

Notice of Meeting

HEALTH & WELLBEING BOARD

**Please aim to arrive 5.15 p.m. for 5.30 p.m.
A video presentation will be shown before the meeting.**

Tuesday, 8 December 2015 - 6:00 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication: 30 November 2015

Chris Naylor
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 Services and Social Care
Anne Bristow	(LBBD) Strategic Director for Service Development and Integration and Deputy Chief Executive
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 Nadeem Moghal	(Barking Havering & Redbridge University NHS Hospitals Trust)
CS Sultan Taylor	(Metropolitan Police, Borough Commander)
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 20 October 2015 (Pages 3 - 12)

BUSINESS ITEMS

4. Local Account 2014/15 (Pages 13 - 20)

5. Addiction to Medicines (Pages 21 - 27)

6. Barking & Dagenham Clinical Commissioning Group (CCG) Commissioning Intentions (Pages 29 - 42)

7. NHS England Commissioning Intentions (Pages 43 - 51)

8. Draft Homelessness Strategy 2016/21 (Pages 53 - 144)

9. Revisions to the Care and Support Charging Policy (Pages 145 - 172)

10. Better Care Fund Progress Report (Pages 173 - 200)

11. Accountable Care Organisation and Spending Review Update (Pages 201 - 203)

12. Barking and Dagenham Safeguarding Children Board Report Annual Report 2014/15 (Pages 205 - 269)

13. Barking and Dagenham Safeguarding Adults Board Annual Report 2014/15 (Pages 271 - 318)

STANDING ITEMS

14. Systems Resilience Group - Update (Pages 319 - 323)

15. Sub-Group Reports (Pages 325 - 332)

16. Chair's Report (Pages 333 - 338)

17. Forward Plan (Pages 339 - 347)

- 18. Any other public items which the Chair decides are urgent**
- 19. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

Private Business

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

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

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Our Vision for Barking and Dagenham

One borough; one community; London's growth opportunity

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, 20 October 2015
(6:00 - 7:57 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Anne Bristow, Dr Muhammed Ali, Sean Wilson, Sharon Morrow, Frances Carroll, Matthew Cole, Cllr Bill Turner and Melody Williams

Also Present: Cllr Eileen Keller, Cllr Peter Chand, Terry Williamson, Cllr Adegboyega Oluwole, Tamara Finkelstein and Jignasa Joshi

Apologies: John Atherton, Dr Nadeem Moghal, Chief Superintendent Sultan Taylor, Conor Burke, Cllr Laila Butt, Cllr Evelyn Carpenter, Helen Jenner, Dr John and Jacqui Van Rossum

29. Declaration of Members' Interests

There were no declarations of interest.

30. Minutes - 8 September 2015

The minutes of the meeting held on 8 September 2015 were confirmed as correct.

31. Healthwatch Annual Report 2014/15

Frances Carroll, Chair, Healthwatch Barking and Dagenham, presented their Annual Report for 2014/15 and explained that they had looked at both health and social care services issues during the year and that the reports emanating from those had been well received by service providers. The work had included 13 areas of service provision, and six enter and view visits.

Frances Carroll drew the Board's attention to the engagement and communications strategy they had in place, including the events they had participated in, the wide age and needs ranges they had targeted, public consultation and the resulting feedback they had achieved, and the information and signposting service to health and social care services. Healthwatch had also participated in a number of networks and partnerships, including the Board and its Sub-Groups. Frances then provided some insight into the reviews Healthwatch had undertaken, the details of which were set out in the report, which had included:

- Speech and Language Therapy (SALT) Service,
- Hearing Impairment awareness for Adults and Children,
- Adult and Children's A&E Service,
- London Ambulance Service (LAS),
- Orthotic Services,
- Maxillofacial Services

Melody Williams, Integrated Care Director Barking & Dagenham, NELFT, advised that NELFT provide the SALT Service and were actively working with the CCG to

review the service and demand levels and in due course would report back through the Children and Maternity Sub-Group to the Board.

Healthwatch agreed to provide in future annual reports the numerical details of how many of the recommendations they had made had been adopted and how many had not.

Discussion was held on the representation and active participation of local residents in health care planning. The Board noted that Healthwatch was not on the Board of the Clinical Commissioning Group (CCG) and that the composition of the CCG Board was prescribed by regulation, which included a lay representative. It was noted, however, that Healthwatch or any other organisation or individual could attend the CCG Board meetings, as they were open to the public. Anne Bristow, Strategic Director for Service Development and Integration, LBBDD, advised that there was active participation with residents occurring, however, the activities may not be known outside of the individual organisations and it would be beneficial to look at both current participation and future engagement at a future meeting of the Board.

The Board:

- (i) Noted the Healthwatch Annual Report for 2014/15 and the impact that Healthwatch had had during the last year; and
- (ii) Asked for a report on local residents' current participation and future engagement in health care planning across the Partnership to be presented to a future meeting of the Board.

32. Health and Adult Services Select Committee's Scrutiny Review on Local Eye Care Services

Cllr Eileen Keller, Chair, Health and Adult Social Services Select Committee (HASSC), presented the Scrutiny Review on Local Eye Care Services to the Board and highlighted the following reasons why the Select Committee had decided to take a closer look at eye health in LBBDD:

- There was concern that sight loss could have very serious emotional, social and financial impacts on people's lives.
- It was believed that the fear of having to pay a high cost for glasses was putting some local people off of going for an eye test regularly, and possibly missing out on early treatment for any eye conditions they were developing

The results of the Scrutiny Review, attached as Appendix 1 to the report, had indicated that there were many positive areas of practice, for example:

- Eye care services in the Borough compare well with national benchmarks
- There was a good supply of opticians spread across the Borough
- Diagnosis and treatment was available at Queen's Hospital and Morefields in Upney Lane.
- Rehabilitation, support and information was offered by the Council
- There were a number of relevant local and national voluntary groups active in the Borough.

Cllr Keller advised that there were, however, areas for improvement and it was on those areas the HASSC had based their six recommendations on, which were:

- Two of the recommendations related to the eye-care pathway, because HASSC felt the current pathway was over-complicated and there was scope for local opticians to refer people directly to other eye services, rather than send them to their GP for referral.
- HASSC had heard from national organisations about the benefits of having access to an Eye Care Liaison Officer locally and were recommending that the CCG consider commissioning this role.
- HASSC would like the CCG to consider whether cost-effective improvements could be made to low vision services, as in other parts of London those services were closer to where people lived and provided more tailored support.
- HASSC had recommended that the Council undertake a local communications campaign emphasising the importance of going for an eye test every two years. This was because statistics showed that during 2014/15 only one in five people in LBBB went for an eye test, which was lower than in Redbridge and Havering.
- Although NHS glasses and eye tests for children were free, there was no way of ensuring that all children had an eye test as it was dependent upon parents taking their child to a local optician. HASSC recommended that the Board considered and introduced a scheme to encourage parents to take their children for an eye test before they start school, possibly using some of the health check systems already in place. Cllr Keller mentioned that in the past an optician, dentist and nurse would make school visits to see every child and perhaps something could be arranged along those lines.

Jignasa Joshi, Chair, North East London Local Optical Committee (LOC), advised that the LOC had supported the recommendations from the HASSC. However, the Service Specifications for Community Ophthalmology were often confused with primary care services; accordingly, the Clinical Council for Eye Health Commissioning had recently produced a Community Ophthalmology Framework, which explained the areas of responsibility and procedures that should be followed. Jignasa felt that the guidance may have been overlooked by the CCG, as many of the services which the CCG were tendering for currently should now be Primary Eye Care. B&D CCG, who were working closely with Redbridge CCG in relation to an ongoing Community Ophthalmology Service procurement, appeared not to have noted the guidance issued by the Clinical Council For Eye Health Commissioning. Jignasa added that the Clinical Council consisted of representatives from the Royal College of GPs and the Royal College of Ophthalmologists, RNIB and Faculty of Public Health and many other organisations. The LOC would like to engage with the CCG in regards to this issue. Jignasa was asked to provide the information to Sharon Morrow.

The Board commended the report, which was evidence based, clearly written and succinct.

Melody Williams advised that the school health process did include universal screening of basic eye and hearing, with onward referral if necessary. The CCG indicated that it was possible that, as a result of earlier service reviews and changes, some of the suggestions in the recommendations may already be

underway, however, Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG, agreed to take the recommendations to the relevant CCG committee(s).

Matthew Cole, Director of Public Health, LBBD, agreed to take on responsibility for Recommendation (v) in the Board report.

Anne Bristow suggested that Recommendation (vi) in the Board report would be led by the Council, due to its contact with parents when a child starts school: as that contact would offer an ideal opportunity to undertake prompts about eye and dental checks and immunisation. The Children and Maternity Sub-Group would lead on this issue and report back to the Board in due course.

The Board supported the recommendations made by the Health and Adult Services Select Committee (HASSC) in its Scrutiny Review report on Local Eye Care Services 2014/15.

Accordingly the Board:

- (i) Agreed to oversee a review by the Barking and Dagenham Clinical Commissioning Group (CCG) of the local eye care pathway, given that:
 - The current arrangements seemed complex and difficult for patients to understand;
 - It was not clear that everyone who should have a sight test was getting one; and
 - It was not clear to the HASSC that the pathway currently fully promoted choice and control by service users;
- (ii) Agreed to oversee a review by the CCG, which would consider the clinical benefits of community optometrists (high street opticians) being able to refer patients directly to hospital eye clinics and other services, rather than having to do this via GPs;
- (iii) Asked the CCG to consider the benefits of commissioning an 'Eye Care Liaison Officer' for local residents, to ensure that people with newly acquired sight loss were provided with support at the point of diagnosis and were signposted to appropriate services;
- (iv) Asked the CCG to consider whether cost-effective improvements could be made to local low vision services, given that the HASSC found that in other parts of London these services were delivered closer to where people lived and provide tailored support to ensure that visually impaired people were able to make ongoing, beneficial use of magnifiers and other equipment provided to them;
- (v) Agreed to oversee a local communication campaign, to be undertaken by the Council's Public Health Team, which would emphasise the importance of having regular eye tests, whilst also delivering other important eye care messages as part of the future programme of public health campaigns;
- (vi) Considered what options could be used to 'make every contact' count and introduced a scheme or schemes to encourage and possibly incentivise parents to arrange an eye test for their child prior to starting school; and

- (vii) Noted that the appropriate Partners and Sub-Groups of the Health and Wellbeing Board would progress the work emanating from the recommendations and would report back to the Board and HASSC, as appropriate, in due course.

33. Accountable Care Organisation Update

Anne Bristow, Strategic Director for Service Development and Integration, LBBB, reminded the Board that the next few years would bring a combination of financial challenge and rising demand for local health and social care partners and that managing this situation would require more than the incremental cutting of elements of service.

The Board was advised that an expression of interest bid had been made to NHS England for funding, which would allow a business case to be drawn up that would assess whether an Accountable Care Organisation (ACO) across LBBB, Havering and Redbridge could form a viable approach to managing the demands that were ahead. An ACO would form a platform for the devolution of the commissioning and management of some NHS services, and the realignment of financial incentives, which could offer a fundamentally different approach to the management of the health and social care system for LBBB, Havering and Redbridge. One of the major principles behind ACOs was that the system was built around prevention and community support and the Partners would need to accelerate the work that was already being undertaken in those areas. All stakeholders would be jointly responsible for ensuring that the ACO delivered better outcomes for residents. An ACO would also offer better value for money as it would remove the current incentives in the health and social care system, which were thought to drive more expensive activity in hospital and residential care settings.

The details of the current position on the development of a business case to pilot an ACO for LBBB, Havering and Redbridge, which included the outline timetable for future developments and some of the background on Accountable Care Organisations generally, were set out in the report.

The Board discussed how an ACO would promote the removal of 'silo' thinking and would also offer the opportunity to decide how the ACO would work, what type of services would or would not be included, the staff needed, new / novel ways of working, better use of management tools and integrated systems and processes, especially in regards to IT systems and data transfer. The Board felt that the Partnership was now mature enough to recognise the opportunities and to work together cohesively on the challenges.

Tamara Finkelstein, Director General and Chief Operating Officer, Department of Health, welcomed the Partnership's ambition and way of working and commented that to achieve success one of the fundamental issues was to identify and challenge barriers to change so that organisations could become seamless in partnership operation.

The Board noted:

- (i) That a proposal had been submitted to NHS England's London regional

team to develop a business case for the formation of an Accountable Care Organisation across the Barking and Dagenham, Havering and Redbridge health economy;

- (ii) That this would be accompanied by a substantial process of consultation to determine how the Accountable Care Organisation would operate, its governance, the services that would be in the scope and the financial parameters within which it would work; and
- (iii) That should the proposal be accepted by NHS England, it would provide the opportunity to challenge artificial barriers to change and enable Partners to jointly consider innovation and radical redesign of service delivery and funding usage.

34. Health and Wellbeing Outcomes Framework: Performance Report - Quarter 1 2015/16

Matthew Cole, Director of Public Health, LBBD, presented the report on the performance for Quarter 1 and drew the Board's attention to a number of improvements and also the further improvements that were needed, the details of which were set out in the report.

The Board discussed a number of issues, including:

- Primary Care Transformation Strategy. A report was currently being compiled and would be presented to the next meeting of the Board
- CQC had inspected Dr P and Dr S Poologanathans's practice and it had been rated as 'Good'.
- Secondary Care Performance
I&E performance, non-elective admissions, BHRUT re-inspection and mentorship from Virgin Mason Institute
- Mental Health Care
-CAMHS access and usage information and noted that an in-depth needs assessment had been commissioned to look at those waiting for treatment and there were no known breaches of the 18 week wait for treatment target.
-The proportion of adults in the Care Programme Approach that were in employment, the current targeting of funds into Mental Health services and the work of the Mental Health Sub-Group.
- Adult Social Care
CQC had published six inspection reports, four of which had been rated good and two were rated 'Requires Improvement' or 'Inadequate'. The action that had been taken in regard to the later two was set out in Appendix C to the report. Reviews had also been undertaken of the care homes and it was noted that the social workers that had visited were satisfied. The Chair advised that she would discuss with the Chair and Deputy Chair of HASSC whether they might wish to monitor residential homes.
- Children's Care
- Immunisation take up had increased in the previous Q4, however, overall the take-up rate was still below national average.
-The percentage of looked after children with an up-to-date health check had decreased in Q1. An Action Plan was in place and would be reviewed by the Designated Looked After Children Nurse.

- Public Health
Chlamydia detection rate, smoking quitters, NHS Health Check uptake.
- Indices of Deprivation
LBBD was now ranked as the twelfth most deprived borough in England.

Terry Williamson, Stakeholder Engagement Manager North East London, London Ambulance Service (LAS) NHS Trust, gave a verbal report on the challenges that the LAS faced, the locally based initiatives they had, and general information, including:

- Since April 2015 the LAS had responded to over 7,151 calls. LAS had a target to attend 75% of life threatening calls within the eight minutes. The pressures and demands on the LAS were increasing across the whole of the London area.
- Vacancy and retention issues and recruitment and training programmes, including work being undertaken with universities.
- The need to increase the use of alternative pathways to A&E attendance, including general ill health awareness and information sources so that the public could make informed choices about the where to go for medical assistance or advice and when to go to A&E.
- The redistribution of patients during pressure periods, which was generally from Queen's to King Georges Hospital but was occasionally to other hospitals.
- The LAS had set up a hub of qualified specialist staff to assist in calls and pathway management.
- A frequent caller programme had been set up, which was triggered at 25 calls, and the action that would then be taken.
- The Partnership initiative, which had resulted in a unit staffed by NELFT and LAS, which in turn could reduce the need for people to go to A&E, and this initiative appeared to be working well.
- The potential for further partnership working in regards to social media communications, such as the Council's Twitter, to advise the public of alternative health pathways.
- The demands from mental health and alcohol related incidents on the LAS, and the need to encourage people to act wisely in their alcohol consumption.
- Ensuring that the LAS response to calls was resourced appropriately.
- Data for the local response times was available.
- The LAS had held Serious Incident Reviews. The LAS's Medical Director then shared the results of these reviews across the LAS and any recommendations would be put into place.

The Board:

- (I) Noted the overarching dashboard;
- (II) Noted the further detail provided on specific indicators, and remedial actions being taken to sustain good performance;
- (III) Noted the areas where new data was available and the implications of that data, specifically the immunisation uptake, children and young people accessing Child and Adolescent Mental Health Services (CAMHS), health checks of looked after children, Chlamydia screening, smoking quitters, NHS Health Check, permanent admissions of older people to residential

and nursing care homes, delayed transfers of care, A&E attendance and CQC inspections;

- (iv) Noted the information in the verbal report of the London Ambulance Service (LAS) representative; and
 - (a) Noted the offer from the LAS to share its vehicle response time data for the LBBB wards with the Council and Police on an annual basis;
 - (b) Welcomed the discussion that would be held between the local Police and LAS in regard to the potential for 'double crewing' of vehicles, e.g. paramedics in police response cars;
- (v) Invited the LAS to attend all future meetings of the Board as a Guest.

35. Contract - Procurement Strategy and Waiver for Public Health Primary Care Services Contracts 2016/17

Matthew Cole, Director of Public Health, presented the report and explained the history behind the development of the strategy, and how the review of the market had shown that apart from local GPs and Community Pharmacies, there were no other providers, with the combination of means, reach and clinical expertise that could deliver the services locally. The current contract was due to expire on 31 March 2016 and there were no provisions to extend that contract. The full details of the review, procurement strategy and proposed contract, which was a direct contract award to local General Practices and Community Pharmacies, were set out in the report.

The Board:

- (i) Approved the strategy set out in the report for the procurement of the public health primary care contracts identified in Section 3.1 of the report;
- (ii) Waived the requirement to conduct a competitive procurement exercise for the said contracts, in accordance with Contract Rule 6.6.8; and
- (iii) Delegated authority to the Lead Divisional Director of Adult and Community Services, in consultation with the Director of Public Health, Head of Legal Services and the Strategic Director of Finance to award the Public Health Service Contracts, as set out in section 3.1 of the report, to the 40 General Practices (GPs) and 38 Community Pharmacies (CPs) for the period 1 April 2016 to 31 March 2018, with the option to extend for a further one year period, in accordance with the strategy set out in this report.

36. Contract - Advocacy Services Re-tender

Mark Tyson, Group Manager, Integration and Commissioning, LBBB, presented the report and explained that feedback from stakeholders had indicated that the current advocacy service provision was too fragmented and confusing, which had resulted in Commissioners reviewing the provision and advocacy pathways. As a number of advocacy contracts were due to expire on 31 March 2016, it was proposed that the services should be remodeled to address all statutory advocacy requirements through a single contract for advocates under the Care Act, Mental

Capacity Act and Mental Health Act. By bringing the services into one contract, access would be improved and simplified and it should also offer cost reductions on the current budget allocations. Wherever possible the provider would have expertise to meet the client's needs and should be able to provide the service in a number of ways, including face-to-face advocacy.

The Board:

- (i) Approved the procurement of an integrated statutory advocacy service for a term of two years, with the option to extend for one further year, in accordance with the strategy outlined in the report.
- (ii) Delegate authority to the Corporate Director for Adult and Community Services, in consultation with the Chief Finance Officer and the Head of Legal and Democratic Services, to award the contract to the winning bidder and execute related contracts for an integrated statutory advocacy service.

37. Contract - Extension for the Provision of Extra Care Accommodation Services

Mark Tyson, Group Manager, Integration and Commissioning, LBBB, presented the report and explained that currently there were four extra care schemes run by LBBB and four contracted out to Triangle and that it was now necessary to address how this fitted into the whole provision, especially with the emphasis of personalisation of services. LBBB would use the next 12 months to review older people's accommodation across the Borough, including the extra care housing provision, in order that recommendations could be made about the future size and type of extra care provision that would be needed to cater of the older population. It would be inopportune to enter into a contract until this review was completed, accordingly the extension and variation of the current contract was being recommended.

The Board:

- (i) Approved the extension and the variation of the contract for the provision of extra care accommodation services with Triangle Care, in accordance with the strategy set out in the report.
- (ii) Delegated authority to the Strategic Director for Service Development and Integration, in consultation with the Strategic Director, Finance & Investment and the Head of Legal and Democratic Services, to extend and vary the contract and execute related documentation.

38. Systems Resilience Group - Update

The Board received the report on the work of the System Resilience Group (SRG), which included the issues discussed at the SRG meeting held on 23 September 2015.

39. Sub-Group Reports

The Board:

- (i) Noted the reports on the work of the:
- Integrated Care Sub-Group
 - Learning Disability Partnership Board
 - Public Health Programme Board
- (ii) Noted the verbal update from Sharon Morrow, in which she advised that the CAMHS Transformation Plan had now been submitted to NHS England and a further report on the their decision would be presented in due course.

40. Chair's Report

The Board noted the Chair's report, which included information on:

- Older People's Day, 1 October 2015, and events held in the Borough over that week.
- Mental Health Strategy Workshops.
- News From NHS England on:
 - Commitment to Carers
 - Have Your Say On Maternity Services.
 - Role Of Pharmacists And Community Pharmacy
- Update on the work of the Safeguarding Adults Board.
- Update on the work of the Safeguarding Children Board and recent serious case reviews.
- Barking and Dagenham Clinical Commissioning Groups 2015 Awards.

41. Forward Plan

The Board noted the draft Forward Plan.

HEALTH AND WELLBEING BOARD

8 DECEMBER 2015

Title:	Local Account 2014/15		
Report of the Cabinet Member for Adult Social Care and Health			
Open Report	For Information		
Wards Affected: All	Key Decision: No		
Report Author: Louise Hider, Principal Commissioning Manager	Contact Details: Tel: 020 8227 2861 Louise.Hider@lbbd.gov.uk		
Sponsor: Councillor Worby, Cabinet Member for Adult Social Care and Health			
Summary:			
<p>Every year the local authority produces an Adult Social Care Local Account. The Local Account is the Council's statement to the local community and service users about the quality of social care services in Barking and Dagenham.</p> <p>In order to make the Local Account more interactive, dynamic and representative of the views of residents and services, this year the Council produced the Local Account for 2014/15 as a film. The film was made by local filmmakers, sourced through Creative Barking and Dagenham, who interviewed a range of local residents, council staff and staff from commissioned services to capture their experiences and opinions.</p> <p>The film is available in full, as well as in a number of short films which highlight some of the important areas of the work undertaken in Adult Social Care services last year. The films can be found on the Council's Youtube channel (LBBarkingandDagenham - https://www.youtube.com/user/LBBarkingandDagenham) and on the Care and Support Hub – http://careandsupport.lbbd.gov.uk/localaccount</p> <p>The film launch will have taken place before the meeting of the Health and Wellbeing Board, at 5:15pm.</p>			
Recommendation(s)			
<p>The Health and Wellbeing Board is recommended to:</p> <ul style="list-style-type: none"> • Comment on the Local Account film, and raise any questions or concerns that they have. 			
Reason(s)			
<p>The Local Account is the basis of an on-going 'conversation' about the quality and future development of social care services. It is the Council's way of accounting to the local community for the quality of its services and is an essential component of the sector-led improvement work taking place nationally, and particularly in London for Adult Social</p>			

Care.

The Local Account supports the Borough's vision of: 'One borough; one community; London's growth opportunity' and particularly the priority of 'enabling social responsibility'. One of the guiding principles underpinning Adult Social Care in Barking and Dagenham is that of giving service users meaningful choice and control over the care and support that they receive. The Borough is committed to working with the local community to help create a Borough that supports wellbeing, promotes independence and encourages residents to lead active lifestyles as far as they possibly can. This is championed through our own services, the work of our service providers and our health Partners in order that we are all working together to provide the best outcomes for our residents who need social care in Barking and Dagenham. The Local Account outlines how far we have achieved our vision and priorities, as well as the areas in which we need to develop and improve.

1. Introduction and Background

- 1.1 The Local Account is the Council's statement to the local community and service users about the quality of social care services in Barking and Dagenham.
- 1.2 The Local Account looks backwards to the achievements of the previous year and looks at the areas which require improvement or development, including the key activities which will take place in the year ahead. It also gives an overview of social care performance, as well as how much has been spent on social care services, in the previous financial year.
- 1.3 The Local Account is a way of opening up information on adult social care. It should foster a conversation between the Council, service providers, commissioners, service users and the public. The Local Account should empower people to challenge or commend local services as they see fit. It should promote accountability and engagement, delivering a clear account of adult social care services which can be disseminated, discussed and challenged, with services being improved as a result.
- 1.4 Every local authority with social care responsibilities should produce a Local Account. Although it is not a statutory document, the Local Account is a key feature of the sector-led improvement approach adopted by all local authorities to improving Adult Social Care services. Local Accounts provide local authorities with a key mechanism for demonstrating accountability for performance and outcomes at a national, regional and local level.

2 Local Account 2014/15

- 2.1 This year's Local Account is the fourth to be produced in Barking and Dagenham and looks at work undertaken in the 2014/15 financial year.
- 2.2 Previous Local Accounts have been produced in a written format. These written documents have been long and not very engaging, with little readership from individuals outside of the council. These written documents have also had limited input from residents and service providers. As such it was felt that the documents did not adequately express individuals' feedback and experiences of Social Care

to aid Adult Social Care services to learn, improve and develop.

- 2.3 Taking this into consideration, this year the Council worked with local filmmakers to produce a film for the Local Account. The Council and the local filmmakers, sourced through Creative Barking and Dagenham, interviewed local residents, council staff and staff from commissioned services. The film captures local experiences of social care services in 2014/15 and gives individuals' views of what has been working well and what needs improving. Additionally, the film provides an overview in a dynamic, infographic format of the performance and spend in Adult Social Care in the last financial year.
- 2.4 The video is available in its full format, as well as short films which highlight some of the important areas of the work undertaken in Adult Social Care services last year. The following table provides a summary of the key areas covered by the Local Account:

Area (all available in short film)	Key Messages
How is Adult Social Care delivered?	<p>This section looks at some of the services that provided support to residents in Barking and Dagenham in 2014/15. The film interviews staff and residents at the Memory Lane resource centre which supports individuals with dementia, as well as their carers. Dementia was chosen as a key focus due to the findings of the Dementia Needs Assessment undertaken in 2014, particularly that dementia rates in Barking and Dagenham will rise by 10% over the next decade.</p> <p>This section also showcases some of the micro-providers who set up or developed their business in 2014/15. The micros talk about their experiences of setting up in the Borough, the challenges they face and the range of services that they offer to residents with personal budgets.</p>
Personal assistants	<p>2014/15 was a year in which the number of personal assistants (PAs) in Barking and Dagenham grew substantially. Over the last year the council has worked to build up the PA market in the Borough and we now have over 120 PAs on our PA register. Many people in the Borough are choosing to buy care services from a PA and this section of the film focuses on residents' experiences of buying services from a PA, as well as insights from one of the Borough's social workers.</p>
Supporting people into employment	<p>One of the areas of focus for improvement is that of supporting individuals with learning disabilities and mental health needs into employment, education and training. This section of the video highlights some of the work that one of our providers, the Richmond Fellowship, does to support residents. The film interviews Carol, a service user with learning disabilities and she talks about her experiences, particularly in how the Richmond Fellowship has helped her to build her confidence and access opportunities.</p>

Area (all available in short film)	Key Messages
Performance and finance	This section gives our key performance and finance highlights for the 2014/15 financial year. We were keen to provide this information in a fun, and digestible format, and the filmmakers used infographics to get the key messages across. The script from this section, outlining the key highlights can be found in Appendix 1.
Working with the NHS	One of our key successes in 2014/15 was the launch of the Joint Assessment and Discharge (JAD) service. This section of the film interviews two members of staff who work in the JAD, the JAD manager and a resident who was recently discharged from hospital, to talk about their experiences.
End of Life Care	This part of the film gives us a poignant reminder of why getting end of life care 'right' is so important. The filmmakers interviewed Mr and Mrs Dowsing, who talked about their very positive personal experience of the end of life care provided to their relative at Abbey Care Home. The Borough is working to improve end of life care services in Barking and Dagenham but still has some way to go – three quarters of people tell us that they want to die at home, however last year 60% of people died in hospital. This section also discusses the challenges in ensuring that the fees the council pay to care homes are sustainable.
Informal carers	Since 1 April 2015, carers have new rights to receive services following an assessment. This section talks about the importance of identifying and assessing informal carers and offering them support, and interviews one informal carer, Melanie, who talks about her experiences of caring for her daughter, Cody.
The Care Act 2014 and the future of Adult Social Care	The final part of the film focuses on the work that the Borough did to prepare for the introduction of the Care Act 2014. It also talks about some of the main challenges facing Adult Social Care, particularly the financial climate and delivering 'more for less', and the importance of integrated working between the council and the NHS.

- 2.5 The Local Account film was launched on 8 December 2015 at 5:15pm at Barking Learning Centre, Town Square, Barking. The full film, as well as the short films, are available on the Council's Youtube Channel (LBBarkingandDagenham) <https://www.youtube.com/user/LBBarkingandDagenham> and also on the Care and Support Hub at <http://careandsupport.lbbd.gov.uk/localaccount>.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

The Local Account is a stocktake of the performance of adult social care in Barking & Dagenham and, as such, complements the identification of need and the priorities for future action described in the JSNA. The data from the annual

returns, which is the basis for the performance section of the Local Account informs the refresh of the JSNA.

4.2 Health and Wellbeing Strategy

The commitments set out in the Health & Wellbeing Strategy are consistent with the views expressed in the Local Account as to the future development of social care services: towards more integrated delivery and greater personalisation. The two documents therefore complement each other and, where the Local Account may flag up issues not dealt with in detail in the Strategy, the broad thrust for the future of social care remains consistent.

4.3 Integration

Integration is a theme that occurs in a number of places in the Local Account, and the film reaffirms the Council's commitment to work with partners in the development of integrated services and improving the experience of local residents in accessing health and social care services.

4.4 Financial Implications

There are no significant immediate financial implications arising from the Local Account. The spend for Adult Social Care in 2014/15 is detailed in the film and in Appendix 1.

4.5 Legal Implications

Whilst there is no legal requirement to publish a Local Account, it stands in lieu of more assertive performance management by regulators, and lack of a Local Account of suitable quality could be taken into account should formal regulatory intervention be necessary. The report details the preparations the Council has made for the changes in adult social care legislation introduced by the Care Act 2014.

List of Appendices:

Appendix 1: Performance and Finance - Key highlights in 2014/15

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Performance and finance – Key highlights in 2014/15

Performance

During the year, **8,228** people received an adult social care service.

Of these, **3286 people** were in receipt of a “blue badge”, Freedom Pass or some information and advice.

994 received our crisis intervention service, a focused package of social care support for up to six weeks which helps people back to independence after a spell in hospital.

A further **1007** of our service users are receiving equipment and adaptations in their home.

This leaves **2941** people who received some form of a long-term service from Barking and Dagenham.

The largest group of these are older people, making up **67%** of the total number of clients. This is followed by **14%** of service users with a physical disability or sensory impairment, **12%** of service users with a learning disability, and **7%** with mental health problems.

2192 people receive care and support in their home. **11%** are residents of one of our contracted supported accommodation or extra care schemes. The remaining people receive a personal budget, with 64% taking this in the form of a direct payment so that they can purchase the care that they want. This level of performance puts us ahead of many other areas.

Our recent surveys of clients revealed that 90% of our older people are happy with the care they receive, yet 33% do not have the social contact they would like, or feel socially isolated.

75% of carers said that they were happy with the services that they received, but 58% said that they had little social contact and only 25% said that they were able to spend time doing the things that they enjoyed. We need to do more work in these areas.

Safeguarding

The borough has a history of being very proactive in encouraging people to report concerns about neglect or abuse.

We had **1367** safeguarding alerts reported to us during 2014/15. We acted on many of these straight away and agreed improvements with providers or reviewed the care of the individuals concerned to ensure that it was meeting their needs. **64 went on to be investigated in more detail and 40 of these were found to be justified**, leading to changes in how we monitor services and some focussed work with two of our residential care homes.

Finance

In 2014/15, Barking and Dagenham spent approximately £38.1 million on Adult Social Care. This covers care and support services, staff costs and money given to people to buy their own support.

- £18.5 million was spent on older people
- £11.5 million was spent on people with learning disabilities
- £4.3 million was spent on people with physical disabilities or sensory impairments.
- £3 million was spent on mental health services delivered by North East London Foundation Trust.
- £800,000 on a range of other commissioned services, including prevention, support to carers and supported living.

HEALTH AND WELLBEING BOARD

8 December 2015

Title:	Addictions to Medicine	
Report of the Substance Misuse Strategy Board		
Open Report	For Information	
Wards Affected: All	Key Decision: No	
Report Author: Jill Williams, Shared Care Coordinator, Substance Misuse Strategy Team	Contact Details: Tel: 020 8227 2857 E-mail: Jill.williams@lbbd.gov.uk	
Sponsor: Anne Bristow, Strategic Director for Service Development and Integration		
<p>Summary: This report introduces addictions to medicine (ATM) and the treatment pathway available in Barking and Dagenham to support residents with ATM to find the help they need.</p> <p>ATM is a complex issue whereby people develop a dependence on prescription and/or over-the-counter drugs, which can impact on individual health (increased risk of side-effects and overdose) and community safety (driving while drowsy). The extent of the problem, in terms of data is, however, not fully understood either nationally or locally. As part of the addictions to medicines pathway in Barking and Dagenham, the Prescribing Service will collect local data in respect of the numbers utilising the service for ATM and also collate data from the GP Advisory line.</p> <p>Barking and Dagenham is one of Public Health England's (PHE) pilot sites for addressing the issue of addiction to medicine and the aim within this context is to monitor the effectiveness of the treatment pathway, scope the potential extent of the problem within Barking and Dagenham, increase knowledge of this issue within primary care and to deliver better support to health professionals encountering this issue in their patients.</p>		
Recommendation(s)		
(i) To note the contents of this report.		
(ii) To receive a report in early 2017 on the outcome of the Public Health England pilot.		
Reason(s)		
<p>The information in this report builds on the objectives of the Council's Encouraging Civic Pride and Enabling Social Responsibility priorities, specifically to:</p> <ul style="list-style-type: none"> • promote a welcoming, safe, and resilient community; and • protect the most vulnerable, keeping adults and children healthy and safe. 		

1. Introduction and Background

- 1.1 Addiction to medicine (ATM) refers to dependence on prescription and/or over-the-counter (OTC) medicines, capable of producing physical and or psychological dependence leading to the misuse of medicines which can lead to increased risk of side effects and overdose. Such medicines can include opioid based medicines

such as co codamol (typically used to manage pain) and non opioid medicines such as benzodiazepines, stimulants and z-drugs such as zopiclone used to treat a number of conditions. This is not an exhaustive list, most drug agencies, for example, would add pregabalin (brand name Lyrica), used to treat nerve pain and certain types of epilepsy, because of its increasing currency within the drug using community. Pregabalin increases the effect of opioids and alcohol, leading to increased risk of intoxication and overdose. It is important to note that these medicines may be prescribed appropriately for specified conditions.

- 1.2 As a general rule, such medicines are obtained legally either by prescription or purchased over-the-counter from community pharmacies¹. The extent of ATM is not fully understood nationally or locally. In Barking and Dagenham 67 out of 441 people engaging in treatment, with prescribing services, cited prescription medication as a problem (NDTMS 2014-15). However, no data is available for those who do not access specialist drug services and hence, at present, there is no clarity as to the full extent of the issue locally.
- 1.3 Anecdotal concerns regarding the issue of ATM are expressed by GPs, pharmacists and specialist drug services in Barking and Dagenham and more widely. The Royal College of GPs, for example, has issued guidance notes regarding the management of patients suspected of ATM.
- 1.4 An addiction to medicines pathway was set out in the specification of the recently retendered specialist drug services (Recovery Management and Prescribing Services) which started 1 July 2015. Having commissioned the ATM pathway, Barking and Dagenham became Public Health England's London site for its addictions to medicines pilot. Given the complexity of the issue the study will be of at least a year; this will enable specialist drug services to roll out their consultancy service and treatment options for those with opioid painkiller problems.
- 1.5 The new ATM pathway consists of an advisory line for GPs, run by the Prescribing Service, offering advice and information regarding the management of patients with addiction to non-opioid based medicines. While the patient remains under the care of the GP the patient can now also access psychosocial interventions, such as counselling, from the drug treatment system to support treatment.
- 1.6 In addition, patients addicted to opioid based medicines (prescribed or over-the-counter) are offered referral, assessment and if necessary treatment, at the Prescribing Service, which was not available in the past.
- 1.7 The aims of the ATM pathway in Barking and Dagenham are to
 - support GPs in managing addiction to medicine patients within primary care wherever possible;
 - develop a flexible and proportionate treatment response, as described in 1.5 and 1.6 above whilst remaining within current resources in line with local priorities regarding substance misuse;
 - monitor demand for ATM treatment services;

¹ Under the Medicines Act 1968 most drugs should be sold or supplied by pharmacies under the supervision of a pharmacy. Under some circumstances it is legal to sale some medications in other premises such as supermarkets. It is illegal, for example, to sell medicines from market stalls and vehicles.

- develop data collection to support understanding of the extent of the issue locally to inform future assessments of need.

2. Proposal and Issues

- 2.1 A full evaluation report detailing the findings of the pilot will be completed early 2017 and presented to the Health and Wellbeing Board.

3. Key Issues

- 3.1 Since the ATM pathway has been established, there have been very few. However, one individual who was dependant on opioid based pain killers and has since successfully withdrawn from using them.
- 3.2 It is recognised that the numbers are low but with ongoing work with GPs this number is expected to rise.
- 3.3 In November, an awareness event was held at the Protected Time Initiative for local GPs where the ATM pathway was discussed. In addition some points were highlighted to GPs regarding signs of potential ATM and highlight the need for review. These include:
- Prescriptions running out before their time, lost prescriptions, A&E attendance to get medication;
 - Asking for particular medicines by name, refusal to consider alternatives;
 - History of addiction;
 - Length of time on drug;
 - Coming with “unrelated problems” e.g. abdominal pain where it may subsequently come to light that the patient was misusing OTC codeine and ibuprofen.
 - Anger, tears, fear at mention of reduction of prescribed medication

/cont

3.4 The table below highlights the estimated number of people in Barking and Dagenham who are using prescribed opiate medication compared with neighbouring boroughs.

Estimated Number of Opioid Patients at High Risk of Opioid Dependency				
	Barking & Dagenham	Havering	Redbridge	Newham
Registered Population ²	209,806	268,127	296,599	371,966
Estimated population using opioids for pain that persists beyond normal tissue healing time (assumed to be 3 months) ³	5071 (2.42%)	7449 (2.78%)	4563 (1.54%)	8050 (2.16%)
Estimated population at high risk of Chronic Opioid dependency (estimated between 8-12%) ⁴	507	745	456	805

3.5 As can be seen from the table, Barking and Dagenham has the second highest percentage of people on prescribed opiates for longer than the normal tissue healing time. However, there are fewer numbers of people who could be classed as high risk of dependency compared with Havering and Newham.

3.6 The table below highlights the cost per registered patient in Barking and Dagenham compared with neighbouring boroughs. The National Ingredient Cost (NIC) is the basic price of the drug. For example, the drug tramadol costs 0.69 pence (the NIC divided by the number of registered patients in Barking and Dagenham prescribed the drug tramadol - an opioid painkiller). The NIC for Barking and Dagenham is higher than for Havering, Redbridge and Newham but lower than the national average of 0.83 pence

² Health & Social Care Information Centre (HSCIC) website

³ Health & Social Care Information Centre (HSCIC) website

⁴ Vowles KE, McEntee, Julnes PS, et al (2015) Rates of Opioid Misuse, Abuse and Addiction in Chronic Pain – a systematic review and data synthesis

3.7 The next stage will be to analyse prescribing data from the Health and Social Care Centre to find out the actual numbers prescribed the drugs listed below. However, this represents a blunt form of analysis because it cannot tell us if there is a problem with ATM, only numbers prescribed a particular drug. This highlights the difficulties with trying to unpick ATM from data sources and why to collection of local data is important.

National Ingredient Cost Spent per registered patient (£)					
Drug	Barking & Dagenham	Havering	Redbridge	Newham	English Median
Oxycodone	0.67	0.61	0.49	0.32	0.97
Tramadol	0.69	0.63	0.48	0.43	0.83
Morphine	0.19	0.41	0.15	0.10	0.42
Fentanyl	0.48	1.42	0.70	0.46	0.36
Codeine & Paracetamol	0.92	1.37	0.60	0.75	0.31
Dihydrocodeine & Paracetamol	0.24	0.28	0.26	0.16	0.19
Oxycodone & Naloxone	0.14	0.15	0.11	0.12	0.07
Codeine	0.05	0.08	0.06	0.09	0.05
Dihydrocodeine	0.04	0.04	0.03	0.03	0.03

3.8 Tramadol and Codeine and Paracetamol (mixture) are highlighted in the table as the most commonly prescribed. Identifying the individuals that are being prescribed these medications would be useful in order to offer support and advice if they were concerned about their dependency.

3.9 The Prescribing service will collect local data from their GP advisory line regarding type of drugs (including non opioids such as benzodiazepines) and demographic information as part of the consultation process with local GPs.

3.10 In addition to working with the GPs, further work needs to be carried out with the pharmacists on the borough. The pharmacists will be able to scope the number of individuals purchasing stronger medicines over the counter (OTC) and what those medicines are.

4 Consultation

The contents of this report have been circulated to members of the Substance Misuse Strategy Board.

5 Mandatory Implications

5.1 Joint Strategic Needs Assessment

The report complements the identification of need and the priorities for future action described in the JSNA, specifically section 7.12 Substance Misuse.

5.2 Health and Wellbeing Strategy

The report supports and furthers priorities from the Health and Wellbeing Strategy by proposing work which will cause fewer adults to problematically use substances.

5.3 Integration

The report outlines a need for further analysis in to the local context and therefore it is too early to define implications on the area of integration.

5.4 Financial Implications

None.

5.5 Legal Implications

None.

5.6 Risk Management

The report outlines a need for further analysis in to the local context and therefore it is too early to define implications on the area of risk management.

5.7 Patient/Service User Impact

The report outlines a need for further analysis in to the local context and therefore it is too early to define implications on the area of patient / service user impact.

6. Non-mandatory Implications

6.1 Crime and Disorder

The North Review of the Drink and Driving Laws⁵ notes that while cannabis is the drug most associated with driving impairment the medicines “most frequently implicated” are benzodiazepines, sedative hypnotics (e.g. z-drugs like zopiclone), first generation antidepressants, antihistamines, muscle relaxants and narcotic analgesics e.g. codeine, tramadol, methadone and morphine.

According to the North Review increased impairment cannot be directly linked to increased crash risk because of the lack of reliable research studies in this area. However, the Crime and Courts Act 2013⁶ introduces the new offence of driving while over a prescribed drug limit.

Advice on the Gov.uk website⁷ states: “it is illegal to drive with legal drugs in your blood if it impairs your driving” going on to advise speaking with your doctor if you

⁵ Report of the Review of Drink and Drug Driving Law by Sir Peter North accessed on 26/10/2015 at <http://webarchive.nationalarchives.gov.uk/20100921035225/http://northreview.independent.gov.uk/docs/NorthReview-Report.pdf>

⁶ Came into force 2 March 2015

⁷ Gov.uk, Drugs and driving: the law accessed on 26/10/15 at <https://www.gov.uk/drug-driving-law>

are prescribed the specified benzodiazepines and opiate and opioid based drugs listed.

A person can drive after taking the specified medicines providing they have been prescribed them and following advice on how to take them by a healthcare professional and they are not causing them to be unfit to drive even if they are above the specified limits. This means raising a medical defence if you are stopped and screened and found over the limit.

6.2 Safeguarding

Substance misuse of any kind including ATM has an impact on safeguarding and the Substance Misuse Strategy Board will include all relevant safeguarding tools in to local strategies.

6.3 Property/Assets

None

6.4 Customer Impact

None

6.5 Contractual Issues

None

6.6 Staffing issues

None

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices:

None

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Barking & Dagenham CCG Commissioning intentions

8th December 2015

Sharon Morrow
Chief Operating Officer

CCG commissioning plans - background

- 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.
- Barking and Dagenham CCG agreed a two year Operating Plan for 2014 – 2016 and a Better Care Fund Plan to support delivery of the five year strategic plan
- National planning guidance for 2016/17 is due to be published in early December.
- Commissioning intentions for 2016/17 have been drafted and will be finalised in December to take into account the 2015/16 national planning guidance and stakeholder feedback.



Planning 16/17 headlines

Current headline messages for 16/17 planning:

- One year operational delivery plans agreed between commissioners and providers
- 3 to 5 year plans agreed across health and social care systems to deliver the vision of the Five Year Forward View
- Multi-year allocation – proposed a 3 year allocation with 2 years indicative allocations
- Front loading investment in transformation to accelerate the pace of change
- Reducing variation and driving improvements through the Right Care Initiative
- A concerted effort to improving the quality of care and getting the finances back in balance



Commissioning priorities 2016/17

National guidance on the planning round for 2016/17 is not expected to be published until December 2015.

Commissioning priorities for 16/17 are in development and based on:

- Current commissioning plans (CCG 2015-17 Operating Plan, QIPP, Better Care Fund)
- Refresh of Joint Strategic Needs Assessment and Health and Wellbeing Strategy
- Outputs from service reviews
- Stakeholder engagement
- National policy changes
- Healthy London Partnership commissioning Intentions

B&D CCG commissioning plan 16/17 - overview

- **Better Care Fund** will continue in 2016/17
- **Mental health** –parity of esteem, Improved Access to Psychological Therapy Services (IAPT), Early Intervention in Psychosis, Crisis Care Concordat
- **Child and Adolescent Mental Health services (CAMHS)** – the delivery of CAMHS transformation plans, Children and Young People’s IAPT services and perinatal mental health
- **Learning disabilities** – achieving the standards set in the Transforming Care Programme
- **Urgent and Emergency Care** – delivery of the NHS constitution standards; transformation of the urgent and emergency care pathway
- **Planned care** –five year cancer strategy priorities/NHS constitution standards, redesign of elective care pathways, King George Hospital Elective Care Treatment Centre service; improve stroke rehabilitation pathway
- **Primary care transformation** – taking forward priorities for high quality, accessible and pro-active care.

CCG Current Delivery Priorities

Urgent and emergency care

- A&E waiting times (4hr target)
 - Reducing the amount of time people spend avoidably in hospital

Planned care

- Referral to Treatment (incomplete pathways <18 weeks)
- Diagnostic waiting times
- Cancer wait times (incl. 2ww, breast, 31 day, 62day)

Mental health

- IAPT: access rate, recovery rate, achievement of 6 & 18wk waiting time targets
- Dementia diagnosis rate
- Early Intervention in Psychosis – new for 16/17

Other

- Healthcare Acquired Infections
- Securing additional years of life (reducing PYLL for conditions amenable to healthcare)
 - Improving the health related quality of life for people with long-term conditions
 - Increasing the proportion of older people living independently at home following discharge from hospital
 - Increasing the number of people having a positive experience of hospital care and Out Of Hours care
 - Making significant progress towards eliminating avoidable deaths in our hospitals

B&D Commissioning priorities 2016/17

Mental health

- Improving access to psychological therapies for people with mild to moderate mental health problems: achieving access and waiting time standards
- Early Intervention in Psychosis: enhancing services for people experiencing their first episode of psychosis to meet new access and waiting times standards
- Dementia: Ensuring people with dementia receive a timely diagnosis and the support that they need once diagnosed



B&D Commissioning priorities 2016/17

Mental health

- Crisis response: improving the response to people of all ages in mental health crisis
- Integration of physical and mental health: improving quality of physical health care for people with mental health problems
- Community Recovery Teams: improving provision of psychological therapies for people with psychosis



B&D Commissioning priorities 2016/17

Children and Young People

- Improving mental health and wellbeing:
 - additional investment to develop community based eating disorder services, perinatal mental health and Child and Adolescent Mental Health Services (CAMHS)
- Addressing needs of vulnerable children:
 - Review of Children's Allied Health Professional services to ensure that they match local need
 - Children with special educational needs and disability
 - Strengthening services for Looked After Children
- Developing new ways of working together:
 - Evaluation of the Integrated Children's service pilot
 - Urgent and emergency care - Vanguard

B&D Commissioning priorities 2016/17

Maternity

- Work with GPs, maternity, Health Visiting and children's services to raise awareness of and use of Barking Community Birthing Centre
- Working with public health and partners to improve health outcomes
 - Early access to antenatal care – 10 weeks
 - Reduction in smoking/pregnancy - Babyclear reducing smoking in pregnancy
 - Increased uptake of breastfeeding



B&D Commissioning priorities 2016/17

Primary care transformation programme

- Continue implementation of London's primary care specification for accessible care, coordinated care, proactive care – as part of local primary care transformation strategy
- Further support to enable primary care at scale
- Develop provider networks of practices, to mirror commissioning clusters/localities
- Work with practices to support quality improvement agenda – focus on diabetes, Chronic Obstructive Pulmonary Disease (COPD), cancer and mental health

B&D Commissioning priorities 2016/17

Integrated care

Continuing to develop our Better Care Fund plans with Council and other partners building on work to date including:

- developing locality based services around primary care
- support for carers
- dementia
- end of life care
- intermediate care model implementation

Working as part of wider Integrated Care Coalition – expression of interest Accountable Care Partnership



B&D Commissioning priorities 2016/17

Planned care

Cancer

- Improving the early diagnosis of cancer – with a focus on developing access to diagnostic tests
- Reducing variation in the quality of secondary care services
- Living with and beyond cancer – managing the effects of anti-cancer medication and watchful waiting shared care for prostate.

Stroke

- Improving stroke rehabilitation pathway and early supported discharge



Stakeholder engagement

9 th September	Children and Maternity Group (HWB)
16 th September	Integrated Care Sub Group (HWB)
21 st September	Patient Engagement Forum
23 rd September	B&D Youth Forum
30 th November	Mental Health Sub-Group (HWB)
24 th November	Governing Body
8 th December	Health and Wellbeing Board
5 th January	GP Members Meeting
20 January	Joint Stakeholder Engagement Event hosted by Healthwatch



HEALTH AND WELLBEING BOARD

8 December 2015

Title:	NHS England London Commissioning Intentions for 2016/17		
Report of the Director of Public Health			
Open Report		For Decision	
Wards Affected: ALL		Key Decision: YES	
Report Author: Joanne Murfitt Head of Public Health, Health in the Justice System and Military Health NHS England London Matthew Cole Director of Public Health		Contact Details: Tel: 011380 70686 Email: joanne.murfitt@nhs.net Tel: 0208 227 3657 Email: matthew.cole@lbbd.gov.uk	
Sponsor: Matthew Cole, Director of Public Health, London borough of Barking and Dagenham			
Summary: The presentation in Appendix 1 provides an update on progress on the implementation of the 2016/17 NHS England (London) draft commissioning plans. It describes where we are in terms of commissioning plans for the following programmes of care: <ul style="list-style-type: none"> • Specialist commissioning • Antenatal and new born screening • Immunisations and child Health Information Systems • Screening programmes (adult and cancer) • Health in the Justice System services 			
Recommendation(s) The Health and Wellbeing Board is asked to note and comment on NHS England (London) draft commissioning intentions for 2016/17.			
Reason(s) Under the Health and Social Care Act 2012 the statutory Health and Wellbeing Board has a duty to protect the health of the population. This includes assuring that steps are taken to protect the health of their population. Barking and Dagenham's Director of Public Health (DPH) has a duty to 'provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local immunisation and screening arrangements'. In order to undertake this duty, and to provide appropriate advice as to the adequacy of local health protection arrangements, the DPH needs to be assured and satisfied that there are adequate health protection immunisation and screening plans in place in the Borough.			

NHS Public Health Functions Agreement (Section 7A or s.7A) of the NHS Act 2006, as amended by the Health and Social Care Act 2012, outlines the specific responsibilities of NHS England for the commissioning of certain public health services as part of the wider system design to drive improvements in population health.

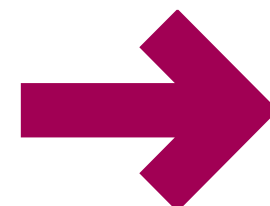
Where the Director of Public Health identifies issues it will be his or her role to highlight them, and escalate issues as necessary, providing advice, challenge and advocacy to protect the local population.

Antenatal and New Born Commissioning Intentions

NHS England is responsible for commissioning antenatal & new born screening Programmes. Funding sits with CCGs as part of the maternity tariff.

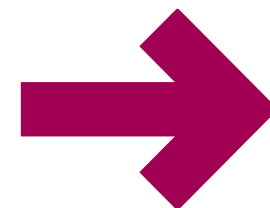
CCGs have been requested to include specific requirements within their maternity specifications;

- Booking standard of 12+6 weeks to be removed from maternity contracts.
- Promote early booking by 10 weeks of pregnancy
- All maternity units to have a dedicated screening coordinator & deputy to oversee all programmes to ensure robust coordination of ANNB screening.
- Maternity IT systems to provide ANNB screening programmes cohort data
- Maternity units ensure SafeTransfer of Women (STOW) processes are in place and are being audited
- Three vessel and tracheal view: An additional view of the heart & great vessels, to improve antenatal detection of congenital heart disease. Trusts - implement from December 2016



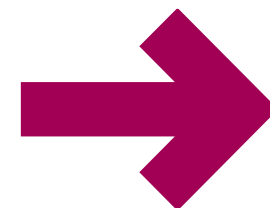
Commissioning Immunisation and Childhood Information Systems (CHIS) Programmes

- No new vaccination programmes for 2016/17
- Removal of Men C vaccination from Childhood Immunisation Schedule
- Men B programme to be consolidated
- 6-in-1 not due until at least 2017/18 & only if cost-effective
- Men ACWY programme to continue in Year 9/10 (instead of Men C) with a catch up group of years 11 and 12
- Child 'flu programme to be further rolled out (Years 1 and 2 this year)
- Continuation of SLA for pertussis and seasonal 'flu uptake amongst pregnant women in maternity units
- Integrated care pathway for Hep B at risk babies
- Childhood Information System; Agree new configuration for London and then run tender to provide new configuration. New service in place by April 2017



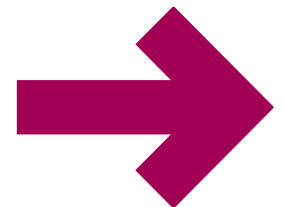
Screening; Adult and Cancer

- Work with CCGs to commission more effective pathways between diabetic eye and hospital eye services and consolidate new diabetic eye screening services
- Consolidate Abdominal Aortic Aneurysm screening Programmes; From 6 to 1 for London
- Awaiting guidance on Bowelscope rollout. In the meanwhile preparation underway e.g. new centre open at BHRUT
- Bowel screening and cervical screening task and finish groups started to look at ways to increase uptake
- Review current colposcopy screening services
- Continue work to embed new arrangements for breast screening administration
- Focus on improving uptake of screening programmes in prisons



Health in the Justice

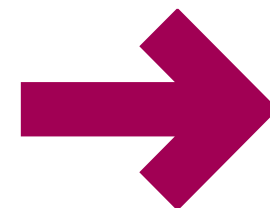
- Prepare to take on commissioning responsibility for Police Station Custody Suites Health transfer to NHSE from April 2017
- Develop service model to be able to commission in 2016 a model of service that includes liaison and diversion and police custody health care
- Work with colleagues in primary care and National Offender Management service to improve access to primary care for prisoners leaving prison
- Work with Havens Paediatric Sexual Assault Referral service to develop pathways to local children's services
- Work with CCGs to develop better Child and Adolescent mental health pathways
- Continue work to support work on Crisis Care arrangements



Specialised Commissioning – National Context & Improving Value for Patients

NHS England has set out its strategic intentions and interventions for 2016/17 in the Paper “**Improving Value for Patients from Specialised Care**” to deliver the Five Year Forward View in Specialised Services.

- **Specialised care** - new opportunities to improve survival and outcomes for patients
- **Variation** in outcomes across England remains a challenge
- **Focus on improving value** needs to be strengthened if our patients are to benefit from the most cost effective treatments available
- **Cross Cutting Programmes-** review of provider compliance with contractually commissioned services and application of IR rules.



Pan London and NEL

- **Cancer** -recommendations of the report from the national cancer taskforce in London and collaborative work with CCGs on jointly commissioned pathways
- **Women and Children** -Collaborative work with CCGs on complex obstetrics services. Reviews of paediatric intensive care units (PICU) and high dependency unit (HDU) demand including collaborative work with CCGs
- **Internal Medicine** - Intestinal failure services review, national service reviews of PET CT and stereotactic radiosurgery. Local service reviews for vascular services, cystic fibrosis and pancreatic cancer. Joint work with CCGs on obesity and renal services as part of the London Collaborative Commissioning Forum.
- **Trauma** - London service review of neuro-rehabilitation provision including the links with major trauma networks and collaborative working with CCGs
- **Blood and Infection** - HIV service review and close working with Local Authorities who commission GUM services. Develop further hepatitis C Operational Delivery Networks



Mental Health

- Continued implementation of the recommendations from the national review of **Tier 4 Child and Adolescent Mental Health Services** (CAMHS)
- Implementation of the recommendations of the national pre-procurement exercise for **T4 CAMHS**
- Support the national rebalancing of T4 inpatient service capacity to deliver **care closer to home** and reduce the numbers of non-London CCG patients being admitted to London services
- To reduce the numbers of **avoidable admissions** for children and young people by working with CCG commissioners and service providers to deliver and embed required pathway changes
- Implement the recommendations of the national pre-procurement exercise for **adult secure mental health services**. Work with local CCG commissioners and providers to improve access to regional pathways



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HEALTH AND WELLBEING BOARD

8 December 2015

Title:	Draft Homelessness Strategy 2016/21		
Report of the Housing Strategy and Advice division			
Open Report		For Decision	
Wards Affected: All		Key Decision: No	
Report Author: Neil Pearce, Housing Strategy Officer		Contact Details: Tel: 020 8227 5733 E-mail: neil.pearce@lbbd.gov.uk	
Sponsor: James Goddard, Group Manager, Housing Strategy			
Summary:			
<p>Under the Homelessness Act 2002 local authorities are statutorily bound to review their homelessness services every five years, setting out a comprehensive assessment of emerging trends and examining interventions employed to prevent homelessness in the first instance and tackle crisis presentations when they occurred.</p> <p>On the basis of the review the Council is expected to prepare a prevention strategy charting activities to tackle and mitigate against homelessness over the next five year period.</p> <p>The Draft Homelessness Strategy 2016/21 seeks to comply with that duty and is attached as part of the public consultation process due to end on 16th December 2015. The final version is expected to be approved by Cabinet in January 2016.</p>			
Recommendation(s)			
The Health and Wellbeing Board is recommended to note and comment upon the Draft Homelessness Strategy as part of the public consultation process.			
Reason(s)			
<ul style="list-style-type: none"> • Enabling social responsibility • Growing the borough 			

1. Introduction and Background

- 1.1 The Homelessness Act 2002 mandates the local authority to conduct a five-yearly review of current trends and homelessness, illustrate prevention activities and interventions and examine the offer of advice, services and resources.

- 1.2 Subsequently the borough is expected to produce a new homelessness strategy co-ordinating efforts to tackle and mitigate against homelessness in the next five year period.
- 1.3 There has been significant change since the publication of Barking and Dagenham's previous homelessness strategy in 2008 and the Council has taken stock of the changing policy context of homelessness when providing services to tackle it. The introduction of the Localism Act 2011 and the on-going reforms to welfare have been major influences in how local authorities approach housing need, homelessness, benefit entitlement and the delivery of affordable housing. Fiscal consolidation at a national level has led to reduced funding, requiring the Council to target its prevention strategy around carefully managed and finite resources.
- 1.4 The Homeless Review of 2015 concentrated on the impact of welfare reform, public funding reductions and a challenging housing market which heightened the demand for housing advice services and lead to the subsequent rise in housing applications over the last three years. Footfall and calls to the housing options team doubled to 2,449 by 2015; the total number of homeless decisions in 2014/15 stood at 1,900 and dwarfed the 408 recorded in 2011/12 while the number of preventative interventions against homelessness accounted for almost 2,000 cases.
- 1.5 Barking and Dagenham has responded to the increased volume of need by continuing to build on existing partnership arrangements, training staff and tenants alike on the impact of welfare changes and sustaining tenancies, reshaping its allocations policy and planning for new models of housing provision in response to reduced resources.
- 1.6 Through various data sets the statistical review examines the current climate around crisis presentations and homeless preventions to provide an analysis of the pressure points in homeless policy and create the subtext for the prevention objectives of the strategy. The review examines:
 - The Council's duties and the main causes of statutory homelessness;
 - Interventions and resources to prevent homelessness
 - non-priority homelessness and support for vulnerable households
 - temporary accommodation
 - housing supply issues
- 1.7 The headline figures of the review suggested that residents seeking homelessness advice continues to rise. By November 2015, almost 3,000 people had contacted John Smith House for support. However the number of applications accepted as eligible, unintentionally homeless, in priority need and therefore owed a duty fell from 853 in 2013/14 to 764 in 2014/15.
- 1.8 A summary of the main homeless trends suggested:
 - termination of assured short-hold tenancies in the private rented sector has become the largest cause of accepted homelessness

- parental ejection from the family home or the inability of the owner to continue to accommodate the client is the second largest cause
- the highest cohort of clients in priority need were households with children or with someone pregnant
- lone parents with dependent children made up the greatest number of acceptances
- applicants deemed homeless, eligible for advice but not in priority need rose dramatically.

2. Proposal and Issues

2.1 Planning services for the next five years requires an appreciation of the current and emerging trends:

- Second phase of welfare reform is likely to create greater demand
- Loss of private rented sector accommodation continues to squeeze supply
- Parental ejection from the home is on an upward trajectory
- Rough sleeping appears to be on the rise
- Lone parent households in priority need have increased dramatically
- Demand for supported housing options and services is developing.

2.2 Tackling these problems has to be balanced against diminishing resources and the cultivation of a different ethos to housing crisis resolution. This has to recognise:

- Local authority resources are likely to be squeezed much further
- Prevention initiatives and self-resolution will be critical in managing demand
- Housing advice services will have to be creative and integrated
- That resources and support has to be targeted at the most acute circumstances
- Partnerships with external providers and the voluntary sector needs to become robust
- Innovation in housing supply and choice is essential.

2.3 Despite the financial constraints, the borough aspires to continually improve its housing advice services and ensure that our approach to homelessness is fit-for-purpose and creates a customer journey that provides appropriate housing solutions.

2.4 As part of this process, the Council will be seeking Gold Standard accreditation for its services in 2016, of which this homelessness review and the strategic actions below form the strategy going forward, requiring annual appraisal.

2.5 The strategy sets out fifty two strategic actions for consideration or improving services to meet nineteen expected outcomes under the following four strategic objectives:

- **Reducing demand through prevention**
- **Enabling pathways away from homelessness**
- **Creating an integrated service at first contact**
- **Providing appropriate accommodation options**

2.6 The strategy will be monitored and evaluated by the re-established Homelessness Forum and will be appraised and refreshed on an annual basis to comply with the requirements of Gold Standard accreditation. Further reporting to the Health and Wellbeing Board will be tabled throughout the period of the strategy.

3 Consultation

3.1 The draft strategy has been compiled with a significant input from a number of council services and organisations involved in delivering services including Housing Advice Services, Housing Strategy, environmental health, NELFT, mental health services, adult commissioning, children's services, private sector housing, regeneration, Elevate, the East London Housing Partnership to name but a few.

3.2 Public consultation on the draft began on 16 November inviting comment and responses from the general public, interested parties, housing providers, voluntary sector groups and the clinical commissioning group by 16 December 2015. The public response page can be found on Barking and Dagenham's website here: <https://www.lbbd.gov.uk/residents/housing-and-tenancy/homelessness-strategy/overview/> . Invitation for comment can also be found on the Council's Facebook page and Twitter feed as well as through the e-newsletter, One Borough.

3.3 In addition the draft has been presented to various management teams within the Council and is tabled for discussion at the Health and Wellbeing Board, Community Safety Partnership, Landlords and Letting Agents Forum and Corporate Strategy Group.

3.4 Following the close of consultation and further revision and amendment of the draft, the Homelessness Strategy is expected to be approved by Cabinet in January or February 2016.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

Homelessness is a key indicator in the JSNA's annual assessment of current and future health and social needs of the population and includes recommendations for public policy commissioners on strategic outcomes in reducing homelessness. This is reflected in the strategy

4.2 Health and Wellbeing Strategy

Housing, homelessness and fuel poverty are recognised as determinants of public health and critical to increasing the life expectancy of people living in Barking and Dagenham. The homelessness strategy links with the health and wellbeing pledges to close the gap in life expectancy and to improve health and social care outcomes through integrated services.

4.3 Integration

Developing an efficient seamless, multi-agency approach to homelessness has been a key driver of national and regional policy. The Government's papers on Making Every Contact Count, No Second Night Out and the Cost of Homelessness encourages the design of locally integrated services which tackle the root causes of homelessness such as health inequalities, troubled families and improving access to employment.

The Strategy recommends a more robust approach to creating integrated services at first contact for homeless clients and draws on ways to improve the work of the Council in preparing links, pathways and referrals between support services to prevent homelessness in the first place or minimise its impact when it happens.

4.4 Financial Implications

(Carl Tomlinson, Group Manager, Finance and Resources)

There will be a full financial assessment undertaken alongside the development of the Strategy.

The gross General Fund Housing budget for 2015/16 is £18.056m and comprises of Housing Advice, Temporary Accommodation, Hostels, Landlord services and Housing Strategy. The net budget totals £97,000 once rental income and recharges have been taken into account. The direct homelessness budgets are Temporary Accommodation and Hostels and these are currently projecting to spend in line with budget in the current financial year. However, there is a risk to this position, due to the demand led nature of this service. Demand over recent months has been steadily increasing and is likely to be further exacerbated by ongoing Welfare Reforms and cuts in funding. Current levels of bed and breakfast placements are above the budget assumption and if this trend continues the budget will be under increasing pressure.

The primary risks to the homelessness budgets are the level of Bed and Breakfast placements and managing arrears. Significant savings are expected to be delivered through a reduction in temporary accommodation placements within Bed and Breakfast accommodation together with the renegotiation of Bed and Breakfast nightly rates.

The service currently employs a mix of Private Sector Landlord properties, bed and breakfast accommodation, nightly lets, homes with multiple occupancy and Council hostels in order to meet current demands.

The actions that are in place will hopefully ensure that the levels of expenditure incurred on temporary accommodation remain within budget going forward into 2016/17. This projection, however, needs to be viewed in the context of the increases in homelessness numbers that are being experienced nationally and there are clear risks to the position that is currently being projected

4.5 Legal Implications

(Martin Hall, Housing Solicitor/Team Leader, Legal Services)

There are no legal implications arising from the draft Homelessness Strategy.

4.6 Risk Management

There are no risk management implications at this stage of the consultation.

4.7 Patient / Service User Impact

A review and preventative strategy for homelessness and housing advice related services will have significant impact upon user groups and clients. The aims of the strategy seek to improve the customer journey by integrating services and ensure the provision of comprehensive quality advice.

The strategy details issues relating to service user and patient impact in various parts of the report.

5. Non-mandatory Implications

5.1 Crime and Disorder

The strategy and review examines the relationship between certain client groups at risk of being homeless, current support services and crime and disorder issues. The strategy looks at victims of domestic violence and the role of the Sanctuary scheme; the impact of rough sleeping; ex-offenders and those suffering from substance and alcohol misuses.

5.2 Safeguarding

In consultation with adult commissioning, NELFT, children's services and teams dealing with mental health, people without recourse to public funds, looked after children and leaving care teams the draft strategy has a dedicated section relating to support for vulnerable households and individuals. Recommendations in the strategy look at improving outcomes for vulnerable persons at risk of homelessness.

5.3 Property / Assets

The strategy looks at the Council's use of accommodation, stock and assets and suggests ways in which to utilise them better as part of a more innovative approach to relieving homelessness.

5.4 Customer Impact

The impact on patients, clients and user groups has been highlighted previously in the report. A full equality impact assessment will be carried out following the conclusion of the consultation process and subsequent amendments to the strategy.

5.5 Contractual Issues

Where the Homelessness Strategy indicates a procurement or contractual solution this will be delivered with best practice and in consultation with corporate procurement services.

5.6 Staffing issues

Any staffing related implications arising from this strategy will be dealt with through the policies, procedures and consultative processes agreed between the Council and the trade unions.

Public Background Papers Used in the Preparation of the Report:

- Making Every Contact Count report 2012:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7597/2200459.pdf
- No Second Night Out:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6261/1939099.pdf
- Cost of Homelessness review
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7596/2200485.pdf

List of Appendices:

Appendix A - Draft Homelessness Strategy 2016/21

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Draft Homelessness Strategy

London Borough of Barking and Dagenham
2016-2021

**One Borough, One community:
tackling homelessness**

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1.Introduction

The borough recognises the importance of having a robust homelessness strategy in place which sets out the Council's services, resources, pathways and interventions in preventing and alleviating the experience of homelessness.

In preventing homelessness and attending to crisis presentations when they occur, the borough has to ensure there is comprehensive, universal assistance and advice to support people in making informed decisions about the options available to them.

In a number of circumstances the services which the Council and its partners provide are critical because all too often individuals affected by the loss of accommodation become and stay homeless through a complex combination of reasons. These range from domestic violence, addiction, debt, worklessness, poor health and wellbeing and sometimes through no fault of their own. This leads to isolation and a disconnection from pathways to essential support which help identify and break that downward cycle.

However, fundamental to our approach is the view that homeless people should be able to pursue options which allow them to resolve their own homelessness. Following in the Council's civic objective of a creating a socially responsible community, residents are encouraged to take responsibility and to become more resilient at a time of pressured and finite availability of accommodation.

As a result of the Homelessness Act 2002 every local authority is under a statutory duty to review their homelessness services every five years, setting out a comprehensive assessment of trends in homelessness. Subsequently the borough is expected to prepare a prevention strategy charting activities to tackle and mitigate against homelessness over the next five year period.

There has been significant change since the publication of Barking and Dagenham's previous homelessness strategy in 2008 and the Council has taken stock of the changing policy context of homelessness when providing services to tackle it. The introduction of the Localism Act 2011 and the on-going reforms to welfare have been major influences in how local authorities approach housing need, homelessness, benefit entitlement and the delivery of affordable housing. Fiscal consolidation at a national level has led to reduced funding, requiring the Council to target its prevention strategy around carefully managed and finite resources.

Against that challenging context, Barking and Dagenham remains committed to working with partner agencies and the voluntary sector in strengthening its housing

advice services and preventing homelessness in the first instance. Based on the evidence of its review, the borough has set itself the following objectives:

- To reduce demand through prevention (prevention)
- Enabling pathways away from homelessness (prevention)
- Create integrated services at first contact (presentation)
- Provide appropriate accommodation options (provision)

These objectives underlie the principles of the Council's ambition which aims to reduce demand, encourage responsible choices and behaviour change, manage expectations and tackle root problems by integrating service delivery and developing partnerships more effectively.

2. Policy Context

2.1 National Policy Context

The introduction of the Localism Act 2011 and on-going welfare reform has challenged the approach of how local authorities assess and meet housing need, prevent homelessness and manage resources to deliver affordable housing and advice services.

Developing and embedding an efficient seamless, multi-agency approach has been the driver of national and regional policy announcements with local authorities increasingly expected to be more innovative in preventing homelessness in the first instance, reducing demand and cope with crisis presentations with more efficient use of resources.

2.1.1 Cost of Homelessness and Making Every Contact Count

In 2012, the Government published the Making Every Contact Count report, drawing on the need for effective joint working to prevent homelessness. Based on the findings of the No Second Night Out strategy on rough sleeping in 2011 and the Cost of Homelessness review, it encouraged the design of locally integrated services which tackled the roots of homelessness, such as troubled family upbringings, health inequalities and addiction, involvement in crime and improving access to work and training opportunities, as well as creating financial resilience.

The National Practitioner Support Service has been developed to support local authorities seeking to lead in the continuous improvement of homeless advice and prevention services. Where the authority meets the ten corporate local challenge objectives it can apply for a Gold Standard as a measure of high quality standards.

2.1.2 Reform of the Welfare System

The Government's first tranche of welfare reform between 2012/15 had significant impact for housing services and homeless prevention in Barking and Dagenham, precipitating a surge in housing advice and a significant rise in homeless presentations based on familial ejection and loss of rented tenancies.

1,600 council tenants were affected by the reduction in Spare Room Subsidy for under-occupancy and 537 were subject to the £500 a week Total Benefit Cap with a resulting inability to afford rent payments. The reduction averaged between £35 and £323 per week.

Reforms to the eligibility for the Single Accommodation Rate, changes to disability benefit, the devolution of local Council Tax Support and reductions in Local Housing Allowance (LHA) levels have aggravated tenancy sustainment as well as diminishing the supply of available lets for social placements in the private rental market.

The second phase of welfare reform unveiled in the Welfare Reform and Work Bill 2015 is expected to exacerbate existing problems. Proposals to remove automatic housing support to 18-21 year olds, the four year freeze in main rates of working age benefits and tax credits coupled with a further reduction in the Total Benefit Cap of a non-working family to £23,000 are likely to escalate the pressures upon the housing advice service. Projections for the numbers affected are still being collated by Revenues and Benefits in conjunction with the Department for Work and Pensions.

2.1.3 Localism Act 2011

In the Localism Act 2011, the Government devolved powers to encourage local authorities to tailor local policies and housing demand to local circumstances. The agenda allowed councils:

- to revise access to social housing supply with reforms to allocation policies;
- to offer different types of tenure
- to end their homelessness duty with direct offers of accommodation in the private rented sector.

In response Barking and Dagenham adopted a new Housing Allocation Scheme in 2014 which introduced:

- residential qualifications
- reformed local preferences
- reserved the right to create flexible tenancies for specific circumstances
- affordable housing options for working families
- the discharge of its homelessness obligation into the private rented sector.

2.1.4 Housing and Planning Bill 2015

The Housing and Planning Bill is currently passing through its committee stage in Parliament and could have implications for housing supply in Barking and Dagenham. The introduction of Starter Homes as an affordable housing product could reduce the number of generally affordable social housing tenures provided in the borough and the impact of forthcoming regulations on housing association Voluntary Right to Buy will be monitored carefully.

2.2 Local Policy Context

Notwithstanding the response to recent Government reforms, the Council has continued to rationalise resources and cement multi-agency working through its corporate strategies to prevent homelessness:

2.2.1 Corporate Strategies

One Borough, One Community; London's Growth Opportunity

In 2014 the Council unveiled its corporate vision of encouraging civic pride, enabling social responsibility and growing the borough's sense of opportunity. This included commitments to help residents shape their own quality of life, take responsibility for themselves, homes and communities as well as integrating services for the vulnerable, building high quality homes and supporting investment in housing.

Housing Strategy 2012/17

The borough's overarching housing strategy resolves to improve the quality of life of all residents through thriving sustainable communities and by addressing the needs of residents living in different types of tenure. It prioritises tackling homelessness through prevention activities and providing suitable housing options where crisis presentations require the Council to act.

Tenancy Strategy Statement 2012

Working in partnership with housing associations to deliver homes which address local need, the Council recognised the importance of allowing providers a flexibility of housing tenure. The borough's tenancy statement emphasises a desire for registered providers to give due regard to the Council's view on rent levels and accommodation for working families.

Joint Strategic Needs Assessment 2015

The Joint Strategic Needs Assessment (JSNA) is the annual assessment of current and future health and social care needs of a population. It provides a holistic outlook of the socio-economic issues facing the borough, including recommendations for public policy commissioners on strategic outcomes in reducing homelessness.

Health and Wellbeing Strategy 2015/19

Housing, homelessness and fuel poverty are recognised as determinants of public health and critical to increasing the life expectancy of people living in Barking and

Dagenham. The strategy pledges to close the gap in life expectancy and to improve health and social care outcomes through integrated services.

Growth Strategy 2013/23

Aspirations for growth are entrenched in the 20-year plan which establishes the priorities of attracting investment, creating a higher skilled workforce, building businesses and widening housing choice.

2.2.2 Corporate Programmes

The reduction in resources has meant that the Council is addressing the provision of services creatively. To reduce demand the Council is focussing on more effective early interventions, nudging behaviour change and encouraging self-reliance while developing seamless integrated responses when demand is presented in the most acute of circumstances.

This overarching approach is captured in the Council's evolving corporate Ambition 2020 project coupled with the Housing Transformation Programme's development of Housing+ as a multi-disciplinary model of housing service delivery.

2.2.3 Demography and housing supply issues

Continuing change to the demographic and the socio-economic profile of the borough coupled with rising demands for a mixed supply of housing has intensified the need to have responsive services which can prevent homelessness in the first instance and provide adequate accommodation in the worst case scenario.

Deprivation

Barking and Dagenham has areas of high deprivation and is ranked 12th of 352 local authorities in the 2015 Index of Multiple Deprivation. It also has the lowest household incomes in the capital, with almost 25% of those in work on the minimum wage; 10.4% of its population is unemployed and 60% in receipt of some kind of welfare entitlement. While there have been improvements in educational attainment and regeneration projects continue to attract new investment and employment opportunities, housing affordability remains a barrier for many in accessing accommodation.

Population

Barking and Dagenham's population has seen unprecedented change in recent years. The 2011 Census recorded a significant overall population increase of 13.4% to 185,911. Barking and Dagenham has the highest population percentage of 0-19

year olds in the country including a 50% increase in 0-4 year olds, placing a huge pressure on school places. In addition there has been the largest decrease in the 65+ age group in London.

Household size

Trends identified in the borough's Strategic Housing Market Assessment and Housing Needs Survey 2011 saw the number and size of households increasing giving Barking and Dagenham the highest occupancy rate in the capital. Conversely, cultural shift towards smaller families, trends towards divorce and familial breakdown has led to the borough having the highest percentage of lone parent households in all of England and Wales.

In terms of homelessness the shift to smaller households manifested itself between 2012 and 2015 with an increased number of homeless presentations based on persons not being able to live with parents or in the familial home and therefore pressurising demand for one-bed, two-bed or shared accommodation.

Diversity

The ethnic diversity of Barking and Dagenham underwent significant change between 2001 and 2011 with the number of foreign-born nationals residing in the borough increasing by 205%. Since 2001, there has been a 30% decrease in the borough's White British population and the Black African population has grown by over 20,000, which is the largest increase of the Black African population in London. The White Other population has also continued to grow from 4,348 in 2001 to 14,525 in 2011. Like much of east London, the enlargement of the European Union since 2004 has seen the borough become a destination for migrants from eastern Europe and the former accession countries.

The potential for rough sleeping and homelessness from the new communities has recently been exacerbated by new regulations in place since 2014 preventing migrants from accessing Job Seekers Allowance for three months.

Housing Affordability

The cost of buying a home in Barking and Dagenham is still 11 times more than the total median annual household income of the borough (£25,499) and affordability continues to hamper the ability of residents to access home ownership. Average house values were recorded at £278,604 in September 2015 but despite Barking and Dagenham remaining one of the most affordable places in London to purchase a home, property prices continue on an upward trajectory.

It is conservatively estimated that between 12,000 and 14,000 homes supply the private rented market (PRS) in the borough representing 17% of all stock and continuing to grow. The PRS has quadrupled in a decade but demand is once again outstripping supply. Analysis of quarterly returns from local letting agent surveys recorded an average rent level of £1,231 per month in September 2015 with 62% of respondents expecting further rent increases placing pressure on the budgets of vulnerable households. The anecdotal survey suggested that three quarters of landlords were pitching their lets to in-work tenants in recognition of the borough being an attractive low-rent hub for professionals.

Importantly, figures from the Ministry of Justice in June 2015 illustrated that sustainment of home ownership and private tenancies were under strain with 1 in every 45 homes subject to a possession claim. With wages only just beginning to return to pre-Recession levels and falling levels of housing welfare, there has been a significant three year spike in homeless applications based on repossession of the home and lets due to mortgage and rent arrears.

The supply of affordable homes was identified as a decisive issue in the 2011 Housing Needs Survey which recommended an additional 1,333 new affordable homes a year, particularly around family-sized accommodation and drawing on concerns of overcrowding and high levels of occupancy. 1,036 new affordable, intermediate and social homes have been delivered in Barking and Dagenham in the last five years however the recession, reductions in development grant and rationalisation among registered providers has led to only a trickle of new supply.

2.3 Regional Context and the East London Housing Partnership (ELHP)

The issue of homelessness also cuts across boundaries and Barking and Dagenham works to the strategic objectives set out in the Mayor of London's Housing Strategy. The borough also works with the Greater London Authority and sub-regional partners to share information, best practice and harness resources around joint projects. In particular we co-operate with the East London Housing Partnership which is based in the offices of Barking and Dagenham.

The ELHP comprises the seven east London boroughs of Barking and Dagenham, Tower Hamlets, Newham, Havering, Hackney, Waltham Forest, Redbridge and the City of London Corporation. The partnership collaborates on addressing the sub-region's strategic housing needs and pressures. One of its core priorities is to contribute to minimising and preventing homelessness.

It created a homelessness and lettings group in response to having the highest housing need in the capital which was evidenced by increasing numbers of rough

sleepers, significant levels of domestic violence, high volumes of placements from other sub-regions and greater loss of private rented tenancies.

The ELHP has been successful in recent years in helping tackle homelessness for households who are not necessarily owed a duty by the local authority. Projects like the East London Reciprocal Agreement, the Single Homelessness Project and the East London Women's Project all provided housing solutions for victims of sexual abuse, domestic violence, discrimination on the grounds of sexual orientation and multiple needs clients who were either homeless or at risk of homelessness. The Women's Project has to date assisted 29 clients with multiple and complex needs and the Single Homelessness Project supported 330 people with rent deposits and landlord support to ensure tenancy sustainment.

ELHP has also worked with other London sub-regions to help achieve cost reductions on temporary accommodation through the Inter-Borough Accommodation Agreements (IBAA).

This year the ELHP approved its Homelessness and Lettings Strategy 2015/20, binding sub-regional partners to the following clear commitments:

- Preventing homelessness before people reach the streets
- Greater collaboration with regard to the impacts of welfare reform and Universal Credit
- Improve services offered to single homeless people deemed not in priority need
- Reduce and prevent homelessness caused by domestic violence, particularly against women
- Adopt a No Second Night Out approach to rough sleeping

3. Homeless Review

3.1.1 Homelessness Strategy 2008/13

The 2008/13 strategy outlined a number of key performance details at a time when resources were significantly greater and the emphasis was on initiating fresh prevention activities. As the policy context has significantly changed since 2008 this review only summarises some of the key results pertaining from the following objectives:

Early intervention

- Developed joint assessments and protocols in relation to safeguarding children
- Achieved the national target to end use of B&B accommodation for 16-17 year olds by 2010
- Developed the East Street housing advice and The Foyer projects
- Increased take up the Sanctuary scheme
- All housing advice staff trained in substance misuse and domestic violence

Increased choice and promoting independence

- Delivered 758 rent deposit tenancies by 2013
- Increased the number of accredited landlords offering quality homes to 450
- Returned 531 long-term empty private dwellings back to use by 2013

Partnership working

- Worked with the East London Housing Partnership to deliver sub-regional approaches to single persons homelessness

3.1.2 Responding to homelessness

The Homelessness Act 2002 mandates the local authority to conduct a five-yearly review of current levels of homelessness, observe trends and analysis, illustrate prevention activity and interventions and examine the offer of advice, services and resources.

The impact of welfare reform, public funding reductions and a challenging housing market have heightened the demand for housing advice services and lead to the subsequent rise in housing applications over the last three years. Footfall and calls to the housing options team doubled to 2,449 by 2015; the total number of homeless decisions in 2014/15 stood at 1,900 and dwarfed the 408 recorded in 2011/12 while the number of preventative interventions against homelessness accounted for almost 2,000 cases.

Barking and Dagenham has responded to the increased volume of need by continuing to build on existing partnership arrangements, training staff and tenants alike on the impact of welfare changes and sustaining tenancies, reshaping its allocations policy and planning for new models of housing provision in response to reduced resources.

Through various data sets the following statistical review examines the current climate around crisis presentations and homeless preventions to provide an analysis of the pressure points in homeless policy and create the subtext for the prevention objectives of the strategy. The review examines:

- The Council's duties and the main causes of statutory homelessness;
- Interventions and resources to prevent homelessness
- non-priority homelessness and support for vulnerable households
- temporary accommodation
- housing supply issues

3.2 The Duty and Main Causes of Homelessness

3.2.1 The Council's Duties on Homelessness

In reviewing the local authority's obligations under housing legislation, essential distinctions between various scenarios of housing need and where the duty applies needs to be made.

Priority homelessness – individuals who have been accepted by the Council as eligible for assistance, are homeless and in priority need, have met the legislative criteria and have made a homeless application:

- Council has a statutory duty to provide temporary accommodation
- normally households who are going to be evicted or living in accommodation which is unreasonable for them to remain in
- includes families, pregnant women and single vulnerable people

Non-Priority homelessness - applicants who are not assessed as in priority need but entitled to advice and assistance such as available options in the private rental market or support agencies

- normally single homeless people and childless couples
- includes rough sleepers

3.2.2 Statutory homelessness in Barking and Dagenham

Overview

Residents seeking homelessness advice continues to rise. By November 2015, almost 3,000 people had contacted John Smith House for support. However, despite the high volume of approaches the number of homeless applications fell to 951 in 2014/15 as opposed to 1,005 in 2013/14. The number of applications accepted as eligible, unintentionally homeless, in priority need and therefore owed a duty also fell from 853 in 2013/14 to 764 in 2014/15.

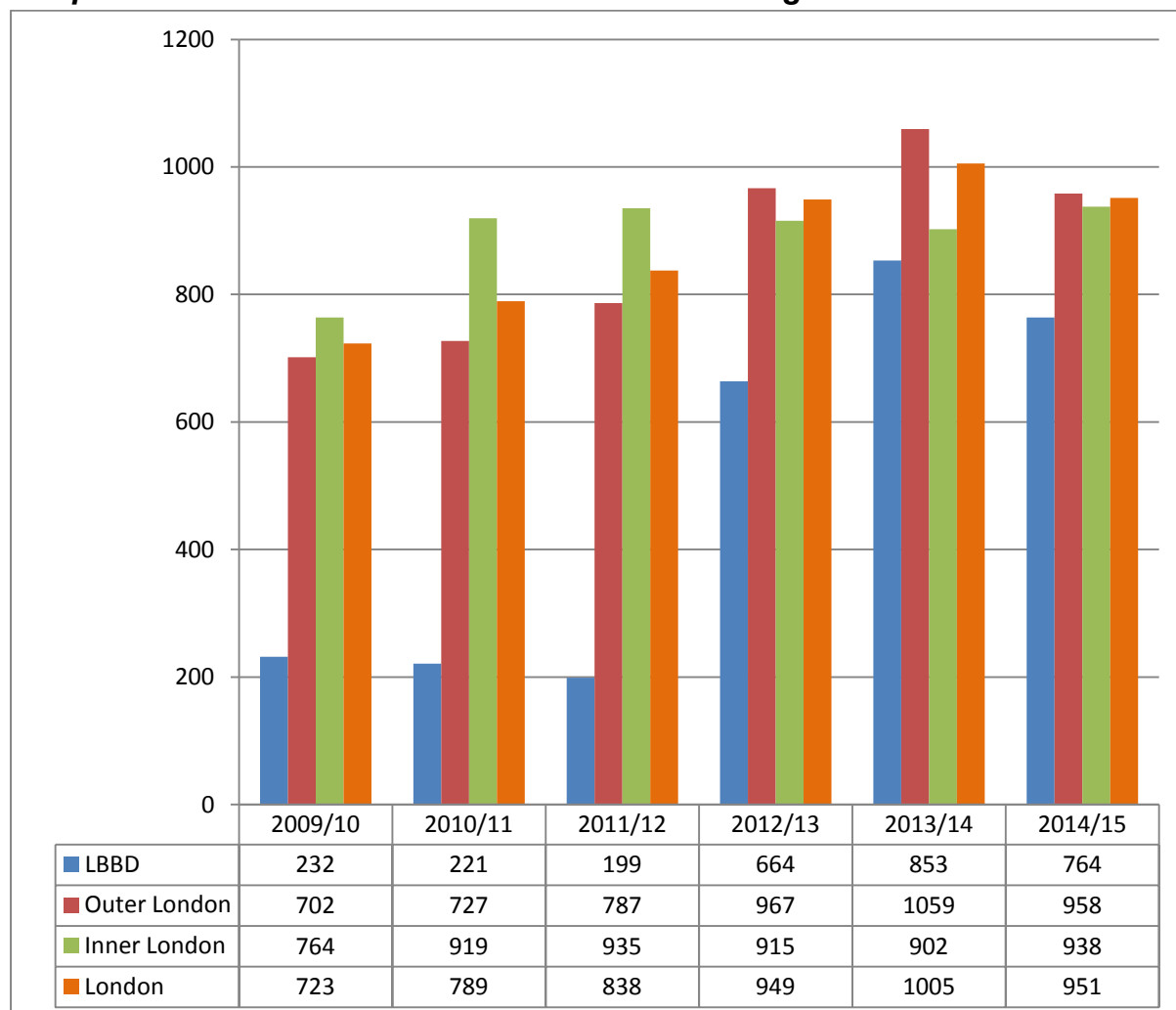
The slight decline in applications and acceptance is a reflection of some of the prevention activities employed when residents make their initial approach.

Statistical analysis

The statistical analysis below highlights the number of annual applications made in Barking and Dagenham over the last five years and compares with the average number of applications made across the capital and the east London sub-region. It

suggests that demand has slightly dipped through effective pre-intervention activities and is still lower than sub-regional and London average:

Fig.1: Number of homelessness applications made in Barking and Dagenham compared to London and inner/outer London sub-regions



Source: DCLG Live Tables

The proportion of all homeless applications which go on to be accepted by a local authority as statutorily homeless and eligible for support represents the homeless acceptance rate. In 2014/15, Barking and Dagenham had the 12th highest acceptance rate nationally and 9th highest in London.

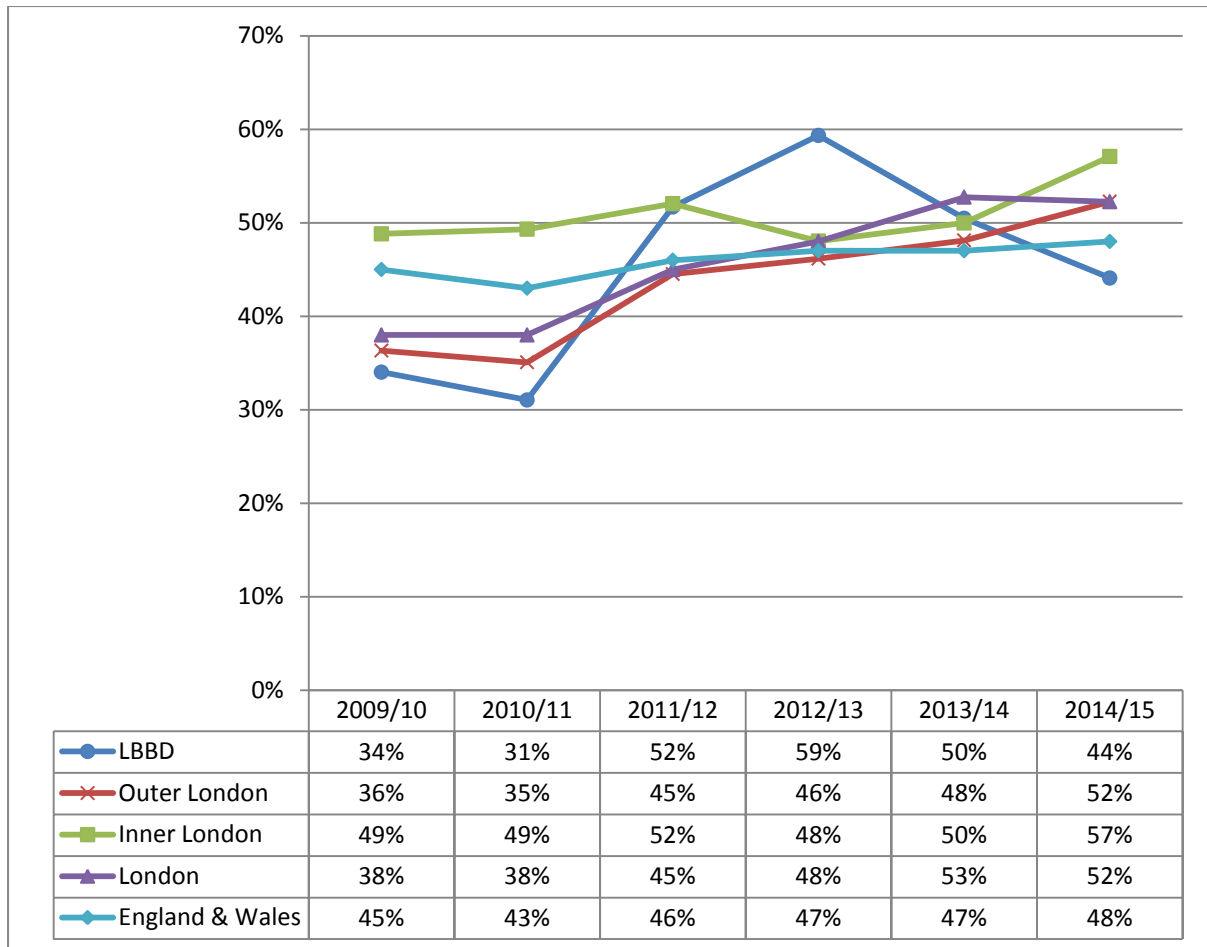
Acceptances for homelessness fell from over 700 to just over 400 in 2011/12 just before the impact of welfare and housing reforms started to bite. The succeeding year saw that figure almost treble to 1,186 decisions and rise to 1,900 by 2014/15. The eligibility of those approaches is captured below and shows a rise in households which are eligible, unintentionally homeless and in priority need but records a more dramatic spike in those deemed to be eligible but not in priority need:

Fig.2: Number of homeless decisions

Homeless decisions	2010/11	2011/12	2012/13	2013/14	2014/15
Eligibility, unintentionally homeless and in priority need	221	199	664	853	764
Eligible, homeless and in priority need but intentionally so	25	12	49	76	137
Eligible, homeless but not in priority need	197	46	82	425	557
Eligible but not homeless	269	128	324	336	275
Ineligible	27	23	67	100	167
Total decisions	739	408	1186	1790	1900

Source: P1E form on homelessness

Fig. 3: Number of statutory homeless acceptances made in Barking and Dagenham compared to London, sub-regions and England 2009/15



Source: DCLG Live Tables

3.2.3 Main causes of homelessness

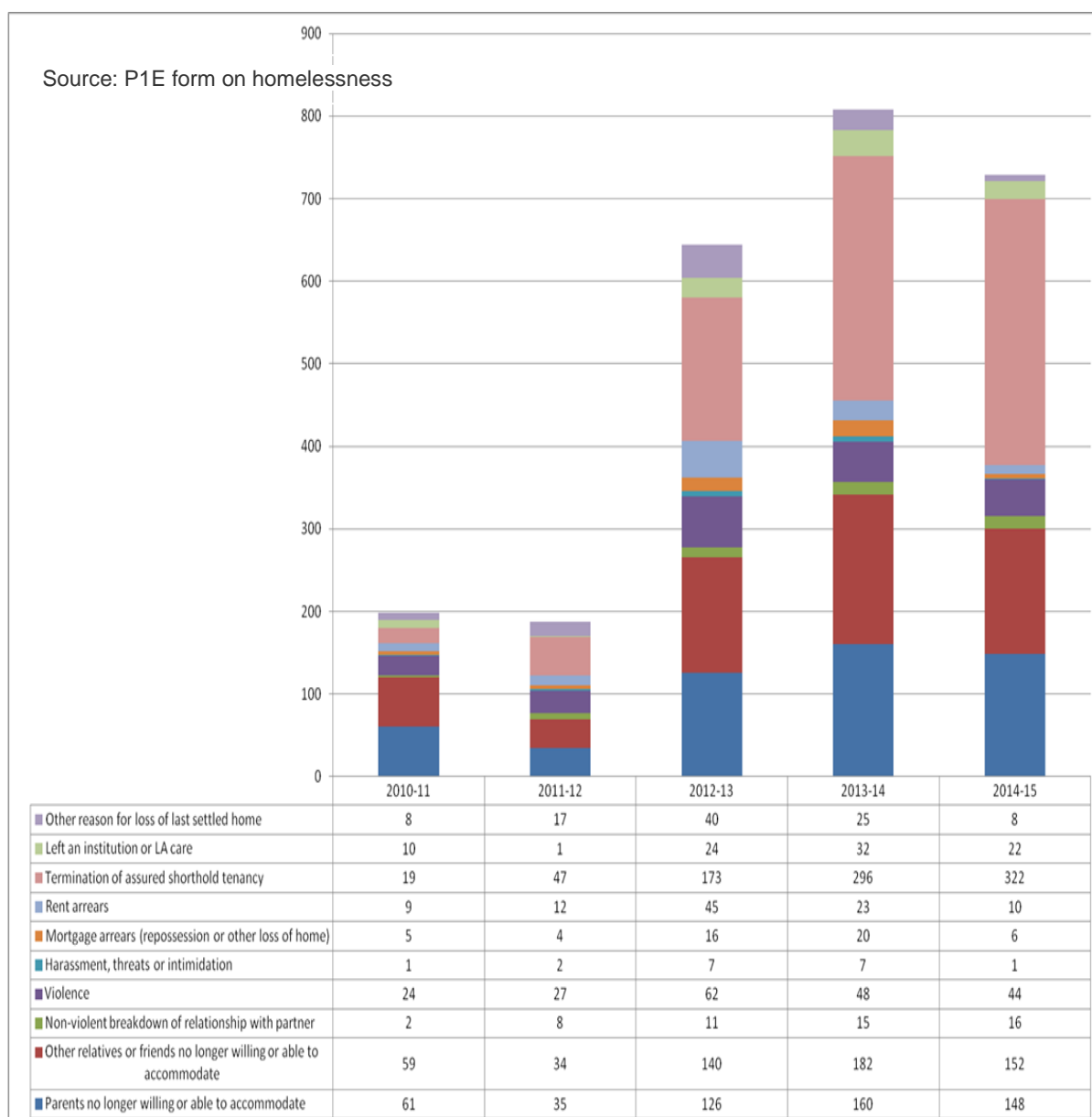
The main reasons for homelessness are documented below illustrating an upward trajectory in the termination of assured short hold tenancies (ASTs). The breakdown of parental and familial relationships also accounts for a sizeable portion. The growth in terminated ASTs appears to be a reflection of capped local housing allowance and the impact of welfare reductions forcing private landlords to pitch their market to in-work tenants.

Fig.4: Main causes of statutory homelessness 2010/15

Main causes of homelessness	2010/11	2011/12	2012/13	2013/14	2014/15
Parental ejection or other household ejection	120	69	340	342	300
Relationship breakdown	22	28	81	55	53
Loss of assured shorthold tenancy in PRS	47	64	333	339	341
Mortgage arrears	5	4	20	20	6

Source: P1E form on homelessness

Fig.5: Reasons for statutory homelessness 2010/15



3.2.2 Priority need categories of statutory homelessness

To be accepted as statutorily homeless and receive assistance from the local authority, the applicant must have an established priority need defined under the Housing (Homeless Persons) Act 1977 and subsequently amended by the Housing Act 1996 and the Homelessness (Priority Need for Accommodation) (England) Order 2002.

The following table depicts the different categories of those accepted of which being a household including dependent children is the most consistent factor.

Fig.6: Statutory homelessness by priority need 2008-

Main priority need group	2010/11	2011/12	2012/13	2013/14	2014/15
Household with children/pregnancy	156	150	501	628	602
Single people 16/17-18/20 years	9	8	10	9	4
Physical disability	18	9	39	52	46
Mental illness	25	21	69	102	66

Source: P1E form on homelessness

3.2.3 Age profile of statutory homeless households

The most significant age profile of those accepted as statutorily homeless is 25-44 years of age.

Fig.7: Statutory homelessness by age profile 2008-

Age	2010/11	2011/12	2012/13	2013/14	2014/15
16-24	79	54	171	209	163
25-44	115	125	401	501	469
45-59	21	15	81	116	107
60-64	1	4	6	16	12
65-74	4	1	3	8	12
75+	1	0	2	3	1

Source: P1E form on homelessness

3.2.4 Family/household type of statutory homeless

The following graph represents the types of household which have been granted statutory homelessness acceptances. Lone parent households headed by a female translated into the largest cohort.

Fig.8: Statutory homelessness by household type

2014-15	Couple with Dependent Children	Lone Parent Household with Dependent Children		One Person Household		All Other Household Groups	Total
		Male Applicant	Female Applicant	Male Applicant	Female Applicant		
Apr – Jun	44	6	92	21	27	4	194
Jul - Sept	43	6	100	22	16	4	191
Oct - Dec	59	6	103	18	19	3	208
Jan - Mar	36	9	98	19	2	7	171
Total	182	27	393	80	64	18	764

Source: P1E form on homelessness

3.2.5 Ethnic origin of priority homeless households

The following charts provide insight into the ethnic origin of accepted homelessness cases.

Fig.9: Statutory homelessness by ethnicity

Statutory Homeless	White	Black	Asian	Mixed	Other	Ethnicity Not Stated	Total
2010-11	133	59	19	2	5	3	221
2011-12	88	86	15	3	3	4	199
2012-13	340	206	38	61	2	17	664
2013-14	402	295	63	78	12	3	853
2014-15	327	276	71	74	12	4	764

Source: P1E form on homelessness

3.3 Resources and Preventing Homelessness

3.3.1 Overview

Barking and Dagenham has striven to support vulnerable residents in housing need and offer homelessness prevention assistance against a very challenging financial backdrop. The borough has increasingly funded invest to save initiatives, rationalised its housing procurement options and utilised external funding streams to reduce rising expenditure on temporary accommodation and ensure reliable advice services.

Housing Choice and personal responsibility

A fundamental first approach is the view that homeless people and those at risk of homelessness should be able to pursue options which allow them to resolve their housing problems. This thinking is captured in the Council's evolving Ambition 2020 programme.

Residents are encouraged to take personal responsibility and to become self-reliant so this strategy supports access to the right kind of information, advice and guidance on their options and the consequences of the choices they make. That includes training, employment, good tenancing skills and financial self-management to avoid homelessness and a review of all available housing choices and opportunities when crisis happens.

Faced with reduced government resources and the impending impact of the second phase of welfare reform, the Council has to target its prevention strategy around carefully managed and finite resources.

Barking and Dagenham remains committed to working with partner agencies and the voluntary sector in strengthening its approach to homelessness. However it will continue to seek to reduce demand on its services by:

- encouraging persons at risk to fully appraise all of their options
- intervening early to create pathways away from homelessness
- support independent living and self-reliance

Early intervention is a central feature of any prevention strategy and targeting our approaches at the primary reasons for accepted homelessness cases suggests there is a growing requirement for mediation, conflict resolution, counselling services, income maximisation and debt reduction services and parenting initiatives

3.3.2 Resources

Housing Options

The Housing Options team play a crucial role in preventing homelessness through the provision of appropriate information and advice on available housing solutions, particularly encouraging self-resolution of peoples housing crises. Housing Options works closely with other housing advice teams including Choice Homes, accommodation services and the strategic delivery team.

Fig.10: Housing Advice Services at John Smith House, Dagenham



The need for housing advice services has also significantly increased over the same period with twenty three members of staff advising clients daily. The following table shows numbers visiting John Smith House seeking assistance:

Fig.11: Footfall to John Smith House 2013/15:

Que-matic reports – Footfall to Housing Advice Services	
Numbers for March 2013	1436
Numbers for March 2014	2269
Numbers for March 2015	2449

Source: Que-matic internal reports, Housing Options Service

Homeless Prevention Grant (HPG)

The Department of Communities and Local Government provides an annual non-ring fenced grant through the Council's baseline and revenue support grant to fund activities related to the prevention of homelessness in Barking and Dagenham.

However, the amount of HPG provided to Barking and Dagenham fell from £600,000 in 2011/12 to £416,280 in 2014/15, representing a 31% reduction in grant.

Discretionary Housing Payments (DHP)

The Department for Work and Pensions supplies an annual grant settlement to support housing benefit recipients whose entitlement does not cover the full costs of their rent. As a result of the recent welfare reform programme the distribution has been mainly targeted at mitigating its adverse impact upon tenants. DHP is now awarded in tranches and recipients are monitored case-by-case and awarded further payment on proof that they are proactively maintaining their rent and seeking training or employment.

Barking and Dagenham was awarded £1,176,392 in 2014/15 and payment has been used to counteract the risk of 1,393 cases of potential homelessness through rent arrears and to assist tenants subjected to income reductions through the Spare Room Subsidy. In 2013/14 the Council received £1,289,696 which assisted 1,369 households.

3.3.3 Prevention Initiatives

The introduction of the Housing (Homeless Persons) Act 1977 required local authorities to advise and assist people at immediate risk of becoming homeless by making reasonable interventions to prevent the loss of existing accommodation. The crux of the Homelessness Act 2002 was the review of prevention policy every five years and the resulting development of prevention-orientated strategies.

Barking and Dagenham has deployed a broad range of preventative interventions to alleviate the risk of homelessness through debt advice, assisting with rent deposits, resolving housing benefit problems, family mediation and preventing house repossessions. These interventions have helped to sustain tenancies and accommodation, minimising the number of households who would otherwise trigger an obligation to be housed under the statutory homelessness route.

Fig.12: Cases prevented from become homeless 2010/15

Homeless prevention	2010/11	2011/12	2012/13	2013/14	2014/15
Total case prevented	516	724	1856	2181	1947

Source: Internal records, Housing Options service

Preventing loss of assured shorthold accommodation

The largest recent cause of homelessness has been the rise in private rented assured shorthold tenancies being terminated under section 21 of the Housing Act 1988. Although the reasons for this are difficult to measure, the Housing Options team currently work to prevent the loss of a tenancy under the following process:

- Check if the Section 21 notice to quit is valid
- Check if the property is licensed
- Explore if there are rent arrears
- Contact the landlord and attempt to negotiate incentives for a new tenancy
- Request a Call Credit 360 report
- If there are no rent arrears make a referral to B&D Lets for affordable housing if customer meets the income threshold
- Give customer a letter outlining their visit and actions taken

Preventing parental/others ejection from accommodation

Another recent major cause of homelessness has been the loss of accommodation due to parental ejection or where other parties are no longer in a position to accommodate the client. In such cases the Housing Options teams will adopt the following process:

- Contact the parent to confirm ejection/collect proof of abode for last six months
- Attempt mediation where appropriate
- Dispel myths regarding ease of access to social rented properties
- Brief Visiting Officer on situation and complete an Excluders Questionnaire

Rent Deposit Scheme (RDS)

The RDS scheme allows for selected homeless households to sign up to a tenancy with a private landlord as a solution to their homelessness. The Council has assisted 903 households since 2008/09 by offering landlords four weeks rent as a deposit and an additional four weeks rent in advance in agreement for a 12 month tenancy and a guarantee that the tenant placed is given 'good tenancy' training.

Fig.13: Number of tenancies created using Rent Deposit Scheme 2013/5

Year	2013/14	2014/15	2015/16
Tenancies	152	107	38

Source: Internal records, Housing Options service

Barking and Dagenham’s participation in the East London Single Homelessness Project also provided a rent deposit scheme for single homeless persons giving 23 individuals access to private sector tenancies between 2012/14.

Court Service Representation

Barking and Dagenham previously funded the role of a court advocacy advisor who attended court to protect vulnerable homeowners subject to possession proceedings from eviction. It successfully prevented almost one hundred possession orders from being granted between 2008/12. The scheme is now administered by the Citizens Advice Bureau in conjunction with Edward Duthie solicitors.

Tenancy Sustainment Measures

Sustaining tenancies is an effective way of preventing homelessness in the first instance and providing tenants with a clear understanding of their rights and responsibilities is key. The Housing Options team helps in numerous ways by:

- providing ‘good tenancy’ training for clients with Rent Deposits
- using a Tenant Relations Officer working through the private sector housing team
- entering schools and explaining housing options in a creative way
- joining landlord services on the Rent Arrears Eviction Panel to work on prevention options

3.3.4 Housing Access and Referral Team (HART)

The Housing Access and Referral Team has been an essential component in preventing homelessness and assisting independent living.

The team provides a gateway service offering advice and short-term support on matters including rent arrears, money management, benefit entitlement and securing suitable accommodation. To deliver this support HART works closely with other council teams and assists vulnerable persons with referral to appropriate agencies where additional support and independent living issues are evident. Where more intensive and longer-term support is required, HART refers the individual to East Living or the Independent Living Agency, the two external agencies contracted to provide housing-related floating support.

Referrals to the HART team are growing with 404 people assessed in 2012/13, 419 in 2013/14 and 454 in 2014/15. The greatest demand continues to come from clients who have the primary vulnerabilities identified as mental health, living in temporary accommodation, physical disabilities or are teen parents. The greatest primary support need has been support because eviction is imminent, support connected with homelessness (meaning the person is in temporary accommodation and needs help to sustain it or is sofa surfing and needs help to secure stable accommodation), general housing options advice and rent arrears.

Fig.14: Primary vulnerabilities and primary needs of clients approaching HART team 2013/15

Primary Vulnerability	2013/14	2014/15	Primary Needs	2013/14	2014/15
Homeless/TA	154	61*	Eviction imminent	25	143
Mental health	93	142	Housing advice	16	90
Physical disability	89	72	Homelessness	29	72
Teen parent	8	60	Rent arrears	84	61
No needs	3	44	Forms/paperwork	37	29
Older person	16	13	Benefits/appeals	59	17
Drugs/alcohol	21	11	Move/MCIL	46	9
Learning disability	19	13	Other service need	17	7
Young person	9	13	Resettlement need	17	4
Domestic violence	3	6	Budget/life skills	56	6
Offenders	2	4	Tenancy support	14	3
Other	2	15	Other	22	12

Source: Internal HART records

**The reduction in the figure for homelessness for 2014/15 compared to the previous year is not an indication of fewer homeless/TA cases but the fact there were more cases with pronounced primary vulnerabilities, in particular mental health*

3.3.5 Employment and Skills support

Employment, education and development of skills are critical to ending the cycle of homelessness and poverty. Residents in employment are less likely to experience debt and social isolation while for households with children, attendance at school and participation in extra-curricular activities are the building blocks for social skills and obtaining technical knowledge to sustain employment in later life. Employment and education break the cycles of worklessness and homelessness.

The Government has taken the view that a key barrier to taking up employment in recent years has been the disincentives posed by low pay and benefit levels. The combination of welfare reform and the Work Programme has tried to address that imbalance.

As of September 2015 all young people are expected to remain in education or training up to the age of 18. Low aspirations have contributed to Barking and Dagenham have the highest percentage of 18-24 year olds claiming Jobseekers Allowance and rising numbers presenting as homeless due to familial eviction. Continued effort to get people into work has become crucial.

Barking and Dagenham's Employability Partnership embeds joint working with the Adult College, Barking and Dagenham College, Jobcentre Plus and the Government's Work Programme to feed through pathways into training, education and employment. Access to higher skills and higher incomes increases the chances of tenancy and home ownership sustainment reducing the risk of homelessness.

The Council's JobShop service provides a range of employment support to borough residents, working in partnerships with other providers. The service is a key referral option for housing officers working with homeless or potentially homeless residents. In the first half of 2015/16 the service assisted over 500 residents into work and apprenticeships. Professional in-work benefit advisors support residents to make informed choices about the benefits of work and can assist with the claiming of in-work support.

3.5 Non-Priority Homeless and Support for Vulnerable People

3.5.1 Overview

An applicant is owed a non-statutory duty if found to be homeless but is either intentionally so or not in priority need. There is only a duty to provide advice and assistance and not the same duty to procure permanent housing. Notwithstanding the lesser duty, local authorities are increasingly encouraged to work with partner organisations towards finding solutions for this wide-ranging group to prevent and relieve periods of homelessness.

Fig 15: Non-priority homeless cases in Barking and Dagenham 2010/15

Year	2010/11	2011/12	2012/13	2013/14	2014/15
Non-priority homeless	491	186	455	837	969

Source: P1E form on homelessness

In circumstances where the main homeless duty is not owed, the Council still works to prevent the risk of homelessness among vulnerable people through integrated services and supported housing options. Supported housing schemes encourage independent living and are tailored to the particular needs of the client group.

The next section of the review looks at particular client groups, who in some cases may be owed a duty but often make up significant numbers of non-priority cases. The review examines current services provided to vulnerable cohorts.

3.5.2 General Youth Homelessness

Youth homelessness numbers presented to the Council are relatively small but have grown from 19 in 2012 to 118 in 2013 and 119 in 2014. The surge has been through a loss of accommodation due to familial breakdown mainly with parents. The Council employ a social worker from the Multi-Agency Safeguarding Hub (MASH) for four days a week to help assess the housing options of vulnerable young people at risk of homelessness. This is particularly pertinent where the Council establishes it has duties to offer services or accommodation to a child in need under section 17 and section 20 of the Children's Act 1989 and has a protocol in place to deliver it.

In previous years shared accommodation support had been offered through the use of houses in multiple occupation (HMOs) or through East Thames using The Foyer in Barking. But more recent procurement of suitable properties has not been successful

and a rationalisation of assets by the Council has seen The Foyer utilised for much wider temporary accommodation.

Due to financial constraints the Council decommissioned The Foyer and a supported housing unit at Bevan House. However the Council has worked in partnership with East Thames and Look Ahead to facilitate a smooth transition supporting residents to relocate with Floating Support where necessary. The Council still maintains accommodation for mothers with babies at Summerfield House.

Reductions in funding have required the council to approach youths in crisis, holistically through integrated channels instead of through specialist officers. Those at risk will generally be identified through Multi-Agency Pathway Panels (MAPP), youth offending panels and the Troubled Families Programme. In half of the boroughs schools Parent Support Advisers have become an integral method of mediation and support mitigating against youth homelessness.

Integrated Youth Services sit on the borough's three MAP panels which serve to identify key workers for young people at risk of poor outcomes, including homelessness. IYS also acts as one of the delivery partners for the Troubled Families Programme, where risk of homelessness is one of the potential indicators. IYS has overall responsibility for the tracking and support of all 16-19 year olds who are Not in Education, Employment or Training (NEET). Through 1-2-1 support provided to these young people IYS are able to identify and address housing need which may be preventing the young person from developing their potential.

Where appropriate the Council has sign-posted customers to mediation services in the case of familial conflict; suggested private rented sector options and YMCA facilities as well as JobCentre Plus support. The borough encourages referrals to:

- counselling services such as those offered by the Listening Zone in Dagenham
- Night Stop which assists 16-25 year olds with the provision of emergency accommodation with local volunteers for one night or up to six weeks

However there is still scope for improving the integration of services to provide a positive gateway for youngsters at risk.

Looked after children and care leavers

Under the Children (Leaving Care) Act 2000, the borough is responsible for the assessment and needs of looked after children aged 16-17 and other leavers of care from the ages of 18-21 (or 25 if still in full-time education). In 2014/15 the Council had responsibility for 65 16-17 year olds and 230 people of 18 years plus. Of this

cohort 20 were children of asylum seekers and 4 had high-level, high-cost disabilities.

The Council has reduced to zero the number of 16-17 year old care leavers housed in temporary accommodation and prioritised assisting clients in the preparation of applying for the Council’s housing register. This is to fulfil their statutory duty to provide reasonable move-on accommodation when they leave care. The accommodation needs of the 16-17 cohorts are administered by specialist providers such as Advanced Care, Crossroads and Silver Birch.

To promote independent living the Leaving Care Team requires mandatory attendance at employment skills workshops, job fairs, education enrolment opportunities and activity with Jobcentre Plus. Attendance in 2014/15 was slightly under 50% suggesting more work is required to foster financial resilience which can sustain tenancies.

Due to high demand for social housing, a significant number of care leavers have been placed in shared accommodation to promote independent living. Procured through the private rented sector, the most suitable accommodation are houses in multiple occupation (HMOs).

Historically there have been 10 offers of social housing made each year with an average leaving care waiting list of 45. Ideally the service moves on clients by the age of 19 through offers of social housing or assured short-hold tenancy in the private rented sector but lack of supply has led to bottlenecks in accommodation. Care leavers over the age of 18 are staying longer in move-on accommodation such as HMOs, reducing available accommodation to the 16-17 cohort coming through the system. In turn accommodation costs are rising unsustainably.

Fig.16: Number of looked after children under Barking and Dagenham’s care 2011/15

Year	No. of Looked after Children
2011	232
2012	232
2013	212
2014	223
2015	222

Source: Internal records, Leaving Care team

Teenage parents

Although Barking and Dagenham still has the highest teen pregnancy rate in London, it has fallen by 26% in the last fifteen years. 154 under-18s conceived in 2014/15 and 59% ended in terminations.

The numbers of teenage parents and expectant mothers subject to the risk of homelessness is therefore relatively small, although the numbers continue to rise. The Family Nurse Partnership, the Baby Intervention and targeted personal advisors offer avenues of mediation and support.

Fig.17: Number of teen parents reported as homeless 2012/15

Year	No. of Homeless Teen Parents	Age of Homeless Teen Parents			
		16	17	18	19
2012/13	26	1	3	11	11
2013/14	32	0	3	21	8
2014/15	37	1	6	13	17

Source: P1E form on homelessness

3.5.3 Lesbian, Gay, Bisexual and Transgender persons

The Council is mindful of incidents of LGBT homelessness becoming more evident when previously it was considered a 'hidden' cause of homelessness and is working to capture more data in this area. The Council wishes to develop referrals for LGBT advice and support, particularly for young LGBT people and those suffering from domestic violence and abuse. There is currently a Public Health funded support programme for LGBT young people, Flipside, delivered by Integrated Youth Services. In addition, on its website the borough currently signposts support to the Albert Kennedy Trust and Stonewall for confidential advice.

3.5.5 People without recourse to public funds

People with no recourse to public funds (NRPF) are deemed to be destitute persons from abroad subject to immigration controls which prevent them from accessing welfare entitlement, certain services and public housing. Categories of NRPF households include:

- Those entering the UK illegally and are unknown to the authorities
- Those entering the UK and overstayed on a student, spousal or visitor visa
- Those with limited leave to remain on condition that cannot claim public funds
- failed asylum seekers

- citizen of the European Economic Area subject to restrictions

The borough has a duty under the law to assist and advice NPRF households in finding pathways out of their destitution and in limited circumstances can offer accommodation and care services or financial support, particularly where children are concerned.

Since 2011 the number of cases have escalated and in October 2015 204 children of NPRF families were subject to section 17 assessments. Although housing services has worked on behalf of Children's Services to reduce the temporary accommodation cost, there is a requirement to home these families during the lengthy assessment process which can average upto six months.

3.5.6 Supported Persons

The Council's Adult Social Care team has been at the forefront of commissioning and procuring housing related services for many of the vulnerable groups generally found to be at risk of single persons homelessness. In 2012/13 the service assisted 4,889 clients and 3,862 in 2013/14. The Care Act 2014 places a duty on local authorities to prevent, reduce and delay needs for care and support.

Persons with learning disabilities

Barking and Dagenham commissioned a two year contract in 2015 for nine units of supported housing for clients with high-level learning disabilities. Through referrals from the Community Learning Disabilities Team tenants are helped to manage their finances to sustain their tenancies and establish long-term independent living until such a time as move-on accommodation can be arranged through nomination rights to council or registered provider housing. The Council's HART team assisted 32 clients with learning disabilities in assessing their housing options.

Mental health

There is a higher risk of vulnerability and homelessness among mental health clients, particularly those suffering with severe and enduring illnesses like dementia or schizophrenia meaning support in tenancy sustainment is a critical intervention.

The North East London NHS Foundation (NELFT) has a mental health team working with housing options to facilitate the discharge planning and accommodation options of clients through its Resource Allocation Management Panel (RAMP). The RAMP in conjunction with housing and commissioning services, reviews the recommendations and package proposed by the client's care co-ordinator which may involve residential care, a supported living scheme or a support in the community package

Protocols are also in place with local hospitals through the Care Programme Approach which co-ordinates the discharge process through King George's and Goodmayes, ensuring clients do not leave while being at risk of homelessness prior to a referral to housing services. The Housing Access and Referral Team dealt with 235 mental health clients between 2013/15 and the numbers continue to rise.

However the need for mental health accommodation for specific cohorts is growing and the lack of 'step-down' properties in social or private rented stock for clients ready for independent living means they cannot be moved on, which creates bottlenecks for other clients. The borough's adult commissioning team and NELFT are undertaking a review of their current approach to mental health commissioning and housing-related provision.

Domestic Violence

1,991 domestic violence crimes were reported to the police in 2013/14 and Barking and Dagenham continues to have the highest domestic violence reported incident rate in London. The 2013 Government definition of domestic violence includes incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members. This can encompass psychological, emotional, physical, sexual abuse. This definition includes 'honour' based violence, female genital mutilation (FGM) and forced marriage.

Reducing domestic violence and abuse is at the centre of the revised draft Domestic and Sexual Violence Strategy which aims to help deliver a coordinated community response model and MARACs (Multi-Agency Risk Assessment Conference) which:

- Increases survivor safety.
- Holds perpetrators accountable for their behaviour.
- Challenges the social tolerance of domestic violence

Despite the fact domestic violence in Barking and Dagenham is high, the number of cases of homelessness caused by it have been gradually falling as demonstrated in the accompanying table:

Fig.18: Number of homeless cases caused by domestic violence 2010/15

DV reason for accepted homelessness	2010/11	2011/12	2012/13	2013/14	2014/15
Violent relationship breakdown with partner	19	23	43	30	27
Violent relationship breakdown with associated person	4	2	12	10	10

One of the key elements of the preventing homelessness through domestic violence and abuse has been Barking and Dagenham's support of a Sanctuary Scheme run through Victim Support's Safer Homes Project and providing high level security improvements at the victim's property to prevent assailants from entering the home, such as change of locks, extra locks on doors and windows, fireproof letterboxes and stronger doors. There were 1,517 referrals from Sanctuary between 2010 and 2014:

Fig.19: Number of persons at risk of homelessness but prevented through Sanctuary scheme 2010/15

	2010/11	2011/12	2012/13	2013/14	2014/15
Homeless cases prevented by Sanctuary	16	136	917	295	153

Source: P1E form on homelessness

Troubled Families

As a result of the civil disturbances across London in August 2011, the Government established a Troubled Families agenda with a focus on turning around the lives of Britain's most troubled families.

Between 2012/15, Troubled Families Phase 1 (TF1) worked with 645 families in the borough, a significant amount of whom had housing issues and the programme was able to reduce the demand on housing advice services. The Council had a 100% success with the cohort of families due to multiagency actions guided by a service level agreement with the Early Intervention team.

In September 2014, the Government announced that 51 high performing local authorities in the current programme, including Barking and Dagenham, would start delivering the expanded programme ahead of national roll-out in April 2015 and it is our task to evidence that we will achieve significant and sustained progress with 492 families over the 5 year period from 2015/2020

The 6 criteria that we have identified as being significant for this borough are

- crime and antisocial behaviour
- poor health
- domestic violence and abuse
- children who need help
- poor school attendance
- unemployment

The scheme has had to evaluate sustained change within families evidenced by reduced demand on reactive services therefore achieving better value for money.

There are links between anti-social behaviour and wider housing issues. Housing organisations play a central role in reducing anti-social behaviour and linking with the housing department benefits all through the de-escalation of eviction proceedings and reduced repair bills.

Prison client and ex-offenders

There is a pressing need to provide advice and accommodation to prisoners, some of whom will suffer from mental health and others from a history of substance misuse. There is also a particular need to steer away young offenders and those with short sentences from the risk of re-offending. The borough uses Multi Agency Public Protection Arrangements (MAPPA) to take into consideration the housing needs of these clients as well as offering floating support via Probation Services and the Youth Offending Team.

Occasionally some council tenant clients will enter prison and housing services will only hold their accommodation for a maximum of three months and in arrears. Resettlement teams try and manage the process but clients with longer sentences will work with their link officer to see what options can be found with housing advice or alternatively with homeless charity St Mungos. Younger clients may be directed to DePaul UK London Night Shelter.

The Council currently commissions the Crime Reduction Initiative (CRI) and Addaction to create pathways away from addiction and offending through via a prison link worker and into housing through tenancy and budget training.

Substance and alcohol misusers

In 2014 there were an estimated 1,079 drugs users in Barking and Dagenham of which only 45% were assumed to be seeking treatment. CRI also tackles substance and alcohol misuse through a referral system for treatment or advice called the Recovery Management Service. With the support of Horizon, a structured day programme is offered to counsel clients. Clearly addictions can be critical causes leading to loss of accommodation and rough sleeping.

Older and physically disabled persons

Historically there have been very low levels of older persons homelessness but demand for elderly adult social care is increasing as the older population is actually declining.

However promoting independence for older people is the corner stone of adult commissioning's strategy for delivery. In Barking and Dagenham there are 31

sheltered housing schemes over 23 sites designed for people aged 55 or over as well as those with physical disabilities.

Eight extra care schemes delivering 268 beds provide additional support to frail households while maintaining their independence.

Fig.20: Extra care schemes operating in Barking and Dagenham 2015

Commissioned Extra Care Schemes	Beds	Council Extra Care Schemes	Beds
Harp House	36	Millicent Preston	33
Fred Tibble Court	31	Ted Hennem	41
Colin Pond Court	31	George Crouch	31
Darcy House	52	Fews Lodge	13

Nursing and residential care places are also provided where sheltered or extra care provision is no longer a viable option. In 2014 the Council had 324 older persons living in independent care homes both inside and outside of the borough plus the availability of 37 care bed at Kallar Lodge which specialises in dementia.

The Council is reviewing its approach to older persons housing need by establishing an older person’s pathway model and is due to be developed by April 2016.

3.5.7 Rough Sleepers

Rough sleepers cover a wide range of ‘roofless’ persons who are either sleeping or bedding down in the open air, buildings or places not designed for habitation. Rough sleepers tend to be in the most vulnerable categories of homeless often becoming roofless due to long-term mental health issues, crime, destitution, substance misuse or addiction. They have more likelihood of contracting communicable diseases such as tuberculosis or HIV and studies suggest that they live thirty years less than the average member of the public.

Housing legislation does not convey a duty upon the local authority to relieve rough sleeping but there is a very strong policy ethos to tackle the problem. The Government’s No Second Night report in 2011 and the creation of the Mayor of London’s Rough Sleeping Group in 2013 has prioritised action in the capital where rough sleeping has been increasing.

Rough sleepers usually have very complex needs and are disengaged from local services and support networks leading to a chaotic lifestyle that exacerbates their

problems. Although some present themselves to night shelters where they can be put on a pathway of referral to social, mental health and employment services, many remain hidden to protect themselves and therefore do not obtain the assistance they desperately require.

In comparison to the rest of London, Barking and Dagenham does not have high levels of rough sleeping but with the sub-region attracting migrants from eastern Europe looking for established communities and links, there has been an anecdotal rise in rough sleepers. Ascertaining a credible baseline for the level of rough sleeping is challenging and local authorities are dependent upon Street Count and CHAIN reporting to gauge the numbers in the borough:

- Street Count – a bi-annual ‘on-the-spot’ survey conducted with partner agencies to evaluate the level of rough sleeping by counting the number of rough sleepers on a given night in the borough
- Combined Homelessness and Information Network (CHAIN) - real time reporting from agencies dealing with rough sleepers collated by St Mungos charity and funded by the Mayor of London

CHAIN monitoring categorises rough sleepers as ‘flow clients’ who have had no previous contact; ‘returner clients’ who have intermittent periods of rough sleeping and use of outreach services and ‘stock clients’ who tend to be regular users of outreach support and likely to be permanent rough sleepers.

The socio-economic data of identified rough sleepers is not broken down by borough but the 2014/15 analysis of ‘outer boroughs’ (which includes Barking and Dagenham) suggested that 50% of rough sleepers were British and central and Eastern Europeans accounted for 29%. In all 79% of all rough sleepers were previously flow clients and had no previous contact with 8% being stock and 13% returners.

The following table shows the estimated number of rough sleepers in Barking and Dagenham compared to our sub-regional partners:

Fig.21: Number of rough sleepers compared to east London sub-region 2011/15

Borough	2011/12	2012/13	2013/14	2014/15
LBBB	17	12	14	27
Havering	7	18	11	25
Redbridge	57	83	83	121
Waltham Forest	46	72	75	118
Hackney	81	103	141	155

Newham	79	124	202	221
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Source: Annual CHAIN reports

There has been anecdotal evidence of rising levels of rough sleeping in the past year and the Council has re-established a new Rough Sleepers Forum to review what has traditionally been a low-level form of homelessness in the borough.

The Forum is currently organising a fresh set of rough sleeping counts and ensuring that arrangements are in place to deal with homeless assessments. The group is establishing clear pathways for those requiring assistance; working up a plan for those ineligible for assistance; developing links with the emergency services; monitoring those not exercising their right to reside under the European treaties; developing services for rough sleepers as part of the Severe Weather Plan and through the Warmer Homes Healthy People run with CVS.

3.5.8 Single homelessness

Local authorities are under no duty to provide temporary accommodation to single homelessness persons who are not in priority need and these are largely represented by single people and childless couples, particularly in the under-35s age group.

Barking and Dagenham are only obliged to provide advice and assistance in accessing alternative accommodation despite the biggest rise in approaches to the Council coming from those deemed homeless but not in priority need. This is a group where prioritisation and funding for homelessness services is dwindling across the capital.

Working with the ELHP through funding from the Department for Communities and Local Government, Barking and Dagenham engaged in the East London Single Homelessness Project providing a rent deposit and tenancy sustainment with 337 single homeless persons who had a connection to the area. Established in 2011 it helped to provide access to 23 private sector tenancies for single homeless persons.

Following the closure of the project, the East London Housing Partnership is bidding for a £300,000 Big Lottery Funding grant to carry on its work for single homeless households to provide advice and tenancy support. It plans to work with the Credit Union which will provide rent deposits guaranteed by the ELHP.

3.6 Temporary Accommodation

3.6.1 Overview of temporary accommodation

Temporary accommodation is an interim solution provided by local authorities to satisfy the statutory duty to house homeless families until such time as that homelessness duty ends. Under the Homelessness (Suitability of Accommodation) (England) Order 2012 the accommodation must be suitable in terms of size, location and the health needs of the client. It must be properly managed, free of hazards and affordable. In particular families should not remain in bed and breakfast for longer than six weeks.

Such households are expected to pay rent and any other ancillary charges which may come with the accommodation. Some households will be eligible for housing benefit which may cover all or some of the costs.

There is no statutory cap on the length of time in which a homeless family may remain in temporary accommodation and the duty is owed until the client either:

- Moves out of their own accord or is no longer eligible for assistance
- Moves into settled accommodation arranged by the council
- Refuses a final offer of suitable settled accommodation
- Is evicted for arrears or anti-social behaviour

For the accounting quarter of March 2015 Barking and Dagenham ranked as seventeenth highest in the number of total households in temporary accommodation with 1,317 dwellings being used. This is still lower than all our sub-regional partners except Havering. The following chart shows the number of statutorily homeless households in temporary accommodation across the capital in comparison to the sub-region and Barking and Dagenham illustrating that the borough remains below the average:

Fig.22: Numbers of statutory homeless in temporary accommodation by national ranking 2012/15

Statutory Homeless in Temporary Accommodation	National Rank	2014/15	2013/14	2012/13
Newham	1	3,302	2,877	2,633
Brent	2	3,161	3,341	3,249
Haringey	3	2,997	2,869	2,832
Croydon	4	2,770	79	71
Enfield	5	2,764	2,226	2,143
Barnet	6	2,758	2,401	2,372

Ealing	7	2,433	1,931	1,106
Westminster	8	2,397	2,283	2,450
Redbridge	9	2,152	2,063	2,113
Hackney	10	2,021	1,755	1,523
Tower Hamlets	11	2,007	1,935	1,845
Waltham Forest	12	1,990	1,469	1,325
Lambeth	13	1,865	1,533	1,276
Kensington & Chelsea	14	1,793	1,754	1,638
Lewisham	15	1,724	1,441	0
Brighton and Hove	16	1,456	1,266	1,064
Barking & Dagenham	17	1,317	1,386	1,188
Hammersmith & Fulham	18	1,197	1,139	1,203
Hounslow	19	1,108	1,087	1,067
Wandsworth	20	1,013	774	590

Source: DCLG Live Tables

The average length of stay in temporary accommodation ultimately depends on the availability and supply of suitable housing and the table below shows the average time spent between being placed in TA and being moved into permanent accommodation as of September 2015. The average waiting time is 20 months.

Fig.23: Average times spent in TA for homeless household in 2015:

Waiting time	No. of cases
1 year	153
2 years	108
3 years	66
4 years	32
5 years	20
6 years	5
7 years	2
Total	386

Source: Internal records, Accommodation team

Although Barking and Dagenham succeeded in meeting the target of reducing use of temporary accommodation by 50% before March 2010, the pressures of welfare reform, housing need and limited affordable housing supply have seen TA figures rise ever since.

Managing the growing demand for temporary accommodation against pressured budgets and in a highly competitive local housing market with spiralling rents has forced the Council to reassess its strategy of using such accommodation.

3.6.2 Supply of temporary accommodation

The Council has recently managed to rationalise some of its assets in the face of rising demand for temporary accommodation. The Council currently manages three hostel facilities, two of which were converted from former care homes for the elderly. A fourth hostel is due to open in February 2016 following the conversion of a former teacher's accommodation unit.

116 flats in The Foyer in Barking have been taken over by the Council and voids are utilised for temporary accommodation as residents are relocated. In addition, the Council makes best use of all properties either decanted or earmarked for regeneration as well as procuring dwellings and rooms through private sector leasing, bed and breakfast arrangements and nightly lets.

The following table presents the various accommodation options and numbers used in Barking and Dagenham in November 2015:

Fig.24: Types of temporary accommodation used in Barking and Dagenham 2015

Temporary Accommodation Type	No. Of Households	Description
Bed and Breakfast (B&B) and nightly let accommodation	77 – B&B 71 – nightly Lets	Last resort and emergency accommodation comprised of self-contained and shared facilities procured on a nightly let cost basis
Hostels	103	The Council owns and manages a mix of contained and non-contained hostels such as Riverside House, Butler Court, Boundary Road and Brockelbank Lodge
Private Sector Licensing (PSL)	891	Self-contained PRS accommodation leased by the Council through private landlords on guaranteed rent levels and managed by landlords/letting agents
GLA Empty Homes Programme units	13	Self-contained vacant PRS dwellings returned to use by GLA grant and managed by the Council on five year leases
Housing Association Leasing Scheme (HALS)	148	Self-contained accommodation leased by the Council from registered providers including Bevan House and The Foyer
Short-life housing	316	Decanted properties on estate renewal projects awaiting demolition

Source: Internal records, Accommodation team

The following table charts the overall rise in TA households and how the local authority has accommodated them. Note that the Council has continued to reduce use of B&B but sought to optimise its own assets for accommodation:

Fig.25: Number of TA households and type of temporary accommodation they are housed in 2010/15

Accommodation Type	2010/11	2011/12	2012/13	2013/14	2014/15
B&B	42	154	180	65	47
Shared nightly lets	10	14	18	6	0
Self-contained nightly lets	0	0	18	107	91
Hostels	21	25	72	104	99
PSL/HALS	620	744	825	915	824
LA stock	0	144	146	189	256
Registered providers	8	0	1	0	0
Other	3	4	0	0	0
Total	704	1085	1260	1386	1317

Source: P1E form on homelessness

3.6.3 Financial and supply pressures on temporary accommodation

The impact of welfare reform has driven up the number of crisis presentations made to housing advice services which has seen households placed in temporary accommodation rise by almost 49% in 2013/14 to 1,386. The figure dipped slightly in 2014/15 to 1,317 but will remain under pressure as the second phase of welfare caps and reductions kicks-in.

With reduced resources the Council is trying to cut the cost of temporary accommodation and find innovative solutions to dealing with demand but within budget. The Council has targeted B&B and nightly let rates for savings because it represents a very expensive form of TA and the problem has been exacerbated in recent years by other local authorities using Barking and Dagenham for preventative placements. To control spiralling nightly let rates and prevent other boroughs outbidding Barking and Dagenham for much sought after local accommodation, the borough has joined with London Councils and sub-regional partners in agreeing the London Inter Borough Accommodation Agreement (IBAA) which includes the introduction of a maximum nightly let rates. The Council has increasingly sought to use its own buildings to manage temporary accommodation, reduce the associated costs and generate rental income. The return of The Foyer to TA, the conversion of buildings for the use as hostels and numerous decant estates awaiting regeneration has generated income for the Housing Revenue Account.

Estate Renewal and Decant Programme

However significant progress on estate renewal regeneration schemes has added additional pressure. The removal of these general needs properties, the need for alternative decant properties and the subsequent loss of short-life dwellings for temporary accommodation has exacerbated the problem of supply.

Estate renewal schemes on Gascoigne East, Gascoigne West and Sebastian Court requires the movement of 274 tenants and the provision of alternative accommodation. In addition 28 households in temporary accommodation need to be rehoused. Further regeneration schemes in Gascoigne, Thames View and Rainham Road South are expected to be completed by 2021 and will also require the movement of 878 tenants. This is to be managed in small programmes, working with housing providers to house some of the decants on new schemes as they progress.

Private Rented TA

The cost of private sector licensing arrangements has also posed significant financial burden in recent years leading to the Council retendering its contract for leased properties in 2014 and approving a new framework of 17 managing agents to source and manage suitable quality properties which offer value for money.

The procurement of Bed and Breakfast accommodation has also for the first time been through a price reduction exercise, which has helped to significantly reduce the nightly costs of placements.

The borough strives to remain resourceful and is testing the feasibility of establishing a local lettings agency. Based on a similar model to Reside, the Council's letting arm to working families on affordable rents, the agency would act as part of the preventative strategy by sourcing (and managing) a new tranche of private sector rented properties for rent deposit and homeless prevention, thereby reducing administrative costs for the local authority.

While the cost of temporary accommodation presents one challenge, the provision of new supply is just as formidable. Landlords are increasingly reluctant to lease or renew tenancies to tenants on capped benefits. With rising house prices landlords are looking at either realising their assets or tapping into the burgeoning and attractive professional rental market with higher rental yields. The Council has sought to address the matter by offering competitive incentives to increase supply whilst adhering to the Local Housing Allowance rate to encourage and maintain PRS supply and avoid nightly lets.

3.6.4 Bed and Breakfast Accommodation

The borough has sought to reduce its reliance on B&B and this is encouraged by the legal requirement not to house families in such accommodation for any longer than six weeks and in the case of 16 and 17 year olds never at all.

Since 2013 the Council has reduced dependency on B&B within borough boundaries but it has become necessary to utilise accommodation in neighbouring boroughs, mainly in Redbridge and Newham. This arrangement is adherent to the IBAA and monitored on a weekly basis.

3.6.5 Sub-Regional Approach to Temporary Accommodation and the IBAA

The London Inter Borough Accommodation Arrangement (IBAA) became operative in April 2014 as a means to govern how all 32 boroughs and the city corporation discharged their homeless duty into TA throughout the capital, outside of their own municipal boundaries.

Information is collected every month from each borough about where placements are made, the number, the type and kind of accommodation procured, all bar placements made by social services.

To mitigate the cost of rising London rents and prevent borough's outbidding each other for precious accommodation resource, the IBAA protocols agreed by housing directors placed a cap on maximum nightly let rates. In Barking and Dagenham this arrangement also allowed for an increase in PSL properties becoming available for local as opposed to pan-London usage.

With east London having some of the cheapest private rents in London, particularly Barking and Dagenham and Waltham Forest, the sub-region has become a net importer of placements from across the capital.

Since 2013 however there has been a significant decline in placements from west London councils like Westminster and Kensington & Chelsea and a surge in temporary accommodation being sought by east sub-regional partners. West London placements have dropped from 51% to 26% while east London has climbed from 49% to 65% - with the largest net contributors being Redbridge, Newham and Waltham Forest. By 92% the majority of the other borough placements into Barking and Dagenham are emergency lets as opposed to a discharge of the homeless duty into settled accommodation.

The table illustrates the annual number of pan-London placements in each sub-regional partner:

Fig.26: Pan-London placements in east London sub-region 2012/14

Borough	2012/13 Placements	2013/14 Placements
Redbridge	772	1119
Hackney	620	814
Newham	586	748
Waltham Forest	544	671
Barking and Dagenham	378	510
Havering	113	153
Tower Hamlets	108	146

Source: IBAA reports

3.7 Housing Supply

3.7.1 Choice Homes and Allocations

Overview

Choice Homes is Barking and Dagenham’s choice-based lettings scheme run by housing advice and open to residents enlisted to the borough’s housing register. Applicants can bid for social, affordable or housing association properties in a borough location of their choice.

The Localism Act 2011 allowed the Council to review and revise its allocations scheme to take into account local considerations of how best it manages a diminishing supply of stock. With new supply being delivered slowly and Right to Buy approvals on the rise, it allowed the borough to amend its allocation scheme to efficiently allocate stock to the highest need households.

Applicants must be over 18 years of age and meet a residency qualification of residing in Barking and Dagenham for at least three years, continue to reside and fall into a reasonable preference category. Exceptions to the qualifying person’s criteria include:

- some victims of domestic violence
- accepted referrals under the MAPP and National Witness Mobility Scheme
- applicants owed a homeless duty under part 7 and that duty is ongoing
- categories of the armed forces and associated family
- applicants whose application would attract additional preference

These reforms have substantially reduced access to the housing register cutting eligible numbers from 14,500 in 2014 to 7,000 in 2015. 6,000 applicants with no identified need have been removed and another 1,400 registrants living outside of the borough have been filtered out effectively allowing supply to be targeted at higher categories of local need.

Fig. 27: Lettings by bedroom size by LBD and registered providers in 2014

Bedroom size	LBD lettings (1,063)	RP lettings (166)	Grand total (1,048)
1-bed	421	27	448
2-bed	414	50	464
3-bed	218	87	305
4-bed	10	1	11
5-bed	0	1	1

Source: Internal records, Choice Homes team

Reasonable Preferences

Tailoring together the personal circumstances of the applicant, bedroom size requirements and the level of housing need, the level of priority will be determined. The borough is under a legal duty to give reasonable preference to following households:

- Homeless persons within the meaning of the Housing Act 1996, as amended
- Homeless persons owed certain duties by any authority until such time the duty ceases
- Persons occupying insanitary, unsatisfactory or overcrowded housing
- Persons who need to move on medical or welfare grounds
- Persons who need to move to an area to give or receive care where failure to meet that need would cause hardship to themselves or to others

The Localism Act 2011 provides local authorities the flexibility to introduce non-statutory reasonable preferences. To reflect a local priority of this borough and to support central governments agenda on worklessness, the Council have introduced a non-statutory reasonable preference if an applicant and / or partner included on the application is in work.

Right to Move

Local authorities must not disqualify social tenants seeking to transfer from another district where it is satisfied that the tenant needs, rather than wishes, to move for work related reasons.

Discharge into the private rented sector

The Localism Act allows local authorities to bring their main homelessness duty to an end by discharging the duty into the private rented sector. The PRS offer must be an assured shorthold tenancy of a minimum of 12 months. If there is a further incidence of homelessness occurring within two years of accepting the offer, there may be an ongoing duty to provide accommodation.

Reside and Affordable Rent housing options

Recognising the need to create a range of solutions to deliver housing options the Council as a landlord and in partnership with other providers and lenders is delivering affordable rent options at 65%-80% of the rental market value.

Reside, a joint purpose vehicle, was created to recognise the need for the provision of affordable housing of working households. It currently offers 477 dwellings across sites such as the William Street Quarter and Thames View East. Abbey Road Phase 2 is set to join the portfolio with an additional 144 homes. Properties are let, managed and maintained by the London Borough of Barking & Dagenham and

offered on longer term assured shorthold tenancies, subject to satisfactory management of an initial 12 month tenancy.

To be eligible the working applicant must have sufficient households income to afford rental payments. The income threshold will vary across developments around the borough as well as the size of the properties available.

Overcrowding, Under Occupation and the Bungalows Scheme

The need to be more efficient with housing stock led to dedicated efforts to reduce overcrowding and under occupation by the Choice Homes team. This has become even more important with the advent of welfare reform. As part of preventing growing homeless numbers, the Council has identified those likely to be impacted and where possible encouraged downsizing to free up larger homes.

The team facilitated 435 moves between 2010 and 2015, 72 of which were under the Seaside and Country Home scheme for those aged 60 or over, thereby freeing up more than 650 bedrooms. 33 households were directly affected by the reduction in the Spare Room Rate in housing benefit.

An additional 37 households were moved to bungalows designed for pensioners with a second phase of thirty four newly built bungalows due for occupation. Households which gave up the largest properties were prioritised.

Additionally the Council has used its Mutual Exchange service to encourage households to move out of under-occupation. 622 households have utilised the service since 2009/14:

Fig.28: Mutual exchanges in Barking and Dagenham 2009/15

Mutual exchanges	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Total dwellings let through mutual exchanges	68	61	107	128	183	75

Source: P1E form on homelessness

3.7.2 Private Rented Sector (PRS):

Not unlike the rest of the capital, Barking and Dagenham’s PRS sector has seen a remarkable surge in the last decade, quadrupling from a base of 4,220 in 2003 to 12,000-14,000 dwellings today representing 17% of total housing stock.

Burgeoning growth and evidence of significant levels of sub-standard rental accommodation flowing into the private lets market required the Council to take action. Our Private Sector Stock Condition Survey in 2010 estimated that 41% of PRS tenants were vulnerable households in receipt of benefit; 15% of dwellings were considered to be fuel poor due to poor thermal comfort and 47% of stock was

deemed to be non-decent with a quarter suffering from disrepair, hazards or inadequate warmth.

The borough values the essential resource PRS properties bring to the local housing market but equally stresses the need for local residents to be assisted in living in safe and well managed homes, especially with substantial numbers being used as emergency and temporary accommodation for homeless households.

To facilitate an improved market in quality accommodation the Council used the Housing Act 2004 to introduce a borough-wide mandatory licensing scheme in September 2014 requiring all landlords operating in the borough to be registered as fit and proper persons eligible to manage stock and letting accommodation which met basic decency. This was paralleled with a growth in landlords registered as accredited to the London Landlords Accreditation Scheme (LLAS), the creation of a proactive Landlords Forum and the conduct of quarterly surveys of letting agents in which to gauge an analysis of trends, prices and problems in the local private rental market.

This corresponds with the Mayor of London's Housing Covenant for Private Renters in 2012 and the adoption of the Mayor's London Rental Standard into the London Landlords Accreditation Scheme in 2013.

In terms of homelessness, the strategy and review have already referenced the contraction in supply caused by a decline in landlords interested in supporting temporary accommodation. It will be important in the next five years for the Council to take a lead role in working with private sector landlords to ensure that a balance is met between the demands of a buoyant private sector market and the duty in relation to homelessness.

Recent surveys of the local letting agents suggest that this will become ever more acute even before the second phase of welfare reform has begun to take effect. The September 2015 surveys showed that average median rent for private sector properties was up to £1,231 per month, an 8% rise since the beginning of the year and the highest the borough has recorded since it started the surveys in 2010 with 64% of letting agents expecting rents to rise again over the next quarter. The length of most tenancies has shifted markedly to over three years with 68% of tenants opting for security of their existing accommodation rather than looking for new premises.

Letting agents also reported an entrenched decline in landlords accepting housing benefit claimants explaining that 92% of recent lets were to in-work tenants clearly pitching to the higher rental bracket. The survey continued to illustrate the existing pattern of lack of supply with 50% of landlords having no void properties on their books and the remaining 50% having four or less awaiting repairs for the next occupation. Ninety two per cent recorded acceleration in demand for rental accommodation.

3.7.3 New Affordable Housing

The borough's Draft Local Plan estimates that Barking and Dagenham has the capacity to provide 35,000 new homes over the next 15 years and has already been set the target to deliver 1,236 properties a year in the Mayor's London Plan. 40% are should be affordable splitting in tenure with 60% at market rent level, 24% at social rent and 16% at intermediate.

2011 Housing Needs Survey identified the need for an additional 1,333 new affordable homes every year, particularly around family-sized accommodation. By 2013 the Council committed to projects which over the next four years aim to have delivered 1,636 new affordable homes of mixed tenure ranging from social, intermediate and affordable rents as well as shared ownership dwellings.

Since 2009/10 the borough has produced 1,036 new affordable homes including the following flagship schemes since 2012:

Fig.29: Council new-build affordable homes schemes 2012/15

Scheme	No. of units	Tenure breakdown
William Street Quarter	201	65%-80% Market Rent
Thames View East	276	50%, 65%-80% market rent
Alex Guy Gardens	26	50% market rent
Luke Alsop Square	12	50% market rent
Abbey Road Phase 1	134	57% and 80% market rent
Goresbrook Village	98	50% market rent
Rainham Road South	29	65% market rent

Barking Riverside has become the Council's most ambitious growth opportunity delivering one of the UK's largest housing developments with planning approval for 10,800 new homes. Further estate renewal is expected to widen housing choice across the following schemes by 2016:

Fig.30: Affordable housing schemes pipeline

Scheme	No. of units	Tenure breakdown
Leys Estate Phase 1	70	50%-65% market rent
Marks Gate Site 1	56	50% market rent
Marks Gate Sites 2-3	28	65% market rent
Bungalow portfolio (assorted sites)	34	50% market rent
North Street	14	Potential shared ownership
Leys Estate Phase 2	69	Shared ownership and 50%-65% rent
Abbey Road Phase 2	144	To be confirmed
Gascoigne Phase 1	421	Mixed for sale, shared ownership and 50%-80% market rents

Up to 14% of the new homes target has been identified for the Barking Town Centre area. As a result the GLA has designated Barking Town Centre as a Housing Zone and awarded £42.3m of funding to assist this. The Council is committed to deliver 1,000 new homes by 2018 and over 4,000 within a 10 year period from this area.

The Draft Local Plan's Options and Issues Paper is currently out for public consultation and seeks to address the number of dwellings built and types of affordable housing the borough should produce in the next fifteen years and this will significantly broaden the offer of housing choice for residents.

5.Homelessness Strategy Objectives 2016/21

The Homeless Review 2015 set out context, identified trends in homelessness and examined the services and interventions employed to prevent homelessness in the first instance and tackle crisis presentations when they occurred.

However planning services for the next five years requires an appreciation of the current and emerging trends:

- Second phase of welfare reform is likely to create greater demand
- Loss of private rented sector accommodation is squeezing available supply
- Parental ejection from the home is on an upward trajectory
- Rough sleeping appears to be on the rise
- Lone parent households in priority need have increased dramatically
- Demand for supported housing options and services is developing

Tackling these problems has to be balanced against diminishing resources and the cultivation of a different ethos to housing crisis resolution. This has to recognise:

- Local authority resources are likely to be squeezed much further
- Prevention initiatives and self-resolution will be critical in managing demand
- Housing advice services will have to be creative and integrated
- That resources and support has to be targeted at the most acute circumstances
- Partnerships with external providers and the voluntary sector needs to become robust
- Innovation in housing supply and choice is essential

Despite the financial constraints, the borough aspires to continually improve its housing advice services and ensure that our approach to homelessness is fit-for-purpose and creates a customer journey that provides appropriate housing solutions.

As part of this process, the Council will be seeking Gold Standard accreditation for its services in 2016, of which this homelessness review and the strategic actions below form the strategy going forward.

The borough seeks to entrench initiatives and approaches which work well in reducing, preventing or attending to homelessness while modernising services, approaches and tackling gaps where more can be done to improve outcomes.

OBJECTIVE ONE: Reducing demand through prevention

Outcomes:

1.1	Homelessness prevented through housing support, advice and initiatives for vulnerable and at risk households
1.2	Encouraging self-resolution of housing crises
1.3	Co-ordinated multiagency interventions to assist households affected by the second phase of welfare reform
1.4	Increased access to employment support for families and young people

1.1 Homelessness prevented through housing support, advice and initiatives for vulnerable and at risk households

- **Maintain Rent Deposit/Rent Advance funding for suitable tenants**

The Rent Deposit Scheme has assisted 758 households since 2008 and allows Barking and Dagenham to act as an introductory agent with landlords offered up to four weeks rent as a deposit and up to four weeks rent in advance in agreement for a year long tenancy. To encourage landlords, a cash incentive for renewing the tenancy or extending it is offered to keep the household in situ for two years or more. The Council intends to maintain the scheme as an active and proven tool of homelessness prevention but will continue to review the scheme in light of market changes.

- **Continue to monitor the court duty representation scheme which assists home owners and tenants at risk of possession**

Barking and Dagenham previously funded the role of a court advocacy advisor who attended court to protect vulnerable homeowners subject to possession proceedings, from eviction. This was transferred to Edward Duthie Solicitors in partnership with the Citizen's Advice Bureau and the Council wish to continue its support for the service and the role it plays in the prevention of homelessness.

- **Marry up support between the voluntary sector and Private Sector Housing services to deliver swifter remedial action and support against illegal evictions and harassment**

The significance of PRS as a housing choice and homeless solution was recognised with the introduction of the Landlords Mandatory Licensing Scheme in 2014. Driving up standards of management and the quality of accommodation is an essential part of ensuring a sustainable supply of private rented accommodation.

However with rising homelessness attributed to the loss of assured shorthold tenancies, the Council's private sector housing services will have to forge a closer relationship with the voluntary sector organisations which are often the first to be contacted for advice on illegal evictions and harassment. Official Council interventions are small, but many clients, threatened with loss of security of tenure and a risk of homelessness, have presented themselves to the Citizens Advice Bureau and its Community Legal Action Centre.

Referrals pathway needs to be developed between the voluntary sector and the local authority, even if the Council has no statutory role to fulfil. It should be made aware of alleged bad practices and can log and investigate landlords as part of its Licensing regime and potentially enforce an Interim Management Order (IMO) upon the property.

- **Agree a RSL eviction protocol setting out how the council and RSLs take every measure to prevent evictions**

The Council is seeking to develop a protocol with fellow housing associations setting out the triggers and measures taken in the first instance to prevent eviction following the second phase of welfare reform. As a key element of homeless prevention the protocol will require our partners to evict only in the last resort and only where the tenant refuses to seek support or advice from the Council, the RSL or a relevant voluntary sector pathway. The protocol will allow those requiring assistance on debt, income maximisation, addiction or other suitable housing pathways to maintain at-risk tenancies.

- **Develop an innovative Homelessness Prevention Fund**

Trusting staff to be innovative and creative in tackling homelessness allows for blue skies thinking and the borough will develop a small homelessness innovation fund to allow front-line staff to prepare business cases for preventative solutions which can be trialled.

- **Increase the ‘Dispelling the Myth’ programme on housing options and lettings**

The Housing Options team will roll-out their ‘Reality Check’ programme across secondary schools, Sumerfield House and The Vineries to encourage youngsters to think of wider housing solutions, debunking the myths surrounding pregnancy and access to social housing, issues around parental exclusion and encouraging self-reliance.

- **‘Early Rent Alert’ scheme in partnership with Children’s Services**

Working with Landlord Services, the Rent Arrears Eviction Panel seeks to prevent homelessness before a crisis presentation becomes imminent however this tends not be the case with some families who end up in arrears but are owed a duty by Children’s Services. It is proposed that those families are identified early by the Rents team as being at risk of serious arrears and are supported and advised on how to avoid losing their accommodation.

- **Development of Homeless Prevention Improvement Plan**

To compliment the overarching themes and strategic objectives of the Homelessness Strategy, the Housing Options team will devise an annual Homeless Prevention Improvement Plan to monitor performance and implement innovative ways to tackle the risk of homelessness.

The team is already revising its approach to dealing with tenants who lose their abode due to the service of section 21 notices and parental ejection; working with charitable providers and liaising more strongly with the private rented market in relation to shared accommodation

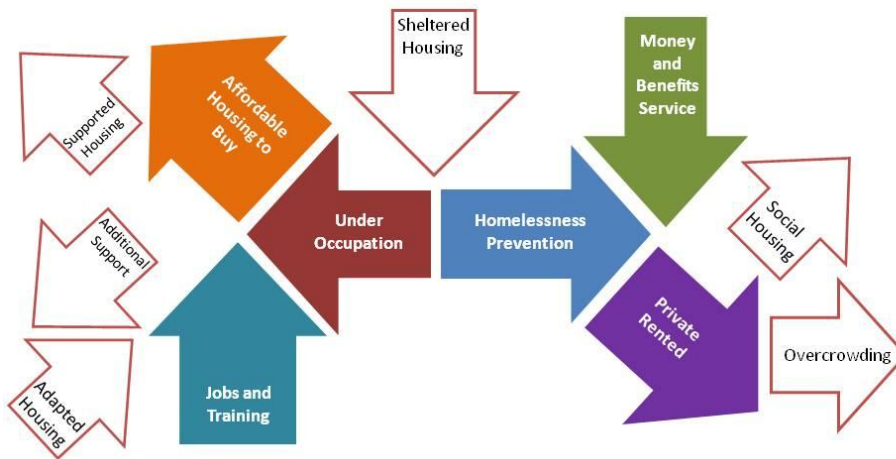
1.2 Encouraging self-resolution of housing crises

- **Delivery of an Enhanced Housing Options tool to allow clients to self-help**

Barking and Dagenham is developing an Enhanced Housing Options tool to create a far more effective and efficient customer gateway for households who may be at risk of homelessness, particularly young persons. Clients will be able to find housing options personalised to their own circumstances without having to wait for an appointment or applying to the Choice Homes scheme.

An online assessment will allow the client to assess the full suite of housing choices available to them including homelessness prevention, affordable housing to buy, private rent, social housing, jobs and training advice and income maximisation support.

Fig.31: Referral routes through the enhanced housing options tool



The tool acts as a first port-of-call which will mitigate against increasing volumes of approaches to John Smith House and makes it clear from the outset that social housing is not the first and only choice

- **Continue to promote the BanD Together Routemaster service**

The borough will continue to support the BanD Together routemaster of services which allows residents to seek their own education, employment and training solutions through the suite of general and specialist providers such as the Richmond Fellowship for mental health clients, Bridges into Work run by East Thames and the Osborne Partnership for residents with learning disabilities

1.3 Co-ordinated multiagency interventions to assist households affected by the second phase of welfare reform

- **Prepare for universal credit and the second phase of welfare reform and identify those most likely to be impacted**

Ensuring housing officers and lettings teams understand the implications of the new system will put them in a stronger position to identify tenants at risk. Under the first phase of welfare reform the Council and its RSL partners identified those most likely to be impacted by welfare reductions and the introduction of Universal Credit. It has already recognised the risk around tenants juggling multiple priorities in their budgets during the impending second phase of welfare reform.

To prevent the risk of homelessness, the Council will continue to prepare staff, landlords and residents for the wider implementation of Universal Credit and further benefit reductions as legislation passes through Parliament.

1.4 Increased access to employment support for families and young people

- **Improve information on skills, learning and jobs and help more residents into sustainable employment**

Ensuring access into the jobs market and sustaining employment helps residents build their financial resilience, well-being and increases the likelihood of keeping up with rental and mortgage payments. The borough's Employability Partnership is the forum for joint planning between the Council and educational providers like the Adult College and Barking and Dagenham College and advisors such as Jobcentre Plus to provide training offers and clear pathways to employment and career progression. Tackling youth unemployment, long-term unemployment and enhancing support for claimants of income support or disability benefits are key areas of joint activity.

The borough also intends to maintain a network of employment support and job brokerage based on JobShop actively supporting tenants and residents including those in receipt of Discretionary Housing Payments who continue to assist and develop themselves. The employment and skills team is actively working with a wide range of local and sub-regional partners to secure European Social Fund monies to enhance local support for key priority groups.

OBJECTIVE TWO: Enabling pathways away from homelessness

Outcomes:

2.1 Re-established Homelessness Forum

2.2 A successful partnership with external providers and the voluntary sector providing financial resilience, mediation and support for those suffering from homelessness

2.3 Greater tenancy sustainment across all tenures

2.4 More effective identification of hidden homelessness, in particular rough sleepers and LGBT persons

2.5 Utilised sub-regional partnerships such as the ELHP to tackle vulnerable single persons homelessness

2.1 Re-established Homelessness Forum

- **Re-establish the Homelessness Forum facilitated by the Council but run independently**

The Homelessness Forum, comprised of statutory, voluntary and health partners, was previously the essential body which oversaw the implementation of the Homelessness Strategy and explored key areas for work and development. Originally established in 2004, it faltered through lack of resources and no consistent guidance.

The Council will identify key voluntary sector partners who are willing to independently chair the Forum and give it the external scrutiny and the leadership it requires. The Forum will meet in early 2016 and is seen as a key driver for the borough's commitment to continuous improvement of the homelessness service and in obtaining and retaining its anticipated Gold Standard accreditation.

2.2 A successful partnership with external providers and the voluntary sector providing financial resilience, mediation and support for those suffering homelessness

- **Develop clear voluntary sector referral pathways for vulnerable clients identified as at risk**

A key purpose of the Homelessness Forum will be the creation of a much stronger bond between the council's services and the voluntary sector which often cater for those who are most at risk of homelessness or rough sleeping. Organisations like the Citizens Advice Bureau, the CVS, Hope 4 Barking and Dagenham and Oasis night shelter projects, the Independent Living Agency, the Credit Union and DADB to name but a few provide essential advice and immediate support for vulnerable clients. Running many of the borough's social support programmes such Warmer Homes Healthy People, the voluntary sector has first contact when dispensing warm packs, income and debt support, private rented tenancy advice and night shelters.

However there is a need for a co-ordinated referral network where third sector partners can reliably forward individuals or households deemed as vulnerable and at risk to the appropriate teams and services available in the Council. There is evidence that in some cases this is beginning to happen but services need to be universally mapped and referral routes need to be developed and agreed to ensure appropriate systems are in place to assist those with complex needs at risk of homelessness.

- **Develop RSL partnerships to deliver cost effective supported accommodation**

Housing associations remain a key stakeholder in the borough's strategic delivery of housing including the provision of supported accommodation and associated services. During 2016, adult social care commissioning are to review existing arrangements in the provision of housing support for mental health, extra care, learning disabilities and young people. This review may have clear implications for homeless prevention.

The reviews are to take into consideration the Council's commitment to enabling social responsibility and independent living. Examining the role of providers, floating support packages and move-on arrangements the Council is looking for cost effective supported accommodation which emphasises the importance of personalisation of budgets where relevant.

As a result the Council is to:

- Review sheltered accommodation and extra care
- Develop a paper of housing options for persons with learning disabilities
- Examine floating support provided to younger persons
- Investigate innovative housing solutions for mental health clients including modular build and shared accommodation

2.3 Greater tenancy sustainment across all tenures

- **Ingrain ‘good tenancy’ practices for social tenants, rent deposit clients and PRS tenants to help clients manage their finances and sustain their tenancies**

Understanding a tenancy and how to manage it during times of financial difficulty or personal hardship is often the critical element of sustaining a tenancy and ultimately preventing homelessness. The Council has developed a ‘how to be a good tenant’ mandatory training session for those it offers a rent deposit or rent in advance too. This ensures that a landlord receives tenants who are fully appraised of their rights and responsibilities and are equipped to manage tenancy problems should they ever arise.

The borough will explore the development of a tenant training package, possibly with the voluntary sector to support landlords who house PRS tenants and TA tenants on behalf of the Council for guidance about their responsibilities. If the pilots work, the scheme could be opened up to council and housing association tenants deemed suitable for guidance.

- **Draft tenancy guides produced for the private rented sector**

Barking and Dagenham is working in partnership with a leading building society to market a new tenants guide specifically to encourage good tenancy sustainment and easy access to advice for those seeking private rented accommodation for the first time. The borough will specifically use this guide to encourage wider housing solutions for those who have traditionally just preferred social housing as the only available option.

2.4 More effective identification of hidden homelessness, in particular rough sleepers and LGBT persons

- **Early identification of the risk to Lesbian, Gay, Bisexual and Transgender (LGBT) persons at risk of becoming homeless**

Growing anecdotal evidence suggests that there is rising homelessness linked to lesbian, gay, bisexual and transgender discrimination. This is particularly pertinent to young people and also in some BME communities. At risk are those where families have rejected or found it hard to come to terms with the gender identification or sexual orientation of the individual.

This is a new area of identification for the Council which will work with the voluntary sector and approach registered providers and appropriate charities to examine how best to identify this vulnerable group in the first instance. This will allow the borough to explore the commissioning implications of providing support which could take the pressure off housing and social services.

- **Minimise rough sleeping through partnership interventions to ensure No Second Night Out (NSNO) for single homeless people**

In light of the anecdotal evidence of increasing rough sleepers in Barking and Dagenham the borough is to review its approach to tackling the problem and how it interacts with partners delivering refuge and support at the sharp end. Rough sleeper identification is a key issue to be addressed, providing for a robust process of referral where move-on can be encouraged and support for complex needs administered.

The borough will use the new Homelessness Forum to prioritise the ad hoc work of the rough sleepers group and conduct a fresh analysis of rough sleeping in the borough inclusive of the work provided by Thames Reach, No Second Night Out, London Street Rescue, Independent Living Agency, the Salvation Army, Hope 4 Barking and Dagenham night shelters and the dedicated police team. A new street count will be authorised in late 2015 and future work will include specific emphasis upon mental health, LGBT issues and international reconnection. The Council will evaluate the multi-agency outcomes of the Operation Alabama approach used in neighbouring boroughs in partnership with Thames Reach, the police and UK Border to assess what learning Barking and Dagenham can employ.

2.5 Utilised external partnerships to support vulnerable single persons who are homeless

- **Support the East London Housing Partnership bid for single homeless project**

Resources for single homelessness across the capital have been diminishing for some time and with growing numbers making approaches to housing advice services, initiatives by partner organisations to provide assistance must be encouraged.

Barking and Dagenham will continue to support East London Housing Partnership bids for external resource and in particular its bid for Big Lottery Funding for a new single homelessness project.

- **Debt management and mentoring project for single homeless persons**

LESS crisis funding ceased this year but part of the remaining budget has been approved for a pilot debt management and monitoring project run by CAB to help single homeless young persons cope with crisis and create a pathway to independent living throughout 2016.

OBJECTIVE THREE: Create Integrated Services at First Contact

Outcomes:

3.1	Gold Standard accreditation for Housing Options
3.2	Co-ordinated 'single pathways' protocols, procedures and mapping between housing, adult commissioning, children's services and health services
3.3	Development of one-stop shop approach to housing services such as Housing+ model
3.4	Joint commissioning of services to provide seamless housing options to all clients

3.1 Gold Standard accreditation for housing options services

- **Aim for Gold Standard accreditation for housing options services**

To achieve the continuous improvement of our housing advice function, we are committed to developing a Gold Standard Housing Options service recognised by the National Practitioner Support Service (NPSS). The borough needs to meet ten local challenge targets which thread multiagency actions to tackle homelessness, support vulnerable households, work with the private sector, engage with the voluntary sector and provide pathways out of homelessness for all client groups affected. The service is seeking to benchmarking its provision using the Gold Standard self-assessment toolkit in January 2016.

- **Review housing advice structure and prevention services to improve customer journey and ensure fit for purpose**

To ensure that the housing advice service is responsive to the ever changing market, remains fit for purpose and seeks to continually improve the customer journey, the Council is reviewing its current structure through the Housing Transformation Programme with recommendations for reform to be made in early 2016.

- **Consider more invest-to-save bids to improve the service**

An invest-to-save bid in 2014 allowed for the recruitment of staff to collect rent arrears from residents in temporary accommodation. The adoption of a robust collection procedure through visits and utilising technology to receive payment online and by telephone significantly reduce the 50% arrears rate of those in temporary accommodation. The Council will explore further invest-to-save initiatives to deliver quality services and create savings for the General Fund.

3.2 Co-ordinated ‘single pathways’ protocols, procedures and mapping between housing, adult commissioning, children’s services and health services

- **Review all protocols and procedures between NELFT, mental health, adult commissioning, children’s services and housing options to create a seamless integrated process for clients**

Across the board of adult and children social care services, protocols were agreed to provide effective referral routes and quotas of social housing for adults, families and young people assessed as priority need or at risk but who could be supported to live independently free of specialised support – including those suffering from chronic mental illness, severe learning disabilities and persons recovering from long-term substance misuse.

Elements of these protocols need to be reviewed and refreshed to reflect their effectiveness in delivering outcomes as part of wider strategy looking at housing-related services for vulnerable and supported households.

- **Mandatory attendance at a bi-annual conference between children’s, adults and housing staff to explore processes, cases and legal changes to provide consistent service**

The complexity and ever changing nature of social care legislation has occasionally led to a disconnect between commissioning services and housing, with the unintended consequence of leaving vulnerable clients in inappropriate housing situations at great cost to the Council.

There is a service wide agreement that mandatory bi-annual conferences should be held between mental health, adult social care, children’s services and housing staff to prepare, brief and engage frontline workers in policy and

legislative changes which may impact upon their personal delivery of seamless services to clients.

- **Consider appointing a referral officer who understands all of the social services links, assessments and legislation to ensure seamless approach to complex cases**

A key disconnect in present service delivery exists between housing and social care services when it comes to who is owed a duty, when, by whom and under which legislation. Housing support is a duty owed under different circumstances by different services under disparate laws ranging from the Housing Act 1996 as amended, the Children's (Leaving Care) Act 2000, the Children's Act 1989, the Mental Health Act 1983, Care Act 2014 and the National assistance Act 1948.

There is currently not a seamless service between housing and children's services in particular despite multi-agency engagement through the MAF assessment panels. Greater understanding of the assessment and referral processes between housing and social services would drastically reduce overspend on accommodation budgets used for TA if the approach could be co-ordinated.

The Council will look to resource a link officer versed in the social services links, assessments and legislation to ensure seamless approach to complex cases.

- **Reinstate homeless access to primary care health**

Until the reorganisation of the primary care model into the Clinical Commissioning Group, the borough had a concordat which provided a referral route for homeless people to appropriate health services and registration with GP surgeries. This arrangement ceased following the reorganisation of primary health care in 2010.

The Council will seek to re-establish this referral pathway with the Clinical Commissioning Group.

- **Further client panels mapping and consider the establishment of single assessment/referral panel to deal with high risk, complex needs clients in one meeting**

A desk-top mapping exercise has identified nine different operational and client panels where there is likely duplication in assessing the needs of the

same high-risk clients and offenders in isolation from other sub-groups. The borough will explore whether a comprehensive single assessment panel which considers the full range of issues concerning the individual can be developed, leading to an efficient and seamless service delivery for the client.

3.3 Development of one-stop shop approach to housing services such as the Housing+ model

- **Roll-out a pilot of HousingPlus approach to one-stop shop housing support and advice**

The potential role of HousingPlus in delivering rudimentary advice and lower level prevention work could be a critical development in tackling the risk of homelessness and sustaining tenancies.

The model is being developed as part of the Housing Transformation Programme to ensure frontline housing staff are in the position to advise on basic employment, public health and life skill issues to encourage residents to resolve problems early and by themselves as opposed to relying on further Council services. Where circumstances are acute HousingPlus officers would be equipped with making appropriate referrals to specialists, local networks and support.

- **Utilise the new OnSide Youth Zone and Integrated Youth Services to provide housing options advice**

The approval of a £6million state-of-the-art Youth Zone at Parsloes Park will offer more than 20 activities on offer every session for young people aged 8 to 19, or up to 25 for those with a disability. The aim of the Youth Zone is to raise the aspirations, enhance prospects and improve the health and wellbeing for young people in Barking and Dagenham, by providing affordable access to a wide range of programmes, services and activities including sports, arts, music, employability and mentoring. Integrated Youth Services already run a variety of activities through its three youth centres at The Vibe, Gascoigne and Sue Bramley, as well as 'pop-up' provision in areas of high need, such as Marks Gate. This creates an opportunity for housing advice and youth services to provide outreach support on parental ejection, rough sleeping and housing options and choice.

3.4 Joint commissioning of services to provide seamless housing options to all clients

- **Joint commissioning strategy for accommodation for people with supported needs**

The Council has already identified the need for a more integrated and seamless provision of housing-related support and plans to address the gaps with a set of accommodation reviews around mental health, older persons and learning disabilities in particular. A joint commissioning approach will be unveiled in 2016.

- **Create an Older Persons Housing Pathway**

The Council is currently experiencing high demand for sheltered housing with over five hundred people on the waiting list, with minimal voids and no hard to let stock. The sheltered schemes and what they offer vary greatly and this needs to be considered in light of the borough's need to create an effective and reappraised older persons housing pathway.

The Council is to commission some analysis in 2016 on how the older people's housing pathway currently works, particularly the interface between sheltered housing, extra care housing, residential care and nursing care. This analysis will consider how individuals move between different types of accommodation and whether the current system is achieving the goal of ensuring that older people can live independently and in the community for as long as possible.

- **Maximise nomination rights on housing association properties**

The Housing Advice team is dependent upon housing associations in alerting them of properties which are due for nomination by the Council, especially when they become vacant for relet. However there is no robust protocol in place or monitoring to ensure this happens effectively.

The Council is to review all previous nomination agreements and schemes to ensure that obligations are being fulfilled and that the Council receives its correct share of properties.

- **Lobby for reform of IBAA data collection to obtain data on social care placements and more information on placements in TA**

The implementation of the IBAA has allowed Barking and Dagenham to monitor the numbers and levels of placements in the locality by other boroughs however it does not currently indicate the costs that those placements can bring to wider services. For strategic planning purposes it would be useful for the host borough:

- to know more details about the placements and their needs
- the number of social care placements made which are not currently covered by the agreement

Barking and Dagenham will lobby London Councils and sub-regional neighbours in the East London Housing Partnership to make this information an integral part of the quarterly reporting.

- **Continue to work with the Landlords & Letting Agents Forum**

Continue to develop the trust and co-operation of landlords and letting agents in the borough which has been critical for the Council's introduction of mandatory licensing and overseeing the implementation of welfare reform and energy efficiency measures in the PRS.

The Council will continue to facilitate the Landlord & Letting Agents Forum as a bilateral platform for consultation and engagement over policy and operational issues. This will be complimented by working with local letting agencies in the production of quarterly surveys which act as a temperature check on rent levels, fees, level of supply and emerging trends in the PRS market.

OBJECTIVE FOUR: Provide appropriate accommodation options

Outcomes:	
4.1	Creation of new affordable housing supply
4.2	Maximised use of own assets for temporary accommodation
4.3	Reconfigured portfolio of hostel accommodation
4.4	Professional private sector housing solutions including the potential for a local lettings agency
4.5	Increased housing choice for supported people
4.6	Reviewed accommodation needs of gypsy and traveller communities

4.1	Creation of new affordable housing supply
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- **Aim to create 1,236 new homes per year to increase housing supply**

With Barking and Dagenham promoted as east London's growth opportunity, the Council is committed to housing regeneration, estate renewal and new supply to meet the population and housing challenges of the next fifteen years. The Borough has an existing requirement to provide 1,236 new homes under the Mayor's London Plan but the draft Local Plan for the area discusses the potential to deliver 2,333 and will map out its supply over the next fifteen years through a new Housing Implementation Strategy.

- **Develop new affordable housing options on key development sites through the Local Plan**

The draft Local Plan examines the challenges in delivering new supply on major sites and questions the viability of providing 40% affordable homes on each as required by the Mayor's London Plan. As part of the options appraisal the draft Local Plan is consulting on the provision of either 25% or 30% of affordable homes on key sites as better target of delivery than the London Plan offers.

The draft Local Plan targets would provide between 583-700 affordable units a year with 233-280 being shared ownership, sub-market rent or low cost homes for sale and 350-420 delivering social rents.

- **Work with Haig Housing on affordable housing options for ex-forces personnel**

Barking and Dagenham has pledged to assist the armed forces and their families adapt to a return to normal life following service in the field. The Council signed an Armed Forces Community Covenant in 2012 and prioritised those who had been in service under the new Allocations Policy in 2014.

The Council is now exploring how it can assist the strategic partner of the Help for Heroes campaign, ex-services charity Haig Housing, in delivering new supply of general needs rental accommodation in east London for returning servicemen at risk of homelessness.

4.2 Maximised use of own assets for temporary accommodation

- **Centralise accommodation decision-making at one point of control**

Services with clients at risk of homelessness have suffered from a significant budget squeeze and in some cases overspends due to the lack of a centrally agreed accommodation procurement strategy which would have allowed the Council as one to identify, procure and provide appropriate housing. To be cost effective, avoid duplication and streamline the provision of temporary housing solutions the Council will explore the set-up of a single point of procurement for all temporary accommodation for housing, children’s services and teams dealing with NRPF clients.

- **Maximise use of own assets for alternative temporary accommodation and continue to reduce our reliance on PRS**

The borough will continue to audit its property portfolio to utilise suitable buildings for housing and temporary accommodation purposes. This could include turning vacant and redundant commercial and non-domestic assets into dwellings, utilising decommissioned premises or using regeneration schemes as short-life temporary accommodation

- **Explore the use of modular build for temporary accommodation**

Barking and Dagenham is to explore the feasibility of modular build low-cost temporary social housing, for homeless residents or other residents in urgent need, developed as an alternative to poor quality B&B and hostel accommodation. Modular build can be delivered and assembled at a low cost and much faster than traditional

new build structures and are designed to be placed on unused council land for upto 10 years.

It could be used to plug the gap between the current housing shortage and other, permanent building schemes which are in the pipeline.

4.3 Reconfigured portfolio of hostel accommodation

- **Review the use of hostel facilities to match them to appropriate client-based accommodation with floating hostel support staff**

Housing advice services are to review the provision of hostel support following an assessment of vulnerable placements and high risk clients with complex needs to tailor accommodation appropriately to specific cohorts.

The Council is reviewing the opportunity to utilise the smallest hostel site with a view to working in partnership with various agencies to assist those customers with high and complex needs requiring supported interventions.

- **Review of Boundary Road hostel**

As part of its reconfiguration of hostel services, the borough will test the feasibility of using the Boundary Road hostel for high-risk, complex needs clients.

4.4 Professional private sector housing solutions including the potential for a local lettings agency

- **Review Article 4 direction restricting Houses in Multiple Occupation (HMOs)**

The borough introduced an Article 4 Direction in 2011 withdrawing permitted development rights to convert family-sized accommodation into Houses in Multiple Occupation. HMOs are only permitted where:

- The number of houses that have been converted to flats or HMOs in any road does not exceed 10% of the total number of houses in the road
- No two adjacent properties apart from dwellings that are separated by a road should be converted.

However with the growth of the PRS sector, the private sector housing team have identified noticeable levels of HMOs being registered for a license which do not comply with the Article 4 criteria and are potentially prevented from letting. This problem needs to be viewed in the context of fresh demand for HMO and shared facility housing for young persons, care leavers and mental health

clients to assist in the Council's duties to provide reasonable move-on accommodation.

With this housing pressure in mind the Council will review the current effectiveness of the Article 4 Direction.

- **Use of Interim Management Orders (IMOs) to improve poor quality PRS**

As part of the mandatory licensing regime of the private rented sector, the Council will begin to issue Interim Management Orders (IMOs) to take control of the most problematic properties and HMOs and acts as temporary landlord for up to a year. The Council can remedy hazards and defects and implement a management scheme. This returns vacant dwellings back to use either as fresh housing supply or suitable managed lets which could encourage landlords to engage with the Council in future provision.

- **Encourage growth of professional private rented accommodation**

The Reside model has already used institutional investment to provide social rented stock and already the mandatory licensing regime in Barking and Dagenham is driving up accommodation standards while taking action against disreputable landlords. However there is a threat from landlords who wish to disinvest and it is important that institutional private rented investment (IPRI) is encouraged to add a dependable supply to PRS.

The London Plan suggests that 12% of all stock in Barking and Dagenham should be institutional private rent and the Draft Local Plan looks at developing these targets further

- **Develop a local lettings agency to reduce procurement costs of PRS and offer a management and repairs service to encourage landlords to provide suitable private lets**

The success of the Reside model in producing affordable accommodation to working families for 80% market rent has prompted the council to test the feasibility of establishing a local lettings agency. The aim is for it to procure PRS properties which could be managed by the Council and used to supply housing for households need or to discharge the homelessness duty.

The lettings market is highly competitive and PRS properties are becoming harder to procure. The Council is keen to explore ways to secure a steady stream of affordable accommodation to support its own housing needs. A feasibility study is to be completed by the end of 2015 evaluating the business case and providing insight into the viability of such a model in the current local market.

- **Utilise GLA Empty Homes funding to bring trickle supply on five year leases**

The borough has a commendable record in returning long-term private sector empty properties back into use, reducing the number from 750 in 2010 to 199 in 2015 – the lowest recorded number. The Empty Property Unit has used a mix of advice, incentive, encouragement and enforcement to persuade owners to return their vacant dwellings to occupation instead of being wasted assets causing neighbourhood blight.

One particular strand of the strategy has been to utilise empty homes grant from the Greater London Authority and encourage owners to repair their properties and rent the accommodation on a five year lease to the Council's temporary accommodation unit. Between 2012 and 2015, 43 dwellings were returned to use in this fashion using £523,000 of grant funding through the Mayor of London's Affordable Housing Programme. The borough is aiming to make a fresh bid for funding to bring upto ten more units back into use.

4.5 Increased housing choice for supported people

- **Develop a KeyRing scheme**

The council is exploring the KeyRing living support network model for clients who have learning disabilities. The aim of the model is to create a viable local network allowing persons with learning disabilities who live in close proximity to encourage and support each other and assist in sustaining their tenancies and independent living.

There are more than 100 networks across the UK supporting nearly 1,000 vulnerable adults and it has proven to be resourceful for clients moving onto personal budgets.

- **Explore Street Purchasing scheme for supported needs accommodation**

Street purchases can be a cost-effective way of obtaining accommodation which can be utilised for general needs or supported housing. The Council is evaluating a proposal to use a portion of the Housing Revenue Account to administer a small purchase programme of cheaper properties which could be utilised for the supported needs of single households or in some instances shared accommodation.

4.6 Reviewed accommodation needs of gypsy and traveller communities

- **Explore potential sites for future traveller pitches**

The Local Plan 2010/15 and the Housing Strategy 2012/17 committed the Council to safeguarding the existing Chase gypsy site and for permitting new sites subject to rigorous site-specific planning policy conditions. Need for traveller and gypsy pitches in the borough is exceptionally low and previous studies suggested the long-term need for between 2-9 extra pitches. As part of the Draft Local Plan the Council will monitor need and consider further provision where appropriate sites arise.

5.Consultation Schedule

To ensure that we have the broadest and widest consultation with service users, the public and external stakeholders the Council is inviting comment and responses to the review and preventative strategy between 16 November and 16 December 2015. The draft homelessness strategy will be accessible on our website at the following address: with a final revised document expected to be approved by the Council's Cabinet in January 2016.

Draft Schedule of Internal Consultation

Board/Consultation Action	Date
Draft consultation with Housing Advice	27 October 2015
Housing DMT	06 November 2015
Draft consultation with internal services	09 November-13 November 2015
Draft consultation with Cllr Ashraf	13 November 2015
Public consultation	16 November-16 December 2015
Papers/draft prepared for all boards	27 November 2015
Adult Care Services DMT	03 December 2015
Community Safety Partnership	07 December 2015
Members Policy Forum	07 December 2015
Health & Wellbeing Board	08 December 2015
Children's Services DMT	10 December 2015
Corporate Strategy Group	17 December 2015
Corporate Performance Group	24 December 2015
Papers prepared for Cabinet	06 January 2016
Cabinet	19 January 2016

Draft Schedule of External Consultation

Board/Consultation Action	Date
Draft consultation with the public	16 November-16 December 2015
<ul style="list-style-type: none"> • Social media 	16 November
<ul style="list-style-type: none"> • E-newsletter 	27 November
Draft publication to voluntary sector groups	16 November 2015
Draft publication to registered providers	16 November 2015
Draft publication to CCG/NHS groups	16 November 2015
Draft publication to Landlords Forum	01 December 2015

6.Homelessness Strategy Action Plan 2016/23

OBJECTIVE 1: Reducing demand through prevention

Outcome 1.1: Homelessness prevented through housing support, advice and initiatives for vulnerable/at risk household

	Strategic Action	Lead	Resource (to be completed)	Timescale (to complete)	Target (to complete)
1	Maintain rent deposit/advance scheme	Housing Advice			
2	Monitor court representation scheme	Housing Advice			
3	Voluntary sector/PSH referral route against illegal evictions/harassment	Private Sector Housing			
4	Agree RSL eviction protocol	Housing Advice			
5	Develop an Homeless Prevention Fund	Housing Advice			
6	Continue 'dispelling the myth' programme	Housing Advice			
7	Early rent alert scheme with children's services	Housing Advice			
8	Homeless Prevention Improvement Plan	Housing Advice			

Outcome 1.2: Encouraging self-resolution of housing crises

	Strategic Action	Lead	Resource	Timescale	Target
1	Delivery of enhanced housing options tool	Housing Advice			
2	Continue to promote BanD Together routemaster service	Housing Advice			

Outcome 1.3: Co-ordinated multiagency interventions to assist households affected by welfare reform

	Strategic Action	Lead	Resource	Timescale	Target
1	Prepare for universal credit, second phase of welfare reform and identify those impacted	Housing Advice/Elevate			

Outcome 1.4: Increased access to employment support for families and young people

	Strategic Action	Lead	Resource	Timescale	Target
1	Improved information on skills, learning and jobs	Employability Partnership			

OBJECTIVE 2: Enabling pathways away from homelessness

Outcome 2.1: Re-established Homelessness Forum

	Strategic Action	Lead	Resource	Timescale	Target
1	Re-established independently run Homelessness Forum	Housing Strategy			

Outcome 2.2: Successful partnership with voluntary sector and external providers supporting those suffering homelessness

1	Develop voluntary sector referral pathways	Housing Advice			
2	Develop RSL partnerships for cost effective supported accommodation	Housing Strategy			

Outcome 2.3: Greater tenancy sustainment across all tenures

1	Ingrain good tenancy practices for all tenants	Housing Advice			
2	Draft tenancy guides for PRS	Housing Advice			

Outcome 2.4: More effective identification of hidden homelessness, in particular rough sleepers and LGBT persons

1	Early identification of LGBT homelessness risk	Housing Advice			
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2	Minimise rough sleeping through partnerships interventions to ensure NSNO	Housing Advice			
Outcome 2.4: Utilised external partnerships to support vulnerable single persons who are homeless					
1	Support ELHP bid for single homelessness project	Housing Strategy/ELHP			
2	Debt management project for single homelessness	Adult Commissioning (AC)			

OBJECTIVE 3: Create integrated services at first contact

Outcome 3.1: Gold Standard accreditation for housing options service

	Strategic Action	Lead	Resource	Timescale	Target
1	Aim for Gold Standard accreditation for housing options	Housing Advice			
2	Review housing advice structure and prevention services to ensure fit for purpose	Housing Advice			
3	Consider further invest-to-save bids	Housing Advice			

Outcome 3.2: Co-ordinated 'single pathways' protocols, processes and mapping between services

1	Review all processes/protocols between housing, health, adult/children's services	Housing Advice			
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2	Mandatory staff attendance at bi-annual conference on single pathways policy	Housing Advice			
3	Consider appointment of referral link officer for all complex need cases	Housing Advice			
4	Reinstate homeless access to primary health care	Housing Advice			
5	Further client panels mapping and consider a single assessment panel for high risk clients	Housing Advice			
Outcome 3.3: Development of one-stop shop approach to housing services such as HousingPlus model					
1	Roll-out a pilot of HousingPlus approach to one-stop shop housing support and advice	Landlord Services			
2	Utilise the Onside Youth Zone and Integrated Youth Services	Integrated Youth Services			
Outcome 3.4: Joint commissioning of services to provide seamless housing options to all clients					
1	Joint commissioning strategy for supported people accommodation options	Housing Strategy/AC			
2	Create an Older Persons Housing Pathway	Housing Strategy/AC			
3	Maximise nomination rights on housing association properties	Housing Strategy			
4	Lobby for reform of IBAA data collection to obtain data on social care placements	ELHP			
5	Continue to work with the landlords and letting agents forum	Private Sector Housing (PSH)			

OBJECTIVE 4: Provide appropriate accommodation options

Outcome 4.1: Creation of new affordable housing supply

	Strategic Action	Lead	Resource	Timescale	Target
1	Aim to create 1,236 new homes per year to increase housing supply	Regeneration/Housing Strategy			
2	Develop new affordable housing options on key development sites through the Local Plan	Planning Policy/Housing Strategy			
3	Work with Haig Housing on affordable housing options for ex-forces personnel	Housing Strategy			

Outcome 4.2: Maximised use of own assets for temporary accommodation

	Strategic Action	Lead	Resource	Timescale	Target
1	Centralise accommodation decision-making at one point of control	Housing Advice			
2	Maximise use of own assets for alternative TA and continue to reduce reliance on PRS	Housing Advice			
3	Explore use of modular build for TA	Housing Advice			

Outcome 4.3: Reconfigured portfolio of hostel accommodation					
	Strategic Action	Lead	Resource	Timescale	Target
1	Review use of hostel facilities to match them to appropriate client-based accommodation	Housing Advice			
2	Review of Boundary Road hostel	Housing Advice			
Outcome 4.4: Professional private sector solutions including a local lettings agency					
	Strategic Action	Lead	Resource	Timescale	Target
1	Review of Article 4 Direction on HMOs	Planning Policy/PSH			
2	Use of IMOs to improve poor quality PRS	PSH			
3	Encourage growth of professional PRS	Planning Policy			
4	Develop a local lettings agency	Housing Advice			
5	Utilise GLA empty homes funding	Housing Strategy			

Outcome 4.5: Increased housing choice for supported people					
	Strategic Action	Lead	Resource	Timescale	Target
1	Develop Keyring scheme	AC			
2	Explore street purchasing scheme for supply of supported needs accommodation	Housing Strategy			
Outcome 4.6: Reviewed accommodation needs of gypsy and traveller communities					
	Strategic Action	Lead	Resource	Timescale	Target
1	Explore potential sites for future traveller pitches through the Local Plan	Planning Policy			

HEALTH AND WELLBEING BOARD

8 DECEMBER 2015

Title:	Revisions to Care and Support Charging Policies		
Report of the Cabinet Member for Adult Social Care and Health			
Open Report	For Information		
Wards Affected: All	Key Decision: No		
Report Author: Ian Winter CBE, Care Act Programme Lead	Contact Details: Tel: 020 8227 5310 E-mail: Ian.Winter@lbbd.gov.uk		
Sponsor: Anne Bristow, Strategic Director for Service Development and Integration, London Borough of Barking and Dagenham			
Summary:			
<p>The Care Act 2014, implemented on 1 April 2015, set out a single legal framework for charging users and carers for their care and support. The Care Act 2014 allows the Council to apply charges; where it does so, legislation and guidance requires the local authority to develop and maintain a charging policy. However the Care Act 2014 also limits the level of discretion a Council can apply to its charging policy.</p> <p>This report is for information and the appendices contain the main body of information. Appendix A explains that permission was sought and agreed to consult on the Care and Support Charging Policy at the Cabinet Meeting on 10th November 2015. Appendix B explains that permission was sought and agreed to consult on the introduction of placing a charge on properties for people awarded a disabled facilities grant at the Cabinet Meeting on 10th November 2015.</p>			
Recommendation(s)			
<p>The Health and Wellbeing Board is asked to note the Cabinet's decision to:</p> <p>(i) Endorse the proposal that the Council consults on revisions to the Care and Support Charging Policy in the following areas where discretion can be applied:</p> <ul style="list-style-type: none"> • The level of the disability related expenditure (DRE) disregard automatically applied to the financial assessment; • The principle of charging for care and support services provided to a carer who meets the eligibility criteria for services in their own right. <p>(ii) Agree that the Council consults on the proposed introduction of arrangements whereby some or all of a Disabled Facilities Grant may be recoverable via the placing of a local land charge where a person in receipt of a grant has a financial interest in the property, in line with the Housing Grants, Construction and Regeneration Act 1996, in order to regularise the position and to support the growth of the scheme</p>			

The Health and Wellbeing Board is asked to note that a further report shall be presented to the Cabinet in February 2016 advising on the outcome of the public consultation and, if appropriate, presenting a draft policy for approval.

Reason(s)

There is a legal requirement for the Council to implement the Care Act 2014. Sections 14 and 17 set out the legal framework for charging for care and support services provided to an adult under the Care Act 2014.

It is mandatory for the Council to provide Disabled Facilities Grants under the Housing Grants, Construction and Regeneration Act 1996. This Act gives the local authority the power to place a charge on a property of those awarded a disabled facilities grant with recovery of the grant made within the prescribed criteria as set out in the Regulations.

1. Introduction and Background

- 1.1 The Care and Support Charging Policy was presented to Cabinet on 16 February 2015 and became effective from April 2015; it was agreed that the policy was subject to review pending consultation to include the introduction of the cap on care costs in April 2016.
- 1.2 On 17 July the Government responded to a letter from the Local Government Association (LGA) calling for a delay in the implementation of the cap on care costs system. In light of concerns expressed by the LGA and many other stakeholders about the timetable for implementation and pressures on adult social care, the Government decided to delay implementation of the cap on care costs system until 1 April 2020.
- 1.3 In view of the deferral of the cap on care costs until 2020 and future financial pressures, the report attached at Appendix A sets out that permission was considered and agreed at the Cabinet Meeting on 10th November 2015 to consult on confirming the current interim approach as substantive in line with the Care Act 2014.
- 1.4 The Council operates the mandatory national Disabled Facilities Grant (DFG) Programme, in line with nationally determined award and allocation criteria. The care and support reforms and introduction of the Better Care Fund (BCF) in April 2015 places the disabled facilities grant as a key lever in the delivery of integrated health and social care services, contributing to reducing delays in hospital discharges, hospital avoidance and putting in place support and interventions to help older adults and disabled people to remain in their homes.
- 1.5 The Council's disabled facilities grant programme has seen a year on year increase in the numbers meeting the criteria for a mandatory grant award. The projected cost pressure of £150,000 in 2015/16 is to be met through the Council's resources. However, future projected numbers of older people and disabled children and an adult requiring support and intervention to remain at home makes it necessary for the Council to consider other options in order to manage cost pressures.

- 1.6 The Housing Grants, Construction and Regeneration Act 1996 gives the local authority the power to recover some or the entire grant award by placing a local land charge on the property where the disabled person or the person making the application has a financial interest in the property. The recovery of any award through the use of a land charge on the property is prescribed in Regulation to ensure recovery does not disproportionately affect the disabled person or result in financial hardship.
- 1.7 The report at Appendix B sets out that permission was considered and agreed at the Cabinet Meeting on 10th November 2015 to consult on the introduction of placing a charge on properties for people awarded a disabled facilities grant.

2. Proposal

- 2.1 The Health and Wellbeing Board is asked to note the Cabinet's decision to:

Endorse the proposal that the Council consults on revisions to the Care and Support Charging Policy in the following areas where discretion can be applied:

- The level of the disability related expenditure (DRE) disregard automatically applied to the financial assessment;
- The principle of charging for care and support services provided to a carer who meets the eligibility criteria for services in their own right.

Agree that the Council consults on the proposed introduction of arrangements whereby some or all of a Disabled Facilities Grant may be recoverable via the placing of a local land charge where a person in receipt of a grant has a financial interest in the property, in line with the Housing Grants, Construction and Regeneration Act 1996, in order to regularise the position and to support the growth of the scheme

- 2.2 The Health and Wellbeing Board is asked to note that a further report shall be presented to the Cabinet in February 2016 advising on the outcome of the public consultation and, if appropriate, presenting a draft policy for approval.

3 Consultation

- 3.1 The timelines for consultation and proposed implementation are detailed below and are the same for both the Care and Support Charging Policy and the Disabled Facilities Grant:

Consultation and proposed Implementation steps	Dates
Consultation opens and information and engagement sessions commence	23 November 2015
Consultation ends	17 January 2016
Findings of the consultation compiled and proposal reviewed taking into account the responses.	By 31 January 2015
Report to Cabinet setting out the findings from the consultation, proposal and draft policy for approval (if applicable)	15 February 2016
Communication, workforce and infrastructure development	By 31 March 2016
Implementation of proposal (if applicable)	4 April 2016

3.2 The consultation methodology is described below:

- a) Adult social care will provide respondents with the opportunity to reply to the consultation:
 - Using paper based methods including easy read format;
 - Via the internet.
- b) The consultation document will be published on the Council's website.
- c) Leaflets and information inviting individuals to participate in the consultation will be displayed in the local newspaper, libraries, Council gyms, local service centres and health centres.
- d) Advice on how to participate will also be available to those who call the Council.
- e) Consultation with affected groups will include attendance at local disability forums and meetings, carer's forums and health and social care forums.
- f) Consultation with the voluntary sector such as Age Concern.
- g) Presentation and information to health colleagues (providing an opportunity to engage with the policy).
- h) Member's briefings, reports to Health and Wellbeing Board, Scrutiny and Cabinet.
- i) Briefings to Council staff using existing communications vehicles.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

All implications are contained within the body of the reports in appendices A and B.

4.2 Health and Wellbeing Strategy

All implications are contained within the body of the reports in appendices A and B.

4.3 Integration

All implications are contained within the body of the reports in appendices A and B.

4.4 Financial Implications

All implications are contained within the body of the reports in appendices A and B.

4.5 Legal Implications

All implications are contained within the body of the reports in appendices A and B.

4.6 Risk Management

All implications are contained within the body of the reports in appendices A and B.

4.7 Patient/Service User Impact

All implications are contained within the body of the reports in appendices A and B.

5. Non-mandatory Implications

5.1 Crime and Disorder

All implications are contained within the body of the reports in appendices A and B.

5.2 Safeguarding

All implications are contained within the body of the reports in appendices A and B.

5.3 Property/Assets

All implications are contained within the body of the reports in appendices A and B.

5.4 Customer Impact

All implications are contained within the body of the reports in appendices A and B.

5.5 Contractual Issues

All implications are contained within the body of the reports in appendices A and B.

5.6 Staffing issues

All implications are contained within the body of the reports in appendices A and B.

List of Appendices:

Appendix A - Care and Support Charging Policy

Appendix B - Disabled Facilities Grant: Introducing Legal Charges on Properties

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HEALTH AND WELLBEING BOARD

8 December 2015

Title: Care and Support Charging Policy	
Report of the Cabinet Member for Adult Social Care and Health	
Open Report	For Information
Wards Affected: All	Key Decision: Yes
Report Author: Ian Winter CBE. Care Act Programme Lead	Contact Details: Tel: 020 8227 5310 E-mail: Ian.Winter@lbbd.gov.uk
Accountable Divisional Director: Tudur Williams, Divisional Director of Adult Social Care	
Accountable Director: Glynis Rogers, Divisional Director of Commissioning and Partnerships, Adult Social Care	
<p>Summary</p> <p>The Care Act 2014, implemented on 1 April 2015, set out a single legal framework for charging users and carers for their care and support. The Care Act 2014 allows the Council to apply charges; where it does so, legislation and guidance requires the local authority to develop and maintain a charging policy. However the Care Act 2014 also limits the level of discretion a Council can apply to its charging policy. This is the subject of this report.</p> <p>The Care and Support Charging Policy was presented to Cabinet on 16 February 2015 and became effective from April 2015; it was agreed that the policy was subject to review pending consultation to include the introduction of the cap on care costs in April 2016.</p> <p>On 17 July the Government responded to a letter from the Local Government Association (LGA) calling for a delay in the implementation of the cap on care costs system. In light of concerns expressed by the LGA and many other stakeholders about the timetable for implementation and pressures on adult social care, the Government has decided to delay implementation of the cap on care costs system until 1 April 2020.</p> <p>In view of the deferral of the cap on care costs until 2020 and future financial pressures, this report seeks permission to consult on confirming the current interim approach as substantive in line with the Care Act 2014. The Council is not required to consult on the mandatory areas of the Care and Support charging policy as those have been agreed by Parliament and passed into law. The report is about aspects of the charging policy where discretion has been applied, and now needs to be normalised.</p> <p>This report was considered and agreed at the Cabinet Meeting on 10th November 2015.</p>	
Recommendation(s)	
The Health and Wellbeing Board is asked to note the Cabinet's decision to:	

- | |
|--|
| <p>(i) Endorse the proposal that the Council consults on revisions to the Care and Support Charging Policy in the following areas where discretion can be applied:</p> <ul style="list-style-type: none"> • The level of the disability related expenditure (DRE) disregard automatically applied to the financial assessment; • The principle of charging for care and support services provided to a carer who meets the eligibility criteria for services in their own right. <p>(ii) Note that a further report shall be presented to the Cabinet in February 2016 advising on the outcome of the public consultation and, if appropriate, presenting a revised draft Care and Support Charging Policy for approval.</p> |
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Reason(s)

There is a legal requirement for the Council to implement the Care Act 2014. Sections 14 and 17 set out the legal framework for charging for care and support services provided to an adult under the Care Act 2014.

1. Introduction Background

1.1 Legislative Framework: Charging for Care and Support Services

- 1.1.1 The Care Act 2014 (Sections 14 and 17) introduces a single legal framework for charging for care and support which came into force in April 2015. The Act gives local authorities the power to charge service users and carers for care and support.
- 1.1.2 Where the local authority charges, it must follow the Care and Support (Charging and Assessment of Resources) Regulations 2014 and have regard to the Care and Support Statutory Guidance 2014 in determining its charging policy.
- 1.1.3 The current Care and Support policy updated in April 2015 takes into account the needs of local residents who might require care and support services, applying discretion within the policy where the legislation and guidance allows a Council to do so.

2. Current and future legislative changes

- 2.1 It is recognised that current and future service and financial changes to mainstream funding may present challenges to the level of income generated from the Care and Support Charging Policy.
- 2.2 Pension reforms introduced in April 2015 enables individuals aged 55 and over with a personal or workplace pension to draw down from their pension. This can include a lump sum amount taken in the early stages with a smaller pension paid in later years.
- 2.3 How individuals access their pension will be dependent on their own personal circumstances but could lead to future service users in need of care and support having less disposable income available to support their care needs and charges.
- 2.4 The Welfare Reform Act 2012 introduced a cap on the maximum amount a family member can receive in welfare benefits (inclusive of housing benefit). This amounts to £26,000 per annum for those with children and £18,000 for those with no dependents.

- 2.5 The Welfare Reform and Work Bill which had its second reading in the House of Commons in July 2015 proposes a further reduction to the cap for those in greater London to £23,000 and £15,410 for those with no dependents. This will further limit the level of disposable income of individuals likely to be in receipt of care and support services.
- 2.6 The Bill also includes the introduction of the national minimum wage from April 2016. Although the change will not increase the income of those charged for their services, it may impact on their cost of living as they use their disposable income to pay the increased rates of providers' services.

3. Background

3.1 Mandatory requirements within the Care and Support Charging Policy

3.1.1 The Council introduced a Care and Support Charging Policy in April 2015 to ensure compliance with the Care Act. The policy must:

- exempt those from charges for care and support services who meet the qualifying criteria
- carry out a full financial assessment except where a light touch assessment could apply i.e. the client has savings over the capital threshold limit and does not wish to disclose their savings
- ensure the individual retains the minimum income guarantee disregard as part of the financial assessment. The minimum income guarantee amount is equivalent to Income Support plus a buffer of 25%
- take into account 100% of a person's disability related benefit within the financial assessment (with some exceptions). However, the Council must also apply a disability related expenditure disregard, this represents the additional cost a person may incur due to their disability i.e. additional laundry costs
- apply the treatment of capital within the financial assessment as specified in the guidance.
 - Apply tariff income for those with savings between £14,250 and £23,250. Tariff income is calculated on the basis that of every £250 above £14,250 the Council assumes £1 in income.
 - Treat those with savings of £23,250 or more as self-funders.

3.1.2 The Care Act 2014 has also introduced a new discretion to apply an administration charge to self-funders requesting the Council to arrange their care and support services on their behalf.

3.2 Discretion within the Care and Support Charging Policy

3.2.1 The Care Act 2014 limited the discretion a local authority can apply within its charging policy. Where the Act allows for discretion, it was agreed by Cabinet to continue to apply discretion to the charging policy as detailed below.

3.2.2 Discretion currently applied in the Care and Support charging policy includes:

- The level of disability related expenditure disregard automatically applied to service user charges. This is £5, £15 or £25 according to the rate of care component paid as part of a person's disability related benefit.
- An additional £10 disregard applied to service users aged 85 and over
- No charges to carers for their services

- 3.2.3 Where the Council takes into account the care component of the disability related benefit, a disability-related expenditure disregard must be applied in recognition of the additional cost an individual incurs due to their disability.
- 3.2.4 Before the introduction of the Care Act 2014, Councils had the discretion over the amount of the care component of the disability related benefit to be taken into account when assessing a person's financial contribution. To simplify the approach for service users the Council assumed 75% of the care component of the disability related benefit within the financial assessment and disregarded 25% as the person's disability related expenditure.
- 3.2.5 The introduction of the Care Act required 100% of the care component of the disability related benefit be taken into account. To ensure the Council's charging policy was Care Act compliant changes were made to the disability-related expenditure disregards as follows:

Rate of Care Component	Disregard under the 2011 Charging Policy	Disregard under the Care And Support Act policy (Care Act 2014)	Difference
Lower	5.38	£5	-£0.38
Middle	13.61	£15	£1.39
Higher	28.45	£25	-£3.45

- 3.2.5 The Cabinet report in February 2015 recommended delegated authority be given to the Corporate Director of Adult and Community Services, in consultation with the Cabinet Member for Adult Social Care and Health and the Chief Financial Officer, to put in place transitional protection in appropriate circumstances.
- 3.2.6 The transitional protection was to ensure service users provided with care and support before the introduction of the Care Act 2014 would continue with the same level of disregard as applied under the Charging Policy 2011. At the point of an assessment of eligibility or a change in financial circumstances, the new disregard would apply. If the newly applied disability related expenditure disregard increased the service user's weekly contribution, transitional protection is applied to ensure that their weekly contribution remains unchanged.

Example:

Mr J Jones has been in receipt of service since July 2010. He is in receipt of the higher rate care component and the disability related expenditure disregard of £28.45 is applied to his financial assessment; he is required to contribute £7.50 per week towards his services. In May 2015 Mr Jones has a change in his needs and reassessed under Care Act 2015. Mr Jones has a financial re-assessment and the disability disregard reduces from £28.45 to £25.00 per week, this increases his contributions by £ 3.45 per week to £10.95 per week. Transitional protection of £3.45 per week is applied and he continues to pay £7.50 per week.

- 3.2.7 In applying transitional protection the Council does not generate the additional income that would have been charged had the new disability-related expenditure disregards been applied to all service users as from April 2015. The loss of income is shown in the table below:

Rate of care component	No. of chargeable service users	Disregard under the Charging Policy 2011	Disregard under the Care and Support Policy	Change between new and old disregard	Increase(+) / reduction(-) to annual revised income
Lower	5	5.38	5	0.38	£99
Medium	299	13.61	15	-1.39	-£21,612
Higher	500	28.45	25	3.45	£89,700
Total	804				£68,187

4. Proposals to change the discretion applied to the Care and Support Charging Policy

4.1 This section of the report proposes the changes to be made to the discretion applied to the Care and Support Charging Policy, this would be the basis of the proposed consultation.

4.2 Discretion: Rate of Disability-related expenditure (DRE) disregard applied.

4.2.1 The Care Act requires 100% of an individual's care component of their disability related benefit to be taken into account within the financial assessment to determine how much one can contribute to their care and support services. Where the care component of the disability related benefit is assumed in the financial assessment, the Council has to apply a disability-related expenditure disregard. The Care Act is not prescriptive as to the amount to be disregarded only that there is to be a disregard where the service user demonstrates they have disability-related expenses.

4.2.2 It is recommended that the Council retains the current approach, applying a set disregard of £5, £15, £25 according to the rate of care component of the benefit paid to service users. This is until there is an equalisation between the individual's care component and decrease in the disability related disregard.

Example:

Mr Jones who has been in receipt of care and support services since July 2010 has a disability related expenditure disregard of £28.45 applied to his financial assessment. The care component of Mr Jones's disability related benefit will need to increase by £3.45 per week before his disregard reduces to £25.00 per week.

The point at which there is likely to be an equalisation between the disability-related care component and disability related expenditure disregard is shown as an example in the table below:

Financial Year	Lower Rate Disregard		Higher Rate Disregard	
	Care Component Rate	Revised Disregard	Care Component Rate	Revised Disregard
15/16	21.80	5.38	82.30	28.45
16/17	22.06	5.12	83.28	27.47
17/18	22.28	5.00	84.28	26.47
18/19			85.29	25.46
19/20			86.31	25.00

Note: this assumes the disability care component has a year on year inflationary increases by 1.2%:

Mr Jones's disregard is likely to see the equalisation between his disability related benefit and disability related expenditure disregard to £25.00 in 2019/20.

4.2.3 To support a seamless transition, it is proposed that the Council retains the disability-related expenditure disregard until:

- The financial equalisation between the disability-related care component and the disability-related disregard as presented in the table at 4.3.2
- The point of their annual social care review of their needs and care and support service
- Any change in provision of services to the individual, or
- Services cease.

4.2.4 Recognising that there are additional living costs associated with a disability, it is proposed that:

- a) Where an individual can demonstrate that their disability-related expenditure exceeds the disregard applied, an additional disregard as per their expenditure will be applied
- b) Where no disability benefits are in payment, individuals who can demonstrate that disability-related costs are incurred will have a disregard applied.

4.3 Charges to carers

4.3.1 Carers in Barking and Dagenham play a vital role in supporting people to remain healthy and independent for as long as possible. There is evidence to show that investment in carers and carers' services can reduce demand for more expensive health and social care services. The Care Act greatly enhances the rights of carers in relation to assessment of need with their own eligibility criteria, provision of support and information and advice.

4.3.2 The current policy exempts carers in receipt service from charges in recognition of their role. Barking and Dagenham are keen not to discourage carers from providing support. However there is a need to consider a charging regime for carers that is fair and equitable which enables a carer to make a financial contribution to the support they receive.

- 4.3.3 The Council has 2,600 registered carers. Many carers receive information and advice from the Council which is not chargeable. In line with the Care Act applying a resource allocation system, 54 carers have been assessed as eligible for services in their own right since April 2015. The numbers are small and it is therefore difficult to predict the total numbers that would receive services in their own right.
- 4.3.4 The proposal is to consult on the principle of charging carers for their service applying the Care and Support Charging policy to assess their contribution to services, with a view that implementation of charges may be considered within the current administration at some point in time.
- 4.3.5 It is further proposed that Members agree the Directorate reserves the right to review the implementation of charges to carers in the future, if the introduction of a charge to carers indicates:
- The costs associated with charging carer's is disproportionate to the amount that would be collected
 - The full implementation of charges is considered a disincentive to carers providing care and support.
- 4.4 The report proposes the aspects of discretion applied to the Care and Support Charging Policy detailed in the report below remain unchanged; they will not be subject to the proposed consultation.
- 4.5 Age-related disregard**
- 4.5.1 The Care and Support Charging Policy (April 2015) continued to apply the £10 age-related disregard for service users aged 85 and over in line with the Charging Policy 2011. There are 111 chargeable service users aged 85 and over in receipt of community based services.
- 4.5.2 The removal of the £10 disregard would generate maximum additional income of £57,000 but the removal of the £10 would impact some of the most vulnerable individuals in the community.
- 4.5.3 It is proposed that there is no change to the age-related disregard. This will retain the individual's daily living allowance and support the Council's aim to help older adults with care and support needs to remain independent in the community for as long as possible.
- 4.6 Administration charges**
- 4.6.1 The Care Act 2014 has also introduced a new discretion. Where a person assessed as having eligible needs whose care and support would not be met in a care home setting but has savings over the £23,250 the local authority may:
- pay towards the cost of care and support;
 - administer a fee for arranging the care and support where the person has requested the Council makes the arrangement. This fee is to cover the costs the Council incurs for making these arrangements.
- 4.6.2 The proposal is for the Council to continue to apply a flat rate fee of £300 for making these arrangements but to exercise discretion in exceptional cases. The flat rate fee will be subject to the Council's annual fee and charges review.

5. Options Appraisal

5.1 **Do nothing:** If the Council makes no amendments to its current policy

- The current disability-related expenditure is applied to new clients and transitional protection remains for existing clients until such time as the individual is no longer in receipt of services
- Carers assessed for service in their own right are not subject to a financial assessment and required to contribute to their services.

This will lead to:

- a) The different treatment of the application of disability related disregard for all service users possibly leading to challenges from individuals:
 - New service users assessed under the Care Act will be applied the new disregards
 - Those assessed in receipt of services before the introduction of the Care Act 2014 will have the old level of disregard applied consistently until they have a change in circumstances or they are no longer in receipt of services.
 - Service users in receipt of services before the Care Act 2014 but have had a change in their circumstances may have the new disregard applied as their new service has been provided under the Care Act 2014.
- b) Difficulty and costly to administer the different disregards as the systems are unable to automatically differentiate between those who should be assessed applying the old disregard and those where the new disregard applies.
- c) The need for manual intervention to change to the old disregard each time a financial reassessment is completed. This is costly and time-consuming.

5.2 **Apply the new discretion:** the Council amends the discretion applied to the Care and Support Charging Policy

- The current disability-related expenditure is applied to new clients and an equalisation approach is applied to existing clients. This to ensure equal treatment of the disability-related expenditure disregard for all clients in receipt of care and support services.
- To consult on the principle of charging carers for their service applying the Care and Support Charging policy to assess their contribution to services, with a view that implementation of charges may be considered within the current administration at some point in time

This will lead to:

- a) A clear and transparent approach as to how discretionary disregards are applied to a service user's financial assessment with less likelihood of challenges from individuals
- b) The application of the disability related expenditure disregard being easier to administer in the system with significantly less manual intervention to change levels of disregard to an old rate.

6. Consultation

- 6.1 It is proposed to consult residents and stakeholders in the borough to communicate the proposed changes and provide an opportunity for people to give their views.
- 6.2 A reasonable consultation period is generally seen as good practice when proposed changes may affect a large number of people, and ensures that residents and stakeholders have sufficient time and opportunity to participate. It is proposed there is a two month consultation period.
- 6.3 A number of legal cases have established the principles underpinning a robust local authority consultation. These include: the case of R (on the application of Moseley (in substitution of Stirling Deceased)) (AP)(Appellant) v London Borough of Haringey. The case highlights that it is the Council's *duty* to provide sufficient information to allow individuals to meaningfully participate in the decision making process. The consultation is to include:
- An outline of the change being introduced;
 - Document realistic alternative options where appropriate; and
 - Reasons for the change.
- 6.4 The timelines for consultation and proposed implementation are detailed below:

Consultation and proposed Implementation steps	Dates
Consultation opens and information and engagement sessions commence	23 November 2015
Consultation ends	17 January 2016
Findings of the consultation compiled and proposal reviewed taking into account the responses.	By 31 January 2015
Report to Cabinet setting out the findings from the consultation, proposal and draft policy for approval (if applicable)	15 February 2016
Communication, workforce and infrastructure development	By 31 March 2016
Implementation of proposal (if applicable)	4 April 2016

- 6.5 The consultation methodology is described below:
- a) Adult social care will provide respondents with the opportunity to reply to the consultation:
 - Using paper based methods including easy read format;
 - Via the internet.
 - b) The consultation document will be published on the Council's website.
 - c) Leaflets and information inviting individuals to participate in the consultation will be displayed in the local newspaper, libraries, Council gyms, local service centres and health centres.
 - d) Advice on how to participate will also be available to those who call the Council.
 - e) Consultation with affected groups will include attendance at local disability forums and meetings, carer's forums and health and social care forums.
 - f) Consultation with the voluntary sector such as Age Concern.
 - g) Presentation and information to health colleagues (providing an opportunity to engage with the policy).
 - h) Member's briefings, reports to Health and Wellbeing Board, Scrutiny and Cabinet.

- i) Briefings to Council staff using existing communications vehicles.

7. Financial Implications

Implications completed by: Carl Tomlinson, Finance Manager

- 7.1 The Council currently generates £1.5m of income for care and support service charges. This supports the delivery of care and support to residents of Barking and Dagenham. The change to the level of disregard when compared to the 2011 policy equates to an impact of £68k based upon current service user profile.
- 7.2 The revenue budget setting process for 2016/17 will assume the Council continues its Care and Support Charging Policy. In retaining the policy, the Care Act and associated guidance removes some areas of discretion for calculating charges as described in this report. This is in order to promote greater equality between local authorities.
- 7.3 Where discretion to the policy can be applied it is being proposed changes are made that will ensure equality in how charges are applied between service users in Barking and Dagenham.

8. Legal Implications

Implications completed by: Dawn Pelle, Adults Lawyer

- 8.1 Once a Council exercises its discretion to charge for services, the charging policy has to adhere to the Regulation. The Care Act 2014 has limited the level of discretion a Council can apply within its charging policy. The report proposes to consult on the discretion applied to the policy.
- 8.2 The proposed changes to the Care and Support Charging policy will have an impact on existing and new service users of care and support services. A high percentage of current users will be affected which requires the Council to go out to consultation to ensure that the proposals are communicated and residents have the opportunity to participate in the decision making process.

9. Other Implications

- 9.1 **Risk Management** - There are different risks that impact these changes. If all the changes are not applied, there is a risk of income loss to the Council. On the other hand, incremental change proposed for the disability-related expenditure disregard minimises the potential risk in bad debts as those required to contribute will not experience a direct loss in income. However, at this point the Council cannot predict the impact of the changes in the Welfare Reform and Work Bill on an individual's ability to pay their care and support charges.
- 9.2 **Corporate Policy and Customer Impact** - Implementation of the Care Act contributes to the vision and priorities of the Council to enable social responsibility where the person has control about how their care and support needs are met. An Equalities Impact Assessment (EIA) has been carried out to assess the impact of the policy on the protected groups under the Equality Act. The EIA shows that the Council has paid due regard to the equality implications associated to the Care and Support Charging Policy 2015.

The equalisation of the disability-related disregard should not have disproportionate impact on those with a disability as the Care and Support Charging Policy allows an individual to submit supplementary information to evidence their disability related expenditure above the disregards applied.

- 9.3 **Health Issues** - Under the Care Act 2014, charging for care and support directly affects some of the most vulnerable individuals whose health needs may be at risk. It is expected that individuals with disability benefits are using these benefits to help support their health and wellbeing and/or meet their care and support needs.

The introduction of charging for care and support service has been in operation since 2011. The impact of the change puts in place safeguards to minimise as much as possible the impact to service users.

Public background papers used in the preparation of the report:

- <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315215/draft_regs.pdf

List of appendices: None

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HEALTH AND WELLBEING BOARD

8 December 2015

Title: Disabled Facilities Grant: Introducing Legal Charges on Properties	
Report of the Cabinet Member for Adult Social Care and Health	
Open Report	For Information
Wards Affected: All	Key Decision: Yes
Report Author: Ian Winter CBE. Care Act Programme Lead	Contact Details: Tel: 020 8227 5310 E-mail: Ian.Winter@lbbd.gov.uk
Accountable Divisional Director: Tudur Williams, Divisional Director of Adult Social Care	
Accountable Director: Glynis Rogers, Divisional Director of Commissioning and Partnerships, Adult Social Care	
<p>Summary</p> <p>The Council operates the mandatory national Disabled Facilities Grant (DFG) Programme, in line with nationally determined award and allocation criteria.</p> <p>The care and support reforms and introduction of the Better Care Fund (BCF) in April 2015 places the disabled facilities grant as a key lever in the delivery of integrated health and social care services, contributing to reducing delays in hospital discharges, hospital avoidance and putting in place support and interventions to help older adults and disabled people to remain in their homes.</p> <p>The Council's disabled facilities grant programme has seen a year on year increase in the numbers meeting the criteria for a mandatory grant award. The projected cost pressure of £150,000 in 2015/16 is to be met through the Council's resources. However, future projected numbers of older people and disabled children and an adult requiring support and intervention to remain at home makes it necessary for the Council to consider other options in order to manage cost pressures.</p> <p>The Housing Grants, Construction and Regeneration Act 1996 gives the local authority the power to recover some or the entire grant award by placing a local land charge on the property where the disabled person or the person making the application has a financial interest in the property. The recovery of any award through the use of a land charge on the property is prescribed in Regulation to ensure recovery does not disproportionately affect the disabled person or result in financial hardship.</p> <p>This report proposes consulting on the introduction of placing a charge on properties for people awarded a disabled facilities grant. The proposal for recovery of the award is in line with the Regulation with additional conditions proposed by Barking and Dagenham to</p>	

<p>ensure that the approach is sensitive and reflects local needs.</p> <p>This report was considered and agreed at the Cabinet Meeting on 10 November 2015.</p>
<p>Recommendation(s)</p> <p>The Health and Wellbeing Board is asked to note the Cabinet's decision to:</p> <p>(i) Agree that the Council consults on the proposed introduction of arrangements whereby some or all of a Disabled Facilities Grant may be recoverable via the placing of a local land charge where a person in receipt of a grant has a financial interest in the property, in line with the Housing Grants, Construction and Regeneration Act 1996, in order to regularise the position and to support the growth of the scheme; and</p> <p>(ii) Note that a further report shall be presented to the Cabinet in February 2016 advising on the outcome of the public consultation and, if appropriate, presenting a draft policy for approval.</p>
<p>Reason(s)</p> <p>It is mandatory for the Council to provide Disabled Facilities Grants under the Housing Grants, Construction and Regeneration Act 1996. This Act gives the local authority the power to place a charge on a property of those awarded a disabled facilities grant with recovery of the grant made within the prescribed criteria as set out in the Regulations.</p>

1. Background

- 1.1 The National Disabled Facilities Grant (DFG) programme provides the framework for local authorities to administer mandatory grants for those who meet the criteria for housing adaptations which enable a disabled person to live independently in their own home.
- 1.2 The disabled facilities grant will be considered where it is deemed that the adaptation works to the property are:
- necessary and appropriate to meet the disabled person's needs and
 - are practical and reasonable to undertake depending on the age and condition of the property.
- 1.3 The disabled facilities grant programme also sets out national criteria for determining how the grant award is to be calculated and what type of adaptations qualify for a grant. In Barking and Dagenham, Adult Social Care administers the award of DFG for disabled children and adult's resident in privately rented property and for homeowners.
- 1.4 Research commissioned by Department for Communities and Local Government (DCLG) and carried out by the Building Research Establishment (BRE) published in February 2011, *Disabled Facilities Grant allocation methodology and means test* estimated future demand for the grant would increase. The Government concluded from the findings that the administration of disabled facilities grants should be considered as part of the wider review of care and support.

- 1.5 As part of the June 2013 spending round, the Government announced that a combination of funding streams (including £220m of DFGs) would be placed in a pooled fund known as the Better Care Fund (BCF) from April 2015 to enable the NHS and local authorities to jointly commission health and social care services. This is not new funding but existing funding of both parties brought together in the pool.
- 1.6 The Better Care Fund supports the integration of health and social care services to deliver better services to older and disabled people that help keep individuals out of hospital avoid long hospital stays and reduce delays in hospital discharges. Key performance targets are attached to the Better Care Fund; failure in meeting targets results in financial penalties jointly shared between health and social care.
- 1.7 Although the Building Research Establishment report identified the increase in the numbers requiring disabled facilities grant over a ten year period, the Better Care Fund did not address the need for more funding specifically for disabled facilities. It is expected that the local authority continues to manage any cost pressures associated with disabled facilities grant within the agreed Better Care Fund pool arrangement with any cost pressure above the current Better Care fund pot being met from within the Council's financial resources.
- 1.8 Barking and Dagenham's disabled facilities grant cost pressure is anticipated to increase by £150,000 in 2015/16 and an increase in cost pressures is predicted in future years. The underlying reasons for increased demands are:
- an integrated health and social care approach which includes the delivery of the seven-day Joint Assessment and Hospital Discharge Service to support admission avoidance and discharge will require adaptations to an individual's home to support their care and support packages and independence at home
 - primary care are putting in place support and interventions into an individual's home to reduce their reliance upon acute services
 - The ageing population and family members are seeking adaptations to the home to enable the older person to continue to live at home and avoid residential care
 - more disabled children are remaining in their home with appropriate but, in some cases, costly adaptations.
- 1.9 Local authorities have the power to place a charge on the property to which the adaptation is being made where the disabled person or the person making the application for the grant has a financial interest in the property. This approach is applied by other local authorities with the income received invested back into their local DFG programme to meet current and future demand. Barking and Dagenham do not currently operate such a policy.

2. Legal framework

- 2.1 The Housing Grants, Construction and Regeneration Act 1996 gives Councils the power to provide a disabled facilities' grant. Key provisions were repealed by the Regulatory Reform (Housing Assistance) Order 2003. The grant is awarded to enable individuals to undertake necessary adaptations to enable the disabled person to continue to live in their own home.

- 2.2 The grant award can be paid to homeowners or to residents in a property managed by a private landlord on the understanding that the disabled person will permanently reside in the property for at least five years.
- 2.3 With the exception of an award made for a child under the age of 19, the grant award is subject to a financial means test. The application of a means tested financial assessment is determined by Regulation and not subject to discretion by the Council.
- 2.4 The maximum grant award is £30,000 although the Council can apply its discretion to award a higher amount where it is in the interest of both the disabled person and Council to do so.
- 2.5 The local authority has the power under sections 34(6) (b), 46, 52 and 94 of the Housing Grants, Construction and Regeneration Act 1996 to place a local land charge on a person's property.
- 2.6 The charge on the property can be placed where:
- The grant has been awarded in accordance with legislation and guidance
 - The grant application exceeds £5,000 and the recipient of the grant has a financial interest in the whole or part of the property to which the adaptation is being made
 - The Council can recover from a minimum of £5,000 but only up to a maximum of £10,000. The recovery of the grant is up to a period of 10 years after the grant has been awarded once the Council satisfies itself that:
 - The recovery of the debt would not lead to financial hardship of the individual, and /or
 - Where the disposal of the property by the disabled person or applicant has not occurred as a result of the physical or mental health or wellbeing of the recipient of the grant, the disabled occupant of the property or the need to care for another disabled person.

3. Meeting the national eligibility criteria for a Disabled Facilities Grant

- 3.1 The disabled person in the property has to be registered as disabled or would meet the criteria to register as disabled. There is no requirement for the disabled child to be in receipt of care and support services under the Children's Act 1989 or the Care Act 2014 in respect of adults.
- 3.2 Only applications for disabled adults aged 19 and over are subject to a financial assessment to determine if the applicant can meet the cost of the adaptation in their own right or is required to make a contribution towards the costs of the works.
- 3.3 Those in receipt of means tested benefits are automatically deemed to meet the eligibility criteria and awarded 100% of the grant assuming all the conditions are met.
- 3.4 Those not in receipt of a means tested benefit are required to:
- Provide proof of income and savings

- Undergo an assessment that takes into account how much of their disposal income including savings over £6,000 the family have that can be used to pay off a loan if that were meeting the cost of the adaptation. The loan assumes a repayment over 10 years for homeowners and 5 years for tenants
- Compare the size of loan that the applicant could afford against the cost of works to determine the amount of the DFG to be awarded.

4. Award of a Disabled Facilities Grant (DFG)

4.1 A grant can be awarded to support the disabled occupant in the property in order to:

- facilitate access to and from the dwelling or building
- make the dwelling or building safe
- provide access to the principal family room
- provide access to or provide a bedroom
- provide access to or provide/facilitate a room containing a bath/shower, WC or wash basin
- facilitate an area for the preparation and cooking of food
- improve or provide a heating system
- facilitate the use of power, light or heat by altering existing or by providing additional means of control
- facilitate access and movement around the dwelling, and
- facilitate access to a garden (this provision was brought into scope by government from May 2008).

4.2 A Council has a statutory duty to make a decision to award a grant within six months of the application being received. The grant is awarded once the Council is satisfied that:

- An occupational therapist has assessed and confirmed the need has met the grant conditions and the works are necessary and practical
- The means tested financial assessment has been completed and the individual or representatives are clear of their contribution towards the cost of the works
- The applicant is supported to access the Council's Procurement Framework to obtain contractors in which to complete the works. The individual can manage the contractor directly or, where required, seek advice and assistance from the Council
- The proposed works and agreed timescales have been approved by Council;

5. Proposal to recover the Disabled Facilities Grant in full or in part

5.1 It is projected that there will be an increase in the number of applicants meeting the criteria for the award of a DFG. As the award of the grant is mandatory, the Council is obligated to meet the need. With increasing demand and reducing budgets nationally the Council may be forced to maintain a waiting list, a prospect that provides no benefits to the disabled person, the Council or health services.

5.2 The Council has undertaken significant work to reduce the waiting list of those awarded a grant. Any delay in award is in direct conflict of the strategy to support

early discharge from hospital, retain a disabled person's independence in their home or help maintain the individual's care and support package.

- 5.3 The BCF capital allocation for DFG is £671,682, however, in 2014/15 the Council spent £576,679 and in 2015/16 it is projected the Council will spend £818,718.
- 5.4 The means test ensures only those entitled to receive an award do so. However, there has been no condition applied for the recovery of the grant or in whole or part where there is a financial interest in the property and the disabled person ceases to occupy the home as their main residence within 10 years of the grant award.
- 5.5 The proposal is that the Council uses their power under the Housing Grants, Construction and Regeneration Act 1996 to place a legal charge on homeowners to recover an award of a grant over £5,000 up to a maximum of £10,000 where the disabled person ceases to be permanently resident in the property within 10 years of the grant award.

Example

Amount of grant award	Legal Charge applied	Minimum recovery limit	Maximum amount that can be recovered
£3,500	No	Zero	Zero
£7,500	Yes (grant over £5,000)	£5,000	£7,500
£25,500	Yes (grant over £5,000)	£5,000	£10,000

6. Recovery of Debt or Charge on the Property

- 6.1 It is proposed that at the point of application the person is advised that the Council will apply a local land charge on the property for recovery of the debt:
- The disabled person or the applicant has a financial interest in the property and
 - Where the disabled person for whom the grant is awarded no longer permanently resides in the property within 10 years of the grant award and
 - The DFG award is over £5,000 (however, only up to the maximum of £10,000 will be recovered). Any grant award under £5,000 or over £10,000 will not be subject to recovery in the form of a charge on the property at the point of the grant award.
- 6.2 Barking and Dagenham will not take immediate recovery action where the person ceases to occupy the home as their main residence within 10 years in following circumstances:
- The disabled person is deceased or moves into a care home and the living spouse occupying the property is aged 65 and over and the property remains their main home of residence

- The disabled person has deceased or moves into a care home and there is a dependent under 65 registered disabled or would meet the conditions to be registered as disabled where the works in the home helps to retain their independence
- The person with the interest in the property has sold the home but has used the proceeds of the home to purchase a property to meet the needs of the disabled person or a disabled person to whom they are responsible
- If the client's death results in a child inheriting the whole of the property whose financial position is such that they could not raise a mortgage or a loan to repay the charge. This is intended to be a safeguard for children who may have acted as the main carer for the disabled adult.

6.3 In the circumstances mentioned in 6.2 above the charge on the property will continue to remain up to a period of 10 years.

6.4 Before agreeing to a charge being placed on the property, applicants will be advised that they can seek independent legal advice before they accept the terms and conditions of the grant award.

6.5 It is envisaged that in most cases the amount of the charge placed on the property will be less than the level of equity available within the home. This will reduce any financial hardship to those who may be affected by this policy change.

6.6 It is not proposed that the Council imposes interest charges until 56 days after the debt becomes payable. However the individual may incur additional legal charges if there is a requirement for the Council to pursue the recovery of the debt through the courts.

7. Options Appraisal

7.1 The local authority has the power under sections 34(6) (b), 46, 52 and 94 of the Housing Grants, Construction and Regeneration Act 1996 to place a charge on a person's property. Barking and Dagenham have not previously exercised their power in this regard.

7.2 **Do nothing:** No charge is place on the property and the Council continues to meet the increasing demand pressures.

7.3 **Agree to consult to apply a property charge:** The application of a property charge:

- Will increase the contributions being made to the Disabled Facilities Programme and help to mitigate some of the increasing demand.
- May act as a disincentive reducing the number of grant applications as some may prefer not to have a charge placed against their property but wish to seek alternative means to meet the cost of the adaptation.

8. Consultation

8.1 As there is no requirement to be in receipt of services from health, social care or housing to be awarded a disabled facilities grant, the charge can affect any

homeowner in Barking and Dagenham now or in the future. To ensure that the proposed change is properly communicated and provide an opportunity for residents and stakeholders to provide feedback on the proposals, it is recommended that a consultation exercise is carried out.

- 8.2 A reasonable consultation period is seen as good practice when consulting on proposed changes which may affect many people. This ensures all interested parties have sufficient time and the opportunity to participate in the process. It is proposed that there is a two month consultation period.
- 8.3 A number of legal cases have established the principles underpinning a Council's consultation process including the case of R (on the application of Moseley (in substitution of Stirling Deceased)) (AP)(Appellant) v London Borough of Haringey. The case highlights that it is the Council's *duty* to provide sufficient information to allow individuals to meaningfully participate in the decision making process. The consultation is to include:
- An outline of the change being introduced;
 - Document realistic alternative options where appropriate; and
 - Reasons for the change.
- 8.4 The timelines for consultation and proposed implementation are detailed below:

Consultation and Proposed Implementation steps	Dates
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Consultation ends	18 th January 2016
Findings of the consultation compiled and proposal reviewed taking into account the responses.	By 31 st January 2015
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Implementation of proposal (if applicable)	4 th April 2016

- 8.5 The consultation methodology is detailed:
- a) Adult social care will make provision for respondents to reply to the consultation:
 - Using paper based methods including easy read format
 - Via the internet.
 - b) The consultation document will be published on the Council's website
 - c) Leaflets and information inviting individuals to participate in the consultation will be displayed in the local newspaper, libraries, Council gyms, local service centres and health centres
 - d) Advice on how to participate will be available to those who call the Council
 - e) Consultation with affected groups will include attendance at local disability forums and meetings, carer's forums and health and social care forums
 - f) Consultation with the voluntary sector such as Age Concern
 - g) Presentation and information to health colleagues (providing an opportunity to engage with the policy)

- h) Members briefings, reports to Health and Wellbeing Board, Scrutiny and Cabinet
- i) Briefings to Council staff using existing communications vehicles.

9. Financial implications

Implications completed by: Carl Tomlinson, Finance Manager

- 9.1 The capital funding available for the Disabled Facilities grant (DFG) scheme in 2015/16 capital programme is £818,718 which is funded from the DFG allocation (£671,682) and corporate borrowing which was agreed by Cabinet to fund the estimated pressure of £150,000 required to manage a backlog as a result of increased demand levels, over and above the available DFG funding allocation.
- 9.2 Currently the Council does not place a legal charge on properties. The table below provides a snapshot of the amounts that could have been recovered over the last four years had the Council exercised its power to apply legal charges:

Financial Year	Total amount awarded for grants of £5,000 or more	Total amount subject to a legal charge on the property	Amount subject to recovery	Ten year recovery limit
2011/12	£404,919	£100,614	£16,629	2021/22
2012/13	£442,770	£133,420	£26,996	2022/23
2013/14	£373,717	£102,823	£28,529	2023/24
2014/15	£316,737	£114,207	£9,610	2024/25
TOTAL	£1,538,143	£451,064	£81,764	

- 9.3 If the amounts above were considered over a ten year period, the cumulative amount that the Council is likely to recover would be greater as there is the likelihood that the person for whom the adaptation was intended may no longer be resident in the home. Income generated from these charges can then be re-invested back into the programme.

10. Legal implications

Implications completed by: Evonne Obasuyi, Senior Lawyer

- 10.1 The report seeks approval to carry out consultation exercise prior to introduction of policy where Council recovers debt arising from disabled facilities grant awarded by securing a charge on relevant property. The local authority has powers pursuant to the Housing Grants, Construction and Regeneration Act 1996 amended by the Regulatory Reform (Housing Assistance) Order 2003 and the Disabled Facilities Grant (Conditions relating to approval or payment of Grant) General Consent 2008 to place a local land charge on property in which the grant recipient has an interest.
- 10.2 This would allow for the Council to recover debt in excess of £5,000 and up to a maximum of £10,000 in the event of a relevant disposal within ten years of the grant. The grant will be registered as a local land charge and against the property at HM Land Registry.

11. Other implications

- 11.1 The operational mechanics for placing a charge on a property currently exist for service users who currently meet the national Deferred Payment Scheme eligibility criteria under the Care Act 2014. It is proposed that the infrastructure and process in place for the Deferred Payment Scheme are extended to the recovery of the DFG and managed within the current resources.
- 11.2 **Risk management** - Housing Grants, Construction and Regeneration Act 1996 gives the Council the power to place legal charges on the property helping to mitigate some of the financial risk to the Council is facing in meeting the cost of disabled facilities grants. The proposal to recover all or part of the disabled facilities grant will ensure the Council has recurring income that can be reinvested in the DFG programme. The criteria set out in the regulations as to whom a legal charge applies minimises the numbers affected and prospect of financial hardship.
- 11.3 **Corporate policy and customer impact** - The Council has the power to introduce legal charges on properties where a disabled facilities grant has been awarded in line with the Regulation. The Regulation is prescriptive as to the circumstance in which a charge can apply significantly limiting the prospect of financial hardship to those affected by this policy change. As set out in the policy, it is proposed the Council will provide information and advice and advise individuals they have the option to seek legal advice for those where a legal charge may apply.
- 11.4 **Health issues** - The inclusion of the disabled facilities grant in the Better Fund Care to support the integration of health and social demonstrates the pivotal role of the disabled facilities grant both as a preventative measure and as part of ongoing health, care and support. The increased cost is projected to continue with the change in the health and social care needs of the population. The proposal to implement charges on properties of those who are able to repay back all or a proportion of the award will support the ongoing investment required to the ensure disabled facilities grant resources are available to continually support individuals to be independent in their home.

Public Background Papers Used in the Preparation of the Report:

- Legislation
<http://www.legislation.gov.uk/ukpga/1996/53/contents>
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/9424/138592.pdf
- Supporting Information
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6335/1850571.pdf.
<http://researchbriefings.files.parliament.uk/documents/SN03011/SN03011.pdf>
- Case Law
https://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0116_Judgment.pdf

List of appendices:

None

HEALTH AND WELLBEING BOARD

8 December 2015

Title:	Better Care Fund Progress Report for Barking & Dagenham		
Report of the Strategic Director for Service Development & Integration			
Open Report		For Decision	
Wards Affected: ALL		Key Decision: No	
Report Author: Glynis Rogers, Divisional Director Community Safety & Public Protection Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG		Contact Details: Tel: 020 8227 2749 E-mail: glynis.rogers@lbbd.gov.uk	
Sponsor: Anne Bristow, Strategic Director for Service Development & Integration Conor Burke, Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups			
Summary: The Better Care Fund (BCF) plans were approved by NHS England in January 2015. Two quarterly returns have been submitted to NHS England, for Quarter 4 2014/15 (January 2015 – March 2015) and Quarter 1 2015/16 (April 2015 – June 2015). These were signed off by the Joint Executive Management Committee under previously delegated authority from the Health and Wellbeing Board (HWBB). The Joint Management Executive Committee (JEMC) was established under the Section 75 agreement and is a committee (in Shadow form from October 2014 to March 2015) of the Clinical Commissioning Group (CCG) and Local Authority. It reports directly to the CCG Governing Body and the Local Authority's Cabinet. It also has a reporting line to the HWBB and it provides performance oversight of the Better Care Fund schemes and the pooled fund management arrangements. The HWBB subgroup Integrated care shapes Barking and Dagenham's engagement with the Integrated Care Coalition and therefore manages local developments on integrated care for older people and long-term conditions. However, the focus of the Sub-Group has shifted over the last 18 months to the BCF. This has included the development and finalisation of the BCF submission and overseeing the beginning stages of implementation of the eleven BCF schemes, including the Section 75 agreement governing the Fund. The eleven schemes of the BCF have delivered most the milestones that were set out in the BCF plans submitted to NHS England. Whilst there has been a high level of delivery against the key milestones in the schemes there has been under achievement against the BCF metrics. Key scheme plans are being reviewed to ensure these are fit for purpose. The delivery group which sits underneath the JEMC has helped focus the current schemes on the BCF metrics (admissions, delays of transfers of care, Reablement, admissions to care homes, user experiences and falls prevention). As highlighted in the submitted BCF plan the Community Health and Social care scheme, and prevention scheme have the most activities that impact on the metrics. The programme reporting is now focused on the schemes that impact on the metrics with the others schemes progress reported by exception.			

The report gives details on all the BCF metrics. The none-elective metric is the crucial metric as performance on this target is linked to a payment for performance. To date, the partners have struggled to continue the strong track record of admissions reduction over past years. This is likely to cost the partnership £710k in performance penalties this year. The Integrated Care Subgroup is leading the work to understand our current performance, and to develop plans to turn it around.

The pooled budget arrangements formally came in place April 2015. The total 2015/16 funding in the BCF is £21.299m.

The governance arrangements for the BCF are detailed in a section 75 agreement between the Local Authority and CCG. The pooled budget is hosted by the Local Authority and is responsible for monitoring spending, accounting and audit arrangements, and the allocation of resources to lead commissioners for schemes. Monthly reporting on finance and performance is made to the Joint Executive Management Committee. The Section 75 agreement includes a 50:50 risk share arrangement that comes into play if some or all of the targeted reduction in non-elective activity is not achieved.

Recommendation(s)

The Health and Wellbeing Board is recommended to note and comment upon:

- the latest information on delivery of the Better Care Fund ambitions, as set out in the report, and the steps that are being taken to address underperformance;
- The proposed continuation of the Better Care Fund into 2016/17 and that, on behalf of the Board, the Joint Executive Management Committee will be considering the approach to the BCF refresh for the next year,

Reason(s)

The Better Care Fund is a major plank of the Board's strategy for promoting integration of services, which forms part of the statutory remit of the Board. This update provides an opportunity to review progress and to provide direction to officers leading the Better Care Fund on how performance may be improved. This contributes to the priorities of both the Clinical Commissioning Group and the Council, as well as other partner agencies.

1 Introduction and Background

- 1.1 The Better Care fund “creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.” It is a critical part of the NHS two year operational plans and the five year strategic plans as well as local government planning.¹
- 1.2 Two quarterly returns to NHS England have been submitted on the Board’s behalf, and the third quarterly report was submitted on 27th of November 2015. This is the first detailed update report to the HWBB since the plans were submitted to NHS England in December 2014.
- 1.3 Regular reporting of the BCF has been managed by the Joint Executive Management Committee, with the Board’s Integrated Care subgroup helping to shape the delivery of the 11 BCF schemes.
- 1.4 The focus of performance monitoring has been on the 7 schemes most directly associated with delivery of the metrics. These are:
- Community Health & Social Care Services;
 - Prevention;
 - Mental health support outside hospital;
 - End of life care;
 - Dementia support ;
 - Equipment & adaptations; and
 - Support for family carers’ scheme.
- 1.5 Reporting on the other four schemes has been scaled back, either since they have made the contribution that was intended to our improved performance, or because there are other monitoring arrangements in place. These are:
- Improved hospital discharge (the Joint Assessment & Discharge Service);
 - Intermediate care;
 - Care Act implementation; and
 - Integrated commissioning.
- 1.6 This report provides the Board with an overview of the pooled budget arrangement since its formal conception in April 2015. This forms part of the regular reporting to the Joint Executive Management Committee.
- 1.7 As part of the regular programme reporting, a set of metrics, which were agreed as part of the initial programme, are tracked on a monthly basis against the baseline and planned improvements. Details of each metric are outlined in Appendix B.

¹ NHS England (n.d) [online] available from: <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

2 Progress on the BCF 11 schemes

Scheme 1: Integrated Health and Social Care Teams

- 2.1 This scheme is focused on the alignment of community services with ICM/locality arrangements and the effective operation of the service in supporting patients to be cared for at home rather than in hospital.
- 2.2 Alignment of community nursing and therapy services with localities took place in 2014. Since then the service has been working to detailed specification and a range of performance measures. Q2 report has recently been received. In essence indicators around Integrated Case Management (ICM) care plans, dementia case finding following acute episode, discharge care planning and training, frequent attenders audit and ICM care plan audit have been achieved. Further work to disseminate information and develop additional actions on basis of the audit work in train with a workshop planned for December 2015. ICM has also been developed further with input from secondary care consultants into MDT as part of the BHRUT CQUIN on ICM but with slow take up from primary care.
- 2.3 Further opportunities to develop this scheme are being considered in the light of the stakeholder workshop and hypothesis testing around system issues. Although this will not impact BCF for current year it will help to identify locality based developments in the future.

Scheme 2: Prevention

- 2.4 The scheme focuses on preventative services to promote health and wellbeing with an emphasis on physical activity and falls prevention.
- 2.5 The scheme has so far commissioned 2 services Handy person support services and whole body therapy. The scheme leads are also working on reviewing the current actions to more effectively support the delivery of the BCF metrics.

Scheme 3: Mental health support outside hospital

- 2.6 The scheme brings together health and social care commissioned services that work to support people with mental health problems through employment and recovery services.
- 2.7 The employment and recovery service contract has been extended for one year from October 2015 to allow for the re-design and tender process to be undertaken. 3 engagement workshops which are expected to inform the future direction have been completed.

Scheme 4: End of life care

- 2.8 The scheme focuses on improving end of life care across current services and supporting training across agencies and services.
- 2.9 An improvement plan was developed and scheme leads have been working through this to ensure that the recommendations made from the review of end of life care (EOLC) are implemented in the borough. Training has been completed at all care homes and with some of the GP practices. Further work is planned around implementation of the EOLC electronic care plans after the trials in Havering.

Information provided on Care & Support Hub on EOLC will be expanded and regular contract monitoring of commissioned services such as integrated case management, Marie Curie and EOLC Facilitator support. A review of commissioning of EOLC has been undertaken to understand the opportunities to improve the commission of EOLC services in future.

Scheme 5: Dementia support

- 2.10 The objective of the scheme is to improve early diagnosis and support to people with dementia.
- 2.11 The schemes leads have been tasked to come back with a prioritised plan that related to what deliverable within the current capacity. This follows previous plans to set up a Dementia Action Alliance a vehicle for the developing a dementia-friendly community. The CCG working in partnership with NELFT are carrying on with actions to deliver the national target of 67% of people with a confirmed diagnosis from estimated the dementia prevalence. This will allow for this people to receive appropriate treatment early and the necessary support.

Scheme 6: Equipment and adaptations

- 2.12 The objective of the scheme is to bring together the commissioning and provision of equipment and adaptations that is required to support people in their homes focused around delivery of BCF metrics
- 2.13 A workshop to identify opportunities to improve equipment and adaptations took place in December 2014. Following that meeting a range of issues were identified which relate specifically to CCG processes around equipment. These are being addressed but they have necessarily slowed discussions around integrated approaches. Opportunities for cost saving based on CCG entering equipment consortia (as LBBB has) and other areas where integration could positively impact discharges from hospital, reablement or admission to hospital are being considered. A piece of CCG service mapping is being undertaken which will better inform this work.

Scheme 7: Support for family carers

- 2.14 The scheme focuses on carers who play a crucial role in supporting patients to remain independent in their own home and also in supporting timely discharge from hospital.
- 2.15 Scheme leads are working on a programme of events such as increasing the number of health checks for carers, increasing awareness around identifying hidden carers and supporting known carers through training of frontline staff.

Scheme 8: Improved hospital discharge

- 2.16 This is geared towards establishing a Joint Assessment and Discharge Service model developed to improve discharges from the acute hospital, supported by 7 day working and targeted care and support.
- 2.17 The Joint Assessment and discharge team and 7 day working service have now been in operation since June 2014. London Borough of Barking and Dagenham was the initial host for the service and led the implementation programme. A review

of the service was done and reported to the HWBB. It was agreed that JAD was achieving its aims and there was a commitment to its continuation as a model. It was agreed for it to continue in the format and capacity that was originally envisaged with the hosting arrangements being transferred to London Borough of Havering.

Scheme 9: Intermediate Care

- 2.18 An Intensive Rehabilitation Service (IRS) which provides intensive support to people at home, rather than in an acute or intermediate care bed. This is linked to a programme of productivity improvement for intermediate care beds.
- 2.19 In line with the decision at CCG Governing Bodies December 2014, the home based services-community treatment team and intensive rehabilitation-were permanently established 2015/16. The final phase of the reconfiguration programme is to centralise a reduced number of community beds on the King George Hospital site. Steps are underway to move of the community beds onto one site at King George Hospital the first phase of which is scheduled to take place December 2015.

Scheme 10: Care Act implementation

- 2.20 A scheme which looks at the implementation of the Care Act and includes carers' assessments, meeting national eligibility thresholds and statutory safeguarding board.
- 2.21 The Care Act programme board is reporting to the HWBB on regular basis on the progress. The deferment cap on care cost until April 2020 has been recently been reported to the HWBB. The programme has been revised to take account of the deferment and new programme arrangements have been agreed and put in place.

Scheme 11: Integrated commissioning

- 2.22 The scheme is geared to establish an integrated commissioning approach to develop and deliver the commissioning changes required in the BCF.
- 2.23 A programme management approach has been established to manage the BCF with the governance arrangement as highlighted in this report. There is further review of the schemes to understand the opportunities of overall fund to commission differently.

3 Progress on BCF outcomes metrics

- 3.1 To evaluate Barking Dagenham's performance NHS England will draw from national data returns. This section sets out the local view of that performance data.

Non-elective admissions

- 3.2 The key target for the BCF is to reduce non-elective admissions by 2.5% in the calendar year 2015, compared to 2014. Performance on this target is linked to a payment for performance, amounting to £710k across both partners.

3.3 A non-elective admission is an admission to hospital for overnight stay where the patient's admission is not planned; it includes emergency admissions, and admissions for maternity, births, and non-emergency patient transfers.

3.4 The data on non-elective admissions is set out below.

Non-elective Admissions	Jan	Feb	Mar	Apr	May	Jun	Total
Baseline '14	1613	1543	1512	1638	1662	1472	9440
Actual '15	1586	1452	1660	1708	1816	1898	10120
Target Jan-Jun '15 2.5% decrease							9204
Actual increase on baseline							680 (+7%)

3.5 It is evident from the data that the target has not been met. However, some investigatory work is underway at present to ascertain the accuracy of these figures and reporting practices by Barking, Havering & Redbridge University Hospitals NHS Trust. An issue has been identified whereby so-called 'ambulatory care' data may have been double-counted since April, and which may have contributed to the reported increase.

3.6 An analysis of the performance without the ambulatory care data suggests the possibility of an overall downward trend through 2014/15. The Commissioning Support Unit (CSU) is leading on a reconciliation of the data with BHRUT.

3.7 Based on the current data there is no performance-related payment due to the borough for Quarters 1 and 2, resulting in a loss of up to £352k. To mitigate this, the underspend in previous years has been put towards covering the penalty. Alternatively the sum can be clawed back by "catching up" on the target before year end by doing better than the target in future quarters.

3.8 The HWB Integrated Care Subgroup led a workshop on the 21st of October 2015 to share with the wider stakeholders our current BCF performance, deep dive analysis, and to develop plans to turn it around.

3.9 The attendees were asked to test out the hypothesis around prevention, age and demography issues relating to admissions and system wide challenges.

3.10 A number of actions have been identified to which focus on maximising effectiveness and understanding variation across localities, proactive case finding approaches, understanding admissions in working age population and develop improved identification/self-management approaches.

3.11 The BCF Delivery Group has just undertaken a stocktake of all of the schemes which directly impact admissions to ensure the plans are focused and effective.

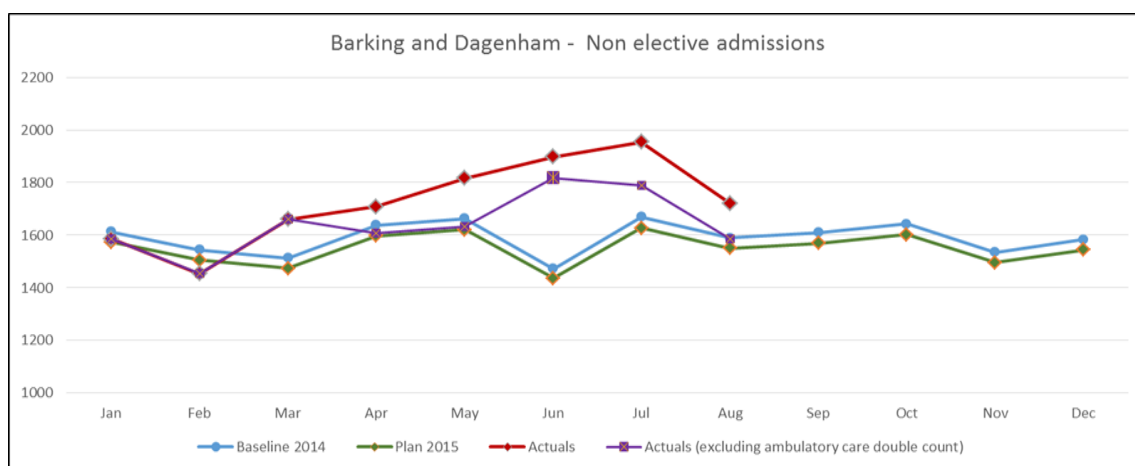


Chart 1: Non-elective admissions – monthly trends

Delayed Transfers of Care from Hospital

- 3.12 Ensuring people are supported in an integrated way to enable them to be safely discharged from hospital is a key BCF priority. Data for delayed transfers of care shows that from April there has been an increase in delays mainly due to patients awaiting specialist rehab which is commissioned by NHS England. A pathway review is being undertaken by NHS England to address the waiting times of those waiting for specialist rehabilitation.
- 3.13 This is not only unique to Barking Dagenham but is a national issue. As the BCF measure relates to the total number of bed days delayed, rather than number of patients, the same patient can be counted again in the following month therefore making the numbers appear more. This needs to be taken into account when looking at the high performance.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
DTOC - 2014/15	172	141	187	239	192	238	143	167	194	188	158
DTOC - 2015/16	173	213	290	308	236						
DTOC - 2015/16 plan	169	169	171	171	171	171	202	202	202	161	161

Date Delayed transfers of care (days) per 100,000

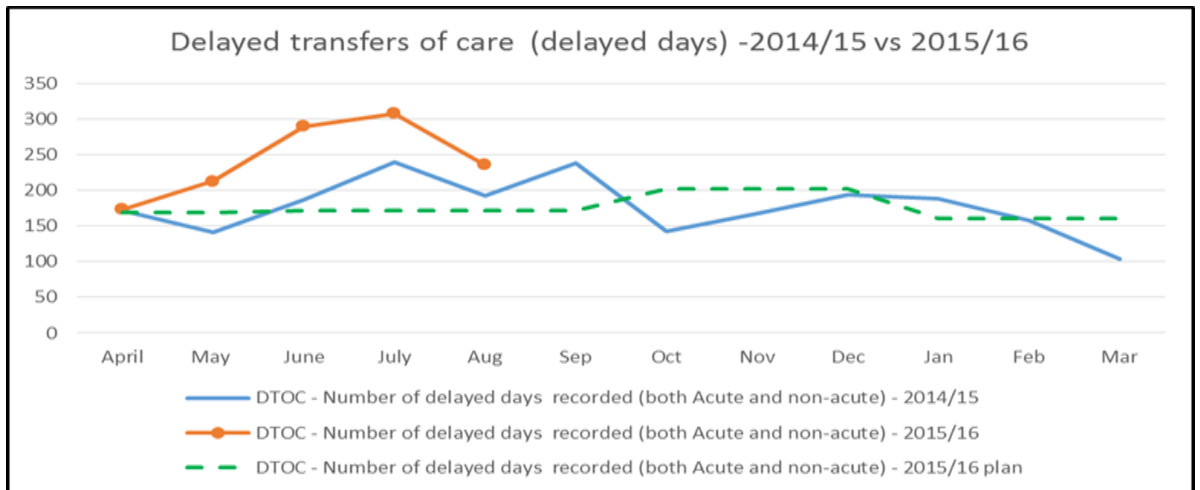


Chart 2: Delayed discharges – monthly trends and benchmarking:

Permanent admissions into residential/nursing placements

- 3.14 A further key aim of the Better Care Fund is the promotion of care closer to home, and for social care this concerns avoidance of admission to residential care as far as possible. Using an indicator from the Adult Social Care Outcomes Framework, this measures admissions into care (residential and nursing) for older people 65+ in the borough.
- 3.15 We have seen an unprecedented increase in demand for services over the last six months and this is directly related to the work undertaken to improve patient flow at BHRUT.
- 3.16 As part of this we have seen an increase in requests for temporary placements many of which become permanent at a later stage. We have recently changed the authorisation process for temporary placements and hope this will improve performance. We are also monitoring closely the number of people who are admitted permanently into residential care from a hospital bed who had no support package in place prior to admission.
- 3.17 Last year's performance was adversely affected by the decision taken to commission winter pressure beds. We believe this impacted badly on performance and on placement decisions during the early part of 15/16. The decision taken at SRG not to commission winter beds in 15/16 will allow a further opportunity to keep placements in check this winter and next spring.

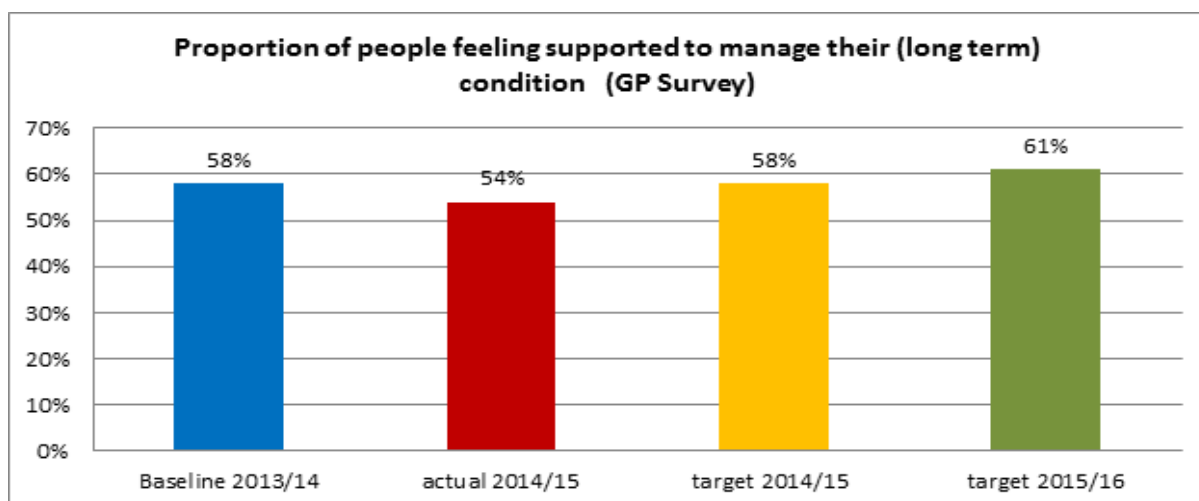
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Whole year
Admissions 14/15	15	14	18	14	13	9	10	9	14	19	22	22	179
Admissions 15/16	10	10	17	13	16	13							79
Admissions 15/16 plan	11	10	11	10	10	10	10	10	10	11	11	11	125

Re-ablement effectiveness

- 3.18 The Better Care Fund is also seeks to ensure that hospital discharge is effectively setting people up for continued independent living, and that care plans put in place are sustainable. To assess this, a measure from the national Adult Social Care Outcomes Framework (ASCOF) is used, about whether people remain at home 91 days after discharge into a package of reablement support. The plan was set at 89.3% and the baseline for 2013/14 was 88.3%.
- 3.19 Current performance is 67.2% which is significantly lower than baseline and plan. We are currently investigating whether a data problem in previous years' submissions may have concerned the inclusion of deaths in the numerator, contrary to ASCOF definition. We are also therefore now focusing on why our performance compares unfavourably with our statistical neighbours.

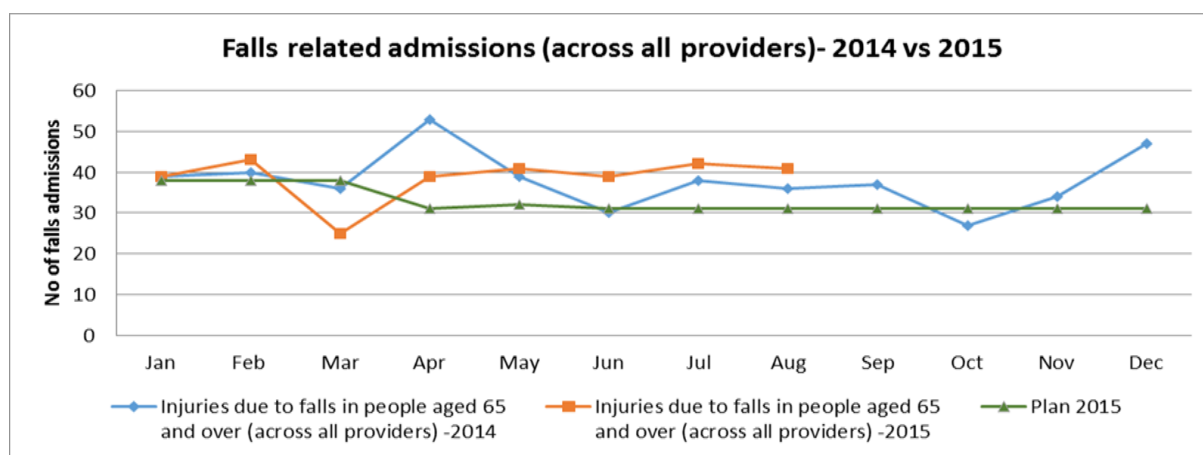
GP user survey – people feeling supported by services to manage their long term conditions

- 3.20 Performance has declined slightly against the baseline for this local metric, and is slightly below the London average of 58.4%.
- 3.21 The further work is planned with local Patient Participation Groups and Healthwatch to understand patient experience. It is acknowledged that we can't influence the GP survey as it is sent by an independent organisation working on behalf of NHS England directly to a small sample of GP patients who complete and return the survey. However these planned exercises will help us understand why patients don't feel supported and how we can address this.



Injuries due to falls in people aged 65

- 3.22 This indicator measures the number of emergency admissions due to falls related injuries. This indicator has been performing better than its baseline set in 2014, however performance has declined in the past three months.
- 3.23 A number of work streams are currently in place across Barking Dagenham, Havering and Redbridge looking at improving the operation of the falls pathway and the uptake of the risk assessment tool. It is the principal focus of our Prevention scheme under the Better Care Fund, and a service has been commissioned for a handyperson service to address trip hazards in the homes of frail older people.



4 Summary of BCF spending - 2015/16

- 4.1 The pooled budget arrangements formally came into place April 2015. This has been delivered in line with the BCF plan.
- 4.2 Based on the best available information held as at Quarter 2 for 2015/16, actual progress is within the financial plan as per the BCF plan and section 75 agreement. The projected outturn is a break even position at year end for the total Pooled fund. The table below illustrates the budgetary allocation for each of the 11 work streams:

	Better Care Fund (BCF)	£000
	Better Care fund allocation 2015/16	21,299
	Allocation by workstream:	
1	Community Health and Social Care	9,158
2	Improved hospital discharge	2,019
3	New model of intermediate care	3,143
4	Mental Health Support outside hospital	1,096
5	Integrated Commissioning	220
6	Support for Family Carers	925
7	Care Act Implementation	1,586
8	Prevention	1,529

9	End of Life Care	105
10	Equipment & Adaptations	1,171
11	Dementia Support	347
	Total BCF allocation:	21,299

4.3 In line with the Section 75 Agreement that governs the Better Care Fund, any overspends will be managed by partners within their own resources, and discussions will be held through the Joint Executive Management Committee to evaluate the impact on the programme overall, including calls on any underspend that accrues in other parts of the programme.

5 Governance update

5.1 A section 75 agreement is in place of which the key features are:

- The pooled budget is hosted by the Council who will be responsible for monitoring spend, accounting and audit arrangements, and the allocation of resources to lead commissioners for schemes.
- The CCG is transferring its contribution to the BCF fund on a monthly basis.
- Monthly reporting on finance and performance is made to the Joint Executive Management Committee.

5.2 Partners are required to invest resources allocated from the BCF in line with the purposes set out in the BCF Plan, and report any changes including potential underspends or overspends to the Joint Executive Management Committee for partners to consider. Each partner is responsible for managing overspend related to their own commissioning budget, unless otherwise agreed by the Joint Executive Management Committee. For example the Committee may agree to reallocate resources. Partners are accountable for ensuring that they meet their own organisation's financial standing orders requirements.

5.3 The Section 75 Agreement includes a 50:50 risk share arrangement that comes into play if some or all of the targeted reduction in non-elective activity is not achieved. This means that the £710k pressure resulting from failure to achieve the performance reward target is shared equally as a pressure between the Clinical Commissioning Group and the Council. This has been subject of further discussions through the System Resilience Group to address the impacts across Barking & Dagenham, Havering and Redbridge of the combined pressure resulting from Better Care Fund performance and forthcoming winter pressures.

6 The Better Care Fund in 2016/17

6.1 On 16 October 2015, the Council and Clinical Commissioning Group were notified by the Department of Health of the intention to continue the Better Care Fund into 2016/17. The letter attached at Appendix D noted that the formal planning guidance would not be forthcoming until the end of the year, but that early discussions about the future of the Fund should begin. In particular, the letter encouraged local areas to consider an honest evaluation of Better Care Fund implementation to date – including what has worked, what has not worked as

anticipated, and what could be adjusted, refined or changed moving forward. Tools to help in this evaluation were promised.

- 6.2 At its meeting on 16 December, based on 'deep dive' analyses and discussions with partners through recent workshops, the Joint Executive Management Committee will begin to consider the approach to the coming year. Amongst issues to take into consideration will be the impact of the Spending Review, including cuts to the Public Health Grant and pressures on adult social care services, which will impact on some of the current investments in the Fund.

7 Mandatory Implications

Joint Strategic Needs Assessment

- 7.1 The Better Care Fund is specifically mentioned in Recommendation 11 of the 2015 JSNA as a key programme to ensure services promote residents' independence. The Better Care Fund also contributes to Recommendation 12, reducing hospital admissions and re-admissions as well as Recommendation 14, allowing terminally ill adults to die with dignity in a supported and planned way with real choice about where they die.

Health and Wellbeing Strategy

- 7.2 The Better Care Fund reinforces the aims of the Health and Wellbeing Strategy and aligns to three of the four priorities set out in the Health and Wellbeing Strategy: Care and Support, Improvement and Integration of Services; and Prevention. In particular, it is a significant vehicle for the delivery of integration of services, principally for frail older people.

Integration

- 7.3 Integrated commissioning and provision is at the heart of the Better Care Fund and the report sets out a number of ways in which the management of the Fund has furthered integrated service delivery.

Financial Implications

- 7.4 The total BCF allocation in 2015/16 which consists of funding from the Council and the Clinical Commissioning Group (CCG) amounts to £21.299m. It is assumed that the overall fund will breakeven at year end.
- 7.5 £3.773m of the BCF funding is subject to a payment for performance arrangement with the key target being the target to reduce non-elective admissions by 2.5%. Current monthly reporting shows that the target is not being achieved resulting in an estimated performance penalty for the year of £710k which would be split 50:50 between the Council and the CCG. The penalty will partly be mitigated by utilising the 2014/15 BCF underspend of £347k. The remaining pressure of £363k split 50:50 would need to be managed by both partners within their existing resources.
- 7.6 Following the announcement that the BCF would continue in 2016/17, the current plan would need to be reviewed by the JEMC taking into consideration current performance, the recent spending review, the funding cuts in the Public Health

grant and other pressures in adult social care in order to set the allocations for work streams in 2016/17.

(Implications completed by: Carl Tomlinson, Group Finance Manager)

Legal Implications

- 7.7 Since this paper is an update on progress, there are no formal legal implications to consider arising from the content of this report.

Risk Management

- 7.8 Risks are identified in Appendix A – Better Care Fund Programme Highlight report. The Joint Executive Management Committee considers these risks on an on-going basis.

Patient / Service User Impact

- 7.9 The purpose of the Better Care Fund is as a vehicle to improve services to patients and service users through greater integration. Across a number of areas, including hospital discharge, falls prevention and end of life care, improvements are being made through BCF schemes. It also provides an opportunity to engage with frontline staff and patients/service users themselves about potential improvements that could be made to their services.

8 Non-mandatory Implications

Contractual Issues

- 8.1 Across the Better Care Fund there are investments which are delivered through contracts held by either the Clinical Commissioning Group or the Council. Where procurement activity is taking place (such as proposals that have been before the Health & Wellbeing Board already around carers' services) they are planned jointly, even where one partner is taking the procurement lead. This report proposes no specific changes in itself, and no decisions are required on contractual matters as a result of this update.

9 List of Appendices

Appendix A BCF Programme report

Appendix B BCF Metric report

Appendix C Better Care Fund 2016/17: Letter to Health & Wellbeing Board Chairs, 16 October 2015

Report Period:	28 August 2015 – 01 November 2015
Programme Sponsor:	Gynis Rogers & Sharon Morrow
Programme Manager:	Mark Tyson & Sarah D'Souza/Gemma Hughes

Progress Summary

Key indicators & Direction of Travel

Direction of travel guidance			RAG guidance		
→	Horizontal	Same RAG as previous highlight report	G	Green	No deviation, plan is on track
↑	Upward	Better RAG than previous report	A	Amber	Deviation is likely – mitigation is being planned to remain on track
↓	Downward	Worse RAG than previous report	R	Red	Deviation has occurred – decision is needed immediately

OVERALL PROGRAMME	→	The BCF programme updates on the first key workstreams that impact on the BCF metrics (Admissions, DTOC, Reablement, Admissions to Care Homes, User experience & Falls). Most activities that affect the metrics are in workstream 1 & 4 which are detailed below. These relate to the benefits identified in section 3. A detailed Finance report now being presented on a monthly basis to the Better Care Fund (BCF) Joint Executive Management Committee. As proposed in the last meeting no regular programme reporting is done for workstream 2(Improved Hospital discharges),3(Intermediate care),10(Care Act) &11(Integrated Care Commissioning). This is to focus the reporting on schemes that affect the key BCF metrics.	A
CATEGORY	Direction of Travel	Comment	
TIME	→	<ul style="list-style-type: none"> First full year of the Better Care fund started on the 1st of April 2015 although admissions reduction metric measure of the performance of the programme started on the 1st of January 2015 to December 2015. 	G
COST	→	<ul style="list-style-type: none"> The BCF net budget for 2015/16 is £21.299m. The current forecast outturn is £22.166m after adding £710k forecast performance penalty and taking out £347k 2014/15 BCF underspend. 	G
QUALITY	→	6 BCF key metrics have been implemented setting out required outcomes for improvement over the coming financial year. Performance is monitored on a monthly basis through the dedicated BCF Metric report. The achievements against most metrics has deteriorated with deviation on plan for admissions, reablement, DTOC and user experience metrics. Action to understand and address is in train.	A
BENEFITS	→	<ul style="list-style-type: none"> Benefits are captured and reported via the BCF Metric. However a number of benefits are not being delivered in full given that a number of metrics are underperforming – see above. 	A
RESOURCES	→	<ul style="list-style-type: none"> Implementation of the BCF and specifically pooled funds are on track for 2015/16 moving from aligned budgets to an integrated pooled fund. 	G
COMMUNICATIONS & ENGAGEMENT	→	<ul style="list-style-type: none"> On target and in accordance with plan. Detailed engagement has also been completed in relation to individual schemes. 	G
Project (Sponsor)	Direction of Travel	Comment	
Workstream 1 Community Health & Social Care Service (scheme relate to BCF metrics)	→	<p>This scheme is focused on the alignment of community services with ICM/locality arrangements and the effective operation of the service in supporting patients to be cared for at home rather than in hospital.</p> <ul style="list-style-type: none"> Alignment of community nursing and therapy services with localities took place in 2014. Since then the service has been working to detailed specification and a range of performance measures. Q2 report has recently been received. In essence indicators around % of ICM care plans, dementia case finding following acute episode, discharge care planning and training, frequent attenders audit and ICM care plan audit have been achieved. Further work to disseminate information and develop additional actions on basis of the audit work in train with a workshop planned for December 2015. ICM has also been developed further with input from secondary care consultants into MDT as part of the BHRUT CQUIN on ICM but with slow take up from primary care. Further opportunities to develop this scheme are being considered in the light of the stakeholder workshop and hypothesis testing around system issues. Although this will not impact BCF for current year it will help to identify locality based developments in the future. <p>Scheme budget £9,158k</p>	A
Workstream 4 Prevention (scheme relate to BCF metrics)	→	<p>Following the schemes meeting the scheme leads have set the following actions:</p> <p>Handy Person Support Service milestones:</p> <ul style="list-style-type: none"> Award of contract – November 2015 Meeting with provider to finalise referral pathways – November 2015 Service starts – November 2015 Eligibility criteria review – February 2015 Service performance monitoring – ongoing <p>Whole Body Therapy milestones:</p> <ul style="list-style-type: none"> Evaluation due from provider – November 2015 Evaluation to JEMG – December 2015 /January 2016 <p>Prevention Mapping milestones:</p> <ul style="list-style-type: none"> Review existing mapping at Prevention Steering Group – November 2015 Update content – December/January 2015 Upload to Care and Support Hub – January/February 2016 <p>Scheme budget £1,529</p>	A
Workstream 5 Mental Health Outside of Hospital	→	<ul style="list-style-type: none"> Richmond Fellowship has been extended for one year for October 2015 to allow for the re-design and tender process to be undertaken. 3 engagement workshops which will inform future direction have now been completed. Commissioners and the Mental Health Sub-Group will be tasked with reviewing the outputs from the sessions and pulling this into a partnership-wide Mental Health Strategy which will determine the services employment and peer support services commissioned. <p>Scheme budget £1,096</p>	A
Workstream 6 End Of Life Care	→	<ul style="list-style-type: none"> Following the schemes meeting the End Of Life Care scheme leads have set the following actions: Regular contract monitoring of commissioned ICM, Marie Curie and EOLC Facilitator services by 31 Mar 2016 EOLC Clinical lead and work-plan proposal for Q3 2015/16 by 18 Dec 2015 BHR EOLC electronic system development through BHR working group by 31 Mar 2016 Expand on EOLC planning information provided on Care & Support Hub by 18 Dec 2015 TBC 	A

		Scheme budget £105k	
Workstream 7 Dementia Support	→	<ul style="list-style-type: none"> Following the Schemes meeting Dementia scheme leads have set the following actions: Set up Dementia Action Alliance (DAA) - a vehicle for developing a dementia-friendly community by March 2016 <ul style="list-style-type: none"> - Work with Pan London Alzheimer's Society for best practice in setting up local DAA - Collaborate with BHR teams to pull on resource & intelligence - PH one-day a week administrative support to set up local DAA - Ensure all members of DAA sign up to National Dementia Declaration & name three action they will. A risk has been flagged that we don't have Dementia Advisors in place to follow through with these actions. Mapping of dementia pathway via NELFT by March 2016 <ul style="list-style-type: none"> - Use information already depicted from the Dementia Needs Assessment work to inform this work - Use existing contract monitoring arrangements in place with NELFT to deliver this work - Collaborate with other key organizations in the borough to develop a comprehensive pathway 	A
Workstream 8 Equipment & Adaptations	→	<p>A workshop to identify opportunities to improve equipment and adaptations took place in December 2014. Following that meeting a range of issues identified which relate specifically to CCG processes around equipment. These are being addressed but they have necessarily slowed discussions around integrated approaches down. Opportunities for cost saving based on CCG entering equipment consortia (as LBB has) and understanding any other areas where integration could positively impact discharge, reablement or admission to hospital are being considered. A piece of CCG service mapping being undertaken which will better inform this.</p> <p>Scheme budget £347k</p>	A
Workstream 9 Support for Family Carers	→	<ul style="list-style-type: none"> Complete the tender of a re-modeled Carers service to provide information, advice and signposting. March 2016 Increase the number of Healthchecks – work with Public Health and review the number of Healthchecks carried out for Carers, looking at potential barriers and how this can be reviewed through contract monitoring. January 2016 Increase awareness around identifying 'hidden carers' and supporting known carers through the training of frontline staff, including ACS, NELFT, BHRUT and CCG, (potential bid to CEPN funding proposal to support some of this). March 2016 Work across the partnership to get an agreement and make every contact count through the integrated case management system. March 2016 Developing a suite of information for GP's on the Care and Support Hub specifically around Carers with the lead GP. March 2016 Themed event in February for frontline staff linked in with the Carers' Strategy Group. February 2016 Incorporate where there is an opportunity the needs of Carers in the contracts delivered through the partnership. March 2016. <p>Scheme budget £925k</p>	G

Section 2: Benefits

Benefits are set out within the detailed BCF plan and monitored on a monthly basis. Benefits required are:

- Reduced reliance upon hospital and reduced admissions.
- Reduced reliance upon residential care, promotion of self care and independence.
- People who leave hospital remaining at home for 91 days following discharge.
- Reduced Delayed Transfers of Care.
- Improved user experience of care and support
- People feeling supported to manage their long term condition
- Reduced accidents and injuries due to falls

Performance against each of these is provided by the BCF Metric.

Section 3: Expenditure

Finance report presented on a monthly basis to the Better Care Fund (BCF) Joint Executive Committee.

Section 4: Summary of Top Risks

Note: grey boxes indicate risks and issues that have been previously reported but remain in the highlight report for on-going monitoring due to their overall probability and impact. **Bold** indicates new items.

Description	Cause/Consequence	Action(s) in place	Score
PROGRAMME RISKS			
Mitigation actions in workstream 1 may not be in time to influence the activity in Q2 and Q3 performance of the Admissions metric.	The actions that need to be taken are likely to be long term and wider stakeholder engagement.	As a result of the workshop we will identify actions to implement immediately however expected impact is likely to be in 2016/17.	

Section 5: Summary of Top Issues

Note: grey boxes indicate risks and issues that have been previously reported but remain in the highlight report for on-going monitoring due to their overall probability and impact. **Bold** indicates new items

Description	Cause/Consequence	Action(s) required / in place	Assigned To
Admissions Data from April 2015 to August 2015 has included ambulatory data which has increase our overperformance	The SUS data for BCF reporting should exclude ambulatory data. The inclusion of these data has lead to double counting which has increased admissions since April.	<ul style="list-style-type: none"> As this affects all the 3 CCGs the BHR central team is leading on the investigations and working with the hospital to ensure this error is rectified. The analyst team have been able to remove the double counting and these figures have been used in our reporting NHSE. 	SDS/G H/MT

Description	Cause/Consequence	Action(s) required / in place	Assigned To

Section 6: Dependencies

COMMENTS						RAG
Key Dependencies	Description	Action Required	Assigned To	Target Date	Actual Date	RAG

Appendix 1: Forward plan of decisions

Planned date of decision	Report Type / Decision maker	Project	Summary of the decision required	Where the item needs to be reported / reviewed in the lead in	Comments

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Barking & Dagenham LA & CCG Better Care Fund Metrics Report

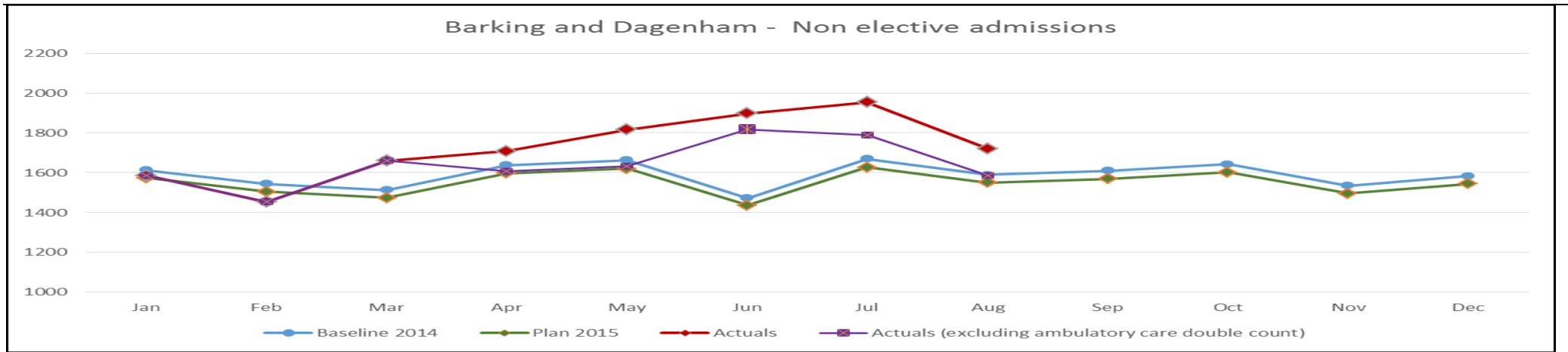
1. Non-elective Admissions to Hospital (General & Acute) April 2015

Source: SUS DATA

Definition	The national definition is non-elective admissions general and acute into hospital of all ages in the borough. The aim being to reduce non-elective admissions which can be done by collaboration of health and social system.	How this indicator works	This indicator measures the total number of all non-elective admission (general & acute) of all ages in B&D.
What good looks like	Good performance is meeting the planned reduction actual monthly target with total annual reduction of 477	Why this indicator is important	This indicator is a 'Payment for Performance' metric. This is monitored against a target reduction of 2.5% which has a financial implication if not achieved.
History with this indicator	Monthly Baseline figure in 2014 below indicate 1472 as lowest in June and highest in July - 1668	Any issues to consider	<p>The Metric is monitored by Calendar year rather than Financial year. This indicator was reported on MAR data up until last month. NHSE has revised this and the metric will be reported based on SUS data. The data however includes children, Maternity and Hospital transfers where there were no schemes planned to reduce activity.</p> <p>BHRUT has included the ambulatory care conditions under Non-elective admissions since April 2015. This has inflated the Non-elective admission numbers. This was raised in technical subgroup meeting and the trust was asked to resubmit the correct figures to SUS. Awaiting response from Trust</p>

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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Baseline 2014	1613	1543	1512	1638	1662	1472	1668	1589	1609	1643	1534	1583	19066
Planned reduction	40	39	38	41	42	37	42	40	40	41	38	40	477
Plan 2015	1573	1504	1474	1597	1621	1435	1627	1549	1569	1601	1496	1543	18589
Actuals	1586	1452	1660	1708	1816	1898	1954	1721					13795
Actuals (excluding ambulatory care double count)	1586	1452	1660	1607	1633	1818	1789	1586					13131
% Planned reduction	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
Variance from baseline	-27	-91	148	70	154	426	286	132					1098
Variance from baseline %	-1.7%	-5.9%	9.8%	4.3%	9.2%	28.9%	17.1%	8.3%					8.6%
Variance from plan	13	-52	186	111	195	463	327	172					1415
Variance from plan %	0.8%	-3.5%	12.6%	7.0%	12.0%	32.2%	20.1%	11.1%					11.4%

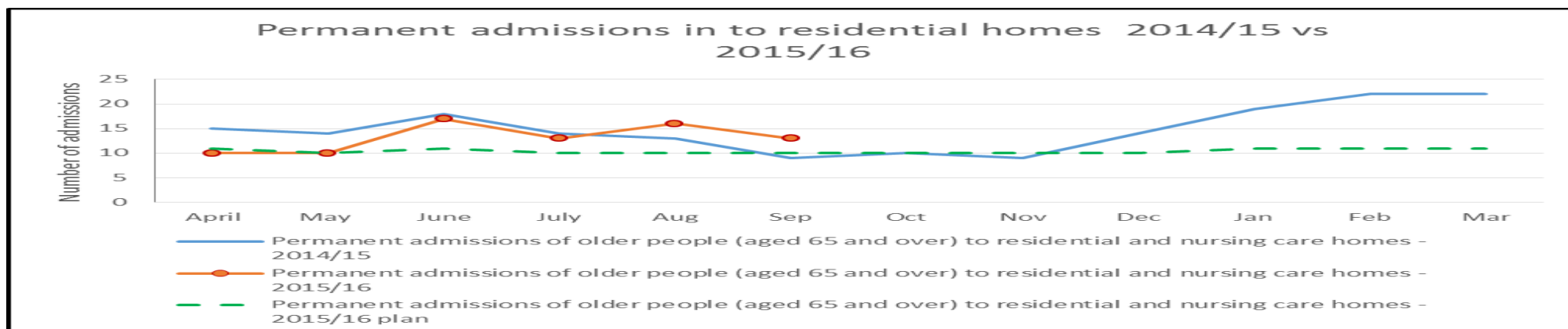


Performance Overview	There has been a reduction in non-elective admissions in August when compared to June and July.	Actions to sustain or improve performance	
RAG			
Benchmarking	<ul style="list-style-type: none"> Benchmarking information is the 2014 performance. 		

2. Permanent admissions into residential /nursing placements for older people (65) April 2015			
Source: Social Care			
Definition	The national definition is admissions into care(residential/nursing) for older people 65+ in the borough. The aim being to reduce inappropriate admissions of older people (65+) into care.	How this indicator works	This indicator measures the total number of permanent admission into residential and care for older people 65+ in B&D. (ONS estimated population figure for 2015/16 is 19,669)
What good looks like	BCF target is 125 admissions in total in 2015/16. The target for rate per 100,000 population is 635.5 for the year. Good performance would be under the annual target of 125 admissions or 635.5 rate per 100,000 population	Why this indicator is important	The number of permanent admissions to residential and nursing care homes is a good measure of the effectiveness of care and support in delaying dependency on care and support services, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions where appropriate. This includes placements made through the Older People Mental Health team.

History with this indicator	In 2014/15, there were 179 admissions against the plan of 130 admissions. 40 more admissions when compared against plan	Any issues to consider	Please note that admissions encompass both those agreed by the Councils Divisional Director (and delegates) and admissions outside of these such as those within Mental Health. Figures below are actual numbers of admissions and not rate per 100,000.
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	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Whole year
Admissions (65 and over)-2014/15	15	14	18	14	13	9	10	9	14	19	22	22	179
Admissions (65 and over) -2015/16	10	10	17	13	16	13							79
Admissions (65 and over) -2015/16 plan	11	10	11	10	10	10	10	10	10	11	11	11	125



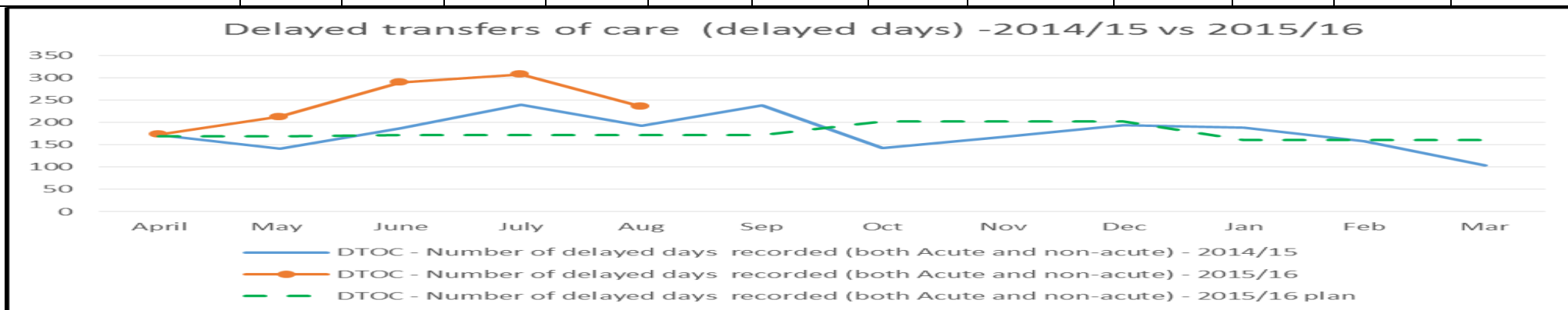
Performance Overview		Actions to sustain or improve performance	
RAG			
Benchmarking	<ul style="list-style-type: none"> Number of permanent admissions in 2014/15 was 179. 		

3. DTOC – Total Delayed Days in the Month April 2015

Source: NHS England published

Definition	The national definition of a delayed transfer of care is when a patient is ready for transfer from acute care, but is still occupying an acute bed.						How this indicator works	This indicator measures the total number of delayed days recorded in the month regardless of the responsible organisation (social care/ NHS). The figures shown are number of delayed days (18+ population of 142,593 for first 3 Quarters and 145,357 for Q4). (This is as per BCF submitted plan)					
What good looks like	Good performance would be under 509 delayed days for Q1, under 513 delayed days for Q2, under 618 delayed days for Q3 and 491 delayed days for Q4.						Why this indicator is important	This indicator is important to measure as the average number of delayed days per month (per 100,000 pop) is included in the Better Care Fund performance monitoring.					
History with this indicator	In 2014/15, Q1, Q3 and Q4 targets were met. In Q2, there were 669 delayed days reported against a plan of 504 days.						Any issues to consider	Please note that these figures are taken from the Department of Health website and have not been verified by Barking and Dagenham Social care, these figures will also include patients from Mental Health.					
	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
DTOC - 2014/15	172	141	187	239	192	238	143	167	194	188	158	103	
DTOC - 2015/16	173	213	290	308	236								
DTOC - 2015/16 plan	169	169	171	171	171	171	202	202	202	161	161	161	

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Performance Overview	Of the 236 delayed days in August, 66 delays are due to NHS, 143 delays are due to Social care and 27 are due to both Health and social care. The main reasons for delayed days are due to public funding, patient or family choice and assessment not being completed	Actions to sustain or improve performance	
RAG			
Benchmarking	The number of delayed days in August 2014/15 was 192.		

4. Proportion of older people 65+ still at home 91 days after discharge 2015												
												Source: Social Service
Definition	Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services. The aim is to increase in effectiveness of reablement/rehabilitation services whilst ensuring those offered service does not decrease						How this indicator works	This indicator measures the total number of older people 65+ in B&D offered reablement services remaining at home 91 days after discharge. The figures shown below are. (ONS 12-13 estimate population of 198,409)				
What good looks like	Increase in the number of older people aged 65 and over offered rehabilitation services following discharge from acute or community hospital remaining in their homes 91 days after discharge. The target in 2014/15 – 89.3% . Target in 2015/16 – 90%						Why this indicator is important	This one of the metric for the BCF that LBBDD & CCG have agreed to add to national metrics.				
History with this indicator	In 2013/14 88.3 % of older people are reported to be still at home 91 days after discharge from hospital in to reablement/ rehabilitation services						Any issues to consider	This is an annual indicator there is no data to report on a monthly basis.				
	Apr-15	May-15	June-15	July-15	Aug-15	Sept-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Reablement Metric	In 2014/15 , the proportion of people (65 and above) who were still at home, 91 days after discharge is 67.2%											

Performance Overview	<ul style="list-style-type: none"> The target for 2014/15 is 89.3, the actual is 67.2 This is lower when compared to 88.3% in 2013/14 	Actions to sustain or improve performance	
RAG			
Benchmarking			

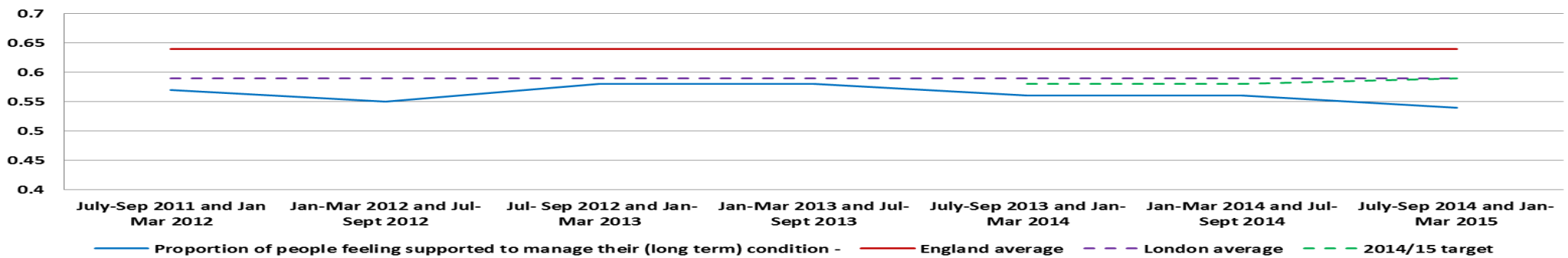
5. Proportion of people feeling supported to manage their (long term) condition December 2014

Source: GP Survey

Definition	A proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition.	How this indicator works	The indicator is based on responses to questions in the GP Patient Survey which is as follows: In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term condition(s)? Responses will be weighted according to the following 0-100 scale: “No” = 0 , “Yes, to some extent” = 50 , “Yes, definitely” = 100	
What good looks like	A greater proportion of people with long-term condition feeling supported to manage their condition. 2014/15 target is .58. The target for 2015/16 is .61	Why this indicator is important	This one of the metric for the BCF that LBBD & CCG have agreed to add to national metrics.	
History with this indicator	0.56 – based on the aggregated data collected from July-Sep 2013 and Jan- Mar 2014. In other words 56% of people(aged 18 and over)suffering from long-term condition felt supported to manage their condition	Any issues to consider	This publication uses aggregated data collected across two separate waves of fieldwork, from July –Sep 2014 and again from Jan-Mar 2015.	
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Proportion of people feeling supported to manage their LTC Plan	.54		.61	
	.58			

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Patient experience



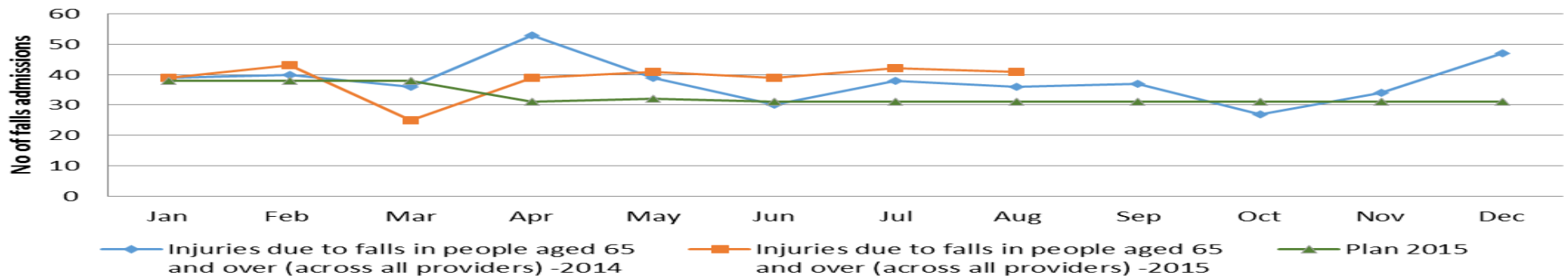
Performance Overview	<ul style="list-style-type: none"> As per the latest released data this metric has fallen from 56% to 54%. The next data collection will be for July due to finish in September 2015 and will be published in December 	Actions to sustain or improve performance	<ul style="list-style-type: none"> During the collection period there will be targeted work with PPGs to encourage.
RAG			
Benchmarking	<ul style="list-style-type: none"> England average is .64 and London average is .59 		

6. Injuries due to falls in people aged 65 April 2015

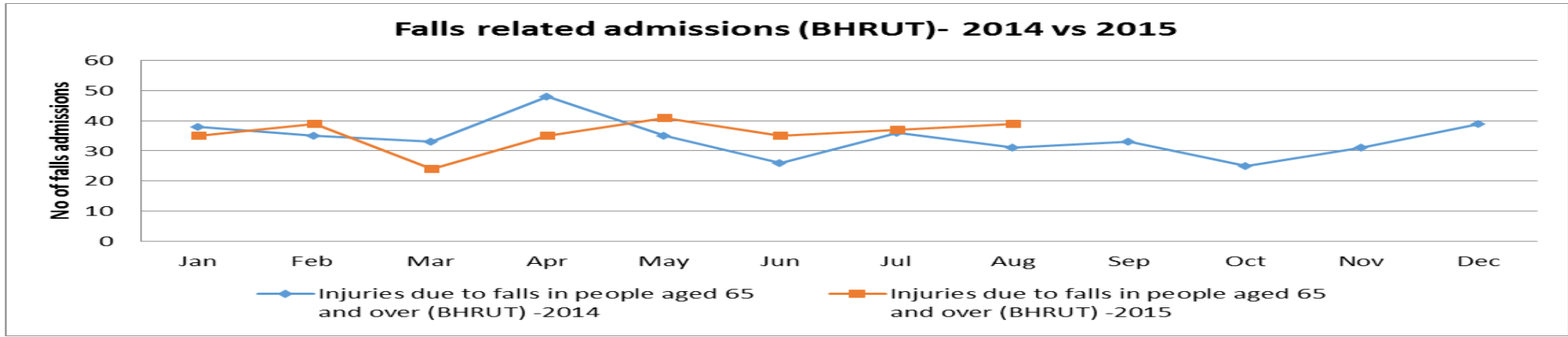
Source: SUS residence based data

Definition	Emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population						How this indicator works	This indicator measures the number of emergency admissions due to falls related injuries. (65+ population of 19,669). (This is as per BCF submitted plan). Reduction of 394 admissions in 2015 Calendar year					
What good looks like	A reduction in rate when compared to previous year will reflect the success of services in preventing falls which will give an indication of how the NHS, public health and social care are working together to tackle issues locally.						Why this indicator is important	This indicator is one of the metrics for BCF (local metric)					
History with this indicator	The average admission rate for injuries due to falls across all providers for B&D resident population (per 100,000) in 2013/14 is 211.4 The average admission rate for injuries due to falls in BHRUT for B&D resident population (per 100,000) in 2013/14 is 198.1						Any issues to consider	According to latest NHSE submission, this metric will be monitored on a calendar year (similar to Non-elective admissions) rather than the Financial year. The table below shows the actual number of admissions rather than the rate					
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Falls admissions 65 and over (across all providers)- 2014	39	40	36	53	39	30	38	36	37	27	34	47	
Falls admissions 65 and over (across all providers)-2015	39	43	25	39	41	39	42	41					
2015 Plan	38	38	38	31	32	31	31	31	31	31	31	31	

Falls related admissions (across all providers)- 2014 vs 2015



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Falls admissions 65 and over in BHRUT - 2014	39	40	36	53	39	30	38	36	37	27	34	47
Falls admissions 65 and over in BHRUT - 2015	39	43	25	35	39	35	37	39				



Performance Overview	<ul style="list-style-type: none"> Falls admissions across all providers and BHRUT are on the rise when compared to same period last year 	Actions to sustain or improve performance	
RAG			
Benchmarking			



Department
of Health

*Richmond House
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London
SW1A 2NS*

Tel: 020 7210 4850



Department for
Communities and
Local Government

16th October 2015

Dear Health and Wellbeing Board Chairs,

Better Care Fund 2016-17

The Better Care Fund has achieved the most ambitious ever pooling of budgets across health and social care in every area of England. Local leaders and clinical experts have worked alongside each other to plan and commission joined-up services across all aspects of the local health and care economy. This coordinated way of working is helping areas deliver services that better fit the needs of local populations, as well as ensuring that the most is made of the resources available.

We are starting to see real differences to how services are provided on the ground, and the Government considers the Better Care Fund to be a key tool in driving the integration of health and social care services. We would like to express our thanks to all those who have been involved in delivering this progress.

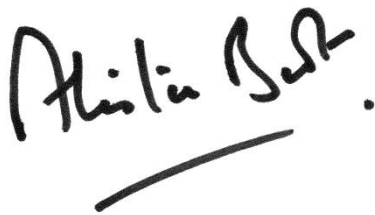
We are therefore pleased to confirm our decision to continue the Better Care Fund into the 2016-17 financial year, as set out in a recent Written Ministerial Statement. A letter from national NHS bodies confirming the same is expected to be issued shortly. The local flexibility to pool more than the mandatory amount will remain; however, detail about the minimum size of the Fund will not be confirmed until after the Spending Review reports on 25 November, when we will also have greater clarity on the policy framework that will underpin the Better Care Fund next year. Nevertheless, confirmation that the Fund will continue next year should allow you to start planning for 2016-17.

Although the timing of the Spending Review means that the formal planning process for 2016-17 will need to wait until the end of the year, there are some actions you

will want to start considering with your Better Care Fund partners over the coming months. Chief among these is an honest evaluation of your Better Care Fund implementation to date – including what has worked, what has not worked as anticipated, and what could be adjusted, refined or changed moving forward. The Better Care Support Team will be disseminating tools to help you in this evaluation.

As soon as further information becomes available it will be communicated to you. In the meantime, please do get in touch with the Better Care Support Team via england.bettercaresupport@nhs.net if you would like to discuss this further.

Yours,

A handwritten signature in black ink that reads "Alistair Burt". The signature is written in a cursive style and is underlined with a single horizontal stroke.

ALISTAIR BURT

A handwritten signature in blue ink that reads "Marcus Jones". The signature is written in a cursive style.

MARCUS JONES

HEALTH AND WELLBEING BOARD

8 December 2015

Title:	Accountable Care Partnership for Barking & Dagenham, Havering, and Redbridge		
Report of the Cabinet Member for Adult Social Care and Health			
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 & Deputy Chief Executive			
Summary: <p>At the meeting on 20 October 2015, the Board received an overview on newly-developed proposals to undertake an extensive piece of scoping work on the future of integration across health and social care in Barking & Dagenham, Havering and Redbridge. Under the devolution agenda, this piece of work would investigate whether the concept of an Accountable Care Organisation would be a potential model for strengthening integrated working for the local health economy, supported by additional regulatory freedoms and devolution of some commissioning budgets from NHS England.</p> <p>Negotiations continue on the detail of the potential agreement to be reached with NHS England which will enable this work to proceed. In anticipation, however, programme management arrangements are being developed, and the groundwork is being laid for the activities that will be needed in order to deliver a robust business case on which decisions can be made next Summer.</p> <p>The official statement from the Integrated Care Coalition, providing the overview of our approach, is at Attachment A for Board members' information, and the item on the agenda provides an opportunity for Board members to be further updated verbally on the current position.</p>			
Recommendation(s) Members of the Health and Wellbeing Board are recommended to note the update provided with this report, and any further verbal update provided at the meeting.			

Reason(s):

The development of an Accountable Care Organisation potentially offers an approach to the management of the health and social care system for Barking & Dagenham, Havering and Redbridge over the coming years. It will be a major transformation of how services are planned and delivered. At this stage, this is an expression of interest to undertake the detailed work on whether it could deliver the savings and improved services that are initially promised.

Through the business case development, we would seek to demonstrate the extent to which the Accountable Care Organisation could support the Council to achieve, in particular, the part of its vision relating to the enabling of social responsibility: a shift to greater preventive, community-based and self care would be a critical element of the new approach.

Accountable Care Partnership: Stakeholder Briefing

Health and social care partners across Barking and Dagenham, Havering and Redbridge (BHR) have achieved a lot by working together over the past few years. However, our health economy remains one of the most challenged in the country in terms of quality and money.

While we have led, and overseen, major improvements locally – shorter waiting times in A&E, improved community rehabilitation services, better access to primary care and more integrated health and social care – we are now at a point where it's clear that current system will not be financially viable in the future, or deliver the quality improvements that we want to see for our residents.

The current health and social care budget in BHR is £1.2bn, but the health economy as a whole is looking at a substantial annual deficit in the coming years.

Most of our budget goes on hospital care, even though we all recognise that the focus needs to be on prevention and primary care which is more cost effective. But making that switch isn't easy, particularly given the way that each organisation operates within the current system.

So we want to try something new. Building on what's already working, with clinicians and elected representatives in the driving seat, we are looking at how we could dissolve the divide between primary care, community services, mental health services, hospital and social care and come together in a stronger partnership for the benefit of our population.

Of course, each of our boroughs has its own challenges, so while there is much we could do collaboratively, we would still retain the leadership and focus for residents in our respective boroughs.

Through a more cooperative approach we could agree together how to spend the total health and social care budget, making sure that we invest in the priority areas and keep people well in the community. New arrangements would also enable us to share risk across the system.

If the total budget for our patch – some of which is held by other organisations such as NHS England and Health Education England – is fully devolved to us, we would have much more autonomy to decide how we as a system deal with our local challenges – such as attracting, developing and retaining a high performing clinical and social care workforce across all organisations.

BHR is recognised nationally as a patch with strong clinical and political leadership and we are now exploring whether developing an accountable care partnership (ACP) could help us to deliver better outcomes for our patients while helping to bridge that funding gap.

This new partnership could be responsible for the cost and quality of care for all our communities. It could be jointly responsible for a combined budget and manage costs by aligning incentives for hospitals, GPs and out of hospital providers to encourage better co-ordination of care, more informed commissioning, and to promote continuous improvements to quality.

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HEALTH AND WELLBEING BOARD

8 December 2015

Title:	Barking & Dagenham Safeguarding Children Board (BDSCB) Annual Report 2014-15		
Report of the Barking & Dagenham Safeguarding Children Board			
Open Report	For Information		
Wards Affected: None	Key Decision: No		
Report Author: Teresa Devito, Acting Divisional Director Safeguarding and Early Help	Contact Details: Tel: 020 8227 2318 E-mail: Teresa.devito@lbbd.gov.uk		
Sponsor:	Helen Jenner, Director Children's Services		
Summary:			
<p>The BDSCB has produced its Annual Report 2014-5 in line with Working Together 2015.</p> <p>This report demonstrates the impact of the work of the BDSCB partners to safeguard children and young people across the borough.</p> <p>Working Together 2015 states that:</p> <p><i>“The independent Chair of the LSCB must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board. The report 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.”</i></p> <p>The report is divided into 5 sections:</p> <p>Chapter 1 summarises the key conclusions reached by the LSCB in assessing how well children and young people are safeguarded in Barking & Dagenham.</p> <p>Chapter 2 sets out the demographic information in relation to children and young people living in Barking & Dagenham. It outlines significant developments that have taken place within partner agencies during the year and also details what is currently known about levels of need in the borough and early help and safeguarding activity.</p> <p>Chapter 3 provides information on how the LSCB operates in Barking & Dagenham and explains in detail the work it has undertaken during 2014-15 to discharge its statutory functions and deliver its priorities. It also provides a detailed analysis of the evidence seen by the LSCB to indicate the quality and effectiveness of safeguarding practice and arrangements.</p>			

Chapter 4 focuses on priority groups of vulnerable children and young people, including children subject to, or at risk of sexual exploitation, children affected by domestic abuse, privately fostered children and missing children. It sets out the LSCBs work to safeguard these groups and where possible seeks to assess the impact of this work.

Chapter 5 outlines the LSCB's priorities for 2015-18.

Recommendation(s)

The Health and Wellbeing Board is recommended to note the contents of the report

1. Introduction and Background

In line with Working Together 2015, the LSCB Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

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

The Safeguarding Children Board will continue to publish an Annual Report, working together with Partners, and in line with statutory guidance.

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 Consultation

4 Mandatory Implications

Not applicable

4.1 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.

4.2 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.

4.3 Integration

4.4 Financial Implications (Caroline Connelly)

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

4.5 Legal Implications (Lindsey Marks)

Working Together 2015 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 A - LSCB Annual Report 2014-15

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Barking and Dagenham Safeguarding Children Board

BDSCB Annual Report 2014-15

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Executive Summary

The annual report for Barking & Dagenham LSCB 2014/15 was agreed by the Local Safeguarding Children Board on 17th September 2015

In line with statutory requirements the LSCB Chair has formally sent a copy to the Chief Executive and Leader of Barking & Dagenham Council and the Chair of the Health and Wellbeing Board. The Mayor's Office for Policing and Crime will also receive a copy.

The report is divided into 5 sections:

Chapter 1 summarises the key conclusions reached by the LSCB in assessing how well children and young people are safeguarded in Barking & Dagenham.

Chapter 2 sets out the demographic information in relation to children and young people living in Barking & Dagenham. It outlines significant developments that have taken place within partner agencies during the year and also details what is currently known about levels of need in the borough and early help and safeguarding activity.

Chapter 3 provides information on how the LSCB operates in Barking & Dagenham and explains in detail the work it has undertaken during 2014-15 to discharge its statutory functions and deliver its priorities. It also provides a detailed analysis of the evidence seen by the LSCB to indicate the quality and effectiveness of safeguarding practice and arrangements.

Chapter 4 focuses on priority groups of vulnerable children and young people, including children subject to, or at risk of sexual exploitation, children affected by domestic abuse, privately fostered children and missing children. It sets out the LSCBs work to safeguard these groups and where possible seeks to assess the impact of this work.

Chapter 5 outlines the LSCB's priorities for 2015-18.

This report is available online on the Barking & Dagenham LSCB website at <http://www.bardag-lscb.co.uk/professionals/Pages/Home.aspx>

Foreword from BDSCB Chair

Welcome to the 9th Annual Report of the Barking and Dagenham Safeguarding Children Board (BDSCB).

In line with Working Together 2015 the Chair must publish an Annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board. The report 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.

The year commenced with an Ofsted Single Agency Inspection of Children's services and LSCB. Children's Services and the LSCB were both graded as "Requires Improvement".

Priorities for the LSCB were to:

- 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 practitioner's forum in promoting multi-agency working through improving the attendance of social workers.
- Strengthen oversight of private fostering by the board, supporting efforts to ensure all such children are identified.
- Ensure the Annual report and Business Plan are focused on understanding and addressing local needs and on evaluating progress made in achieving improved outcomes for children.

The above priorities were achieved and continue to be a focus of the LSCB work in the coming year.

The LSCB and Children's partnership worked together to ensure the areas identified in the inspection were prioritised and a plan to address these implemented. The LSCB Independent Chair and Director of Children's services respectively take ownership of these. Challenge and assurance is achieved through "Trigger" meetings between the Lead Member for Children's Services, The CEO of LBBD the Director of Children's services and the Independent Chair that provide rigorous and challenging debate regarding performance. The LSCB and Director of Children's services also report through to the Children's Trust and the HWBB.

The LSCB has continued to work with Barking, Havering and Redbridge University Trust as it faces the challenges of ensuring it met CQC requirements and that those services for children and young people were safe.

There has been an unprecedented amount of legislation, and policy, to safeguard children and families published this year including: The Children and Families Act 2014; The Care Act 2014 - this principally improves things for adults but it includes improvements for children, especially those with special educational needs and disability; Public Law Outline: Guide to Case Management in Public Law Proceedings came into effect on 22nd April 2014; Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children March 2015 came into effect in April 2015; and Counter-Terrorism and Security Act 2015

All of these have shaped the way the LSCB partnership has worked to ensure children and young people across LBBB are safeguarded, including an LSCB development sessions on Prevent, performance monitoring of care proceedings, ensuring compliance with Working Together 2015. The LSCB has supported partners understand the implications of the legislation through LSCB development sessions. This work will continue over the coming year.

LBBB was invited to participate in a Home Office review of Child Sexual Exploitation. This provided the partnership with an unprecedented opportunity to review and challenge the way services were being commissioned and delivered to protect children and young people from CSE and has strengthened our delivery model and assurance framework.

Over the coming year the LSCB faces many challenges. However we have a strong committed partnership which provides the foundation to ensuring we work together to address these challenges.

The overarching priorities identified for the LSCB going forward will be detailed in the LSCB Business Plan 2015-18 are:

- Board members are assured that arrangements are in place to identify and safeguard groups of children who are particularly vulnerable
- Board partners will own and share accurate information which informs understanding of safeguarding practice and improvement as a result
- The Board will see children and young people as valued partners and consult with them so their views are heard and included in the work of the LSCB
- Arrangements for Early Help will be embedded across agencies in Barking & Dagenham who work with children, young people and their families.
- Board partners will challenge practice through focused inquiries or reviews based on performance indicators, practitioner experience and views from children and young people. Collectively we will learn from and improve from these reviews

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.

Sarah Baker

Sarah Baker, Independent Chair



CHAPTER 1: Effectiveness of local safeguarding arrangements

The assessment of safeguarding arrangements in Barking & Dagenham shows that partner agencies have remained focussed on safeguarding children despite significant organisational pressures both from financial and from organisational restructuring. The Children's Services safeguarding services and the LSCB were judged by Ofsted to 'require improvement' in May 2014 and one of the priorities for the Board has been to have oversight of the improvements Children's Services have made over the year as a result of the inspection.

The LSCB's quality assurance arrangements have been reviewed, and the LSCB's role strengthened by statutory partners presenting their data to the Performance & Quality Assurance committee. We also strengthened the LSCB's role in co-ordinating and supporting developments that improve front line practice, with a particular focus on improving the multi-agency response to child sexual exploitation.

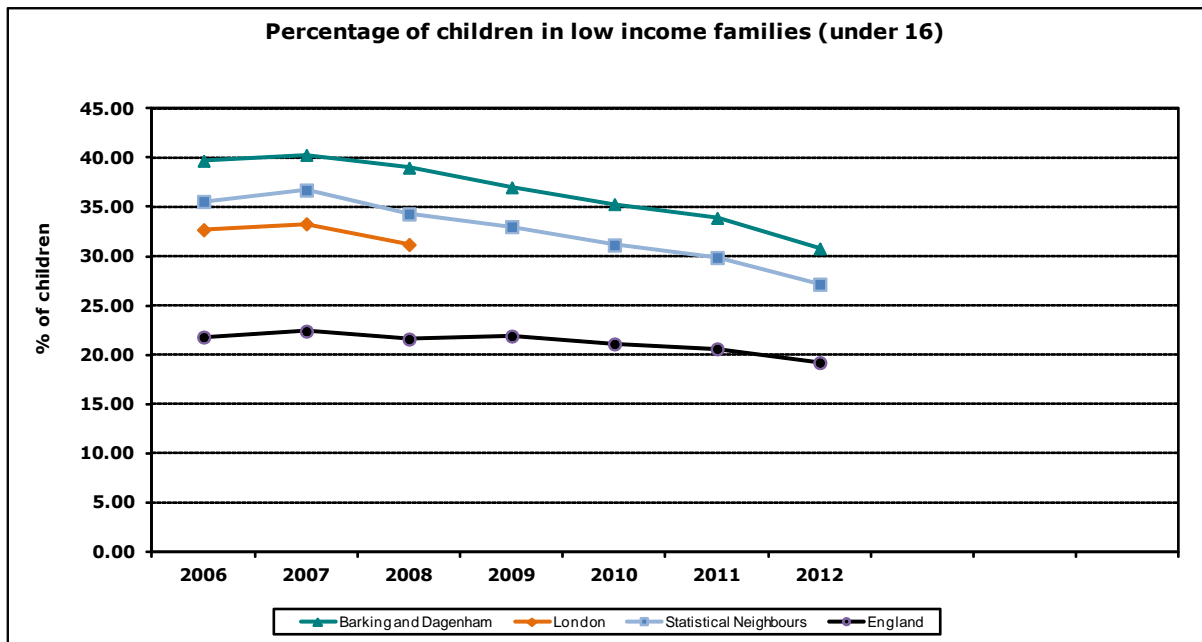
The LSCB data set and quality assurance activity have statistics that inform this safeguarding assessment and demonstrate steady progress in improving standards for safeguarding children across the borough. Showing direct evidence of impact remains a challenge as capacity for audit across the partnership has reduced however, the performance shows steady progress in improving standards for safeguarding children across the borough. There are some areas where improvements are still required across the partnership; in particular working with domestic abuse is proving to be a challenge for all agencies.

The voluntary sector in Barking and Dagenham is not represented by one body and consists of large national and small, local voluntary agencies. This means that there needs to be a clear standard for safeguarding children and young people across a widely varied group of agencies. A 'Green Book' was produced which has been sent to all voluntary groups in Barking & Dagenham and is available on the LSCB website. In order to self assess them selves against Section 11 standards voluntary agencies are recommended to use the Safer Network Standards. However, this is not produced in a format that can be easily sent to the LSCB. During the year 2015/16 the LSCB will agree with voluntary sector representatives a set of clear standards and pro formas for their self assessment under Section 11 standards.

The representation of local schools on the LSCB has included them in regular dialogue about the pivotal role they play in safeguarding children. All schools in the Borough have self assessed themselves under S157/175 of the Education Act and a report has been presented to the Board on the themes and trends arising from this audit.

There has been a rise in the overall numbers of vulnerable children and young people in the borough which is occurring alongside the rapid population growth, but is also closely linked to the very high levels of poverty and deprivation in the borough. Nearly one in three children living in the borough is born into poverty, higher than the national average of around one in five and a third of children live in workless households in the borough. Barking and Dagenham has the 6th highest levels of child poverty in England and across

London is ranked 3rd worst for children aged under 16 and 4th worst for children aged under 18.



At the end of year 14/15 the number of Children in Need (CiN) was 1317 but rose at the beginning of April to 1388. In response to increasing numbers of Children in Need and also high numbers of Children subject to a Child Protection Plan, a project has been initiated which has involved CiN IRO's reviewing CiN plans and passing actions to Tier 2 workers to action. It is hoped that these actions will result in CiN cases 'stepping down' or closing as a result of this targeted work.

Alongside rapid population growth and in the context of a high population of children and young people aged between 0 and 17 years of age (highest in the statistical neighbour group in 2013-14), the borough has equally seen an increase in safeguarding and looked after children numbers. The activity and performance information for the financial year 2014/15 demonstrates a continued trend of increased safeguarding activity and demand in the Borough. There have been significant increases in the number of social care referrals, the total number of open statutory cases, the number of assessments completed, the rate of section 47 investigations, the number of children subject to child protection plans and fluctuating looked after children numbers.

In 2014/15, the rates of referral continued to increase with the number of referrals to statutory social care services rising to 3,950 compared with 3,126 in 2013/14 - a real term increase of 26% (figure 8.6). Barking and Dagenham's referral rate per 10,000 subsequently increased to 693 in line with our statistical neighbours (690), but way above national and London rates of 573 and 470 respectively.

The number of statutory social care assessments completed increased in 2014/15 to 2,998 compared to 2,817 in 2013/14, a real term increase of 6%. The timeliness of assessments is now monitored by a statutory assessment completed within 45 days. In 2014/15, 73% of

statutory social care assessments were completed within 45 days, below our local target set at around 80%, comparable with Q3 figure of 72.9%. Performance falls below the national average of 82% and London average of 79%. Improving the quality and timeliness of assessments continues to be a top area for improvement.

In 2014/15, the total number of open statutory social care cases also increased, rising to 2,356 compared to 2,184 in 2013/14, an 8% increase in real terms. In the last 5 years, this increase has been 59% in real terms – 1,482 in 2009/10 rising to 2,356 in 2014/15.

In 2014/15, the number of S47's undertaken slightly dropped to 1,231 compared to 1,231 in 2013/14. Our rate per 10,000 at 214 remains significantly higher than all benchmarks - 155 for statistical neighbours, 112 for London and 124 for the national rate.

Children subject to child protection plans have also continued to increase in 2014/15 to 354 – an increase of 11% on the 318 reported in the previous year and a 78% increase over the last 5 years. The rate per 10,000 of 80 has remained comparable with 2013/14 rates but is much higher in Barking and Dagenham compared to national, London and similar areas.

The LSCB role to coordinate the effectiveness of the investigations into allegations concerning persons who work with children has continued to show an on-going improvement. During the year, the number of workers referred to the Local Authority Designated Officer (LADO) due to concerns that they had behaved in a way that had harmed or may harm a child, committed a criminal offence relating to a child, or may pose a risk to a child continued to increase. As in previous years, the schools sector continues to see the highest number of employees being referred to the LADO. This is consistent with the national picture. The statistical distribution of allegations in the year indicates that professionals employed in education services account for 58% of the total referrals. The next largest professional group consists of Foster carers with 19.5% of referrals.

The LADO has provided multi agency briefings, which has provided a greater awareness amongst partner agencies of the circumstances in which a LADO referral should be made rather than being evidence of an increase in abusive or inappropriate behaviour. Overall there has been good performance and no referral exceeded the three month timescale for completion which reflects the effective multi-agency working especially between the LADO, the Safeguarding Lead for Education and the Police CAIT Team.

To keep focused on practice, the LSCB seeks assurance from organisations that they are fulfilling their obligations through a detailed self-evaluation known as the Section 11 audit. Analysis of the information provided by agencies shows that on the whole compliance is judged to be good. This process of self-evaluation will continue to be developed over the course of the year as more Section 11 audit work is completed. This will enable the LSCB to keep focused on practice and to identify any emerging themes or priorities.

All deaths of children resident in the borough are evaluated by the Child Death Overview Panel (CDOP). The CDOP met seven times during the year. The number of child deaths in Barking & Dagenham is small - 23 deaths of children resident in the borough were notified to

the CDOP between 1st April 2014 and 31st March 2015. Of these deaths, 15 were 'expected' and 8 were 'unexpected'. For these 8 deaths the Rapid Response process was initiated.

The highest number of deaths notified to CDOP is within the neonatal age (0-27 days) and represented 35%, with all children under 1 year of age accounting for 61%. This is consistent with national figures. Barking & Dagenham has noted a high number of child deaths among the African population. From the 107 reviews conducted between 2011 and 2015, 32% (34) deaths were to African Children. 17% (18) were categorised as neonatal and prematurity was recorded in 14% (15) of the deaths.

CDOP reviewed one death that was classified as suicide. This case did not identify any modifiable factors but will be included in the UK's first national investigation into child suicides launched by the University of Manchester.

In September 2014 Barking & Dagenham CDOP led the first development day across Barking & Dagenham, Havering and Redbridge. The day was attended by members of three CDOP's as well as the chair for Havering LSCB.

The LSCB has undertaken a multi agency audit on children subject to Police Powers of Protection as this was an area of concern in the Ofsted Inspection. Over the course of 2014/2015, there have been several audits, the aim of which has been to assess the quality of front line practice from member organisations across the partnership. These are set out in greater detail within the body of this report. These audits form part of our Learning and Improvement framework which this year has also included participation in a Serious Case Review led by a neighbouring borough and a Serious Case Review into the death of a child in Barking & Dagenham. Both of these reviews are still to be concluded and publication will be later in the year.

Listening to feedback from children and young people is important to understand their experience and perspective on safeguarding issues and services and to identify areas where the response from agencies needs to improve. Through the Young People's Safety Group (YPSG), our aim is to develop meaningful ways in which children and young people can contribute to and influence the Board's work as well as promoting a culture across the partnership where children's participation becomes central to safeguarding practice and the way in which organisations operate. Children's participation is reported later in the report.

Missing children are a priority for the LSCB because they are at an increased risk of harm and the potential to become involved in criminal activity or targeted for child sexual exploitation. The LSCB monitors missing children data on a quarterly basis through its dataset reports to Performance & Quality Assurance group. Information is reported in the Performance section of this report.

The LSCB has put in place a multi-agency Child Sexual Exploitation (CSE) Strategy and action plan that has been agreed by all partners and aligned to the pan London CSE Operating Protocol. The strategy includes a risk assessment framework and referral pathway for practitioners. A programme of CSE training and multi agency briefings have been held throughout the year, including a CSE week that saw the launch of Operation Makesafe by the Police and a Business Breakfast that invited local hoteliers and taxi firms to hear how

they could be involved in reducing CSE. The LSCB now have a list of CSE 'Champions' identified across the partnership and training has been incorporated into the LSCB training programme so they can come together as a group and share learning on CSE. The LSCB strategic CSE Committee provides overview and strategic direction and the Multi Agency Sexual Exploitation (MASE) Group is operational and meets 6 weekly.

The prevalence of domestic violence is impacting on the increases in social care demand. Domestic violence is a significant issue in Barking and Dagenham with the highest reported rate of domestic abuse offences across London again in 2014/15 – 28 recorded incidents per 1,000 population. Using year to date totals, there was an increase of 627 domestic violence crimes reported in April 2014 to March 2015 when compared to the previous year - 2,618 compared to 1,991. This represents an increase of 31.5%. Domestic violence is a factor that features in the very large majority of our open social care cases.

To reduce the level of domestic violence, Barking and Dagenham is the first local authority in London to use the Domestic Violence Protection notice. When police attend a domestic violence call out they can issue the notice to the alleged perpetrator, which bans them from attending the premises for 28 days. If breached the individual is arrested and taken to court and there is the possibility of a prison sentence. Domestic Abuse is a priority for the LSCB for the next year and an annual report has been requested from MARAC for next year to provide the LSCB with information and assurance on work during the year.

Private fostering is defined as an arrangement "whereby a child under the age of 16 years (or 18 if they are disabled) is looked after for 28 days or more in any one year by someone other than a close relative".

The LSCB has continued to raise awareness of private fostering so that children who are being cared for in this way are identified. The Private Fostering annual report was presented to the LSCB along with a detailed presentation in order to raise awareness of private fostering among LSCB members. Private Fostering was also an integral part of the Alternative Child Rearing Practices briefing provided for front line practitioners in November 2014. Private Fostering numbers and timeliness of assessments are reported quarterly to the Performance & Quality Assurance group and monthly at the Complex Needs & Social Care divisional management performance meetings. Local data is compared to national data. During the year there were 26 new notifications resulting in 18 active private fostering cases that dropped to 10 at the end of March 2015, however, this remains in line with benchmark data. Compliance with visiting within 7 days was 96% and with 6 weekly visits was 100%.

During the year partnership attendance has been good at Board meetings. The LSCB structure has remained unchanged and has met the priorities for the Board. The main Board programme for 14/15 has focused on the sub groups and each Board meeting has had a sub group 'challenge' presentation as its main event. This has allowed Board members to more fully understand the work of the sub groups and to offer 'challenge'.

The culture of challenge within which the Board operates has continued to strengthen this year. The Performance & Quality Assurance group receives individual data reports from statutory partners and actively challenges agencies about practice issues or where there are

genuine concerns about the effectiveness of multi-agency working or practice within a particular agency.

In terms of overall governance at a strategic level, the LSCB has forged a stronger link with the Health & Wellbeing Board by the LSCB chair attending meetings and also attending Children's Trust meetings. Formal protocols have been developed over the course of the year to underline respective roles and responsibilities especially in areas that are a shared priority.

The Independent chair of the LSCB has had regular meetings with the Council's Chief Executive, lead member for children's social care, education and Adult services and key local decision makers.

CHAPTER 2: Local Background & Context

Barking & Dagenham is an outer London Borough situated in the East of London with an estimated population of 203,173.

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. According to the 2011 census the population of the borough has increased by 22,000 (13.4%) between the 2001 and 2011 Census.

The largest local demographic change has been the growth in the 0-4 year old population. Alongside a population increase, the borough has experienced a rapid shift in the proportions of 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. The population of the borough continues to be one of the fastest growing in the country and across London, placing great pressures on early education, school places, housing and all other services.

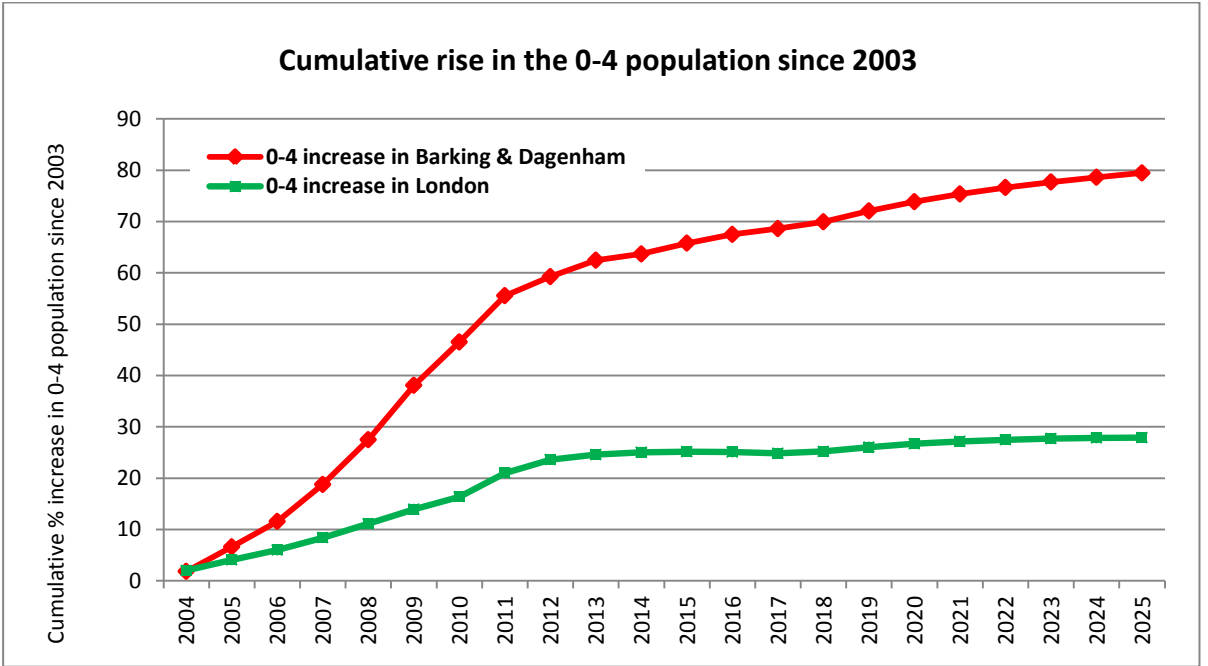
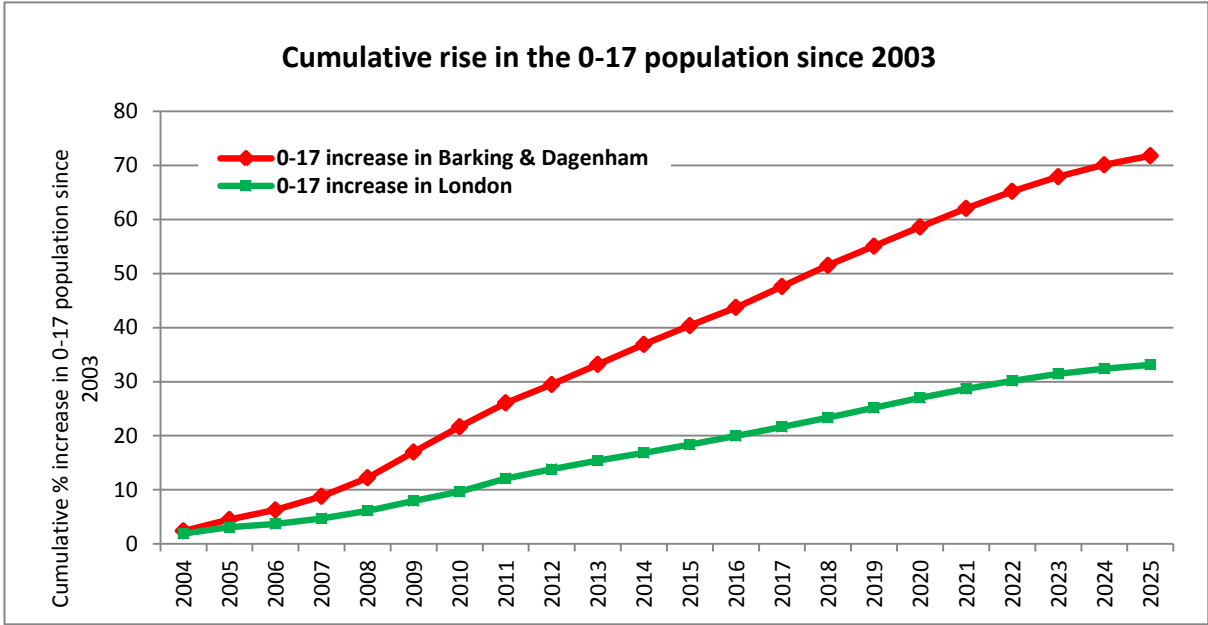
The charts below illustrate the rate of increase in the population of 0-17 and 0-4 year old children in Barking and Dagenham compared to the London wide rate of increase.

2003 has been used as a baseline year for the purposes of the charts and this shows that the 0-17 population increased by 17,356 between 2003 and 2015 in Barking and Dagenham; by 2025 this figure will have increased by 30,864 to a total of 73,853.

In percentage terms, the cumulative increase in the 0-17 population will be 72%, far higher than the equivalent increase for the whole of London (33%).

The second chart below shows that the 0-4 population increased by 66% between 2003 and 2015, considerably higher than the 25% increase across London.

The 0-4 population will have increased by 79% in Barking and Dagenham in the twenty or so years from 2003 to 2025 compared to the London average increase of only 28%.



What we know

- The borough has the highest population percentage of children and young people aged 0 to 19 at 31% in England and Wales.
- There has been almost a 50% growth in 0-4 year olds.
- There has been a 20% decrease in the 65+ age group, and this accounts for one of the smallest percentages of the borough population in England and Wales. There has also been a small increase in the number of people aged over 85 between 2001 and 2011.
- There has been a large decrease in the white population from 80.86% in 2001 to 49.46% in 2011.

- The Black African population has risen from 4.44% to 15.43%.
- There has been a significant rise in the Bangladeshi population from 673 in 2001 to 7,701 in 2011.
- There has been an increase in numbers for all religious groups in the borough, except Christian and Jewish religions.
- The number of Muslims has seen the most significant growth with the proportion rising from 4.36% to 13.73%.
- There are now significantly less people with no qualifications representing a 14.4% drop in numbers between 2001 and 2011.
- Lone parent households with dependent children have seen a large increase with Barking and Dagenham now having the highest percentage of lone parent households in England and Wales at 14.3%. This is much higher than in other parts of London and England as a whole
- There has been a big rise in Private Renting from 5.19% in 2001 to 16.59 in 2011.
- 6.6% of Barking and Dagenham residents aged 16-64 believe that their day to day activities are limited a lot because of a health problem or disability including problems related to old age, which is slightly higher than the London average of 5.6%.
- Between 5-7 % of the population are Lesbian, Gay or Bisexual.
- The 2011 Census recorded 138 Same Sex Civil Partnerships; this represents 0.2% of the borough's population.
- Barking and Dagenham still experiences higher than average levels of deprivation ranking 7th most deprived in London and 22nd most deprived nationally and our residents are not as healthy as they should be. Compared to other parts of the country they do not live as long.
- The borough is currently predicted to have a population count of 230,000 in 2021 which is an increase of 43,000 people (ONS SNPP)

Local Services

In recent years many parts of the public sector have been experiencing an unprecedented period of change as a result of the national economic situation and changes in government policy. This change has had an impact locally and many partner agencies represented on the LSCB have undergone significant structural developments and fundamental changes to the way in which they work and contribute to the LSCB.

Multi Agency Safeguarding Hub (MASH) implementation

On the 1st April 2014, Barking and Dagenham 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.

Barking and Dagenham receive significant numbers of contacts into the front door of social care. These can be from members of the public or professionals across all agencies. The Ofsted inspection of services for children in need of help and protection, children looked after and care leavers carried out in the summer of 2014 also reported positively on MASH.

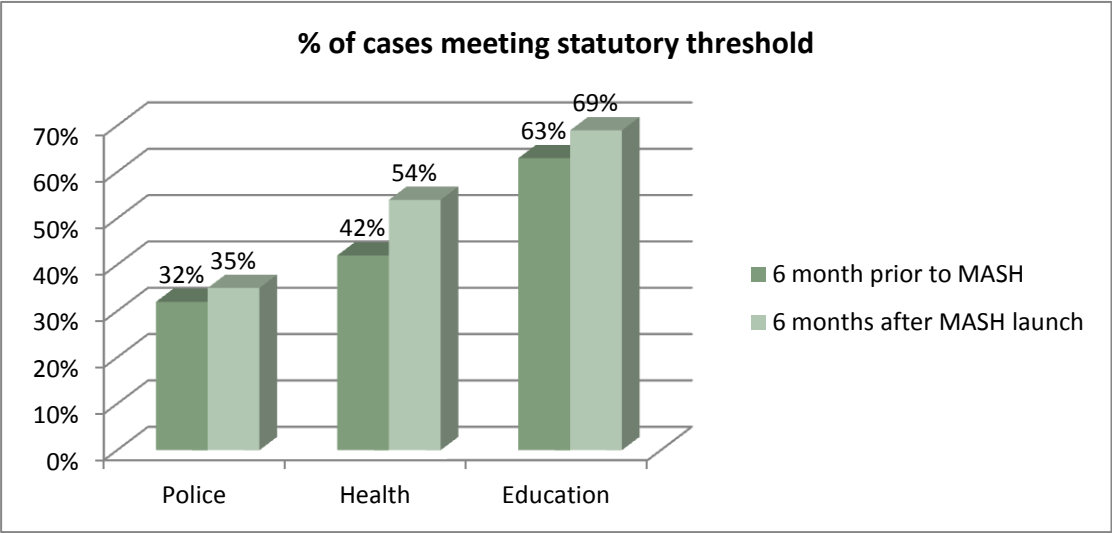
The report stated that *“Information sharing between agencies and professionals is timely and effective within the ‘triage’ and multi-agency safeguarding hub (MASH). The recent co-location of children’s social care, health, the police, including a child sexual exploitation officer, and multi-agency panel (MAP) coordinator, is effective in supporting all key services to be fully informed and involved in plans for these children”* (Ofsted, July 2014).

An evaluation of MASH was undertaken in house 6 months following implementation. Overall, early findings were positive. Since MASH launched in April 2014, the front door to Social Care has reported a reduction in contacts. The average across the 6 months prior to MASH launching was 711 contacts per month. In the 6 months, following MASH being launched, there was an average of 621 per month.

Early evidence suggests this may be as a result of closer working arrangements with partner agencies and enhanced understanding of child protection thresholds. The largest single referrers into the Front Door – Police, Education and Health – referred 20% less in the 6 months after MASH launched, compared to the 6 month period prior.

In the 6 months prior to MASH launching, only **34%** of all contacts into the Front Door hit the threshold for statutory assessment within Social Care. Meaning **66%** had no significant safeguarding concerns following MASH screening and risk assessment.

In the 6 month period following MASH launching, **54%** of all contacts met the threshold for statutory Social Care assessment.



MASH Impact

- The impact of MASH can be measured by looking at the shift in RAG Ratings from when a case enters MASH, compared to when it exits. All MASH cases are given a Red, Amber or Green (RAG) rating at the point of entering MASH, then again upon exiting MASH, based on the risk assessment carried out. The RAG rating also provides those agencies who are asked to feed into the risk assessment, a timeframe based on the level of case concern.

- 314 cases in Q1 2014/15 and 422 cases in Q2 2014/15 entered LBBB's MASH, being deemed in need of additional multi agency information. A total of 736 cases across the 6 month period.
- Following MASH risk assessment, there was a balance of 174 cases less within Social Care. This represents those cases that entered MASH as either Amber or Red, but existed as Green, thereby accessing Early Help provision rather than statutory intervention.
- The biggest shift in risk assessment, following a MASH investigation, was with cases entering as Amber (Section 17) and exiting as Green (Early Help). This represents 178 cases, or 20% of all cases entering MASH in the 6 month period.

Complex Needs & Children's Social Care

Complex Needs & Children's Social Care provides a range of services for children and young people who are in need, at risk of harm and in need of protection and children who are looked after. The children and young people will have needs assessed as being complex or acute and require the statutory involvement of the local authority within the responsibilities set out in legislation and national guidance.

The safeguarding activity for the year 2014/15 has been driven by the plan for improvement that followed the inspection of services carried out by Ofsted in May 2014. Services to children were judged to 'require improvement'.

Alongside identifying key areas of safeguarding activity, a range of measures have been put in place as an approach to performance and quality assurance.

Summary

Key activities	2013/14	2014/15	% change
Referrals	3126	3950	+26%
Open cases	2184	2356	+8%
Assessments	2429	2998	+23%
Children in Need	1189	1388	+17%
S47's	1231	1222	See below
Children subject to a CP plan	318	354	+11%
Children see (CP)	93%	95.4%	+1.65%
CP plans > 2 years	11	3	-2.7%
CP plans 2 nd time	50	65	+3.5%
Core Groups	34%	86%	+52%
Police Protection	134 (43%)	69 (25%)	-18%

S47

The number of S47 inquiries carried out during 2014/15 was 1222 at a rate of 214 per 10,000. This compares with 1231 inquiries during 2013/14 which was at a rate of 216 per 10,000. The rate of 214 is high in comparison with national and London statistics and will be the focus of LSCB work over the following year.

Main achievements & areas of strength

The service has seen significant overall improvement in performance. A weekly dashboard has had a noticeable impact as a working tool for managers and social workers, enabling positive performance to be highlighted whilst also focusing on performance where corrective action is required.

Significant progress has been made by working closely with police colleagues to reduce the number of children admitted to care through the use of Police Powers of Protection.

Work on the introduction of the single assessment is well underway as part of the need to improve the quality and timeliness of assessments.

There has been a focus on ensuring that strategy discussions and meetings take place, involve partner agencies and are recorded.

During the year a revised supervision framework was launched which sets out standards for supervision along with expectations on managers and staff. In January an audit checked supervision agreements and dates of supervision.

Whilst all staff have access to the London CP Procedures, work has been undertaken to put in place an on line manual of procedures. This provides procedures, policies and protocols in one central place and is also a source of links to legislation and good practice.

The Multi Agency Referral Form (MARF) has been strengthened to improve the quality of referrals and advice and support for agencies.

Two cohorts of 8 newly qualified social workers have been through the Assessed and Supported Year of Employment (ASYE) and further cohorts are planned during the coming year.

Areas of concern and development

The rate of referral continues to rise. This is recognised as being in the context of a high population of children and young people aged between 0-17 years of age. This presents a challenge for the children's social care 'front door'. The increased rate of referrals can be viewed as being positive in that safeguarding needs are being identified and referred for intervention. However, this also raises a challenge to partner agencies delivering universal and targeted services to provide capacity and align resources to meet needs at an earlier point that may avoid escalation for a statutory service.

The rate of S47 inquiries is higher than statistical neighbours, other London boroughs and the national average.

Analysis shows that 38% (467) children of the cases managed as S47 were assessed as not being at risk. This requires further analysis and discussion.

Caseloads are higher than planned and feedback from exit interviews indicates that this is a significant reason for staff leaving the service. The number of open cases at year end was 2356 increased from 2184 at year end 13/14. The target of 20 cases remains but demand for statutory involvement continues to be high and will impact upon caseloads.

Recruitment of social workers remains a challenge. Whilst additional social work posts have been agreed the vacancy level for permanent qualified social workers is high at 55%. There is an over reliance upon agency social workers most of whom have been in post over a year but the council have a workforce plan in place to recruit and retain social workers.

The performance activity for the year demonstrates the increased safeguarding requirements and improvements. The council has allocated additional resources to create additional social work and manager positions. However, there is a need for the LSCB to consider multi agency solutions to the ongoing need.

Integrated Early Help

The LSCB has underlined its commitment to Early Help by setting up an Early Help sub group in 2014. The group has produced an Early Help strategy (2014-18) which sets out the key areas of priority, partnership working and shared resources. This strategy is overseen by both the LSCB and the Children's Trust.

In 2014 Ofsted reported that early help services were a key strength in the borough supporting large numbers of children and their families.

Now systems are in place and embedded in a number of key settings the focus has been on measuring the impact of the services and early help interventions. This will also provide the opportunity to learn about strengths and gaps in provision and to build requirements into future commissioning arrangements.

During the year the Early Help service has carried out audits looking at Early Help, Case Review and Learning and a Child's Journey. This work has provided information about the strengths and needs of the services. In some areas there has been direct feedback from families which has provided evidence of how effective the Early Help work has been and what direct affect it has had on the children and families involved.

The following comments have been extracted from Early Help evaluation reports undertaken across 2014/15. Specifically a Team Alongside the Family (TAF) Review observation audit – Parent comment re support - "I would be very stressed and depressed and wouldn't know what to do. I can now talk about anything that is worrying me and I am given support. Before I had the CAF I had no support and felt lost. I went to the Heathway Centre one day and just sat there, a worker approached me and spoke to me and offered support, I now feel much better".

Parent comment 2 - "Before I didn't know what to do as I was lost. It wasn't easy when the children's mum passed away and they came to live with me in a single room. Having support through all systems has helped me to understand my daughters and improve communication between us. My children have been involved with the process throughout. Thank you for what they did for me and my family. If they weren't there I don't know what would have happened. This has made me more confident as a parent".

For full early help audit and evaluation work for 2014/15 follow this link:

<http://www.bardag-lscb.co.uk/Pages/EarlyHelp.aspx>

CAF status up to 31st March 2015

CAF status	Number	%
Open	1163	26%
Closed	3284	74%
Total	4447	100%

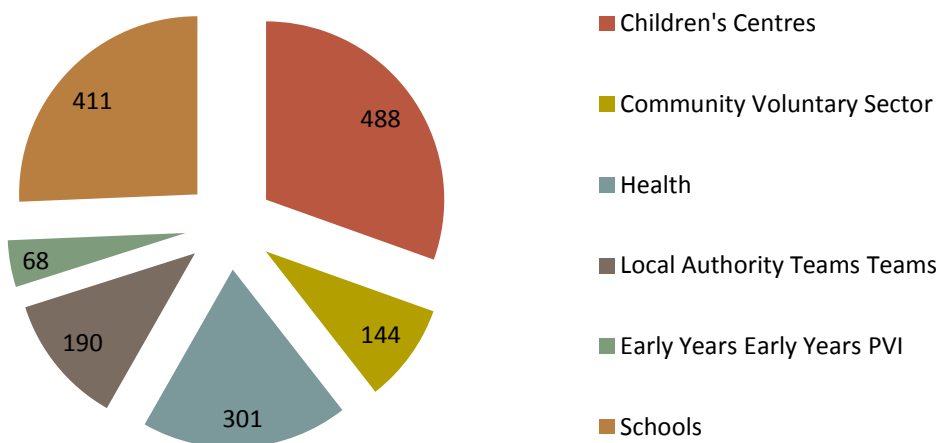
The table above sets out the number of children who have been supported through targeted support via a CAF or Family CAF. A CAF is intended to be a mechanism to provide quick and effective support to children and families. We would expect to see more cases closed than open as it indicates a quick and efficient turnaround of support. The majority of CAF's that closed did so as a result of needs successfully met: 1994 of the total closed (60%). Only 10% (312) cases escalated into Children's Social Care. The remaining 978 cases (30%) closed for a number of reasons; moving from the borough, consent removed, re-assessment required.

Case Closure Breakdown



The chart below shows that out of all CAFs initiated (**1602**) between the ages of Pre-birth to 5 years old, the majority (**30%**) were initiated by Children's Centre staff. Health, which covered Community and Acute settings, represents **19%** of all CAFs initiated in this age range.

CAF's initiated pre-birth to 5 years old (up to 31/3/15)



eCAF

The eCAF system went live in October 2014 and is available to all front line practitioners who support children and families in their day to day work. Practitioner training started in September 2014 and at year end there are 257 users trained to use the system. Within 3 months of implementation there were more eCAF's initiated per quarter compared to paper CAF's.

Case Management System

A bespoke Case Management System has been developed that will be used by teams outside statutory provision. This will enable practitioners to record work undertaken with children and families in one secure system. The Case Management System will go live in July 2015.

Traded Service

From April 2015 the service developed a Traded Service model with schools in the borough. To date 90% of mainstream and academy schools have bought into the CAF and Integrated Early Help support package that demonstrates an ongoing commitment from schools.

Focus of work for 2015/16

The focus of work for the coming year will be on the Multi Agency Panels (MAP's) and their ability to impact upon social care demand.

Key objectives include:

- Wider partnership involvement in cases and targeted support for children and families
- MAP co-ordination leading to more families being 'held' within the early help area
- Reduced inappropriate referrals into social care/MASH
- Evidence of early help impact on families escalated to MASH
- Higher quality CAF's resulting in a reduction in statutory assessments
- Timely step down of cases from social care via the step down pathway.

Troubled Families

The Government launched the Troubled Families programme in 2012 with the aim of 'turning around' the lives of 120,000 families nationally for whom numerous, uncoordinated and largely unsuccessful interventions had come at a high cost to the public purse. To be eligible for Phase 1, families had to meet at least two of three national criteria; anti-social behaviour / youth crime, school absenteeism and worklessness. Local authorities were able to set their own 'fourth criterion' to reflect local priorities.

Following the final Phase 1 claim period in May 2015, we have 'turned round' 100% of our families.

Phase 2 criteria

As a successful Phase 1 authority, we were invited to be an Early Starter for Phase 2, which we agreed to do in August 2014.

The Department for Communities and Local Government (DCLG) radically redesigned the programme for 2015-2020 and to be eligible for Troubled Families Phase 2, families must meet 2 of 6 much broader criteria, namely:

- parents and children involved in crime or antisocial behaviour;
- children who have not been attending school regularly;
- children who need help;
- adults out of work or at risk of financial exclusion or young people at risk of worklessness;
- families affected by domestic violence and abuse;
- Parents and children with a range of health problems.

The onus on the LA in Troubled Families 2 will be to evidence 'significant and sustained' progress against the problems identified. The electronic Common Assessment Framework tool (eCAF) is being amended to create an electronic Family CAF (eFCAF) which will signal eligibility, store evidence and trigger claims. We hope that this will be operational by June 2015 and progress will be monitored through LSCB and included in next year's annual report

Metropolitan Police

The contribution to the LSCB in Barking & Dagenham by the Metropolitan Police Service (MPS) is two fold. The local Borough Police have a responsibility for the initial investigation of all crime and people at risk.

Once the initial investigation has been conducted the ongoing responsibility for them is split. The Specialist Crime and Operations Command within the MPS is home to the Sexual Offences, Exploitation and Child Abuse Unit (SCO17).

The Child Abuse Investigation teams (CAIT) fall within SCO 17 and their remit is to investigate abuse committed within families as well as by professionals and other carers in paid or unpaid roles. The investigations, conducted in co-operation with local authorities and other agencies can include allegations of recent offences as well as historical ones where the victim is now an adult.

The Borough Police have responsibility for identifying and reporting Child Sexual Exploitation (CSE).

Within the broad functions of crime prevention, crime detection and assistance provided for risk assessments, CAIT's have several distinct functions. The basic principle of the child is always paramount is always the primary consideration in any decision made or action taken. All allegations of crime within the scope of 'child abuse' is recorded and investigated in co-operation with the local authority and other agencies.

All CAIT staff has completed the Specialist Child Abuse Investigators Development Programme and Achieving Best Evidence (ABE) training.

The MPS have standing operating procedures that dictate how officers and police staff should deal with safeguarding concerns. Barking & Dagenham CAIT has a strong working relationship with other safeguarding partnership agencies. They also have a dedicated team of police staff deployed to represent the MPS at child protection conferences and to produce reports for them.

Performance

Figures	Crimes	Detections	Target
All offences	882	203 (23%)	22%
Rape	32	8 (25%)	22%
Serious Sexual Offences	93	18 (19%)	22%
Violence with Injury	236	55 (23%)	22%
Neglect	224	74 (33%)	22%

(The extra crimes include common assaults)

Initial Child protection Conferences – 44% attended (target 100%)

Review Child Protection Conferences – 6% attended (target 50%)

Strategy discussions 654 – 83.3% within 24 hours (545)

Figures show there has been a 21% annual increase in reported offences.

CAIT have struggled to attend Child Protection Conferences during the year due to staff vacancies. The LSCB Chair has escalated her concerns re attendance to the Police Commissioner which has resulted in meetings with his team and open conversations regarding workforce and improved attendance

However, as staffing levels have increased so has performance – the attendance at initial child protection conferences for February 2015 was 89%. The senior leadership teams continue to review processes to establish if video/phone conferencing can be implemented to increase attendance and compliance.

Main achievements and areas of strength

The MPS constantly reviews its commitment and development of policies to safeguard children and has developed new requirements on the Crime Reporting Investigation System (CRIS) to ask questions of reporting and investigating officers relating to risk factors to consider when making safeguarding decisions. The partnership team actively seeks the views of partner agencies regarding local CAIT teams and reviews the effectiveness of partnership working as stipulated in “Working Together to Safeguard Children 2015”.

Main areas of concern and issues for development in relation to safeguarding

The main issue facing CAIT in the past year has been a lack of trained police staff to cope with the rise in reported incidents. This has impacted on performance and particularly child protection case conference attendance.

In the short term Barking & Dagenham CAIT has catered for this by utilising police officers who were working on attachment to the team. The long term goal is to increase trained staff and CAIT is in the process of recruiting more police officers to fill vacancies. This will continue to be monitored as crime & staff workloads increase.

Key messages / recommendations for LSCB Priorities

- CAIT reported incidents have continued to rise over the last 3 years. CAIT senior managers continue to address staff vacancies to meet that demand.
- CAIT's recommendation to the board is to review working practices regarding case conferences to consider video / phone conferencing.

Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT)

BHRUT has established robust systems and processes to ensure there is a timely and proportional response when safeguarding concerns are raised when a child/children are considered to be at risk or likely to be at risk of "Significant Harm". This is in light of CQC inspection and the associated improvement plan. BHRUT have reported on progress in respect of arrangements to safeguard children to the LSCB

The Safeguarding Children's Team is fully established and comprises of:

Full time Named Nurse

Full time Named Midwife

Full time Named Doctor for Safeguarding Children

Full time Paediatric Liaison Nurse/Child Death Co-ordinator

Full time Team Secretary

The Deputy Chief Nurse line manages the Named Nurse Safeguarding Children and Named Midwife on behalf of the Chief Nurse, who has Executive responsibility for safeguarding.

SAFEGUARDING CHILDREN'S TRAINING

Safeguarding Children's Level 1, 2 and 3 compliance is monitored at the Trust's Safeguarding Children's Operational and Safeguarding Strategic & Assurance Group meetings.

For the reporting period a 2014/15 Safeguarding Children's Training Needs Analysis (TNA) & Strategy was approved by the Trust's Safeguarding Children's Operational and Safeguarding Strategic & Assurance Groups. The TNA was reviewed in March 2015, due to legislative changes as per Working Together 3rd Edition March 2015.

SAFEGUARDING CHILDREN'S SUPERVISION

Safeguarding Children's Supervision has been embedded in the Trust, in paediatric, midwifery and sexual health departments, since June 2013 and during 2014/2015 progress has been made in ensuring more staff are trained in order to facilitate supervision training across the Trust.

SAFEGUARDING CHILDREN AUDITS

A rolling programme of Safeguarding Children audits has been in place during the reporting period.

Audit results are presented at the Safeguarding Children's Operational Group and exceptions reported to the Safeguarding Strategic & Assurance Group

SECTION 11

The Trust is compliant with Section 11 requirements, as set out in Working Together (2015) and last presented its Section 11 progress report to Barking & Dagenham LSCB in August

2014. The Trust is fully compliant with Section 11 requirements and progress on all 8 standards is reported quarterly to the Trust's Safeguarding Strategic & Assurance Group.

PARTNERSHIP WORKING

The Trust continues to demonstrate a high level of commitment to partnership working through active participation in key safeguarding meetings. BHRUT is represented at the Barking & Dagenham Local Safeguarding Children's Board meetings by either the Trust's Deputy Chief Nurse or in his absence the Safeguarding Children's Named Nurse.

The Trust's Named Professionals are also members of a number of external safeguarding subgroup meetings.

The Trust's Psychosocial meeting (weekly) and Maternity Partnership meeting (monthly) act as forums for interagency working.

MATERNITY SERVICES

The Trust's Maternity Department has a robust risk assessment in place to ensure vulnerable families are identified early in pregnancy and appropriately referred to services, with the aim of ensuring good support is in place prior to the birth of a new baby. Detailed care plans are maintained on the maternity electronic system to inform staff of concerns and action to be taken post delivery.

MAIN ACHIEVEMENTS & AREAS OF STRENGTH

- Achieved Key Performance Indicators of >85% in Level 1 and 2 Safeguarding Children's training compliance.
- The development of a Domestic Abuse Training Pack for Emergency Department Clinicians (June 2014) and the implementation of a Pathway of Management of Domestic Abuse in the Emergency Department (August 2014).
- Implementation of Pathway for the Management of Children with Safeguarding Concerns in the Emergency Departments (June 2014) and a Clinical Pathway for managing children with mental health and self harm.
- Domestic abuse training continues within the mandatory level 2 and 3 safeguarding children's training and at Trust induction. An e-learning package has also been developed.
- Implementation of a mandatory Safeguarding Screening Tool for all children who present to the Emergency Departments cross site (April 2014).
- Integration of Level 2 and 3 Children's Safeguarding Training into the Emergency Department Junior Doctor teaching programme, including domestic violence training.
- Review of Psychosocial meetings which have demonstrated effective interagency working.
- Reinstatement of IDVA service specifically linked to the Emergency Department and Maternity Service since March 2015.
- Introduction of the FGM monitoring question for all pregnant girls/women.
- Review of all Safeguarding Policies in line with National Legislation changes and the development of four new policies: Child Sexual Exploitation, Female Genital Mutilation, PREVENT, and Managing Allegations against Volunteers/Staff including establishing a confidential database of allegations.

- Development of Pathways for Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM).
- Revision of all documents relating to Child Deaths (0-18 years), which have been cascaded to all clinical areas.
- Review of the Trust Child Protection web pages (internal and external).

LONG AND SHORT TERM RISKS & PRIORITIES & ACTIONS TAKEN

- **To develop practice in responding to Domestic Violence/Sexual Violence and Abuse in line with the Publication of the NICE Guidelines March 2014**

Actions:

The Trust's Named Midwife has been nominated as the Trust's Domestic Abuse Champion and is a member of the B&D Domestic Violence/Sexual Violence Group.

The Trust is reviewing its approach to managing Domestic Abuse, which includes developing a Trust wide Domestic Abuse Policy.

- **At least 85% of eligible staff to attend Level 3 safeguarding children's training.**

Actions:

Regular monitoring by the Deputy Chief Nurse/Head of Safeguarding and compliance reported at the Trust's Safeguarding Children's Operational and Safeguarding Strategic & Assurance Group meetings.

Compliance monitored at the Trust's monthly Divisional Performance meetings.

- **To develop staff awareness of harmful practice i.e. Child Sexual Exploitation (CSE) Trafficking and Female Genital Mutilation (FGM)**

Actions:

To establish FGM/CSE Leads in all relevant clinical areas.

Quarterly FGM/CSE meetings to be established and chaired by the Trust's Deputy Chief Nurse/Head of Safeguarding.

Barking and Dagenham Clinical Commissioning Group (BDCCG)

The Barking and Dagenham, Havering and Redbridge CCG (BHRCCG) Safeguarding Assurance Committee meets monthly and its purpose is to provide assurances to the three CCG governing bodies that they are meeting their statutory responsibilities with regards to safeguarding children and young people. It is chaired by the Nurse Director who is the Board lead with responsibility for Safeguarding

In addition, Clinical Quality Review Meetings (CQRM) between the commissioners and providers are held on a regular basis and this is the opportunity to challenge data and

monitor provider services in respect of their safeguarding responsibilities BHRCCG Governing Body receives regular quality reports including safeguarding.

Although the CCG is not directly involved in undertaking multi agency audits there is the opportunity as a member of the Performance Management and Quality Assurance Subgroup to influence areas for audit, acknowledging good practice, scrutiny and challenge and monitoring the implementation of action plans.

Quality and Effectiveness of Safeguarding Arrangements and Practice

The CCG has a governance structure for safeguarding with the Chief Officer assuming ultimate responsibility for safeguarding. The Nurse Director for Quality and Governance is the CCG executive lead for safeguarding and is a member of the BDSCB executive board.

In line with Working Together 2015, the CCG employs a designated doctor and designated nurse with specific responsibility for safeguarding children and young people and Looked after Children. The CCG also employs a designated doctor. This post spans the three local authorities (Barking, Havering & Redbridge) for Looked after Children and the LSCB Chair has escalated her concerns regarding capacity to achieve this to both the CCG and NHS England (London)

BDCCG Safeguarding Children and Young People Policy was reviewed, revised and ratified on 2 April 2014, in addition BHRCCGs safeguarding children team are in the process of developing a Safeguarding Strategy 2015 -2018.

Main achievements and areas of strength

The substantive post for Designated Doctor Safeguarding Children has been recruited to from 2 January 2015. The substantive combined post for Designated Nurse, Safeguarding Children Barking and Dagenham and Looked after Children (LAC) for Barking and Dagenham, Havering and Redbridge has also been recruited too with the post holder starting on 1 April 2015. BHRCCGs have also recruited an interim Designated Doctor for LAC across the three Boroughs, which has been in post since 5 December 2014.

The CCG has on-going scrutiny of provider functions with regards to safeguarding children.

The Designated Doctor for LAC has reviewed and revised the LAC specification and more robust contract monitoring processes are in place for 2015/16.

BDCCG has a Patient Engagement Forum (PEF) which meets bi-monthly, young people are invited to participate and are drawn from the Barking and Dagenham Young Peoples Forum. The CCG builds partnerships with patients and the public, not only as the recipients of care, but also to involve the whole community in the CCG's vision, priorities and plans.

Key messages / recommendations for LSCB Priorities

- To continue to work with the partnership agencies to improve outcomes for children and young people.

- To ensure there are robust contract and reviewing processes for services commissioned by the CCG and to work closely with other health services commissioners
- To ensure robust systems are in place across the designated children looked after roles and provider services to improve the quality and timeliness of health assessments for children looked after.

North East London Foundation Trust (NELFT)

NELFT provides an extensive range of mental health and community health services for people living in the London boroughs of Waltham Forest, Redbridge, Barking and Dagenham and Havering, and community health services for people living in the areas of Basildon & Brentwood and Thurrock. Community services include community paediatrics, health visiting, district and school nursing, therapies, care and support for people living with long term conditions such as diabetes and other services such as blood testing, foot care and children's audiology.

NELFT is registered as a provider with the Care Quality Commission (CQC) in order to be able to operate and deliver services. As a condition of registration, NELFT is required to demonstrate that the essential standards of safety and quality, set out under the Health and Social Care Act 2008, are being met and will continue to be met. The Trust is subject, at any time, to unannounced inspection by the CQC against any of the essential standards for quality and safety, one of which is safeguarding. As part of the CQC requirements an NHS provider compliance assessment in relation to Outcome 7 (Regulation 11) has been completed and evidence collated.

The Chief Nurse & Executive Director of Integrated Care Essex is the executive lead and board member for safeguarding. The Chief Nurse has Board level responsibility for safeguarding adults and children, LAC and Prevent, which is the health service component of Contest; the British governments counter terrorism strategy.

The Safeguarding Team acts on the Chief Nurses behalf to ensure that the Board is assured that all necessary measures are taken to safeguard adults and children at risk. The Director of Nursing, Patient Safety is the Strategic Lead for Safeguarding and together with the Associate Director of Safeguarding Children and LAC supports the management oversight of safeguarding issues in relation to vulnerable adults and children.

NELFT Safeguarding Children Team provided a co-ordinated response in October 2014 to the following Chapters in Part B, London Child Protection Practice Guidance and consulted with relevant stakeholders:

- Safeguarding children missing from care, home and education
- Safeguarding children: The role of the National Health Service (NHS) and all independent and third sector health services in London
- Thresholds: A Continuum of Help and Support

The Intercollegiate Document – Safeguarding Children & Young People: roles and competencies for health care staff Third Edition, March 2014 has been reviewed and a draft

action plan was developed. Key to note is the ability to undertake Level 2 Safeguarding Training online.

NELFT responded to the Children and Young People's Mental Health and Wellbeing Taskforce consultation on how mental health services could be improved for children and young people. The consultation looked at data and standards, access and prevention, a co-ordinated system and vulnerable groups and inequalities.

A NELFT response to the April 2015 consultation of the inspection process for multi-agency arrangements in respect of the six specific proposals was submitted in September 2014.

Main achievements and areas of strength

Child Protection Training and Child Protection Supervision Quality Indicators targets have been achieved and maintained during the reporting period.

The Safeguarding Supervision Policy has been reviewed and updated in response to Quality of Supervision audits outcomes. Quarterly supervisor network meetings are held and learning from audits are disseminated and have prompted the strengthening of the delivery of safeguarding children supervision by developing an induction programme for safeguarding children supervisors to support practitioners in this key role. A competency framework for supervisors was established in Q3.

The NELFT audit programme forms part of NELFT's systematic programme of quality assurance. The Safeguarding Children's team undertakes regular audits of the Trust's child protection systems and processes. Emerging learning from these audits are communicated back to the organisation through the safeguarding governance arrangements and integrated into training and dissemination of learning events delivered by the Safeguarding Children Team. Barking and Dagenham have completed a Section 11 audit and developed an action plan to address areas for improvement.

The Safeguarding Children Team and NELFT practitioners have actively participated in both SCR and Practitioners Forums. NELFT has worked in partnership with LBBDD to look at lessons learned from cases and implement actions arising from these reviews.

Main areas of concern and issues for development in relation to safeguarding.

With the changing demographics and increase in safeguarding activity in Barking and Dagenham, NELFT needs to ensure that staff have the appropriate skills and competencies and are appropriately supported in their safeguarding role.

Collaborative working with the Strategic Lead for Domestic Abuse and Harmful practices will continue to progress the actions identified in the Rotherham and other key enquiries around Child Sexual Exploitation.

Integrated working across the adult and children safeguarding teams will be further embedded to support an increase in the numbers of referrals to MARAC.

The need for further improvement in access to and quality of advice and support in relation to safeguarding adults and children for NELFT staff and multi-agency colleagues has been recognised.

Key messages / recommendations for LSCB Priorities

- Completion of the Paediatric Liaison Process Review.
- Continue to provide support to areas receiving unannounced Safeguarding & LAC CQC and Ofsted inspection.
- Children living within the NELFT health economy experience a reduced risk of exposure to domestic violence and other forms of abuse.
- Provision of a single point of contact for advice and support via a NELFT wide safeguarding duty desk

CAFCASS

CAFCASS (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The function of CAFCASS within the family courts, as set out in the Criminal Justice and Court Services Act, is to: safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families.

Brief description of safeguarding activity over reporting period – April 2014 – March 2015

A key focus during 2014/15 was ‘getting to good’ – building on our “good” Ofsted judgement of April 2014. This included an action plan derived from the Ofsted report. A national audit in November 2014 established that all of the following actions had been met:

- To improve the minority of safeguarding letters which are not yet fit for purpose:
- Improve effectiveness of efforts to contact parties. Where sufficient efforts have been made these should be better recorded:
- Ensure that in all private law work casework begins as early as possible once a Family Court Adviser (FCA) has been allocated:
- Improve the percentage of “good” work in private law work after first hearing (WAFH) in London:
- Improve further the analysis in the report to the court and ensure that all relevant information is pulled through in to the report based on research

We continue to respond to, and facilitate, developments within the family justice system and in particular the move, in private law towards supporting parents, where possible, to make safe decisions outside of court proceedings. We are currently piloting a programme announced by the MoJ, to provide advice and to encourage out of court pathways for separating parents, where it is safe to do so. The supporting separating parent in dispute (SSPID) helpline was launched in November 2014. Callers are put through to a Cafcass practitioner who can talk through the difficulties of separation, offering support, guidance, and information. We also ran a six month pilot of a safeguarding advisory support service for mediators, aimed at providing support in cases featuring child protection concerns.

A significant emerging issue in recent years has been child sexual exploitation (CSE), We are implementing a CSE strategy which involves consolidating systems to capture data on CSE in cases known to us; providing mandatory training on CSE to our staff, running workshops to increase awareness; reviewing policy guidance to staff; creating dedicated management time to support the delivery of the strategy at a national level; and creating CSE ambassadors within each service area.

Quality and Effectiveness of Safeguarding Arrangements and Practice

Cafcass has a robust programme of internal audits to assure the effectiveness of safeguarding in both public and private law. We provide tools for practitioners to use in self-assessment in order to benchmark the quality of their own work, and these tools are also used by managers and auditors as an evidence base for assessment. Throughout all the tools there is a consistent focus on assessing risk and whether appropriate actions have been taken after the assessment of risk. Actions by practitioners and managers are further scrutinised by senior operational managers via a monthly sample of closed files and the observation of one Performance Learning Review per manager, per annum.

Further assurance is provided through yearly national audits and our Key Performance Indicators (KPIs). A national audit of practice was undertaken in November 2014 with the objective of providing a snapshot assessment of the standard of casework. The audit measured the progress of work since the audit in September 2013 and the Ofsted inspection of April 2014. The conclusions were positive, reporting the percentage of work graded as “good” at 65%. This represents a significant improvement of 16% from the previous year’s audit.

We will undertake three thematic audits in 2015/16, focusing on further improvements required. These will look at the extent of the improvement in the joint working between the Independent Reviewing Officer (IRO) and the Guardian; the Guardian’s involvement and agreement to any position statement filed in proceedings; and evidence in WAFH of the improvement in analysis of assessment and increased use of research and tools.

Alongside our internal methods of quality assurance, we record and disseminate learning identified within service user correspondence, including correspondence received from children and young people. The learning points are fed back to the National Improvement Service (NIS) which maintains a national learning log, updated and disseminated throughout the organisation on a quarterly basis. The learning log sets out clear action plans designed to improve safeguarding practice and systems across the organisation.

Further scrutiny is given to our safeguarding practice and processes by the Family Justice Young People’s Board (FJYPB) comprising young people with direct experience of the family court. The FJYPB contribute to our publications, review our resources for direct work with children, and are involved in the recruitment of frontline staff. Board members also review the complaints we receive from children and young people.

Barking & Dagenham LSCB Lay Member report

I have found my role as Lay Member interesting and challenging over the last year. I see my role is to act as an ambassador to build stronger ties between the LSCB and the local community by both informing them of the work that the board does and ensuring transparency whilst doing this.

To ensure that local people living in Barking & Dagenham have an awareness of the board and to assist them to become more equipped in understanding safeguarding I have completed PowerPoint presentations to 40 parent carers around both the boards statutory requirements and how LBBB implement these. Feedback was that they felt more able to become more involved in child safety issues and for many they had no idea of the board's existence prior to these presentations. I was also able to signpost them to the useful resources on the LSCB website during these presentations.

I promote the boards work at community groups within the borough at every opportunity and ensure this is fully understood. I have attended both the Performance and Quality Assurance sub group and the Learning and Improvement sub group and fed in my thoughts on relevant topics always trying to ensure I represented the needs and views of the local community.

The challenge to the board that the accessibility by the public, children and young people of its plans and procedures is ongoing, and becomes harder with more and more budget constraints.

I hope to be available to continue linking the board to the community along with its varied board membership over the coming year.

Lay Member outcomes for 2014-15:

- Delivered training on 23 July 2014 to parents and carers living in B&D. Ensured at next staff meeting to remind all about FGM and radicalisation and where to access Safeguarding refresher courses where appropriate.
- Delivery of a further presentation to Parents around the work of the board on 22 October 2014. Take back to team the need to look at recent training around witchcraft, honour based violence, FGM and Force Marriage. Future discussion on Private Fostering plus add on to the Parents presentation.
- Awareness of the Board work - presentation to parents scheduled for 25/2/15 (20 x parent/carers) and CSE discuss with young carers staff and access their training needs- remind all of organisational policy in supervision.
- Alert the Chair to the needs of local parents- 1. Safeguarding needs to be part of any local parenting programme and 2.more public awareness of the Board and its work. Be part of the 50th Anniversary celebrations - one borough community day on 25th July 2015.

CHAPTER 3: The Work of the LSCB

Statutory and legislative context for LSCBs

The role and responsibilities of the Local Safeguarding Children Board are set out in primary legislation, regulations and statutory guidance. The Board has a range of functions.

The Children Act 2004: Section 13 of the Children Act 2004 required each local authority to establish a Local Safeguarding Children Board for their area and specified the organisations and individuals that should be represented on it. Section 14 of the Children Act 2004 sets out the objectives of an LSCB, which 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; and
- to ensure the effectiveness of what is done by each such person or body for those purposes.

Local Safeguarding Children Board Regulations 2006: regulation 5 sets out the functions of the LSCB in relation to the above objectives. These are to:

- develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority;
- monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children, and advise them on ways to improve;
- participate in the planning of services for children in the area of the authority;
- Undertake reviews of serious cases and advise the authority and their Board partners on lessons to be learned.

Working Together to Safeguard Children 2015: includes the most recent statutory guidance on the work of LSCBs. It sets out the expectations of Boards in relation to membership, the role of the LSCB Chair, resourcing and areas of accountability. The guidance states that in order for an LSCB to fulfil its statutory functions under Regulation 5, it should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether partners are fulfilling their statutory obligations;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

Working Together 2015 also reaffirms the role of the Board as an oversight and scrutiny body which does not commission or directly deliver frontline services.

Governance and accountability arrangements

The Board meets six times per year. In addition this year has seen the addition of a Strategic Partners group that includes senior representatives from the statutory partners. This

meeting occurs on a quarterly basis and provides strategic partners at director level (Children's Social Care, Police and CCG) with the opportunity to identify and debate emerging or complex issues and influence the agenda of the LSCB.

The Board now has a Child Sexual Exploitation Strategic Group. This group has oversight of the Child Sexual Exploitation strategy and operational plan and the MASE (Multi Agency Sexual Exploitation) group reports into the strategic group via the MASE chair who is a member.

The LSCB structure is set out in Appendix 1

Strategic links with other partnership bodies

Barking & Dagenham have a fully established Health and Wellbeing Board. The Board is the forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to improve the health and wellbeing outcomes for adults and children in the borough. An action from the Ofsted inspection was to: *"Produce a Protocol outlining joint working between the Health and Wellbeing Board (HWBB) and LSCB and agree at LSCB and HWBB"* A Protocol was signed off on 28th October 2014 and the LSCB Independent Chair is now a member of the HWBB and the LSCB Annual Report is presented to the HWBB.

The need for strong links between the HWBB and the LSCB is set out in Working Together 2015 with a particular focus on the LSCB informing and drawing on the Joint Strategic needs Assessment ([JSNA](#)). The Boards have established firm reporting and accountability arrangements through a formal protocol. The LSCB should be able to influence the strategic priorities of the HWBB in an impactful way so this is an area that will be reflected in the new Business Plan.

A formal protocol between the LSCB and the Community Safety Partnership is needed to underline respective roles and responsibilities, especially in areas that are a shared priority such as domestic abuse.

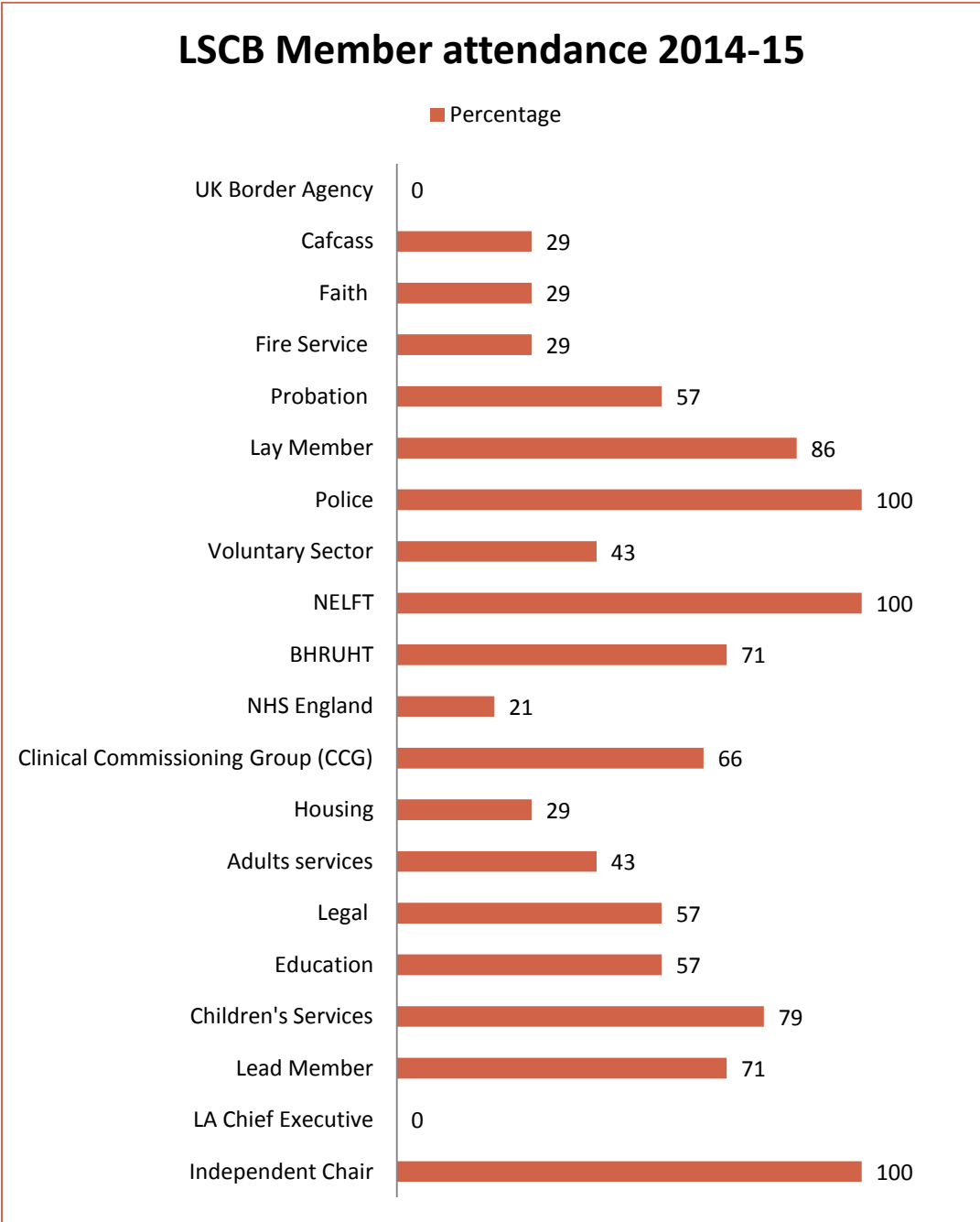
Membership Arrangements

In line with Working Together 2015, key stakeholders, such as the local authority, schools, Police, Probation, CCG, BHRUT, NELFT have remained consistent contributors to the work of the LSCB and its functioning.

There is an ongoing effort to ensure all the key stakeholders in Barking & Dagenham are represented on the Board and that this is at an appropriately senior level.

The attendance of the LSCB Board members is broken down in the chart below. This is based on seven LSCB Board meetings over the period 2014-15.

Attendance



In order to reinforce individuals’ responsibilities in representing their agency on the LSCB, all LSCB members will be asked to sign a new membership agreement setting out the role and responsibilities of a Board member.

The LSCB Chair will continue to monitor ongoing agency membership and attendance at the Board meetings.

Financial arrangements

The LSCB's income and total budget for the period April 2014 – March 2015 is £188,166

The LSCB is funded by the following organisations:

Agency Contribution	£
Local Authority (inc contribution for CDOP)	130,453
Local Authority - Housing	8,888
BD Clinical Commissioning Group (inc contribution for CDOP)	34,813
BHRUHT	3,231
NELFT	3,231
CAFCASS	550
National Probation Service	1,000
London Community Rehabilitation Company	1,000
Metropolitan Police	5,000
Total Contribution	188,166

As illustrated, the local authority continues to provide the largest share of the LSCB's budget at 69%.

Actual expenditure incurred by the LSCB in 2014/15:

Expenditure	£
Independent Chair Salary	15,275
BDSCB Support salaries and Expenses: <ul style="list-style-type: none">• Business Manager• CDOP Manager	101,804
BDSCB Annual Conference	250
Serious Case Review – Chairing & Reviewer arrangements	6,067
BDSCB Training Programme	20,000
Total	143,396

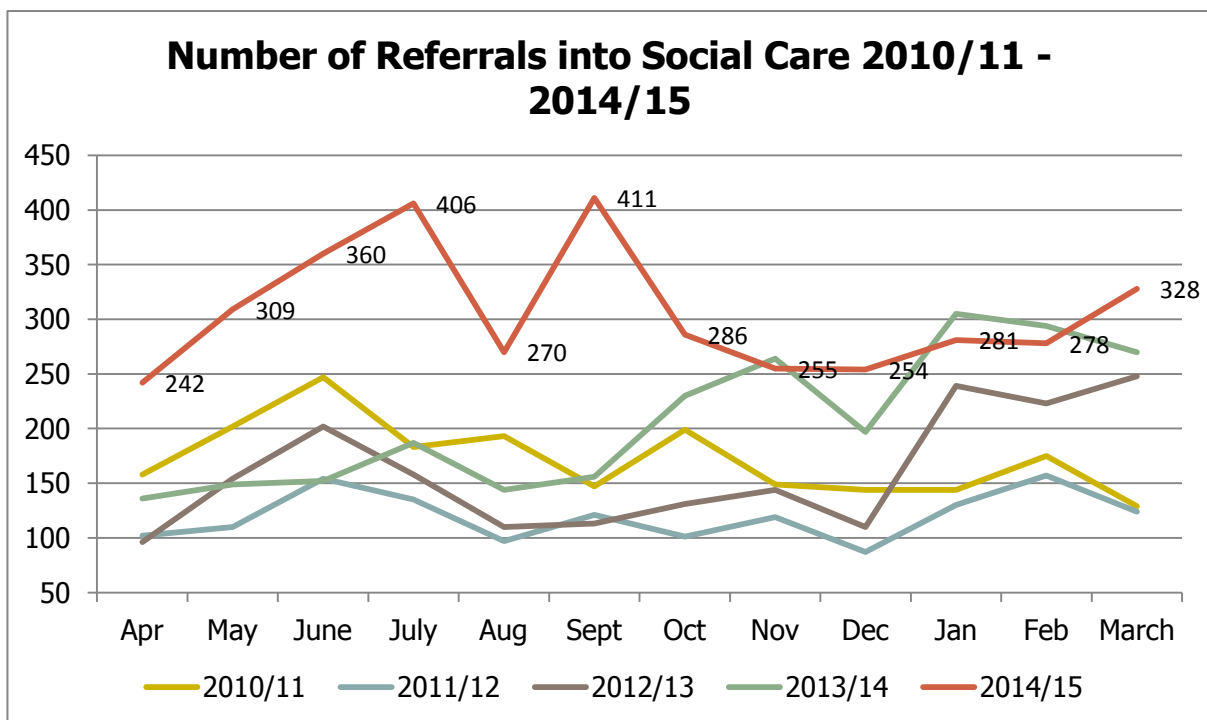
Working Together 2015 is clear that all LSCB member organisations have an obligation to provide the Board with reliable resources (including finance) that enable the LSCB to be strong and effective and that a disproportionate burden should not fall on a small number of agencies. This is with an awareness that many partner organisations continue to struggle with budget reductions and other significant financial pressures. Issues around future resourcing of the Board's work were discussed at the December 2014 LSCB meeting and subsequently the Chair has written to partner agencies to consider contributions to the LSCB. To date, this has resulted in some additional resources being secured for the Board for the coming year. The Chair will continue to work with board partners over the coming year to ensure the board is appropriately resourced to enable it to undertake its statutory functions.

Performance & Data

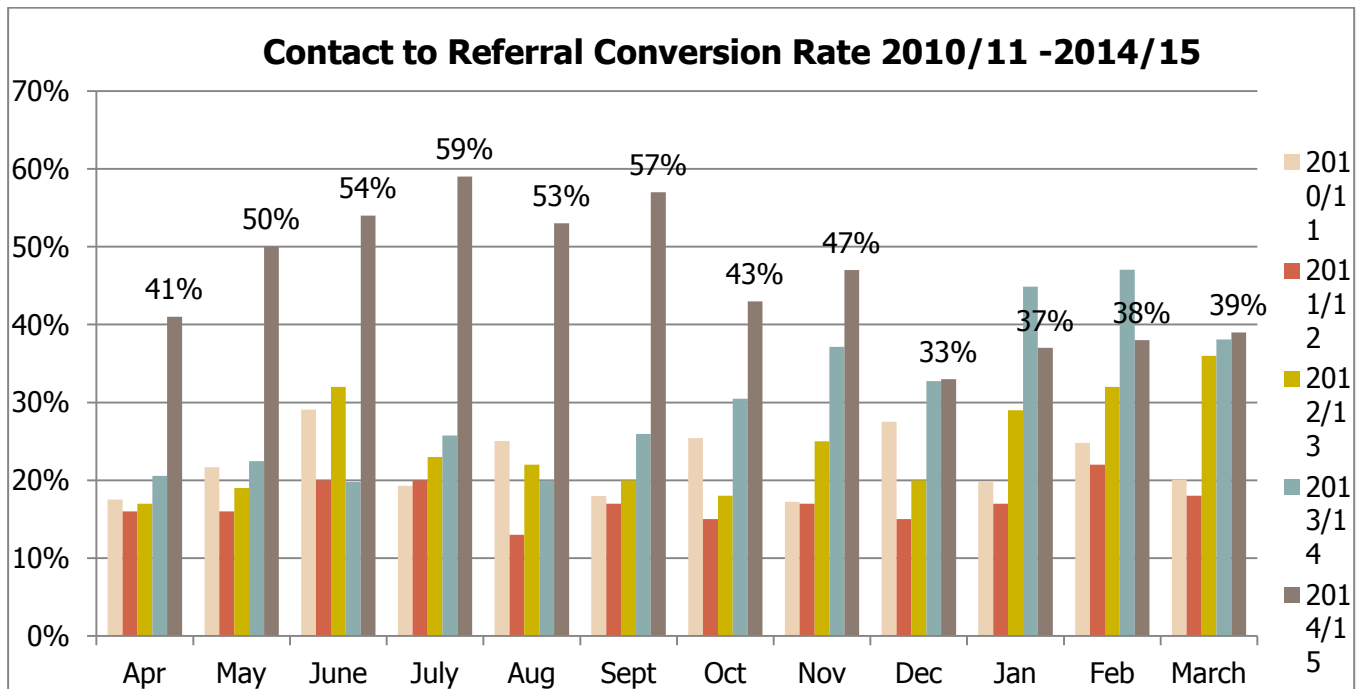
Headlines from LSCB Dataset

- Good performance on child protection plans lasting 2 years plus; 2014/15 performance is less than 1%, below all benchmarks and lower than 2013/14 outturn of 4%;
- Performance is lower than national average for children becoming the subject of a child protection plan for a second or subsequent time despite increase to 14.6%;
- Good performance on first time entrants maintained - number increased slightly to 89 in 2014/15 compared to 84 in the previous but our rate per 10,000 of 430 is lower than national rate;
- No offenders receiving level 3 MAPPA reviews reoffending against children in the last 4 years;
- Hospital admissions caused by unintentional and deliberate injuries to children and young people (per 10,000) dropped in 2013/14 to 74.2, lower than all benchmarks;
- 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, statistical neighbours and London;
- Significant improvement in CP visits completed in 6 weeks during this financial year – in 14/15 96% completed in 6 weeks compared to around 80% on average in previous quarters;
- Significant improvement in the year for CP core groups - 86% of Core Groups were completed in time as of the end of 14/15, compared to 34% in 13/14.
- In 2014/15, provisionally, 73% of statutory social care assessments were completed within 45 days, below our local target set at around 80%, comparable with Q3 figure of 72.9%. Performance falls below the national average of 82%, London and statistical neighbour average;
- It is important to note that contacts and referrals into statutory social care have again both risen in 2014/15, impacting on the number of assessments being completed; 2,998 (provisional) compared to 2,760 in 2013/14 and 2,016 in 2012/13, a real term increase 9% in the last year.
- Children with disabilities aged 14 and over with a transition plan has increased in 14/15 to 86%, compared to 50% in 13/14 falling just short of our target of 90%.
- The number of children entering care on police protection has fallen significantly during 14/15 to 69 compared to 136 in 13/14 – this represents a decline from 43% to 25% of all admissions to care. Performance is still above national, London and similar areas, who all fall below 20% but overall very good progress made.
- Year on year decline in permanent exclusions, now in line with national benchmarks; local data shows further decline to 11 in this academic year compared to 15 in 13/14.
- The number of MET recorded child abuse offences increased to 415 in 2013/14 compared to 312 in previous year (real term increase of 33%); big increase in physical abuse and neglect offences; however, the % of those offences resulting in charges or cautions has declined - 20% in 13/14 compared to 24% in 12/13.
- 80% of referrals to CAMHS resulted in an assessment during 14/15 compared to 85% in 13/14; There has also been a slight decline in the % of assessments resulting in active engagement with CAMHS – 56% in 2014/15 compared to 62% in the previous year.

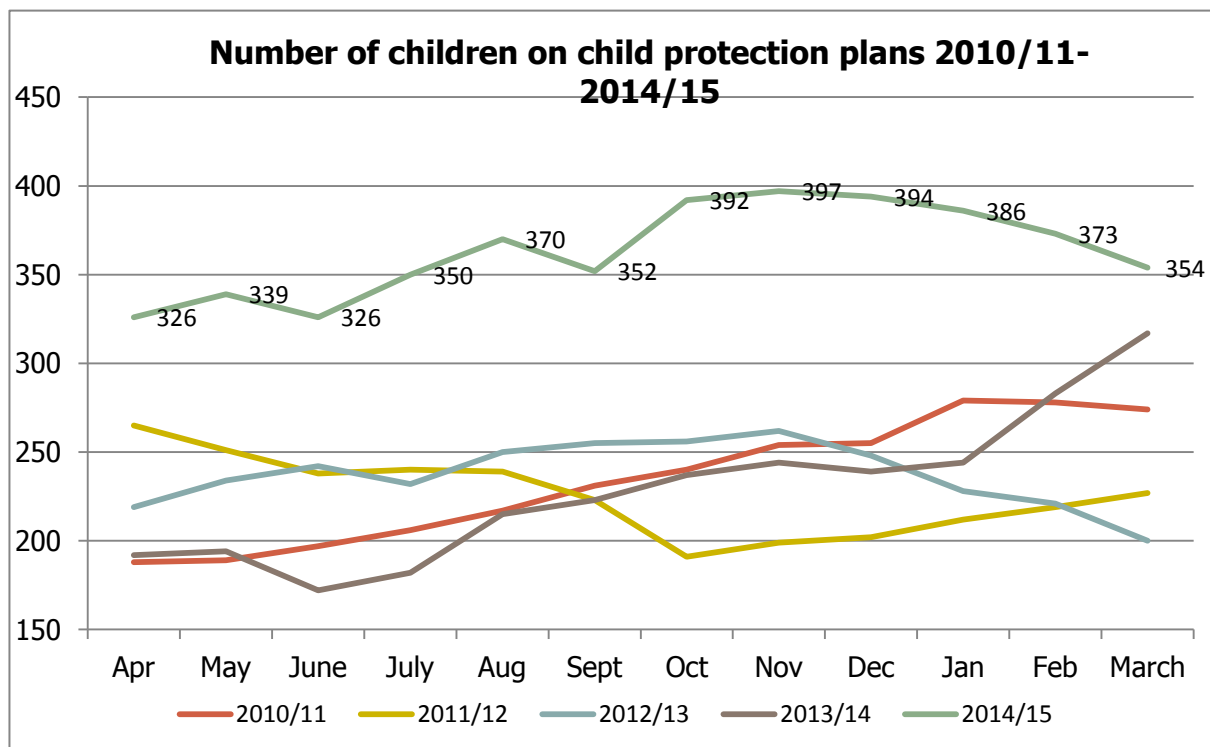
- The number of families living in temporary accommodation dropped very slightly to 1,118 at the end of 14/15 – compared 1,139 figures in 13/14 but is much higher than the 907 in 12/13; 806 in 2011/12 and 559 at end of 2010/11.
- Children in low income families significantly worse than national and London; 30.2% compared to 19% nationally; 24% across London. National ranking of Barking and Dagenham is unchanged 143/151 (9th worst). London ranking of Barking and Dagenham has fallen from 26/33 (8th worst) to 31/33 (3rd worst for Under 16s/4th for Under 18s).
- U18 conception rate for girls aged 15-17 per 1000 increased to 40.1 in 2013 compared to 35.4 in 2012; still an overall reduction on 98 baseline but not as high (-26.6%).
- Further increase in open social care cases in 14/15; 2356 compared to 2184 in 13/14, a real term increase of 8%. In the last 6 years, the increase has been 87% in real terms;
- Looked after children numbers rose to 460 in 14/15 comparable with 13/14; LAC numbers have increased in the last 6 years by 35% in real terms. LAC numbers in April 2015 are 464.
- Numbers of S47s have remained stable in 14/15 with a total of 1222 during the year compared to 1231 in 13/14. S47 rate per 10,000 much higher than all benchmarks



- Number of contacts made to social care has not increased significantly - on average around 650-700 contacts each month over the last 3 years; 9,765 in 10/11, 8,475 in 12/13, 8,856 in 13/14 and 8,515 in 14/15.
- Number of referrals has increased significantly; 1,812 in 11/12, 2,586 in 12/13, 3,126 in 13/14 and 3,950 in 14/15. This is a 118% increase since 11/12.

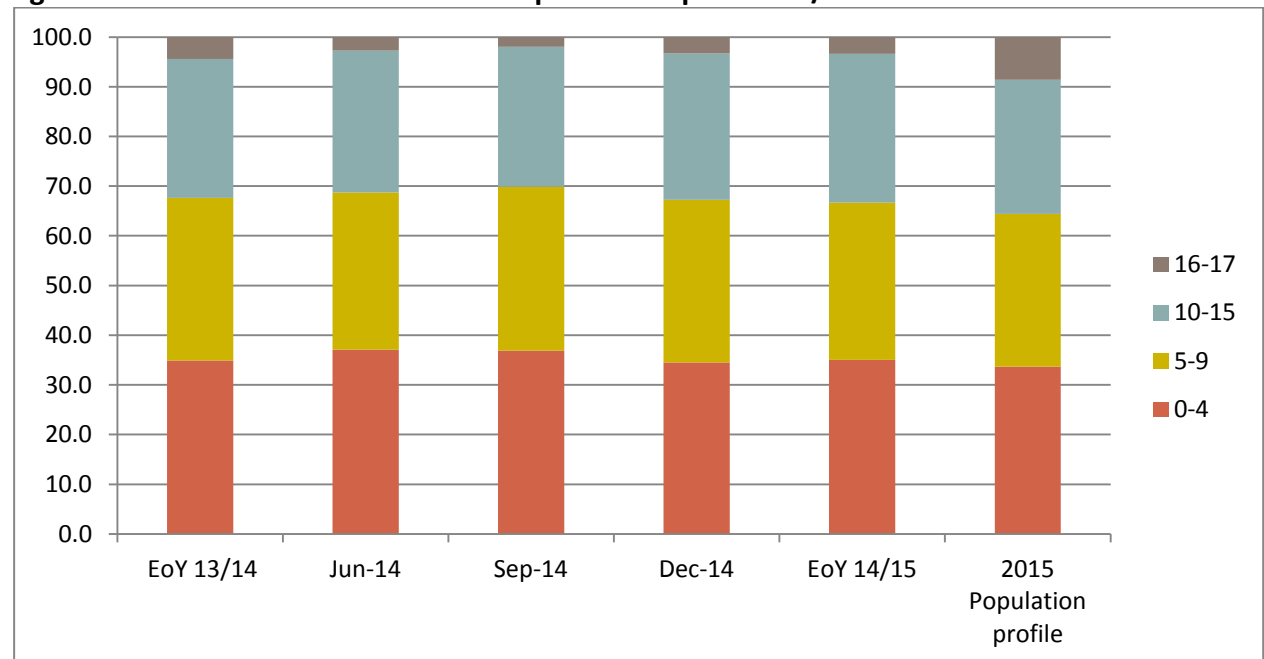


- Conversion rate from contact to referral has increased to around 50% in 2014/15 compared to our average of around 30% in previous years;
- Impact on Assessment Team – over 90% of referrals progressed to an assessment or strategy discussion in 12/13 and 13/14; in 2014/15 this has dropped to 78% - impact of MASH;
- % of children referred into social care with a CAF in place is very low at 4%

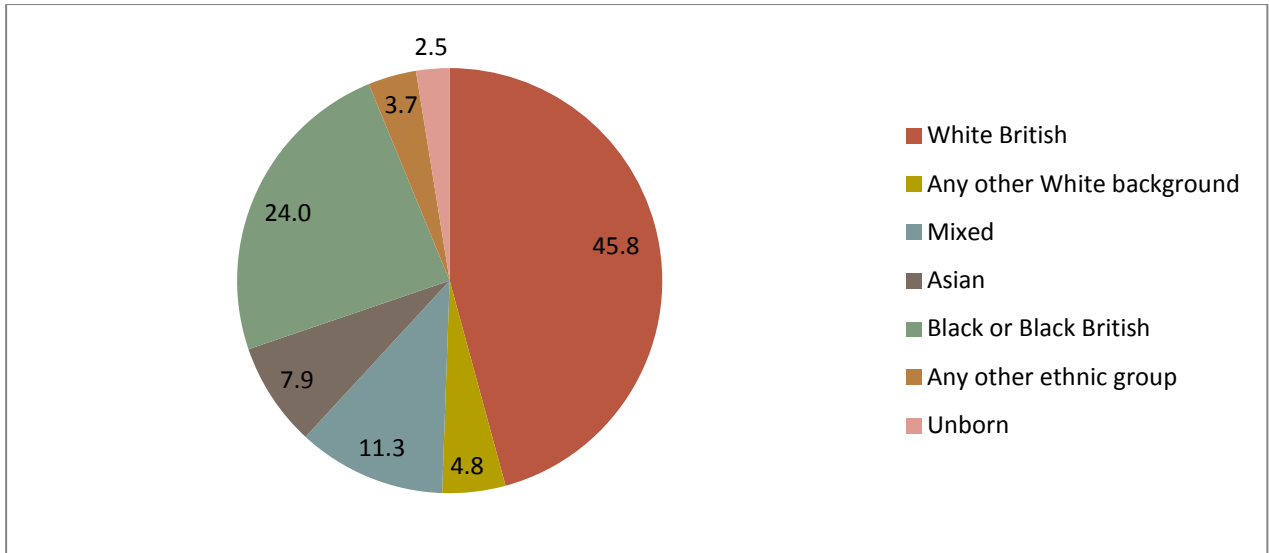


- In 2014/15, children subject to child protection plans have also continued to increase in the borough; 354 compared to 318 in the previous year, a further increase of 11%.
- The number of children on child protection plans due to neglect rose from 21% to 31% between 2013/14 and 2014/15 and is largely attributed to the very high levels of poverty and deprivation in the borough. Emotional abuse remains the highest child protection category at 60%, although this is lower than the 69% reported in 2013/14.
- 460 ICPC's took place in 14/15 representing 40% of S47s initiated – compared to 549 in 13/14 (45% of all S47's initiated)
- The number of children on child protection plans fell to 354 at the end of March 2015 compared to 394 in Q3 2014/15. However, this is still an increase on the 318 in 2013/14 and 200 in 12/13. The rate per 10,000 has increased to 62 - above all benchmarks.
- CP numbers higher in 14/15 - 354 compared to 318 in 13/14 – in last 6 years CP numbers have risen by 112% in real terms;
- Rate of CP per 10,000 (62) is above all benchmarks
- The profile of children subject to a child protection plan shows a high proportion of younger children. This emphasises the need for early intervention and prevention work in pregnancy and early year's settings. The age of children with a CPP is generally in line with the age breakdown of children in the borough, although the number of 16+ is slightly lower – 3% of all children on a child protection plan are aged 16 plus compared to 9% of the local population.

Age trends in % of children with a child protection plan 2014/15

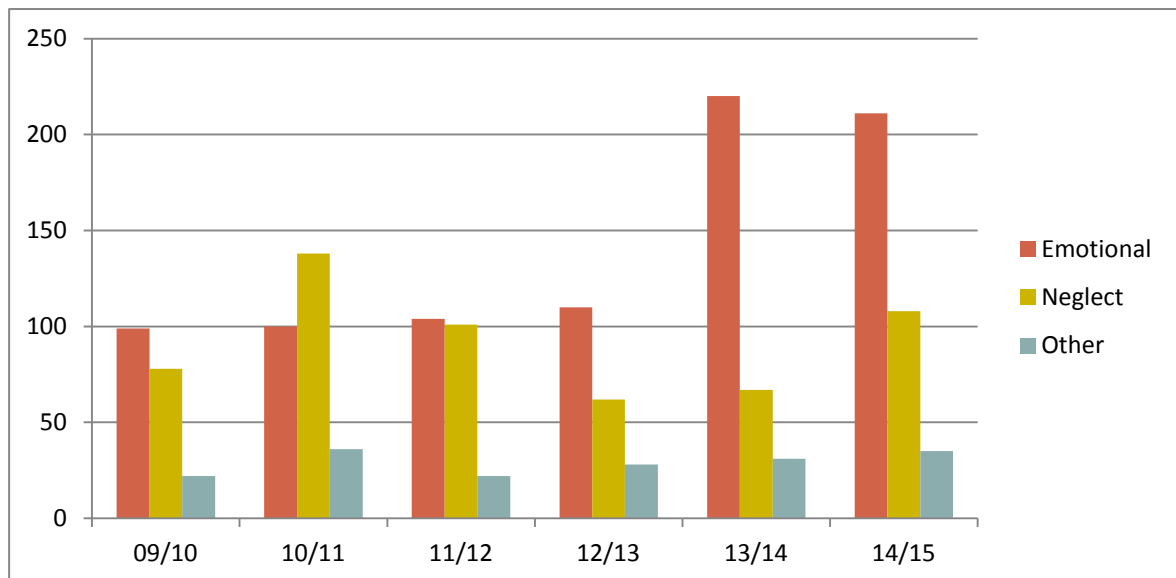


- The ethnic profile of children on child protection plans approximately reflects the ethnic profile of children in the borough, with the largest proportion of CPPs being in children who are white British or Black/Black British. Sibling groups of 4 plus children currently represent 22% of all children with a Child Protection Plan, a slight decrease from 23% in 2013/14.



Analysis of the types of abuse resulting in children being subject to child protection plans highlights emotional abuse and neglect as the two largest primary categories in the borough. Provisional data for 2014/15 shows that 60% of children on child protection plans are due to emotional abuse, a decline on the 69% figure in 2013/14, but still the majority and this is closely linked to the high rates of domestic violence. Conversely, children on a child protection plan due to neglect increased to make up 31% of CPPs compared to 21% in 2013/14.

Trends in numbers of child protection order by category of primary abuse



LSCB effectiveness, contribution and challenge

In April 2014 Ofsted carried out an inspection into the effectiveness of services in Barking & Dagenham. Ofsted assessed the effectiveness of the LSCB to be 'requires improvement'. The areas identified for improvement have been monitored through an action plan.

Areas for improvement

- Ensure the LSCB Chair strengthens the coordination, focus and impact of the boards work in the Health and Wellbeing Board. *The LSCB chair is now a member of the Health & Wellbeing Board and there is a joint protocol in place.*
- Undertake an evaluation of the full impact of training on the performance of practitioners to ensure it targets improvements in outcomes for children. *Training has now been commissioned from the council who have in place an evaluation process for all training.*
- Sustain and extend the positive and constructive role of the practitioner's forums in promoting multi-agency working through improving the attendance of social workers. *There has been sustained work to encourage social workers to attend the Practitioners Forum. The forum has strengthened with increased attendance and speakers on topics identified by the forum.*
- Strengthen oversight of private fostering by the board, supporting efforts to ensure all such children are identified. *The Private Fostering annual report has been presented to the LSCB. Data presented to the Board demonstrates that all privately fostered children have a visit and assessment and that figures for children in Barking & Dagenham were in line with local and national statistics.*
- 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. *A revised framework and structure of annual report was introduced for the 2013/14 LSCB report.*

The areas identified in the inspection of 2014 have been rectified and the Board is now effectively prioritising core tasks and meetings its statutory duties. The Board has a business agenda that incorporates forward planning and a clearer and more focused approach to child protection which includes a chairs challenge log and a risk register.

The LSCB has built on these foundations by maintaining a strong focus on core business, at both a strategic level and at the front line, scrutinising performance, and engaging partners in co-ordinated strategic work to address priority issues. Throughout the year each Board meeting has been 'themed' with contributions from agencies and sub group members. Messages from these Board meetings have been communicated through an LSCB newsletter and through the Practitioner Forum. The newsletter has been disseminated to all agencies represented on the LSCB, including schools, voluntary sector organisations and local councilors. Whilst there has been no formal assessment of the impact this has had, anecdotal reports from LSCB members and practitioners suggest that the newsletter and the Practitioner Forum is helping to improve knowledge and understanding of the Board and the role it plays in coordinating the work of partner agencies to safeguard children. Together, these activities have helped the LSCB to have a more visible presence amongst partners and the children's workforce.

Over the course of the year there has been direct engagement by the chair with new LSCB members. The chair meets with each new member as part of an induction plan.

Challenges by the chair to the partnership, has included:

1. A letter sent to NHS England about the poor level of attendance by GP's at CP Conferences. This has been raised by the chair to the Designated GP in their 1-1's.
2. Concerns regarding capacity of the Designated Nurse LAC raised with the CCG and NHS England (London)
3. The number of Health Visitors and new birth visits raised as part of LSCB Performance monitoring. NELFT assured the Performance & QA committee that they are undertaking the majority of the new birth visits within timescales.
4. Concerns raised about levels of Police officers in CAIT. Letter sent to Commissioner Sir Bernard Hogan Howe. Regular meetings then arranged to meet with senior officers in the Met to discuss way forward. Additional resources were put in place.
5. Concerns raised by Ofsted about the numbers of children subject to Police Powers of Protection. Regular meetings with police and each PP audited to assess if a different action could have been taken.

Faith & Culture

The scrutiny of local MASH data and focusing on national, Pan-London and local safeguarding issues, has highlighted concerns on FGM, Forced Marriage and Honour-Based Violence, Alternative Child-Rearing Practices, Trafficking & CSE, Radicalisation and Witchcraft. Training has been provided to 332 participants on these issues with many more people undertaking the on-line training available through the LSCB website and the Borough i-learn portal.

The LSCB Faith & Culture Committee (FCC) has had a busy year raising the awareness of culturally harmful practices against children and young people. Working in collaboration with statutory, voluntary, community, faith and non-government organisations including survivors, it organised 6 briefings during 2014-15 in order to promote and develop a culturally competent workforce. The FCC's aim is to increase safeguarding awareness amongst community and faith-based organisations in order to protect children from faith and culture abuse. Mapping organisations locally is being undertaken in order to make links with these groups. The FCC has been working closely with the Faith Forum, CVS and Barking & Dagenham's African Families & Community Outreach Officer in order to increase engagement and collaboration between the community and the LSCB. Two faith leaders sit on the committee and briefings aimed at this sector have taken place. As part of this session, the LBBB Safeguarding Children Guidance (The Green Book)

- Policy and Procedures for Voluntary, Community, Faith and Private Organisations were presented which acted to raise awareness of the LSCB website & the resources it held. A representative from the traveller community is also a member of the FCC and has delivered an awareness presentation on the traveller community. More work needs to be done in engaging these areas, with an objective of developing a network of faith leader and community leader champions to model good safeguarding practice.

An FGM task and finish group have drafted the 'Multi-Agency Strategy to Tackle Female Genital Mutilation 2015-2018'. This will be reviewed in conjunction with partners. The FCC

group are members of the 'National Working Group on Child Abuse Linked to Faith or Belief'. The national action plan to tackle this abuse is embedded within the FCC action plan. The awareness raised is beginning to be evidenced in the four referrals received since the witchcraft briefings began.

The FCC is using various ways in which to secure the meaningful engagement of local faith communities. This has included the collaboration with other partners, such as The Safe Network and Multi-Faith Safeguarding Hub and Forward UK and its awareness sessions against FGM with community groups. Following each briefing, members create a fact sheet on the topic, so that practitioners may use as an aide memoir when back in their organisations. These are also published on the LSCB website. There has been positive feedback on these documents and practitioners have used them for discussions and learning at team meetings, in supervision and governance meetings. The FCC uses mediums such as a Faith newsletter, the LSCB website, community events, the local press, schools, children centres in order to raise awareness of the Committee and the work that it does.

Audits

A number of audits have been completed and are summarised below:

1. Child's Journey

The purpose of the audit:

- To examine the journey of children through statutory and non statutory levels of intervention.
- To assess the quality of that Intervention, promote good areas of practice and identify where additional support may be required.
- To provide a snapshot of practice for Operational Managers.

Audit Sample:

The audit sample, randomly selected from all the teams was 74 children and young people and was a mixed sample of Children in Need, Children in need of Protection, Looked after Children and Children Leaving Care.

Auditors were asked to audit the last 12 months in the 'life' of a case.

Key information and supervision was applicable in all cases.

In all, 37 audits were completed which reflects 50% of the intended target.

All cases were given an overall grade.

Head Line Findings:

Areas where practice was strong:

- Threshold was considered to be appropriate in the majority of cases by the Triage Team
- The majority of assessments were completed within timescale
- There was good evidence of multi-agency input to assessment and planning
- There was good evidence of children being seen and their voices recorded
- The risks to children in S47 investigations are being evaluated following referral

Areas where improvement is needed:

- Chronologies need to be completed and placed on file as a working document which can be added to
- There is no evidence that assessments are being shared with the family
- There is no evidence of or poor recording of CIN plans on file
- There is no evidence of use of multi-agency strategy meetings
- Core assessments for LAC need to be completed on the majority of cases

2. Children subject to CP plans for a second or subsequent time.

Purpose of Audit

Data evidenced that during the year 61 Children were presented back to child protection conference for a second and sometimes third occasion in Barking and Dagenham.

Headlines

- 59 Children were presented back to ICPC for a second time.
- 2 Children were presented back to ICPC for a third time.
- In total, this equates to 24 families presented back to conference.
- The shortest period between presentation was 6 months
- The longest period between presentations was 9 years.
- 25 Children were made subject to a plan under the category of Neglect for a second time
- 34 Children were made subject to a plan under the category of Emotional abuse for a second time.
- 2 Children were made subject to a plan under the category of Sexual abuse for a second time.
- No children were made subject to a plan under the category of Physical Abuse.
- Of the 24 cases it was found that 17 cases were presented for new or different reasons that could not have been addressed in the initial period of intervention.
- In 7 cases it was found that the LA did not complete robust enough work to prevent re-presentation.
- Of the 7 cases the presenting concerns on both occasions were for the same child protection issues
- 4 of the cases were concerning domestic violence.

Of the 24 family's presented to conference only 7 were presented for the second time for the same issues. The remaining 17 cases were presented for new reasons which could not have been pre-empted from earlier interventions.

This indicates that intervention from the LA under Child Protection procedures is in the main effective with CP plans and intervention from the multi agency partnership. There is ample evidence of effective planning and engagement with both families and partner agencies to address CP concerns and effect change in children's lives. This is further evidenced in the

long gap between presentations for new issues as the work completed at initial intervention led to no re-referrals.

3. Police Powers of Protection

Purpose of Audit

The purpose of this audit was to review the impact of the work being done to address the concerns raised by Ofsted following the April 2014 inspection.

Ofsted stated that:

“Too many children experience the trauma of being removed from the care of their parents by the police. This often takes place before enough information has been gathered from other agencies and family members. This was an area for improvement at the last inspection in 2012”.

Ofsted set out the area for improvement as follows;

“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”.

All cases where police powers have been used have been audited. This audit was a joint social care and police endeavour with representatives from both borough police and Child Abuse Investigation Team (CAIT).

Headlines

- **Police Protection Protocol.**

The Police Protection Protocol has been revised

- **Police Protection Meetings:**

The first meeting of managers from social care, CAIT and uniformed police took place at the end of May 2014. Meetings are now held monthly. Each month the list of cases where children have been subject to police protection is shared with the police. Each case file is audited by social care and the police undertake their own reviews. Each case is discussed at the monthly meetings.

Findings from audits

The number of children coming into care via police protection has declined significantly since the Police Protection Group was established in May 2014. Training for front line police officers has contributed to this. There is evidence of more negotiation between police and social care to place children safely with extended family members whilst concerns are being addressed or allegations investigated.

The numbers of children entering care via police protection increased to 136 at 31 March 2013/14 representing 43% which is well above London, Statistical Neighbours and national figures that all fall below 20%. Since April 2014 percentages have begun to reduce from a high of 53% at the end of April to 30% at 31st October. This is a reduction of over 20% from April 2014.

Policies, Procedures and guidance

Practice, in the main, follows the Pan London Safeguarding Procedures as maintained by the London LSCB. Local policies and procedures are in place in line with statutory requirements and these are kept under review to ensure they reflect current legislation, national policy developments and any local changes. These policies and procedures are on the LSCB website and available to all multi agency practitioners. A 'Green Book' has been produced and circulated to voluntary agencies in the borough. The book sets out advice and guidance and has received positive feedback.

During the year updated procedures and guidance have been added to the website:

- CSE
- Child Safety Week
- Alternative Child Rearing Practices
- Safer Internet Day
- LBBB Directory of Services
- PREVENT
- Private Fostering
- Early Help

Training

It has been a successful year for the delivery of multi agency training during 2014/15. Just over 1,000 people have been trained from across a range of agencies.

Up until March 2015 the LSCB provided multi-agency safeguarding training through external trainers who delivered the majority of the safeguarding courses. The core programme consisted of safeguarding training and specialist courses such as domestic violence. Additional specialist courses were added to compliment the core programme, including on child sexual exploitation and identifying culturally harmful practices. The LSCB partnership also has access to a generic safeguarding children e-learning package that all agencies can use to provide workers with a basic level of safeguarding knowledge and understanding. Through this course the LSCB is enabling wider and easier access to safeguarding training and raising levels of awareness.

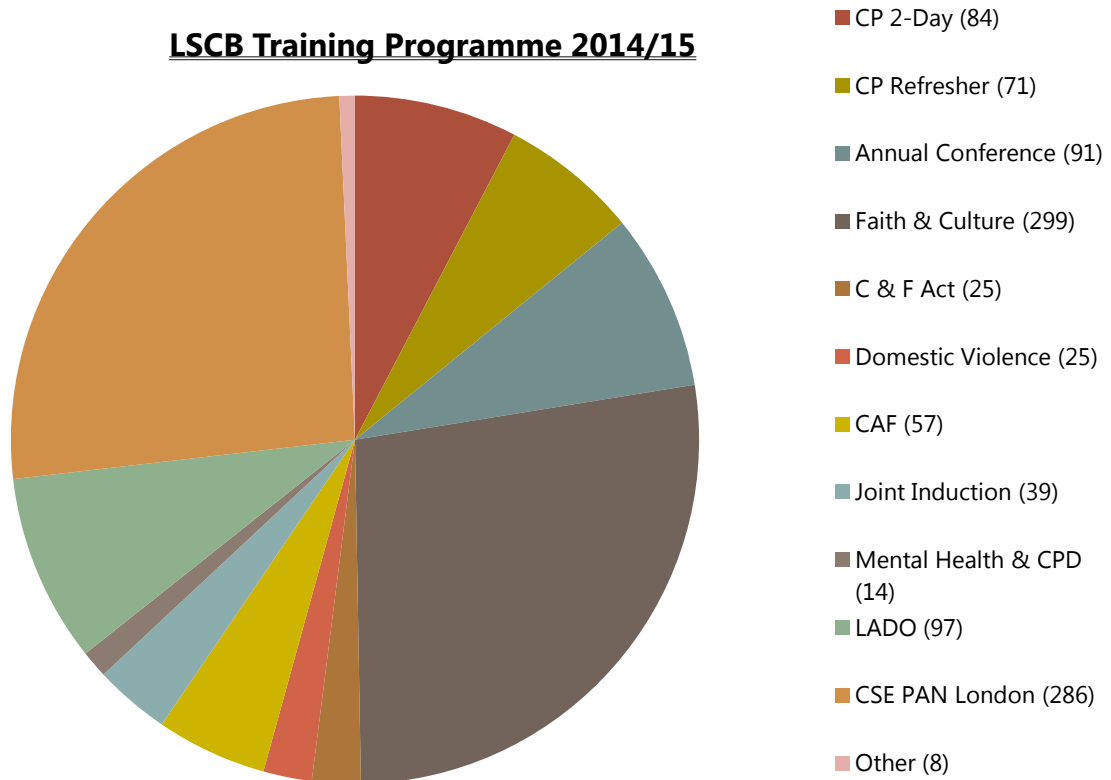
From April 2015, the LSCB is reviewing its approach to the delivery of multi-agency training due to reduced resources. The training will be better aligned to the strategic priorities of the board and its impact on frontline practice will be maximised and evidenced. The Board is likely to move to a model whereby most training is commissioned from in house practitioners/managers who can provide workshops or briefings rather than delivered through external trainers.

Training Programme for 2014/15

During the 2014/15 year, a total of **1,096** practitioners accessed training through the LSCB Multi-Agency Training Programme. The courses run (in no particular order) were as follows:

Course Name	Number of courses run
Child Protection 2 day	3
Culturally harmful Practices - FGM	1
CSE Pan London Briefings	7
IWISA CAF/eCAF	8
LSCB Annual Conference 2014	1
Child Protection Refresher	4
Domestic Violence	2
Children & Families Act Briefing	2
LADO Briefings	3
Culturally Harmful Practices: ACRP (Alternative Child Rearing Practices)	1
FGM Awareness, Protection & Prevention	1
Culturally Harmful Practices: CSE & Trafficking	1
LSCB & Children's Joint Induction	2
CDOP Briefing	1
Total	37

Delegate Take up – by Course



The LSCB has in place multi agency briefing sessions on CSE and for associated training CSE forms an inherent part of that training. 6 LSCB Briefings around the CSE Met Police Operating Protocol have been held with a further 3 planned. All briefings have been well attended by professionals from health, social care, education and the voluntary sector. The

briefings were facilitated by a CSE Trainer from the Police. Materials available through the National Working Group (NWG) website/ members portal will be made available to the LSCB e.g. eLearning module which will also be incorporated into the Social Care Training Programme and the foster carers training programme.

Training around the Management of Allegations is delivered to schools and education settings on request or at which time there is an obligatory requirement (e.g. all school staff are required to be trained in safeguarding and the reporting of allegations on a 3-yearly basis and CP Leads, 2-yearly).

In the 2014/15 academic year, four sessions of Safer Recruitment training was carried out by an external provider and captured over 100 education staff. Each school and governing body has a responsibility to ensure that senior staff with safeguarding responsibility has had sufficient training. Though the local authority provides training sessions in the area of Safer Recruitment which schools are able to access, schools have the option to source training from external providers.

In 2014/15 academic year, the Safeguarding Lead for Education provided two Child Protection Lead Refresher training sessions, covering reporting on allegations against professionals and highlighting the revised guidance 'Keeping Children Safe in Education' (2015). There have also been a number of schools who have requested 'Whole School' Child Protection training and, this training covers allegations involving staff who works within schools.

The Safeguarding Lead for Education has now put together a 'Whole School' Child Protection training pack. The training will be facilitated by the CP Lead/Headteacher in each school and can be run as a continuous session over the course of a whole day or can be broken down into sessions over an academic period. The Safeguarding Lead for Education will hold training for CP Leads to enable them to deliver the training for the academic year 2015/16 ('Train the Trainer').

Managing allegations against staff and volunteers working with children –

The Local Authority Designated Officer (LADO)

The role of the LADO is to assist employers in investigating complaints or allegations made against a worker in any agency, whether paid or unpaid.

Working Together to Safeguard Children has been revised and published in March 2015 and the criteria for LADO intervention are applied when an individual has:

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child that indicated he/she would pose a risk of harm if they work regularly or closely with children

The number of calls to the LADO service for consultation and allegation management support remains high. From April 2014 to end March 2015, the LADO's recorded 221 formal

allegations in Barking & Dagenham. This represents a 4.98% increase on the previous year (210).

The service has also managed a higher number of LADO related consultations. These mainly relate to staff conduct issues, which, on consultation, are designated as below the allegation threshold and passed back to employers to manage as practice or competence issues rather than formal allegations. The categorisation of a piece of work as a 'consultation' is deceptive and may suggest lesser input from the LADO. Many consultations require considerable follow-up input from the LADO beyond the initial caller contact.

- Numbers of notifications/consultations - **146**
- Numbers of Allegation meetings held – **75** (including those resulting in No Further Action)

Allegations/Concerns referred by type of Professional

Agency	2014-2015
Education	128
Foster Carers	43
Church leaders/Organisers	9
Health Professionals	8
Youth Workers	7
Reg. Social Workers	2
Residential Workers	4
Registered Child Minders	3
Un Registered Child Minders	4
Football Coaches	2
Others	11

Allegations by Subject

Allegations referred to LADO	2014/15
Emotional	13
Neglect	35
Physical	63
Sexual	26
Other/Non-Specific/Multiple Allegations	84

Outcome of allegations

Substantiated – proof that allegation is true	23
Unsubstantiated – insufficient evidence to prove or disprove allegation	22

Advice only – Threshold not met for strategy meeting but agency needing advice about dealing with allegation	146
Malicious – allegation was untrue and made with the intention of malice towards the individual	2
Unfounded – the evidence suggests that the allegation is unlikely to be true	28
Total	221

Four staff has been referred to the Disclosure and Barring Service (DBS) for consideration of on-going professional suitability. Two were education professionals and two were non-education professionals. This process is mandatory in situations where staff have been either dismissed or resigned as a result of allegations concluding risk to children.

S11 – Self Assessments of Commissioned and Statutory Services 2014/15

In August 2014 our statutory and commissioned partners were requested to self assess in relation to how they fulfil their safeguarding responsibilities within their service areas. The audit tool was distributed and was ratified by the BDSCB for the use of agencies to report to the Board and is a bi-annual requirement.

The areas for self-assessment were:

- How effective is the commitment of senior management to safeguarding and promoting the welfare of children within the agency?
- How clearly are the agencies responsibilities towards children communicated to all staff?
- How clear is the line of accountability within the organisation for work on safeguarding and promoting welfare?
- How effectively does service development take into account the need to safeguard?
- How is it effectively informed by views of children and family? How can you demonstrate improved outcomes?
- How effective is training on safeguarding and promoting welfare of children for all staff & volunteers working with or in contact with children and their families? Can you demonstrate improved outcomes as a result?
- How robust are the organisations recruitment, vetting and managing allegations procedures?
- How effective is inter-agency working by your organisation? How do you demonstrate improved outcomes as a result?
- How effective are the organisations arrangements for information sharing?

All partner agencies were asked to complete the tool and provide evidence where possible to support their answers. Where gaps were identified organisations were asked to identify

what would be done to make improvements and this required a timescale set and a named person.

In total there were 25 audits completed and returned, of these 13 were from commissioned services and 12 were from statutory partners.

The quality of returned, completed audits varied with three returned to auditors to be reviewed.

The audit demonstrated that the safeguarding and welfare of children in Barking and Dagenham, commissioned and statutory services, is good. Agencies completed assessments that indicated there was understanding of roles and responsibilities and there are robust policies and procedures in place to safeguard children and support staff and managers. There will now follow some 'dip sampling' of returns in order to evidence the information.

S157 / 175 Education Self Assessment Audits

The self assessment audit for schools was undertaken during the academic year 2014/15 and includes information provided by Academy's, Independent Schools and Specialist Education Facilities. There are a total of 60 schools / education facilities within the borough from infant through to Comprehensive Schools. 54 (90%) schools had returned a copy of their Safeguarding Self-Assessment.

Particular questions have been extracted from the self-assessment in order to provide a general overview of safeguarding arrangements within schools which are both child and staff focused.

Of the 54 schools;

- 100% of schools were able to evidence and name their designated Child Protection Lead.
- 54% evidenced that the CP lead had received sufficient training in the last 2 years.
- 98% of schools were able to evidence and name at least one deputy Child Protection Lead.
- 87% of schools reported that they had completed 'Whole School CP Training' in the last 3 years.
- 35% reporting that they complete staff training annually.
- 13% of schools did not evidence when they had last completed 'Whole School Training', but may have provided a 'yes' or 'no' answer or left the section blank.
- 98% of schools report that they are satisfied that their school has sufficient arrangements in place to do as much as possible to reduce the likelihood of allegations against staff.
- 100% of schools report that they have a Single Central Record (SCR) of all staff and adults working within their school as specified within statutory guidance.
- 100% of schools report that their schools recruitment policy is in line with all guidance on safer recruitment practice.
- 96% of schools report that their governing body has a designated governor with responsibility for safeguarding and child protection, who has attended appropriate training.

Recommendations and Comments

- An encouraging picture has emerged from the report that the majority of schools are demonstrating a proactive stance in executing their duties towards the safeguarding of children.
- Schools are recommended to prioritise the safeguarding self-assessment and continually review the document on an annual basis. This allows all schools to be inspection ready at any time and can provide an up to date copy when requested.
- Schools should view the self-assessment as an aid for them to review their safeguarding processes, policies and procedures and therefore want the document to reflect all the hard work undertaken to safeguard children within their school.
- Schools should ensure that their systems of recording CP / CIN / Early Intervention are interconnected, concise and robust.
- Schools are advised to create a culture of capturing the voice of the child, whether this is involving children in the revision of schools policies, through to how schools respond to child protection and how this is recorded.
- Schools should ensure that 'Whole School Training' is up to date and that all staff with a designated child protection responsibility are adequately trained to effectively fulfil their role.
- For the next audit period, the Safeguarding Lead for Education will review and update the audit tool in line with recent revision of Ofsted, DfE and legislative guidance and will be ratified by the BDSCB. The revised audit will also include a guidance document.

Engagement with and participation of children and young people

Children's participation is about listening to children and young people's views and giving them a say in decisions that affect their lives. Our aim is to develop meaningful ways in which children and young people can contribute to and influence the Board's work as well to promote a culture across the partnership where children's participation becomes central to safeguarding practice and the way in which organisations operate. We have made some progress towards this goal over the last year but recognise that there is a great deal more to be done to ensure that the child's voice permeates all aspects of our work. The Board has a sub group called, Young People's Safety Group and their work for the year has included CSE, mobile technology and creating a positive image of social workers.

The Barking and Dagenham Youth Forum is a borough-wide platform for young people to express their views and help shape services. Members of the Barking & Dagenham Youth Forum are democratically elected each January through schools and youth groups to represent their peers. Through their participation, young people develop youth-focussed campaigns based on topics most important to young people in Barking and Dagenham. The campaigns aim to raise awareness of the issues being tackled and to bring about change that will positively impact young people's lives. Through regular consultations, Council officers and partner agencies have the opportunity to promote services, gather feedback about

policies, strategies and services as well as gaining a youth perspective on how services can be improved and promoted to young people locally. In addition, a single member of the Forum sits on the Children's Services Select Committee as a co-opted member.

The Barking and Dagenham Youth Forum Young Inspectors sub-group provides local services with the opportunity to have their services inspected by trained, experienced youth inspectors. In 2014, the Young Inspectors sub-group were commissioned to carry out inspections of local pharmacies distributing free condoms to young people aged 13-24 years old under the pan-London C-Card Scheme and local sexual health clinics also offering sexual health advice and services to young people. The Young Inspectors underwent training with youth workers and a representative from Terence Higgins Trust and completed a total of 52 pharmacy inspections and 2 sexual health clinic inspections. A representative of Young Inspectors attends the local Patient Engagement Forum meetings, feeding back the progress and outcomes from the group and offering a youth perspective relevant to agenda items being discussed.

The Barking and Dagenham Youth Forum members have gained many skills through their participation in the forum, including communication, leadership, negotiation, presentation and social skills. These are essential life skills which young people can utilise in a variety of settings. In addition, they represent a very positive image of young people in the borough, and support the Council's objectives to enable social responsibility and encouraging civic pride. The Forum was rewarded with a Youth On Board award from the British Youth Council this year, as well as successfully submitting a funding bid to O².

The Young People's Safety Group has posed questions to the LSCB as a result of their work which is discussed at Board meetings and have covered topics such as recognizing mental health and child sexual exploitation.

CHAPTER 4: MULTI-AGENCY WORK WITH VULNERABLE GROUPS

Children missing from home, care and education

Missing children are a priority group for the multi-agency safeguarding partnership because they are at an increased risk of physical harm, becoming involved in criminal activity or being targeted for child sexual exploitation.

In April 2014 the Metropolitan Police introduced the following definitions;

- **Absent:** not at a place where they are expected or required to be and are not at risk of harm or crime to either themselves or others
- **Missing:** not at the place they are expected to be, but the circumstances are out of character or the context suggests they may be subject of a crime or at risk of harm to themselves or others.

Anyone under the age of 13 will always be reported, missing: young people between the ages of 13-18 years have to be reported missing on two occasions before they can be treated as 'absent'.

The Metropolitan Police investigate 40,000 missing people reports each year. These definitions aim to ensure that the Police are using their resources most efficiently.

The Restorative Approaches Team continue to provide a service to follow up on children when they return from being missing, with an aim of ensuring that they are safe from harm and to bring about a reduction of repeat incidents.

The Restorative Approaches Team contact the police daily and take details of children who have been found, have no social work intervention and would like further support. The family are then contacted and intervention is offered in the form of mediation.

Incidents of children going missing are managed through established processes between the police and Social Care and Information is shared each half term at the multi-agency Information Sharing Group meeting. A Missing Children database is maintained on all children reported missing in the borough and who have remained missing for more than 24 hours.

Recent qualitative analysis of the effectiveness of multi-agency responses to missing children is limited. An area where we need to improve our impact is in the use of information from return home interviews to prevent repeat episodes of going missing. Return home interviews are consistently offered to and often held with young people when they return after going missing. We now need to find ways of optimising take up, and using information gathered from the interviews more effectively to help understand the triggers for young people and to support interventions to prevent them from going missing again and putting themselves at risk. Statutory guidance from the Department of Education (Missing from Care & Home 2014) also requires the LSCB to analyse and review the outcomes of all return home interviews to identify patterns and trends and therefore these areas will be a priority for action in the next year.

Each term, a strategic meeting is chaired by the Director of Children's Services and Information on children in care and placed out of borough is included in the termly Director's challenge meeting.

The Missing Children Strategic Group (MCSG) reviews all data and the CSE coordinator is a member of the Missing Children Strategic Group, as is the Practice Manager from the MASH. There are strong and established communication systems between Foster Carers, the Fostering & Adoption Team, Emergency Duty Team and the police. The Children's Rights Officer offers a 'return interview' for children who have been reported missing whilst in care, to assist the support already put in place by Social Workers and the police and the Restorative Approaches Team provides a 'return interview' to children who are not in care and also support to those who are. The low numbers appear to indicate that partnership working is having a positive impact in terms of reducing the number of incidents and the risks associated with running away. The missing children meetings are helping to ensure that

missing children who are at a high risk of harm are receiving a response from the most appropriate agency.

	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Total
No of Reports	8	17	13	14	7	9	16	8	16	34	24	12	178
No of Children	8	15	10	13	6	8	13	6	13	25	24	11	152

- Children placed in Barking & Dagenham, by other boroughs, accounted for 51 (28%) of the reports. With 11 children going missing more than once (including 1 child that went missing 6 times and another that went missing 10 times).
- Children in the care of this authority, and placed in this borough, accounted for 48 (26%) of the reports (Including 1 child that went missing 4 times and 2 children that went missing 6 times).
- Children not in care accounted for 79 (46%) of the reports (including 2 children that went missing 4 times each).
- A total of 37 (24%) of children went missing more than once (placed here from out of borough = 11; children in our care=14; from family home= 12). During the 2014 inspection, Ofsted noted the low numbers of repeat incidents of children going missing.
- June 2014 records the highest for both number of reports and missing children over the last 3 years and appears to be an anomaly.

Child Sexual Exploitation

Child Sexual Exploitation (CSE) has become an issue of growing significance over the last few years and is a fast moving area with new reports, requirements and guidance being published on a regular basis. During this year there has been a significant acceleration of LSCB activity to address the issue of child sexual exploitation.

There is an expectation that the local response to CSE is led by Local Safeguarding Children Boards (LSCBs). LSCBs have a statutory duty to bring agencies together to safeguard and promote the welfare of children. They have a range of functions and play a key role in developing local safeguarding children policy and procedures and scrutinising local arrangements – including CSE.

The work in Barking & Dagenham has been promoted through the multi agency strategy and action plan which is managed by the CSE Co-ordinator and overseen by the Multi Agency Sexual Exploitation (MASE) group and the LSCB strategic committee responsible for CSE, which is a new LSCB committee recognising that CSE is a key priority within the structure and governance arrangements for the Board.

In August 2014, the independent enquiry into CSE in Rotherham was published. This is commonly known as the 'Jay Report'. This key report details the catalogue of historical and current issues that meant children in Rotherham were not protected from CSE. This report joined others, including Serious Case Reviews that identified failings across authorities in England to protect children from CSE.

No one knows the true scale of CSE. The Jay Report made a conservative estimate that approximately 1,400 children were sexually exploited in Rotherham over the 16 year inquiry period. The Metropolitan Police anticipates it will receive between 1,800 and 2,000 referrals a year. From January 2014 to October 2014, the Met reported 1,612 referrals of CSE, including 265 positive interventions and 55 detections.

In 2014 the LSCB in Barking & Dagenham along with the local authority implemented a revised Child Sexual Exploitation Strategy alongside an action plan that is led by the DV/CSE Co-ordinator. The CSE action plan will provide a positive framework to develop expertise and practice in working with children, young people and their families at risk of sexual exploitation. Barking and Dagenham Children's Services were also selected to take part in the Home Office pilot project aimed at improving cross agency response to CSE. This pilot took part between December 2014 and March 2015 and, as a pilot borough, we were praised by the Home Office for our innovative prevention work, for example, using ARC theatre in schools and for our creative practice in engaging vulnerable young women to stop them from running away.

The Pan London CSE Operating Protocol has been adopted locally and a Multi-Agency Sexual Exploitation (MASE) Panel initiated, which is jointly led by the Police and Children's Social Care. This Panel tracks the progress of all children who are being sexually exploited to ensure that all agencies are working effectively, and will provide an overview and analysis of CSE across the borough.

While the LSCB operate at the strategic level, a Multi-Agency Safeguarding Hub (MASH) has been introduced to improve the way local safeguarding partners work together on the ground. In response to the growing awareness of the prevalence of child sexual exploitation, there has been significant work undertaken to provide a co-ordinated response between Barking & Dagenham Council, the police, health services and other key agencies. The creation of the Multi-Agency Safeguarding Hub (MASH) has enhanced the information gathering and sharing for children where there are risk factors. MASH is a well-established referral pathway and allows for timely intelligence-sharing – assisting in the process of early identification, information gathering and the response to CSE.

The LSCB has set up a strategic committee as part of the structure to review CSE and receive reports from MASE and have oversight of the strategy and action plan. The monthly MASE meetings, chaired by the Police, determine local profiles of CSE. All statutory agencies with a responsibility for child protection are required to attend. MASE meetings bring together CSE leads to share information, review individual referrals and ensure action is being taken – providing a coordinated approach with other London boroughs and an opportunity for professional challenge and learning.

The council and the LSCB approved a Child Sexual Exploitation Strategy and have adopted the revised (March 2015) Pan London CSE Operating Protocol.

The strategy sets out four key priorities:

- **Prevention** - This priority will focus upon the early identification of children who are identified as being at risk of exploitation and the subsequent provision of early interventions to build resilience and strive to reduce the risks that they face.

What we have done

Implementation of the London Safeguarding Children Board 'Safeguarding children abused through Sexual Exploitation' procedure
Targeted work to build resilience amongst young people through the use of Arc Theatre Raised Voices production
Identified and implemented early intervention practices
To ensure a clear referral pathway for Sexual Health services and general health services for young people who may be at risk of CSE
Introduction of a 'flag' for young people who are known to be at risk of CSE on police and social care systems
Commission post abuse support for children and young people to reduce re-victimisation
Developed specialist training for parents, foster carers and care staff supporting young people at risk of sexual exploitation
Incorporate CSE into all parenting programmes
Revision of a B&D CSE risk assessment tool
38 CSE Champions identified across all agencies – regular network meetings and training delivered.
Positive feedback from a DCLG CSE Review

- **Protection** – This priority recognises that the best approach to protection is to work collaboratively with the young person their families and other agencies to develop tailored safety plans.

What we have done

Establishment of Multi-agency Planning Meetings (MAP) where safety plans can be effectively co-ordinated and reviewed
Commission services for young people within existing local domestic and sexual violence organisations – Hestia & Nia. PSHE 'Healthy Relationships' programme via awareness sessions in schools
Targeted work around Child Sexual Exploitation in Gangs and Groups
Agree membership, links and accountability of LSCB Strategic CSE Committee
Development of quality assurance processes including a local Problem Profile
To develop a workforce who have an understanding of CSE and risk factors, to include Foster Carers and Supported Lodgings carers

To explore the use of specialist CSE placements opposed to Secure placements

Reflection on lessons learned – report on national Serious Case Review’s involving CSE mapped to Problem Profile

- **Prosecution** - We are committed to ensuring that we will do all we can to disrupt perpetrators who are sexually exploiting children and where possible prosecute them. This priority builds on the work of the police; Crown Prosecution Service and Probation to identify disrupt and prosecute perpetrators.

What we have done

Expansion of a Tactical Disruption approach where Police are able to gather information to secure successful prosecution of perpetrators of CSE

Developed proactive work on identifying young people involved in gangs. Gangs group established and chair is a member of MASE

To ensure that any CSE trafficked cases are reported through the National Referral Mechanism

Ensure co-ordination between CSE and public protection mechanisms such as MAPPA and MARAC. CSE administrator spans MARAC & MASE. Systems in place to cross refer known individuals.

- **Publicising** – This priority will focus upon understanding the scale of the local profile and then raising awareness amongst staff, parents and the community, so that adults are better skilled to recognise and report suspected child sexual exploitation at the earliest opportunity.

What we have done

Understanding what is happening locally. A Problem Profile has been developed for the borough using performance data and intelligence from a range of sources and agencies.

Regular CSE training and briefings delivered to a multi agency audience

Development of clear reporting routes

Awareness raising in schools through the Arc theatre

Awareness raising for staff in the public and private sector through briefings and Practitioner Forum.

A CSE Awareness week with a variety of events, workshops and briefings.

The production of a Problem Profile was recommended in the Office of the Children’s Commissioner’s report “If Only Someone Had Listened” (November 2013). The report advised that a Problem Profile should seek to draw together all the known intelligence and relevant data held across different agencies to inform strategic decision making and local practice development. It

requires collective ownership across all partners to support its development, to review and identify key findings and intelligence gaps.

Information shared locally is crucial to understanding risk. In February 2015 a local scoping exercise or “problem profile” to identify victims or children and young people at risk was undertaken. The analysis covered the period February 2014 to February 2015. The data was extracted from Met Police CRIS reports and ICS – the LA’s children’s social care database.

The individual data was cross referenced with education, youth offending, substance misuse, access to children centres, and access to Tier 2 services, SEN and domestic violence to build up a local profile.

This piece of work aimed to provide a ‘snapshot’ in time of children & young people and risks to CSE through:

- Analysis of child sexual exploitation in the borough of Barking and Dagenham - the characteristics of CSE – who may be the victims, who are perpetrators.
- Identifying existing and emerging trends in child sexual exploitation and make recommendations as a result.
- Relating common issues for those children and young people flagged as at risk or subject to CSE.
- Providing intelligence requirements and gaps to aid future analysis and maintain a long term approach to this problem.

The Problem Profile found that:

- 95 children in total had been flagged as at risk/subject to CSE by either the Police, Children’s Social Care or by both agencies;
- 82% (78) of the children and young people were female;
- 85% were teenagers aged 13-17 - the largest age group was aged 16 (25%) 15% were aged 12 and under;
- All from sections of the community represented but 51% were white British, 16% (15) were Black or Black British, 7% (7) were Asian;
- 94% were living in the borough – 6 young people lived out of the borough
- 81% were in education
- High number of exclusions - 14 (15%) of children and young people flagged as at risk/subject of CSE had been excluded in the last 2 years to date; majority were female and white British;
- Very low numbers were SEN
- Attainment levels were very low at all Key Stages
- Around a fifth had been reported missing (18 in total) – of those 18 young people, 11 had been missing more than once. 4 young people had been reported missing between 7 and 10 times
- 11 young people (12%) were known to YOS - very low level of gang membership or affiliation (only 1)
- 5 females aged 12-17 were known to DV services

This information will be used to more fully understand the risk of CSE in Barking & Dagenham.

The LSCB Conference in 2014 focused on CSE and was well attended by practitioners from across the partnership.

It remains a high priority for the LSCB to continue to embed multi-agency work on child sexual exploitation, to promote knowledge and understanding of the issue amongst practitioners and managers, and to build an accurate profile of prevalence within the borough.

Children affected by domestic abuse

Children who are exposed to violence in the home may have difficulty learning and have limited social skills. They may also exhibit violent, risky or delinquent behaviour, or suffer from depression or severe anxiety. Children in the earliest years of life are particularly vulnerable. Exposure to domestic abuse can place children at risk of significant harm.

The MARAC (Multi-Agency Risk Assessment Conference) is a 'victim' focused meeting where information is shared on the highest risk cases of domestic abuse. Practitioners can refer a case to MARAC when a high level of risk is identified.

Data	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Month	0	45	32	27	42	13	19	39	20	17	11	21
YtD	0	45	77	104	146	159	178	217	237	254	265	286

Benchmarking Data from Safelives (formerly CAADA).

- 356 cases were discussed at MARAC between October 2013 – September 2014 against a Safelives recommendation of 290
- Referrals from partner agencies – B&D 67%, London 68% MSG (Most Similar Group) 48%, National 39% - Safelives recommendation 25/40%
- Referrals from Police – B&D 33%, London 32%, MSG 52%, National 61% - Safelives recommendation 60/75%
- Repeat Referrals – B&D 25%, London 19%, MSG 26%, National 24%, Safelives recommendation 28/40%
- BME Referrals – B&D 40%, MARAC area BME population 51%
- LGBT Referrals – B&D 3%, London 1%, MSG 1%, National <1% Safelives recommendation 5%
- Referrals where the victim has a disability – B&D 5%, London 7%, MSG 5%, National 4%, Safelives recommendation 5%
- Referrals with a male victim – B&D 4%, London 7%, MSG 5%, National 4%, Safelives recommendation 4/10%

If domestic abuse continues after the first MARAC cases can be re referred and to have their situation re examined.

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Month	0	9	11	5	9	1	7	3	3	5	0	5
YtD	0	9	20	25	34	35	42	45	48	53	53	58

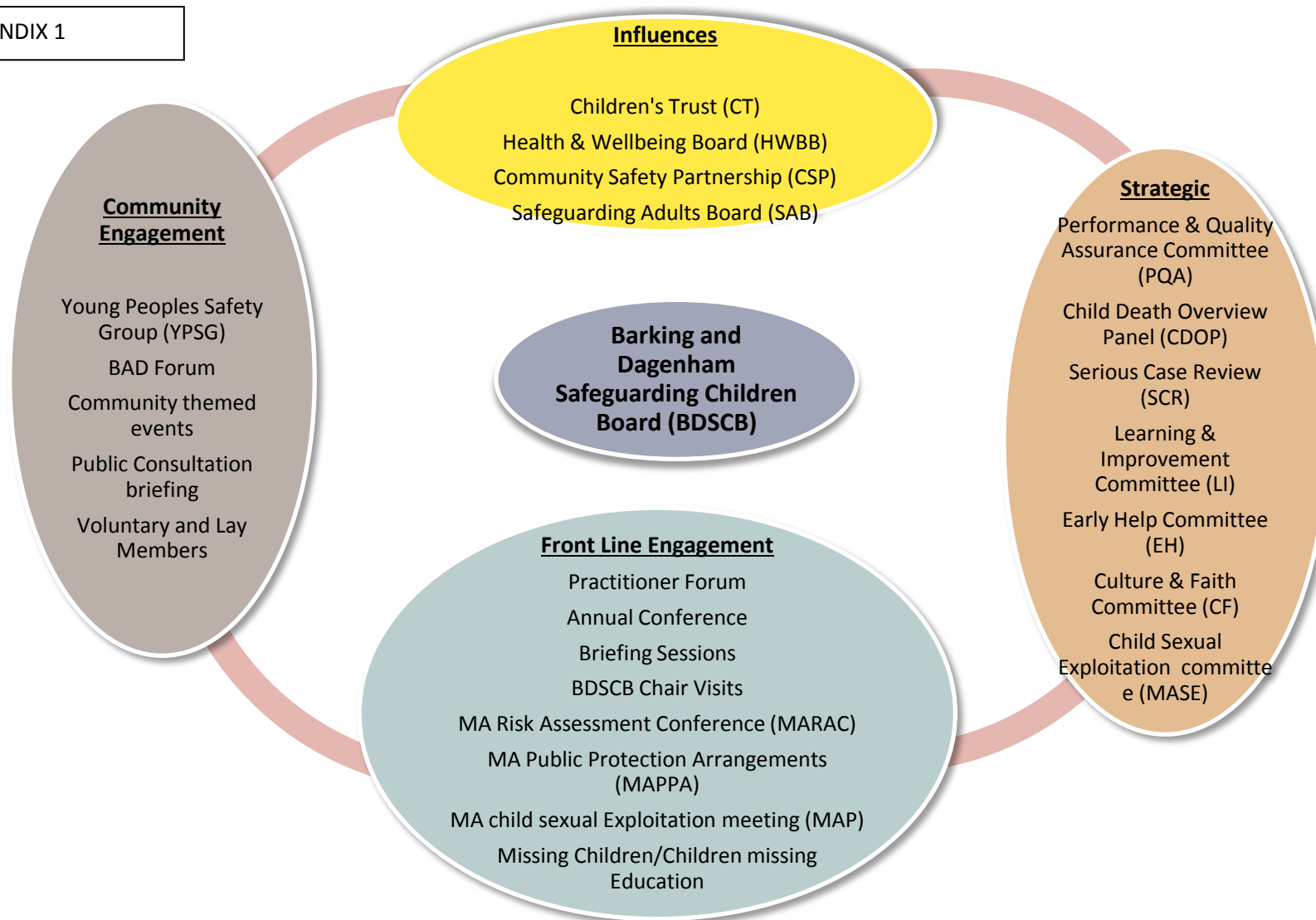
The B&D target for the year is 28%. Benchmarking data from Safelives on the level of repeat referrals to MARAC is for 1st October 2013 – 31st September 2014 where the averages for London, our Most Similar Group (MSG) and National was 19%, 26% and 24% respectively.

LSCB PRIORITIES 2015-18

In the year ahead we will maintain our focus on the priorities we have already identified, all of which continue to be relevant, in order to ensure that our work in these areas is sufficiently robust and embedded. Our over-riding aim is to ensure that standards of safeguarding practice continue to improve and that the LSCB further develops the work it is doing to co-ordinate and scrutinise the work of all agencies in order to drive forward that improvement.

The priorities are:

- Board members are assured that arrangements are in place to identify and safeguard groups of children who are particularly vulnerable
- Board partners will own and share accurate information which informs understanding of safeguarding practice and improvement as a result
- The Board will see children and young people as valued partners and consult with them so their views are heard and included in the work of the LSCB
- Arrangements for Early Help will be embedded across agencies in Barking & Dagenham who work with children, young people and their families.
- Board partners will challenge practice through focused inquiries or reviews based on performance indicators, practitioner experience and views from children and young people. Collectively we will learn from and improve from these reviews



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HEALTH AND WELLBEING BOARD

8 December 2015

Title:	Barking & Dagenham Safeguarding Adults Board Annual Report 2014/15		
Report of the Independent Chair of the Safeguarding Adults Board			
Open Report		For Information	
Wards Affected: ALL		Key Decision: NO	
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Sponsor: Anne Bristow, Strategic Director of Service Development & Integration, London Borough of Barking and Dagenham			
Summary: <p>The Annual Report highlights the work of the Safeguarding Adults Board (SAB) between 2014 and 2015. It sets out the key achievements, work of the partners and future priorities and seeks to demonstrate how the Safeguarding Adults Board has improved the protection afforded to vulnerable adults in Barking and Dagenham.</p> <p>The report is published on behalf of the Board and its partners and is an opportunity to celebrate the achievements of 2014-15 and plan the year ahead. The report contains contributions from a range of organisations who are involved in safeguarding vulnerable adults in Barking and Dagenham.</p> <p>The Care Act 2014 was introduced in April 2015, and places the Board itself on a statutory footing, together with a new set of duties and powers to act when abuse or neglect of vulnerable adults is suspected. 2014/15 was a year of preparation for these important changes, and we have strengthened the governance arrangements of the Board and reviewed its priorities in order to meet these new statutory obligations, and this work is summarised in the Annual Report.</p>			
Recommendation(s) <p>The Health and Wellbeing Board is recommended to formally receive the Annual Report, and to provide comments on its contents for the Safeguarding Adults Board to consider as it continues to develop its future plans.</p>			
Reason(s): <p>The SAB Annual Report provides an account of the performance of the local statutory</p>			

safeguarding partnership, and it is important that it is considered by the Health and Wellbeing Board and the implications noted.

1. Introduction

- 1.1 The Statutory Guidance supporting the Care Act 2014 requires that local partners must co-operate around the protection of vulnerable adults at risk of abuse or neglect. Specifically, it requires that a Safeguarding Adults Board (SAB) be set up to oversee the strategy and processes that ensure that this takes place.
- 1.2 In addition, certain duties are conferred by the Guidance upon the Safeguarding Adults Board. These include a requirement to publish an annual report for each financial year. The report for 2014/15 is the subject of this paper, and is presented to the Health & Wellbeing Board for comment.
- 1.3 In Barking & Dagenham, the Safeguarding Adults Board has been established for some time, with arrangements in place for leadership by an independent chair. This complied with the statutory requirements, but nonetheless there was a considerable amount of activity in 2014/15 to prepare the Board for statutory status from 1 April 2015. This is set out in the Annual Report, together with accounts of the activity of partners and the Board's subgroups.

2. Structure of the Annual Report

- 2.1 This is the first Annual Report that has been drawn up by the Safeguarding Adults Board under its new statutory status, and it is recognised that the expectations will grow and develop as the Board matures. Following a foreword by the Independent Chair of the Board, and further introductory remarks, the Annual Report is structured so as to present an overview of Board's activity together with the activity of partner agencies (in particular the statutory partners). An account of the outcomes and recommendations from Safeguarding Adults Reviews undertaken during the year is also an important part of the Annual Report.
- 2.2 There is an overview of the Board's structure and governance, and a summary of the strategic plan which has been agreed in broad terms for the coming 18 months.

The Care Act 2014

- 2.3 To ensure that the raft of new duties introduced by the Care Act 2014 were being delivered, the Council operated a comprehensive Care Act programme, one workstream of which concerned the development of the systems and processes to support safeguarding activity, both operational and at strategy level. This included a review of the Safeguarding Adults Board, and was the principal focus of the Safeguarding Adults Board's work during the second half of the year, to establish revised working structures and practices that could facilitate the requirement for the statutory partners to engage with the Board.

The Board and its Supporting Groups

- 2.4 As outlined in the Annual Report, already strong relationships around safeguarding activity have been further supported as part of a streamlined structure which reduces the Board itself to the statutory partners (the Council, Police and Clinical Commissioning Group) and the chairs of the subgroups, with the wider partnership represented in the subgroup membership.
- 2.5 The Safeguarding Adults Board 2014/15 held development sessions for all Safeguarding Adult Board members to participate in and understand the Care Act's requirements and the statutory duty of partnership.
- 2.6 Several different models for the Board and its supporting structure were considered and the model chosen incorporated the views expressed by all the partner organisations on how to best reflect the needs of the locality. Through the supporting structure of standing sub-groups other organisations are fully engaged and contribute to the work of the Safeguarding Adults Board. The Board's subgroups are:
- Safeguarding Adults Review Group
(chaired by the Acting Divisional Director of Adult Social Care);
 - Learning and Development Group
(chaired by the Director of Nursing for North East London Foundation Trust);
 - Performance and Assurance Group
(chaired by the Deputy Director of Nursing, Barking & Dagenham, Havering & Redbridge Clinical Commissioning Groups).

3. Key Achievements for the Safeguarding Adults Board 2014-2015

Care Act Compliance

- 3.1 In addition to the work on structure, membership and governance outlined above, further work regarding Care Act 2014 compliance included the development of supporting materials were produced for frontline and managerial staff, including a list of all the "must do" safeguarding requirements of the Act, and a single checklist for all partner organisations to use to help them ensure their own compliance with the Act.
- 3.2 Commitment to the Board, and clarity about expectations, was supported by the development (and signature by each partner) of a Compact, expanding on the role of a member of the Board and the role of the agencies involved. On a practical level, work was supported by the re-agreement of an Information Sharing Agreement, which had been reviewed for Care Act compliance.
- 3.3 Training and development was undertaken to raise awareness of safeguarding and the new Care Act requirements was arranged on a multi-agency basis. 106 people from 8 organisations attended 17 training courses on safeguarding adults requirements as part of this process.

Public Awareness Raising

- 3.4 Work to raise the awareness of safeguarding issues included the continued use of the identifiable brand for promoting understanding of safeguarding. The 'iCare' Campaign was developed to raise the profile of vulnerable adults at risk of abuse to support concerns to be raised by local communities and professionals.
- 3.5 During the year, on behalf of the Board, the Council commissioned Healthwatch to undertake some survey work on the understanding of safeguarding, and particularly the reporting of suspected abuse. Highlights included 84% suggesting further information was needed, and 56% being confident of where to approach if abuse was suspected.
- 3.6 In part following this survey, it is acknowledged in the Annual Report that more activity on public awareness raising may be required in the year ahead, and that the previously strong levels of publicity work may have been reduced as the focus shifted to statutory compliance. This may also be reflected in a small drop in the levels of alerts seen during the year.

Deprivation of Liberty Safeguards

- 3.7 The report also describes the very substantial increase in the number of Deprivation of Liberty Safeguards applications, following what is referred to as 'the Cheshire West judgement' in March 2014. This is a pattern seen nationally, and is the result of a redefinition by the High Court as to what constitutes a deprivation of liberty and when the safeguards process needs to be adopted.
- 3.8 Prior to the judgement the Council was receiving an average of around 20 applications per year. Since April 2014, this has increased to an average of over 30 applications per month. In total 376 applications were received in 2014/15.

Partner Contributions

- 3.9 In addition to the general overview of Board level activity in the year, each of the major partners has set out their own activity over the course of 2014/15, and such contributions have been structured according to the Care Act's six principles of safeguarding, which are:
- Empowerment;
 - Prevention;
 - Proportionality;
 - Protection;
 - Partnership;
 - Accountability.
- 3.10 The partners which have included an account of their activity are: London Borough of Barking & Dagenham; Barking & Dagenham Police; Barking & Dagenham Clinical Commissioning Group; North East London NHS Foundation Trust; Barking, Havering & Redbridge University Hospitals NHS Trust; and National Probation Service and The Community Rehabilitation Company

- 3.11 As third sector representation on the Board under its old membership arrangements, a contribution has also been included from Carers of Barking & Dagenham, who remain represented on the subgroups of the SAB. Additionally, as local health and social care user champion, Healthwatch have contributed their perspective on local safeguarding systems and strategy.

4. Safeguarding Performance

- 4.1 The Annual Report summarises performance on safeguarding activity during 2014/15. In an appendix, a breakdown of the referrals received (those alerts which pass to the next stage of investigation) is provided.
- 4.2 In summary, for the year, the Council received and processed 1,367 alerts. 283 cases went on to the next stage of investigation ('referrals'). Whilst alerts remain comparable, albeit at a slightly lower level than in previous years, the rate of 'referrals' is comparatively low, with the average referral rate amongst comparator boroughs being 626.
- 4.3 The Safeguarding Adults Board has asked the Performance & Assurance Subgroup to work on understanding this pattern of alert and referral.

5. Safeguarding Adults Reviews

- 5.1 The Safeguarding Adults Board must also carry out Safeguarding Adult Reviews (SARs) where an adult in the local authority area:
- Has died as a result of abuse or risk (either known or suspected) and there are concerns that partner organisations could have worked together more effectively to protect that adult; or
 - Has not died but the Safeguarding Adults Board knows or suspects that an adult has experienced serious abuse or neglect.
- 5.2 Each member of the Safeguarding Adults Board must co-operate and contribute to the review. The recommendations of a Safeguarding Adults Review must be reported in the Safeguarding Adults Board's Annual Report.
- 5.3 Whilst the Safeguarding Adults Review requirements were not formally in place in 2014/15, one serious case review was held and concluded in early 2015, which is reported in the Annual Report under the title of a Safeguarding Adults Review.
- 5.4 The incident took place in June 2013, with the inquest held in July 2014 and the findings of the Safeguarding Adults Review being reported to the Board in March 2015. Although the review made a number of recommendations, it concluded that there was little that could have been done by any of the agencies to predict or prevent the incident from occurring. Recommendations are summarised in the Annual Report, and were focused on:
- training in suicide awareness and on raising concerns;
 - a review of approaches to carer distress in end of life care cases and related information sharing;

- a review of the effectiveness of the suicide/assisted dying policy by St Francis Hospice, which had already been undertaken by the time the review reported; and
- a recommendation to ensure that St Francis Hospice's safeguarding policy is in line with current pan-London guidance.

6. The Current Year

- 6.1 For the current year ahead, a more comprehensive Strategic Plan is under on-going development and iteration. It is based around six Strategic Objectives, which are the Safeguarding Principles from the Care Act guidance mentioned earlier, namely: empowerment, protection, prevention, proportionality, partnership, and accountability. In addition the theme around Care Act Compliance remains to ensure that systems continue to be bedded in during the year.
- 6.2 Amongst the systems to be properly established to support the operation of the Board are the performance and assurance process, which will ensure that a more systematic view of the operation of safeguarding and quality procedures is put before the Board.

London Safeguarding Adults Policies & Procedures

- 6.3 In particular, at the time of publication of this report, the Borough still awaits the publication of the London Safeguarding Adults Policy & Procedures which will be adopted to govern the local approach to managing safeguarding referrals and investigations.
- 6.4 Based on early drafts, and past practice, the essential processes for handling alerts and investigating them are already in place, but it will be an important programme of work for the coming months to ensure that when they are issued (expected December 2015), they are swiftly localised and implemented, and the workforce trained on their implications. Provisional plans are already in place for this, and the Safeguarding Adults Board and its subgroups are aware of the work that they will need to undertake in order to ensure that the procedures are effectively put into operation.
- 6.5 A Safeguarding Adults Review has been instituted into the death of a service user, and the report is due for consideration by the Safeguarding Adults Board imminently. The review followed the draft London procedures which had been issued for comment, in lieu of the finalised version.

Visibility of the Board

- 6.6 The Board has committed to raising its visibility over the coming year, as a means of continuing to promote the importance of reporting suspected abuse, and awareness of the systems by which it can be reported. The iCare campaign will be reinvigorated and relaunched.

6.7 The web presence of the Safeguarding Adults Board, together with important information on policy and procedure, will be improved.

7. Mandatory Implications

Joint Strategic Needs Assessment

7.1 In 2014, the Joint Strategic Needs Assessment outlined the priorities for the Safeguarding Adults Board as being:

- Improving the effectiveness of the Board.
- Putting the person at the centre of adult safeguarding by ensuring that their outcomes are met and that their views inform practice.
- Learning from serious case reviews.
- Raising public awareness of adult safeguarding.
- Improving understanding and appropriate use of the Mental Health Act and Deprivation of Liberty Safeguards.
- Working with the Children's Board to develop safeguarding strategies that recognize the safeguarding needs of vulnerable adults, children and young people, within families.

7.2 The Annual Report sets out progress which meets all of these requirements, albeit that some continue into the Strategic Plan agreed by the Board. Improving Board effectiveness is an on-going requirement, as is learning from any Safeguarding Adults Reviews. The importance of improving public awareness is acknowledged in this report. Work on Deprivation of Liberty Safeguards has been driven by the High Court ruling. Commitments are contained in the Strategic Plan around continuing to strengthen the relationship between the adults and children's safeguarding systems, and this is facilitated by sharing the Independent Chair between the SAB and LSCB.

Health and Wellbeing Strategy

7.3 Safe services, in which people have confidence that there are system to protect them from abuse and neglect, are effective services. For this reason, the SAB Annual Report sets out a programme of activity which will improve the effectiveness of the services described in the Health & Wellbeing Strategy to meet identified needs.

Integration

7.4 The Safeguarding Adults Board contributes strongly to the network of groups and forums which formally bring partners together for the improvement of services and the better delivery of outcomes for service users. Because the focus is, to an extent, on 'when things go wrong', it provides a powerful vehicle for joint learning across disciplines about how the care and support provided to residents can be improved.

8. Useful Documentation

The Care & Support Statutory Guidance, October 2014

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

9. Background Papers

None

10. List of Appendices

Appendix A - The Safeguarding Adults Board Annual Report, 2014/15

Safeguarding Adults Board

Barking & Dagenham

Barking and Dagenham Safeguarding Adults Board

Annual Report

2014 – 2015



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Foreword by Chair of the Barking and Dagenham Safeguarding Adults Board

As Chair of the Barking and Dagenham Safeguarding Adults Board I am pleased to introduce our Annual Report for 2014/15.

I was appointed as the Independent Chair of the LBBB SAB in the summer of 2014. Having chaired the local Safeguarding Children Board for 3 years I bring an

understanding of the changing demographics in LBBB and the associated vulnerabilities of the local population.

Page 282 I can also recognise opportunities for joint working between the two boards and facilitate the transition of the SAB to achieve its statutory functions under the Care Act

My professional background in the NHS enables me to understand the context within which our local health commissioner and providers are working. This is critical at a time when both local acute providers are in special measures.

This Annual Report seeks to demonstrate how the Barking and Dagenham Safeguarding Adults Board (SAB) is working to improve the lives of people who need our support most.

The report is published on behalf of the Board and its partners and is an opportunity to celebrate the achievements of 2014/15 and plan for the year ahead. The report contains contributions from a range of organisations who are involved in safeguarding vulnerable adults in Barking and Dagenham.

The SAB has experienced a number of changes during the past 12 months and its achievements reflect the strength of commitment

and quality across the partnership.

Our partnership working continues to strengthen our ability to safeguard vulnerable adults to enable people to live in a place where everyone feels safe and has a good quality of life, this is underpinned by the principles and values outlined in this report.

The Care Act 2014 was introduced in April 2015, and places adult safeguarding on a statutory footing and empowers local authorities to make safeguarding enquiries. The Barking and Dagenham SAB was committed to ensuring its readiness for the Care Act changes. We have strengthened the governance arrangements and reviewed priorities in the context of the new requirements.

There is still work to do to ensure that these changes are embedded within each of the safeguarding adult partner organisations. We will continue to work together in a supportive and collaborative way, whilst ensuring that we challenge ourselves and each other in assessing our effectiveness in safeguarding people in Barking and Dagenham.

I would like to acknowledge the commitment of all the SAB partners who have helped us to achieve all that we have in the last twelve months and will continue to contribute to improving the way we work together to protect those at risk of abuse or neglect.

Sarah Baker
Independent Chair

Sarah.Baker@lbbd.gov.uk

<http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/home.page>

The Care Act 2014 came into force on 1st April 2015. The Act introduced new requirements for safeguarding adults and the arrangements that each locality must have in place to ensure that vulnerable people are protected from the risk or abuse or neglect. Some of these new requirements are directly relevant to the Barking and Dagenham Safeguarding Adults Board (SAB).

As a result of the Care Act 2014, the SAB has been reviewed and established as a statutory body that the local authority must support. The local authority, relevant Clinical Commissioning Groups and the Police are all required by law to be members of the SAB and other partners are encouraged to engage with the SAB work.

The SAB must publish an Annual Report each year as well as a Strategic Plan.

The SAB must also carry out Safeguarding Adult Reviews (SARs) where an adult in the local authority area:

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

The implementation of recommendations and action plans from a SAR must be reported in the Annual Report, including any decision not to implement any recommendation.

This Annual Report of the Barking and Dagenham SAB looks back on the work undertaken before the introduction of the Care Act 2014, the first statutory Annual Report will be published in 2016 after the Board has been operating for a year under the requirements of the Care Act. It is anticipated that the reporting at the end of 2015/16 will provide a more comprehensive and detailed account of the work we are currently implementing to continue and strengthen partnership working and co-operation and involvement of the community in adult safeguarding.

Recognising that that to continue working as we had been would comprise our ability to fully embrace our statutory responsibilities of the Care Act, much of the focus of the SAB's work during the second half of the year was on reviewing and revising working structures and practices, developing relationships with existing partner organisations, and developing a work programme that would ensure continued growth in line with the Care Act and ensuring vulnerable adults of LBBB are safeguarded.

To achieve this, the Board held two facilitated development days, enabling all Board partners to explore the implications of the Care Act and determine a structure and practice that would best achieve our statutory functions.

"I found it useful to speak to the other agencies about how the implications of the Act affect them as I was focussed on the changes to the police, but the Act affects other agencies in a much more significant way. I also like the way the Board has been structured as a result of the sessions. Having attended the first sub group last week, I think they will work very well with more meaningful conversations happening rather than sprawling groups where it can sometimes be difficult to gain a full understanding of what is being discussed." **Tony Kirk, Borough Police (May 2015)**

The Board and its Supporting Groups 3

The Barking and Dagenham safeguarding partners decided to establish a small Executive Board to meet its statutory requirements. The membership of the SAB Executive comprises:

- The Local Authority [representing senior adult social care management, Housing and Children's Services]
- Borough Police
- Clinical Commissioning Group
- Chairs of standing SAB Groups or Task and Finish group(s)

However, the partners strongly recognise that safeguarding is everyone concern and additional groups that are able to focus in detail on particular themes will also be established to support the work of the SAB Executive.

Page 284 To ensure that there is good communication between the SAB and its supporting groups, the members of any groups or task and finish group(s) also receive papers for the SAB Executive and are invited to attend and contribute to their meetings.

In addition, the SAB Executive may invite other organisations or individuals to attend and speak at their meetings where they have contributions to make to the items being considered.

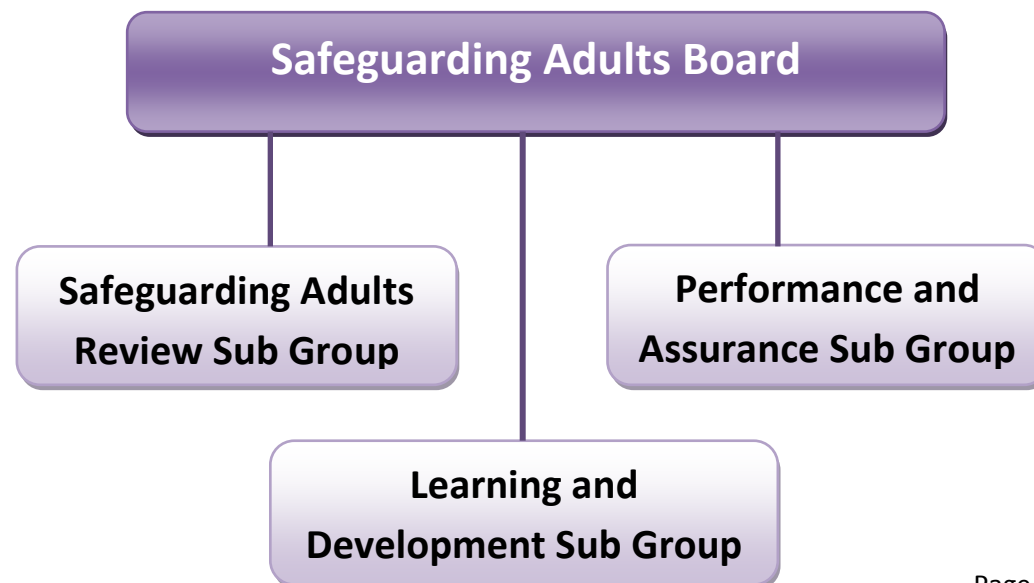
The SAB Executive has three standing groups, which are chaired by different organisations:

- Safeguarding Adults Review (chaired by Adult Social Care)
- Learning and Development (chaired by North East London Foundation Trust)
- Performance and Assurance (chaired by the Clinical Commissioning Group)

. The Chair of each Group is responsible for:

- Developing a work programme which will be incorporated into and monitored through the SAB strategic plan
- Reporting on the progress of the Group's work to the SAB
- Resourcing the meetings of the Group
- Ensuring that the membership of the Group draws in the required experience from relevant organisations/community groups/professionals.

Time limited Task and Finish Groups can also be established by the SAB to undertake a specific piece of work. When this happens, the Chair of that Task and Finish Group is included in the membership of the SAB for the duration of the group's work and will be responsible for reporting to the SAB on progress.



The Role of the SAB

As well as the statutory duties, the SAB's role is to:

- Identify the role, responsibility, authority and accountability of each organisation and professional group to ensure the protection of adults.
- Establish ways of analysing safeguarding data to increase the SAB's understanding of abuse and neglect locally to build up a picture over time
- Establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements.
- Determine its arrangements for peer review and self-audit.
- Establish ways of developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant organisations but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives.
- Develop preventative strategies that aim to reduce instances of abuse and neglect in its area.
- Identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry.
- Formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults.
- Develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect.
- Balance the need for confidentiality with need to share information to make sure an individual is protected from the risk or abuse or neglect.
- Identify ways of monitoring and reviewing the implementation and impact of policy and training.
- Evidence how SAB members have challenged one another and held other boards to account.
- Promote multi-agency training; considering any specialist training that may be required and considering if it might be jointly commissioned with other partnerships, such as the Community Safety Partnership.

A full list of the members of the SAB and its supporting groups are given at Appendix A to this report. The terms of reference for the SAB and for the sub groups are available by contacting Joanne Kitching at joanne.kitching@lbbd.gov.uk.

Care Act 2014 Compliance

The Care Act 2014 was the most significant social care legislation to be implemented in over 20 years and Barking and Dagenham SAB wanted to ensure that they were fully prepared for the changes to their statutory roles and duties both collectively as a Board and as individual organisations.

To do this, development sessions were held for all the SAB members to participate in to understand the Care Act's requirements. Several different models for the Board and its supporting structure were considered and the model chosen incorporated the views expressed by all the partner organisations on how to best reflect the needs of the locality. The model chosen will help reinforce the cultural changes that are needed across all organisations and strengthen the new ways of working.

A list of all the "must do" safeguarding requirements of the Act was developed and made available to all partner organisations.

All the individual safeguarding elements of the Care Act were compiled into a single checklist for all partner organisations to use to help them ensure their own compliance with the Act.

The SAB has now established itself as the statutory Board with representation from senior managers from the Council, Police and Clinical Commissioning Group. Through the supporting structure of standing sub-groups other organisations are fully engaged and contribute to the work of the SAB.

Each member organisation has entered into an Information Sharing Agreement.

The Compact sets out clearly the expectations of both the individual and their organisation and enables them to be held accountable for performing their role and carrying out their responsibilities.

During 2015/16 further development work will be undertaken by the Board to strengthen and embed the new safeguarding partnership. As part of this each partner organisation has agreed to make a financial contribution towards the cost of the SAB's operation. The details of the financial contributions will be finalised during 2015/16.

Learning and Development

Training for staff

During the year 17 training courses were provided by the SAB to raise the awareness of adult safeguarding issues and how to respond to concerns. The training was targeted at people working with vulnerable people and social care practitioners. In total 106 people from 8 different organisations attended this training. In addition, two training sessions were developed and delivered to 20 local authority staff to understand the new requirements of the Care Act and the impact that those requirements would have on their working practices. Two further sessions are planned to be delivered later in 2015.

The Learning and Development Group will draw up a training programme as part of their on-going work.

We will work to develop a better internet presence over the next year to support staff and the community.

Joint Development Work with the Local Safeguarding Children's Board

In March 2015 the SAB held a joint development day with the Barking and Dagenham Safeguarding Children's Board on child exploitation and trafficking. The event was well attended. This work is to be further developed in the coming year working in partnership with the Metropolitan Police.

Public Awareness Raising

- **Independent Identity of the SAB** - The new Board wanted to make sure that they had an identity independent to the local authority and developed its own easily recognisable logo which will be used on all publications and communications with the wider population of Barking and Dagenham.
- **The iCare Campaign** - During the year the SAB led the iCare Campaign with its partner organisations across the statutory and voluntary sectors. The iCare Campaign aimed at encouraging local people and communities to raise their concerns if they thought a vulnerable adult was being mistreated, abused or neglected. Several posters were developed for individuals and community groups to display.
- **Review of local safeguarding policies and procedures** - Following the enactment of the Care Act 2014 the London Social Care Partnership will publish revised Pan London Safeguarding Adults Policies and Procedures. A stock take of the local authority safeguarding policies and procedures will be carried out and revisions made to reflect these changes and the requirements of the Care Act.



The revisions focus on ensuring that where there are concerns that an individual is, or may be at risk of, being abused or neglected, the views of that person central to achieving the best outcome for them and that they are supported in engaging with the safeguarding action. This may mean that they an independent advocate provides support people who may have substantially difficulty in engaging with the process.

Safeguarding Adult Reviews

The Safeguarding Adult Review Group has responsibility for making sure that a Review is held when someone:

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

These Reviews involve all the relevant organisations. If criminal activity is suspected the Police will lead the Review. During 2014/15 there was one serious case that was reviewed. This is reported in Section 6 of this report.

Strategic Planning

During the year, the Board's work has been guided by five strategic objectives. The principal focus has, however, been on achieving Care Act compliance and reviewing the operation of the Board and the operational support arrangements. For the year ahead, a more comprehensive Strategic Plan is in development, which will shape the activity of the Board and its partners under the six principles of safeguarding set out in Care Act guidance:



1. **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."



2. **Protection** - Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."



3. **Prevention** - It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."



4. **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."



5. **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."



6. **Accountability** - Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."

London Borough of Barking and Dagenham

During the year, the Council has continued to oversee quality and safety of adult social care provision. We have worked with our local providers of homecare and residential care on improvements that we have identified as being necessary, as well as working on wider improvements in standards, linked to our aspirations through the Better Care Fund.

The Care Act

We have operated a Care Act programme throughout the year, which has overseen the response to this important legislation and implemented changes to assessment and care planning, increasing emphasis on prevention, and a rethink of support to carers, amongst other important interventions. Specifically with respect to support for safeguarding activity, in preparation for the introduction of the Care Act, the Council took a decision in October 2015 to restructure the adult safeguarding function. The proposals were to remove the standalone Adult Safeguarding Team and move its functions into the Integrated Care and Integration & Commissioning functions. This has the advantage of more closely aligning operational safeguarding activity with other social care processes, so that alerts are now processed by the 'front door' Intake team, and co-ordination of investigations aligned to other systems for oversight of casework.

Empowerment

We have retendered supported living services for people with a learning disability, with an emphasis on personalising those services during 2015. We have also tendered for a list of approved homecare providers, for the minority of service users who have a managed personal budget and for those in receipt of crisis intervention. This has again been an opportunity for resetting the expectations on quality of delivery.

It is important to seek the views of vulnerable adults and their families as part of the safeguarding process. We want to develop and facilitate practice which puts individuals in control and generates a more person-centred approach and outcomes. We have a duty to ensure that the community has an understanding of how to support, protect and empower people at risk of harm.

During 2014/15 the Council worked with Healthwatch to devise a short survey on behalf of the SAB to test the level of understanding of safeguarding in the wider community. Healthwatch approached 149 people and asked the following 9 questions:

1. Do you think you would recognise the signs of adult abuse?
2. Would you know who to contact if you thought that you or another adult was being abused?
3. Who might that be?
4. Is there enough information around to help the public to report incidents?
5. Do you feel confident enough to report an incident of possible abuse?
6. What sort of things might stop you asking for help when something is going wrong?
7. What would help to overcome the difficulties in passing on information about possible abuse?
8. If you can, please tell us about a time you passed on information about abuse or a bad situation for yourself or someone else and what happened as a result.

Responses to the survey showed:

- **56%** were confident they would know how to recognise the signs of adult abuse. 29% were not confident.
- **56%** thought they knew who to contact if they themselves or another adult was being abused. 35% did not know who to contact.
- **45%** of people said the police would be their first port of call to report abuse.
- **84%** thought there was not enough information around to help the public to report incidents.
- **59%** felt confident enough to report an incident of possible abuse.
- **31%** said fear of reprisal was the main reason that would stop them from asking for help
- **26%** felt that if they had more information about reporting abuse, they would be more likely to do so.

The full report can be found at:

<http://www.healthwatchbarkinganddagenham.co.uk/our-work-2014-2015>. As a result of this work, the SAB partners will ensure that communication with the public is a priority for the coming year.

Protection

Of particular note this year has been the vast increase in Deprivation of Liberty Safeguards which have been received for processing and represent a significant resetting of expectations around these interventions.

The Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) are significant considerations when protecting vulnerable adults from the risk of abuse or neglect. It is always presumed that an individual does have the capacity to make decisions about themselves and how they wish to live their life but if this ability is in doubt an assessment must be made. If actions are needed to protect an individual from harm, either from themselves or other people, and they do not have the mental capacity to fully engage with those decisions the local authority will make sure that they are supported by an independent mental health advocate following a Best Interests Assessment to make sure that the decisions made are in their best interests.

If actions need to be taken to protect a vulnerable adult who does not have mental capacity, and those actions may cause them to be deprived of their liberty, the partner organisations will make sure that the legal requirements are met and that the degree of deprivation is limited to only those elements that the individual cannot make decisions about for themselves.

The low number of requests being received from hospital settings suggests that further work is still required to raise awareness among health staff on the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards and the responsibilities of staff and organisations. The SAB has asked the Learning and Development Sub Group to look at the impact of the training.

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Following the Cheshire West judgement in March 2014 the number of DoLS applications received by the London Borough of Barking and Dagenham has increased significantly. Prior to the judgement the council was receiving an average of 19 or 20 applications per year. Since April 2014, this has increased to an average of 30 applications per month. In total 376 applications were received in 2014/15. Of these 209 were urgent applications.



35 authorisation requests were assessed and not granted because no deprivation was deemed to be occurring and 298 requests were granted. 34 requests were withdrawn and 9 requests had not been signed off at the close of the financial year. Out of the 376 requests, 27 were from hospital settings and 349 from care homes.

As part of their safeguarding role the Safeguarding Adults Board members have responsibility for ensuring that residents who live in a residential care setting receive appropriate care and are kept safe. On occasions concerns are raised, either through a resident, a friend or family, staff members from the care setting or through statutory bodies visiting the residential care home, e.g. health, council or police or via inspections from regulatory bodies such as CQC.

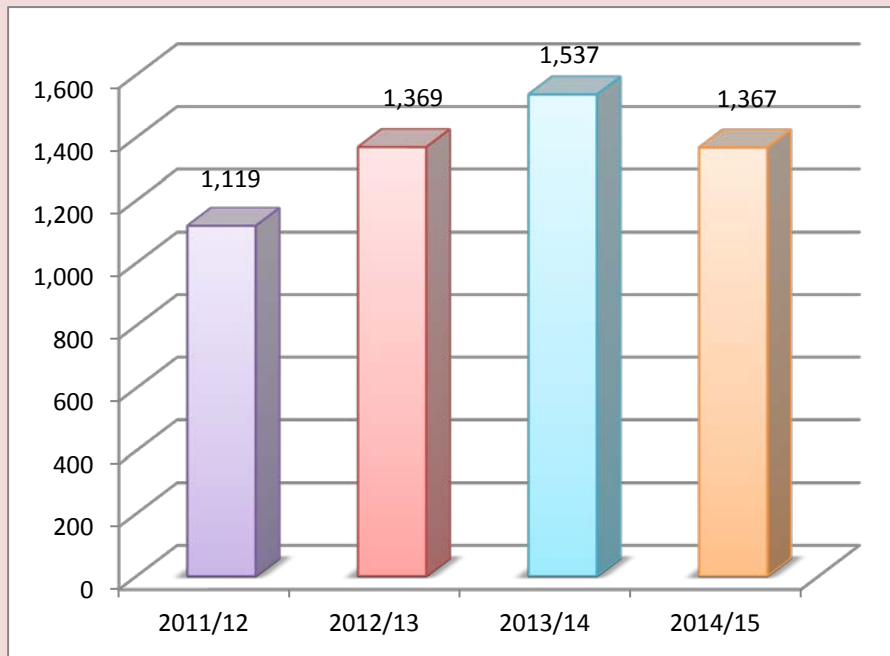
During the past year a number of concerns have been raised relating to care homes, these relate to a number of issues. All are subject to review and strategy discussions. Where there is a significant level of concern about a service or facility, the Council or another partner convenes the relevant agencies to devise a strategy to address the issues and to ensure that the needs of vulnerable adults are being met and that they are kept safe. During the year, the Council invested in strengthening its resources for focusing on residential and nursing settings in particular, with four dedicated social workers sharing lead roles around the safety of the borough's homes.

The low number of requests being received from hospital settings suggests that further work is still required to raise awareness among health staff on the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards and the responsibilities of staff and organisations. The SAB has asked the Learning and Development Sub Group to look at the impact of the training.

Although there is limited research about the abuse of adults it is estimated that 140,000 adults across the UK who are frail, have a disability or a mental health condition are abused or neglected each year. In area the size of Barking and Dagenham it is estimated that around 1,500 reports could be expected in a year.

The Council is continuing to work towards increasing the number of reports that are received by the Borough in an acknowledgement that abuse of adults is believed to be significantly under-reported.

Number of alerts to the Local Authority



Of the 1,367 alerts raised, 283 cases were referred for investigation (referrals) during the year. Compared with the data in the 2014/15 adult safeguarding returns of Barking and Dagenham's comparator boroughs¹, Barking and Dagenham is below the average referral rate of 626.

The year saw a drop in levels of promotional activity about safeguarding, identifying abuse and reporting it. This may have contributed to a small drop in alerts raised. However, work continues to understand the reasons why fewer were 'converted' into referrals for further investigation, and specific dip-sampling and review of cases was undertaken in the year to quality assure practice.

More detail on the demographic breakdown of these alerts and referrals is contained in Appendix B.

¹ Comparator Boroughs are: Brent, Croydon, Ealing, Enfield, Greenwich, Hackney, Haringey, Hounslow, Lambeth, Lewisham, Newham, Redbridge, Southwark, Tower Hamlets and Waltham Forest

Case Study

One recent example saw a number of concerns raised by relatives and also by council officers who were visiting the home for regular reviews/meetings. Following the strategy meeting the Board asking CQC to re-inspect the setting and, as a result, they identified 2 breaches of the Health and Social Care Act relating to:

- People being given the medicines they need when they need them, and in a safe way (outcome 9) – an enforcement notice was issued in relation to this outcome
- People should be safe from harm from unsafe or unsuitable equipment (outcome 11)

In order to expedite a timely resolution and to ensure that all residents were safe the Chair of the SAB spoke to the local CQC inspector and also wrote to the CQC to escalate her concerns. After work with the home and statutory partners, these issues have been resolved and the enforcement notice subsequently lifted.

Prevention

The Council led a Care Act training programme which Council staff and partners attended. The courses and workshops covered Safeguarding as well as Assessments, Prevention, the Eligibility and Well Being Principal, Person Centred Care and Support Planning, Advocacy, Carers and Implementation.

On behalf of the SAB the London Borough of Barking and Dagenham applied and secured funding from the London Local Development Fund for the Barking, Havering and Redbridge University Hospital Trust for PREVENT training. This training has now been added to the Safeguarding Training Module as part of the Trust's mandatory training programme. This will ensure the number of staff receiving this training will increase.

During the year the iCare Campaign was maintained, although there was less activity than had been the case in previous years, and it is a commitment of the Council and the Board that next year has greater visibility of the campaign. The iCare Campaign aimed at encouraging local people and communities to raise their concerns if they thought a vulnerable adult was being mistreated, abused or neglected. The Council designed, produced and facilitated the distribution of several posters to professionals, partners and within the community to raise awareness of safeguarding.

Proportionality

The management of the Safeguarding Adults Board support processes and development of strategy are now led through the Council's Commissioning function, where it can be more closely linked to the work on quality assurance of social care providers. During the year new and improved systems have been established for bringing together diverse sources of intelligence on the performance and safety of social care services, including complaints, safeguarding alerts, serious incident reports and the observations of quality assurance and social care teams. This ensures a proportionate and robust approach to intervening to ensure the quality of care provided locally.

To provide leadership across the Directorate, and a renewed focus on practice development for social work, the old management structure will be replaced by a Principal Social Worker, which is to be recruited. Whilst this has disrupted some of the support systems for safeguarding in the short term, the longer term benefit is to better align safeguarding with other relevant responsibilities within the Council, enabling the delivery of the Care Act statutory responsibilities at greater efficiency than before. The work of the Board has continued to be supported during this period of change.

Partnership

The Council's primary focus for partnership work in support of safeguarding is its leadership of the Board, and many of the activities set out in support of the Board elsewhere in this annual report are led through the Council on the Board's behalf.

More widely, our programme of developing integrated provision has continued with the establishment of the Joint Assessment & Discharge Service in June 2014, operating across Barking & Dagenham and Havering, with an integrated team across the health and local authority agencies. This has brought great improvement in the discharge from

local hospitals, supporting BHRUT in its improvement and driving better outcomes for patients/service users. Alongside this, we have continued to strengthen the integrated working through our Integrated Care Cluster teams.

Priorities Going Forward

Amongst priorities for the coming year for the London Borough of Barking & Dagenham are:

- Making Safeguarding Personal is a statutory requirement from 2016/17. It focuses on getting the right outcomes for vulnerable adults and their families and ensuring that they are involved in all stages of the safeguarding process.
- Making sure the systems and leadership are in place such that the SAB delivers on its strategic committing.
- Take forward and embed the new London Multi-Agency Safeguarding Adults Policy & Procedures.
- The SAB are developing a new performance framework which will encompass data from all partner agencies and will provide assurance about the performance of the safeguarding systems across the partnership.

Barking and Dagenham Police

Empowerment

Barking and Dagenham Police Staff are instructed to seek the views of the adult who comes to the attention of police regarding referral to the local authority. Staff responsible for the administration of reports are also provided with guidance regarding potential referral into the safeguarding process. The investigation of criminal offences seeks to obtain the experience of the individual and the impact of the abuse. The Metropolitan Police Service (MPS) has multi agency forums where the experience of service users are sought and utilised as part of the development of future strategic safeguarding policies and procedures. Evidence from service users gained by partner agencies is also utilised to inform development.

The MPS toolkits currently receiving feedback from a variety of service users, individuals and organisations which will be considered as part of the policy review process

The MPS is currently reviewing its Vulnerability and Adult at risk toolkit to reflect the 'Making Safeguarding Personal' agenda whilst recognising that for our organisation the desired outcome for the individual cannot always be achieved we can, with our partners ensure that we keep the adult at the centre of the safeguarding activity.

MPS operational toolkits and relevant documents and VAF training reference the principles and application of the Mental Capacity Act although it is recognised that as with other agencies there are opportunities to raise awareness and understanding of this legalisation.

The views of the adult are integral to all MPS policing areas including :

- VCOP - Victims Codes of Practice
- Victims Charter
- SCIE Multi Agency Procedures and features as part of operational Toolkits and Merlin ACN instructions

The MPS Hate Crime working groups and Territorial Policy Capability Business Support (TP C&S) are currently collating useful resources to assist adults at risk who may be at risk or/or experiencing abuse. These collated resources will be made available to all MPS staff

Operational policies and practise for Total Victim Care support every individual to pursue options through the criminal justice process where appropriate. The MPS is committed to working in partnership to achieve the desired outcome for the individual where possible and to safeguard those at risk of abuse in all cases.

Protection

All incidents of Vulnerable adults coming to notice of police are recorded and shared with the partnership through the borough MASH. This mechanism acts as the MPS corporate the Care Act methodology for 'raising concerns' to adult social care. The instructions to staff are published regarding Adults with care and Support needs. Under the Care Act, the MPS will now supply requested data to the boards regarding safeguarding activity. A draft working protocol between the MPS and boards is currently being circulated to boards for discussion

We are currently using a Street Triage system for those coming to notice that are suffering with mental Health issues as it is clear that police stations are not a suitable place for people suffering in this way.

Pan London Proposals for the Protection of Vulnerable Persons are currently being developed by MPS Management board, led by DAC Mark Simmons.

Prevention

Frontline staff have now received mandatory training on the 'Vulnerability Assessment Framework' and now this training is now being delivered to other MPS staff. As a result of this we are recording far more increases in Adults Coming to Notice (ACN's) on Merlin IT system.

Total MERLIN ACN reports for 01/04/2014 - 31/03/2015 is 1,483, of those 262 were recorded on CRIS (Crime Recording Information System) as involving a Vulnerable Adult.

- 64 of those resulted as crime related incidents with information passed to partner agencies. (Not a crime once following investigation).
- 23 incidents reported did not result in safeguarding investigations (i.e. street robbery by unknown suspects on wheelchair user).
- 46 reports remain as unsolved or with no suspects identified
- 3 incidents were dealt with by way of the use of Restorative Justice with no arrests made.
- 24 incidents were not taken any further after investigation by police decision makers where likely suspects identified. (withdrawal statements provided or not in the public interest (e.g. historic Facebook harassment).

102 incidents resulted in an arrest by police.

- 1 of those is still outstanding as Wanted on the Police National Computer.
- 1 of those was arrested to prevent a breach of the peace and then released.
- 9 suspects are currently still on Police bail awaiting conclusion of the investigation.

- 5 Harassment warnings have been given.
- 14 Police Cautions have been issued.
- 3 Persons have been summonsed to appear at Court and still awaiting trial.
- 6 Persons have been charged with offences by police and awaiting trial.
- 17 Persons have been found Guilty at Court.
- 5 have been found Not Guilty at Court.
- 6 Cases were taken to the Crown Prosecution Service and decision taken not to proceed.
- 35 Cases were taken to Police decision makers and the decision taken not to proceed.

Proportionality

Existing Procedures and ongoing training to all MPS staff explore and challenge staff regarding adults ability to make lifestyle choices, issues regarding 'vulnerability ' and principles of the Mental Capacity Act. Current IT system are being updated to ensure that adults views regarding participation in the safeguarding process is sought and MUST be recorded by all staff who record safeguarding incidents. Principles of safeguarding are threaded through current organisational training to all frontline staff, including ensuring staff are aware that everyone has the opportunity to access equal to the criminal justice system and are supported through the process if that is what they seek to do.

Partnership

The MPS is now a statutory partner on the Safeguarding Adults Board and also represented on all 4 of the Committees.

Attendance at Borough level is at Chief Superintendent Level (reflecting guidance under the Care Act). MPS participation at SAB is monitored centrally. TP CBS provide support and a point of contact to the SAB Chairs to escalate any MPS related issues.

Since April 2013, all incidents involving safeguarding adults are recorded on the MPS Merlin IT system (ACN's) and submitted to the borough MASH for assessment and dissemination. Matters requiring police investigation are also recorded on the CRIS system and screened appropriately for investigation. Data now recorded by the MPS is available at a local level to monitor reporting levels and referrals to the local authority for coordination of response. The MPS is committed to partnership working on safeguarding investigations and will lead where criminal offences are identified. Any borough SCR lessons are reviewed at a local level and lessons learnt disseminated for learning to agencies as appropriate.

Challenges

To ensure that the principles of:

- Empowerment
- Prevention
- Proportionality,
- Protection
- Partnership
- Accountability

And that the strategic SAB objectives are embedded into our dealings with adults at risk of harm. Also adapting our IT systems to cope with future demand and change in borough structure that is likely to occur with existing MPS boroughs amalgamating.



Barking and Dagenham Clinical Commissioning Group (CCG)

CCGs are statutory NHS organisations and are responsible for the quality of healthcare they commission for the local population regardless of the care setting. Therefore it is important that we are assured of the services that our patients, their families and carers receive, and that we are working collaboratively with our partners to keep them safe from harm.

Empowerment

The CCG has supported and challenged its commissioned services to evidence personalisation. Ensuring that the voice of the patient is clearly heard and influences services and outcomes required. This is evidenced in the work that is undertaken via the Continuing Health Care team.

We ensure that any safeguarding training has as its core principle, the person at the centre of all we do. We continue to develop materials that support the persons understanding of any processes or services they require and ensure they are aware of the safeguarding agenda and where they can go for help.

Protection

We have participated in reviewing service users' welfare where safeguarding alerts have been raised.

We ensure that there is a clinical viewpoint available at safeguarding case conferences

We have refined and further developed our quality assurance framework. A key element of the framework is completing unannounced quality assurance visits to various care settings to assure ourselves of the care patients are receiving and to discuss how patients are experiencing their care and treatment. This can and does result in the providers being challenged and supported to improve. We plan to ensure this framework is incorporated in all CCG contracts.

We have visited all 7 care homes that provide nursing care in Barking and Dagenham, completing 28 visits between 1 April 2014 – 31 March 2015.

We have also completed monthly quality assurance visits at various clinical environments at Barking, Havering & Redbridge University Hospital NHS Trust and North East London Foundation NHS Trust.

Prevention

We have identified a prevent lead, who will be working with the prevent coordinator to meet the borough's strategic objectives.

We have developed an early warning system that uses both soft and hard intelligence and feedback that we use as an indication of care being provided, this is closely monitored and drives the conversations that are had with all providers.

We plan to strengthen the monitoring arrangements of providers to ensure we do our part in preventing harm, or where harm does occur that we respond in a way that reduces further harm to individuals. We plan to further strengthen the quality of data that will enable us to monitor and respond to safeguarding issues more robustly.

We plan to raise prevent awareness among CCG staff. We have supported CCG staff to complete the mandatory training.

Proportionality

We work with our providers and partners to ensure that the least intrusive response possible is delivered appropriate to the risk.

We ensure that any and all learning is cascaded to all our partners through training and supervision

Partnership

We work with all our partners to ensure that a system wide approach is taken to safeguarding and that learning from one element of the organisation is shared with the rest

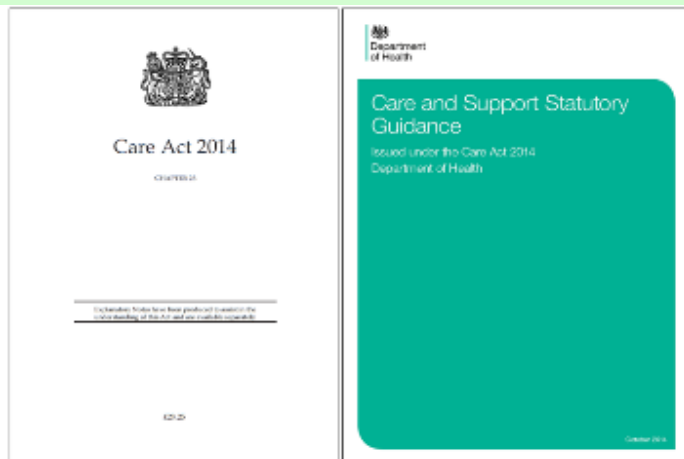
Our intention is to develop an adults health safeguarding forum across the health economy in order to share good practice and learning.



Care Act 2014

We have undertaken a gap analysis to identify areas for development in 2015/16, and identifies progress made to date.

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Work planned April 2015 – March 2016

- To contribute to ensuring the SAB meets its responsibilities with regards to the Care Act 2014.
- To ensure the CCG meets its responsibilities with regards to the Care Act 2014.
- To lead on the development of a performance and assurance framework as chair of the SAB sub group.
- To appoint a designated safeguarding adults manager (DSAM).

North East London Foundation Trust (NELFT)

NELFT provides an extensive range of mental health and community health services for people living in the London borough of Barking and Dagenham. Our community services include district and school nursing, therapies, care and support for people living with long term conditions, community based mental health services and Inpatient services.

All health professionals working throughout NELFT have a critical role to play in safeguarding and promoting the welfare of adults with care and support needs. The Think Family approach is firmly embedded in practice and the safeguarding adults and team work collaboratively to identify risk and to protect adults with care and support needs.

This extends to delivering the following interventions:

Having effective communication with adults with care and support needs and their families:

- Comprehensive health needs assessment;
- Identification of risk factors;
- Responding to identified needs;
- Contributing to multi-agency assessments and reviews.
- Identification and risk assessment of individuals who meet the criteria for high risk reporting, e.g. self neglect.

The Chief Nurse & Executive Director of Integrated Care Essex is the executive lead and board member for safeguarding. The Chief Nurse has Board level responsibility for safeguarding adults and children, LAC and Prevent, which is the health service component of Contest which is the British Government's counter terrorism strategy.

The Safeguarding Team acts on the Chief Nurses behalf to ensure that the Board is assured that all necessary measures are taken to safeguard adults and children at risk. The Director of Nursing, Patient Safety is the Strategic Lead for Safeguarding and supports the management oversight of safeguarding issues in relation to adults with care and support needs.

Empowerment

Development of a range of Leaflets in a variety of accessible formats covering a range of topics such as Deprivation of Liberty Safeguards (DoLS) to support service users and their significant others to be empowered to take an active role in their care decisions and to engender a self-care model.



Deprivation of Liberty Safeguards (DoLS)

- On 19th March 2014 the Supreme Court passed judgement that a person is being deprived of their liberty if they lack capacity, are not free to leave and are subject to continuous supervision and control. Following this ruling NELFT conducted a review of its internal procedures regarding DoLS, to ensure effective and robust procedures were in place.
- A DoLS administrator commenced employment in June to pilot the project for an initial 6 month period. A decision was made in November 2014 to extend the role of the DoLS administrator beyond the initial 6 month period as part of phase two of the project. The administrator sits within the Safeguarding Adults and the Mental Health Law disciplines and works closely with the Safeguarding Adults Team and Mental Health Law Manager.
- Existing close working relationships have been maintained between the Safeguarding Adults team and NELFT inpatient areas and new relationships formed between the administrator and both internal and external staff involved with DoLS processes.
- Additional bespoke training sessions have taken place to ensure that the inpatient area staff are familiar with the legal obligations and processes required. Information packs, leaflets, standardised letters and general information have all been developed and made available for staff use and for giving to service users' representatives and carers to offer an explanation of the processes involved, contact information for external bodies, (such as Voiceability; a non-government organisation) that provide advocacy services including Independent Mental Capacity Advocates (IMCA).

- One of the areas of identified for further work, was around patient/service user involvement in the Safeguarding Adults process. A method for capturing recorded consent in relation to Safeguarding Adults Alerts has been initiated by the Safeguarding Adults Team and an Audit of consent is scheduled to be conducted by the end of March 2015. This audit is also in line with the principles of the 'Making Safeguarding Personal' initiative being implemented nationally.

Protection

The Safeguarding Adults Duty system has been established for one year as of 1st December 2014. All of the Safeguarding Adults team activity continues to be monitored by the Duty system and daily data is collated for all contacts received by the team. Operational staff have direct access to the duty worker through a dedicated telephone number, email address, face to face contact and through completion of Datix. The Duty system has proved a valuable resource to provide advice and support frontline staff and there are in excess of 100 enquiries reported each month.

There has been an increase in the number of enquiries relating to Domestic abuse, which could be attributed to the increased awareness to frontline staff through the Safeguarding Adults and Children's training along with the bespoke training and resources which have been developed by the Lead for Domestic Abuse and Harmful Practices.

Due to an increase in the number of enquiries relating to Self-Neglect and in line with the changes set out in the Care Act 2014 that identifies that Self Neglect now falls within the remit of Safeguarding, the Safeguarding Adults Team held a very successful Self Neglect Conference which was well attended by frontline staff from within NELFT, Local Authorities and commissioners. Fantastic presentations were delivered during the day by all the partner agencies and there was significant opportunity for networking to take place during the day to strengthen partnerships and look at effective strategies to assist staff with supporting service users who self-neglect and minimise the risk of harm.

There has also been a rise in the number of enquiries relating to MCA and DoLS reported through the duty desk at NELFT, which may also be attributed to additional training and increased awareness of the process.

Prevention

The position of Strategic Lead Domestic Abuse and Harmful Practices was created in 2015 and so Jen Sarsby spearheads the work around domestic and sexual violence including the work in relation to Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and other harmful practices.

Monthly meetings of the Named Nurses and Clinical Advisors for Safeguarding Adults chaired by the strategic Lead for Adult Safeguarding, ensures the progression of the safeguarding strategy. Attendance by the Strategic Lead for Domestic Abuse ensures that there is collaborative working across both Adult and Children Safeguarding Teams regarding joint actions and that best practice issues are shared across both services. These meetings provide an opportunity to review the annual team work plan, discuss any locality risks around Adult Safeguarding and the progression of safeguarding adults open cases, where concerns have been shared directly relating to NELFT care.

Considerable activity has taken place within the area of Domestic Abuse and Harmful Practice. The post of Strategic Lead for Domestic Abuse & Harmful Practices and other NELFT staff have been working in close partnership with the local authorities in particular supporting the response to Female Genital Mutilation and Child Sexual Exploitation.

The Domestic Abuse Awareness and Enhanced Domestic Violence and DASH-RIC eLearning training package has been finalised and this is being progressed with the Training & Development department. Improved uptake of this training will lead to an increase in referrals from NELFT to MARAC which continues to be of concern.

Work was undertaken throughout 2014 to provide integrated referral and recognition pathways to enhance safeguarding identification and referral through multi-agency safeguarding response to Female Genital Mutilation (FGM). This work has been initiated within Redbridge through a multi-agency task and finish group and is suitable for sharing with the wider partnership economy. NELFTs contribution to this work has been acknowledged as highly valuable.

The procedure for NELFT staff in response to FGM including targeted questioning, recording and reporting has also been progressed in 2014 and the early part of 2015.

Staff awareness and response to the harmful Honor Based Violence, Forced Marriage & Modern Day Slavery practices are embedded in policies and included within the Safeguarding Standard Operating Guidelines.

The Safeguarding Adults team has continued to progress and review their annual audit plan. An audit on staff compliance of local guidance that a Safeguarding Adults Alert must be raised within 24 hours of a safeguarding incident being identified is conducted quarterly. Since the introduction of the Safeguarding Adults Team duty system compliance has significantly improved due to direct advice and support from the team.

A pilot Audit of staff knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards procedures was conducted in inpatient settings in December 2014. The purpose of the Audits was to assess staff knowledge and application of the MCA assessment and the impact of the Trust's response to the Supreme Court Judgment in relation to DoLS on 19th March 2014. Clinical Teams will receive feedback of the findings through the integrated Care Directorate safeguarding meetings once the initial report has been finalised. Once the effectiveness of the tool is evaluated it is anticipated that this will be rolled out across the trust.

Think Family:

On the 12th of June 2014, the Safeguarding Children and Adults staff attended an away day. The main focus of the day was to develop the final draft of the new Safeguarding Strategy which sets out the key priorities for NELFT in relation to safeguarding in NELFT over the next three years.

'Think Family' is embedded throughout the strategy and highlights the need for an integrated approach from children's and adults services. Transition arrangements were a key theme of the group discussions. It was agreed that children and adults with care and support needs do not exist in isolation and that informal support networks should always be considered in care provision. The final draft of the strategy was launched in August 2014 with the accompanying action plan which has actions assigned to the Safeguarding Adults and Children's team and operational leads. The progress of this action plan is monitored through the safeguarding directorate meetings on a quarterly basis.

Proportionality

The Safeguarding Adults Team has further increased its visibility across the Trust by directly working alongside front line staff to facilitate the embedding of safeguarding, MCA and DoLS. In addition the Clinical Advisers are regularly engaging with staff through attendance at Multidisciplinary Team meetings, and monthly staff meetings

In August 2014 the Associate Director for Safeguarding Adults was appointed to the post of Interim Director of Nursing (Clinical Effectiveness) linked to the Barts Health Economy. The Director of Nursing, Patient Safety, is the Strategic Lead for Safeguarding. The Named Nurses for Adult Safeguarding have been allocated additional responsibilities to meet the organisational requirements regarding Safeguarding Adults and to ensure on going service continuity.

During 2014 three additional Clinical Advisors joined the team further enriching the skill mix of the team with backgrounds in Occupational therapy and End of Life. One seconded Clinical Advisor returned to a role in Practice Improvement to assist with embedding safeguarding across the Trust, and the substantive vacancy has now been successfully recruited to. The Named Nurse for Adults post has also been successfully appointed to.

NELFT aim to achieve a compliance target of 85% for all levels of safeguarding training. NELFT overall Compliance as of 30th December 2014 is 88.75% for Safeguarding Adults Training which demonstrates a significant improvement from 77.17% compliance reported as of 30th December 2013.

The Safeguarding Adults Team have worked extensively alongside the Training and Development team to ensure the venues and number of sessions delivered facilitated maximum compliance, and there has been a substantial commitment from Operational leads to support front line staff in the priority of attending mandatory Safeguarding adults Training.

- In direct response to feedback from the Senior Leadership and Strategic Adult Safeguarding leads, mandatory training is now delivered through an e-Learning module which was successfully launched in November and saw compliance increase from 81.6% to 89.17% by December 2014.

Partnership

All Senior Leads and Managers including the executive team have received safeguarding training at the required statutory level. The Integrated Care Director works closely on all safeguarding matters with the Director of Nursing and Associate Director and is a member of the LSAB.

The Trust continues to be an active member of all the Local Safeguarding Adults Boards. Evidence of strong partnership work is demonstrated through participation in working groups, audit programs and policy development.

The total number of NELFT staff trained in prevent awareness overall is 1394. Training delivery continues in line with the Prevent strategy of identifying staff teams who work with client groups who are more susceptible to radical exploitation, although there is recognition that this can happen in any group across children, young people and adults. A piece of work has commenced to ensure training compliance is reviewed in relation to the identified priority groups of staff.

On 16th October 2014, WRAP 3 which is a generic modular training package for Prevent, replaced the current Health WRAP and was launched and is now being delivered by NELFT's Home office approved facilitators.

There have been four Channel Panel referrals within NE London since December 2014 and in addition NELFT have also supported Channel with health input regarding referrals from other agencies. Two of the channel referrals were in direct response to front line staff receiving awareness training.

Work planned April 2015 – March 2016

- To further embed integrated working across the adult and children safeguarding teams.
- To strengthen links with the Serious Incident Team, to further streamline the governance around.
- To review the training strategy for delivery of Prevent awareness training in line with the government proposal of a more towards statutory awareness raising. The proposal is that Prevent training will become a mandatory training required three yearly for all staff by face to face and e-learning depending on staff role.
- A Review of the Duty Desk standard Operating procedures is planned for completion in June 2015.
- NELFT will continue to support the implementation of the Safeguarding Strategy Action Plan.
- The Safeguarding Adults Team will increase their visibility across operational services within NELFT with significant input to the community and mental health inpatient areas.
- Strengthening the Link Practitioner role within Operational Services is proposed by integration of the existing mental health and community health link practitioner meetings. A joint forum of all link practitioners is being arranged for June 2015.

Barking Havering and Redbridge University Hospitals Trust (BHRUT)

Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT) has introduced measures at all levels to ensure that it is doing everything it can to prevent the abuse or neglect of the people who use the Trust services and their carers. The organisation has established processes, by way of the Trust's Protecting Adults at Risk - Safeguarding Adults Policy, Safeguarding Adults Training, Incident Reporting and Safeguarding investigations, to ensure there is a timely and proportionate response when allegations of abuse or neglect are raised.

Empowerment

A Mental Capacity Act (2005) Policy was developed at the end of 2014 to provide staff with guidance on how to implement the Mental Capacity Act in practice. The policy strengthens the guidance provided in the Trust's Protecting Adults at Risk - Safeguarding Adults Policy on both Mental Capacity and Deprivation of Liberty Safeguards. The policy is available on the Trust's Intranet under clinical policies and via the Safeguarding Adults webpage.

Following the findings of the CQC Report - Monitoring the use of the Mental Capacity Act Deprivation of Liberty Safeguards, published each year for the last five years, and the result of the Trust's Safeguarding MCA/DoLS Assessment of Knowledge audit a key priority for the Safeguarding Adults team has been to address the educational requirements of the clinical staff.

This has been achieved by the provision of:

- An e-learning package on MCA/DoLS, available since December 2014, designed for all clinical staff who have contact with adults at risk

- MCA/DoLS Practice Seminars were delivered by an external trainer in November 2014 and January 2015. These training sessions were open to all clinical staff to attend. A further two sessions have been arranged for May 2015. The sessions captured a total of 48 members of clinical staff
- Mandatory training sessions for Senior Sisters/Charge Nurses and Matrons, on the process of application of DoLS and the completion of required documentation were delivered throughout February 2015. It provided a good opportunity to raise awareness of both MCA/DoLS.

An easy read Learning Disability webpage for the external BHRUT site has been developed by the Learning Disability Liaison Nurse (LDLN). Its layout and content has been reviewed by Local Advocacy Services for people with Learning Disabilities from Havering and Redbridge and carers from Barking & Dagenham, to ensure it is accessible for people with a Learning Disability to use. Carers have contacted the LDLN having reviewed the Learning Disability website and have subsequently been able to discuss the service users admission to hospital or outpatient appointment. This has enabled the LDLN to get to know more about the Learning Disabled individual's needs prior to admission and visiting them on the ward.

A series of easy read checklists have been developed by the LDLN for use with people with a Learning Disability accessing hospital services. The purpose of the checklists are to ensure Learning Disabled people accessing hospital services are prepared for their appointment or stay in hospital and / or they understand why they have needed hospital services and what treatment they have received.

Protection

During 1st April 2014 - 31st March 2015 there were a total of 435 safeguarding adult referrals. This is compared to 393 cases during the same reporting period 2013/14. Of the 435 referrals a total of 381 referrals were raised internally by Trust staff with regard to concerns in the community. The increase of internal referrals demonstrates a healthy reporting culture with regard to safeguarding issues within the organisation.

There were a total of 54 external referrals received by the Trust during 1st April 2014 - 31st March 2015. In comparison to the number of alerts received in the same reporting period for 2013/14 this demonstrates an increase of 1 alert. An increase of one external referral compared to last year is disappointing; however, of those relating to neglect/acts of omission the number substantiated has decreased with an increase to those unsubstantiated which is extremely positive.

The Trust's Named Nurse, Safeguarding Adults has regular telephone contact with the borough Safeguarding Teams to ensure feedback from the Trust's investigations is provided. Increased contact with the Hospital Social Work team and Joint Assessment and Discharge Teams has also helped to facilitate this process.

Prevention

BHRUT is committed to ensuring that all staff receive the correct level of training to ensure adults at risk receive the right care and safety whilst in our care. The organisation also promotes an interagency approach to training and development in relation to adults at risk.

The whole day safeguarding module, as part of the Trust's Mandatory training programme, commenced in February 2014. The programme has been amended to incorporate PREVENT whilst Domestic Violence is now e-learning.

The topics include:

- Safeguarding Children - Level 2
- Safeguarding Adults including Learning Disability
- Dementia Training
- PREVENT
- Falls
- End of Life Care
- Pressure Ulcer Management

E-learning packages for Level 1 Safeguarding Adults - Raising Awareness training is available for all non-clinical staff. This training captures all staff new to the Trust. Additional Safeguarding Adults, including Learning Disability, sessions for clinical staff are held once a month to improve the Trust's training compliance.

As of 31st March 2015 there were a total of 1235 members of non-clinical staff trained at Level 1 (78.9% compliance) and 3653 members of clinical staff trained at Level 2 (84.7% compliance).

A total of 59 members of staff were trained at Level 3 during 2014/2015. This training is non-mandatory and is available for those staff that lead a team who may at some point contribute to an adult safeguarding investigation and how they support that process.

The Trust prides itself in having 80 Safeguarding Adult/Learning Disability Champions who work across the organisation to ensure that advice and signposting is available to all staff within the Trust. A welcome increase of 14 Champions has been secured throughout the last year through interested staff self nominating following attendance at Safeguarding Adult & Learning Disability training sessions.

The role of the Champions, (reviewed and updated in March 2015), is to provide Safeguarding Adults and Learning Disability advice and support in the clinical setting for team colleagues and patient's alike.

The Trust's Named Nurse Safeguarding Adults and Learning Disability Liaison Nurse facilitate four additional workshops per year to enhance the champions' knowledge base in the areas of safeguarding and learning disability including the latest national and local guidance.

Topics covered to date include:

- Mental Capacity Act and Deprivation of Liberty Safeguards - external speaker from Safeguarding Adults Team, Barking & Dagenham Local Authority.
- Living with Autism - co-presented by the Autism Ambassadors from the Sycamore Trust.
- Learning Disability Resource update.
- Fire Safety & Adults at Risk - presentation on issues to consider to ensure a safe discharge delivered by the Redbridge Borough Commander, London Fire Brigade.
- Champions Roles & Responsibilities - review and update.

Proportionality

The Safeguarding Adults Team has worked hard to raise awareness amongst staff of safeguarding issues with a particular focus on the Mental Capacity Act and Deprivation of Liberty Safeguards. The increased visibility of the Named Nurse, Safeguarding Adults and the Learning Disability Liaison Nurse has been instrumental in embedding safeguarding in practice. A noticeable increase to the number of DoLS applications made throughout the reporting period is testament to this. The funding to recruit a Mental Capacity Act/Deprivation of Liberty Safeguards clinical advisor was approved and the recruitment process commenced in April 2015. This post will help to support and sustain the work already undertaken with regard to MCA and DoLS.

Partnership

BHRUT is a member of three Local Safeguarding Adult Boards, which are the London Boroughs of Havering, Barking & Dagenham and Redbridge. The Deputy Chief Nurse or the Named Nurse Safeguarding Adults represents the Trust at these meetings.

The Trust also attends all partnership committees and sub-committees hosted by all three Boroughs. These meetings include Domestic Violence, Performance and Serious Case Reviews, Training and Development and Policy and Practice. Trust representation at the Learning Disability Partnership Boards, by the Learning Disability Liaison Nurse, continues for all three boroughs.

Priorities Identified Going Forward

- To increase the number of Mental Capacity Assessments and Deprivation of Liberty Safeguards authorisations within the Trust.
- Embed Adult Safeguarding Supervision in practice.
- Embed the principles of Making Safeguarding Personal as per the Care Act 2014 shifting from process driven to person centred practice.

National Probation Service and The Community Rehabilitation Company

The National Probation Service works with a number of offenders who not only pose a risk to others, but indeed are also at risk from others and in need of care. Consideration is especially given to offenders who have served long term prison sentences (especially those on life sentences), and who are only released from prison once they have reached old age and are then also experiencing a number of health and other care needs as consequence.

The National Probation Service works closely with Adult Safeguarding Units, as well as prisons and Approved Premises, in order to ensure appropriate assessments are completed prior to release and care plans are in place as part of sentence plans. Joint work between these agencies is essential, not only to protect the public from further harm, but also to ensure the offender who is at risk, is protected and receives the care they require in order to facilitate their resettlement in the community.

The Government's Transforming Rehabilitation reforms divided probation work across two organisations: The National Probation Service and the Community Rehabilitation Company (CRC). The CRC is responsible for managing offenders who pose a low or medium risk of harm to the public, with a view to reducing re-offending rates.

Since the formation of the CRC, the organisation has worked to develop new policies and procedures across its priority areas, one of which is Safeguarding Adults. The CRC Safeguarding Adults procedures have now been agreed and launched, providing staff with an understanding of the meaning of safeguarding in this context, and

providing guidance on practice. Senior Practitioners have also been raising the profile of safeguarding adults work by delivering practice workshops to staff across London, to increase the quality of practice, and ensure that crucial multi-agency relationships are understood.

Going forward the CRC will move to an operating model based around cohorts of service users presenting particular needs and vulnerabilities. This will enable greater focus on areas such as Safeguarding. For example, one cohort will be specifically based around working with adults with Learning Disabilities and Mental Health diagnoses. The CRC will be keen to report back to Safeguarding Adults Boards across London on work being done within the new cohort model to improve safeguarding practice and protect our vulnerable service users.



Serious case reviews are carried out in response to incidents when serious harm has come to a vulnerable adult, when questions are raised about the circumstances in which this happened and where concerns have been expressed about the adequacy of the response of relevant agencies in working together to safeguard the vulnerable adult.

A serious case review is not intended to attribute blame but to reveal and collate the lessons to be learnt from the review of the circumstances and to make recommendations. The objective is to improve practice in safeguarding and hopefully prevent future deaths or significant harm to vulnerable adults.

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A serious case review of an incident in June 2013 was conducted during 2014/15, the findings of which were reported to the SAB in March 2015. Although the review made a number of recommendations, it concluded that there was little that could have been done by any of the agencies to predict or prevent the incident from occurring.

The review centred around the deaths of Mr and Mrs A in June 2013. Although the circumstances of the deaths met the threshold of a domestic homicide review, the Chairs of the SAB, Community Safety Partnership and the Police Borough Commander agreed that a safeguarding adult review would be more likely to identify lessons for the agencies involved. This decision was communicated to the Home Office.

The inquest into the deaths took place in July 2014 recording a verdict of unlawful killing and suicide. The SAB commissioned an independent reviewer from another London Borough to carry out an independent safeguarding adult review and investigation of the care and support provided by the agencies to Mr and Mrs A.

There was full co-operation with the review from the Metropolitan Police, Saint Francis Hospice, North East London Foundation Trust, the GP and the London Borough of Barking and Dagenham. The review made a number of recommendations to the SAB that were all accepted, and the implementation of those recommendations in being overseen by the Safeguarding Adults Review Group.

Recommendations from the Serious Case Review, reported March 2015

1. Increased uptake of training on suicide awareness and risk to patients and their families and carers to 80% for qualified staff providing care to patient with either chronic or terminal illness by June 2015.
2. Implement alternative methods of training delivery, e.g. e-learning, to improve access and uptake by June 2015.
3. Report back to the SAB on the feasibility of electronic care systems by September 2015.
4. NELFT and St Francis Hospice to review arrangements for responding to carer distress and how information regarding this is shared effectively by June 2015.
5. St Francis Hospice to review the effectiveness of the suicide/assisted dying policy that it has revised following the deaths of Mr and Mrs A, by June 2015
6. NELFT and St Francis Hospice to review their training on adult safeguarding and reporting safeguarding concerns in partnership with LBBB by June 2015.
7. St Francis Hospice to ensure their revised safeguarding policy is in line with current pan-London guidance and ensure that flash points/thresholds are clear by June 2015

Healthwatch

Healthwatch Barking and Dagenham is a consumer organisation whose role is to be the voice of local service users, championing their causes and ensuring that voice is heard by local decision makers. To this end we are pleased to work in partnership with the Barking and Dagenham Adult Safeguarding Board, as we have done during 2014- 2015.



We are represented on the Board by a Healthwatch Board member, who sits on the Performance and Monitoring sub-group. This fits well with the overall role of Healthwatch. We have been involved with the Board, not only through meetings but also through strategic workshops and planning days.

This year we have worked with the SAB to garner public opinion regarding the borough's arrangements for adult safeguarding. The results of our findings are mentioned earlier in the report and the final report can be found on the Healthwatch website. Public understanding of the arrangements is crucial to the protecting vulnerable adults, as we rely on everyone to play their part: safeguarding is everyone's business.

Throughout the year Healthwatch has conducted surveys with staff in health and social care settings, to better understand how the Duty of Candour is being interpreted by employees in these settings. All our reports are shared with the Safeguarding Adults Board and we are pleased that we have found a way of working together with the SAB to ensure our findings are acted on.

Healthwatch is pleased to have be part of the Safeguarding Adults Board and to have contributed to this annual report.

Marie Kearns
Service Manager
Healthwatch Barking and Dagenham

Barking and Dagenham Carers

Barking and Dagenham's Safeguarding Adults Board has a broad representation which not only includes statutory sector agencies but also the local voluntary sector. As an Executive Director of a well established Carers Centre in the borough of Barking and Dagenham I write with a specific interest in family carers.

The Board meeting has enabled members to share information on good practice, issues and concerns including sharing statistical data to identify trends and issues to address. The Board strives to support organisations to develop services that work towards prevention and empowering communities to identify and protect adults at risk.

The Board's strategy and work plan has engaged all members of the Board through strategic workshops and development days; this enables us to work towards the same aim and for me to highlight the role of family carers.

The Carer Rights day in December included information stands in partnership with the local authority and voluntary sector agencies. National Carers week held in June every year offers a range of activities across the borough including carer awareness stands set up on various days to identify hidden carers, there are also trips and a therapy day to help carers unwind and relax.

Agencies are asked to review their own safeguarding procedures ensuring staff receive training and understand the protocol for raising an alert

Information on Deprivation of Liberty safeguards has enabled us to reflect as an organisation and we have delivered training to key staff working at our Dementia Day Care Centre and restraint training for our Young Carers project.

As a member of the Board I am able to contribute to discussions and decision making and identify the importance and impact that safeguarding has on so many family carers. This helps us to deliver improved preventative services and ensure information is cascaded throughout our organisation, through training and our twice yearly newsletter and a range of other services we aim to increase the resilience of family carers and their cared for.

Lorraine Goldberg
Executive Director
Carers of Barking and Dagenham



The SAB has agreed a number of strategic objectives for the coming 18 months. These objectives are:

Safeguarding Principle	Strategic Objectives
Empowerment	Listen to people who may be at risk of abuse or who have been subject to abuse or neglect and seek assurance that those individuals are supported in the way that they want, are involved in decisions and can achieve the best outcomes.
Prevention	To learn lessons and make changes that prevent similar abuse or neglect happening to other people. To be assured that safeguarding is embedded in communities, raising awareness, promoting well-being and preventing abuse and neglect from happening in the first place.
Proportionality	Ensure that all commissioners and service providers have safeguarding processes and practices in place that are proportionate to the circumstances and situation of each individual.
Protection	Ensure that the SAB is meeting the recommendations from Winterbourne View. To seek assurance that effective policies, procedures and practices are in place that ensure the safety and wellbeing of anyone who has been subject to abuse or neglect and that action is taken against those responsible. Ensure that health partners are compliant with the CQC Fundamental Standard.
Partnership	To work in partnership with the Local Children’s Safeguarding Board, the Health and Wellbeing Board and the Community Safety Partnership Board.
Accountability	Provide and seek assurance of effective leadership, partnership working and governance on adult safeguarding matters, holding partners and agencies to account.
Care Act Compliance	Ensure that the Safeguarding Adults Board is independent of the statutory partners. Ensure that the requirements of the Care Act are embedded in the safeguarding policies and practices of all SAB member organisations and other safeguarding partners. Ensure that the work of the SAB is adequately resourced so that it is able to fulfil its statutory functions.

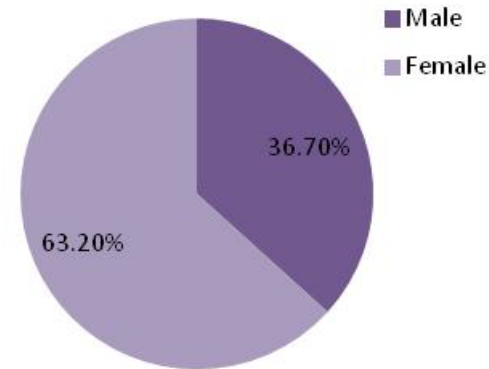
Appendix B - Data on the 283 adult safeguarding referrals made during 2014/15

As would be expected, given that the population of vulnerable people receiving social care support is largely older people, the number of referrals increases with the age of the individual. Of the 283 referrals made, over 80% relate to people over the age of 55, three quarters of which are over the age 75.

People affected: Gender

Gender	Number of referrals	%
Male	104	36.7 %
Female	179	63.2 %

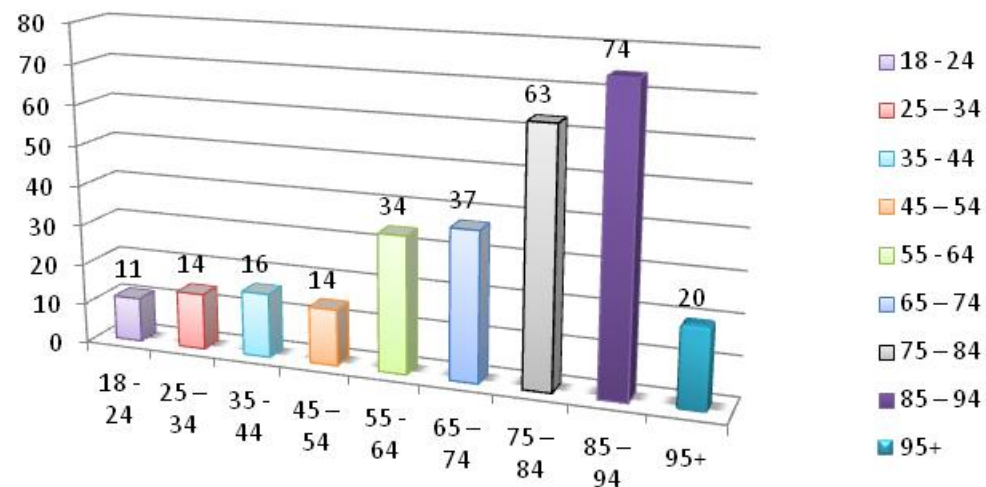
Number of Referrals by Gender



People referred: Age Group

Age Group	Number of referrals	%
18 - 24	11	4%
25 - 34	14	5%
35 - 44	16	6%
45 - 54	14	5%
55 - 64	34	12%
65 - 74	37	13%
75 - 84	63	22%
85 - 94	74	26%
95+	20	7%

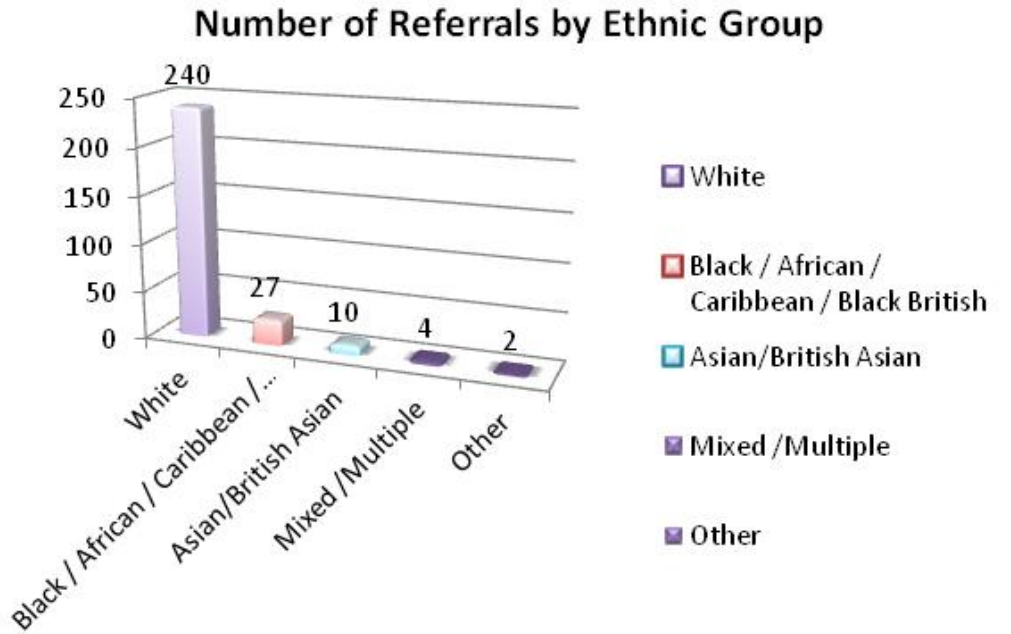
Number of Referrals by Age



Whilst 64%² of the adult population of Barking and Dagenham classify themselves as “white”, this increases to 86% of the residents who are over the age of 55 years. This provides an explanation for what appears to be a significant over representation of the white community in the referrals (85% of the 283).

People referred: Ethnicity

Ethnic Group	Number of referrals	%
White	240	85%
Black / African / Caribbean / Black British	27	9.5%
Asian/British Asian	10	3.5%
Mixed /Multiple	4	1.5%
Other	2	0.5%



Barking and Dagenham – Ethnic Group by age (National Census 2011)

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Age Group	White &	Mixed %	Asian %	Black %	Other %
18 - 24	7.75%	0.68%	2.54%	2.37%	0.15%
25 - 34	11.33%	0.71%	5.84%	4.50%	0.45%
35 - 44	11.12%	0.52%	3.80%	5.45%	0.44%
45 - 54	11.16%	0.29%	1.71%	3.41%	0.23%
55 - 64	8.94%	0.10%	0.97%	0.88%	0.09%
65 - 74	5.98%	0.06%	0.51%	0.41%	0.04%
75 - 84	4.89%	0.03%	0.21%	0.14%	0.01%
85 and over	2.25%	0.01%	0.04%	0.02%	0.00%

²2011 Census data

Across Barking and Dagenham the number of referrals that involve abuse or neglect by someone who is not known to the vulnerable adult is relatively low, accounting for 33 cases (11.6%). However, 64 (22.6%) cases related to individuals or agencies that are commissioned/ contracted to provide social care support.

Most referrals relate to incidents where the person is known in some way to the vulnerable adult, for example a friend, family member, carer, GP, or health worker: These cases make up 65.7% of all the referrals. The provisional comparator borough data has a lower number (48%) of referrals involving people who are known to the adult but a higher number (34%) of referrals involving a contracted/commissioned social care support service.

People referred: Type of Abuse by Perpetrator

Type of risk	Social Care Support (commissioned/ contracted to provide social care)	Known to Individual (e.g. friend, family member, carer, GP, health worker)	Unknown to Individual (eg health/ social care professional, theft or abuse by unknown person)	Total
Physical	13	49	6	68
Sexual	0	5	3	8
Psychological and Emotional	3	29	2	34
Financial and Material	5	56	18	79
Neglect and Omission	38	47	8	93
Discriminatory	0	2	1	3
Institutional	10	11	0	21
TOTAL	69	199	38	306*

* Each case may involve more than one type of abuse

People referred: Location of abuse/neglect

Location of risk	Source of risk			Total	%
	Social Care Support (commissioned/ contracted to provide social care)	Known to Individual (i.e. friend, family member, carer, GP, health worker)	Unknown to Individual (i.e. health or social care professional, theft or abuse by unknown person)		
Care Home	29	33	1	63	22.5%
Hospital	4	2	1	7	2.5%
Own Home	30	143	27	200	70.5%
Community Service	1	1	1	3	1%
Oher	0	7	3	10	3.5%
TOTAL	64	186	33	283	

The data shows that vast majority safeguarding referrals are raised about people who are living in their own home (83%). After investigation most referrals (71.5%) are either fully or partially substantiated. Action is taken in nearly 80% of referrals to remove or reduce the risk of harm. It is unclear why no action in the remaining cases.

Safeguarding Outcomes

Conclusion	Social Care Support (commissioned/ contracted to provide social care)	Known to Individual (i.e. friend, family member, carer, GP, health worker)	Unknown to Individual (i.e. health or social care professional, theft or abuse by unknown person)	Total	%
Substantiated	40	101	14	155	55%
Partially Substantiated	8	36	3	47	16.5%
Inconclusive	5	18	5	28	10%
Not Substantiated	11	27	9	47	16.5%
Investigation Ceased	0	4	2	6	2%
TOTAL	64	186	33	283	

People referred: Action Taken

Action and Result	Social Care Support (commissioned/ contracted to provide social care)	Known to Individual (i.e. friend, family member, carer, GP, health worker)	Unknown to Individual (i.e. health or social care professional, theft or abuse by unknown person)	Total	%
No Action Taken	14	32	12	58	20.5 %
Action taken and risk remains	9	65	0	79	28%
Action taken and risk reduced	26	69	13	108	38%
Action taken and risk removed	15	20	3	38	13.5 %
TOTAL	64	186	33	283	

HEALTH AND WELLBEING BOARD

8 DECEMBER 2015

Title:	Systems Resilience Group Update		
Report of the Systems Resilience Group			
Open Report	For Information		
Wards Affected: ALL	Key Decision: NO		
Report Author: Andrew Hagger, Health and Social Care Integration Manager, LBBD	Contact Details: Tel: 020 8227 5071 E-mail: Andrew.Hagger@lbbd.gov.uk		
Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group			
Summary: This purpose of this report is to update the Health and Wellbeing Board on the work of the Systems Resilience Group. This report provides an update on the Systems Resilience Group meetings held on 22 October 2015 and 16 November 2015.			
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 A: 22 October 2015

Appendix B: 16 November 2015

APPENDIX A

System Resilience Group (SRG) Briefing	Meeting dated – 22 October 2015
	Venue – Havering Town Hall
Summary of paper	This paper provides a summary of the key issues discussed at the System Resilience Group meeting. The meeting was chaired by John Brouder (Chief Executive, NELFT) and attended by members as per the Terms of Reference.

Agenda	Areas/issues discussed
Matters arising	Members received an update on a number of improvement initiatives including workforce and feedback from the recent flow and discharge sessions.
Planned Care	Members were updated on the RTT and Cancer improvement plans. More detailed update to come to the next meeting.
Performance reporting	Key areas from the dashboard were highlighted.
Trust Improvement Plan	Members received an update on the latest developments of the trust improvement plan.
Plan for 2015/16	Members received an update on progress of key areas of the 2015/16 plan.
Strategic Development	Members noted the latest position of the Urgent and Emergency Care Vanguard programme and the NEL Urgent and Emergency Care Network.
AOB	Members noted the Unit visits taking place to discuss the successful work that has taken place in the system which has led to improvements.
Next meeting:	Monday 16 th November 2015 2pm – 4pm Board room A, Becketts House, Ilford.

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APPENDIX B

System Resilience Group (SRG) Briefing	Meeting dated – 16 November 2015
	Venue – Board room A, Becketts House
Summary of paper	This paper provides a summary of the key issues discussed at the System Resilience Group meeting. The meeting was chaired by Conor Burke (Chief Officer, BHR CCGs) and attended by members as per the Terms of Reference.

Agenda	Areas/issues discussed
Matters arising	Members received an update on a number of improvement initiatives including progress since the discharge to assess workshop.
Planned Care	Members were updated on the RTT and Cancer improvement plans. Further update to come to the next meeting.
Performance reporting	Key areas from the dashboard were highlighted.
Trust Improvement Plan	Members received an update on the latest developments of the trust improvement plan.
Plan for 2015/16	Members received an update on progress of key areas of the 2015/16 plan.
Strategic Development	Members noted the latest position of the Urgent and Emergency Care Vanguard programme and the NEL Urgent and Emergency Care Network.
Next meeting:	8th December 2015 3pm – 5pm Bellows room, Imperial Offices 2-4 Eastern Road, Romford Essex RM1 3P

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HEALTH AND WELLBEING BOARD

8 DECEMBER 2015

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: Andrew Hagger, Health and Social Care Integration Manager, LBBD	Contact Details: Telephone: 020 8227 5071 E-mail: Andrew.Hagger@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. Please note that there is no report for the Public Health Programmes Board and Integrated Care sub-groups as they have not held a meeting since the last Health and Wellbeing 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 and comment on the items that have been escalated to the Board by the sub-groups. 		

List of Appendices

- Appendix 1: Mental Health Sub Group
- Appendix 2: Learning Disability Partnership Board
- Appendix 3: Children & Maternity Group

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Mental Health sub-group

Chair: Melody Williams Integrated Care Director (Barking and Dagenham), NELFT

<p>Items to be escalated to the Health & Wellbeing Board</p>
<p>Performance</p> <ul style="list-style-type: none"> • Mental Health Sub group have facilitated 3 workshops to explore the different areas of: My Life, My Home, My Care during August/September/October– these were attended by a range of partners and service users/carers. • Findings, ideas and outcomes from each of the 3 workshops will be presented to the HWBB Mental Health Sub group on the 30th November and further plans for the local Mental Health Strategy will be developed in light of the feedback.
<p>Meeting Attendance</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <p>CAMHS needs Assessment is continuing as commissioned by the LBBD Public Health team and findings will be fed back to the Maternity and Children sub group and Mental Health sub group to take forward in terms of future planning.</p> <p>CAMHS transformation bid has been submitted by commissioners in the CCG and we are awaiting the outcome of the bid process.</p>
<p>Action and Priorities for the coming period</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>Attendance:</p> <p>27th October – 72% (13 out of 18) members attended.</p>
<p>Performance issues.</p> <p>There are no issues at this time.</p>
<p>Action(s) since last report to the Board</p> <p>(a) The Learning Disability Partnership Board was presented with an update on the strategic delivery plan. The delivery plan includes all the implementation tasks of the Learning Disability Self Assessment Framework, The Adults Autism Strategy, The Carers Strategy, The Challenging behaviour Plan and the Transforming Care Winterbourne View Concordat. Due to the detail and scope of the plan it was agreed this would be re-presented to the Learning Disability Partnership Board on 15th December 2015 for final sign off. Early indicators of areas that were rag rated as Amber were highlighted in the Adults Autism Strategy: These were:</p> <ul style="list-style-type: none"> • The Independent Housing Strategy • Autism Diagnostic Pathway • Autism specific reporting and data analysis about complaints related to Autism service users or Autism services. <p>All Amber rated actions will be prioritised in the strategic delivery plan.</p> <p>(b) The revised Joint Strategic Need Assessment (JSNA) was re-presented to the partnership board focusing on the elements of the JSNA that will benefit people with a Learning Disability. The key themes were:</p> <ul style="list-style-type: none"> • An increase in the number of people with a learning disability in the borough. This is contributed by the early diagnosis of Autism, the demographic of the population and people living longer. • Improving oral health for people with learning disabilities implemented through the Oral health Strategy.

(c) Feedback from the Sub groups were:

- Provider forum were presented with information on the revised Council approach to supporting people with challenging behaviour. Information was shared on the consultation of Deprivation of Liberty Safeguards (DoLs).
- The Quality Assurance programme that the authority will be implemented over the coming months.
- The Carers Forum: attendance remains low; this may be due to a series of specific carer related meetings around the day, resource re-modelling facilitated by the Director of Adult social Services. Carers Forums' attendance will be reviewed in the new year after the closure of the re-modelling programme.
- The Service User forum: concerns were raised around securing flexible appointments with GPs. It was agreed a concerted effort will be made from members of the Commissioning Team, Public Health and Community Learning Disability team to support GPs in responding to the needs of people with a learning disability.

(d) The Council is planning to carry out a consultation to service users and carers on changes to the charging policy. A presentation is due to be scheduled to the Learning Disability Partnership board on 15th December 2015.

Action and Priorities for the coming period

- (a) Update and approval of the implementation of the Learning Disability Strategic Delivery plan.
- (b) Learning Disability stakeholder representation participating on the Tender exercises for award of contracts for a Carer Support Hub and Advocacy Services.

Contact: Karel Stevens-lee, Integrated Commissioning Manager – Learning Disabilities

Tel: 020 8227 2476 **Email:** karel.stevens-lee-lee@lbbd.gov.uk

Children & Maternity Group

Chair: Sharon Morrow, Chief Operating Officer

<p>Items to be escalated to the Health & Wellbeing Board</p> <p>None</p>
<p>Performance</p> <p>Performance indicators reviewed as part of the meeting – highlighting childhood immunisations, infant mortality, childhood obesity and teenage pregnancy as under-performing areas.</p>
<p>Meeting Attendance</p> <p>10th November meeting: 88% (14 out of 16).</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <p>1.1 The Sub-Group members meeting on 10 November included a focused session on maternity to ensure that this element of the Sub-Group’s delivery plan was clear and appropriately aimed at taking forward the HWB priorities.</p> <p>The Group discussed the improvement plan for Barking Community Birthing Centre and how partners might support the work of increasing awareness with women and professionals working with women and families. There was a useful discussion about adopting a maternity direct model which could be used to address a range of maternity promotion issues such as 10 week booking. BHRUT provided a helpful update on their work to take forward 10 week booking in terms of capacity management, streamlining the process and providing more information to pregnant women.</p> <p>1.2 The Sub-Group considered the GP profiles and noted that childhood immunisation remains a priority. It was agreed that the most effective way of influencing primary care improvement agenda would be through the Primary Care Strategy and the planned HWB session. The Sub-Group received a further update on NHSE led immunisation plan and discussed the impact on safeguarding that the low rates implied. This factor will inform the immunisation plan and safeguarding sessions with GPs in January. Plans for improving the immunisation of Looked After Children was discussed in detail with a range of actions being taken forward across NELFT and the CCG.</p> <p>1.3 Both the Children and Young People’s Mental Health Transformation Plan (CYPMHTP) and the needs assessment were discussed in particular the implications for developing a joint strategy which responded to delivering transformation in an environment of reducing resources in Children’s Services and some badged investment in health. The key role of education was highlighted and</p>

the development of a schools based programme. Feedback on the local plan and next steps expected imminently.

- 1.4 The Group considered the draft proposal for evaluating the impact of the Integrated Children's Pilot. Further work is needed to understand how the evaluation might be used to impact future models of care, who should lead this work and through which governance route this should flow given its alignment with the overall early years model.
- 1.5 The CMG indicator set was reviewed. Many of the underperforming areas have already reported to the CMG and plans are in place or in development to address. Infant mortality was highlighted as an issue and a paper is due to come to the January meeting of the group. The CAMHs indicator will need to be reviewed in the context of the CYPMHTP work.
- 1.6 The CYPMHTP and immunisation issues identified at the last Children's Trust were discussed in the context of the agenda items above.

Action and Priorities for the coming period

The following plans will be reviewed in January 2016 by the Group:

- Infant Mortality plan
- Breastfeeding strategy
- Obesity Strategy.

Contact: Dawn Endean, Locality Admin Support

Tel: 020 3644 2378 **Email:** bdccg@barkingdagenhamccg.nhs.uk

HEALTH AND WELLBEING BOARD

8 December 2015

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: Andrew Hagger, Health and Social Care Integration Manager	Contact Details: Tel: 020 8227 5071 Email: Andrew.Hagger@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 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 the success of the White Ribbon Day events, the Spending Review and updates from Care City and the Urgent and Emergency care Vanguard programme. 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*

White Ribbon Day

Barking and Dagenham Council continued to support the White Ribbon Day campaign, which marks the UN International Day for the Elimination of Violence Against women, by holding a series of 'Silent Impact' events across the borough to raise awareness and money for local domestic and sexual violence victims supported. Domestic violence is a significant issue in Barking and Dagenham with high levels of reporting and the vast majority are women but not all. Domestic violence can affect anyone from any background.



Chris Naylor, LBBDD Chief Executive, reading the 'Raised Voices' poem

On 23 November, Council Leader, Councillor Darren Rodwell and senior council officers read a poem called 'Raised Voices' from the Town Hall steps, every hour following a request by Raising Voices and the Arc Theatre. The poem is about the day to day issues of abuse that some females face.

On White Ribbon Day on 25th November the council hosted a Domestic and Sexual Violence Conference funded by the Safer Neighbourhood Board at Eastbury Manor House. The event included the launch of the new council commissioned Independent Domestic and Sexual Violence Advocacy Service (IDVSA) provided by Victim Support as well as the new Barking and Dagenham Domestic Abuse online directory. The directory provides information and contact details for organisations offering advice and support to those affected by Domestic and/or sexual violence.

White Ribbon Day is all about raising awareness, and endorsing the message to not commit, condone or remain silent about any sort of violence and abuse be it domestic or sexual against women, girls and even men and boys. The Council is committed to ensuring fair access to support for all victims and the IDVSA service has been designed to include provision for those victims who may be less visible including those from Black and Minority Ethnic communities (BME), LGBT, male and young victims.

In addition to these events, on 4 December Councillor Rodwell and Councillor Laila Butt will be handcuffed together whilst visiting different locations within the borough whilst carrying a bucket to raise money. On 15 December, the Councillor Rodwell will be doing a sponsored silence. He will be sitting in the reception of Barking Town Hall dressed in white whilst remaining silent.

White Ribbon Day continued...



More information and full details of all the 'Silent Impact' the events can be found here:

www.lbbd.gov.uk/residents/community-safety-and-crime/dv/white-ribbon-day

Anyone wishing to raise money for Victim support can donate through the Barking and Dagenham 'Silent Impact in LBBD' justgiving page:

www.justgiving.com/site/ntimpactLBBD

Spending Review and Autumn Statement 2015

The Government's Spending Review and Autumn Statement was announced on 25 November and contained a number of implications for partner organisations on the Health and Wellbeing Board:

- Overall police spending is protected with an increase of £900 million in cash terms by 2019-20.
- The government will increase NHS spending in England from £101 billion in 2015-16 to £120 billion by 2020-21, with £6bn available in the first year of the Spending Review period. This includes investing an additional £600 million in mental health services. Alongside this, the government expects the NHS to deliver £22 billion of the efficiency savings set out in the Five Year Forward View.
- By 2020, health and social care will be integrated across England, joining up services between social care providers and hospitals so that health and care will feel like a single service for patients.
- From 2017 social care funds for local government, rising to £1.5 billion by 2019-20, will be included in an improved Better Care Fund.
- Councils will be given the ability to add a 2% social care precept on council tax to spend exclusively on adult social care.
- The DCLG will consult on changes to the local government finance system to pave the way for 100% business rate retention by the end of the Parliament

Further details on the Spending Review and the impacts it will have locally are available in the Accountable Care Organisation and Spending Review report that has been published with this agenda and will be discussed at the meeting on 8th December.

News from NHS England

New quick guides to help services through winter

NHS England has published a series of quick guides around urgent care that show how many local health communities have improved the working relationships between independent care services and the NHS, from both the view of admissions and discharges from hospitals and care homes, but also making local health services relevant and appropriate for people living in these care settings.

The guides emphasise that communication is important so that underpinning principles are understood. This can allow people to move between care settings for treatment and care without delay, or can allow them stay in their homes in their local communities receiving the care they need.

Making sure the people who live in these community settings are well supported by local health services and that staff working there are encouraged and supported to develop their training and skills will hopefully mean people will not be admitted from them to hospital unnecessarily. It will also help ensure people are moved out of hospital more quickly, whether to return to their care home or to stay for a short period before moving back home. All six guides are available on the [NHS Choices website](#).

Winter messages highlighted at the Self Care Conference

Tim Kelsey, NHS England's National Director for Patients and Information highlighted the need for people to help the NHS this winter by taking care of themselves and others when he addressed the Annual Self Care Conference at the start of November. The speech highlighted that it's vital that people are supported to care for their own and their family's health and understand when to access NHS services and when to self-care. The NHS winter campaign, 'Stay Well This Winter', is aimed at equipping people with this knowledge by encouraging people to visit the pharmacist for advice about winter ailments and promoting the flu vaccination.

Among the key messages in the winter campaign being run by NHS England jointly with Public Health England are:

- Look out for family, friends and neighbours – particularly the frail and elderly;
- Make sure get your flu jab;
- Keep yourself warm;
- Use your pharmacist;
- Stock up with cold and flu remedies;
- Don't run out of prescription medicines;
- Ensure you take your regular medication for existing conditions;
- If you feel unwell, get advice or treatment immediately from your GP.

Self Care Forum research shows young people using A&E to access healthcare

New research commissioned by the Self Care Forum suggests young people need more information and support on how to use the NHS appropriately. The research by PAGB found that younger people are using A&E more to access health advice than older age groups. While 18-24 year olds are more likely than other age groups to use Google and NHS Choices to search for health information, at 42% they are the most regular users of A&E compared with 20% of people aged 55 and over.

Update from Care City

Care City, the joint venture between NELFT and the London Borough of Barking and Dagenham that is aiming to improve the delivery of health and social care through innovation, integration and investment, has now moved into its brand new premises at Maritime House, Linton Road in Barking. There are a number of meeting rooms and training facilities available for partners to book, if you would like to use any of them please contact Lindsey.worpole2@nelft.nhs.uk The official launch of Care City will take place on 18th January. In recent days it has been agreed that the programme team working on the Accountable Care Organisation business case will be based in Care City from December.



Care City is through to the final stage of the government's Healthcare Innovation Test Bed programme, which it was announced at the recent Spending Review would be expanded by an extra £10m. Care City is hoping to secure £1.7m in funding to carry out research on 11 innovations focussed around older people with long term conditions, older people with dementia and carers. From over 31 original sites Care City is the only London-based bid through to the final stage and has attracted support from UCL Partners, Imperial College Healthcare and Health Innovation Network South London.

Care City is also preparing a bid with Community Catalysts to set up a hub and spoke model that will help local community enterprises providing health and social care services to grow and become more sustainable. Community Catalysts are a social enterprise who specialise in working with community enterprises and the bid is hoping to secure around £2m from the Big Lottery Fund.

Urgent and Emergency Care Vanguard

The Urgent and Emergency Care Vanguard bid has now been submitted to NHS England and we are now waiting to see how much funding is made available to develop the changes proposed.

A 'rapid design week' was held in October to develop a logic model, which led to the development of the value propositions which makes up the bid for funding. Once funding is secured further work to develop the new Urgent and Emergency Care model will take place and this will involve partner organisations as well as patients.

Health and Wellbeing Board Meeting Dates

Tuesday 26 January 2016, Tuesday 8 March 2016, Tuesday 26 April 2016, Tuesday 14 June 2016.

All meetings start at 6pm and are held in the conference room of the Barking Learning Centre.

HEALTH AND WELLBEING BOARD

8 December 2015

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: The Forward Plan lists all known business items for meetings scheduled for the coming year. The Forward Plan is an important document for not only planning the business of the Board, but also ensuring that information on future key decisions is published at least 28 days before the meeting. This enables local people and partners to know what discussions and decisions will be taken at future Health and Wellbeing Board meetings. Attached at Appendix A is the next draft edition of the Forward Plan for the Health and Wellbeing Board at the time of the agenda's publication.	
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 23 December 2015. Any changes or additions to the next issue should be provided before 4.00 p.m. on 21 December.	

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices

Appendix A – Draft Forward Plan

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HEALTH and WELLBEING BOARD FORWARD PLAN

DRAFT January 2016 Edition

Publication Date: DUE ON 23 DECEMBER 2015

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://modern.gov.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 2015 edition	10 November 2015
January 2016 edition	29 December 2015
March 2016 edition	9 February 2016
April 2016 edition	29 March 2016
June 2016 edition	17 May 2016

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
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Health and Wellbeing Board: 26.1.16	Barking and Dagenham Sport and Physical Activity Strategy : Community The Board will be asked to approve a new Sport and Physical Activity Strategy aimed at increasing Borough residents' participation in physical activity to improve the health of local residents. The Strategy will also set out plans to help the Council, its partners and local sports clubs to raise funds to support improvements in service delivery as well as enable a joined up approach that will encourage participation levels. <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	Paul Hogan, Divisional Director of Culture and Sport (Tel: 020 8227 3576) (paul.hogan@lbbd.gov.uk)
Health and Wellbeing Board: 26.1.16	Market Position Statement Update 2015 An addendum to the Market Position Statement (MPS) is being produced to reflect the Care Act 2014 and market updates. This Board will be asked to sign-off of the addendum and agree to the production of a new MPS for the Autumn of 2016 to reflect Ambition 2020 and the Growth Commission. <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: 26.1.16	<p>Learning Disability Partnership Board Strategic Delivery Plan Update</p> <p>This Board will be provided with a progress update of the Learning Disability Partnership Board Strategic Delivery Plan. This will include information and highlights on performance for the strategic frameworks that drive improvements for learning disability services under the:</p> <ul style="list-style-type: none"> • Learning Disability Self Assessment Framework Improvement Plan • Adults Autism Strategy • Challenging Behaviour Strategy • Carers Strategy <p>• Wards Directly Affected: All Wards</p>	Open	<p>Karel Stevens-lee, Integrated Commissioning Manager (Learning Disabilities), Joint Service (Tel: 0208 227 2476) (karel.stevens-lee@lbbd.gov.uk)</p>
Health and Wellbeing Board: 26.1.16	<p>Contract: Public Health - Healthy Child Programme (5-19 yrs old) : Community,,: Financial</p> <p>The current Public Health- Healthy Child Programme (5-19 yrs old) contract will expire on 31 March 2016.</p> <p>The report will seek approval to waive the requirement to tender the contracts for this service and to give delegated authority to the Strategic Director Service Development and Integration in consultation with the Director of Public Health, Chief Finance Officer and Head of Legal and Democratic Services for the direct award of the contracts to North East London Foundation Trust (NELFT) for a period of 18months from 1 April 2016 to 30 September 2017, with the option for the Council to extend the contract for a further one year.</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>

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, Strategic Director for Service Development and Integration and Deputy Chief Executive
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)
Dr Nadeem Moghal, Medical Director (Barking Havering and Redbridge University Hospitals NHS Trust)
Chief Superintendent Sultan Taylor, Borough Commander (Metropolitan Police)
John Atherton, Head of Assurance (NHS England) (non-voting Board Member)

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