	Success measures	By when	By whom
7.1	Ensure that there is representation from people with autistic spectrum disorders and their family carers on the partnership board consultative fora	Views of people with ASD are reflected through the formal governance of the Learning Disability Partnership Board	April 2015	Learning Disability Partnership Board
7.2	Continue to ensure that Learning Disability Partnership Board papers are in easy read	Service users happy to engage in the meeting because easy-read papers are of high quality	Ongoing	Learning Disability Partnership Board
7.3	Ensure that future Local Accounts (http://careandsupport.lbbd.gov.uk/localaccount) report on the services and support available to people with autistic spectrum disorders.	Service users and providers feel confident in providing challenge to local authority and health colleagues about services.	December 2015	Health and Wellbeing Board

Number	Focus area	Success measures	By when	By whom
7.4	Ensure that the agreed priorities and actions within this strategy are monitored	LDPB to monitor progress at the Board every six months	From April 2015	Group Manager Learning Disabilities
7.5	Ensure that there are processes for engagement with Service users and their families about service design, development and tendering	Engagement strategy produced for LDPB	November 2015	Learning Disability Joint Commissioner GM Learning Disabilities

Priority Eight

Safeguarding people with autistic spectrum disorders and their families

The Council and its partners continue to see safeguarding people from harm and abuse as their key priority. The borough has a well developed Safeguarding Adults Board (SAB) which is chaired independently to ensure that there is robust scrutiny and challenge to its performance and delivery. The SAB will continue to have responsibility for keeping all vulnerable people are kept safe and ensure that all preventative measures are in place. In terms of this strategy, the SAB will ensure that people with autistic spectrum disorders and their families are kept safe and well and free from the fear of harm or abuse.

The Council currently commissions the Citizens Advice Bureau (CAB) to lead on hate crime incidents, incidents are referred through to a Hate Incident Panel when deemed appropriate for multi-disciplinary action by the Council and its partners.

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Number	Focus area	Success measures	By when	By whom
8.1	Hate Incident Panel(HIP) Case Numbers for people with Autism to be highlighted in Community Safety Report to Learning Disability Partnership Board	Review data collected through HIP, establish baseline or actions needed to improve data quality Monitor for increase/decrease in number of incidents, unless 2014/15 data quality didn't permit baseline – in which case set baseline and monitor for successive years	April 2015 April 2016	Group Manager Community Safety and Integrated Offender Management
8.2	Safe Space Scheme ³ to be expanded to include people with autistic spectrum disorders	Increase in number of people using Safe Space Scheme or aware of its existence	June 2015	Learning Disability Partnership Board

³ The Safe Space Scheme helps an adult with a learning disability to cope with any incident that takes place while they are out and about, for example being harassed, getting lost or the person they are meeting fails to turn up which causes them to need assistance. A number of businesses and organizations have signed up to be a Safe Place in Barking and Dagenham.

Number	Focus area	Success measures	By when	By whom
8.3	Changes to deprivation of liberty safeguards communicated to all providers	<p>All new/current providers aware of the boroughs procedures regarding deprivation of liberty.</p> <p>Monitoring visits from Commissioners to include numbers of DOLS for each provider.</p>	Ongoing, monitored on a quarterly basis	LBBD Health and Social Care Integration
8.4	People with autistic spectrum disorders to access public transport safely	The Learning Disability Partnership Board is already working with TFL and Transport Police on a travel safety forum and Big Red Bus days which will continue to be developed	Ongoing, monitored six monthly by LDPB	Learning Disability Partnership Board

Priority Nine

Making all of our services accessible (including ensuring staff are trained)

Throughout the refresh of this strategy it is evident that training for service providers, front line staff and managers is a key priority not just for the Council but for all of its partners as well. This can be simply ensuring that reasonable adjustments are made for someone who has an autistic spectrum disorder, e.g. removing the waiting times in queues for services to prevent the stress of not understanding why you need to wait. However it is acknowledged that there are services that need a more tailored approach to making their services accessible by design and implementation, as well as training staff.

The Council is making its e-learning training on autism available to all partners to raise awareness and increase subject matter knowledge. In 2013/14 the Council commissioned the Sycamore Trust to deliver basic awareness training to frontline staff in key service areas such as social care, housing and environment.

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Number	Focus area	Success measures	By when	By whom
9.1	Training of health and social care staff on autism awareness	Ensure that e-learning tool is available to all staff and partners and monitored through appraisal	June 2015	All Partners
9.2	The Clinical Commissioning Group to encourage and support GPs and their staff to undertake autism training	Establish baseline Increase in number of practices completing training	April 2015 April 2016	CCG Commissioning Lead
9.3	Ensure that all providers are sufficiently trained in autism awareness	Contract reviewing process to include access to training	April 2015, monitored on a quarterly basis	LBBB Health and Social Care Integration team

Number	Focus area	Success measures	By when	By whom
9.4	Basic awareness training in autism for frontline staff	152 staff to date have been trained and training will be ongoing where required	Ongoing	All Partners
9.5	Review specialist training for those services that need it, for example Heathlands Day Centre. All relevant staff are currently TEACHH and NCVI trained.	Training needs analysis to be completed. Identify any training and commission where needed.	Ongoing, review in April 2015 December 2015	Learning and Development Learning disability services

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HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title:	Update for Board Members on Availability of Adolescent Mental Health Crisis Beds		
Report of the Corporate Director of Adult & Community Services			
Open Report		For Information	
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: <p>A number of reports are circulating in the press concerning a 16-year old girl who was detained by Police in Devon following a breach of the peace. She had mental health problems but, having been sectioned, had to be held in custody over the weekend due to a national lack of beds for adolescent mental health crisis.</p> <p>This touches on a matter which has been raised before concerning 'Tier 4' provision for Child & Adolescent Mental Health Services. The matter has been raised with the London branch of the Association of Directors of Children's Services, who in turn are in discussions with the Department of Health on the issues.</p> <p>The Board will receive a short presentation to outline the local position around the availability of acute and crisis inpatient services for young people with mental health problems.</p>			
Recommendation(s) <p>The Health and Wellbeing Board is recommended to consider the information in the presentation to be given, and raise any questions they have on the matters set out.</p>			
Reason(s): <p>Provision of acute mental health crisis support is important in protecting vulnerable young people from further immediate harm and distress, as well as from longer-term adverse outcomes as a result of their mental health problems. Working with its partners, this supports the Council's delivery of its stated aim to keep vulnerable adults and children safe and healthy, delivering its key priority around enabling social responsibility.</p>			

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HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title:	Children's Social Care Annual Report 2013/14
Report of the Corporate Director of Children's Services	
Open Report	For Information
Wards Affected:	Key Decision: No
Report Author: Vikki Rix, Performance and Strategy Manager, Strategic Commissioning and Safeguarding, Children's Services	Contact Details: Tel: 0208 227 2564 E-mail: Vikki.Rix@lbbd.gov.uk
Sponsor: Helen Jenner, Corporate Director of Children's Services	
Summary:	
<p>This report provides the Health and Wellbeing Board (H&WBB) with a review of operational service developments and inspections over the 2013/14 financial year within the Complex Needs and Social Care Division within Children's Services, as well as an overview of the local demand pressures and sets out the outcomes of the Ofsted inspection of services for children in need of help and protection, children looked after and care leavers, which took place in May 2014. The report also provides the outcomes of the LSCB review undertaken by Ofsted at the same time as the inspection of services for children in need of help and protection; children looked after and care leavers. The areas for improvement are highlighted and the Barking and Dagenham Local Authority action plan and the LSCB action plan in response to the Ofsted inspection. These are referred to as Appendix 1 in this report and they can be viewed through the links at the end of this document.</p> <p>The reports provides an update on the successful launch of the Multi Agency Safeguarding Hub (MASH) on 1 April 2014 based in Barking, including the police service, health partners, housing, youth offending service and probation, education and social care.</p> <p>The report also sets out the work of the Barking and Dagenham Safeguarding Children Board in 2013/14.</p> <p>An analysis and more specific details regarding the Council's looked after children's population, including some key areas of performance which has resulted in a period of increased stability is provided and the report also discusses pressures and priorities for the future.</p> <p>In particular, the report shares with Councillors the increased focus upon a) the findings of the BAAF Adoption Diagnostic and Ofsted inspection outcomes on adoption and b) the timeliness of the adoption process. An update on our current corporate parenting arrangements is also provided framed within the area for improvement in the OFSTED</p>	

inspection.
<p>Recommendation(s)</p> <p>The Health and Wellbeing Board is recommended to agree:</p> <p>(i) The service improvements contained within this review report and action taken in response to local demand pressures; and</p> <p>(ii) The content and outcomes of the Ofsted inspection of services for children in need, looked after children, care leavers and the Local Authority Children's Services' Improvement Plan.</p>
<p>Reason(s)</p> <p>To assist the Council in achieving its Vision and priorities, particularly in relation to "Enabling social responsibility".</p>

1. Introduction and Background

- 1.1 The Complex Needs and Social Care Division comprises of four integrated service areas each with a Group Manager lead, namely:
- MASH and Assessment Service;
 - Care Management Service;
 - Looked After Children Service, and
 - Disabled Children and Special Educational Needs Service.
- 1.2 The Division has operational responsibility for all Child Protection and Looked after Children services. Responsibility also includes Special Educational Needs (SEN) services in response to the government's Children & Families Bill and in particular the need for local authorities to plan and implement a more integrated assessment and support process for families who care for children with disabilities from the 1 September 2014.
- 1.3 In February 2014, a new permanent Divisional Director of Complex Needs and Social Care joined the borough and both she and the Division are committed to:
- Improving services and outcomes for vulnerable children, young people and their families.
 - Earlier intervention and prevention through our own Prevention Service and via close operational relationships with colleagues providing targeted and universal support.
 - Reducing the numbers of children in care.
 - Minimising the duration of Child Protection Plans.
 - Strong means of engagement with young people and their families so that they can 'shape' future services.

2. Safeguarding Demand

2.1 This section of the report provides a high level summary of the key data trends in 2013/14, as well as providing some historical data to demonstrate increased year on year demand.

2.2 Alongside rapid children population growth, the borough has experienced an increase in safeguarding and looked after children numbers. 2013/14 was another very busy year in social care with the number of contacts made to statutory social care increasing to 8,856 compared to 8,363 in the previous year. The number of contacts progressing to a referral has also increased rising to 3,126 in 2013/14 compared with 2,586 in 2012/13 and 1,812 in 2011/12, a real term increase of 73% in two years (figure 1.0). Barking and Dagenham's referral rate per 10,000 children aged 0-17 has consequently risen to 568 compared to 470 in 2011/12, in line with the national rate, but still below similar areas (693).

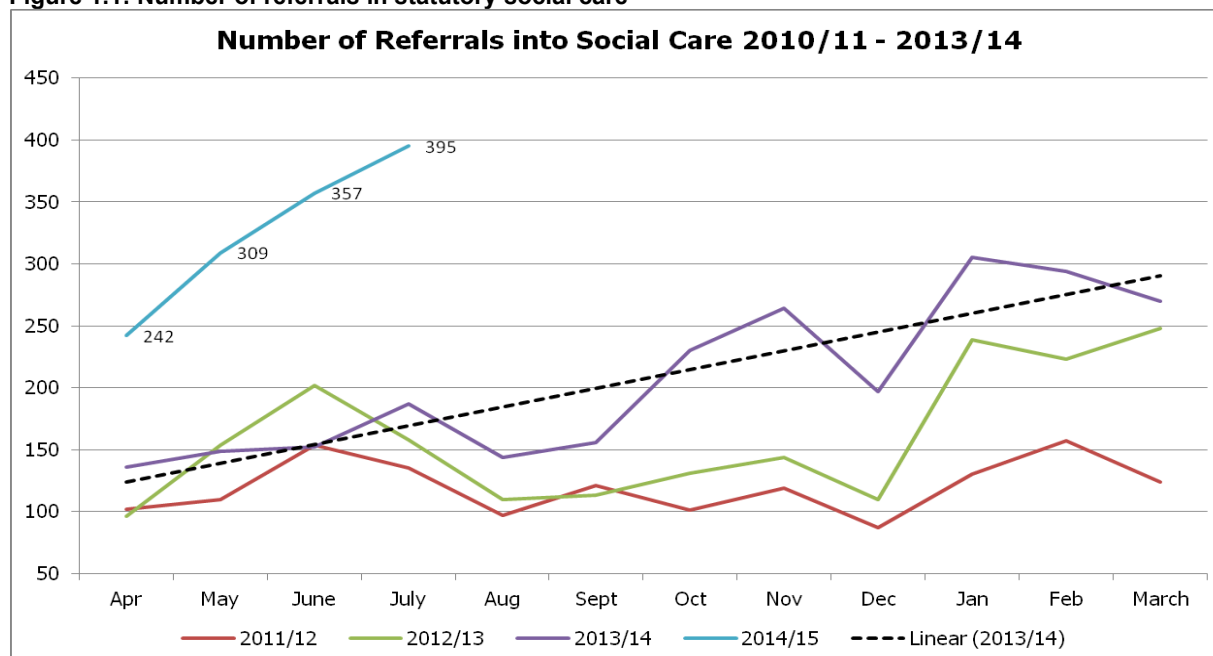
Figure 1.0: Contacts and referrals to statutory social care

	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Number of contacts received (including multiple contacts on a child)	6,913	9,953	14,833	9,765	8,683	8,363	8,856
Number of referrals	1,091	3,000	3,043	2,704	1,812	2,586	3,126
Referral Rate per 10,000	225	650	632	546	337	470	568

Source: ICS, London Borough of Barking and Dagenham

2.3 Between January and March 2014, as was the case in 2013, referrals to statutory social care were very high and above average; 305, 294 and 270 respectively compared to a monthly average of 207 over the year. Figure 1.1 shows the monthly referral trends in the last three years, including up to July 2014. Over 50% of all contacts made to statutory social care with regards to children progressed to a statutory referral in May and June 2014 – nearly 60% in July, which is way above the borough's average conversion rate of around 29%.

Figure 1.1: Number of referrals in statutory social care



- 2.4 This trend is continuing in this financial year as the number of referrals has significantly increased in May – July 2014 to 309, 357 and 395 respectively, again way above the local average, adding to the demand and pressure experienced by the social care service.
- 2.5 As a consequence of population growth and increased demand in the contact, referral and assessment service, the total number of children receiving a statutory social care service has also increased significantly. In 2013/14, 2,183 children and young people were open to social care compared to 1,482 in 2009/10, representing a real term increase of 48% over a 5 year period. This growth is higher than the overall growth in the children population of around 30%. The rate of open social care cases per 10,000 has risen to 397 but despite the increase still remains lower than that found in similar areas (486) although higher than national and London.

Figure 1.2 Number of open social care cases and rate per 10,000

	LBBB 2009/10	LBBB 2010/11	LBBB 2011/12	LBBB 2012/13	LBBB 2013/14	% change over 1 year	% change over 5 years	SN Average 12/13	London Average 12/13	National Average 12/13
Number of open social care cases	1482	1545	1714	2161	2184	1%	48%	n/a	n/a	n/a
Open cases rate per 10,000	320	342	344	393	397	1%	24%	486	314	332

- 2.6 The overall increase in referral activity has created pressures within our Triage and Assessment Service and has also impacted upon caseloads within our longer-term Care Management Teams. The increase in activity and caseloads is also illustrated by the number of more detailed assessments completed within the service (the majority within the Triage and Assessment Team). At the end of March 2014, **2,817** statutory social care assessments had been undertaken, compared to **2,016 in 2012/13. This represents an increase of 40%.** This increase in activity is also illustrated in the number of Section 47 Child Protection investigations initiated across the year; **1,231** for the year 2013/14 compared to **689** for the previous year – **which is an increase of 79%.**

Children on child protection plans, 2013/14

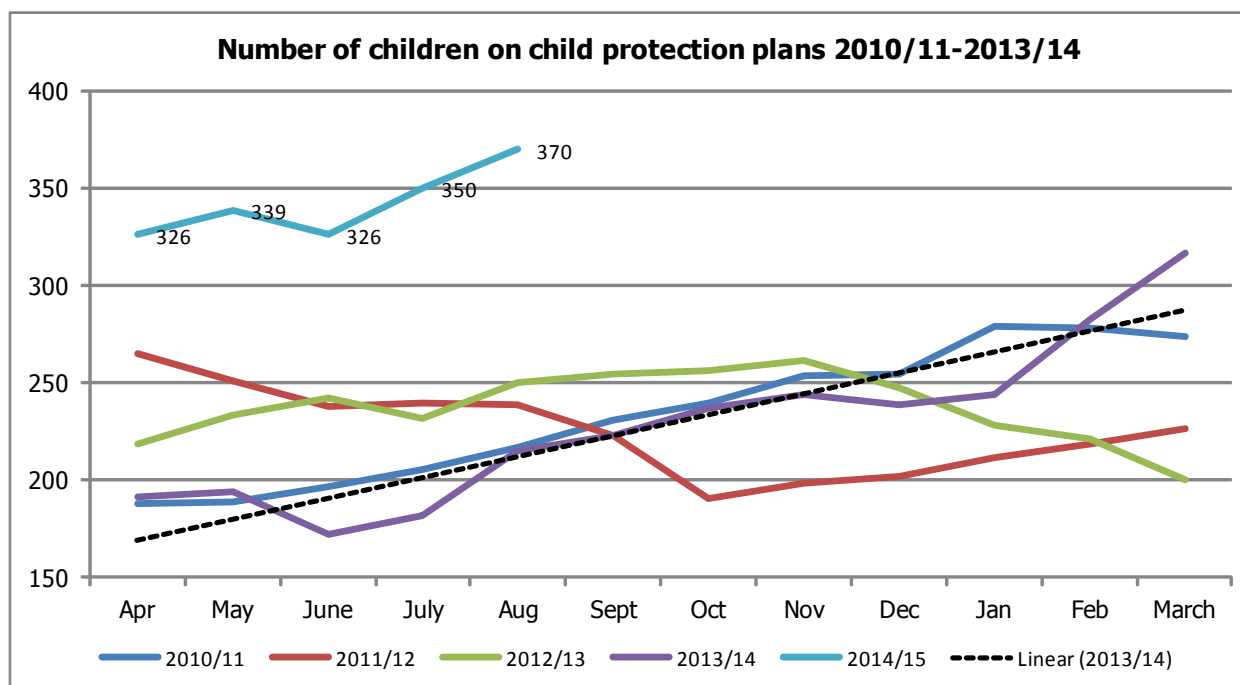
- 2.7 In 2013/14, the number of children subject to child protection plans (CPPs) has increased considerably to 318 compared to 200 in 2012/13, a real term increase of 59%. The rate per 10,000 has increased to 58 and is now more in line with our statistical neighbours but higher than national and London rates. In total, 433 new child protection plans were initiated with 314 child protection plans ceasing in 2013/14, a higher number compared to previous years. This increase reflects the population growth and increasing demand and complexity of social care cases in the borough (Figure 1.3 and 1.4). The number of children on child protection plans is continuing to rise and increased to 326 in Q1 2014/15.

Figure 1.3: Number of children and young people with a child protection plan (CPP)

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Number of children subject to a child protection plan	167	199	274	227	200	318
Total number of new CPP	226	205	249	226	276	433
Total number of ceased CPP	226	173	174	274	302	314
Number of children subject to a CPP per 10,000 children	39	43	55	42	36	58

Source: London Borough of Barking and Dagenham

Figure 1.4



2.8 The majority of referrals relate to younger children aged 0 – 5 and this reflects the rapid demographic change within the Borough, as well as the pressures experienced in more universal settings such as schools, primary health care services etc. There is also a change in the ethnicity of children requiring support which again is a reflection of the demographic change within the borough. In the main, the predominant child protection issues the service is currently managing relate to emotional abuse and the impact upon children where domestic violence is a factor within the household. In 2013/14, the proportion of children subject to child protection plans due to emotional abuse considerably increased to 69% compared to 55% in 2012/13.

2.9 The numbers demonstrate that the service has continued to experience high demand in 2013/14 as was the case in 2012/13, indicating the increase in activity appears to be more of a trend than a 'blip'. The rapid child population growth, and increases in numbers of vulnerable families, is placing unprecedented pressure on children's social care teams. In response to this, the Corporate Director of Children's Services commissioned a detailed review of Children's Social Care provision, produced in December 2013 and presented to the Leader of the Council, the Chief Executive and Cabinet. The review set out new models for the

Assessment and Care Management Service, the Disabled Children's Team (DCT), the Child Protection Reviewing Service (CPRS) and the Fostering and Adoption Service designed to address the increased population and need and aimed at establishing a permanent structure, which has the capacity to grow as the population grows.

- 2.10 The new model and the required growth in budgets were agreed by the Council and an extra £2.7million has been invested to children's social care. A social care redesign project group was set up in March 2014 and a detailed project plan monitored by the CS transformation board (see section for details) to implement the new model and to recruit permanent social workers across the service. A schedule of recruitment drives have been planned across the year with a view to the recruitment of a) valued locum staff currently working within the division and b) experienced staff to assist with the current pressures.
- 2.11 A main priority is to reduce the use of agency staff across the service as our numbers are still very high (46% as at the end of March 2014) impacting negatively on the budget. This is because additional resources above establishment have been agreed to assist with the increase in workload within the Assessment and Care Management teams in the last two years. This has assisted the Assessment and Care Management Teams and caseloads have become more manageable but still remain too high (above the agreed 20 in all teams apart CMT C (19) as at the end of March 2014) due to the demand not abating.

3. Multi Agency Safeguarding Hub (MASH)

- 3.1 Over the past year, plans have progressed well for our own local multi agency safeguarding hub (MASH). On the 1st April 2014, Barking and Dagenham successfully launched its MASH. This saw partners from Metropolitan Police, Social Care, Health, Education, Targeted Support, Housing, Youth Offending, Adult Mental Health, CAMHS and Probation come together to form a multi agency safeguarding hub. MASH is the borough's front door into Social Care and ensures that comprehensive risk assessments, with agency relevant input, result in families accessing the right level of support at the right time. Through co-locating partners from Early Help into our MASH and newly introduced case management systems, we are able to provide a seamless and timely interface for children and families with additional needs. Being able to draw upon the information and intelligence held by partner agencies within a secure information sharing environment, ensures that onward support provided by professionals is both suitable and well informed.
- 3.2 The approach has been strongly endorsed by OFSTED and 'The Munro Review of Child Protection'. The development of a local MASH has been encouraged across London and the service has contributed to the London-wide steering group charged with MASH implementation across the capital.
- 3.3 Whilst it is very early days for our MASH, initial performance at the front door and feedback from partner agencies has been positive. More information is being made available to ensure cases are safely stepped across to Early Help provision, or stepped up for onward statutory assessment. In the first quarter of MASH going live, 314 cases received a MASH investigation out of all contacts received into the

front door. Of those, 80 cases were safely deescalated to Early Help provision that would have previously resulted in a statutory assessment.

3.4 An official launch of MASH involving the Local Authority and all partner agencies is planned for November 2014.

4. OFSTED inspection of services for children in need of help and protection, children looked after and care leavers (May 2014)

4.1 This section of the report provides a summary of the key findings and outcomes of the Ofsted inspection of services for children in need, looked after children, care leavers. The inspection took place between 29 April to 22 May 2014 and the report was published on the 7 July 2014. Although this annual report related to the financial year of 2013/14, it is important to present the outcomes of the Ofsted inspection as this will drive the work and priorities of the Division in 2014/15 and beyond.

4.2 The inspection resulted in a ‘requires improvement’ grading for all judgements, as set out below from the Ofsted published report.

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.	

4.3 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:

Strengths

- 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 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.

4.4 Ofsted also identified the following **13 areas for improvement**:

- 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.

4.5 The areas for improvement have been incorporated into a detailed Local Authority improvement plan, which is set out in **Appendix 1** for review. The Local Authority is required to submit this improvement plan to Ofsted within 70 working days of the inspection report publication, which is the 10th October 2014. 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 LSCB with six monthly reports to Cabinet, Health and Wellbeing Board, Children's Trust and Corporate Parenting Group.

5. Barking and Dagenham Safeguarding Board

- 5.1 The Barking and Dagenham Safeguarding Board produced its 8th Annual Report covering activity for the year 2013/14. The report reflects the changes in Working Together 2013, which requires all LSCBs to:
- Appoint an independent chair which is accountable to the CEO;
 - Publish an annual report, which reports on the effectiveness of child safeguarding and promoting the welfare of children in the local area;
 - Share learning from Serious Case Reviews; and
 - Share the annual report with the Chief Executive, Leader of the Council, the Local Police and Crime Commissioner and Chair of the Health and Wellbeing Board.
- 5.2 The LSCB governance arrangements were reviewed in 2013/14 and the Board is compliant as required by Working Together 2013. The Safeguarding Board's Annual Report provides an overview of the Board's work in 2013/14 and priorities for 2014/15. The report continues to comment on the pressures experienced by all services as a consequence of the significant demographic growth in the children under 5 population, an issue which is also compounded by national welfare reforms. The national profile of the sexual exploitation of children missing / missing from care remains a particular priority for the Board and is an issue of heightened vigilance for all partners.
- 5.3 In May 2014, Ofsted undertook a review of the effectiveness of the local safeguarding children board as part of the inspection of services for children in need of help and protection; children looked after and care leavers. The LSCB was graded as "Requires Improvement". Areas of strength and areas for improvement were identified and an action has been developed in response to those areas for improvement (refer to **Appendix 1**). The areas for improvement are:
- 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; and
 - 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.

The inspection identified a number of strengths including:

- 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

5.4 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

5.5 Priorities for 2014/15 include:-

- Implement and monitor progress against the OFSTED LSCB action plan;
- Embedding our strategic approach and the operational delivery of CSE and other forms of sexual abuse;
- LSCB partners to maintain a review of demographics and pressures within LBBB impacting on safeguarding children and work with strategic partners including HWBB, CSH and Children's Trust to influence commissioning and provision of services;
- Further develop the LSCB quality programme to gain greater assurance of practice across the LSCB partnership;
- Develop the practitioner forum to facilitate engagement of practitioners across the partnership with specific focus on social care practitioners;
- Work in partnership with the Adult Safeguarding Board to maximise opportunities to address agendas that impact on families and safeguarding children; and
- Strengthen community cohesion to safeguard children through working with voluntary and faith communities.

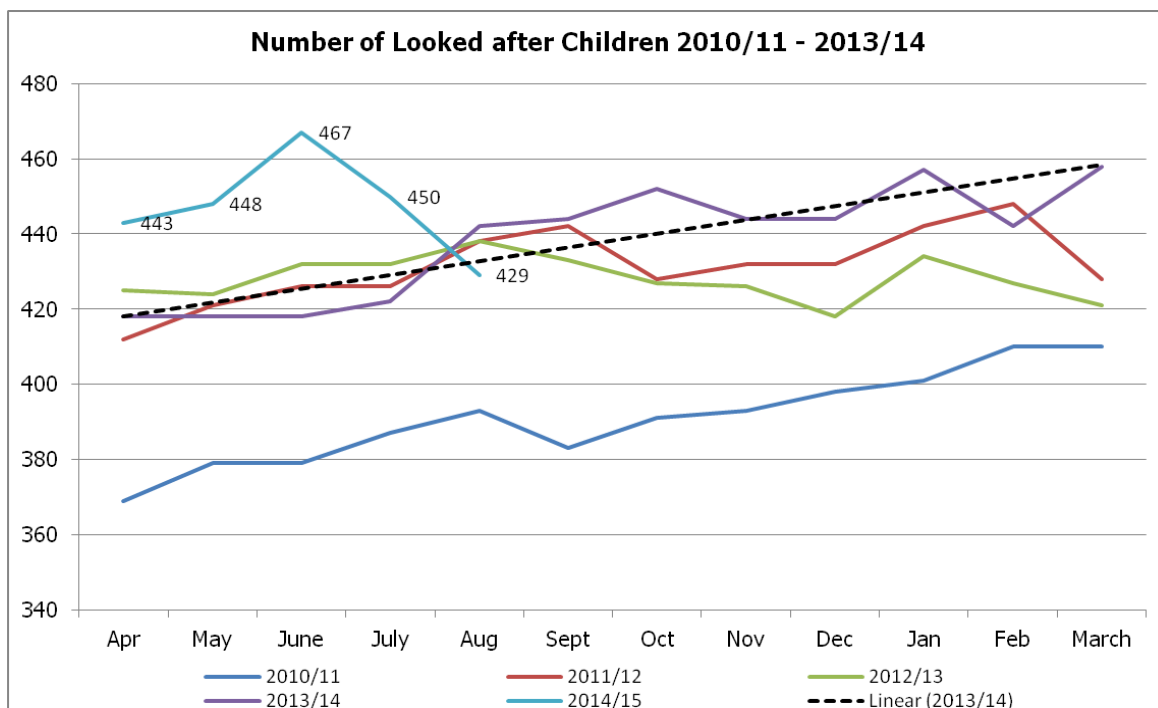
5.6 The Board's full report can be accessed via the BDSCB website.

6. Looked after Children Numbers

6.1 In 2013/14, the number of looked after children increased compared to a fall in the previous year. The borough had 458 looked after children at the end of March 2014 compared to 420 in 2012/13 and 427 in 2011/12. The borough's rate per 10,000 0-17 year olds increased to 83, but still remains lower than similar areas (91) but above national and London rates.

	2011/2012	2012/2013	2013/2014
Number of Children In Care	427	420	458
Number in Residential Care	29	22	23
Number in LBBB Foster Care	242	248	261
<i>:of which in Borough</i>	110	113	118
<i>:of which out of Borough</i>	132	135	143
Number in Agency Foster Care	87	81	116
<i>:of which in Borough</i>	15	10	12
<i>:of which out Borough</i>	72	71	104
% of all CIC in Foster Care Placements	81.0%	81.7%	82.3%
Number of Private Fostering Arrangements	10	7	12

6.2 The profile across the year is illustrated in the graph below. Growth in looked after children numbers peak in January and March 2014, rising sharply in both months, which corresponds with a period of peak demand. 2014/15 monthly data up to August 2104 are also displayed on the graph to show the current trends in this financial year, which are demonstrating a fall at the end of August 2014 to 429.



6.3 In 2013/14, the increase in looked after children were managed effectively as placement stability remained very strong with fewer children moving 3 or more times. Ofsted noted during the single agency inspection in May 2014 that the borough's range of services targeted at children who are on the edge of care are effective and make a positive difference in many individual cases, for example Access to Resources Team and family group conferencing support children and families well. Our legal and social care services work well and effectively together at all stages. In 2013/14, the average duration of care proceedings within the family court is improving, despite an increase in the number of proceedings, representing good performance.

6.4 It is worth mentioning that the overall increase in looked after children needs to be considered in the context of the rapidly increasing local demographic, as well as the demand and pressures faced by social care. In this financial year, Q1 showed the same increasing trend, but the number of looked after children has now dropped to levels as seen in 2012/13.

7. Looked after Children Profile

7.1 The profile of the looked after children population remained reasonably static. The percentage of looked after children that were female slightly dropped to 51% in 2013/14 compared to 53% in 2012/13. The looked after children gender split has converged with the end of year split being 49% males and 51% females. Though this is still a little out when compared with the national position, it is very close to reflecting the proportionate split in the wider child population of the borough.

7.2 A 1% increase in children under 10 years old in care, a 1% reduction in 10 years+ when compared to 2012/13. Although slight this shift was the same in 2012/13 and is illustrative of the local demographic position and also reflects our robust

stance and interventions regarding the safeguarding of young vulnerable children within the Borough.

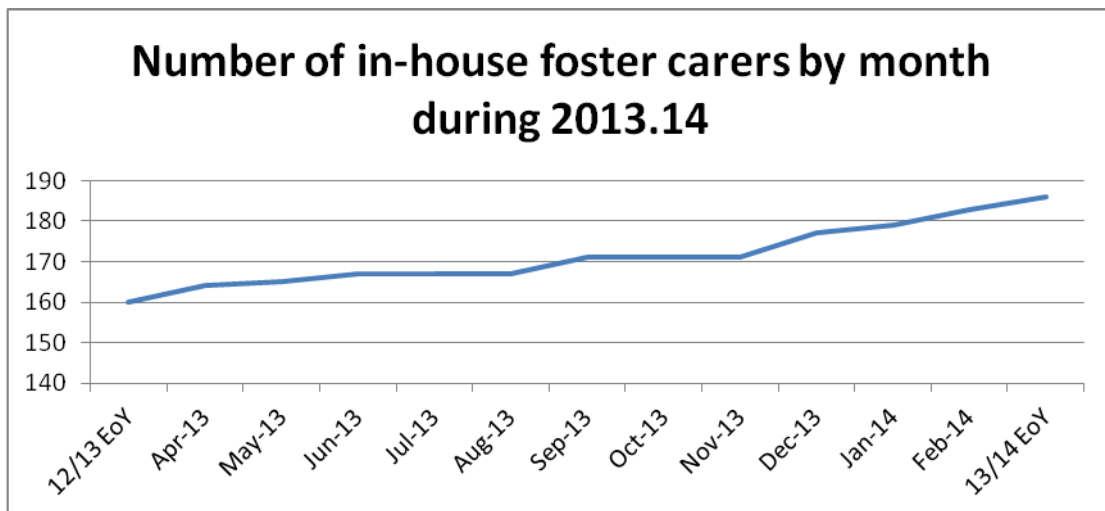
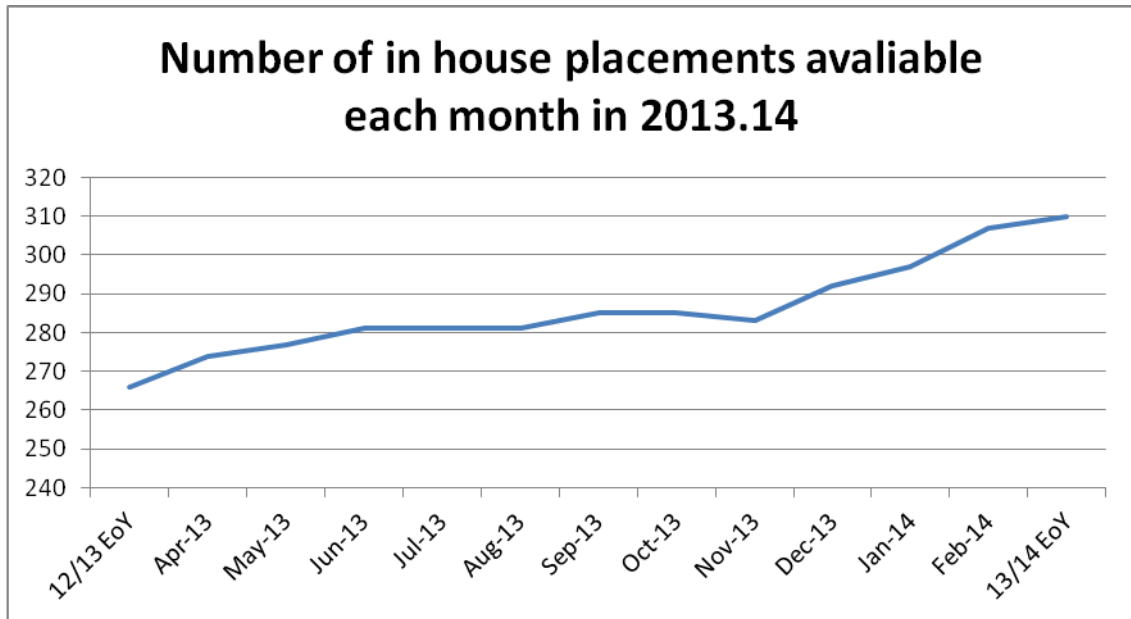
- 7.3 By ethnicity, compared to March 2013, populations remained reasonably stable other than a 3% reduction in Black African children being cared for by the Council. We have also noticed the beginnings of what we may see as a continuing trend of Eastern European families and particularly Lithuanian families, featuring in our care statistics.
- 7.4 Operational pressures have included a further increase in children entering care via Police Protection powers. In 2013/14, the number of children entering care on police protection increased to 136, representing 44% of all children entering care. This is significantly way above national, London and similar areas that all fall below 20%. Police protection levels, therefore, were a key line of enquiry area in the recent Ofsted inspection and resulted in an area for improvement, as was the case in the previous social care inspection in 2012.
- 7.5 In response, the service has re-established the collaborative work with the Police Service regarding this issue (both 'uniform' and Child Abuse Investigation Team elements of the Metropolitan Police) via six weekly meetings to discuss levels of Police Protection. A revised Police Protocol and Strategy have been produced and all children taken into care via police protection are audited in detail by the Quality Assurance Manager based in the Child Protection Reviewing Service. The audit findings and outcomes are discussed at the 6 weekly Police and Social Care meetings to ensure practice is reasonable and also to consider alternatives.
- 7.6 It is very good news to report early indications of impact with police protection numbers falling to 30 children between 1st April to end of August 2014, representing 33% of all children entering care. This is a reduction of 11% on end of year 2013/14 and compares very well to the same time period in 2013 where police protection numbers were much higher (52) at 40%.

Fostering Update

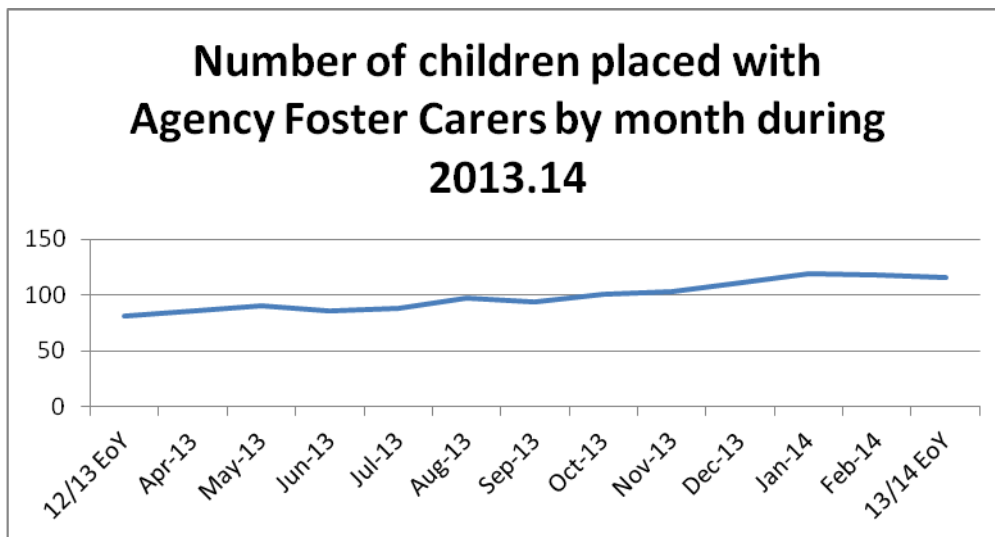
- 7.7 The Fostering Service consists of one team dedicated to all fostering activity including recruitment, assessment training, support to approved foster carers connected persons and private fostering. The performance of the Barking and Dagenham Fostering Service has made a huge contribution to some key areas of performance with regards to our looked after children population. As noted by OFSTED (May 2014) *"fostering recruitment campaigns have been continuous and effective, helping to ensure that looked after children are placed with local foster carers. Recruitment strategies are appropriately based on recently assessed need, with strong recruitment in adjoining boroughs. As at the end of March 2014, the service had recruited 186 fostering households, compared to 160 in March 2013. Those 186 households were able to offer 310 placements to Barking and Dagenham children, compared to 266 at March 2013. This is a net increase of 44 placements in the year, far in excess of the team target of a net increase of 20 carers for the year. The team's performance is in direct contrast to that of neighbouring boroughs who continue to struggle to recruit new, quality carers.*

Placement type

- 7.8 2013/14 showed a growth overall in use of foster care. 377 young people in care were cared for within in foster care placements, compared to 329 in 12/13. An increasing number of these placements have been with the borough's foster carers, which is much more cost effective.



- 7.9 In 2013/14, however, the use of Independent Fostering Agency (IFA) placements increased to 116 in March 2014 compared to 81 placements at March 2013. IFA placements frequently come with a cost premium so this increase in usage has had a negative impact upon the placements budget.



- 7.10 The Barking and Dagenham Pitstop Project (the LBBB specialist Multi-dimensional Treatment Foster Care (MTFC) scheme) was noted by Ofsted in the May inspection as an innovative project helping to support children to live in families, reducing the need for residential care. Inspectors reported that the scheme is proving to be highly effective in supporting stability, with almost all children remaining in their family settings several months after intervention. At end of year 2013/14, PITSTOP cared for another 8 young people. All these young people would require high cost residential placements if the Pitstop scheme were not be available and consequently the team continue to provide a high quality and highly valued service. It has been a successful year for the team. Over the past few months a number of children have completed the programme with their carers and have moved on to permanent in house local fostering families or stayed on long term with their Pitstop foster carers – all fantastic outcomes. The team continue to be very proud of theirs and their foster carers work and the way in which they have helped turned around the lives of these most troubled and damaged children and have prevented a potential pathway into institutional care, with all the associated poor outcomes young people subsequently experience.
- 7.11 Pitstop was accredited via the national MTFC support team and the university research team based in Oregon USA in 2012/13, a hugely significant achievement for the team. This success has continued in 2013/14 with Pitstop also celebrating being short listed in 3 categories of the Children and Young Peoples Now's national awards. PITSTOP were delighted when they were announced winner of 'Children Service of the Year' category. This is a hugely significant achievement for the team. Not only were they the first accredited programme for 7 to 11 year olds nationally, they were the first in Europe. The service is immensely proud of the team, their hard work and their commitment to young people and we can truly say that in Barking and Dagenham we have services that are amongst the best in Europe and one that this year has been nationally recognised through their Children and Young People Now award.
- 7.12 In 2103/14, the team received a number of enquiries from other local authorities regarding placement availability. Until now such a move has not been possible but at a time of fiscal reduction the team has worked hard and have made good progress towards financial sustainability and are currently assessing a child from another London Authority and have interest from two more, so hope to be in a

secure 'trading' position very soon with the sale of two, established specifically to 'sell', placements.

- 7.13 Usage of residential care remained relatively static between 2013 and 2014, rising by just one from 22 to 23. These high cost placements were monitored on a monthly basis with the former Children's Services Lead Member and the chair of the Members Corporate Parenting Group.
- 7.14 The table below offers some information regarding placement proximity to the Borough. Whilst an increasing percentage of looked after children are cared for by Borough carers, not all foster families reside within the Borough itself. This is largely an issue of housing stock; the Borough has a very large 'council housing stock' which does not lend itself to surplus bedrooms and sufficient space in general to be available to make fostering an option for prospective families, hence the need to recruit carers from beyond the borough boundaries. However, as the table illustrates, 'out of borough placements' are in the main within neighbouring boroughs or authorities within a short distance of B&D itself, ensuring that contact with professionals is easily maintained and that some services provided within the Borough are still accessed by young people who do not strictly reside with us. The successful recruitment of local foster carers has supported a reduction in the number of placements more than 20 miles from their home in recent years (**14% at end of March 2014 compared to 16% in 2012/13 and 19% in 2011/12**).
- 7.15 Our Participation and Engagement Team is a strong example of such work in action, working hard to maintain contact and engagement with young people wherever their placement settings may be. The service is particularly aware of the pressures experienced by schools in Kent due to the large numbers of looked after children placed in the county by London authorities in particular. Whilst our numbers of looked after children placed in Kent are relatively low, we have chosen to recruit a dedicated Advisory Teacher for such young people and for this teacher to be based in Kent and work closely with the schools providing education for LBBB looked after children placed in the county.

Local Authority	No. of YP's placed
LBBB	152
Havering	112
Redbridge	54
Essex	35
Kent	23
Thurrock	12
Placed for Adoption	10
Waltham Forest	8
Tower Hamlets	6
Hackney	5
Norfolk	5
Southend on Sea	5
Newham	4
Hampshire	3
Lancashire	3
Birmingham	2

Devon	2
Medway	2
Suffolk	2
Surrey	2
Croydon	1
Darlington	1
East Sussex	1
Enfield	1
Hammersmith and Fulham	1
Lewisham	1
Lincolnshire	1
Liverpool	1
North Lincolnshire	1
St Helens	1
Wakefield	1
Total	458

8. Adoption Update

- 8.1 2013/14 has been very much a year of transition and transformation in adoption. As a result of the national focus on adoption, significant changes to regulations and processes within the Adoption Agency came into force in July 2014 with the introduction of the Adoption Agencies (Miscellaneous Amendments) regulations 2013. The aims of these changes is to reduce potential barriers, reduce delay in approving families as adoptors and, therefore, increase the number of placements available for waiting children. In addition, on the 13th March 2013, the Children and Families Act 2014 was given Royal Assent placing on statute changes to the adoption services already implemented. Councillors will also be aware that the Government has raised the profile of adoption services nationally and have considered the performance of both local authority and independent adoption agencies.
- 8.2 Alongside the statutory and regulatory changes, it is important for the H&WBB to note the impact of recent case law (Re B, Re BS and Re T) and its far reaching implications for local authorities when considering permanency for children, for whom adoption would usually be the plan. The clear message from case law is that adoption should be seen as the last resort, e.g. when “nothing else will do”. The full effect of this is yet to be felt. Nevertheless, we already have had a number of challenges to Placement Orders already granted, and examples of cases that had in the past resulted in an adoption plan being agreed at courts, this is no longer the case. It is likely, therefore, that there will be a decline in the number of children being placed for adoption, and with it a possible rise in the numbers of Special Guardianship Orders (SGOs).
- 8.3 Previous annual reports to elected members have shared the strong performance of the Barking and Dagenham adoption team and in particular the inspection findings of 2012, which judged the service to be ‘good’ overall and ‘outstanding’ for safeguarding. The new inspection framework of services for children in need, looked after children, care leavers introduced in November 2103 has replaced the stand

alone inspection of the Adoption Service previously undertaken by OFSTED. The new framework incorporates adoption as part of the journey of a child and Adoption Performance has its own sub-judgement.

8.4 Given the changing inspection framework and the Government national agenda on improving adoption, Barking and Dagenham Adoption Service commissioned an Adoption Diagnostic in February 2014 to assist in analysing those practices and processes, which give rise to delay for children whenever the child's assessed permanence needs indicate the value of adoption in Barking and Dagenham. The diagnostic partners (BAAF and Core Assets) identified a number of positive findings, including:

- The borough's low disruption rate;
- Confirmation that the service had already begun to address some of the issues around drift and delay at a strategic level;
- Good improvement in adoption timeliness in Adoption Scorecard;
- Family Group Conferences are routinely held;
- Efforts are made to keep children within their birth family where possible;
- The service provided to adopters, adopted young people and birth parents by the post-adoption support team is impressive;
- Performance data is well understood and leads to action;
- Good training opportunities for staff; and
- Post Adoption support, specialist posts which enhance practice.

8.5 The following areas were identified for development, many of which were aware of, and were putting in efforts to address:

- Family finding for adoption too often appears to be a sequential process, which generally tends to start at the end of a long process of assessing birth parents and family, rather than running alongside it.
- Concern that generally family finding does not begin until a placement order has been made, although sometimes "feelers" are put out before that.
- Caseloads may be a significant contributor to delay in progressing children's plans.
- To ensure that special guardianship assessments are sufficiently rigorous to ensure that the best interests of the child will be served through special guardianship.
- Plans to re-structure the service, in order to reduce the number of transition points for children, need to be reinforced by additional quality assurance measures, such as mandatory training in permanence planning across the whole workforce.

8.6 Shortly after the locally commissioned Adoption Diagnostic in February 2014, Ofsted carried out the new single agency inspection in the borough (May 2014). Similar issues that were raised in the Diagnostic were identified in the inspection and were issues that the service was already aware of and working on, but was too early in the change process to have had any impact. As already set out in Section 4 adoption performance was graded as requires improvement. An action plan has been drawn up to address the areas for development and will be reviewed on a quarterly basis.

Adoption Performance 2013/14

- 8.7 In 2013/14, the number of children who were granted Adoption Orders was 17, slightly lower than the numbers in 2012/13. The adoption scorecard, introduced by the DfE to bring 'rigour' to the performance of adoption agencies back in 2011, are published annually for each local authority covering a three year rolling average. The scorecards measure a) the average time taken between a child entering care and moving into its adoptive family and b) the average time taken from when the authority receives a Court Order agreeing to a child being adopted and the child is matched with an appropriate adopter.
- 8.8 Barking and Dagenham's latest adoption scorecard covers the three year period of 2010-2013. We have made good progress on both measures. Our three year rolling average for indicator a) has reduced to 657 days compared to 785 days in 2009-2012, bringing our performance very close to the national average of 647 days. Performance in Barking and Dagenham for this measure is much better than our statistical neighbours.
- 8.9 Our three year rolling average for indicator b) has reduced to 144 days compared to 168 days in the preceding three years (2009-2012). Performance falls within the Government threshold for this adoption measure set at 182 days in 2010-13 and we are already lower than the 2011-2014 threshold set at 152 days. Our performance is also far better than national and that found in similar areas.
- 8.10 The Government has set very challenging adoption timescales for 2016 – a) 426 days and b) is set at 121 days. This amounts to 14 months and 4 months respectively. Examining the latest data we are on track to meet the 2013-16 thresholds for indicator b) but the adoptions service has a lot of work to do to meet the other government threshold a). To meet this, we will have to reduce the time taken between a child entering care and moving into its adoptive placement by 231 days (8 months), which is a challenging task. Our average length of care proceedings is 62 weeks in 2013/14, above the national and statistical neighbour's average of 51 weeks respectively. We have adopted 65 children from care in 2010-13 representing 10% as a whole and this is below the national average of 13% and the similar are average of 15%.
- 8.11 The time taken to adopt children in the borough has been identified an area for improvement in the BAAF diagnostic and Ofsted inspection. We recognise this and have introduced a comprehensive adoption tracker to capture all the necessary information across all relevant teams in the service involved in care planning to ensure delay and drift is minimised. Progress of all cases of looked after children awaiting a final care plan to be implemented will be monitored via the Permanency Planning Group on a monthly basis.
- 8.12 It is important to note that the children for whom adoption is the preferred permanency plan are increasingly complex in nature within Barking & Dagenham. The Borough also has a higher number of sibling groups for whom we are seeking adopters. These added intricacies make for challenging family finding and matching. However, our adoption 'breakdown rate' is very low, especially when compared to comparator boroughs which suggest that the team takes the time to make the right decisions for children. Consequently this child centred approach

may at times take the service performance outside that which is suggested by the Department for Education.

8.13 To enable the adoption service to meet the demands and changes nationally, the service has expanded through a mixture of invest to save bids and the Department for Education financial assistance in the form of Adoption Reform Grant. This financial investment has led to the team expanding to meet the changing demands of the adoption agenda and it now comprises of a Team Manager, a Deputy Team Manager, and a SW consultation/play therapist, a training officer, a Special Guardianship consultant, a post adoption co-ordinator and 9 social workers. The Barking and Dagenham Adoption Service has discussed a range of actions to target improved adopter recruitment. The service also shares marketing and communications lead with fostering. This is an important role aimed at widening the borough's adoption profile to the wider adoption community in and around East and North London, as well as Essex and Kent.

8.14 Priorities for the Adoption Service in 2014/15 are:

- Finalise the draft Permanency Planning Policy with arrangements for a formal launch for the whole of Children's Social Care.
- Develop protocol to expedite family finding prior to Placement Order.
- Improve response times to adopters and co-ordinate tracking of statutory checks and relevant information.
- Ensure that Fast Track process for adopters is incorporated into assessment
- Protocol – second time adopters, fostering for adoption, specific child etc.
- To expand the range of training offered to adopters either by attending in house training courses or LBBB purchasing bespoke.

9. Members Corporate Parenting Group (MCPG)

9.1 The Social Care Review Cabinet report of 2012/13 provided an overview of the developments and improvements made to Corporate Parenting arrangements following the Ofsted inspection of safeguarding and looked after children services in June 2012, which recommended that 'Corporate Parenting arrangements are strengthened to ensure that they properly reflect the Council's responsibilities to children looked after'. In 2013/14, progress has continued to be made in this area and we have further strengthened the Corporate Parenting arrangements to ensure strong elected member representation including the Lead Member, through the Members' Corporate Parenting Group.

9.2 The membership and terms of reference were again reviewed in August 2013 and the work of the MCPG is governed by the Corporate Parenting Strategy (April 2011-2014) and an annual corporate parenting report. The Children's Select Committee received a report on the work of the Members Corporate Parenting Group in November 2013. In December 2013, looked after children and young people presented to a pre- Assembly meeting and a report was also being taken to Assembly on that date.

9.3 In 2013/14, the panel has met regularly on a bi-monthly basis and elected members have attended regularly as have partners from health, social care, leisure services, education and the corporate management team. The Council's Rights and Participation Team have continued to attend and support the

Borough's Children in Care Council (Skittlz) at the MCPG meetings. The meetings themselves have focussed on a range of standard agenda items (including health, education and social care performance) as well as 'thematic' discussions which have been generated by young people themselves. In particular, the MCPG has focussed upon young people in care's ability to access leisure facilities (both within and beyond the Borough) and the connection to the range of associated potential health benefits, as well as the performance of our Leaving Care Service and their ability to support young care leavers accessing suitable education, employment or training options.

- 9.4 The Participation Champions group has also continued to meet on a bi-monthly basis as a sub group of the Corporate Parenting Group. This group comprises of young people and frontline social work practitioners and has been focussed around simple, pragmatic changes to practice aimed at making improvements to looked after children's lives. The Participations Champions group itself continues to be a vibrant and stimulating sub group of the Corporate Parenting Board and is valued by young people and professionals alike.
- 9.5 The Children in Care Outcomes group has also continued to meet on a quarterly basis to provide rigorous, cross agency challenge with regards to various areas of performance linked to improving outcomes for looked after children. The group is data and target driven and provides an opportunity for all partners to debate performance as well as agree strategies to tackle areas of improvement.
- 9.6 Key achievements in 2013/14 include the provision of leisure cards to all young people placed within the borough and the creation of health passports for all young people over the age of 15, a more sensitive process around arranging emergency care; and the recently revised, and user friendly format for carer's welcome books. As recommended by Ofsted, a new pledge to looked after children in care - 'Our Promises' has been produced with our children in care council, published and disseminated. We now need to review the impact of this in 2014/14 and ensure that the Pledge is known by all our looked after children across the country and not just locally. A Leaving Care Charter has also been produced due for publication in October 2014.
- 9.7 We were pleased that Ofsted in May 2014 reported that structures for the delivery of corporate parenting are in place and established with evidence of positive impact. Our Children in Council was judged as active regularly presenting their views to the corporate parenting board and that some service changes have been achieved as outlined above in point 9.6. However, inspectors also concluded that there are too few children and young people involved in our Children in Care council with many children's views not represented, including those out of borough. In addition, Ofsted identified an area for improvement – **“Ensure that corporate parenting responsibilities are fully understood by elected members to achieve greater awareness and accountability across the local authority”**. Actions to drive forward improvements in 2014/15 are detailed in the Local Authority improvement plan (**Appendix 1**).

10. Social Care Transformation Programme

- 10.1 The Children's Complex Needs and Social Care Division face continual challenges to service provision and an increase in demand in social care as demonstrated in section 2 of this report. These challenges present in a range of forms; a series of external inspections conducted over the past 18 months; legislative and policy change at a national and local level; a challenging financial landscape set in stark contrast to a child population growing rapidly in both number and complexity of need. Consequently, the Directorate Management Team considered how best to transform current service delivery in order to maintain a high quality and supportive service to the most vulnerable children within the borough. As a result, the Children's Social Care Transformation Programme was established in September 2013.
- 10.2 In broad terms, the purpose of the Social Care Transformation Programme is the development and implementation of an operating model for Children's Social Care (CSC), which is both financially sustainable and provides the best possible outcomes for the most vulnerable children, young people and their families in Barking and Dagenham.
- 10.3 The original Programme Brief outlined a number of objectives with associated Project Groups, all of whom have project groups and leads. The objectives are:-
- Implement the changes required by the new Working Together to Safeguard Children guidance.
 - Address the pressures in the Assessments and Care management Teams.
 - Ensure services at Tier 2 are considered in light of changes at Tier 3, to ensure alignment and the smooth transition between the two.
 - Ensure that the Assessment and Care Management Services are redesigned to deliver service objectives whilst ensuring future sustainability.
 - Implementation of the Multi Agency Safeguarding Hub (MASH)
 - Implementation and / or redesign of key IT systems to support operational service delivery.
 - Ensure that Looked after Children services are redesigned to deliver service objectives whilst ensuring future sustainability.
- 10.4 Since the last Social Care Review Report was presented, good progress has been made. Initial steps have been implemented to address the pressures in Assessment and Care Management and much work has been conducted to refine the relationships between Tier 3 and Tier 2 services, with a steering group now in place to provide governance. Working Together requirements have been implemented and the Multi-Agency Safeguarding Hub (MASH) went live in April 2014. An e-CAF and Tier 2 Case Management System (CMS) is due to go live in September 2014.

- 10.5 There still, however, remains much work to do. To this end, the CSCT Programme will run for a further year, with a focus on delivering the following key projects:
- The implementation of the new Social Care structures across Assessment, Care Management and the Child Protection and Reviewing Service;
 - Delivery of the next phase of the Troubled Families Programme (LBBD have been invited to be 'Early Adopters' due to the successes of phase one;
 - Implementation of the remaining aspects of the Information System redesign work; and
 - A work stream dedicated to identifying and implementing cost reduction and containment strategies.
- 10.6 The second phase of the transformation programme and governance will continue to be provided via a Programme Board, comprising of the divisional management team. The Programme Board will be chaired by the Programme Sponsor, the Children's Services Corporate Director. The Divisional Director for Complex Needs and Social Care will operate as Project Lead for this programme.

11. Mandatory Implications

11.1 Joint Strategic Needs Assessment

The JSNA has sections dedicated to 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.

11.2 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.

11.3 Integration

The report provides an update on the multi-agency working that has taken place over the last year, including the work of the Local Safeguarding Children Board, the implementation of the Ofsted action plan through the Children's Services Inspection Board and the successful launch of the Multi Agency Safeguarding Hub (MASH) on 1 April 2014 which includes representation from the police service, health partners, housing, youth offending service and probation, education and social care.

11.4 Financial Implications

Compiled by Patricia Harvey, Interim Finance Group Manager Children's Services

There are no direct financial implications to this report.

The Social Care and Complex Needs budget for 2014/15 is £32.6m. As at September 2014, the service was reporting a total pressure of £5.6m for 2014/15 due to demand led pressures of £3.6m and £2m reported changes in budget from

2013/14 within the service. Work is currently underway to review all costs to ameliorate the increase in demand within the Social Care division and a report being produced to quantify the service demand and unit costs that have arisen since the budget was set with options for significantly reducing or eliminating the adverse budget position for this financial year and future financial years.

The change from LACSEG (Local Authority Central Spend Equivalent Grant) to Education Support Grant, together with the changes to the funding of statutory services to two year olds from General Fund to the Dedicated Schools Grant released £2.7m of ongoing funding to invest in social care demand pressures and this has now been included within the base budget from 2014/15.

An additional £3m has also been included within the MTFS from 2015/16 to support the huge growth and demand led pressures and £1.3m towards the Children's and Families Act.

11.5 Legal Implications

Compiled by: Lindsey Marks, Principal Solicitor

The responsibility of corporate parenting applies to the Local Authority as a whole and not just the departments directly responsible delivering services to children and young persons.

The Children Act 2004 and statutory guidance specifies that the Cabinet Member for Children Services has the lead political role in respect of looked after children and young people contributing to and being satisfied that the Local Authority has high standards of corporate parenting.

Since the 1 September 2012 the Adoption Panel no longer makes recommendations to the Agency Denison Maker as to whether or not a child should be placed for adoption save in the case of a relinquished baby.

12. Non-mandatory Implications

- 12.1 **Staffing Issues** - There are no specific staffing issues contained within this report. However, increased demand pressures in the past 12 months again have required the agreement of additional staffing to manage this demand. Whilst this additional support has greatly assisted, demand has not abated. Recruitment in social care and the level of future staffing is a key project of the Social Care Transformation programme as discussed above.
- 12.2 **Customer Impact** - The report highlights the areas of service improvement, as well as the areas where performance continues to be addressed.
- 12.3 **Safeguarding Children** - Services are determined to continually improve but such aspirations are an ever increasing challenge within a local context of growing demand and fiscal austerity.
- 12.4 **Crime and Disorder Issues** - The MASH element includes Police and Probation colleagues and is a route whereby early identification of sexual exploitation, gang

membership and other crime and disorder issues may be identified and is therefore seen as a positive support process for reducing crime and disorder.

The new LASPO legal arrangements for young people on remand will have an impact on Children's Social Care capacity, and whilst this is funded from central government, this is a new development and therefore may need a review within the next year or so in order to measure the capacity impact.

Background Papers Used in the Preparation of the Report

- Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the local safeguarding children board (published report July 2014 – link http://www.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/barking_and_dagenham/051_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)
- BDSCB Annual Report 2013/14 – see BDSCB item on the Health and Wellbeing Board agenda

List of Appendices:

Appendices have not been attached to the report, but can be found at the following links:

- **Appendix 1a** – LA Action Plan
<http://moderngov.barking-dagenham.gov.uk/documents/s85122/Childrens%20Social%20care%20Report%20-%20App.%201A%20OFSTED%20SIF%20Action%20Plan.pdf>
- **Appendix 1b** – Ofsted LSCB Review
<http://moderngov.barking-dagenham.gov.uk/documents/s85123/Childrens%20Social%20Care%20Report%20-%20App.%201B%20LSCB%20Action%20Plan.pdf>

HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title:	Barking & Dagenham Safeguarding Children Board (BDSCB) Annual Report 2013-14	
Report of the Barking & Dagenham Safeguarding Children Board		
Open Report	For Information	
Wards Affected: None	Key Decision: No	
Report Author: Teresa Devito, Group Manager Safeguarding Quality & Review	Contact Details: Tel: 020 8227 2318 E-mail: Teresa.devito@lbbd.gov.uk	
Sponsor: Helen Jenner, Corporate Director of Children's Services		
Summary: The BDSCB has produced its Annual Report 2013-14 in line with Working Together 2013. This report demonstrates the impact of the work of the BDSCB partners to safeguard children and young people across the borough. The BDSCB have identified the following priorities for 2014-15:		
<ol style="list-style-type: none"> 1. To identify and monitor groups of children who are particularly vulnerable, in order to improve and embed our operational and strategic approaches to safeguard– for example, Child sexual exploitation, missing children 2. Challenge approaches to monitoring and evaluating the impact of services on safeguarding children and young people and hold partners to account. 3. To identify improvements needed in safeguarding practice across the partnership, and where necessary challenge those agencies involved, via multi agency audits in order to evidence improvement. 3. Further develop the practitioner forum to facilitate engagement of all practitioners across the partnership. 4. Work in partnership with the Adult Safeguarding Board to support the development of a family focussed approach so that all services recognise the impact on families and children of domestic abuse, mental health, substance misuse. 		
Recommendation(s)		
The Health and Wellbeing Board is recommended to note the contents of the report.		

Reason(s)

To assist the Council in achieving its vision and priorities, particularly in relation to the priority of 'Enabling social responsibility'.

1. Introduction and Background

- 1.1 In line with Working Together 2013, the LSCB Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.
- 1.2 In line with the statutory guidance, this Annual Report should be shared with the Chair of the Health and Wellbeing Board and the wider partnership. This report has also been shared with the Children's Trust.

2. Proposal

- 2.1 The Safeguarding Children Board will continue to publish an Annual Report, working together with Partners, and in line with statutory guidance.
- 2.2 Safeguarding Children Board priorities have been identified as detailed within the summary above, and the evaluation of these will be detailed within the following year's Annual report.

3. Mandatory Implications

3.1 Joint Strategic Needs Assessment

The JSNA has a section dedicated to the analysis of safeguarding children. This report is used to update this section of the JSNA and its recommendations annually.

3.2 Health and Wellbeing Strategy

Safeguarding 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.

3.3 Integration

The Local Safeguarding Children Board is the key statutory mechanism for agreeing how relevant local organisations in Barking and Dagenham cooperate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do. The Barking and Dagenham Safeguarding Children Board brings together representatives from the Council, the Clinical Commissioning Group, North East London NHS Foundation Trust (NELFT), Barking and Dagenham, Havering and Redbridge University Hospitals Trust (BHRUT), NHS England, the Police and Probation.

3.4 Financial Implications

Implications provided by: Caroline Connelly, Senior Project Accountant, Children Services

Financial Implications are contained within the LSCB's Annual Report.

3.5 Legal Implications

Implications provided by: Lindsey Marks, Principal Solicitor, Corporate Legal Services

Working Together 2013 sets out what should be covered in the LSCB's Annual Report. It should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period

It should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. The Annual Report should be published on the local LSCBs website and is drawn to the attention of the Health and Wellbeing Board, the Police and Crime Commissioner, the local authority Chief Executive and the Leader of the Council.

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices:

Appendix 1 - LSCB Annual Report 2013-14

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***Barking and Dagenham
Safeguarding Children Board
(BDSCB)***

Annual Report 2013- 14

Foreword from the Independent Chair

Welcome to the 8th Annual report for the Barking and Dagenham Safeguarding Children Board (BDSCB).

This year has been a busy and challenging one for the Board with an increased pace and change of the Board's work to meet the safeguarding agenda. In addition, the revised Working Together to Safeguard Children guidance, published in March 2013, provided us with an opportunity to review our work and to ensure that we are doing the best we possibly can to safeguard children and young people in the Borough.

The Annual report this year will focus on demonstrating the impact of the work of the LSCB partners to safeguard children and young people. The work of the BDSCB takes place within a backdrop of a rapidly developing borough with changing demographics alongside the impact of the welfare reforms.

The work of BDSCB over the past year has been to focus on the key issues identified in our last years Annual Report. We have worked closely with the Children and Young People's Trust, the Health & Wellbeing Board and other key partnerships to provide a joined up strategic partnership approach to improvement. I am assured that there have been real improvements in the quality of practice across the partnership, but there is still so much more to do to achieve the challenging ambition we have set ourselves.

The purpose of this report is to provide a detailed account of what we have done as a Board, what impact we have made on improving arrangements to safeguard children and young people in Barking & Dagenham and to clearly set out where we still have challenges and areas we are determined to improve. The Annual Report is intended to provide information for a wide ranging audience including Barking & Dagenham residents, staff in all agencies responsible for safeguarding children and promoting their welfare and those who are scrutinising the effectiveness of our work.

During the year I have invited BDSCB board members to join me in visiting front line services to see first hand how services are commissioned and provided and the challenges they face in meeting the diverse needs of the children across the borough.

I have met with the safeguarding leads from schools across the borough to share learning from national serious case reviews and to consider the implications for safeguarding children in schools. This created the opportunity for school safeguarding leads to reflect on the systems and policies they had in place and measures they needed to undertake to update them

I met with the voluntary sector forum to explore the impact of training, Section 11 audits and the very different and diverse services managed by the voluntary sector. The meeting increased voluntary sector engagement with the LSCB.

Within BDSCB we have reviewed our governance arrangements to ensure we are compliant with Working Together 2013. We have initiated a system of “Trigger meetings” that provide an opportunity for the Leader of Council, Lead Member for Children’s services, Chief Executive and the Independent LSCB Chair to meet with the Director of Children’s services to understand, scrutinise and challenge the safeguarding performance of children’s social care and partners.

We recognise we face many challenges both in practice and strategically if we are really going to effectively safeguard children. The LSCB partnership is critical to success in respect of multiagency training and information sharing.

I would like to thank all partners for their continued engagement, expertise and commitment to the BDSCB and the value each partner brings to support the safeguarding of the children and young people across Barking and Dagenham.

I look forward to working with you all in 2014-15.



Sarah Baker

Sarah Baker

Independent Chair, Barking and Dagenham Safeguarding Children Board

Executive Summary

Background

BDSCB is a partnership working to safeguard and promote the welfare of children in Barking & Dagenham. This Annual Report provides an account of the BDSCB activities and achievements during 2013-14 and the work of the partnership in keeping children and young people safe from harm.

Review of 2013-14 Priorities

The following priorities were identified for 2013-14:

Implementation of E-CAF assessment tool

eCAF will be rolled out across the partnership in 2014-15 following procurement and implementation of the system in 2013-14. eCAF is the e-enablement of the Common Assessment Framework, including Family CAF. It will enable workers to record, monitor and involve professionals from across the partnership within a secure web based system. IT based training will run in parallel to the existing course.

To take forward the troubled families agenda

The Troubled Families team is now well-established, and has been set challenging quarterly targets for 2014-15. In each claim period thus far, the number of outcomes has exceeded that target. Work is currently underway to reshape troubled families work in line with changes in local and national policy.

Embedding the Multi Agency Safeguarding Hub (MASH)

LBBB will launch its MASH from 1st April 2014. This follows a phased implementation programme during 2013-14 that has seen agencies across the partnership put forward professionals as either dedicated points of contact, or a physical presence within the MASH office. LBBB's MASH will have involvement from the Met Police, Health, Education, Targeted Support, Probation, Youth Offending, Housing, and Community Safety. The primary function of the MASH is to improve decision making at the point of MASH enquiry (referral) through the sharing of partnership information. By ensuring that the decision is based on the multi agency information, the outcome should be more appropriate and directed to the right service for the family.

Strengthening joint working between Adult and Children's services

In November 2013 the Adults and Children's Safeguarding Boards held a joint development session. This event was facilitated by ARC theatre company and looked at a case study encompassing both directorates. An evaluation meeting has also taken place to discuss additional joint events. This continues to be an area for development however a joint public campaign is being discussed.

Embed Quality Assurance through learning and development from front line services through to the BDSCB.

Working Together 2013 created a clear emphasis on the need for LSCB's to have a scrutiny and challenge role to partners Quality Assurance activity within all areas of practice involving children and families. In B&D we started this process some time ahead of the publication of WT2013 and had already set up project groups, forums, and multi agency audit groups that dealt successfully with Quality Assurance and improvement across the partnership. The new Learning and Improvement Committee will now take this work forward and build on the work ensuring a clear and direct link between the BDSCB and front line practice that monitors and measures practice and performance

To work closer with the faith and culture communities in the borough

During 2013-14 the new Faith and Culture Committee was set up. This Committee reports directly to the Board and focuses on culturally harmful practices, raising awareness across the partnership.

Summary of Improvements made across the Partnership

During 2013 /14 the LSCB made some significant developments to strengthen the Board and the safeguarding of children and young people:

- The Business plan was developed to reflect the revised LSCB Governance structure to include a section for each Committee in addition to overarching objectives for the LSCB chair and Business Manager to develop;
- Improved and strengthened Partnership engagement with strategic groups, including representation on Safeguarding Adults Board; Children's Trust; Public Service Board; Health & Wellbeing Board; Serious Youth Violence Partnership, and Clinical Commissioning Group; BDSCB provides annual consultation for the CYPP.
- We have undertaken a review of practices, policies and procedures to ensure that all agencies have implemented statutory requirements compliant with Working Together 2013.
- Through the Performance and Quality Assurance Committee we have checked that all agencies have implemented safe recruitment and supervision of staff working with children and that this is reported to the LSCB annually.
- Undertaken multi agency audit activity ensuring partners are engaged in the process of peer reviews
- Strengthened communication between the Young People's Safety group and the BDSCB

- The CDOP have communicated learning points to the Board and to the Learning and Improvement Committee so lessons can be learned and included in the training programme
- The Culture and Faith Committee have conducted a mapping exercise to ascertain a clearer picture of the local minority ethnic communities in the borough to inform effective working across the partnership.
- The SCR Committee have developed a learning and development protocol to ensure learning from both local and national SCR's
- The BDSCB are assured that the Children's workforce are confident, competent and equipped to undertake their responsibilities through a quarterly evaluation and impact of training and the effectiveness of training.
- The Early Help Committee has implemented a Quality Assurance Framework to measure the impact of early intervention and targeted support to children and families.
- The CSE Committee have embedded the Pan London protocol and undertaken practitioner training to raise awareness of CSE across LBB
- The Lay member and Voluntary sector representatives have dedicated space on the BDSCB agenda to raise the profile of their work across LBB, and have delivered training across the sector.

Summary of Improvements to the Quality of Practice

Timeliness of Assessments slightly improved in 2013/14; 78% of assessments were completed within 45 days, 2% below our local target – national comparative data will be available December 2014.

Good performance on CP plans lasting 2 years plus; 4% in 2013/14 compared to 8% in 2012/13 - Q1 stands at 3%, performance is below all benchmarks;

Continued high usage of CAF across partner agencies, in 2013/14, 761 CAFs were initiated, bringing the total of CAFs ever initiated to 4,365

Performance on first time entrants remains good and better than all benchmarks in 2013/14 although the number did increase to 84 compared to 77 in the previous year; the rate per 10,000 is still way below benchmarks.

We have had no offenders who have received level 3 MAPPA reviews reoffending against children in the last 4 years;

Decline in children & young people accused of knife and gun crime – also decline in children and young people being the victim of knife crime; decline on gang related incidents involving serious youth violence – reducing from 32 in 12/13 to 10 in 13/14;

Hospital admissions caused by unintentional and deliberate injuries to children and young people (per 10,000) dropped in 2013/14 to 74.2 much lower than all benchmarks;

Our privately fostered children all had a private fostering assessment – 100% year-on-year. The number of privately fostered children in the borough is in line with national, SN and London;

83% of referrals to CAMHS resulted in an assessment compared to 74% in 2012/13; a higher % of assessments are also resulting in active engagement with CAMHS – 55% in 2013/14 cf to 39% in the previous year;

Priorities for 2014/15

As the LSCB moves into 2014-15 the following areas for improvement and development include:

1. Identify and monitor groups of children who are particularly vulnerable and improve and embed our operational and strategic approach – Child sexual exploitation, missing children,
2. We will develop challenging and rigorous approaches to monitoring and evaluating the impact of services on safeguarding children and young people and hold partners to account.
3. Through a process of audit and quality assurance we will understand where improvement in practice is needed, manage them as risks and where necessary challenge those agencies involved
4. We will develop the practitioner forum to facilitate engagement of all practitioners across the partnership.
5. We will work in partnership with the Adult Safeguarding Board to support the development of a family focussed approach so that all services recognise the impact on families and children of domestic abuse, mental health, substance misuse.

Messages for Local Politicians

- You can be the eyes and ears of vulnerable children and families in your ward making sure their voices are heard by BDSCB. Councillor John White continues to hold the Portfolio for Children, following his appointment on 1st August 2012. The Lead Member provides the route into the Board for individual councillors to make sure the voices of children and young people are heard by the BDSCB and for councillors to be aware of local safeguarding children priorities.

- When you scrutinise and plan for B&D it is important to keep the protection of children at the front of your mind. Ask questions about how any plans will affect children and young people.

Clinical Commissioning Groups (CCG):

- CCG's have a key role in scrutinising the governance and planning across a range of organisations.
- You are required to discharge your safeguarding duties effectively and to ensure that services are commissioned for the most vulnerable children.

Police & Crime Commissioner

- Ensure that the voices of all child victims are taken notice of within the criminal justice system, particularly where children disclose abuse.
- Monitors that police and probation staff shares information regarding MAPPA and MARAC cases and the risks that some adults present to children.

Messages for Head Teachers and Governors of Schools

- Ensure that their schools are compliant with 'keeping children safe in education' (DfE, 2014) which outlines the processes which all schools, in the maintained, non-maintained or independent sector, must follow to safeguard their pupils.

Directors and Chief Executives

- Ensure your workforce is able to contribute to the BDSCB safeguarding training, to attend courses and learning events.
- Your agency's contribution to the work of BDSCB must be given a high priority and every agency must take account of the priorities within the Business Plan and the agency's own contributions to the shared delivery of the BDSCB work.
- Ensuring the agency meets the duties of Section 11 of the Children Act 2004 and contributes to any work programme with appropriate personnel & resources.
- The BDSCB will need to understand the impact of any organisational changes on your agency's capacity to safeguard children and young people in the borough

Children's Workforce

- Book onto and attend all safeguarding courses or learning events required for your role.
- Be familiar with and use the multi agency Threshold Criteria.
- Know who your agency representative is on the BDSCB and use them to make sure the voice of children and young people is heard and understood.

Barking & Dagenham Safeguarding Children Board (BDSCB)

Background

The Safeguarding Children Board is a partnership, working to safeguard and promote the welfare of children in Barking & Dagenham. This Annual Report provides an account of the BDSCB activities and achievements during 2013-14 and the work of the partnership in keeping children and young people safe from harm. It is aimed at everyone who is involved in safeguarding children, including members of the local community as well as professionals and volunteers who work with children and families. Our aim in producing this report is to provide an assessment of how well services work together to safeguard children, to explain how we have addressed our priorities, what our strengths and areas of challenge are, and what we are doing to improve. The report will also outline the priority areas on which the BDSCB will focus in 2014/15. The Annual Report should be read in conjunction with the BDSCB Business Plan.

The BDSCB oversees a number of subgroups who deliver the work streams of the Board. The work of these subgroups and their achievements during the year are described in the body of this Annual Report.

In line with statutory requirements, a copy of this Annual Report will be sent to senior local leaders, including the Chief Executive of the Council, the Leader of the Council, the Director of Children's Services and MOPAC. The report will also be presented to the Health and Well-Being Board, Children and Young People's Trust Board, Community Safety Partnership. Individual agencies will also be encouraged to present this report through their internal Boards and scrutiny arrangements.

The Board

Section 13 of The Children Act 2004 requires all local authority areas to have a Local Safeguarding Children Board in place to oversee, monitor and scrutinise local arrangements for safeguarding children and promoting their welfare. The BDSCB is the partnership body responsible for co-ordinating and ensuring the effectiveness of services to protect and promote the welfare of children in the borough.

The Board's responsibilities are laid out in primary legislation, regulations and statutory guidance, the most recent of which is Working Together to Safeguard Children, March 2013.

The BDSCB relies on its independence and is responsible for scrutinising the work of its partners to ensure that services provided to children and young people actually

make a difference. The effectiveness of the BDSCB relies upon its ability to progress and improve outcomes for children by exercising an independent voice.

The Board is made up of senior representatives from agencies and organisations in Barking & Dagenham concerned with protecting children and its main objectives are:

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- To ensure the effectiveness of what is done by each such person or body for these purposes

Governance

The BDSCB has two tiers of activity: see structure chart – Appendix 1

- **Main Board** – this is made up representatives of the partner agencies as set out in statutory guidance. Board members must be sufficiently senior to ensure they are able to speak confidently and have the authority to sign up to agreements on behalf of their agency.
- **Sub groups** – the purpose of BDSCB sub groups is to work on the various areas of concern to the BDSCB on a more targeted and thematic basis. The sub groups report to the Main Board. These subgroups are:
 - Young People's Safety Group
 - Performance & Quality Assurance
 - Learning & Improvement
 - Early Help
 - Child Death Overview Panel (CDOP)
 - Serious Case Review (SCR)
 - Faith & Culture
 - Child Sexual Exploitation (CSE)

Key Roles

Independent Chair – all Local Safeguarding Children Boards appoint an Independent chair who can bring expertise in safeguarding and can ensure the Board fulfils its role. The Independent Chair also frees up Board members to participate equally without the added influence of chairing the Board.

Sarah Baker was recruited to this post in September 2011.

Working Together 2013 states that Independent Chairs should be accountable to the Chief Executive of the local authority and in Barking & Dagenham the role is accountable to Graham Farrant, Chief Executive.

Director of Children's Services – this post is held by **Helen Jenner**. The Director sits on the Main Board and has a responsibility to ensure that the BDSCB functions effectively and liaises closely with the Independent Chair who keeps her updated on progress.

Lead Member – the Lead member for Children's Services has responsibility for making sure that the local authority fulfils its legal duties to safeguard children and young people. In Barking & Dagenham during 2013/14 **Councillor John White** held this role. Following local elections Councillor Bill Turner is now the Lead Member and he contributes to the BDSCB as a 'participating observer'. This means taking part in discussions, asking questions and seeking clarity but is not part of the decision making process.

Lay Members – Working Together 2013 recommends that Boards appoint 'lay members' to support stronger public engagement on local child protection and safeguarding and contribute to an improved understanding of the BDSCB's work in the wider community. The Board appoints on a bi-annual basis and has one lay member in post. The Lay members have a standing agenda item on each Board member in order to update

Key Relationships

BDSCB has a number of key relationships with other Boards. A Memorandum of Understanding will be agreed during the coming year by the relevant Boards that will set out safeguarding arrangements between key strategic partnerships in Barking & Dagenham.

Member Agencies Management Boards – BDSCB members are senior officers within their own agencies providing a direct link between the BDSCB and their own single agency management boards. It is essential that the management boards of each statutory agency in Barking & Dagenham build a close connection with the Safeguarding Children Board and invest in its work.

Children and Young People's Trust Board – The Children and Young People's Trust is a partnership Board that aims to improve outcomes for all children and young people in Barking & Dagenham through strategic leadership and decision making, determining joint priorities, joint planning, and ensuring integrated working. The BDSCB reports to this Board on matters affecting children and young people at risk in the borough and the Safeguarding Children Board holds the Children and Young People's Trust Board to account to ensure that they commission the services that are identified as safeguarding priorities. The BDSCB participate in the review and development of the Children and Young People's Plan overseen by the Children and Young People's Trust Board.

Health & Wellbeing Board – The BDSCB links with the Health & Wellbeing Board and is held to account for key safeguarding issues for children in the borough. The LSCB chair attends two development days each year to support the work of the HWBB and ensure the work programme for the forthcoming year takes account of the implications of children’s safeguarding across both commissioning and provision with LBBD. The Director for Children’s Services, Director of Public Health and the Divisional Director for Strategic Commissioning and Safeguarding, all have seats on the LSCB and HWBB ensuring that cross cutting agendas are heard and debated.

Safeguarding Adults Board (SAB) - The LSAB carries out the safeguarding functions in relation to adults 18 years and over. A number of members of the LSCB also sit on the LSAB.

Local Context

Barking and Dagenham is located at the heart of the Thames Gateway, approximately 11 miles east of central London. It is a dynamic borough with a vibrant community, significant investment opportunities and complex challenges. Each year, the Children’s Services Needs Assessment, which contributes to BDSCB annual report and the annual Joint Strategic Needs Assessment, is updated with current data and trends. This annual needs assessment includes early help data and outcomes, as well as a comprehensive overview and analysis of safeguarding and looked after children outcomes. The latest data 2013/14 continues to show that the borough’s demographic, social and economic profile presents a range of serious challenges, particularly challenging in a climate of diminishing resources and reductions in Local Authority and Partnership funding.

Population

In the last 10 years, Barking and Dagenham has experienced rapid population growth, linked to new housing development, birth rate changes and the impact of welfare reforms. The population structure has changed significantly with particularly large increases in the numbers of younger people living in the borough. The borough has a resident population of 56,200 children and young people aged 0 to 17 representing 29% of the population compared to only 22% across London. There has been a real term increase of 29% in 0-17 year olds in the borough in the last 10 years.

The largest local demographic change has been the growth in the 0-4 year old population with a 54% increase over the last 10 years, increasing from just over 12,300 in 2003 to the 2013 Greater London Authority (GLA) projected level of over around 19,000.

Chart 1

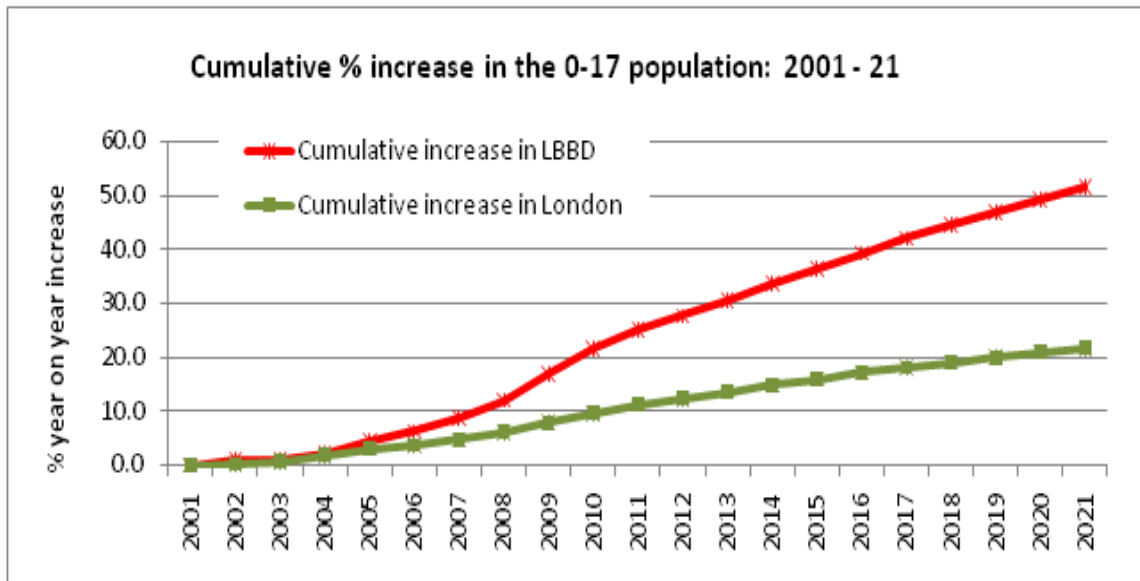
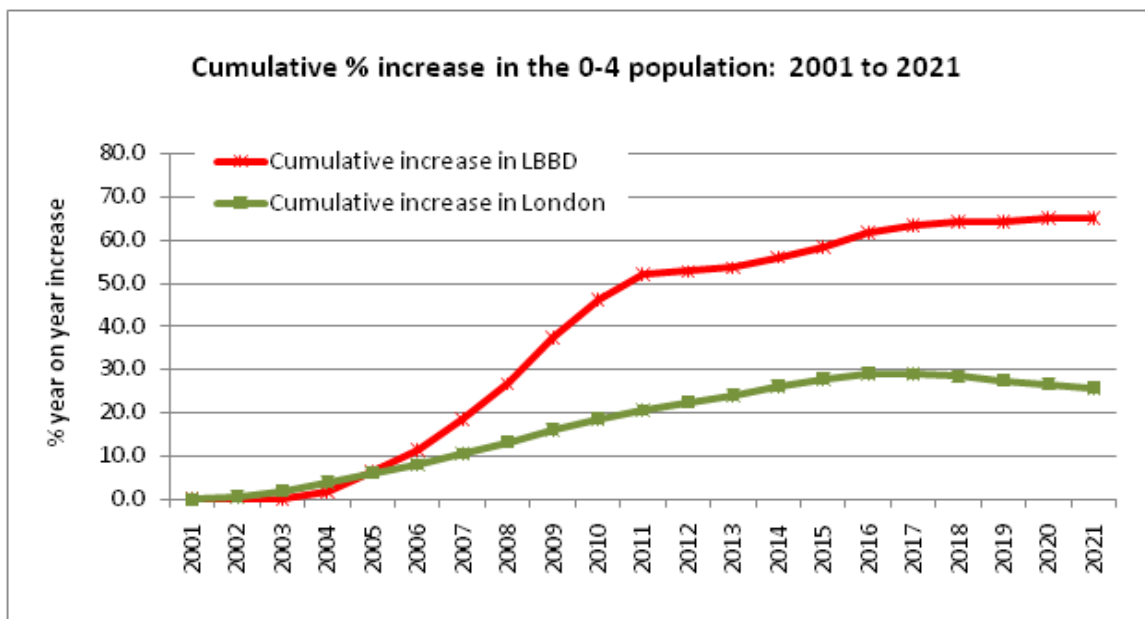


Chart 2



Alongside population increase, the borough has experienced a rapid shift in the proportions of various ethnic groups, with a large decrease in the white British ethnic group and a large increase in the black African ethnic group, particularly those children under 5. 69% of school pupils are from ethnic minority communities and 46% speak English as a second language, with 174 different languages spoken (School Spring Census 2014).

Alongside significant population increase, Barking and Dagenham has remained an area with high levels of poverty and deprivation ranking 7th most deprived in London and 22nd most deprived nationally. Around one in three children in Barking and Dagenham is born into poverty, higher than the national average of one in five and a

third of children live in workless households in the borough. 24% of pupils in Barking and Dagenham schools are eligible for free school meals (January 2014 Census) compared to 17 per cent nationally.

2013 GLA Population Projections

The 2013 GLA projections show that Barking and Dagenham population levels are set to continue increasing over the next few years. Table.1 sets out the population trends up to 2020. The overall population in Barking and Dagenham is set to increase further by 12% between 2014 and 2020. The 0-19 age population will also increase by 11% over the next six years, which is nearly twice the rate of increase predicted across London (6%). The 10-14 year population in Barking and Dagenham will see an exceptional sharp rise of 31% between 2014 and 2020, increasing by 4,000 rising from 13,000 in 2014 to 17,000 in 2020.

Table 1- GLA projected population increases: six year change from 2014 to 2020

Barking & Dagenham	2014	2015	2016	2017	2018	2019	2020	6 year % change +/-
0 – 4	19,400	19,700	20,000	20,300	20,400	20,400	20,400	5.2
5 – 9	17,300	17,800	18,100	18,200	18,400	18,500	18,800	8.7
10 – 14	13,000	13,500	14,100	14,900	15,700	16,500	17,000	30.8
15 – 19	13,100	13,000	13,000	13,000	12,900	13,200	13,600	3.8
0 – 19	62,800	64,000	65,200	66,400	67,400	68,600	69,800	11.1
All ages	200,000	204,300	208,600	212,700	216,400	219,900	223,400	11.7
0-19 population London	2,091,000	2,114,700	2,137,200	2,159,100	2,177,100	2,195,900	2,215,200	5.9

The work of the sub groups

Young People's Safety Group

During the last twelve months the Young People's Safety Group met three times, with different issues being considered and discussed on each occasion. At the end of each meeting, young people are asked to note down pledges or actions they will take as a result of the session, as well as to consider two key questions to pose the BDSCB.

In July, to raise awareness of Child Safety Week and in conjunction with the Metropolitan Police Service, a group of young people attended the Police training centre in Kent. The young people observed a Public Disorder scenario and learnt about different Court Orders and riot equipment and how to stay safe during a public disorder. The session provided an exclusive insight into how public disorder is managed. Young people reported on what they had learnt back in school via assemblies and school publications.

The group have also looked at challenging attitudes around victim blaming, excusing abusive behaviour and explored pressures around sending sexually explicit images and texts online and over mobile phones. The group explored the complexity of controlling behaviour through the exploration of the characters. The young people were made aware of support available and also their responsibilities for support of their peer groups.

The Young People's Safety group continues to be supported well by schools and Barking and Dagenham College and had its biggest ever attendance for September's meeting when over 60 young people were in attendance.

The BDSCB now has the Young People's Safety Group as a standing item on their agenda and questions from the group are tabled and responded to at every meeting. This will aid a two way communication process between the Board and the Young People's Safety Group and ensures that issues are listened to and acted on at Board level.

Performance & Quality Assurance

BDSCB has a Quality Assurance Strategy that supports the work of the Board through the multi-agency audit programme and improvement activity arising from Serious Case Reviews and other areas as required. The strategy has four main areas of focus:

- Supervision – strengthening the supervision of safeguarding elements in all cases
- Understanding – the importance of informed assessments in all agencies and ensure they lead to action
- Recording – improve the quality of recording to show analysis, evidence and the child and family's voice

- Effectiveness – ensure effectiveness in outcomes, and demonstrate value for money

Themed audits were a regular feature of activity during the year and identified through statistical analysis.

Domestic Violence - the context for the audit was the significant number of contacts (14%) where domestic abuse was the presenting concern. A total of 27 cases were audited. This represented 15% of all contacts during the period. The following points were highlighted:

1. The decision-making on domestic abuse contacts was judged to be good in 81% of cases.
2. The introduction of the risk assessment screening tool has further strengthened this.
3. The child's perspective was well represented in the majority of referrals and CSC assessments.
4. Half of all the families had been referred to domestic violence services as a result of the referral.
5. A quarter of children in the audit sample progressed to a Child Protection or Child in Need plan. agencies reviewed their existing responses to Domestic Abuse to determine how these could be further strengthened.

S47 Decisions - A threshold audit was undertaken of Section 47 (s47) enquiries that had not led to an Initial Child Protection Conference. The context for the audit was a rise in the percentage of s47 enquiries that did not progress to Initial Child Protection Conference (ICPC) from 29% in 2010/11 to 55% in 2011/12. Although this rise brought Barking and Dagenham in line with the average for London, nationally and with its statistical neighbours, it was considered necessary to understand the reasons behind this rise.

The cases of seventeen children were audited, 41% of the total number of such cases. In all seventeen cases, the audits confirmed that the s47 enquiry and core assessment had led to appropriate action to safeguard the children.

Section 11 - A report was presented to the Board in September 2013 with an analysis of partner's returns:

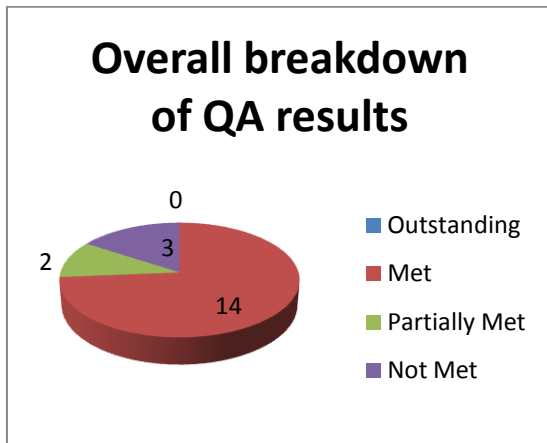
The report highlighted that 100% of statutory partner returns were received, with the breakdown as follows:

Statutory Partners: Number of Submissions Received	
Local Authority	13
Health	3
Police	1
Probation	1

Youth Offending Service	1
Total	19

All returns were Quality Assured using the Ofsted grading standards of Outstanding; Met; Partially Met; and Not Met.

Overall, 74% of returns (14) were graded as met; 10% as partially met (2); with 16% graded (3) as Not Met:



A summary for each standard was provided back to all partners, advising how they could improve within each standard and this will be further tested when the S11 process is repeated during 2014/15

Learning & Improvement

The learning and improvement committee will gather together learning from all audit functions across the partnership with a view to identifying ways in which we are able to measure our effectiveness driving up standards and improving practice across the partnership.

We have established auditing processes that cover the partnership and have in place the Multi Agency Audit Group that carries out and reports on findings from multi agency audits.

Early Help

Barking and Dagenham have invested heavily in supporting the Early Help agenda. Systems are in place and embedded in a number of key settings, there is now more importance on measuring the impact of the services and early help interventions. Through quality assuring processes and interventions, we are able to provide challenge to those services that fall below the expected standards we require for our children and families. This also provides the opportunity to learn about strengths and gaps in our early help service provision and build that into our commissioning arrangements.

<i>Setting</i>	<i>Closed - Needs met</i>	<i>%</i>	<i>Step up to Social Care</i>	<i>%</i>
<i>Children's Centres</i>	399	69%	57	10%
<i>Community Voluntary Sector</i>	160	58%	20	7%
<i>Health</i>	170	55%	41	13%
<i>LA teams</i>	258	58%	56	13%
<i>Schools</i>	408	57%	87	12%
<i>Total</i>	2909	Av. 59%	261	Av. 11%

The above table highlights the number of children who have been successfully supported through the early help CAF process to the point where their additional needs have been met and the intervention closed. The average across the five key services areas is 59%. Equally, the number of children and families whose needs have escalated to statutory provision once a CAF has been put in place, averages across all five services at 11%. This indicates a significant percentage of the interventions in place through CAF are either maintained at the additional needs level or reduced to the point that only universal support is needed. Ensuring that the right families are being supported at the right time to avoid intervention at a point of crisis is a key priority for the Early Help Committee as is set out in the Early Help Strategy and Business Plan.

Child Death Overview Panel (CDOP)

Since 2008 Child Death Reviews have been a statutory requirement for Safeguarding Children Boards, who will review the circumstances of all children's deaths up to age 18. In Barking & Dagenham the CDOP has oversight of child deaths ensuring that:

- Reviews occur in a timely way
- There is referral or investigation of any deaths where there are safeguarding or criminal questions
- Where lessons emerge that have broader relevance or public health implications, they are effectively disseminated

In 2013-14 there have been 27 deaths in Barking & Dagenham of which 8 were unexpected.

<i>Summary of Child Death Review Process activities 2013-14</i>	
<i>Number of child deaths notified to CDOP</i>	<i>27*</i>
<i>Of the deaths notified to CDOP, the number of rapid response meetings</i>	<i>10</i>
<i>Number of BDSCB CDOP meetings</i>	<i>6</i>
<i>The number of child death reviews completed by BDCDOP</i>	<i>18</i>
<i>Of the deaths where the review was completed, the number the panel assess ad identifying Modifiable Factors</i>	<i>5</i>
<i>Of the deaths where the review was completed, the number the panel assess ad identifying No Modifiable Factors</i>	<i>13</i>
<i>Of the deaths where the review was completed, the number the panel assess ad identifying Insufficient information</i>	<i>0</i>
<i>Of the deaths where the review was completed the number identified as unexpected</i>	<i>8</i>
<i>Of the deaths where the review was completed the number identified as expected</i>	<i>10</i>

Learning points from CDOP

- London Ambulance Service (LAS)**
LAS to ensure crews have different sized masks within its paediatric bag valve mask pack - a neonatal mask, an infant mask and a child mask.
- Barking, Havering, Redbridge University trust (BHRUT) Hospital**
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. Training was carried out by BHRUT Safeguarding of the Maternity Midwives with regards to late child death notifications.
- North East London Foundation Trust (NELFT)**
Associated factors relating to co-sleeping, alcohol consumption and placing the baby face down to sleep were identified in the child deaths reviewed.

- **General Practitioners**
CDOP recommends that there is an NHS England representative on CDOP to assist with GP's learning and contribution to the CDOP process.
- **Barts Health (Newham)**
Newham University Hospital to review local guidance for responding to LAS.
Local flowchart to support clear communication and decision making.
- **CDOP**
Recommendations will be reviewed 6 months after the case is closed. This review will be included in the 6 monthly reports to BDSCB.

Faith and Culture

This group is a recent addition to the BDSCB structure and was ratified by the Board in January 2014. The aim of this group is to raise awareness around cultural harmful practices and to assist professionals in becoming confident and competent working with diverse communities.

The purpose of the group is to:

- To promote and develop a cultural competence workforce in relation to safeguarding children across Faith, Culture and Community
- To utilise a range of approaches to engage communities
- To collate, scrutinise and analyse data with respect to concerns linked to faith and culture
- To discuss and share good practice examples across agencies
- To oversee the development of services to children/young people and vulnerable adults affected by harmful culture practices (QA)
- To link with national networks and local faith forums to share and exchange information

The group proposes to continually work towards developing a culturally competent workforce by way of facilitating workshops, training activities and briefing events. In addition the group will revise and update relevant policies, guidance and procedures in the context of faith, culture and communities. The group will also disseminate learning about good and poor practice across the partnership.

To date the group have facilitated three thematic workshops:

- Spirit possession and the accusation of witchcraft x2
- FGM – your responsibility to safeguard girls from the practicing communities

The group is planning to organise a further 3 briefings sessions entitled:

- Forced Marriage and Honour Based Violence
- An alternative method to Physical Chastisement
- The issues around internal and international Trafficking.

Child Sexual Exploitation

The Child Sexual Exploitation Committee forms part of the restructured Safeguarding Children Board, and have been set up in line with the Pan London Child Sexual Exploitation Operating Protocol.

The group has CSE leads from each partner Agency to ensure that, as a Safeguarding Children Board, we are working together to combat CSE. This includes reviews of cases, Cross Border Issues, identifying Trends, locations and Cross border issues. The monthly meeting also acts as the Multi Agency Safeguarding meeting (MASE) as required by the Protocol.

The Committee is developing The Child Sexual Exploitation Strategy and Operational Work Plan 2013 - 2016 which will set out the commitment of the BDSCB partnership to prevent the sexual exploitation of children, protect those who do experience it, prosecute those who commit it and publicise information to increase awareness.

The focus of the group to date has been on publicising CSE and the Protocol. To achieve this, training has been arranged for all LBD front line police officers by the Met Police Sexual Exploitation Command. Two further training days have been delivered to front line staff within the wider partnership by the police who have also given a presentation to the BDSCB and will be giving a presentation at the BDSCB Annual Conference in May 2014.

The committee are working on a CSE Campaign for Hotels and Accommodation to alert them to possibilities of CSE occurring on the premises. Discussions are ongoing with our neighbouring boroughs in relation to a coordinated approach to rolling this out in the summer of 2014.

Serious Case Review

Safeguarding Children Boards are required to consider holding a Serious Case Review (SCR) when abuse or neglect is known or suspected to be a factor in a child's death and there are concerns about how professionals may have worked together.

The purpose of a SCR is to:

- Establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children
- Identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result

- Improve multi-agency working in safeguarding children

During the year 2013-14 there was one SCR's commissioned that has not concluded within the time of this report.

Practitioner Forum

The Practitioner Forum was set up to test the findings from local and national serious case reviews and to ensure areas of practice highlighted by the reviews are either embedded in front line practice or are recognised as areas of development for staff across the partnership. The group has developed a Local Services Directory which can be used by all partnership organisations to support induction and the ethos of working together by providing comprehensive information about the services provided and contact details. Other topics considered by the group over the year have included:

1. Common Assessment Framework (CAF)
2. Domestic Abuse
3. Child Sexual Exploitation (CSE)
4. Neglect and the pilot of the Neglect tool

The Child's Journey in Barking & Dagenham

Summary

The borough has a resident population of 56,200 children and young people aged 0 to 17 representing 29% of the population compared to only 22% across London. There has been an increase of 29% in 0-17 year olds in the borough in the last 10 years.

The largest local demographic change has been the growth in the 0-4 year old population with a 54% increase over the last 10 years, increasing from just over 12,300 in 2003 to the 2013 Greater London Authority (GLA) projected level of over around 19,000.

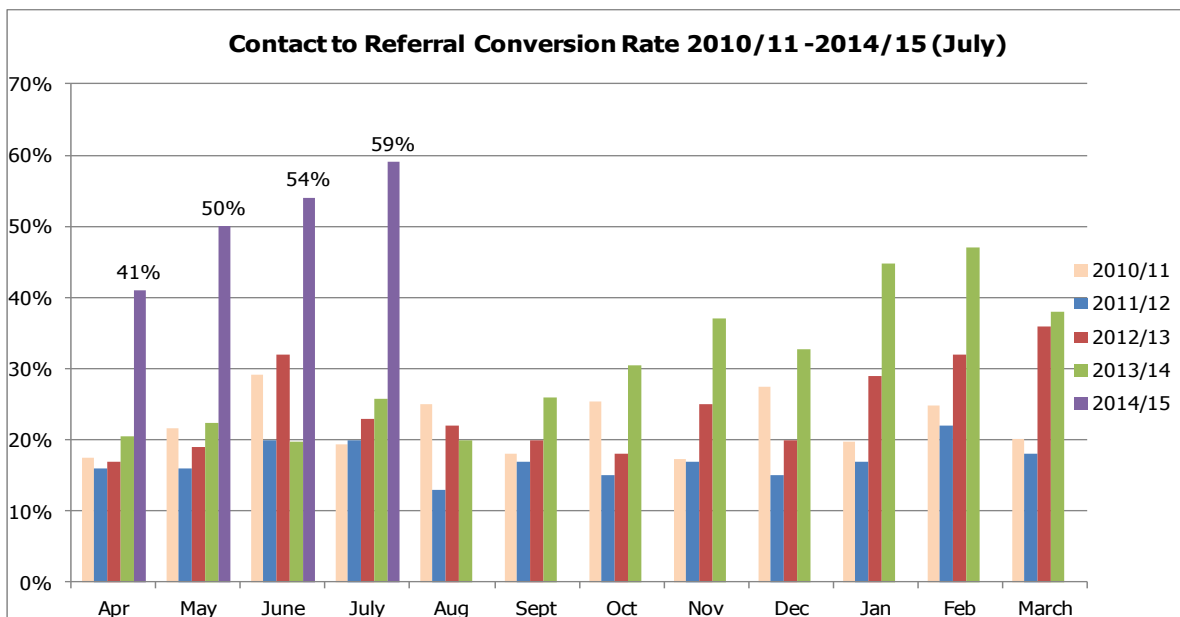
At year end 2013/14 there were 460 children in care, 318 children subject to a child protection plan and 1221 Children in Need.

The Board has begun to develop a more performance orientated and outcomes focused approach, to understanding the child's journey. Through the use of multi-agency audits it has also put in place mechanisms for ensuring that it has a closer view of front-line safeguarding practice that can be used to identify and drive improvements. In addition, the joint strategic needs assessment has been improved to provide a better needs analysis around safeguarding.

MASH implementation (Multi Agency Safeguarding Hub)

On the 1st April 2014 Barking and Dagenham launched its MASH. This saw partners from Met Police, Social Care, Health, Education, Targeted Support, Housing, Youth Offending, Adult Mental Health, CAMHS and Probation come together to form a multi agency safeguarding hub. The MASH is the borough's front door into Social Care and ensures that comprehensive risk assessments, with agency relevant input, result in families accessing the right level of support at the right time.

Through co locating partners from Early Help into our MASH and newly introduced case management systems, we are able to provide a seamless and timely interface for children and families with additional needs. Being able to draw upon the information and intelligence held by partner agencies within a secure information sharing environment, ensures that onward support provided by professionals is both suitable and well informed. Whilst it is very early days for our MASH, initial performance at the front door and feedback from partner agencies has been positive. More information is being made available to ensure cases are safely stepped across to Early Help provision, or stepped up for onward statutory assessment. The MASH Local Delivery Group will continue to oversee post launch implementation and scope out future opportunities for Adult service inclusion in LBBDD's MASH.



Number of referrals to social care has increased during 2013/14 and this is continuing in 14/15; 395 in July 2014 compared to 242 in April 2014. The contact to referral conversion rate has increased significantly.

Children in Need

Children in need are the largest group of vulnerable children. As at March 2014 there were 1221 children in need.

Of the total number:

- 630 were male (51.6%)
- 591 were female (48.4%)

Ages:

- 0-4 407 (33.3%)
- 5-9 389 (31.9%)
- 10-15 331 (27.1%)
- 16-17 94 (7.7%)

The highest percentage of children in need was of white children with Black and Asian making up the next highest.

Children with a Child Protection Plan

Children with a child protection plan are considered to be in need of protection from neglect, physical, sexual or emotional abuse. The child protection plan details the main areas of concern, what action will be taken by the multi-agency core group to reduce risk, how the child's safety will be established and maintained, what progress and improvement will look like and how the family and professionals will know this has been achieved.

The implementation of strengthening families' model has achieved a shift towards a conference model that it is focused on participation and outcomes for children that are SMART. All child protection conferences use the Strengthening Families model. All the conference chairs had a 2 day training programme during November 2013 which has improved consistency of chairing arrangements. Barking & Dagenham has dedicated conference facilities within Barking Town Hall which has improved the process.

A pre conference checklist has been developed and regular dip samples and audits of child protection plans are undertaken by the Safeguarding Unit.

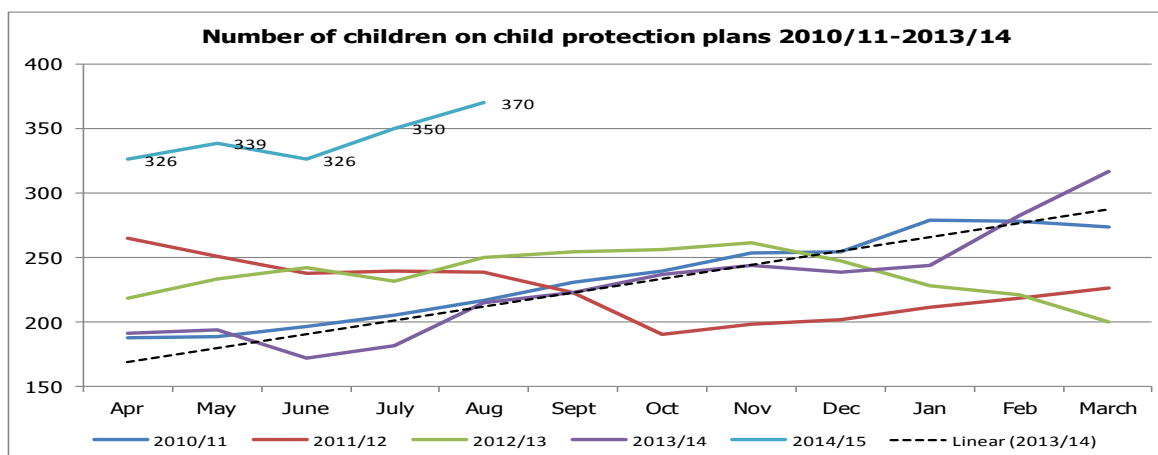
During the year 1/04/2013-31/03/2014 the team held 572 conferences that included 18 CP Transfer-in conferences.

There have been considerably more S47s; 1,231 in 13/14 compared to 705 in 12/13; this has had an impact on CP numbers

Number of children subject to child protection plans for a second or subsequent time increased to 11.5% in 2013/14 compared to only 2.5% in 2012/13 – performance is in line with benchmarks.

Good performance on CP plans lasting 2 years plus; 4% in 2013/14 compared to 8% in 2012/13

The number of children on child protection plans has risen significantly to 318 in 2013/14 compared to 200 in 2012/13; our rate per 10,00 has increased to 57.6 which is above all benchmarks.



Observations and Feedback forms evidence that:

- The outline CP plan identifies outcomes for safety and the measures to achieve these outcomes
- Conferences are relatively 'jargon free' and contributes to a more inclusive process for children and families
- Action points in the plan are generally SMART
- During the year 505 feedback forms were received from professional partners. Of these 503 expressed a view that the conference was chaired well and all views, including that of the child was listened to and heard.
- Of the 119 parents and family members that completed a form, 114 were of the view that the conference resulted in a clear understanding of concerns and that these were addressed in the action plan. 118 parents and family members were of the view that the conference was chaired well and all views, including the child's, were heard. 3 children completed their feedback forms and all said that they felt their views had been heard.
- All Conferences are held within timescales.
- There has been a significant improvement in child protection plans and minutes sent out within timescales. The quality of child protection plans and minutes is consistently of a good quality.
- There has been an improvement in initial child protection conference invitation lists being completed promptly, leading to an improvement in invitations being sent out in a timely way.

Children in Care

Children in Care are those looked after by the local authority. Only after exploring every possibility of protecting a child at home will the local authority seek a parent's consent or a court decision to move a child away from his or her family. Such decisions, whilst incredibly difficult, are made when it is in the best interest of the

child. All Children in Care are subject to regular independent reviews of their care to ensure that their circumstances are reviewed and their needs are met. The local authority and other agencies work together to ensure that children in their care are offered the best possible care and this work is co-ordinated and overseen by the LBBD Corporate Parenting Board.

The 2013/14 year end figure for looked after children is 460 compared to 420 the previous year, representing an increase of 9.5%. Our rate per 10,000 has subsequently increased from 76.4 to 83.6. This is above the national rate of 59, but below our statistical neighbour rate of 91 per 10,000.

Care Leavers

At year - end there were 157 care leavers 18+. The performance on Pathway Plans is good with 99.3% of care leavers having an updated plan.

For 19-21 year olds – 14.2% are not in contact with services.

80.5% of 19-21 year olds are in suitable accommodation

51.2% of our care leavers are in education or training with 34.1% not in education or training.

Safeguarding Risk Areas

Private Fostering

LBBD has a designated social worker responsible for Private Fostering and undertakes assessment and support of all private fostering arrangements and raising awareness within the borough. At year end there were 13 children privately fostered, all had a private fostering assessment – 100% year-on-year. The number of privately fostered children in the borough is in line with national, SN and London data.

All notifications were responded to by means of an initial visit to the child, carer and carer’s premises. LBBD received 33 notifications within 2013 -2014. All initial visits were completed with timeframe (7 days of notification), compliance with visits was 97.7%.

<i>MONTHS (01/04/13 – 31/03/14)</i>	<i>No of notification Received</i>	<i>Initial Visit completed within timescales (Y/N)</i>
<i>April 2013</i>	<i>1</i>	<i>Y</i>
<i>May</i>	<i>8</i>	<i>Y</i>
<i>June</i>	<i>1</i>	<i>Y</i>
<i>July</i>	<i>2</i>	<i>Y</i>
<i>August</i>	<i>5</i>	<i>Y</i>
<i>September</i>	<i>0</i>	<i>Y</i>
<i>October</i>	<i>4</i>	<i>Y</i>

November	4	Y
December	1	Y
January 2014	4	Y
February	1	Y
March	2	Y

Private Fostering 2013/14															
Indicator		12/13 EoY	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Average
P F1	Number of current private fostering arrangements	7	8	12	10	6	6	6	6	9	10	13	13	13	
P F2	% of cases held in Fostering team with visits in timescales	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	81.8%	90.1%	100.0%	97.7%
P F3	% of all PF cases with visits in timescales	n/a	90.0%	91.7%	90.0%	83.3%	66.7%	66.7%	66.7%	77.8%	80.0%	84.6%	84.6%	100.0%	81.8%

Local Authority Designated Officer (LADO)

Locally and nationally, we have continued to see a steady increase in referrals to the LADO since the guidance was first issued in 2006 from a wider range of agencies, and even more so in the last twelve months.

There has been an increase in referrals to the LADO from 65 in 2010/11 to 182 in the first three quarters of 2013/14. This increase reflects a combination of increased multi agency awareness of the LADO processes and an improved way of collecting and recording data which gives a truer reflection on the number of enquiries to the LADO.

	Number of allegations referred to LADO	The percentage of allegations that were referred within 24 hours of the date the concern was raised (relates to actual professionals)	Allegations where correct procedures were followed by referrer
2010-11	65	38.50%	Data not available
2011-12	85	55.30%	80%
2012-Jan 13	86	79.06%	88.37%
2013-Jan 14	182	85%	85%

Of the 182 referrals received, 37% were deemed no further action, and 19% progressed to S.47 investigations; 10% of which were joint investigations with the police - 9.5% of adults where allegations were made were suspended pending the outcome of the investigations and 2.2% were subject to criminal investigations, dismissal and a referral to the regulatory bodies.

Safeguarding Lead in Education

Over the past four years the role of Safeguarding Lead for Education has worked to ensure that the statutory requirements relating to Child Protection and Safeguarding children within the education settings are developed and adhered too in accordance with Section 175 of the Education Act (2002).

Whole School Training

Whole school child protection and safeguarding training should take place every three years. The School Performance indicator (SPI) reflects that with the exception of three educational establishments, all schools participated with the required training – the three schools noted will receive the training within this academic year.

Child Protection Leads

At least three Child Protection Leads are trained in most education establishments. The statutory guidance indicates that designated Child Protection Leads are required to undertake 12 hours refresher training every two years – two Child Protection Leads in Education training events was delivered during this reporting period.

Newly Qualified Teachers (NQT)

As part of an induction programme for newly qualified teachers they are required to undertake a level one child protection and safeguarding briefing. Through the evaluation process together with verbal feedback there is a clear indication that the newly appointees have found the events to be valuable in assisting in their understanding regarding Child Protection and Safeguarding.

Governors Training

Managing professional allegations and Child Protection/Safeguarding training is provided on an annual basis for Governors working alongside Head Teachers and Child Protection Leads. The evaluations evidence that Governors left the event with a clearer understanding of their role, and responsibility as a CP / Safeguarding school governor.

Safeguarding Children from Sexual Exploitation

The Barking and Dagenham CSE MAP framework was formalised in December 2013.

The Safeguarding Lead for Education chairs the CSE MAP meetings and at year end eight MAP meetings have taken place and up to 32 cases have been presented for

discussion, information sharing and analysis. The outcome of the discussions are to formulate multi agency safety plans and to access relevant services to work alongside the young people to prevent the ongoing or further episodes of sexual exploitation.

The CSE MAP group provides intelligence and information into the MASE (Multi agency sexual exploitation) meetings that focuses on identifying themes, prevalence, hot spots, risk factors and additional concerns around exploitation.

Children Missing Education

There is a well established process, supported by comprehensive borough guidance, used by schools, to inform the Local authority when children leave the roll of a school or stop attending.

Numbers of CME cases referred between 1 April 2013 and 31 March 2014:

April	May	June	Total
15	18	13	46
July	August	September	
54	30	39	123
October	November	December	
71	66	38	175
January	February	March	
41	52	54	147
			491

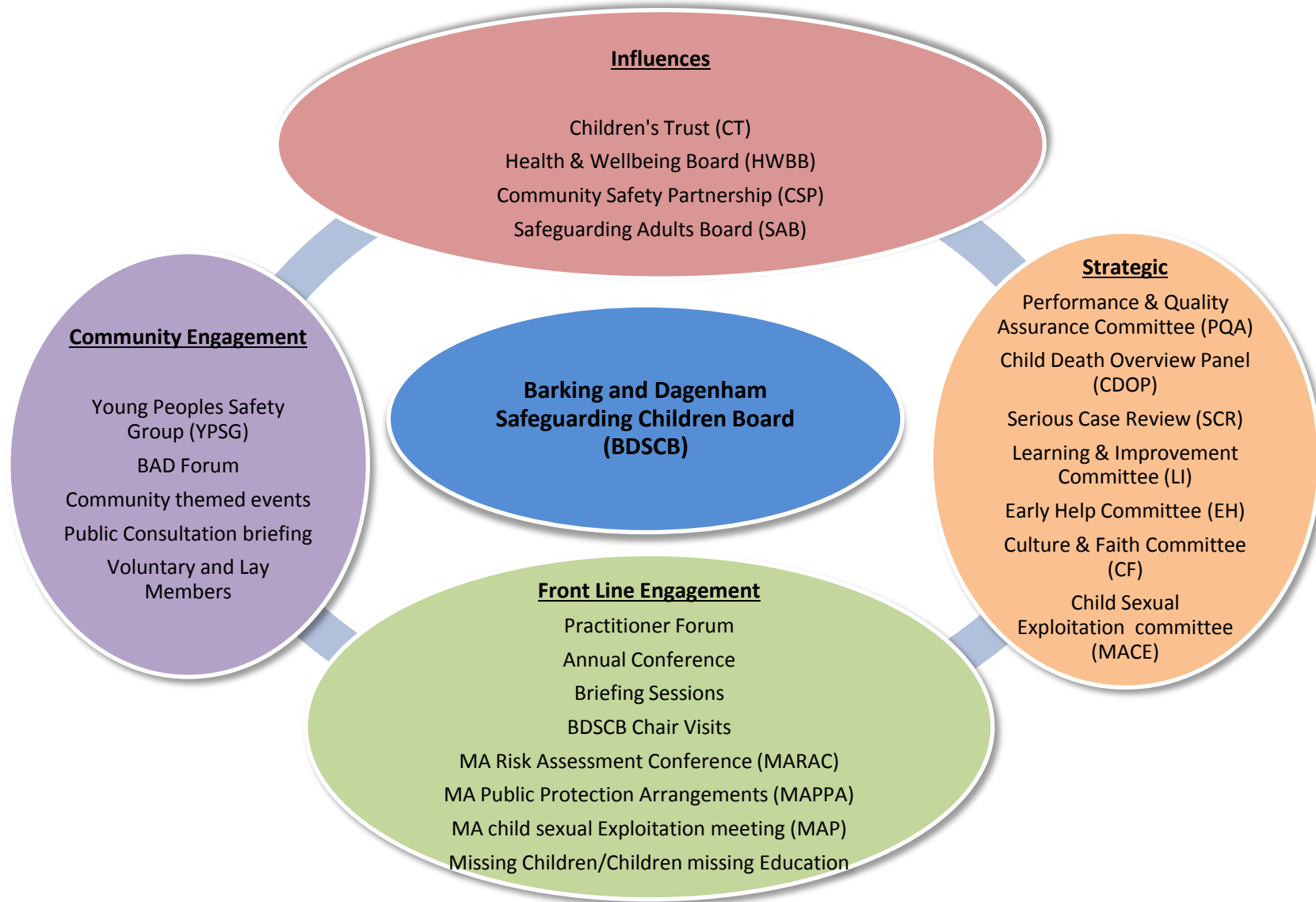
Of the 491 cases investigated, 34 resulted in the child's whereabouts not being located. These children are believed to have left the country with their family. Checks were made with agencies and systems, prior to each case being brought to the attention of the Director of Children's Services who has raised with the Child Benefits Agency and the UK Border Agency.

Business Plan 2014/15

The following areas will be included in the BDSCB's Business Plan for the year 2014/15.

1. Identify and monitor groups of children who are particularly vulnerable and improve and embed our operational and strategic approach – Child sexual exploitation, missing children,
2. We will develop challenging and rigorous approaches to monitoring and evaluating the impact of services on safeguarding children and young people and hold partners to account.
3. Through a process of audit and quality assurance we will understand where improvement in practice is needed, manage them as risks and where necessary challenge those agencies involved

4. We will develop the practitioner forum to facilitate engagement of all practitioners across the partnership.
5. We will work in partnership with the Adult Safeguarding Board to support the development of a family focussed approach so that all services recognise the impact on families and children of domestic abuse, mental health, substance misuse.



Appendix 2 – Board Membership

Independent Chair of BDSCB Sarah Baker	Adult & Community Services Divisional Director of Community Safety and Public Protection, Glynis Rogers
Elected Member Lead Member Councillor John White	Housing Divisional Director of Housing Strategy, Ken Jones.
Children’s Services Corporate Director of Children’s Services, Helen Jenner	Legal Services Lindsey Marks
Divisional Director Complex Needs and Social Care, Kamini Rambellas	Health Partners: BD Clinical Commissioning Group (CCG) Director, Jacqui Himbury
Divisional Director Strategic Commissioning and Safeguarding, Meena Kishinani (Chair PQA))	BD Clinical Commissioning Group (CCG) Designated Nurse, Sue Newton
Group Manager Integrated Youth Services, Erik Stein (Chair YPSG)	Director of Public Health, Matthew Cole (Chair of CDOP)
Integrated Working Manager Damien Cole (Chair EI) (P)	BHRUHT Deputy Director Safeguarding, Gary Etheridge
Safeguarding Lead for Education, Elaine Ryan (Chair CFC) (P)	NELFT Executive Director CS & Transformation, Jacqui Van Rossum (P) and Integrated Care Director, Gill Mills (P)
	NELFT Operational Director, David Horne (Chair PDC) (P)
Education Head Teacher, St Joseph’s Primary School, Bernadette Horton	NHS CCG Designated Doctor, Dr Mahima Rupasinghe (P) and Dr Magid
Head Teacher, Gascoigne Primary School, Bob Garton	Probation
Head Teacher, Sydney Russell Secondary School, Roger Leighton	Assistant Chief Officer, Lucy Satchell-Day
Barking and Dagenham College, Director of Personalised Learner Support Services, Paul Lalgee	

<i>Manager, Children Missing Education, Greg Vaughan (Chair PPC) (P)</i>	Lay Members
	<i>Sharon Cumberbatch and Hollie Banks (P)</i>
Borough Police	Faith Sector
<i>Borough Commander, Andrew Ewing and DCI Tony Kirk, Borough</i>	<i>Major, Salvation Army, Marion Henderson</i>
Police CAIT	CAFCASS
<i>DCI Sam Price</i>	<i>Linda Kim-Newby (P)</i>
Community & Voluntary Sector	UK Border Agency
<i>Jacqui Malcolm</i>	<i>Steve Fisher</i>
LBBB Chief Executive	
<i>Graham Farrant</i>	
BDSCB Advisors	
<i>Group Manager, Safeguarding Quality & Review, Avraamis Avraam</i>	
<i>Business Manager, Liz Winnett</i>	

Appendix 3 – Attendance Data

Agency	No of seats on Board	% of meetings attended by Agency representative*
<i>Independent Chair</i>	1	100%
<i>Lead Member</i>	1	67%
LBBB Children’s Services: <ul style="list-style-type: none"> • <i>Corporate Director Children’s Services</i> • <i>Divisional Director Strategic Commissioning & Safeguarding</i> • <i>Divisional Director Complex Needs & Social Care</i> • <i>Group Manager Integrated Youth Services</i> • <i>IWISA Manager**</i> • <i>Safeguarding Lead for Education**</i> • <i>Director Public Health</i> 	7	81%
<i>LBBB Secondary School</i>	1	17%
<i>LBBB Primary Schools</i>	1	83%
<i>LBBB Legal Services</i>	1	50%
<i>LBBB Adults and Community Services (ACS)</i>	1	33%
<i>LBBB Housing</i>	1	50%
BD Clinical Commissioning Group (CCG) <ul style="list-style-type: none"> • <i>Deputy Director Safeguarding</i> • <i>Designated Nurse Safeguarding</i> • <i>Designated Doctor</i> 	3	72%
NHS England (London): <ul style="list-style-type: none"> • <i>Director Safeguarding</i> • <i>Named GP</i> 	2	16%
<i>Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUHT)</i>	1	83%
<i>North East London Foundation Trust</i>	1	100%
<i>Voluntary Sector</i>	1	17%
Police <ul style="list-style-type: none"> • <i>Borough Commander</i> • <i>DCI CAIT Team</i> 	2	91%
<i>Lay Members</i>	1	67%

<i>Probation</i>	<i>1</i>	<i>83%</i>
<i>Fire Service</i>	<i>1</i>	<i>50%</i>
<i>Faith Group</i>	<i>1</i>	<i>50%</i>
<i>Child and Family Court Advisory Support Service (CAFCASS)***</i>	<i>1</i>	<i>17%</i>
<i>UK Border Agency**</i>	<i>1</i>	<i>0%</i>

Appendix 4 – Financial Statement 2013/14

Income	Actual
Agency Contribution	£
<i>Council - Safeguarding</i>	94,453
<i>Council - Housing</i>	8,888
<i>BD Clinical Commissioning Group (CCG)</i>	34,813
<i>Barking, Havering, Redbridge University Hospital Trust (BHRUHT)</i>	3,231
<i>North East London Foundation Trust (NELFT)</i>	3,231
<i>CAFCASS</i>	550
<i>Probation</i>	2,000
<i>Metropolitan Police</i>	5,000
Total Contribution	152,166
Expenditure	£
<i>Independent Chair Salary</i>	23,205
<i>BDSCB Support salaries and Expenses:</i>	140,630
<ul style="list-style-type: none"> • <i>Business Manager</i> • <i>Apprentice – half post (to 12/2/14)</i> • <i>Training Coordinator – half post (to 31/3/14)</i> • <i>CDOP Manager</i> 	
<i>BDSCB Annual Conference</i>	545
<i>BDSCB Development Sessions</i>	844
<i>Serious Case Review – Chairing & Reviewer only</i>	11,434
<i>BDSCB Training Programme</i>	20,000
Total	196,658

Additional Resource:

During 2013-14 additional resource were provided from Barking College, the Community & Voluntary Sector, Sydney Russell School, Trinity School, and NELFT.

All have provided venues for BDSCB meetings, Serious Case Review briefings and the BDSCB Annual Conference, free of charge to the Board, as a supporting resource during 2013-14.

HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title:	Adoption Report 2013-2014		
Report of the Corporate Director of Children's Services			
Open Report	For Information		
Wards Affected: All	Key Decision: No		
Report Author: Paula Lyttle, Adoption Team Manager	Contact Details: Tel: 020 8227 5807 E-mail: paula.lyttle@lbbd.gov.uk		
Sponsor: Helen Jenner, Corporate Director of Children's Services			
Summary:			
<p>This report summarises the work and performance of the Adoption Service during 2013-14.</p> <p>Important points to note:</p> <p>17 children were adopted and 19 adopters were approved by Adoption Panel in the year 2013-14.</p> <p>Adoption Scorecard Performance is as follows:</p>			
A1			
<ul style="list-style-type: none"> Our three yearly rolling averages (2010-2013) for the time taken between a child entering care and moving into its adoptive family have reduced to 657 days compared to 785 days in 2009-2012. The England average is 647 days so we are very close to the national position on this measure now. Our performance is far better than our statistical neighbours (average time is 705 days) 			
A2			
<ul style="list-style-type: none"> Our three yearly averages regarding the time taken from when the authority receives a Court Order agreeing to a child being matched with an appropriate adopter is good and improving in 2010-2013. Our three yearly rolling averages have reduced to 144 days compared to 168 days in 2009-2012. Performance continues to fall within the Government threshold for this adoption measure set at 182 days in 2010-13 and is already lower than the 2011-14 threshold set at 152 days. Our performance is also far better than national and statistical neighbours. We commissioned an Adoption Diagnostic to support us in addressing issues of delay for children whenever the child's assessed permanence needs indicate the value of adoption. The aim of this diagnostic was to assist in analysing those practices and processes which give rise to delay for children in Barking and Dagenham. The findings of the diagnostic were in line with Ofsted findings in May 2014 – see report for details. 			

Recommendation(s):

The Health and Wellbeing Board is recommended to note and comment upon the report attached.

Reason(s)

To assist the Council in achieving its vision and priorities, particularly in relation to the priority of 'Enabling social responsibility'.

1. Introduction and Background

- 1.1 An annual report on the work of the Adoption Service is required under Adoption Regulations (Minimum Standard 25.6; Statutory Adoption Guidance 3.3, and 5.39) and must be presented to Cabinet.
- 1.2 The information is also highly relevant to the Health and Wellbeing Board and the Children's Trust and is reported to both.

2. Proposal and Issues

- 2.1 For Information and comment.

3. Mandatory Implications**3.1 Joint Strategic Needs Assessment**

The JSNA contains a section on Looked after Children. Adoption and foster care are important 'solutions' to identified problems or risks, but potentially they are also contributors to problem behaviours or emotional difficulties. In their problem-solving role, they are seen as potential solutions, not only to actual or future mental health problems of children, but also to the adverse effects of involuntary childlessness. In addition to the emphasis in both the NHS Mandate and the JSNA and Joint Health and Wellbeing Board Strategy guidance, Department of Health will include evidence based material relevant to adoption in both the children and young people's mental health e-portal (to be delivered by 2014) and the NHS Information Service for Parents. DfE will fund NICE to develop guidance on care and services to promote permanence for children with attachment disorder issues, including those who have been adopted, by 2014/15.

3.2 Health and Wellbeing Strategy

Our strategy as a key theme that early intervention can prevent ill health and reduce mortality and morbidity for children and young people. Healthy behaviours in childhood and the teenage years set patterns for later life. Continued support for children and young people can mean that society as a whole can reap all the benefits of a resilient next generation, which is healthier and happier.

The CQC and Ofsted have developed a programme of joint inspections of services for looked after children, fostering and adoption services. The new inspections will look at the contribution of both health and social care to providing

health services to improving the health and wellbeing of these children. The refresh of the joint Health and wellbeing Strategy will need to consider the findings and themes emerging from inspections.

3.3 Integration

The attached report sets out how the Adoption team works with other organisations. The Adoption & Permanence Panel has representation from other agencies, including a Medical Adviser.

3.4 Financial Implications

Implications completed by: Gaspare Nicolini, Group Accountant

Financial implications are contained throughout the Adoption Annual report 2013-14.

It should be noted that the Adoption Grant was reduced without notice this year and there has been no confirmation that it will continue next year. Without this additional capacity there is a high risk that timescales will slip backwards and progress to recruit adoptive parents will cease.

3.5 Legal Implications

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

The Statutory Adoption Guidance and the Adoption Minimum Standards place a requirement on local authority adoption services to ensure that the executive side of the Council receives an annual written report on the management, outcomes and financial state of the adoption agency to satisfy themselves that the agency is effective and is achieving good outcomes for children and/or service users. They must also satisfy themselves that the agency is complying with the conditions of registration (Minimum Standard 25.6; Statutory Adoption Guidance 3.3, and 5.39).

3.6 Patient/Service User Impact

Research indicates that the success of family finding and placing children in permanent adoptive families will facilitate better long term outcomes for children. Post adoption support has become a focus for the government and an expectation in legislation and there are potential resource implications on therapeutic support for more challenging children who are in adoptive families.

5. Non-mandatory Implications

5.1 Safeguarding

The vast majority children who have care plans for adoption have experienced safeguarding concerns in their lives (apart from those relinquished at birth) and adoption provides a permanent alternative family for them. Research indicates that the outcomes for adopted children are far better than those who have

remained within the care system and the earlier the adoption happens, the outcomes improve further.

5.2 Customer Impact

Ensuring Every child is Valued. Adoption enables children to have a permanent alternative family and research indicates that outcomes for adopted children are much better than children in care.

5.3 Staffing issues

In the event that the Adoption Grant from central government is withdrawn, there will be a loss of 3 staff members from the Adoption Service, putting pressure on service delivery of effective recruitment of adopters and finding adoptive families for children.

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices:

Appendix 1: Adoption Annual Report 2013-14

L. B. BARKING & DAGENHAM ADOPTION AGENCY

Annual Report

For the period: 2013 - 2014

Introduction

As predicted, 2013/14 has very much been a year of transition and transformation, not only in respect to the services we provide to children and adopters but also within the Adoption Team. These developments have provided many challenges to be a part of and to manage and have been as a result of the rapid changes in adoption legislation and guidance from Central Government.

As a result of the national focus on adoption, significant changes to the regulations and processes within the Adoption Agency came into force in July 2014 with the introduction of the Adoption Agencies (Miscellaneous Amendments) Regulations 2013. The aim of these changes has been to reduce potential barriers and reduce delay in approving families as adopters, thereby increasing the number of placements available for waiting children.

Furthermore, on the 13th March 2013, The Children and Families Act 2014 (CFA, 2014), was given Royal Assent, placing on statute changes to the adoption service that had already been implemented. For example:

- The new Public Law Outline (PLO) - which introduced a maximum 26 week limit for care proceedings;
- Fostering to Adopt.
- A new Two Stage approval process for Adopters.

Additionally,

- Section 5 - CFA, 2014: requires local authorities, who provide adoption support services, to prepare a personal budget for adopters, on request.
- Section 6 – CFA, 2014: places a duty on local authorities to provide information to adoptive and potential families regarding the support services available in the local authority’s area.
- Pupil premium: from April 2014, these payments will be made available to adopted children. This will enable adopters to work with schools to consider what individual support will be of benefit to their adopted child.

Alongside the statutory and regulatory changes, Children Services also has had to deal with the impact that recent case law (Re B, Re BS and Re T), that is having far reaching implications for local authorities when considering permanency for children, for whom adoption would usually be the plan. The clear message from case law is that adoption should be seen as the last resort, e.g. when “nothing else will do”. The full effect of this is yet to be felt, as can be seen with our figures for children with adoption plans for this period (p. 5), which is up for from 2012-13. Nevertheless, we already have had a number of challenges to Placement Orders already granted, and examples of cases that had in the past resulted in an adoption plan being agreed at courts, this is no longer the case.

It is likely, therefore, that there will be a decline in the number of children being placed for adoption, and with it a possible rise in the numbers of Special Guardianship Orders (SGOs).

2014-15 is again likely to be an eventful year for the LBBD Adoption Service as there seems to be no sign of an end to the overhaul of our work.

The Adoption & Permanence Panel

The Adoption Panel continues to meet on a monthly basis, but has moved from its base in the Civic Centre, to the Barking Town Hall. It has an established Chair and core membership, with one member leaving (LBBD Councillor) and a change to the Medical Adviser to Panel.

We have a small but committed membership, who works well together to complete the Panel's business. No panel meetings were cancelled, because they were not quorate.

Panel Developments for 2013/14

As a result of the changes to the role of the Panel, introduced with The Adoption Agencies (Panel and Consequential Amendments) Regulations 2012, we have seen a significant reduction in the number of cases being presented to the Panel; as in general children's cases no longer are brought to this forum, except where they are being relinquished for adoption i.e. adoption with the birth mother's agreement. The Panel now only primarily have responsibility for the approval (or change of status) of adopters and the approval of adoptive matches between a family and child/ren.

Panel Attendance 8 April 2013 – 10 March 2014

Name	Attended	Apologies	Notes
Roy Stewart	11	1	
Eileen Weaver	8	4	
Roger Gardiner	10	2	
Cllr Burgon	1	1	Attended April Resigned before June 13
Dr Ajayi	4	(8 Sick leave)	Attended April, May, June, July 13
Dr Magid	7	1	Took over from Dr Ajayi in Aug 13.
Jackie Parillon	10	2	
Alison Ryan	9	2	Alison attended April 13 Panel as an observer and this is not included in the stats opposite. First official Panel was May 13.
Emma Malcolm (central list)	7	N/A	
Jo Tarbutt (central list)	1	n/a	Jo attended in Aug 13.

Panel Training

This annual joint training for Panel members and the members of the Adoption Team was held on 7th October 2013. The morning session was on the new Prospective Adopters Report (PAR) and Assessment Framework. In the afternoon the training covered adoption disruptions, using case studies from our last two disruptions to enable lessons to be learnt.

Summary of the children referred for Adoption

Agency Decision Maker (ADM) Decisions

Children who require a decision to determine whether they should be placed for adoption are now dealt with by the ADM. The Divisional Director for Children Services, Complex Needs and Social Care is the ADM for the London Borough of Barking and Dagenham. The Group Manager for Placements is the Deputy ADM and provides cover for the ADM when absent or where there is high demand. There have been 3 changes in personnel during this period, 2013 -14.

The total number of children approved for adoption by the Agency Decision Maker was 46; this is an increase of 15 from the previous year's figure of 31. This, in part, is likely to be attributable to the impact of the new Public Law Outline (PLO) criteria, in which care proceedings are meant to be concluded in 26 weeks.

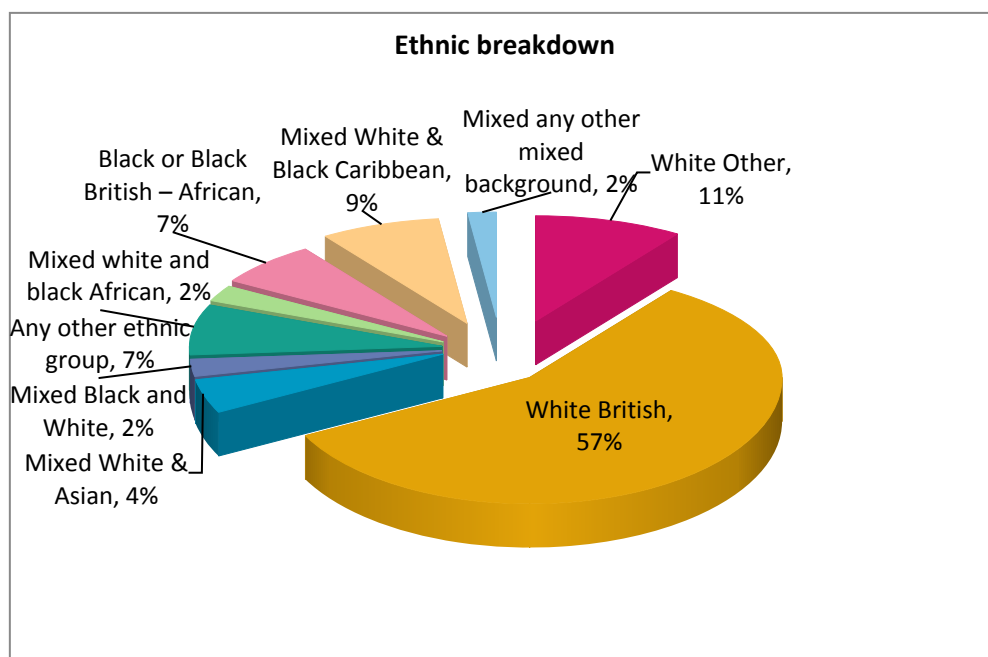
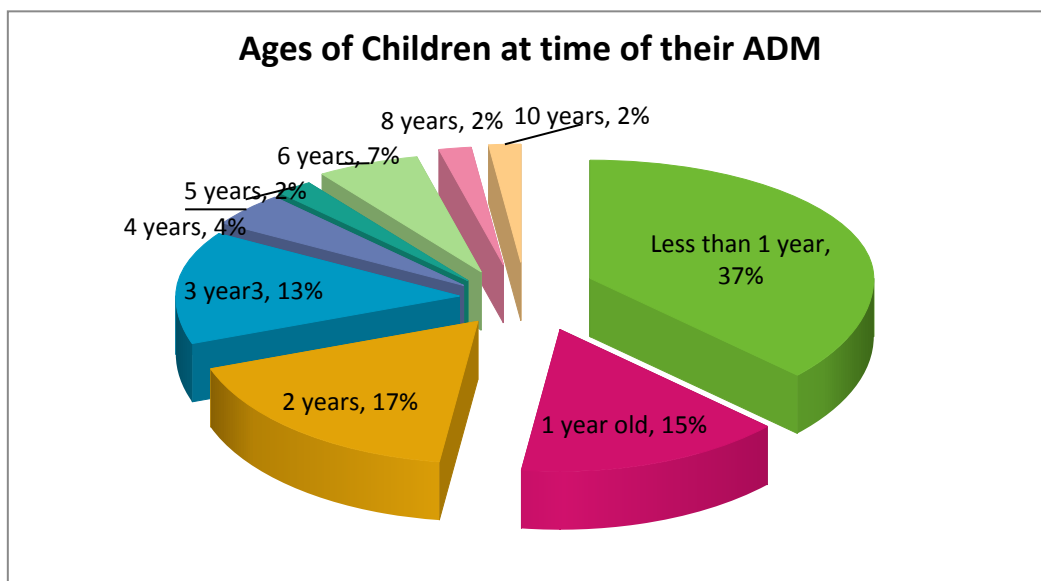


Figure 1

Figure 1, shows another decrease in the percentage of White British children receiving “should be placed for adoption’ (SHOPA) decisions from 58% in 2012/13 to 56% during this period. However, the number of children from White British and White other backgrounds has increased from 61% to 67%. We have an increase from children from Eastern European backgrounds, and this is an area we are seeking to target when considering the recruitment of prospective adopters.



Changes to Care Plans

Between April 2013 and March 2014, twelve children’s adoption plans were rescinded by either the Adoption Panel or the ADM. This has been an unwelcome statistic for the local authority, as it means that sadly we have not been successful at

finding adoptive placements for these children. It is an area noted by our recent Ofsted inspection.

Summary of the children who were adopted

The numbers of children who were granted Adoption Orders during this period is 17. This figure is slightly down on the numbers for the preceding three years. Of these, the information is broken down into the following:

Total number of Adoption Orders Granted April 2013 - March 2014	17
---	----

Gender Breakdown	
Boys	5
Girls	12

Ethnicity	No. of individuals
White British	13
White European	1
Mixed Heritage	2
Asian Pakistani	1

Ages	No. of individuals
0 - 3	12
4 - 7	4
8 - 12	1

Sibling Groups and Individuals	
No in Group	No of Groups
2 siblings	2
3 siblings	1
Individuals	11

Disruptions

During this period, one placement disrupted prior to the making of an Adoption Order.

Adopters

The numbers of adults approved as Adopters was 19 for 2013-14. This figure is a significant improvement on 2012-13 - which saw a performance low of only 9 adoptive units (8 couples and 1 single adopter) approved – and gets us back to a position of consistency from previous year (16 and 18 for 2011-12 and 2010-11 respectively).

Of the 19 units, the information is broken down into the following

No of Approvals (units)	19
-------------------------	----

Breakdown of Approvals

Couples	18
Single Adopter (female)	1

Ethnicity of Adults Approved

Couples	
White British	16
White European/White South American	1
Black Caribbean	1

Single Adopter	
White British	1

Types of Adopters		
New adopters	9	
2 nd Time adopters	5 couples	1 single applicant
Foster carers	4	

Review of adoption status

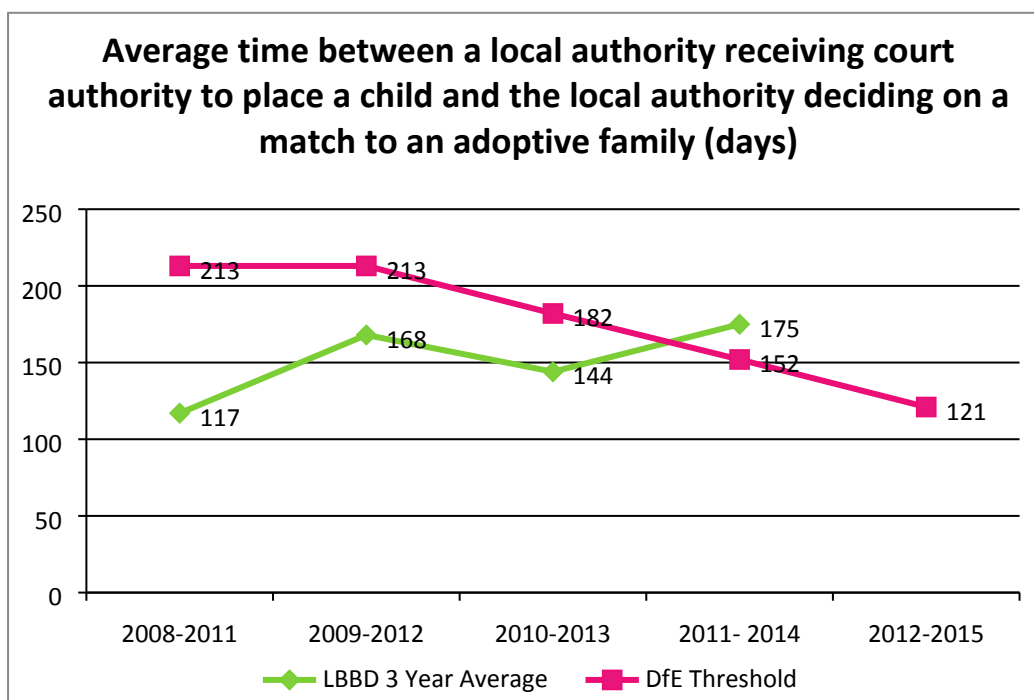
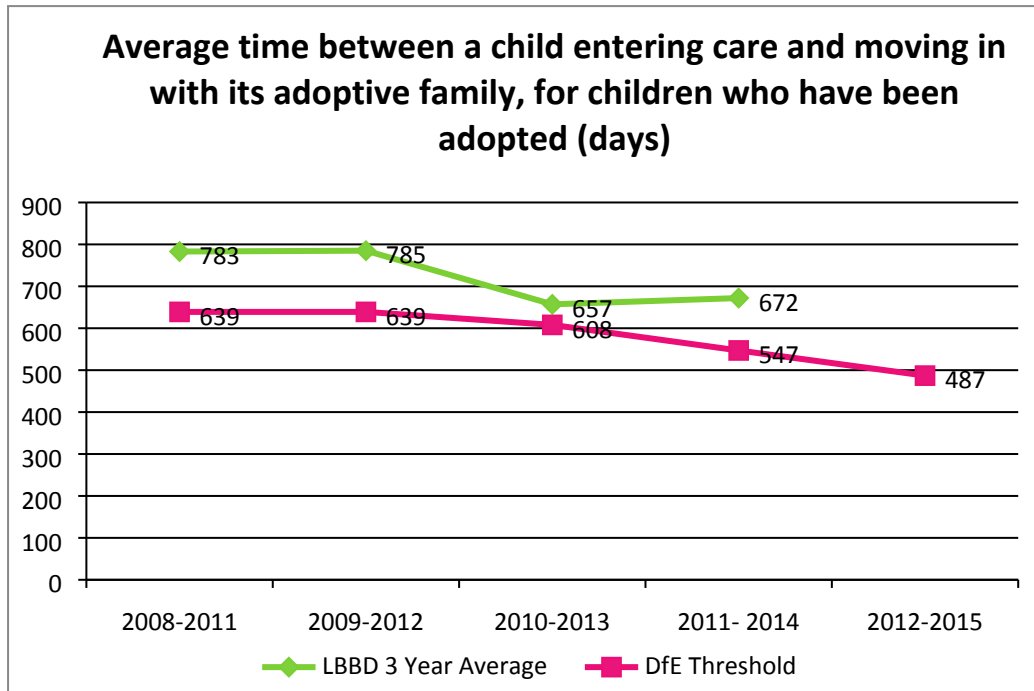
The Adoption Panel has reviewed the status of one couple and recommended that they no longer be approved. This recommendation has been ratified by the ADM. However, the couple have exercised their right of appeal, and the case is currently the subject of the Independent Review Mechanism (IRM).

Timeliness: Adoption Scorecard

The Adoption Scorecard is now used to measure performance. This tool allows the Department for Education (DfE) to measure how swiftly children are placed for adoption, with government thresholds set against two indicators measuring:

- **A1** - The time it takes for a child from entering care to moving in with their adoptive family.
- **A2** - The time it takes match a child to a family following the making of a Placement Order.

We have made good progress on both measures as shown below.



A1

- Our three yearly rolling averages (2010-2013) for the time taken between a child entering care and moving into its adoptive family **have reduced to 657 days compared to 785 days in 2009-2012**. The England average is 647 days so we are very close to the national position on this measure now. Our performance is far better than our statistical neighbours (average time is 705 days)

A2

- Our three yearly averages regarding the time taken from when the authority receives a Court Order agreeing to a child being matched with an appropriate adopter is good and improving in 2010-2013. Our three yearly rolling averages **have reduced to 144 days compared to 168 days in 2009-2012**. Performance continues to fall within the Government threshold for this adoption measure set at 182 days in 2010-13 and is already lower than the 2011-14 threshold set at 152 days. Our performance is also far better than national and statistical neighbours.

The Government has set very challenging adoption timescales for the A1 & A2 measures for 2013-2016:

A1

- 426 days for the time taken between a child entering care and moving into its adoptive family;

And,

A2

- 121 days for the time taken from when the authority receives a Court Order agreeing to a child being adopted and the child is matched with an appropriate adopter. This amounts to 14 months and 4 months respectively (on average 30 days per month).

We are on track to meet the 2013-16 thresholds for measure A2, but we have a lot of work to do to meet the other government threshold A1. Looking at performance, we will need to reduce the time taken on this measure by 231 days (8 months) for reducing the time taken between a child entering care and moving into its adoptive family.

Our average length of care proceedings is still above the England and SN average; 62 weeks compared to 51 weeks respectively and is the highest across our statistical neighbours (Coventry is at 61 weeks).

We have adopted 65 children from care in 2010-13, representing 10% as a whole. This is compared to the national average of 13% and SN average of 15%.

Our timeliness for placing children with their adoptive families within 20 months of entering care currently stands at 43% (50 children), which was identified in the Adoption Diagnostic (see below) as needing to improve. Any drift in the process needs to be picked up quickly to ensure children are placed for adoption in a timely way and a comprehensive Tracker is being devised to capture all of the necessary information across all relevant teams involved in care planning to ensure issues of drift are identified quickly and acted upon. Progress of all cases of children in care

awaiting a final care plan to be implemented will be monitored at the Permanency Planning Group on a monthly basis.

Service & Other Developments

Adopter Assessments

The Adoption Team started implementing the new 2-stage adopter assessment framework in 2013, with the first cohort of prospective adopters starting the modified preparation training in September 2013, and being assessed and approved using the revised assessment template, which places more emphasis on social work analysis rather than self-reporting. Unfortunately it is too early to give a comprehensive account on the impact of these changes for this period.

However, we did receive 35 applications from prospective adopters, which were up from 9 received in the preceding reporting period. Furthermore, of the 18 families where matches were made, 17 of those waited 9 months or less for a match; with 8 waiting less than 3 months for a placement.

Activity Days

Adoption Activity Days are events, co-ordinated by the British Association for Adoption & Fostering (BAAF), where approved adopters, or adopters in the assessment process who have a panel date within 3 months of the day, have the opportunity to directly meet a range of children waiting to be adopted in a prepared, supported, safe and fun environment.

They are themed days full of lots of fun activities such as face painting, climbing, craft and soft play. The children's foster carers and social workers attend the event with the children to support them.

LBBB was one of 12 London Boroughs who agreed to participate in the pilot London scheme held on 12th October 2013. Two siblings groups of two children, who we had struggled to family find for using the conventional methods, were chosen. Key to our agreement to taking part was to ensure that all of LBBBs children attending were properly prepared for the day. Our Play Therapist, Jill Comfort, provided 6 group work sessions for our children, together with four children from Tower Hamlets. This work ensured that the children negotiated the day well, comments from professionals and adopters alike remarked on how well the children engaged, but have also managed the disappointment of not being selected by the adopters from this event.

No "expressions of interests" were received from any of the adopters attending, nor did matches result for the four children attending the last year's Activity Day. Of the six children who attended June's event, we are following up four enquiries. Two were received for one of the sibling groups; and one each for the single children. We have, to date, not received any enquiries for the other sibling group.

As yet, no adoptive matches have resulted from our participation in these two events (although we have yet to learn the outcome of potential matches from June), we are keen to still be involved in future Activity Days, as we see it as giving us another opportunity, alongside the other methods employed, to find adoptive families for LBBB children.

Diagnostic

We commissioned an Adoption Diagnostic to support us in addressing issues of delay for children whenever the child's assessed permanence needs indicate the value of adoption. The aim of this diagnostic was to assist in analysing those practices and processes which give rise to delay for children in Barking and Dagenham. The diagnostic partners (BAAF and Core Assets) were in Barking and Dagenham from 24th – 28th February.

A number of positive findings were identified, including:

- That we had already begun to address some of the issues around drift and delay at a strategic level.
- A low disruption rate.
- Efforts are made to keep children within their birth family where possible, and Family Group Conferences are routinely held.
- The service provided to adopters, adopted young people and birth parents by the post-adoption support team is impressive.

The following areas were identified for development, many of which were aware of, and were putting in efforts to address:

- Family finding for adoption too often appears to be a sequential process, which generally tends to start at the end of a long process of assessing birth parents and family, rather than running alongside it.
- Concern that generally family finding does not begin until a placement order has been made, although sometimes “feelers” are put out before that.
- Caseloads may be a significant contributor to delay in progressing children's plans.

- To ensure that special guardianship assessments are sufficiently rigorous to ensure that the best interests of the child will be served through special guardianship.
- Plans to re-structure the service, in order to reduce the number of transition points for children, need to be reinforced by additional quality assurance measures, such as mandatory training in permanence planning across the whole workforce.

An action plan has been drawn up to address the areas for development and will be reviewed on a quarterly basis.

Adoption Support Services

Increasing demand is being placed on the small team of workers in the post adoption team as more families access adoption support services throughout their adoption journey. This work will include advising and various levels of support, including therapeutic support with our in-house provision or the commissioning of external packages of care, where necessary.

Adoption Support Provision	
Type of support	Number of families
Funded by the local authority and provided by your agency	24
Funded by the local authority and provided by another agency	3
Funded by the adoptive family and provided by your agency	0
Funded by the adoptive family and provided by your agency	0
Training funded for adopters	2

We are justifiably proud of the support services offered to children and their families, and have been commended on the quality, both in the peer review and the recent Ofsted Inspection.

There is likely to be more demand for these services in the coming years, as adopters have become increasingly aware of their entitlement to adoption support.

Team Developments

To enable the staff to meet the new demands being asked of our service has meant an expansion to the existing workforce, through a mixture of, “invest to save” bids and funding from the Adoption Reform Grant (information about this funding, can be found below) or replacements for staff who have left. Therefore, the team now consists of: a Team Manager; a Deputy Team Manager; a SW consultant/play Therapist; a Training Officer; a Special Guardianship Consultant; a Post Adoption Co-ordinator; and 9 social workers.

Adoption Training Officer

We made a commitment to provide a strong and comprehensive training programme for all our stakeholders, and in April 2013; a dedicated Training Officer post within the Adoption Team was established and recruited to. The Training Officer’s brief was to co-ordinate adoption and permanence focused training for prospective and approved adopters, foster carers, prospective and approved special guardians and social workers throughout the whole service. We were fortunate to recruit someone who was an experienced trainer, foster carer and adoptive parent.

Alongside prospective adopters' preparation training, the service also provides adoption and permanence training, which includes:

- Later Life Training
- Creative Direct Work Training/Creating a Life Moves Chart
- Festive improvisation and Magical Experience
- Moving Children onto Adoption for Foster-Carers & SSWs

Marketing & Communications Officer

The Marketing and Communications Lead is a shared post between the Adoption and Fostering teams. Sophia Brooks, from our Marketing and Communications Team, started in post during September 2013, and in broad terms, the purpose of her role was to raise the profile of LBBD's Adoption Service to the wider adoption community, in and around east and north London, Essex and Kent primarily.

Recruitment & Marketing activities

Key targets and measures in the marketing plan for the year are as follows:

- Increase recruitment of adopters for assessment for period October 2013 – September 2014.
- Monitor the number of calls to adoption team on dedicated recruitment line and where they heard about the campaign from.
- Monitor the number and type of email enquiries to adoption@lbbd.gov.uk.
- Monitor the number of hits on: www.lbbd.gov.uk/adoption.
- Continuously bench mark success and activity against members of the East London Adoption Consortium and successful agencies and Local Authorities.
- Review number of initial enquires and numbers that go through to adopt.

- Monitor the number of people who watch the LBBB adoption film on you tube (from Friday 13 December 2013), uploaded on the lbbd.gov.uk/adoption page.

Results to date

From 8 October 2013 and 30 April 2014 we received a total of 78 initial inquiries from various sources. They were 56 initial enquires via phone and online applications. There were 17 initial enquiries through attendance of open information sessions between 8 October to 30 April. Further initial enquires have been generated through road shows, for example, five enquires from Queens Hospital stand. This is a significant increase on this type of initial enquiries from the same period during April 2012 – March 2013, when we received 28 initial inquiries.

Special Guardian (SG) Consultant

Over the last 9 years there has been a rise in work required with Special Guardians as this has become an increasing option for permanency for many children to remain within their families. However, many of the placements experience pressures and it was recognised that a dedicated resource was required to meet the increasing demand for support and an experienced social worker who had previously worked in LBBB's Assessment and Care Management teams has joined the Adoption Team as our SG consultant. She joined us in October 2013, and her brief is to provide support to the expanding number of families providing permanency for children, unable to return to their birth parents care. With this post, we are now able to offer specialist support and training to Special Guardians, to better equip them to care for children who have experienced trauma.

What is Special Guardianship?

Special Guardianship Orders (SGOs) came into force on 30th December 2005, as part of the Adoption and Children Act 2002. It offers a real alternative to long-term foster placements or adoption for those children who, for whatever, reason cannot live with their birth parents. SGOs allow children to remain within the family unit or other significant person who obtains legal Parental Responsibility for the child once the order is granted. It allows children to have a sense of normality especially for those young people struggle with the stigma of being ‘in care’. The real emphasis behind Special Guardianship is to foster a lifelong relationship between the child, the Guardian and the Special Guardian’s family.

The tables below show that there has been an increase in the number of SGOs granted over the past two years.

Total number of Special Guardianship Orders Granted April 2012 – March 2013	29
Sibling groups	7
SGOs to former foster carers	3

Total number of Special Guardianship Orders Granted April 2013 – March 2014	39
Sibling groups	9
SGOs to former foster carers	7

Whilst many of the children subject to SGOs have remained living in the borough, approximately 60%, another significant proportion has moved to neighbouring

London boroughs and Essex. We also have children placed in Kent, Surrey, Northumberland, Shrewsbury and Manchester.

Adoption Reform Grant

The Adoption Reform Grant was awarded by the Government to help local authorities to make improvements in adoption practice arising from their adoption reform programme. Over three-quarters of the ring fenced funding LBBDD received was spent on recruitment of additional agency staff to meet the following demands:

- To increase resources in the Family Finding team to ensure early identification of adopters to place children with their adoptive family as quickly as possible.
- To increase play therapy capacity from our in-house play therapist from part time to full time.
- To ensure that all children in care have timely LAC and Adoption Medicals that are robustly tracked. This resulted in improvement performance at the end of 2013-14 with 94% of medicals having been completed.
- The remainder has primarily been used in upgrading or developing new marketing materials.

The grant was intended as a one-off allocation in 2013-14, but we were pleased to learn that the Government decided to continue support this work in 2014-15, therefore the grant has been extended. The above resources have been able to remain in place, building upon the work that began last year.

In 2013-14, the ring-fenced allocation was £300,000 and the non ring-fenced money was £600,000. The non ring-fenced money was put towards the overspend in Children's Services (not the Adoption Service) in that financial year. The ring-fenced

allocation was used to fund the above resources. £45,000 was used to fund the additional 2.5 days of play therapist time (based on play therapy private rates as the staff member gave up private practice work). The other 2.5 days are paid on a social worker salary as part of the establishment of the Adoption Team.

£30,000 was used to fund the post to improve LAC and adoption medical performance.

Approximately £160,000 was used to increase family finding staffing to ensure children were found adoptive families.

£54,000 was used to purchase Agency adopters as we had no in-house adopters who were an appropriate match to 4 children.

Approximately £11,000 was spend on publicity to recruit adopters and find families for the children who have a care plan for adoption.

Ofsted Inspection

Lastly, Children Services was the subject of an Ofsted inspection from 29 April – 21 May, under the new inspection framework. The new framework replaces the stand alone inspection that the Adoption Service was previously inspected against. It incorporates the Adoption Service as part of the child's journey, although the Adoption Service still retains its own sub-judgement, which was Requires Improvement.

Priorities for 2014/15

- Permanency Planning for children

- Finalise the draft Permanency Planning Policy with arrangements for a formal launch for the whole of Children's Social Care.
- Develop protocol to expedite family finding prior to Placement Order.

- Adopter Recruitment
 - Improve response times to adopters and co-ordinate tracking of statutory checks and relevant information.
 - Ensure that Fast Track process for adopters is incorporated into assessment protocol – second time adopters, fostering for adoption, specific child etc.
 - To expand the range of training offered to adopters either by attending in house training courses or LBBB purchasing bespoke training from external adoption providers, for example, Safebase.

- Panel Recruitment
 - Increase Panel membership.

Paula Lyttle

Adoption Team Manager

1st August 2014

HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title:	Pharmaceutical Needs Assessment for Barking and Dagenham, 2015
Report of the Director of Public Health	
Open Report	For Information
Wards Affected: ALL	Key Decision: NO
Report Authors: Remi Omotoye, Head of Health Intelligence Val Day, Public Health Consultant Lucy Hardman, Public Health Analyst	Contact Details: Tel: 0208 227 5907 E-mail: remi.omotoye@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	
Summary: <p>The Health and Wellbeing Board received a paper about it's responsibilities in respect of the publication of a Pharmaceutical Needs Assessment (PNA) in September 2013. This paper updates the Board on progress in producing the PNA and preparation for publication by the statutory deadline of 1 April 2015.</p> <p>The PNA provides an assessment of the local need for pharmaceutical services. This is different from identifying general need and there are specific requirements for it's content, set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.</p> <p>NHS England will rely on the PNA when making decisions on applications to open new pharmacy and dispensing appliance contractor premises, so called 'market entry' decisions. A person or organisation wishing to provide NHS pharmaceutical services has to demonstrate how they will be able to meet a need as set out in the PNA. Such decisions can have significant commercial implications, can be appealed against and decisions made on appeal can be legally contested.</p> <p>Barking and Dagenham's Health and Wellbeing Board have a statutory duty to publish a Pharmaceutical Needs Assessment at least every three years under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 . The first assessment must be published by 1 April 2015.</p>	
Recommendation(s)	
<p>The Health and Wellbeing Board is recommended to note that:</p> <ul style="list-style-type: none"> • The draft PNA will be issued on 19 December 2014 for the statutory 60 day public consultation, which will close on 16 February 2015. • As a Health and Wellbeing Board responsibility, the draft PNA will be shared with interested members of the Health and Wellbeing Board. 	

- The final draft PNA will be presented to the Health and Wellbeing Board at its March 2015 meeting in preparation for publication to meet the statutory deadline of 1 April 2015.

Reason(s):

The PNA provides key evidence which informs commissioning and strategic decisions for pharmaceutical services to residents and workers within the borough.

It is also intended to support a broad range of strategies to improve health and wellbeing including the Better Care Fund work programme, Children & Young People's Plan, Community Strategy 2013 -2016, NHS Barking and Dagenham Clinical Commissioning Group's 5 year strategic plan, and Care Act 2014 implementation. The PNA makes reference to developments in the borough that deliver the Council vision: *One borough; one community; London's growth opportunity.*

It is a statutory duty of the Health and Wellbeing Board to publish a PNA for the London Borough of Barking and Dagenham by 1 April 2015.

1. Introduction and Background

- 1.1 From 1 April 2013, Health and Wellbeing Boards have assumed responsibility for the development and publication of local Pharmaceutical Needs Assessments (PNAs) formerly published by Primary Care Trusts. The PNA is used by NHS England to assess an application from a person or organisation to establish an NHS Pharmacy. NHS England must determine whether the applicant meets a current or future need for pharmaceutical services in the area, or whether they will secure improvements or better access to such services. A paper setting out these responsibilities was considered by the Health and Wellbeing Board in September 2013. This paper updates the Board on progress towards consultation and publication of the PNA.
- 1.2 The requirement to complete and publish a PNA, including the outline content and consultation requirements, is set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹. The Board must complete the first assessment by 1 April 2015. Detailed guidance has also been published by the Department of Health as an information pack for health and wellbeing boards².
- 1.3 NHS Pharmaceutical Services comprises the following:
 - I. Essential services which all community pharmacies must provide – dispensing of medicines and appliances, promotion of health lifestyles, disposal of unwanted medicines, support for self-care.

¹ http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf Accessed 19 November 2014

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

- II. Advanced services which community pharmacies can choose to provide and require extra accreditation, including medicines use review, appliance use review, new medicines service, stoma appliance customisation.
 - III. Enhanced services which are commissioned by NHS England area teams to meet local need. These include flu vaccination, minor ailments services, support to residents and staff in care homes, and out of hours services.
- 1.4 Pharmacies also make a significant contribution to front line health and care services, being a source of advice to customers about health and wellbeing selling a range of products that do not require prescription. The siting of pharmacies and skills available is therefore of interest to the Council and the CCG, which may commission additional services.
- 1.5 Public Health services may be commissioned by local authorities from pharmacies, including smoking cessation services, sexual and reproductive health services such as emergency contraception and chlamydia screening, and drug misuse services, such as supervised consumption of methadone and needle exchange services.
- 1.6 CCGs may also commission pharmacies to support local delivery of services, including monitoring of long term conditions to reduce the need for attendance at a general medical practitioner.
- 1.7 Currently there are 39 pharmacies distributed across the borough providing a range of services.

2. Statutory Requirements in respect of the PNA

- 2.1 The Pharmaceutical Needs Assessment is a report on the local need for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made to current or future pharmaceutical service provision. The specific content required is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA must contain:
- I. A statement of the pharmaceutical services provided that are necessary to meet needs in the area,
 - II. A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps provision)
 - III. A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area,
 - IV. A statement of the services that the Health and Wellbeing Board has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area,

- V. A statement of other NHS services provided by the Council, NHS England, the CCG, and the local NHS Trusts, which affects the needs for pharmaceutical services,
 - VI. An explanation of how the assessment has been carried out (including how the consultation was carried out), and
 - VII. A map of providers of pharmaceutical services.
- 2.2 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 requires a minimum 60 day consultation period on a draft assessment. The consultation on the Barking and Dagenham draft PNA is planned to be undertaken between 19th December 2014 and 16th February 2015.
- 2.3 The Regulations specify the organisations and individuals that must be consulted by the Health and Wellbeing Board. These are:
- Any Local Pharmaceutical Committee covering the area
 - Any Local Medical Committee covering the area
 - Any persons on the pharmaceutical lists and any dispensing doctors lists for the area
 - Any Pharmacy in the area with whom NHS England has made arrangements for the provision of local pharmaceutical services
 - Any local Healthwatch for the area, and any other patient, consumer or community group in the area which in the opinion of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in the area
 - Any NHS Trust or NHS Foundation Trust in the area
 - NHS England
 - Any neighbouring Health and Wellbeing Board
- 2.4 The Regulations also require the PNA to be kept under review. This includes:
- i) Assessing whether the current PNA needs revisions on the basis of substantial changes occurring to pharmaceutical services.
 - ii) Producing a supplementary statement to capture changes in pharmaceutical provision occurring since the last PNA was published, which are not substantial.
 - iii) Keeping a map of pharmaceutical services in the area as up to date as possible.
- 2.5 Regardless of any changes, a revised assessment must be published within three years of the publication of the PNA.
- 3. Local arrangements for preparation, consultation and publication of the PNA**

- 3.1 A steering group has been formed to provide governance and expertise to facilitate the production of the PNA. The steering group is chaired by the Head of Health Intelligence and other officers from the Council, CCG, NHS England, Healthwatch, and the Local Pharmaceutical Committee.
- 3.2 The Council tendered for specialist input from an external agency to guide the development and publication of the PNA. The successful agency, Soar Beyond Ltd, is currently assisting in the production of a number of Pharmaceutical Needs Assessments throughout north east London.
- 3.3 To help inform the draft assessment and consultation, a pharmacy user questionnaire has been developed. The questionnaire is seeking feedback from the following groups:
- Members of the public – resident or working in the borough
 - Providers of pharmaceutical Services - Community pharmacies, GP Practices, and Hospital pharmacies
 - Commissioners of services – CCGs, NHS England, Local Authorities
- 3.4 Questionnaires have been distributed through community pharmacies, GP practices in Barking and Dagenham, as well as to various statutory consultees and community groups.
- 3.5 The draft PNA will be presented to the steering group on 8 December 2014, and issued for consultation on 19 December 2014.
- 3.6 Following closure of consultation on 16 February 2015, comments will be considered and a final document prepared for publication by the statutory deadline of 1 April 2015. This final document will be presented to the Health and Wellbeing Board at its March meeting in preparation for publication.

4 Mandatory Implications

4.1. Pharmaceutical Services Needs Assessment

Publication of the PNA by 1 April 2013 is mandatory under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

4.2 Other Strategic Documents

The completed report will support and align with the following strategic documents:

- The Joint Strategic Needs Assessment 2014
- The Joint Health and Wellbeing Strategy 2012-2015
- Joint Better Care Fund work programme
- Children & Young People's Plan
- Community Strategy 2013 -2016
- NHS Barking and Dagenham Clinical Commissioning Group's 5 year strategic plan
- The Council's Housing Strategy for the next 5 years³

- Implications of the Care Act 2014

4.3 **Integration**

The report will make recommendations related to the need for effective integration of services and partnership working.

4.4 **Financial Implications**

Implications completed by: Roger Hampson, Group Manager Finance – Adults and Community Services

The cost of specialist external advice used to draft the PNA has been met from within available budgets. There are no other financial implications directly arising from this report.

4.5 **Legal Implications**

Implications completed by: Dawn Pelle, Adult Care Lawyer

The plan adheres to the provisions and timescales of the regulations, which are set out clearly within the report. Further thought has been given as to the Implications of the Care Act 2014.

4.6 **Risk Management**

The recommendations of this paper are a product of the evidence based PNA 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.

5. **Non-mandatory Implications**

The PNA 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 PNA document will be of relevance to stakeholders across the health and social care system.

³ <http://www.lbbd.gov.uk/Environment/PlanningPolicy/Pages/Monitoring.aspx>

HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title: Procurement Strategy and Waiver for Public Health Services Contracts in Primary Care 2015/16	
Report of the Corporate Director of Adult and Community Services	
Open Report	For Decision
Wards Affected: All	Key Decision: Yes
Report Author: Marion Gibbon – Interim Consultant in Public Health Ekuba Edjah – Primary Care Management Officer	Contact Details: Tel: 020 8227 3953/0785 068 3108 E-mail: marion.gibbon@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	
<p>Summary:</p> <p>The current Public Health Primary Care contracts will expire on 31 March 2015. This waiver report seeks approval to waive the requirement to tender the contracts for these services and to continue commissioning services with the current providers for another 12 months starting from 1 April 2015 as there are exceptional circumstances why a procurement exercise cannot be undertaken at this stage.</p> <p>This report also outlines the delivery and procurement strategy for the following Public Health Services contracts in Primary Care for 15/16:</p> <ul style="list-style-type: none"> • Health Checks (Mandatory Function for the Council since April 2013) • Smoking Cessation (Tier 2) in General Practice and Pharmacies • Chlamydia Screening in General Practices • Long Acting Reversible Contraception in General Practices • Sexual Health Services in Pharmacies (including Chlamydia Screening, Emergency Hormonal Contraception) • Supervised Methadone Consumption in Pharmacies • Shared Care in General Practices. 	
<p>Recommendation(s)</p> <p>The Health and Wellbeing Board is recommended to:</p> <ul style="list-style-type: none"> • Approve the strategy set out in this report for the procurement of the several public health contracts identified in sections 2.1 to 2.6 • Waive the requirement to conduct a competitive procurement exercise for the said contracts in accordance with Contract Rule 6.6.8. • Delegate Authority to the Corporate Director of Adult and Community Services, in consultation with the Director of Public Health, Head of Legal Services and the Chief 	

Finance Officer to award the Public Health service contracts as set out in sections 2.1 to 2.6 of this report to the nominated General Practice and Pharmacy providers.

Reason(s)

- The outcomes of the decision from this report, affects the Council's ability to deliver on its priorities as set out in the Health and Wellbeing Strategy 2012-15: Smoking Cessation (Prevention Theme priority 1), Sexual Health (Protection Theme priority 5) and Substance Misuse (Prevention Theme priority 3) Health Check programme, which is a mandatory Council function (Prevention Theme priority 5).
- The General Practice and Pharmacy prevention programmes are key elements of an integrated health care approach to tackling the key priorities identified by the Health and Wellbeing Board and provide wider access to services.
- Requirements for the use of patient identifiable information and robust governance arrangements mean that third party providers are unable to provide services at this current time without significant changes to information governance and Caldicott requirements.

Further to this, the report assists in the delivery of the Council's vision and priorities, particularly the priority of 'enabling social responsibility'.

1. Introduction and Background

- 1.1 On 1 April 2013 the delivery of Public Health services was transferred to local authorities pursuant to the Health and Social Care Act 2012. At the same time Primary Care Trusts (PCTs) who until then managed contracts delivering public health outcomes ceased to exist.
- 1.2 Some of these services were legally 'novated' from the PCT to the Council, for delivery through General Practices and Pharmacies, during the 2013/14 financial year by a transfer order, under the Transfer Scheme enacted by the Secretary of State and were later commissioned as Council Public Health Contracts for the duration of 2014/15.
- 1.3 Contracts for the delivery of the services mentioned within this report are already in place with primary care providers.
- 1.4 This paper presents the Health and Wellbeing Board with the proposal to award the following Public Health Programmes contracts within the primary care setting from the 1st of April 2015 for a period of one year.
 - NHS Health Check Programme (mandated Council Public Health function)
 - Chlamydia Screening,
 - Smoking Cessation Level 2 Service,

- Contraceptive Intrauterine Devices (IUDs) and Contraceptive Implants,
- Pharmacy sexual health Service
- Shared Care in GP Practices (Drug Treatment Service)
- Supervised Consumption in Pharmacies (Drug Treatment Service)

1.5 There are also plans to begin a review of the procurement strategy for these services in order to establish the best procurement options beyond March 2016 for example, sub-contracting through larger specialist providers, competitive tender, private-public blend etc.

2. Proposed Procurement Strategy for Public Health Programmes 2015/16

2.1 Health Check Programme (Mandatory Council function since April 2013)

The NHS Health Check programme has historically been delivered through General Practices and Pharmacies and invites adults aged 40-74 years, based on nationally pre-established eligibility criteria to a 5 yearly screening consultation to identify their risk of developing cardiovascular disease. The risk of developing cardiovascular diseases such as diabetes, dementia, high cholesterol and others is established and communicated to patients, along with identifying lifestyle behaviours that can exacerbate/mitigate this risk. Individuals identified as very high risk are referred to appropriate lifestyle intervention programmes and managed through primary care.

We currently contract with 40 general practices at an aggregate amount across (if 100% activity target met) equates annually to £306,000. Assuming annual targets are met, and based on the practices population, the maximum any individual general practice may expect to receive would be an approximate £19,000.

We currently contract with 10 Community Pharmacies at an aggregate amount across (assuming all 10 pharmacies achieve the set annual target) equates annually to £22,000. Individual pharmacies that meet their annual target can expect to earn approximately £2,200 per year. This payment does not include reimbursements for consumables utilised by the pharmacies during the Health Check.

The service was limited to 10 out of 38 Pharmacies, due to a limited number of Point of Care Testing Devices being available which are required for the delivery of the service through pharmacies. Increasing the number of contracted pharmacies would incur additional costs for the purchase of Point of Care Testing devices and associated consumables. This is currently being reviewed to increase the number of pharmacies.

The total cost of the Health Check Programme is £396,000 per annum which also includes £68,000 for Point of Care Testing Kit Quality Assurance scheme, Promotions and Training.

It is more likely than not, that the vast majority of General Practices, if not all, will express an interest in delivering this programme. A similar assumption can be made for the currently contracted pharmacies.

2.2 Primary care level 2 smoking cessation service (this service is in addition to the Council run specialist smoking service)

General Practices and Pharmacies have been delivering the level 2 smoking cessation service in Barking and Dagenham for over 10 years. The service involves face-to-face consultations with patients or services users that express a wish to quit smoking along with the provision of Nicotine Replacement Therapy (NRT) such that they are supported to quit smoking within 4 weeks. The service has previously achieved 65% successful quit rates for patients receiving the service.

The aggregate activity costs for activity delivered through primary care (general practices and pharmacies) amounts £83,000, based on providers achieving an aggregate of 1,000 smokers across the borough. (Currently 20 out of the 40 GP's in the borough carry out this service).

Associated prescribing costs for NRT delivered through community pharmacies amounts to £231,000 (Currently 32 out of 38 Pharmacies in the borough carry out this service).

The total cost of contracts in Primary Care for smoking cessation is £314,000 per annum (including cost of supplying NRT in pharmacy).

2.3 Intrauterine Devices (IUDs) and Contraceptive Implants (General Practice only)

Long Acting Reversible Contraception (LARC), which includes IUDs and Contraceptive Implants, provides an alternative to barrier and oral contraception and is less dependent on a patient's daily compliance. While LARCs can be accessed through sexual health clinics, it is most cost effective and easier to access if delivered through general practice.

This service is demand led making maximum contract values per provider difficult to estimate. However the current aggregated contract cost across the 26 current providers, based on 2012/13 and modelling data from 2013/14 is estimated to be £60,000 per annum.

2.4 Chlamydia Screening in General Practices

The programme aims to increase the number of 15-24 year olds screened for Chlamydia through General Practice to promote early identification and treatment. The current service is contracted with 27 general practices who carry out this service. Anticipated aggregate contract cost based on 2012/13 delivery is £20,000 per annum.

2.5 Pharmacy Sexual Health Service

Pharmacies have an important role to play in providing contraceptives, in particular, access for young people seeking Emergency Hormonal Contraception (EHC) and Chlamydia screening through community pharmacies. Currently we commission 21 pharmacies in the borough to provide this service. Anticipated contract cost based on 2012/13 activity is £200,000 per annum.

2.6 Shared Care (substance misuse)

Shared care is an essential part of the management and treatment of drug misuse. The scheme is overseen by the Substance Misuse Strategy Team (Community Safety). Shared care comprises two schemes General Practice Shared Care and Pharmacy Supervised Consumption services.

The budget allocation for shared care as a whole is around £100,000 split across General Practice Shared Care and Pharmacy Supervised Consumption. Based on 2013-14 levels of activity general practice shared care is allocated £35,000 over 2014-15. Around 15 practices are in the scheme locally. Maximum payment per surgery is £244 per year for each service user seen. Practices which see patients from non-participating surgeries receive a maximum payment of £350 per service user annually.

The scheme should be delivered by local general practices based in Barking and Dagenham able to treat residents. As such, there is a lack of alternative providers beyond those already delivering the service. Furthermore, how general practice shared care develops beyond 2015-16 is dependent on the outcome of the re tender of specialist drug services planned at the end of 2014-15 and the ongoing requirements of the new drug treatment system to improve treatment outcomes for service users.

Based on 2013-14 levels of activity pharmacy shared care is allocated £65,000 over 2014-15. Pharmacists are paid per supervision of medication at £1.90 for methadone and £2.10 for sublingual medication such as buprenorphine. Future development of the supervised consumption scheme is dependent in part on the retendering of the specialist drug service and its ongoing requirements to improve treatment outcomes for service users.

2.7 Estimated Contract Value, including the value of any uplift or extension period

Overall the Public Health Service Contract value with Primary Care for 2015/16 is £1,090,000. Depending on the services delivered, individual contracts with each general practice could be worth up to an estimated value of £44,000. This estimate is based on a combination of information from previous activity for the demand led services and assuming practices are able to achieve 100% of their annual targets for the other services. However as general practices vary in the size of registered population they cater to, estimated contract values vary from as little as £6,500 for a smaller general practice, that delivers all services on offer, and achieves 100% of their targets, compared to as much as £44,000 to one of the larger general practices also delivering all services on offer and achieving 100% of their targets/expected delivery. Depending on the services delivered individual contracts with each community pharmacy could be worth up to an estimated value of £18,000. This estimate is based on a combination of information from previous activity for the demand led services and assuming providers are able to achieve 100% of their annual targets for the other services.

It is not feasible to accurately anticipate the exact contract value per provider (general practice or pharmacy) since the services within the contract are optional to providers and their choice of preferred services is not known until very near financial

year end when contracts are awarded. This is in addition to some of the services within the contract being demand led.

All spend will be monitored during the year through quarterly and monthly spend reports.

2.8 The contract delivery methodology and documentation to be adopted

Public Health Service contracts:

- a) NHS Health Checks: Providers invite patients registered with Barking and Dagenham General Practices or resident within the borough, based on specific eligibility criteria and verified through patient notes on clinical patient information systems to be screened for risk of cardiovascular disease. Health Checks are conducted within General Practice and Pharmacy premises, and results of health checks noted on the patients' clinical notes. General Practices will be paid quarterly, as per activity recorded on the clinical systems and queried through a commissioner database. Pharmacies are paid for monthly, based on invoices submitted to the Public Health Team. Practices and pharmacies are set annual targets and are performance monitored through quarterly meetings, and monthly data monitoring. Practice visits are held with poor performers in order to agree and implement actions plans for performance improvement.
- b) Smoking Cessation: Providers invite patients to join the smoking cessation programme either by selecting current smokers from the general practices' registered patient list and patient's clinical notes or through the sale of nicotine products in pharmacies. Patients are supported to quit through face-to-face support and provision of nicotine replacement therapy and are seen within the General Practice and/or Pharmacy setting. Providers are paid for the number of successful quitters achieved and pharmacies reimbursed for any nicotine replacement therapies provided. Payments to General Practice occur on a quarterly basis whilst pharmacies are paid on a monthly basis. Practices and pharmacies are set annual targets and are performance monitored through quarterly meetings, and monthly data monitoring. Practice visits are held with poor performers in order to agree and implement actions plans for performance improvement.
- c) Chlamydia Screening in General Practices and Pharmacy setting: the Chlamydia screening service is delivered in a similar manner in both general practices as well as pharmacies. Service users are recommended a screen for Chlamydia infection based on their sexual histories, taken opportunistically through another medical consultation or upon request by the service user themselves. Samples are then sent to a lab for testing, delivery of test results and partner notification in case of a positive result. General Practices as well as Pharmacies are paid on a quarterly basis upon receiving activity data for the respective time period. Practices and pharmacies are set annual targets and are performance monitored through quarterly meetings, and monthly data monitoring. Practice visits are held with poor performers in order to agree and implement actions plans for performance improvement.

- d) Sexual Health Services in Pharmacies i.e. provision of Emergency Hormonal Contraception (EHC): the contracted pharmacies are able to dispense EHC, only through operating under a Patient Group Directive (PGD) that requires named pharmacists to act within the clinical limitations and recommendations of the PGD as reviewed, updated and agreed regularly by a multidisciplinary team of specialists. Pharmacies dispense the EHC upon request of a service user and based on strict clinical criteria as outlined in the PGD and service specification documents. Supply is demand led and pharmacies are paid on a monthly basis upon the submission of an invoice.
- e) Long Acting Reversible Contraception (LARC): the service is demand led, and is delivered within General Practice premises. Only qualified staff are allowed to carry out procedures as per guidelines set out by the Faculty of Sexual and Reproductive Health. GPs are paid for the activity on a quarterly basis upon receipt of an invoice with activity details.
- f) Shared Care: This service involves joint working between local GP surgeries and the specialist drug service in relation to the management of stable drug users on substitute medication for opioid addiction with some provision for the treatment of prescription and over-the-counter addiction issues. Liaison worker/s, employed by the specialist drug service in Barking and Dagenham coordinate a service user's treatment while the prescribing GP holds medical responsibility. If necessary, the patient can be referred back to the specialist service if they require more intensive interventions. All service users seen in GP shared care are assessed as suitable for shared care and referred to the scheme by the specialist drug service. Around 15 surgeries are in the scheme locally. Maximum payment per surgery is £244 per year for each service user seen. Practices which see patients from non-participating surgeries receive a maximum payment of £350 per service user annually. The scheme should be delivered by local GPs based in Barking and Dagenham able to treat Barking and Dagenham residents.
- g) Supervised Consumption: This scheme supports people in treatment at the specialist drug service for opioid dependency who are prescribed 'substitute medication' (methadone, suboxone or buprenorphine) to assist recovery. Service users take their prescription from the specialist drug service to the pharmacy where they are dispensed medication on-site and observed taking it by the pharmacist. Pharmacists are paid per supervision of medication at £1.90 for methadone and £2.10 for sublingual medication such as buprenorphine. Supervised consumption is indicated for all new opioid dependent service users starting treatment at the specialist service and for those who are unable to manage their medication or who may divert it illegally. Supervised consumption services should be based near to where service users live and therefore should consist of local pharmacies

It is anticipated there will be circa 40 GP contracts and circa 38 Pharmacy contracts. The contract will be awarded on the Public Health Non Mandatory Services Contract.

2.9 Outcomes, savings and efficiencies expected as a consequence of awarding the proposed contract

The health topics addressed by the programmes above (Cardiovascular disease/diabetes detection, smoking, sexual health and contraception and substance misuse) are all outlined in the JSNA as areas where improvements need to be made in Barking and Dagenham in terms of early detection and reducing prevalence. The above programmes play a significant role in improving outcomes and reducing health inequalities across these key population health topics.

2.10 Criteria against which the tenderers are to be selected and contract is to be awarded

Health Checks – contracts will be offered to all 40 General Practices within the borough (Currently all general practices, provide this service and are trained to do so) and 10 out of 38 Pharmacies within the borough. Pharmacies have been limited to 10 due to limited availability of costly Point of Care Testing devices required to deliver the service outside of General Practices.)

Smoking Cessation – contracts offered to those General Practices and pharmacies with staff trained to required standards as smoking cessation advisors. Currently 20 out of 40 GP practices (with trained staff) and 32 out of 38 pharmacies hold a contract for the delivery of smoking cessation level-2 service.

Chlamydia Screening in general practices – contracts offered to all 40 General Practices within the borough (training is available free of cost) Currently 27 General Practices deliver this service within this borough.

Sexual Health in Pharmacies – contracts offered to Pharmacies whose pharmacist staff are trained to operate under the then current Patient Group Directive (PGD) for the supply of EHC. Currently 21 pharmacies deliver sexual health services within the borough.

Long Acting Reversible Contraception – contracts offered to all General Practices that have staff qualified/certified to perform the procedures in question. Currently 26 General Practices deliver these services within the borough.

GP Shared Care –The intention is to limit number of GP surgeries providing GP shared care to those existing practices (15) providing service during 2015-16 in order to maintain service continuity during the re tendering, implementation and early developmental phase of specialist drug services (on which the scheme critically depends) in the borough.

Pharmacy Supervised consumption – contracts offered to Pharmacies in the borough whose pharmacist staff are competent to deliver supervised consumption in partnership with drug treatment services.

2.11 How the procurement will address and implement the Council's Social Value policies

The procurement of these services from General Practices and Pharmacies will enable the council to fulfill its duties around improving the health of the local population.

Collectively the programmes aim to;

- Reduce the incidence of sexual health infections which can have long lasting adverse health impacts for residents.
- Prevent unplanned pregnancies, reduce the number of avoidable terminations of pregnancies and the avoid any possible associated adverse health and social impacts.
- Increase the uptake of healthier lifestyle such as quit smoking and increased physical activity and weight management to achieve greater healthier life expectancy, and reducing the prevalence of residents/patients living with long term conditions such as COPD or developing Lung Cancer.
- Establish residents'/patients' risk of developing long term and acute cardiovascular conditions such as diabetes and/or stroke therefore enabling residents'/patients' to make healthier choices to prevent adverse health event and positively impacting health inequalities within the borough.

2.12 Duration of the contract, including any options for extension.

1 Year from the 1st April 2015 to the 31st of March 2016.

2.13 Is the contract subject to the (EU) Public Contracts Regulations 2006? If Yes, and contract is for services, are they Part A or Part B Services

Yes, however as these services form part of the Part B services they are not subject to the full regime of the Public Contracts Regulations 2006.

2.14 Recommended procurement procedure and reasons for the recommendation.

The recommended procurement procedure is to waive the requirement for a tender and to award these contracts to providers within the primary care setting (general practices and pharmacies). The reasons are set out below as to why general practices and community pharmacies are considered the most suitable providers:

- General practice and pharmacies hold the necessary confidential and sensitive patient information necessary to obtain eligibility lists and associated cost-efficiencies within the service delivery pathway.
- Some of these services such as Long Acting Reversible Contraception can only be provided by medically trained staff.
- General practice and community pharmacies have the most suitable and universal geographical coverage of the borough in terms of accessible venues for patients and service users.
- The availability of clinical expertise within general practice and pharmacy setting in the event of an emergency or any associated health concerns.

These services do not form part of the standard offer of care within general practices and/or pharmacies and failure to provide these services within the borough will result in the loss of access to key public health interventions, consequently affecting the council's ability to achieve its priorities as set out in the Health and Wellbeing Strategy 2012-15.

Should the procurement strategy and waiver be approved, contracts will be awarded to all general practices and pharmacies that express an interest in delivering the service and that possess adequately qualified staff as per the service specifications and national guidance in order to deliver the services.

3 Options Appraisal

The following options have been considered and rejected;

- a) Do nothing: Current Contracts end on the 31st of March 2015. Not taking action would mean the services would cease to be offered to service users and residents. One of the services included within the contracts (NHS Health Checks) is a mandatory council function since April 2013).
- b) Develop a framework after competitive tender and ascertain whether there is another model for service provision at fixed costs. However, these services are used by population groups who perceive themselves to be healthy and so there is insufficient natural demand for this model to ensure value for money if block contracts are awarded.
- c) Competitive Tender: at this stage, the competitive tender process was considered and rejected for the following reasons:
 - Some of the services specifically Long-Acting Reversible contraception can only be delivered by medically trained staff. The Emergency Hormonal Contraception supplied through pharmacies can also be delivered only by trained pharmacists named on a legal document called Patient Group Directive.
 - GPs are legally the data controllers of patient data held on their clinical information systems. Current legislation, such as the Data Protection Act 1998, prevents other organisations from access to patient's information without explicit consent from the GPs and patients themselves. This information is crucial in delivering a cost-effective service and impacts the ability of providers establishing a valid list of patients eligible for each of the programmes. In addition to establishing eligible patient lists, providers are also required to follow up patients and record clinical data about potential diagnosis or clinical test results on to patient records. Delivery of the services through other providers without access to patient data that allows establishing and verifying patients' eligibility would be cost-inefficient as experience from within this and other London boroughs demonstrates. 3rd party providers would have to verify eligibility with GPs therefore duplicating

elements of the service and activity carried out on ineligible individuals is not considered for national data submissions for performance reporting.

- **Geographic locations:** Currently, local General Practices are situated borough wide, service localised populations and when full participation in programmes is achieved, a borough wide coverage of the relevant population can be expected. In contrast, commercial providers of services have not been able to demonstrate a similar standard and level of coverage. In order to replicate coverage obtained via General Practice, multiple providers may need to be contracted or in the case of a single provider multiple venues/sites are required, making activity levels at each site small and potentially financially unviable.
- **Clinical expertise:** GPs and Pharmacists also have the advantage of clinical expertise being available in the form of either doctors or nurses allowing service users access to clinical expertise in more than one specialty should the need arise. In contrast, commercial providers commonly specialise in limited areas, unless medically trained staff are involved. This has implications for any local integration strategies with the aim to make 'every patient contact count'.

The rationale outlined above also broadly applies to Community Pharmacists as current preferred providers of some Public Health Services. It is therefore recommended that the contracts are offered to Barking and Dagenham primary care providers (General Practices and Community Pharmacists) uncontested, waiving a full tender process.

4 Waiver

Approval is being sought to waive the requirements of the Contract Rules, specifically Clause 6.6.8 which relates to genuinely exceptional circumstances.

It is believed to be in the Council's best interest to issue the waiver due to no alternative satisfactory procurement option being available to commissioners at this stage apart from primary care providers (General Practice and Pharmacies) for the reasons identified in the above point 3 (b).

5 Equalities and other Customer Impact

Quality Public Health Services delivered through Primary Care are aimed to reduce health inequalities by decreasing health related disabilities and morbidity in the borough. They are aimed at all gender classifications, sexual orientations, religious and ethnic groups alike. Some of the programmes are targeted at younger age groups due to high disease prevalence and with the aim of making the programmes more cost and clinically effective however; this does not prevent other age groups from availing of similar services. A high number of service users are expected to be from high risk and vulnerable groups.

6 Recommendations to Health and Wellbeing Board

- Approve the strategy set out in this report for the procurement of the several public health contracts identified in sections 2.1 to 2.6.
- Waive the requirement to conduct a competitive procurement exercise for the said contracts in accordance with Contract Rule 6.6.8.
- Delegate Authority to the Corporate Director of Adult and Community Services, in consultation with the Director of Public Health and the Chief Finance Officer to award the Public Health service contracts as set out in sections 2.1 to 2.6 of this report to the nominated General Practice and Pharmacy providers

7. Consultation

In line with Council procedure the following have been consulted with:

- Councillor Worby Portfolio holder for Adult Social Care and Health
- Procurement Board
- Corporate Director for Adult and Community Services
- Group Manager Finance Adults and Community Services
- Legal Services
- Statutory Proper Officer – Director of Public Health

8. Mandatory Implications

8.1 Joint Strategic Needs Assessment (JSNA)

The JSNA has highlighted sexual health (especially HIV and teenage pregnancy), cardiovascular disease, COPD, cancer and drug and alcohol misuse as priority areas in need of improvement against the Public Health Outcomes Framework.

The Pharmacy elements are noted in the Pharmaceutical Needs Assessment (PNA). The refreshed PNA is being published on 1 April 2015.

8.2 Health and Wellbeing Strategy

The Health and Wellbeing Strategy identifies these areas as key programmes for our delivery to improve life expectancy in the borough. These interventions will be included in the refresh of the Health and Wellbeing Strategy 2016-18.

8.3 Integration

One of the outcomes we want to achieve for our Joint Health and Wellbeing Strategy is to improve health and wellbeing outcomes through integrated services. The report's

recommendations are underpinned for the need for effective integration of services and partnership working.

8.5 **Corporate Procurement**

Implications completed by: Claudette Rose, Category Manager, Public Health

Services in GP Practices

The programmes will be procured from the Borough's GPs and Pharmacies on a voluntary take up basis. GPs will be offered contracts and will be contractually committed to deliver an agreed number of Health Checks on an annual basis, and monitored monthly.

GP's and Pharmacies will be contracted utilising the Public Health Non Mandatory Services Contract that has been reviewed by the Council's Legal Team. This series of contracts is being let for a period of one year in order for Public Health to review the market place and consider alternative options e.g. Public and Private blend.

Due to the value and Part B nature of this contract a formal invitation to tender including an advert would be required however due to the nature of the service being procured a Waiver is being sought to waive the required Contract rules. A Waiver would be sought on the grounds contained in Contract Rules 6.6.8 that there are other circumstances which are genuinely exceptional. The reason for this is GP's are best placed to deliver these services currently in an immature market with limited private and voluntary sector providers exists

Services in Community Pharmacies

Services will be procured from the Borough's Pharmacy's on a voluntary take up basis. Pharmacy's will be offered Contracts via the Public Health Team and will be contractually committed to deliver to an agreed service level.

Pharmacies will be contracted utilising the Public Health Non Mandatory Services Contract that has been reviewed and agreed by the Council's Legal Team. This contract is being let for a period of one year in order for Public Health to review the market place and consider alternative options e.g. Public and Private blend.

Due to the value and Part B nature of this contract a three documented quote process would be required however due to the specialist nature of the service being procured a Waiver is being sought to waive the required Contract rules.

A Waiver would be sought on the ground contained in Contract Rule 6.6.8 that there are other circumstances which are genuinely exceptional. The reasons for this are that the borough's Pharmacy's are best placed to deliver these specialist services. Currently an immature market with limited private and voluntary sector providers exists.

8.6 **Financial Implications**

Implications completed by: Roger Hampson, Group Manager Finance – Adults and Community Services

This report seeks authority to enter into contracts for Public Health services in Primary Care up to March 2016, and to waive the requirements of the Contract Rules, for the reasons set out in the report. A review of the procurement strategy for these services will be undertaken to establish the best procurement options beyond March 2016.

The total of anticipated contract costs is £1,090,000 in 2015/16 as set out in the table below and is within the available budget:

Health Check Programme	£396,000
Smoking Cessation Level 2 Service	£314,000
Long Acting Reversible Contraception (Contraceptive Implants and Intrauterine Devices)	£60,000
Chlamydia Screening	£20,000
Pharmacy Sexual Health Service	£200,000
Shared Care	£35,000
Pharmacy Supervised Consumption	£65,000

8.7. Legal Implications

Implications completed by: Eldred Taylor-Camara, Legal Group Manager

- 8.7.1 This report is asking that the Health and Wellbeing Board (HWB) waives the requirement, under the Council's Contract Rules, to tender the contracts and approve the procurement strategies referred to in this report.
- 8.7.2 The report proposes that the contracts being procured should be awarded directly to GP's and Community Pharmacies without subjecting them to competition. The report further requests that a waiver be granted of the requirements to subject the procurements to competition on the ground that there are exceptional reasons why these contracts cannot be so procured. The several reasons advanced and relied on for this are stated in paragraphs 2.14 and 4c of the report.
- 8.7.3 The services referred to are classified as a Part B services under the Public Contract Regulations 2006 (the "Regulations") and are therefore not subject to the full tendering requirements of the Regulations. However 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 conducting the procurement exercise.
- 8.7.4 The EU Treaty Principles require contracting authorities such as the Council, to apply the principles of equal treatment, non-discrimination and transparency in conducting its procurements. This means that the Council must ensure that it establishes a level-playing field in which all prospective bidders, whether in the public sector and private sector, are given an equal opportunity to bid for Council contracts, provided they meet and satisfy the Council's qualifying criteria. It also means that the Council's procurement policies and criteria and the way they are implemented, are transparent and accessible to all, so that every prospective bidder knows what to

expect and will have equal access to the same information and documentation as other bidders.

- 8.7.5 The above principles are embedded in the Council's Contract Rules. Accordingly, the Contract Rules require officers (where appropriate and depending on the Contract Value of each contract), to advertise and subject procurements to open competition by inviting tender bids or quotes from all prospective bidders. The Contract Rules require contracts with a value of £50,000 or more to be advertised and opened to tender. Contracts with a value of between £5,000 and less than £50,000 need not be tendered, but must be open to competition by inviting at least three quotes from providers.
- 8.7.6 Contract Rules also provide for Cabinet/HWB or Chief Officers (as may be appropriate) to waive the requirement to tender or obtain quotes for contracts on any one of several grounds set out in Contract Rule 6.6.8, including the ground that there are "genuinely exceptional circumstances" why a competitive procurement exercise should not be conducted. Each ground is however subject to the proviso that the appropriate decision-maker considers that no satisfactory alternative is available and it is in the Council's overall interests. Contract Rules also provide that waivers must not be used to avoid the administrative inconvenience of a tender process.
- 8.7.7 It is noted that the maximum estimated Contract Value for each GP contract would be in the region of £44,000 and £18,000 for a pharmacy. Therefore the individual contracts being of relatively low value and below the threshold requiring advertisement and tendering, would not need to be tendered. Three quotes would however need to be obtained for each contract unless a waiver is granted, and the EU Principles of equality, non-discrimination and transparency would need to be observed.
- 8.7.8 Contract Rule 6.3 provides that in instances where the value of a contract is over £500,000 a waiver of the Council's tender requirements must be obtained from Cabinet/ Health and Well Being Board. Whilst the maximum estimated Contract Value for each contract would be below the relevant threshold, it is noted that the total value of the procurement for all these contracts is estimated to be in the region of £1,090,000. Given the contracts to be procured form part of a package and are to be procured in one procurement exercise, it is appropriate that approval of the proposed procurement strategy and decision whether to grant a waiver, be made by the Health and Well Being Board.
- 8.7.9 In considering whether to agree the recommendations set out above in this report, the Health and Well Being Board needs to satisfy itself that the reasons provided and grounds stated by officers are satisfactory i.e. that the reasons set out in paragraphs 2.14 and 4c are exceptional thereby warranting non-compliance with the requirement to open the procurements to open competition and that the Board is therefore satisfied that no satisfactory alternative is available and it is in the Council's overall interests to grant the waiver.

8.8 Risk Management

There is a risk of the chosen providers not delivering to target, therefore resulting in lower than planned activity levels. A dedicated post within the Public Health team will monitor and review performance in order to maintain an acceptable level of activity. It is also anticipated that a review of the services will be conducted before the summer of 2015 to establish the best procurement options beyond March 2016, for example sub-contracting through other specialist providers. Competitive tender, private-public blend etc.

Some of the services outlined above specifically target young people between the ages of 13 and 24 years with the aim of improving their sexual health, and providing them with access to necessary contraception services to reduce risky behaviour and consequentially the occurrence of sexually transmitted infection amongst individuals of this age group. All providers of this service are also in particular required to be trained in Level-3 Safeguarding Children

9. Supporting Documentation

- Barking and Dagenham's Community Strategy 2013-1016
- Joint Strategic Needs assessment
- Joint Health and Wellbeing Strategy
- Public Health Commissioning Priorities 2014/15
- Pharmaceutical Needs Assessment

10. List of Appendices

None.

HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title:	Systems Resilience Group Update		
Report of the Systems Resilience Group			
Open Report		For Decision	
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: <p>This purpose of this report is to update the Health and Wellbeing Board on the work of the Systems Resilience Group. This report provides updates on the Systems Resilience Group meetings held on the 30 September 2014 (Appendix 1) and 31 October (Appendix 2).</p> <p>A further Systems Resilience Group meeting was held on 24 November but a briefing report had not been published at time of Health and Wellbeing Board publication. A verbal update will be provided at the meeting.</p>			
Recommendation(s) The Health and Wellbeing Board is recommended to:			
<ul style="list-style-type: none"> • 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 Systems Resilience Group. 			
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 group is consistent with the Joint Strategic Needs Assessment.

1.2 Health and Wellbeing Strategy

The priorities of the group is consistent with the Health and Wellbeing Strategy.

1.3 Integration

The priorities of the group is consistent with the integration agenda.

1.4 Financial Implications

The Systems Resilience Group 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 Systems Resilience Group.

1.6 Risk Management

Urgent and emergency care risks are already reported in the risk register and group 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 group 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

System Resilience Group Briefings:

- Appendix 1: 30 September 2014
- Appendix 2: 31 October 2014

BHR Systems Urgent Care Board (UCB) Briefing	Meeting dated – 30 September 2014
	Venue – Board room A, Becketts House
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
Performance reporting: UCB dashboard/revised dashboard.	Members received the latest update of the dashboard. A further update of the revised dashboard was presented.
Delivery plans: Trust improvement plan Operational resilience plan Flu planning	Members received an update on the Trust Improvement Plan. Leads provided an update on the progress of their initiatives. Members noted the progress of planning for the national flu campaign.
Governance and assurance: Clinical reference group	Members noted the proposal to set up a workshop for the Urgent Care Leads Network forum.
RTT Improvement Plan:	Members received an update on the RTT Improvement Plan.
Cancer Improvement Plan:	Members received an update on the Cancer Improvement Plan.
AOB	None.
Next meeting	Friday 31 st October 2014, 1pm – 3pm. Committee room 3a, Havering Town Hall

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BHR Systems Urgent Care Board (UCB) Briefing	Meeting dated – 31 st October 2014
	Venue – CR3a, 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
Performance reporting: UCB dashboard	Members received the latest update of the dashboard.
Delivery plans: Trust improvement plan Operational resilience plan	Members received an update on the Trust Improvement Plan. Leads provided an update on the progress of their initiatives.
Governance and assurance: Clinical reference group Proactive Surge Escalation Framework	Members noted the date of the Urgent Care Leads Network workshop. Members noted the proposed surge escalation framework. A revised version to come back to the November meeting for agreement.
RTT Improvement Plan:	Members received an update on the RTT Improvement Plan.
Cancer Improvement Plan:	Members received an update on the Cancer Improvement Plan.
For information NCEL surge event Friday 7 Nov. Winter checklist UCB meeting schedule for 2015	Members noted the confirmed attendance for event on 7 November. Members noted the winter checklist. Members noted the meeting schedule for 2015.
AOB	'Clinical staff required to support LAS' letter was circulated for members information.
Next meeting	Monday 24 th November 2014 1.30pm – 3.30pm, Board room A Becketts House

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HEALTH AND WELLBEING BOARD

9 DECEMBER 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: <ul style="list-style-type: none"> • 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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Integrated Care Sub-Group

Chair:

Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group

<p>Items to be escalated to the Health & Wellbeing Board</p> <ul style="list-style-type: none"> The Health and Wellbeing Board is asked to note the progress of the integrated care sub-group
<p>Meeting Attendance</p> <p>27 October 2014: 53% (9 of 19)</p>
<p>Performance</p> <p>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.</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <p>The group</p> <ul style="list-style-type: none"> The group was asked to review and comment on the BCF management paper outlining the BCF programme governance timeline and reporting, workstreams and milestone status. The group reviewed and commented on the newly developed dashboard reports produced by the CSU. The group was informed of the development of the new Joint Executive Management Committee which will oversee the development of section 75 The carers strategy was presented at the meeting a further paper will be taken in December with commissioning intentions. A stakeholder workshop is planned which will talk through what has changed on the BCF/agenda and on personalisation focusing on areas of engagements with other organisations like Healthwatch.
<p>Action and Priorities for the coming period</p> <ul style="list-style-type: none"> Further develop the BCF dashboard and develop a risk register Develop commissioning intentions for carers 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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Mental Health sub-group

Chair: Gillian Mills, Integrated Care Director (Barking and Dagenham), NELFT

<p>Items to be escalated to the Health & Wellbeing Board</p> <p>(a) None to note.</p>
<p>Performance</p> <p>Please note that no performance targets have been agreed as yet.</p>
<p>Meeting Attendance</p> <p>5 November 2014: 57% (9 of 16)</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <p>(a) Interim report from Delta Consulting regarding the Mental Health Needs Assessment they are undertaking in Barking and Dagenham</p> <p>(b) Discussed the outcomes from the 1st World Mental Health Day Service user and stakeholder engagement event held in October. A second stakeholder engagement event was held on 12 November 2014. Findings will be incorporated into the final Needs Assessment report in December.</p> <p>(c) A sub-group development session is planned for early January to focus on the mental health needs identified and to inform future service commissioning and provision priorities. This will encompass the central and local policy and scrutiny priorities identified within 'Closing the Gap', the Mental Health Crisis Concordat and the HASCC Welfare Reforms and Austerity Impact review.</p> <p>(d) Group reviewed recent NHS report of the Strategic Clinical Network – 'London's Diabetes Care Pathway' on commissioning recommendations for psychological support.</p>
<p>Action and Priorities for the coming period</p> <p>(a) MH sub group oversight of the Mental Health Needs Assessment that has been commissioned by LBBD Public Health.</p>

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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Learning Disability Partnership Board

Chair: Glynis Rogers, Divisional Director Commissioning and Partnerships, London Borough of Barking and Dagenham

<p>Items to be escalated to the Health & Wellbeing Board</p> <p>None.</p>
<p>Performance</p> <p>The Board is working well as are the sub groups. The carer's/service user forums are in agreement that their representatives continue to represent their views and are feeding back to them about the actions of the LDPB. There are issues around low attendance at the Professionals and Provider forum and ways to improve the attendance are being looked into and discussed.</p>
<p>Meeting Attendance</p> <p>28 October 2014: 50% (10 out of 20 attendees)</p>
<p>Action(s) since last report to the Board</p> <ul style="list-style-type: none"> (a) Topics that have been discussed recently include Winterbourne View; the Board was informed about the register that has been put in place to track people placed in settings similar to Winterbourne View. There are currently 6 Barking and Dagenham residents on the register. The Board received an informative presentation on the key elements of the Care Act Well being, Assessment, Advocacy and Financial Assessment. The Board discussed the Health and Wellbeing Board development day which took place on 6th October, which included presentations from Futuregov and Care City. The Board received an update on the Supported Living Tender and how service users and carers can be involved with the tender process and be part of the panel. The Board received information about the Visions and Priorities for Barking and Dagenham. (b) The agenda has been changed to reflect changing priorities for the Learning Disability Partnership Board with the Care Act now a standing agenda item. (c) Feedback from the Sub groups is proving valuable. The service user forum have provided feedback about good experiences of losing weight and becoming more fit and being involved in sports such as adult swimming , tai chi and trampolining.
<p>Action and Priorities for the coming period</p> <ul style="list-style-type: none"> (a) At future meetings the LDPB will discuss the Care Act, Transitions, Carers Strategy, End of Life Care, Local Account, Annual Carers Survey, the Autism Strategy, and Learning Disability Self Assessment Framework. A further update on the Supported Living Tender and LD Housing Strategy which will now be incorporated into an Independent Living Strategy for the council.

Contact: Karen West-Whyllie, Group Manager – Learning Disabilities

Tel: 020 8724 2791 **Email:** karen.west-whyllie@lbbd.gov.uk

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

- The Health and Wellbeing Board is asked to note progress of the Children and Maternity Group

Meeting Attendance

The group has met twice since the last report to the Health and Wellbeing Board.

September – 12 attendees

November – 11 attendees

Performance

The CMG reviews on an ongoing basis the performance against the CMG identified HWB indicator set. These were used to inform priorities as part of priorities workshop in July and these have been mapped to the priority work streams with other indicators such as elements of the maternity dashboards.

Action(s) since last report to the Health and Wellbeing Board

September:

Key actions included:

- Review of JSNA recommendations
- Discussion of and agree for leads to complete high level priorities map setting out delivery plans and links to strategic documents
- Review of draft breastfeeding action plan with further work needed on developing content and clarifying lead role
- Discussion and forward planning on a range of issues raised by Children's Trust in July including LAC waiting times for CAMHs, births in low risk settings, mechanism for maternity performance informing CMG, Troubled Families phase 2

November

Key actions from this meeting included:

- A review of the CMG work plan and an update on the 10 priority areas – further work is required to complete the work plan and develop the forward plan. A programme management approach to delivering the plan co-ordinated by the joint commissioning manager was agreed
- The scope, approach and next steps for the Paediatric Allied Health Professionals service review and CAMHs review were agreed
- Troubled Families – provider and commissioner support to be defined to support identification and lead professional
- SEND – positive progress report overall with a number of issues for partners to work through including alignment of other decision-making processes/communication
- Maternity – review of performance data and agree approach to link key indicators to CMG work plan/B&D specific data
- Review children's services budget proposals and identify next steps for comment by partners

Action and Priorities for the coming period

- Forward plan reflecting agreed priorities/programme management approach
- Childhood obesity strategy and breastfeeding action plan to be considered at the next meeting
- Review Health and Wellbeing Strategy

Contact: Mabel Sanni, Executive Assistant, Barking and Dagenham CCG

Tel: 0203 644 2371 mabel.sanni@barkingdagenhamccg.nhs.uk

Public Health Programmes Board

Chair: Dr Marion Gibbon, Interim Consultant in Public Health

<p>Items to be escalated to the Health & Wellbeing Board</p> <p>(a) None</p>
<p>Performance</p> <p>Public Health Grant discussion was not able to take place as budget meeting between the Cabinet Member and Matthew Cole, Director of Public Health had not taken place.</p> <p>Discussion of Review of current specialist support for stop smoking services took place. The report is to be discussed at DMT on 20th November 2014. A meeting to discuss the findings will be arranged.</p> <p>An update on the procurement of integrated sexual health was also discussed.</p>
<p>Meeting Attendance</p> <p>Very few people outside public health attended. It is felt that membership, format and terms of reference need to be reviewed to re-vitalise the PH board.</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <p>(a) Update on Sexual Health Procurement</p>
<p>Action and Priorities for the coming period</p> <p>(a) Decision regarding model of provision of specialist stop smoking support</p> <p>(b) Themed meeting and invitation to other members based on their interest in topic. Proposed topic the health of young offenders</p> <p>(c) Review terms of reference and discuss how the programme board can be re-vitalised</p>

Contact: Matthew Cole, Director of Public Health

Tel: 020 8227 3657; **Email:** matthew.cole@lbbd.gov.uk

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HEALTH AND WELLBEING BOARD

9 DECEMBER 2014

Title:	Chair's Report	
Report of the Chair of the Health and Wellbeing Board		
Open Report	For Information	
Wards Affected: ALL	Key Decision: NO	
Report Author: Louise Hider, Health and Social Care Integration Manager	Contact Details: Tel: 020 8227 2861 Email: louise.hider@lbbd.gov.uk	
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board		
Summary: Please see the Chair's Report attached at Appendix 1.		
Recommendation(s) The Health and Wellbeing Board is recommended to: a) Note the contents of the Chair's Report and comment on any item covered should they wish to do so.		

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In this edition of my Chair's Report I talk about our plans for our 'Make a Change' campaign in 2015 where I will be asking all of you to make a pledge! It also gives information about the Health 1000 project, the next Development Day and the publication of the Better Health for London report. 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*

Let's make 2015 the year we start to turn the tide on obesity

Next year will see a massive celebration of the 50th anniversary of Barking and Dagenham as a single London borough. A series of events will highlight our heritage, our successes, and our future plans.

We're asking everyone to mark the year with a personal celebration of health and wellbeing too; enjoying our positive points, and asking the question 'Is there anything I'd like to change for the better?' We'd like **YOU** to help lead the way.

This is a 'people like me' inspirational campaign, created with and for people from all walks of life. We'll be showcasing people who live and work in the borough – anyone who has made a change or wants to make a pledge to do something new. Councillors will help to start the trend with some personal pledges in the New Year too. And we'll be celebrating everyone's stories throughout the year – including how people overcome any set-backs.

This is a campaign that everyone can join, and this is the sort of thing we'll be saying **'Make a change!'**

If the age-old resolutions to 'lose weight', 'get fit', 'cut out the booze' or 'give up smoking' haven't worked for you in the past, it could be time to look at things differently. How about...

'Spend more time with my family or friends': you could make it something active you do together; even just a regular walk in your local park. Recruit a friend as a 'make a change' buddy, so that you can cheer each other on. Think long term - maybe you'd like to take on a bigger challenge together in 2016?

'Help look after our environment': you could cut down on the car or the bus, and get out the bike, or some walking shoes. Even a few shorts bursts of energetic movement a day will benefit our health – and the planet!

'Get a better night's sleep': try winding down for sleep with an electronics-free half hour or more. Switch off the TV, radio and gizmos, and read a little (Board papers anyone?). Have a hot drink and a chat, or stroke the cat. Getting in to better bedtime habits has been shown to have an impact on concentration, learning, and wellbeing.

My doctor says that just by walking to work, I can reduce my risk of getting heart disease by up to half.
That's a lot less worry in my life.



Want to make a change this month?

Find out what the rest of us are doing and choose your change at www.lbbd.gov.uk/healthylifestyles



'Meet new people' or 'Give something back': how about volunteering with a local group or sports club?

'Get my mojo back!': if you feel like you just don't have the energy you used to have, can you make time for three short 10-minute bursts of activity a day? No lycra required! It can include digging in the garden, vigorous housework, or a brisk walk to the shops.

There are so many ways to make a change; we're really looking forward to hearing about your 'baby steps', and your big ambitions too. You'll be helping yourself and inspiring others. Please contact Ellen Doran at ellen.doran@lbbd.gov.uk to make **YOUR** pledge!

Complex Primary Care Practice project – Health 1000

Earlier this year, GPs in Barking and Dagenham, Havering and Redbridge made a successful bid to the Prime Minister's Challenge Fund to improve access to primary care. BHR was awarded £5.6m to develop and implement our plans. One major strand of this is:

Complex Care - focussing on complex patients with multiple long term conditions with a need for specialist skills.

Health 1000

The complex care work stream involves developing a complex primary care practice, known as Health 1000, to provide joined up health and social care services to meet the needs of the 1000 highest end users of services locally.

Health 1000 offers a 'one-stop-practice' for people with complex health needs (defined as having five or more of the following long term conditions (LTCs) :

- Coronary heart disease
- High blood pressure
- Heart failure
- Stroke or mini stroke
- Diabetes
- Depression
- COPD
- Dementia

Health 1000 is 'based' in Primary Care facilities at King George Hospital in Goodmayes, and will start working to support patients – and carers where appropriate - before the end of this year. In order to sign up to Health 1000, patients will need to transfer from their current GP practice. We will build patient numbers gradually, aiming to have 100 patients registered by January. Patients will be invited to join but nobody will have to join the practice if they do not wish to.

Patients will be supported by a dedicated team of NHS healthcare professionals to co-design their own care programme and will be allocated a personal care assistant to ensure they receive personalised social and health care support to achieve better health and greater independence. The team includes GPs, specialist doctors, nurses, physiotherapists, occupational therapists, pharmacists and social workers. The model of care is drawn from best practice in the UK, USA and Europe but adapted for the people of North East London.

We are now working closely with our GP colleagues and other stakeholders to explain how the new practice will work. We are also identifying and visiting those patients with relevant conditions – along with their carers – and explaining how registering with Health 1000 will provide them with improved, more responsive, integrated and tailored care.

A new team, led by a medical director, is being recruited to staff Health 1000 which will be overseen by a Programme Board of local stakeholders from November. Health 1000 will initially run as a pilot for two years. The project will be monitored throughout and assessed regularly for clinical effectiveness, patient experience and value for money.

There will be regular stakeholder updates to keep you informed of the progress of this innovative, exciting project focussed on improving the outcomes and experience of 1000 of our most vulnerable local patients. For more information, please contact Dr Jagan John, Prime Minister's Challenge Fund lead for BHR CCGs.

Health and Wellbeing Board Development Day – 16 April 2015

Following the success of the last two Health and Wellbeing Board development days we are holding the next development session on Thursday 16th April between 2 and 6pm. Calendar invites have been circulated but please check that you have the date in your diary. The agenda and exact timings will be confirmed nearer the time. Please contact Joanne Kitching on 020 8227 3216 or email joanne.kitching@lbbd.gov.uk for more information.

Health and Wellbeing Strategy

It's time to review the Health and Wellbeing Strategy. The Health and Wellbeing Strategy is an important document to address our health priorities based on evidence from the local Joint Strategic Needs Assessment, stakeholder and public feedback. Throughout January, the Public Health team will be consulting with a various groups and boards (such as the H&WBB subgroups, LBBB and CCG management boards, Healthwatch and the Council for Voluntary Services) to ensure that stakeholder and resident's input is captured and look forward to discussing our three year strategy with you. The final report (including a delivery plan) will be brought to the Board in March for sign off. If you would like to feed in to the process please contact Matthew Cole on matthew.cole@lbbd.gov.uk or 0208 227 3657.

Publication of the London Health Commission's Better Health for London report

On 15 October 2014, the London Health Commission published *Better Health for London* its report to the Mayor of London, Boris Johnson, on how to improve the health and wellbeing of Londoners. The Mayor set up the London Health Commission in September 2013 to review the health of the capital, from the provision of services to what Londoners themselves can do to help make London the healthiest major global city.

Better Health for London proposes tough measures to combat the threats posed by tobacco, alcohol, obesity, lack of exercise and pollution, which harm millions of people. Together the proposals amount to the biggest public health drive in the world. It contains over 60 recommendations and sets out 10 ambitions for the city with targets. Together the proposals amount to the biggest public health drive in the world. It contains over 60 recommendations and sets out 10 ambitions for the city with targets.

The [Better Health for London report and supporting documents](#) are now available on the London Health Commission website. You will also find Lord Ara Darzi's presentation and other video coverage from the launch event at City Hall.

News from NHS England

The NHS has set out a plan to create a '21st Century' IT system, including giving patients the opportunity to access all their medical records through NHS Choices, adding comments to their GP medical records and expanding care data by 2018.

The [Personalised Health and Care 2020](#) report explains how the NHS will go about giving patients digital access to all their records by 2018, and how the CQC will regulate the quality of record-keeping from April 2016. Under the 2015/16 GMS contract GPs are required to provide online access to all coded information in patient records by 2016 for people who request it and access to summary care information from April next year.

But the latest report goes further, setting out how patients will have access to all their health records through NHS Choices. The report, developed by NHS England, the Department of Health, CQC, Monitor and research organisations among others, and explains how all NHS providers will have to develop up-to-date electronic record of patients' care by 2018.

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HEALTH AND WELLBEING BOARD

9 DECEMBER 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 January 2015 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 the Plan 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 advise 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 12 January 2015. 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 January Plan

Publication Date: 3 December 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
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://modern.gov.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: 10.2.15	<p>Health and Young Offenders</p> <p>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.</p> <ul style="list-style-type: none"> • 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	<p>Learning Disability Section 75 Agreements - Update</p> <p>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.</p> <ul style="list-style-type: none"> • 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: 10.2.15	<p>Carers Strategy and Commissioning of Carers Services : Community</p> <p>The Board will be asked to agree:</p> <ol style="list-style-type: none"> The final Carers' Strategy. The proposed commissioning intentions for carers services. 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. <ul style="list-style-type: none"> • 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: 10.2.15	<p>Quarter 3 Performance</p> <p>The Quarter 3 performance dashboard and Better Care Fund (BCF) update will be presented to the Board for the Board to analyse and discuss.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	<p>Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)</p>
Health and Wellbeing Board: 10.2.15	<p>Procurement Plan 2015/16</p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	<p>Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)</p>
Health and Wellbeing Board: 10.2.15	<p>JSNA Updates to Meet Care Act 2014 Requirements</p> <p>The report will ask the Board to agree changes to the Joint Strategic Needs Assessment arising from the requirements of the Care Act 2014.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	<p>Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)</p>

<p>Health and Wellbeing Board: 17.3.15</p>	<p>Joint Assessment and Discharge Service Section 75 : Community,,: Financial</p> <p>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).</p> <p>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.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	Bruce Morris, Divisional Director, Adult Social Care (Tel: 020 8227 2749) (bruce.morris@lbbd.gov.uk)
<p>Health and Wellbeing Board: 17.3.15</p>	<p>Joint Health and Social Care Self Assessment Framework : Community</p> <p>The Annual Joint Health and Social Care Self Assessment was carried out on how the Council meets the needs of People with a Learning Disability and their Carers. The assessment focussed on the period 1 April 2013 to 31 March 2014. The final submission was agreed by the Learning Disability Partnership Board.</p> <p>This report outlines the background, the findings and agreed actions for improvement.</p> <ul style="list-style-type: none"> • 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: 17.3.15	<p>Health and Wellbeing Board Strategy Refresh (Final) : Community</p> <p>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.</p> <p>The final refreshed version of the Health and Wellbeing Strategy will be presented for approval.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	<p>Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)</p>
Health and Wellbeing Board: 17.3.15	<p>Director of Public Health Annual Report</p> <p>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.</p> <p>The Board will be asked to note the 2014/15 Annual Report.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	<p>Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)</p>
Health and Wellbeing Board: 17.3.15	<p>Information and Advice Strategy for Adult Social Care and Support : Framework</p> <p>To meet the duties within the Care Act 2014 the Council will need to have in place a strategy for providing and maintaining an information and advice service for adult social care and support. The Strategy will be developed in accordance with the Care Act statutory guidance and implemented through a separate delivery plan.</p> <p>The Board will be asked to agree the Information and Advice Strategy as the first step in meeting this new duty.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	<p>Mark Tyson, Group Manager, Integration & Commissioning (Tel: 020 8227 2875) (mark.tyson@lbbd.gov.uk)</p>

Health and Wellbeing Board: 5.15	<p>Quarter 4 Performance</p> <p>The Quarter 4 performance dashboard and Better Care Fund (BCF) update will be presented to Board for the Board to analyse and discuss.</p> <ul style="list-style-type: none"> • 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	<p>Annual Health Protection Profile <i>[Annual Item]</i></p> <p>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.</p> <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

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)