Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 31 January 2017 - 6:00 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication: 23 January 2017

Chris Naylor
Chief Executive

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Membership

Cllr Maureen Worby (Chair)	(LBBD) Cabinet Member for Social Care and Health Integration
Dr Waseem Mohi (Deputy Chair)	(Barking & Dagenham Clinical Commissioning Group)
Cllr Sade Bright	(LBBD) Cabinet Member for Equalities and Cohesion
Cllr Laila Butt	(LBBD) Cabinet Member for Enforcement and Community Safety
Cllr Evelyn Carpenter	(LBBD) Cabinet Member for Educational Attainment and School Improvement
Cllr Bill Turner	(LBBD) Cabinet Member for Corporate Performance and Delivery
Anne Bristow	(LBBD) Strategic Director for Service Development and Integration and Deputy Chief Executive
Matthew Cole	(LBBD) Director of Public Health
Frances Carroll	(Healthwatch Barking & Dagenham)
Dr Jagan John	(Barking & Dagenham Clinical Commissioning Group)
Conor Burke	(Barking & Dagenham Clinical Commissioning Group)
Bob Champion	(North East London NHS Foundation Trust)
Dr Nadeem Moghal	(Barking Havering & Redbridge University NHS Hospitals Trust)
Sean Wilson	(Metropolitan Police, Interim Borough Commander)
Ceri Jacob (Non-voting member)	(NHS England London Region)

AGENDA

Vision & Priorities (Oct '16)

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 22 November 2016 (Pages 3 - 11)**

BUSINESS ITEMS

4. **Barking and Dagenham CCG Operating Plans 2017-2019 (Pages 13 - 19)**

5. **Overview of Council Transformation Proposal for Children's and Adults' Social Care and Community Solutions (Pages 21 - 22)**

6. **Developing an Oral Health Strategy in Barking and Dagenham (Pages 23 - 65)**

7. **Contract: Children's Emergency Duty Team - Four Borough Shared Service Arrangement (Pages 67 - 77)**

8. **Contract: Re-Commissioning Healthwatch Arrangement (Pages 79 - 88)**

9. **Update on the work of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge (Pages 89 - 95)**

10. **Update on North East London Sustainability and Transformation Plan (NEL STP) for Barking and Dagenham Health and Wellbeing Board (Pages 97 - 122)**

STANDING ITEMS

11. **A&E Delivery Board (formerly Systems Resilience Group) - Update (Pages 123 - 127)**

12. **Sub-Group Reports (Pages 129 - 133)**

13. **Chair's Report (Pages 135 - 139)**

14. **Forward Plan (Pages 141 - 149)**

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

16. 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.***

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

(i)

(ii)

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London Borough of Barking & Dagenham
lbbd.gov.uk

Our Vision for Barking and Dagenham

One borough; one community; London's growth opportunity

Our Priorities

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

Well run organisation

- A digital Council, with appropriate services delivered online
- Promote equalities in the workforce and community
- Implement a smarter working programme, making best use of accommodation and IT
- Allow Members and staff to work flexibly to support the community
- Continue to manage finances efficiently, looking for ways to make savings and generate income
- Be innovative in service delivery

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MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 22 November 2016
(6:00 - 8:04 pm)

Present: Cllr Maureen Worby (Chair), Cllr Sade Bright, Anne Bristow, Conor Burke, Cllr Laila M. Butt, Cllr Evelyn Carpenter, Bob Champion, Matthew Cole, Dr Magda Smith, Sean Wilson and Marie Kearns

Also Present: Sarah Baker, Cllr Peter Chand and Cllr Eileen Keller

Apologies: Dr Waseem Mohi, Frances Carroll, Dr Jagan John, Dr Nadeem Moghal and Cllr Bill Turner,

47. Declaration of Members' Interests

There were no declarations of interest.

48. Minutes - To confirm as correct the minutes of the meeting held on 27 September 2016

The minutes of the meeting held on 27 September 2016 were confirmed as correct.

49. Mental Health Strategy

Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG, presented the report and advised the Board on how the Mental Health Strategy 2016-18 had been developed including, stakeholder involvement, workshops, and an extensive consultation process, which had ended in November 2016, details of which were set out in the report. The apparent consensus from the various engagements was that the Strategy concentrates on the right areas and that prevention was a welcome focus. The four key priorities that had emerged had been:

- Preventing ill health and promoting wellbeing
- Housing and living well
- Working well and accessing meaningful activities
- Developing a new model of social support

The consultation process had highlighted that the Strategy did not explicitly address issues and risk factors affecting specific age groups, such as older people. Therefore, during the developing process, the decision was taken to ensure the priorities and overarching principles were applicable to all adults.

As this was an evolving Strategy it would need to be reviewed and adapted to meet changes to the local health and social care economy landscape and the aims of the Council's transformation programme and NHS Five Year Forward View via the Sustainability Transformation Plan.

The Board's attention was drawn to the Next Steps, set out in section 7 of the report, and the fact that the programme would further the findings of the Joint

Strategic Needs Assessment (JSNA) in addressing the mental health needs in LBBD and support the Health and Wellbeing Strategy.

Cllr Carpenter, Cabinet Member for Educational Attainment and School Improvement, drew attention to over 100 students at Barking College who had declared that they had a mental health issue and who were being supported within the college and how that needed to be referenced within the Strategy.

Louise Hider, Principal Commissioning Manager, LBBD, explained how funding and remodelling of the employment services contracts were being looked at, together with supported accommodation provision. Discussions were being held with developers, including Barking Riverside, and also with private landlords, which had resulted in a new six-bedroom supported accommodation provision.

Sarah Baker, Independent Chair of both the LBBD Safeguarding Adults Board (SAB) and LBBD Safeguarding Children Board (LSCB), suggested that better links with the Safeguarding Boards could enable some good learning to be shared with partners.

Sarah Baker also commented on the Strategy not talking about social isolation and suggested this should be part of early intervention.

The Chair advised that the Council had put in a bid to the National Lottery for Participation City, which if successful would provide around £8m to allow shop fronts to be used to set up hubs that would provide self-support and in turn would reduce individual's isolation.

The Board:

(i) Noted the contents of the report, the Mental Health Strategy 2016 – 2018, and agreed the next actions, which were to:

(a) Deliver upon the Action Plan, which would be monitored and supported through the Mental Health Sub-Group;

(b) Establish and enhance links with other strategies to support the principle of parity of esteem for mental health;

(c) Continue to develop the Mental Health Strategy 2016 - 2018 to align with and support the implementation of the Growth Commission and Ambition 2020 along with the NHS Five Year Forward View for Mental Health; and

(d) Complete the suicide audit and the development of a local suicide prevention plan, which was in line with Public Health England's ongoing programme of work to support the government's suicide prevention strategy, and to ensure the local suicide prevention plan was linked with the Mental Health Strategy 2016 – 2018; and

(e) Work on the links with the local Safeguarding Boards, in order to benefit from their learning on appropriate issues.

50. Children and Young People Mental Health Transformation Strategy - Plans Refresh 2016

Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG, presented the report and explained that NHS England had requested that the Plan, published in December 2015, was refreshed and resubmitted by 31 October 2016. Therefore, the report was to provide the Board with an overview of the refreshed Plans submitted by the CCG for LBBD.

Sharon advised that the refreshed Plan did not change the strategic direction or vision set out in the 2015 issue. However, since the LTP was published in 2015 the local CCG had been able to develop a deeper understanding of the population's needs and local priorities, which had led to the development of plans to improve emotional health and resilience in children and young people at risk of developing mental health conditions, as well as improving access to those already diagnosed with a mental health condition. Sharon advised that the Transformation Fund of £522,000 was committed to priority work streams and the proposed expenditure plans for those was set out in section 3 of the report.

The Board was advised of the engagement work that had been undertaken with young people, including focus meetings and assessment with the BAD Youth Forum, and that the CAMHS plans refresh was also being used to inform future actions. The work streams had also resulted in closer working with NHS England on CAMHS. It was noted that new national guidance was expected shortly.

Cllr Carpenter drew the Boards attention to agenda page 69 and raised the issues of whether one social worker would be sufficient to cover over 60 schools and if the intended resources would be sufficient for looked after children. Sharon advised that looked after children support was a new post and a review would be undertaken in due course to check capacity. It was noted that further details would be provided to all Board Members. It was also noted that the NELFT resources were a start position and would also be reviewed in due course.

The Board discussed several issues including, the impact of early intervention and the effect that such intervention could have on reducing damage for the most needy young people and children, the use of commissioning to improve targeting and services. The CCG accepted that the services may have felt fragmented, but now felt the new commissioning could result in a positive change.

Sara Baker again drew the Board's attention to the potential to work with the LSCB and joint working on the mental health support needs that emanate from child sexual exploitation and abuse, particularly to take advantage of joint funding opportunities.

The Board:

(i) Noted the progress made on the delivery the Children and Young People's Mental Health Transformation Plan (CYP MH TP) and the new challenges that have arisen;

(ii) Noted the contents of the refreshed plans:

(iii) Noted that additional information would be provided directly to all Board

members in relation to mental health resources support in schools and for looked after children; and

(iv) Noted the potential for links with the Local Children Safeguarding Board in regards to child sexual exploitation and also the potential for joint funding opportunities.

51. Learning Disability Partnership Board Strategic Delivery Plan Update

Louise Hider, Principal Commissioning Manager, LBBD, presented the progress report on the delivery of services to people with learning disabilities.

The Board discussed a number of issues including:

- Employment - One of the key actions, which had been added since January 2016, was the inclusion of a target to get 20 individuals into employment. Louise explained how work was to be undertaken to encourage large employers, such as NELFT and LBBD, to consider remodelling of contracts with providers to help achieve this.

  Cllr Carpenter pointed out that the Adult College had over 100 students that could potentially be progressed, with support, into work. Anne Bristow supported this view and stressed that it was important to assist this cohort to achieve sustainable employment and that there was potential for links to be forged with large local employers, the Adult College and public sector to improve the work offer available to vulnerable people, including those with Learning Disabilities. With BHRUT, NELFT and LBBD being three of the largest employers in the area it was important that partners provide a lead on how the basic work offer can be targeted at vulnerable individuals.

  The Chair stressed that all partners needed to look at ways in which the they could directly increase employment of people with learning disabilities within their organisations. This could include looking at their recruitment and other practices to ensure that they were not discouraging individuals from applying.

- Health - There had been a significant increase from 25% to 75% of individuals that had now undertaken health checks. Discussion was held on the importance of this work now being embedded in service provision and how the CCG would be adding this into their commissioning requirements. Awareness raising and the need to encourage and support individuals to attend screening services was being highlighted with providers and GP practices.

- Offenders and Victims - Louise advised that a dialogue would be set up with the Borough Commander on the interaction of front-line staff with offenders and victims with learning disabilities.

- Housing - Awareness also needed to be increased amongst landlords on the specific needs of individuals with learning disabilities in regards to their obtaining and maintaining tenancies.

  The Chair advised the Board that discussions were also being held with London Quadrant on the supported living offer that could be provided at Barking Riverside.

- Transforming Care Partnership – Noted that the BHR Transforming Care Partnership had been set up during 2016 and significant work that they had already been undertaken.

  Whilst the number of beds would be reduced to 22 by March 2017, the community services would be enhanced. Pathways to mental health services for this cohort, especially out-of-hours provision, was also being looked at.

- STP - The needs of those with learning disabilities were often complex. The STP would offer the three local authorities the opportunity to work together for joint solutions, such as housing provision and admission avoidance.

The Board:

(i) Noted the progress that has been made in implementing the Delivery Plan;

(ii) Noted the progress and actions made in implementing the Transforming Care Programme;

(iii) Noted the ongoing work to maintain or improve services for people with learning disabilities and autism including medical screening, offenders and victims, housing issues, and future commissioning; and.

(iv) Noted the potential for links to be forged with large local employers, the Adult College and public sector to improve the work offer available to vulnerable people, including those with Learning Disabilities.

52. Health and Wellbeing Outcomes Framework Report - Quarter 2 2016/17

Matthew Cole, Director of Public Health, LBBD, presented the Quarter 2 report. The Board reviewed the overarching dashboard, detail provided on specific areas and discussed several performance and quality issues including:

- CQC Inspection – The outcomes of the CQC Inspections and the actions being taken where improvements were identified as needed.

  The Board was advised that Brookside had reopened to both in and out-patients in September 2016. Whilst the CQC report on the actions being taken was expected imminently the verbal feedback from CQC had been positive.

  The Chair commended NELFT for acting so quickly to resolve the issues that had been raised by CQC.

- Primary Care – There was still significant variable performance across the area, and this would be a challenge for the STP. Specific areas for improvement included health checks, diabetes, smoking cessation and vaccinations.

  It was noted that vaccinations work was being undertaken across the three CCGs.

Whilst many GP practices' performance was good overall or good in some delivery areas, a number were still significantly underperforming. CCG advised that whilst the Primary Care has some challenges, there was evidence that they can deliver improvements: that had been evidenced by the increased health check rate for people with learning disabilities.

- Cancer Treatment and Mortality Rates – A concerted effort was required to improve outcomes for residents and to increase the testing rates, especially amongst the harder to reach individuals.

  The Chair raised the issue of the need to prepare for improved results. The Chair voiced concern on the providers' ability to respond if the public are encouraged to come forward and posed a number of questions for the partners to consider. If the demand increased for screening / testing appointments could the Primary Care / BHRUT meet that demand? Would the BHRUT be in a situation to handle the subsequent increase in positive or follow-up referral requests, bearing in mind its current appointment backlog?

  Cllr Chand, Lead Member of Health and Adult Services Select Committee, LBBD, advised of the in-depth review that the Committee was undertaking regards to Cancer Prevention, Awareness and Early Detection and that the Select Committee would report its findings to the Board in due course.

- Right to Treatment (RTT) – Were advised that BHRUT had now recommenced reporting their Right to Treatment performance in November and were continuing their actions to achieve the return to 18 week Right to Treatment Standards.

The Board:

(i) Performance

Reviewed the overarching dashboard and noted the detail provided on specific indicators and raised particular concern on the current underperformance by some GP practices across a number of areas including, health checks, diabetes, smoking, vaccinations and cancer screening and whether the Primary Care sector had the capacity to take on any increase in demand for screening;

(ii) Quality

(a) Noted and discussed the outcomes of CQC Inspections and the actions being taken when improvements are identified as needed;

(b) Commended NELFT's rapid actions, following their recent CQC Inspection, which had resulted in the reopening of both the in and out-patient services at Brookside and noted that whilst the formal report was expected shortly the verbal feedback by CQC had so far been positive;

(c) Noted BHRUT's return to reporting their Right to Treatment performance in November and their continued work to return to 18 week Right to Treatment Standards; and

(iii) Noted that the Health and Adult Services Select Committee's review of Cancer Prevention, Awareness and Early Detection would be reported to the Board in due course.

53. Safeguarding Boards Annual Reports 2015/16

Sarah Barker, Independent Chair of both the LBBD Safeguarding Adults Board (SAB) and LBBD Safeguarding Children Board (LSCB), presented the 2015/16 annual reports of both Boards and gave a comprehensive presentation that explained the background to both Boards, their structures and work including, statutory standing, work plans, achievements, multi-agency interaction and training, communications, engagement and consultation work strategies, serious case reviews and the numbers of referrals. The Board's attention was specifically drawn to children at risk of sexual exploitation, the effect of domestic abuse on all ages, the Wood Review and the progress to date on the 2016/17 Priorities.

Cllr Carpenter drew the Board's attention to the Police Station list on page 236 of the agenda and questioned whether there was any improvement as the Board seemed to be covering the same ground repeatedly. The Board discussed the greater awareness and more comprehensive understanding of safeguarding by the public and professionals which had resulted in an increase in referral rates. Sarah stressed that poverty was known to increases pressures within families and the fall out often effected the most vulnerable, such as children. Therefore, whilst there may not seem to be a reduction in numbers overall performance had improved.

Cllr Bright, Cabinet Member for Equalities and Cohesion, raised the issue of over chastisement and some faith groups, which allow abuse through their cultural practices. Sarah advised that Faith and Culture Sub-Committee had been set up to focus on finding such groups and the premises where unacceptable practices were occurring, Sean Wilson, Borough Commander, apprised the Board of the difficulties the police had encountered and how partners are finding that as soon as the groups are identified, they often move to other premises. Sarah agreed to provide Cllr Bright with contact details for the Sub-Committee.

Healthwatch raised the issue of data sharing and closer working which could be relevant to another service. It was noted that whilst there were opportunities to improve safeguarding, on occasions the data and the work of the SAB and LSCB do have to be separate.

The Chair commented that safeguarding was now mainstream for front-line services and was now accepted as a responsibility for all partners.

The Board:

(i) Received both the Safeguarding Adults Board (SAB) Annual Report 2015/16 and Safeguarding Children Board (LSCB) Annual Report 2015/16, and provided comments on their contents for the LSCB and SAB to consider as they continue to develop their future plans;

(ii) Noted all Partners now view safeguarding as a main stream activity in all their front-line services; and

(iii) Noted the improvement in safeguarding awareness amongst both professionals and the public, the adverse effect of poverty on children, actions of faith groups, the potential for shared learning and continuous review of opportunities to improving safeguarding.

54. Sustainability and Transformation Plan Update

Anne Bristow, Strategic Director for Service Development and Integration, LBBD, presented the report and explained that a further draft of the North East London Sustainability Transformation Plan (NEL STP) had been submitted to NHS England on 21 October, which set out the aims, priorities, approaches, finance and governance of the STP, the details which were set out in Appendix A to the report.

The local Board Partnership was now very mature and partners were now working well together. The Chair commented on whether devolution was seen as the way forward by HM Treasury but accepted that the STP was the position we needed to move towards in the meantime. It was noted that the Transformation funds would be one-off monies. It was also noted that 42% of NEL residents resided within three boroughs.

The Board's attention was also drawn to the current government plans in regards to the closure of hospitals and that whilst there were no plans to close any hospitals in our area, the closure of A&E at King George Hospital may need further consideration.

Following discussion, the Board:

(i) Received and noted the Draft North East London Sustainability and Transformation Plan (NEL STP), attached at Appendix A to the report, and;

(ii) Commented on its concerns around:

- The impact the NEL STP may have on the proposals for the Accountable Care Organisation.
- The need for system-wide decision models, to ensure that the right services were in the right place, at the right time.
- The need for the local democratic voice to be heard within the larger regional and sub-regional area.
- That pressure on budgets in other boroughs / areas does have a detrimental effect on the resources available for Barking and Dagenham's residents.
- The need to share specialist care centres across the whole NEL STP area and for it not to centre specialist care in the teaching hospitals.
- The need to champion exemplar services locally for specialist centre care status, such as the excellent Sickle Cell service at Queen's Hospital.

- The Government's and Treasury's potential view on devolution.

- The proposed future of King George Hospital A&E Department, in view of demographic changes.

55. A&E Delivery Board (formerly Systems Resilience Group) - Update

The Board:

(i) Received and noted the report which provided details of the move from the System Resilience Group to the A&E Delivery Board and its new membership, including the change in Chair from Conor Burke to Matthew Cole;

(ii) Noted the work of the new A&E Delivery Board, which included the issues discussed at the SRG meetings held on 26 September 2016; and

(iii) Noted that the CCG were now into the preparation period for Winter reporting.

56. Sub-Group Reports

The Board noted the reports on the work of the:

- Children and Maternity Sub-Group
- Mental Health Sub-Group

57. Chair's Report

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

- World Mental Health Day - 10 October 2016

- London Healthy Workforce Charter

- News from NHS England:

  - NHS to cut availability of sugary drinks in hospitals.

  - New funding to help people with a long-term condition or disability into work.

58. Forward Plan

The Board noted the draft January 2017 edition of the Forward Plan.

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HEALTH AND WELLBEING BOARD

31 January 2017

Title:	**Barking and Dagenham CCG Operating Plan 2017/19**
Report of the Clinical Commissioning Group (CCG)	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: No**
Report Author: Sharon Morrow, Chief Operating Officer Barking and Dagenham CCG	**Contact Details:** Tel: 020 3644 2370 E-mail: Sharon.morrow2@nhs.net
Sponsor: Conor Burke, Chief Officer Barking and Dagenham CCG	

Summary:

The paper provides an update on the NHS operational planning process for 2017 to 2019 and delivery requirements for the CCG. The planning guidance sets out the "must do" priorities for 2017-2019 related to the delivery of financial control totals and delivery of Five Year Forward View priorities.

The BHR CCGs operating plan for 2017/19 requires a significant savings plan of £55M to be delivered in 2017/18. A BHR System Delivery and Performance Board (SDPB) has been established and charged with delivering an initial System Delivery Plan, including a financial plan, by 28 February 2017. The Board is accountable to the Integrated Care Partnership Board.

In addition to achieving their financial control total the CCGs are also required to deliver Five Year Forward View priorities related to general practice, urgent and emergency care, elective care, cancer, mental health and learning disabilities. Guidance to support the Better Care Fund planning for 2017 to 2019 is expected to be published at the end on January 2018.

Recommendation(s)

The H&WB Board is asked to note and comment on CCG operating plan for 2017/18 to 2018/19.

1. Background and Introduction

1.1. NHS England and NHS Improvement published the NHS operating and contracting planning guidance in September 2016, which for the first time covered two financial years. The planning guidance provided NHS organisations with an update on national priorities for 2017/18 and 2018/19, as well as updating on longer term financial challenges for local systems.

1.2. The NHS operational planning process has developed to support the new Sustainability and Transformation Plans (STP) which are the route map for delivering the Five Year Forward View and maintaining financial balance. To enable NHS organisations to focus more on transformation and less time on transactional relationships, the contracting round was brought forward by 3 months. The BHR CCGs agreed two year contracts (April 2017 to March 2019) with their main providers – BHRUT and NELFT on 23 December 2016.

1.3 The planning guidance sets out nine "must do" priorities for 2017-2019 related to the delivery of financial control totals and the delivery of the Five Year Forward view priorities. These are to be delivered alongside other local priorities.

2. Financial position

2.1 The CCGs' November 2017/18 draft Operating plan submissions assumed an in-year breakeven position, but required a very significant savings plan (QIPP) ask of the CCG. The QIPP target included both the full year effect of 2016/17 efficiency schemes and new 2017/18 schemes. The majority of the QIPP plan was focussed on reducing costs associated with largest providers, BHRUT, Barts Health and NELFT.

2.3 A number of additional pressures, mainly driven by pricing issues, arose as a result of the CCGs/BHRUT contract mediation process. These totalled £12m across the BHR CCGs, increasing the BHR QIPP savings plan for 2017/18 to £55m (circa £15M B&D CCG). £35M of the £55M relates to activity in the BHRUT contract.

2.4 The BHRUT contract mediation panel made up of NHS regulators have directed BHRUT and BHR CCGs to establish a joint programme board (on which they wish to sit) to agree by 28 February 2017 how the £35m of the required savings are to be delivered by the system in year. NELFT and BHR CCGs have similarly agreed the need for such a board.

2.5 The Integrated Care Partnership Board (ICPB) agreed to establish a System Delivery and Partnership Board (SDPB) in 2016 to lead on BHR system level delivery planning and implementation. It is proposed that the ICPB agree that this will now be established and take on the requirements as directed by regulators. The Board will include primary care and local authority providers along with other stakeholders critical to the delivery of the plan.

2.6 The SDPB will be charged with delivering an initial System Delivery Plan, including a financial plan, by 28 February 2017. Whilst the performance responsibilities of the Board remain critical, the initial emphasis is on agreeing savings plans on an open book basis and developing system wide clinical change capabilities and support to ensure plans are implemented.

2.7 A concerted six week system wide effort is required by all partners to plan how the system will return to financial balance. If regulators conclude the Board will not achieve its stated aim by 28 February, intervention by London's Regional Directors will be triggered.

3 Operating Plan Priorities

3.1 The 2017 to 2019 operating plan, which is aligned to delivery of the North East London STP, sets out the standards that the CCGs are planning to achieve over a 2 year period. These reflect the national "must dos" as set out below.

Primary care commitments

- To ensure the sustainability of general practice by implementing the General Practice Forward View
- To ensure local investment meets or exceeds minimum required levels.
- To tackle workforce and workload issues,
- To extend and improve access in line with requirements for new national funding by March 2019
- To support general practice at scale

Urgent and emergency care commitments

- To deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.
- By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services.
- To implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
- To deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- To initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

Referral to treatment times and elective care commitments

- To deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT).

- To deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.

- To streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups.

- To implement the national maternity services review, *Better Births*, through local maternity systems.

Cancer

- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.

- Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.

- Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.

- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.

- Ensure all elements of the Recovery Package are commissioned

Mental health commitments

- To increase access to psychological therapies so that at least 19% of people with anxiety and depression access treatment by 2019 from 2016/17 target of 15%, whilst maintaining recovery rate and waiting time standards

- To expand capacity so that more than 53% people experiencing a first episode pf psychosis begin treatment with a -recommended package of care within two weeks of referral;

- To ensure that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;

- To increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;

- To commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and

- To reduce suicide rates by 10% against the 2016/17 baseline.

- To ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.

- To increase baseline spend on mental health to deliver the Mental Health Investment Standard.

- To maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.

- To eliminate out of area placements for non-specialist acute care by 2020/21.

Learning disabilities Commitments

- To deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.

- To reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.

- To improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.

- To reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

4. Better Care Fund

4.1 Planning guidance is expected to be released by the end of January 2017 on the Better Care Fund. Emerging information suggests that the BCF will be a two year plan to cover 2017-2019 on line with CCG operational plans. The plans are expected to be an evolution of previous versions, reflecting the wider integration approach and aligning, where appropriate to other plans locally, for example STPs or devolution plans.

4.2 The number of national conditions required of the plan is expected to reduce with three conditions expected:

- Jointly agreed plan, agreed by HWBB with all minimum funding requirements met
- Social Care maintenance, with real-terms uplift over the SR period and local areas can agree higher contributions from the CCG minimum
- NHS commissioned out of hospital services, with a ring-fenced amount for use on NHS commissioned out of hospital services. Areas are expected to consider holding funds in a contingency if they agree additional targets for NEA above those in the CCG operational plan

4.3 The existing 4 national metrics will remain, which are:

- Non-elective admissions
- Admissions to residential care homes
- Effectiveness of reablement
- Delayed transfers of care

4.4 Required funding levels have not been released as yet, but will cover a 2 year period when released.

4.5 Local areas will be able to 'graduate' from the BCF if they have moved beyond its planning requirements. There will be an application process for "graduating" from BCF, the indication is that while all will be able to apply only 6-8 areas will be selected to test it. Those places who are successful will not have to create a BCF.

4.6 The expected requirements for graduation are:

- Shared commitment and vision for integration by 2020
- Sufficiently mature system for health and social care
- Positive trajectory and / or approach to improving performance on BCF national performance metrics and how graduation will enable the area to accelerate this improvement
- Pooling above the minimum and commitment to greater alignment

4.7 Expressions of interest in graduation are likely to be invited soon, and possibly ahead of Policy Framework.

5. Mandatory Implications

Joint Strategic Needs Assessment

5.1 The CCG commissioning intentions are informed by the JSNA and more detailed health needs assessments in some areas.

Health and Wellbeing Strategy

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

Integration

5.3 Barking and Dagenham CCG and Local Authority have a strong history of integrated working and integrated commissioning is reflected throughout the CCG operating plan; the operating plan incorporates the Better Care Fund plan and joint commissioning arrangements for learning disabilities in 2015/16. Governance arrangements are being established under the BHR Integrated Care Partnership to strengthen the approach to integrated commissioning and delivery.

Financial Implications

5.4 Barking and Dagenham CCGs is required to deliver a minimum of a £15M QIPP in 2017/18, contributing to a BHR system QIPP of £55M. A BHR System Delivery and

Performance Board (SDPB) has been established, to lead on the identification and delivery of schemes to be delivered in 2017/18.

Legal Implications

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

Risk Management

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

Patient/Service User Impact

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

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HEALTH AND WELLBEING BOARD

31 January 2017

Title:	**Overview of Council transformation proposal for children's and adults' social care and Community Solutions**
Report of the Strategic Director of Service Development & Integration	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Mark Tyson Commissioning Director, Adults' Care & Support	**Contact Details:** Tel: 020 8227 2875 E-mail: mark.tyson@lbbd.gov.uk
Sponsor: Anne Bristow, Strategic Director of Service Development & Integration, London Borough of Barking & Dagenham	

Summary:

In April 2016, the Council's Cabinet agreed to public consultation on a proposed programme of transformation of its services, under the title Ambition 2020, to ensure their sustainability and continued effectiveness within future financial constraints. This report was brought to the Health & Wellbeing Board at its June 2016 meeting, and the Board was invited to comment. In July 2016, following receipt of feedback on the proposals, the Cabinet agreed to the implementation of the transformation programme. The reports can be found at:

- http://modgov/documents/s104314/Ambition%202020%20Report.pdf
- http://modgov/documents/s104315/Ambition%202020%20Report%20-%20App.%201%20Public%20Feedback.pdf
- http://modgov/documents/s104316/Ambition%202020%20Report%20-%20App.%202%20Staff%20Feedback.pdf

Of particular relevance to the Health & Wellbeing Board and its partners are four key elements of the transformation programme:

- A programme of transformation in Adults' Care and Support;
- A similar programme of transformation in Children's Care & Support;
- The creation of a single disability service across all ages; and
- The creation of a Community Solutions service to provide more proactive early intervention and more holistic support to residents, including a new 'front door' to care and support services.

The detail of these programmes, and Target Operating Models for the services concerned, have now been developed, and implementation of the changes is underway. Bilateral discussions have taken place with key partners to outline the work being

undertaken, and to take feedback on impacts on partners and partnership strategies.

The Board will receive a presentation from the Directors leading the programme work streams on their priorities and progress, with a particular emphasis on outlining potential impacts on the system overall.

Recommendation(s)

The Health & Wellbeing Board is recommended to note the work being undertaken and to consider what elements of the programme they would like to see brought back before the Board for further discussions as implementation progresses. In line with its duty to promote integration, the Board may particularly wish to consider the impacts the programme may have on partnership activity, as well as the potential opportunities for further integrated activity.

Reason(s)

The Council is facing unprecedented reductions in its income arising from the Government's Spending Review settlement and related changes to funding. It is not possible to continue to salami-slice services in order to make the necessary budgets reductions, rather a more radical new way of delivering services is required, albeit within the tight statutory and regulatory frameworks that apply. The transformation programme to be presented represents the work that has been done to ensure that there is a best opportunity for maintaining support to the most vulnerable residents within this challenging financial climate.

HEALTH AND WELLBEING BOARD

31 January 2017

Title:	**Developing an oral health strategy in Barking and Dagenham**
Report of the Director of Public Health	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision:** Yes
Report Author: Paul Starkey, Health Improvement Advanced Practitioner London Borough of Barking and Dagenham	**Contact Details:** Tel: 020 8227 5170 E-mail: paul.starkey@lbbd.gov.uk

Sponsor:

Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham

Summary:

This report provides an overview of the Oral Health Strategy. The strategy identifies the oral health issues that affect children and adults in Barking and Dagenham and sets out the ambition to improve the oral health of the resident population, especially children and vulnerable adults.

The strategy covers the key priorities that were devised by an oral health partnership strategy group. These include encouraging people to visit the dentist on a regular basis, improving diets and reducing consumption of sugary food and drinks, improving oral hygiene, promoting the provision of preventive dental care and increasing the exposure to fluoride.

There are three evidence-based initiatives recommended within the report that could be considered for implementation locally. They are, a fluoride varnish programme targeted at preschool and young school children in a deprived community, a supervised tooth brushing programme in special schools and a training programme for the wider professional workforce who work with early years.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1) Approve and endorse the Oral Health Promotion Strategy attached at Appendix A
2) Agree the next steps set out at section 6 of the report

Reason(s)

Barking and Dagenham Council has a statutory responsibility to provide, or commission an appropriate service to secure the provision of oral health surveys, oral health promotion and oral health improvement as part of overall population health improvement.

Good oral health is important for general health and wellbeing. By way of contrast, poor oral health can affect an individual's ability to eat, speak, smile and socialise normally due

to embarrassment about the appearance of one's teeth and it can also restrict food choices. Poor oral health can increase the gravity of existing health conditions and it can also be an indicator of neglect or difficult social circumstances.

1 Introduction

1.1 The Oral Health Strategy for Barking and Dagenham sets out a plan for developing an oral health promotion programme in the borough. The long term aim is for children and adults to have the best possible oral health. The Strategy is attached at Appendix A.

1.2 The strategy has been developed in line with the evidence provided in the Joint Strategic Needs Assessment (JSNA), the key priorities of Barking and Dagenham's Health and Wellbeing Strategy and the Ambition 2020 outcomes.

1.3 Key national policy and related local strategies that inform the commissioning and delivery of oral health services are summarised in Appendix A of the strategy.

1.4 To support the Council in ensuring that interventions and activities are evidence-based and meet the diverse needs of local people, recently published oral health guidance from Public Health England (PHE), the National Institute for Health and Care Excellence (NICE) and the Local Government Association (LGA) are cited within the strategy.

2 Background

2.1 Barking and Dagenham Council is responsible for developing and commissioning oral health surveys, oral health promotion and oral health improvement programmes as part of PHE's dental public health intelligence programme.

2.2 To support the Council's oral health improvement responsibility through collaborative working with key partners and stakeholders an Oral Health Strategy Group was formed in 2015 consisting of representation from Barking and Dagenham Council's Public Health Service Block, Leisure Services, Children's Services, Drug and Alcohol Action Team, North East London NHS Foundation Trust and PHE in partnership with local dentists. The aim of the group was to collaborate on the development of the oral health strategy.

3 Vision of the Strategy

3.1 The vision for the Oral Health Strategy is for children and adults who are resident in Barking and Dagenham to have the best possible oral health. The ambition is to measurably improve the oral health of the resident population by 2020 especially for children and vulnerable adults.

4 Priorities

4.1 The strategy includes universal actions for all local communities and actions targeted to address the needs of the most vulnerable groups.

4.2 Based on the evidence of need for oral health services, the recommendation was to focus on children, young people and adults whose economic, social, environmental

circumstances or lifestyle place them at high risk of poor oral health or make it difficult for them to access dental services.

4.3 Priorities for oral health promotion and service delivery in Barking and Dagenham are to:

A. Promote and protect oral health by raising awareness about oral health;

B. Improve diet and reduce consumption of sugary food and drinks, alcohol and tobacco (and thereby improve general health as well);

C. Encourage people to go to the dentist regularly;

D. Address inequalities in oral health;

E. Improve access to local dental services particularly for priority groups;

F. Improve oral hygiene;

G. Promote the provision of preventive dental care;

H. Increase early detection of mouth cancer and dental decay;

I. Increase exposure to fluoride;

5 Scale of the challenge in the London Borough of Barking and Dagenham

5.1 The London Borough of Barking and Dagenham is one of the fastest growing local authority areas in the country, with high levels of migration and a growing number with a younger age profile.

5.2 In addition to the population growth there is an increasing shift in the ethnic makeup of the borough, with a growing proportion of the population from black and ethnic minority (BME) origin.

5.3 Barking and Dagenham participated in a national oral health survey of 3-year old children in 2013. Compared to a local survey that was carried out in 2010 the results showed that oral health had improved with 18% experiencing dental disease.

5.4 With data for London and England at 13.6% and 11.7% respectively, oral health was found to be much worse in 3-year-old children in Barking and Dagenham. For those with disease, each child had on average 3.49 decayed, missing or filled teeth compared to 3.11 for London and 3.08 for England. There were higher rates of dental abscess at 1.9% compared to 0.5% for London.

5.5 A national survey of five-year-old children was carried out in 2012. The results of this survey show that the oral health of children in England continues to improve with the percentage of children who had experienced decay falling from 30.9% in 2008 to 27.9% in 2012. The percentage of children with active untreated decay also fell from 27.5% in 2008 to 24.5% in 2012. London showed no improvement, the percentage with decay experience or active untreated decay remaining the same at 32.9% and 29% respectively. Five-year-old children in Barking and

Dagenham had higher rates of tooth decay experience compared to London and England.

5.6 In 2012/13 dental extraction was the highest cause of hospital admissions for children in London. In Barking and Dagenham 310 children were admitted to hospital for dental extractions with 40% in the 5-9 year age group. This represented 0.5% of the 0-19 year old population, similar to that for London.

5.7 The results of a local oral health survey for adults carried out in 2010 found that the dental health status of adults living in Barking and Dagenham was similar or better than the average figures for England. The results are summarised below:

- The possession of 21 or more natural teeth is used to define a minimum functional dentition to ensure good oral health. In Barking and Dagenham, 94% of adults had a functional dentition, compared to 91% in London and 86% in England;
- 63% of those surveyed were satisfied with the appearance of their teeth;
- 54% had decayed teeth compared to 28% in London and 30% in England;
- 20% had evidence of advanced gum disease compared to 10% for London;
- 64% reported that they brush their teeth twice a day compared to 77% for London;
- 50% attend for dental care only when in emergency compared to 35% for London;
- 65% access NHS dental treatment, 20% go private and 13% utilise a mixture of services.

In addition to the clinical indicators of dental health problems, insight work revealed the impact of poor oral health on resident's general wellbeing. In Barking and Dagenham, 47% of adults who had their own teeth reported having experienced one or more oral problem that had an impact on some aspect of their life compared to 37% for London and 39% for England. The most frequently experienced problem was dental pain, followed by psychological impacts such as low self-esteem and confidence.

5.8 Between 2010 and 2012 the age standardised rate per 100,000 of the population for oral cancer in Barking and Dagenham was 9.2 compared to 13.5 for London and 13.2 for England.

6 Next Steps

6.1 The strategy was taken to the Service Development & Integration Management Group meeting who requested that we identify three evidence-based initiatives, with costings, that could be implemented locally. We worked with the Consultant in Dental Public Health at PHE and the three initiatives are as follows:

6.2 The three initiatives prioritised for delivery below are recommended with strong evidence of effectiveness in the document *Local authorities improving oral health:*

commissioning better oral health for children and young people (Public Health England 2014).

6.3 **Infant and Primary Schools:** a fluoride varnish programme targeted at preschool and young school children in a deprived community. Two schools, Northbury and Gascoigne have been selected. These large schools are situated in deprived parts of the borough with overcrowded households and a large ethnic minority population.

6.4 **Dental Programme for Special Educational Needs Schools:** a supervised brushing programme will engage with the whole school community in special schools to improve the oral health of children by establishing tooth brushing into the daily routine at school. This programme will be delivered in the two special schools Trinity and Bridge.

6.5 **Oral health training for the wider professional workforce:** this training programme will facilitate the national drive to reduce early onset of dental disease among children using people who work with early years by providing the knowledge and skills to enable them to deliver consistent evidence informed oral health interventions within their work role. The training will target: health visitors, school nurses, children's centre staff, Community/Nursery Nurses, foster care and child minder leads and carers of older or vulnerable people.

Initiatives to improve Oral Health in Barking and Dagenham

Initiative	Target population	Objectives	Evidence and Impact	Unit cost	Annual Cost
Supervised brushing programme for **special** schools	Children in the two special schools **Trinity (283) and Bridge (32**)	To improve the oral health of children by establishing toothbrushing into the daily routine at school	Public Health England. Local authorities improving oral health: commissioning better oral health for children and young people. *Evidence of effectiveness* https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities	[1]£40 per child per year x 315	£12,600
Targeted fluoride varnish programme	Children in nursery , reception and year one **Northbury (299) and Gascoigne (449) schools**	To target children at high risk and involve at 2 applications of fluoride varnish per year	Public Health England. Local authorities improving oral health: commissioning better oral health for children and young people. *Strong evidence of effectiveness* https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities NICE PH55 Oral health: local authorities and partners https://www.nice.org.uk/guidance/ph55	[1]£30 per child per year x 748	£22,400

Initiative	Target Group	Objectives	Evidence and Impact	Unit cost	Annual Cost
Oral health training for the wider professional workforce	Wider professional workforce including health visitors, school nurses, children's centre staff carers etc	To improve the knowledge and skills of the wider professional workforce to enable them to deliver consistent evidence informed oral health information Deliver four training sessions	Public Health England 2014. Local authorities improving oral health: commissioning better oral health for children and young people. *Evidence of effectiveness* https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities	[2]Four training sessions @ £2000	£8,000

[1]Public Health England (2016) Return on Investment on Oral Health Interventions
[2]Costs include venue, catering, educational resources and trainers

Financial Implications

6.6 Should the Health and Wellbeing Board approve the implementation of any, or all, of the oral health initiatives a suitable source of funding for these initiatives will need to be sought. It is anticipated that the initiatives would commence in 2017-18 if approved.

(Implications completed by: Katherine Hefferman, Group Finance Manager)

Legal Implications

6.7 The Health and Wellbeing Board is asked to support the implementation of an Oral Health Strategy. This is in line with the NICE recommendations and the Local Authority's Joint Health and Wellbeing Strategy. There are no other legal implications arising from this report.

(Implications completed by: Eirini Exarchou, Senior Solicitor)

Public Background Papers Used in the Preparation of the Report:

Joint Strategic Needs Assessment 2015 – https://www.lbbd.gov.uk/council/statistics-and-data/jsna/overview/

Joint Health and Wellbeing Strategy 2015 – 2018 – https://www.lbbd.gov.uk/wp-content/uploads/2014/11/JHWS_A4_30-9-15_RF.pdf

List of Appendices:

Appendix A – Improving Oral Health in barking and Dagenham – Oral Health

LONDON BOROUGH OF BARKING AND DAGENHAM

IMPROVING ORAL HEALTH IN BARKING AND DAGENHAM

ORAL HEALTH PROMOTION STRATEGY 2016 – 2020

CONTENTS

Executive summary

1. Improving oral health in Barking and Dagenham – our vision
   - Policy context and related plans
2. Introduction – What is oral health?
3. Oral health needs in Barking and Dagenham
   - Oral health needs of children and young people
   - Oral health needs of adults
4. Priorities for oral health promotion and service delivery in Barking and Dagenham
5. Effective interventions for improving oral health
6. The Delivery Plan
7. Delivering the Plan
8. Action Plan

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Appendices

A - Policy and guidance
B - Effective interventions and outcomes for improving oral health
C - Overview of local oral health services
D - Commissioning map
E - Clinical governance
F - Oral Health Promotion Action Plan

1. IMPROVING ORAL HEALTH IN BARKING AND DAGENHAM – OUR VISION

The London Borough of Barking and Dagenham has set out an all-encompassing vision for the delivery of health and care services: *One borough; one community; London's growth borough*. Within this vision is the ambition for children and adults who are resident in Barking and Dagenham to have the best possible oral health.

This strategy sets out the ambition to measurably improve the oral health of the resident population by 2020 especially for children and vulnerable adults. This will be achieved by increasing the uptake of regular oral healthcare, reducing inequalities in oral health and ensuring equitable access to dental services in the borough. Key priorities within the strategy are:

- Promoting positive oral health practice at individual level and healthy lifestyles in order to prevent and reduce risk factors to oral health;
- Implementing evidence-based oral health interventions that equitably improve oral health outcomes;
- Integrating the oral health strategy into local community health programmes in order to achieve maximum health impact with limited resources.

POLICY CONTEXT AND RELATED PLANS

Barking and Dagenham has a statutory responsibility to provide, or make arrangements to secure the provision of oral health surveys, oral health promotion and oral health improvement as part of overall population health improvement[1]. Barking and Dagenham is responsible for improving the oral health of local people including the commissioning of oral health promotion initiatives and oral health surveys as part of Public Health England's (PHE) dental public health intelligence programme. This is supported by the dental public health expertise within PHE. NHS England is responsible for commissioning primary care and hospital dental services.

The strategy to improve oral health has been developed in line with the findings of the Joint Strategic Needs Assessment, the key priorities of Barking and Dagenham's Health and Wellbeing Strategy and the Ambition 2020 outcomes. Key national policy and related local strategies that inform the commissioning and delivery of oral health services are summarised in Appendix B. Recently published oral health guidance (PHE 2014[2], NICE 2014, LGA, 2014) will assist Barking and Dagenham to ensure that interventions and activities are evidence-based and meet the diverse needs of local people. The guidance advocates both universal approaches

[1] Statutory Instrument 2012 No. 3094: Dental Public Health functions – Section 4

[2] Commissioning Better Oral Health was published by the Department of Health and Public Health England in June 2014 [3] http://www.who.int/topics/oral_health/en

with general advice and support for all residents, together with additional targeted interventions aimed at those people at higher risk of developing oral health problems.

Delivering the strategy in partnership

Barking and Dagenham's oral health improvement responsibility is underpinned by collaborative working with key partners and stakeholders as part of the Oral Health Strategy Group. The strategy has been developed by Barking and Dagenham's Public Health Team, Leisure Services, Children's Services, Drug and Alcohol Action Team, North East London NHS Foundation Trust and PHE in partnership with the local NHS and local dentists.

2. INTRODUCTION

WHAT IS ORAL HEALTH?

Oral health refers to the physical condition and hygiene of an individual's teeth, gums, supporting bone and soft tissues of the mouth, tongue and lips. The World Health Organisation defines good oral health as being free from diseases and disorders that affect the oral cavity[3]. Good oral health is important for general health and wellbeing and development. In contrast, poor oral health can affect an individual's' ability to eat, speak, smile and socialise normally due to embarrassment about the appearance on one's teeth and can restrict food choices. Poor oral health can aggravate existing health conditions. It can also be an indicator of neglect or difficult social circumstances. Oral health problems include gum (periodontal) disease, tooth decay (dental caries), tooth loss and oral cancers.

THE NATIONAL PICTURE

Prevalence of oral health problems in children in England

Tooth decay is the most common oral disease affecting children and young people in England[3]. Tooth decay (dental caries) occurs when oral bacteria produce acids that gradually soften the enamel, leading to cavities in the teeth. Differences in the prevalence levels within the age range for children are as follows:

Under 5s - In 2014 nearly 28% of five year olds in England had experience of tooth decay (in comparison to 31% in 2008) and, although the oral health of children has been improving, significant inequalities remain. Across local authorities in England there is significant variation, ranging from 13% to 53% of five year olds experiencing tooth decay, with these children having on average three teeth affected. Those living in deprived communities have poorer oral health than people living in more affluent communities, as do those in vulnerable population groups including those with disabilities[4].

[3] Public Health England 2014 Local authorities improving oral health: commissioning better oral health – An evidence-informed toolkit for local authorities

[4] Local Government Association / Public Health England: tackling poor oral health in children: local government's public health role; October 2014 http://www.local.gov.uk/documents/10180/5854661/L14-352+Tackling+Poor+oral+health+in+children/3dd8097f-35b7-42ba-b3c7-186266da82db

Over 5s - In March 2015 the results of the 5th Decennial National Oral Health Survey were published. Key findings included:

- Reductions in the extent and severity of dental decay in permanent teeth for 12 and 15 year old children compared to 2003.
- Persistence of oral health inequalities with 26% of 15 year olds eligible for free school meals having severe or extensive dental decay compared to 12% of 15 year olds who were not eligible.
- More than a third (35%) of the parents of 15 year olds reported that their child's oral health had impacted on family life in the last six months; 23% of the parents of 15 year olds took time off work because of their child's oral health in that period.
- Overall, 45% of 12 year olds and 28% of 15 years olds reported that they were not happy with the appearance of their teeth and would like to have them straightened.

Risk factors and impact on health and wellbeing for children

Tooth decay (dental caries) is caused when oral bacteria produce acids that gradually soften the enamel, leading to cavities in the teeth. Sugar plays a key role in tooth decay because it fuels the acid formation by oral bacteria. Acidic food and drinks can be just as harmful as they can wear away the tooth enamel and cause tooth surface loss, making them more prone to decay and sensitivity.

Children's primary (baby) teeth are more susceptible to decay than permanent (adult) teeth owing to differences in their chemical composition and physical properties. In particular, primary teeth have thinner and often less resilient enamel that does not provide as much protection from bacteria. Infants and toddlers primary teeth can also be affected by an aggressive form of decay called early childhood caries. The disease is associated with the frequent consumption of sugary drinks in baby bottles or sipping cups as it occurs in the upper front teeth and spread rapidly to other teeth[5].

More than 30% of children in England did not see an NHS dentist between 2012 and 2014[6]. Approximately 46,500 children and young people under 19 were admitted to hospital for a primary diagnosis of dental caries in 2013–14. These numbers were highest in the 5 to 9 year-old age group, which showed a 14% increase between 2010–11 and 2013–14, from 22,574 to 25,812. The second highest admissions in 2013–14 were for tonsillitis, with approximately 11,500 cases, making dental caries by far the most common reason for children aged between 5 and 9 to be admitted to hospital.

Oral diseases can have a considerable impact on a child's general health and wellbeing. Poor oral health is associated with being underweight and a failure to thrive. It also affects a child's ability to sleep, speak, play and socialise with other children. Children

[5] RCS Faculty of Dental Surgery 2015: The state of children's oral health in England

with dental problems may not be able to gain the full benefit of their education due to increased school absenteeism as the result of hospital appointments, leading to decreased academic performance.

Prevalence of oral health problems in adults in England

- In 2009, 94% of the combined populations of England, Wales and Northern Ireland were dentate, that is had at least one natural tooth.
- 58% of adults said that they had tried to make an NHS dental appointment in the previous three years. Of these adults, 92% successfully received and attended an appointment.
- 75% of adults said that they cleaned their teeth at least twice a day and a further 23% of adults said that they cleaned their teeth once a day.
- The mean number of teeth amongst dentate adults was 25.7, with the majority of dentate adults (60 per cent) having between 27 and 32 teeth. Dentate adults had an average of 17.9 sound and untreated teeth but this varied hugely with age.

People are not only living longer but also retaining their natural teeth into old age. Changes that can occur over time in the gum tissues expose vulnerable root surfaces to the oral environment and thus, potentially to the decay process. Therefore while older people are still at risk of dental decay, gum disease and teeth wear, they are also at increased risk of developing root decay and oral cancer. The treatment needs of older people can be complex with long-term conditions, systemic disease and medication compounding oral risk factors, such as dry mouth, making oral hygiene and treatment more difficult.

Risk factors and impact on health and wellbeing: adults

The main barriers to adults and older people accessing dental services are low perception of need / oral health not given a priority, poor general health and difficulty in travelling to a practice, cost or fear of cost of dental treatment, poor nutrition, effects of dementia, decreased salivary flow and problems with dexterity (affecting use of a toothbrush).

Poor oral health, whether it is chronic or acute, may impact on nutritional intake, disrupt routine sleep patterns and affect quality of life and general health. Pain / discomfort, difficulty eating, limited food choice and lack of sleep may sometimes lead to increased agitation and anxiety, particularly in older people.

Chronic health conditions such as cardiovascular disease, aspiration pneumonia and mouth cancers can also increase the risk of poor oral health. Whilst people over 50 years of age are more at risk of developing oral cancer the incidence of oral cancer in younger adults has been increasing in recent years. Alcohol consumption, smoking and chewing tobacco are all risk factors for oral cancer and these risks are increased when two or more of these habits are present.

POPULATION GROUPS AT RISK OF POOR ORAL HEALTH

Whilst it is important to give advice and support to the whole population as to how to maintain good oral health, it is recognised that certain populations are at increased risk of poor oral health, and therefore may be in need of targeted approaches. This may be due to physical, social, environmental and lifestyle circumstances that impact on their ability to maintain good oral hygiene, consume a healthy diet or access dental services.
Vulnerable populations include those:

- Who are socially isolated or excluded or are geographically isolated;
- Who are older and frail especially those living in nursing or residential care who are often dependent on others for their diet, personal care and access to health services;
- Who have a learning disability and / or physical impairment or where reduced manual dexterity increases difficulty in cleaning their teeth properly;
- Who have a mental health condition - tend to have fewer natural teeth, more untreated decay and more gum disease than the general population;
- Who have specific clinical conditions, such as diabetes, congenital heart problems;
- Pregnant women;
- Who are from lower socioeconomic groups;
- Who live in a disadvantaged area;
- Who smoke heavily or misuse substances (including alcohol);
- Who have a poor diet;
- Who are from certain Black, Asian and minority ethnic groups identified with higher prevalence of oral health problems;
- Who are homeless or frequently move, such as traveller communities, refugees and asylum seekers;
- Who are children of parents or carers with the above risk factors;
- Who are in long-term institutional care including looked after children and those who are, or who have been, in care and older people in residential care homes.

Vulnerable groups often have unmet oral health needs. Co-morbidities, progressive medical conditions, dementia and increasing frailty all contribute to more complex oral health problems and difficulties in accessing primary care dental services or lead to infrequent contact with oral health services.

3. ORAL HEALTH NEEDS IN BARKING AND DAGENHAM

The oral health needs assessment conducted in 2015 identified the following oral health needs among residents of Barking and Dagenham:

ORAL HEALTH OF CHILDREN AND YOUNG PEOPLE: KEY POINTS

3 year olds

A local oral health survey of 3 and 4 year old children in Barking and Dagenham was carried out in 2010[6]. The findings are summarised below:

- 9% of children had experienced pain in the teeth, mouth or jaws;
- 28% had experienced dental disease and 91% of this was untreated;
- 41% of those with decay had visited a dentist in the previous 12 months;
- There were marked inequalities among ethnic groups with high rates of decay and untreated disease in Asian children;
- Asian children were less likely to have their teeth brushed twice a day than White and Black children and there were low rates of attendance among Black children.

Barking and Dagenham participated in a national oral health survey of 3-year-old children in 2013. Compared to the local survey the results showed that oral health had improved with 18% experiencing dental disease. With figures for London and England at 13.6% and 11.7% respectively, oral health is much worse in 3-year-old children in Barking and Dagenham. For those with disease each child had on average 3.49 decayed, missing or filled teeth compared to 3.11 for London and 3.08 for England. There were higher rates of dental abscess at 1.9% compared to 0.5% for London.

5 year olds

A national survey of five-year-old children was carried out in 2012. The results of this survey show that the oral health of children in

[6] London Borough of B&D, JSNA 2015 Dental health [online] available from: https://www.lbbd.gov.uk/council/statistics-anddata/jsna/overview-2/ [Last accessed: 7 July 2016]

England continues to improve with the percentage of children who had experienced decay falling from 30.9% in 2008 to 27.9% in 2012. The percentage of children with active untreated decay also fell from 27.5% in 2008 to 24.5% in 2012. London showed no improvement with the percentage with decay experience or active untreated decay remaining the same at 32.9% and 29% respectively.

Five-year-old children in Barking and Dagenham had higher rates of tooth decay experience compared to London and England.

Older children

The findings of a national oral health survey of 12 and 15 year old children were published in March 2015. The sample was too small to report data at borough level but the headline findings were as follows:

- Reduction in the extent and severity of tooth decay in permanent teeth but large proportion of children continue to be affected by dental disease;
- Children from lower income families are more likely to have oral disease;
- 51% of 12 year olds and 60% of 15 year olds were satisfied with the appearance of their teeth and the majority were positive about their oral health;
- 23% of parents said they had taken time off work because of their child's oral health in the previous six months;
- More than three quarters of older children reported brushing their teeth twice a day.

Hospital admissions for dental extractions for children

In 2012/13 dental extraction was the highest cause of hospital admissions for children in London[7]. In Barking and Dagenham 310 children were admitted to hospital for dental extractions with 40% in the 5-9 year age group. This represented 0.5% of the 0-19 year old population, similar to that for London.

[7] London Borough of B&D, JSNA 2015 Dental health [online] available from: https://www.lbbd.gov.uk/council/statistics-anddata/jsna/overview-2/

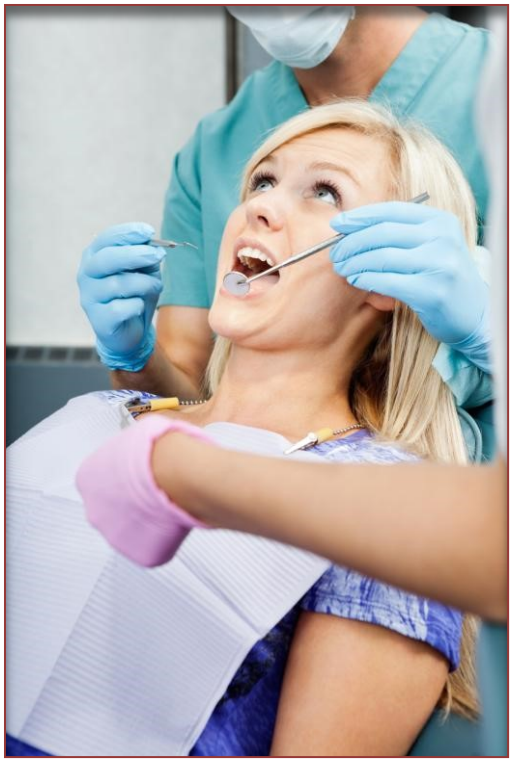
Access to dental services in Barking and Dagenham

Barking and Dagenham has more dental capacity compared to London and England. There are 27 dental practices including community/special care dental clinics. There are more dentists per 100,000 of the population (52) than London (51) and England (44). There are also more Units of Dental Activity (UDA) per 100,000 of the population (178,206) compared to London (149,280) and England (165,798).

In March 2014, 60% of children resident in Barking and Dagenham accessed dental services in the previous 24 months, similar to London but lower than the figure for England. There has been a steady increase in the number of children accessing dental services in Barking and Dagenham from 2011 to 2014.

Population averages can mask inequalities in oral health. There are marked inequalities in children's oral health, with a strong association between oral health and social deprivation.

ORAL HEALTH OF ADULTS: KEY POINTS



The findings of the local 2010 oral health survey (summarised below) revealed that the dental health status of adults living in Barking and Dagenham was similar or better than the average figures for England:

- The possession of 21 or more natural teeth is used to define a minimum functional dentition to ensure good oral health. In Barking and Dagenham, 94% of adults had a functional dentition, compared to 91% in London and 86% in England;
- 63% of those surveyed were satisfied with the appearance of their teeth;
- 54% had decayed teeth compared to 28% in London and 30% in England;
- 20% had evidence of advanced gum disease compared to 10% for London;
- 64% reported that they brush their teeth twice a day compared to 77% for London;
- 50% attend for dental care only when in emergency compared to 35% for London;
- 65% access NHS dental treatment, 20% go private and 13% utilise a mixture of services.

In addition to clinical indicators of dental problems, insight work revealed the impact of poor oral health on residents' general wellbeing. In Barking and Dagenham, 47% of adults who had their own teeth reported having experienced one or more oral problems that had an

impact on some aspect of their life compared to 37% for London and 39% for England. The most frequently experienced problem was dental pain, followed by psychological impacts such as low self-esteem and confidence.

Between 2010 and 2012 the age standardised rate per 100,000 of the population for oral cancer in Barking and Dagenham was 9.2 compared to 13.5 for London and 13.2 for England[8].

Access to dental services in Barking and Dagenham

In March 2014:

- 52% of adults living in Barking and Dagenham accessed dental services in the previous 24 months compared to 44% for London and 51% for England.
- There has been a steady increase in the number of adults accessing dental services in Barking and Dagenham with the level of service use higher than that for London and England.
- There is very little variation in child and adult access rates in Barking and Dagenham wards. Approximately 12% of children and adults who are resident in Barking and Dagenham access dental services in other boroughs.

VULNERABLE GROUPS

The 2010 survey found that people with learning disabilities had more missing teeth, fewer filled teeth and more untreated diseased teeth than the general adult population surveyed. This suggests that, when people with learning disabilities do access dental services, they are more likely to have teeth extracted instead of restorative treatment such as fillings or crowns due to the extent of the oral health problem.

A report published by Public Health England (PHE) entitled Tackling poor oral health in children – Local government's public health role (2014) shows that tooth decay is the most common oral disease affecting children and young people in England. Furthermore, tooth decay was the most common reason for hospital admissions in children aged five to nine years old in 2012-13[18]

The prevalence of gum diseases increases with age and in older adults is more commonly seen in females. People aged 75 and above and people with dementia are at increased risk of gum disease because of poor oral hygiene and the inability to maintain

[8] Public Health England. Dental health: Admission to hospital for extraction of one or more decayed primary or permanent teeth 0 to 19 year olds, 2011/12 and 2012/13. http://www.nwph.net/dentalhealth/extractions.aspx

self-care. A high prevalence of gum disease in older adults should be of concern because it directly increases the patient's risk of developing root decay, as well as tooth loss with resulting deficient masticatory ability, nutrition and speech, which can affect a person's quality of life[19].

Reported oral health related quality of life is worse in the population with serious mental illness and in one study 80% of adults with serious mental illness reported having one or more dental impacts compared to 39% from the general population the most frequently reported impact being pain in the mouth. Fear and anxiety, in conjunction with the added issue of dental teams reluctant in treating patients with mental illness, has resulted in high levels of mentally ill people failing to seek a dental practitioner. Fear and anxiety of attending the dentist may have significant quality of life consequences, especially on an individual who is already coping with a mental illness[20].

This demonstrates the need for early interventions and more comprehensive preventive dental and oral health procedures for the general population and vulnerable groups in particular.

4. KEY PRIORITIES FOR IMPROVING ORAL HEALTH IN BARKING AND DAGENHAM

Defining oral health priorities in Barking and Dagenham

An oral health partnership strategy group was established in 2015. The group utilised the needs assessment to make recommendations for local priorities and develop the high-level oral health strategy incorporating community-based interventions and activities. The strategy includes universal actions for all local communities and actions targeted to address the needs of the most vulnerable groups.

Based on the evidence of need for oral health services, the recommendation was to focus on children (pre-school and school age), young people and adults whose economic, social, environmental circumstances or lifestyle place them at high risk of poor oral health or make it difficult for them to access dental services.

THE KEY PRIORITIES

Priorities for oral health promotion and service delivery in Barking and Dagenham are to:

A. Promote and protect oral health by raising awareness about oral health;
B. Improve diet and reduce consumption of sugary food and drinks, alcohol and tobacco (and thereby improve general health as well);
C. Encourage people to go to the dentist regularly;
D. Address inequalities in oral health;
E. Improve access to local dental services particularly for priority groups; F. Improve oral hygiene;
G. Promote the provision of preventive dental care;
H. Increase early detection of mouth cancer and dental decay;
I. Increase exposure to fluoride.

5. EFFECTIVE INTERVENTIONS FOR IMPROVING ORAL HEALTH

Evidence-based interventions for improving oral health

This section outlines the interventions and activities that have evidenced effectiveness in achieving the key objectives of preventing poor oral health, improving oral health and reducing oral health inequalities in the UK. Some of these interventions may involve a universal approach whilst others may be targeted to address oral health needs in specific population groups and geographic areas. Key outcomes from the recommended interventions are also summarised in the outcome triangles in Appendix C. The evidence base will inform the interventions and activities included in the strategy delivery plan.

Effective interventions for improving oral health in children

The following measures are identified as being effective in improving oral health in children:

IMPROVE DIET AND REDUCE THE CONSUMPTION OF SUGARY FOODS, DRINKS, ALCOHOL AND TOBACCO
• Healthy food and drink policies in childhood settings • Influencing local and national government policy and fiscal policy in relation to food, infant feeding, smoking and alcohol (risk factor approach)
INCREASE THE AVAILABILITY OF FLUORIDE
• Targeted provision of toothbrushes and toothpaste • Targeted community-based fluoride varnish programmes • Fluoridation of public water supplies
IMPROVE ORAL HYGIENE
• Targeted peer (lay) support groups and peer oral health workers • Oral health training for the wider professional workforce • Supervised tooth-brushing in targeted childhood settings • Integration of oral health into targeted home visits by health and social care workers
ADDRESS INEQUALITIES IN ORAL HEALTH
• Integration of oral health into targeted home visits by health and social care workers • Targeted provision of toothbrushes and toothpaste (e.g. postal or through health visitors) • Targeted community-based fluoride varnish programmes • Supervised tooth-brushing in targeted childhood settings

INCREASE ACCESS TO DENTAL SERVICES
There is only weak evidence to suggest that intensive home visits by dental co-ordinators may increase access to dental service. It is therefore the responsibility of all services to seize opportunities to: • Signpost parents to primary dental care, and • Ensure that information is available on how to access dental care, and the associated costs/eligibility for support with healthcare costs.

Table 1: Evidence-based interventions for improving oral health in children (NICE 2014)

Effective Interventions for improving oral health in adults and vulnerable adults

With regard to adults and vulnerable adults effective interventions include training of the wider professional workforce including skills training for carers. Other programmes include targeted provision of high strength fluoride toothpaste and mouth cancer screening for people who are at high risk. Overarching strategic outcomes to determine the effectiveness of the programmes include a change in the oral health related quality of life and reduction in active dental caries and gum disease are listed in Appendix C.

Encourage dental teams to give dietary advice in dental practice as this promotes good oral health
Encourage tooth brushing twice daily with a fluoride toothpaste in order to prevent dental decay and gum disease in adults
Support behavioural interventions as they contribute to dental anxiety reduction and result in improved dental attendance in adults
Support programmes using more innovative approaches than the medical/behavioural model as they have more potential for achieving longer-term behaviour changes.
The use of tailored approaches based on active participation and addressing social cultural and personal norms offer longer-term changes in behaviour compared with simple one off interventions
Develop oral health promotion programmes combined with skills training for carers as this can benefit older adults
Encourage the use of high concentration fluoride toothpaste and fluoride varnish as this can prevent or reverse tooth decay in older adults
Where appropriate encourage dentists to use the traumatic restorative technique (ART) as this is an effective method of treating root caries in older adults

Table 2: Evidence-based interventions for improving oral health in adults

National guidance for oral health in care homes should be implemented including oral health assessments and development of individual oral health care plans for residents[9].

[9] NICE will be publishing guidance on oral health for adults in care homes in July 2016

APPENDIX A - POLICY AND GUIDANCE

A number of policy documents have been issued in relation to improving oral health and commissioning dental services for children and adults.

National policy drivers

The Government made a commitment to improve oral health and dentistry with a drive to:

- Improve the oral health of the population, particularly children
- Introduce a new NHS dental contract based on registration, capitation and quality
- Increase access to primary dental care services[10]

Public Health England advice[11] and NICE guidelines (PH55)[12] were issued in 2014 to support local authorities and their partners in their role to improve health in local communities. Recommendations include:

- Ensuring that oral health is a health and wellbeing priority and included in the
- Conduct an oral health needs assessment, using a range of oral health epidemiological data sources
- Develop an oral health strategy
- Ensure that frontline health and social care staff can give advice on the importance of oral health;
- Promote a whole school approach to oral health in primary and secondary schools.

Public Health Outcomes Framework (2013-16) - The PHOF encourages the prioritisation of oral health improvement by including a measure of the oral health of five-year-old children as a key indicator. PHOF indicator 4.2 measures the *'mean severity of tooth decay in children aged five years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted decayed/missing/filled teeth (d3mft)*'. Local authorities use this indicator to monitor and evaluate children's oral health improvement programmes[13]

NHS Outcomes Framework (2014-15) includes indicators related to patients' experiences of NHS dental services (4aiii) and access to NHS dental services (4.4ii).[14]

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[10] NHS England 2014; Department of Health 2010)

[11] Public Health England (2014). Local authorities improving oral health: commissioning better oral health - An evidence-informed toolkit for local authorities https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBO HMaindocumentJUNE2014.pdf

[12] Oral health: local authorities and partners; October 2014 https://www.nice.org.uk/guidance/ph55

The Children and Young People's Health Outcomes Framework (2014) and strategy recommends that an integrated and partnership approach be adopted to improve health outcomes for children and young people and includes the indicator to measure tooth decay in children aged 5.

Local policy

Barking and Dagenham has a statutory responsibility to 'provide, or make arrangements to secure the provision' of oral health surveys and oral health promotion and oral health improvement as part of overall population health improvement[15]. This is supported by the dental public health expertise within Public Health England. NHS England is responsible for commissioning primary care and hospital dental services.

Joint Strategic Needs Assessment https://www.lbbd.gov.uk/wp-content/uploads/2015/09/7.14-Dental-Health.pdf

Health and Wellbeing Strategy https://www.lbbd.gov.uk/wp-content/uploads/2014/11/JHWS_A4_30-9-15_RF.pdf

Children and Young Peoples Plan https://www.lbbd.gov.uk/council/priorities-and-strategies/corporate-plans-and-key-strategies/children-and-young-peoples-plan/

Ambition 20/20 https://www.lbbd.gov.uk/council/priorities-and-strategies/vision-and-priorities/overview/

13 Department of Health 2012 https://www.gov.uk/government/collections/public-health-outcomes-framework
14 Department of Health 2012b https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015
15 Statutory Instrument 2012 No. 3094 : Dental Public Health functions – Section4 http://www.legislation.gov.uk/uksi/2012/3094/pdfs/uksi_20123094_en.pdf

Oral health needs assessment 2015 https://www.lbbd.gov.uk/wp-content/uploads/2015/09/7.14-Dental-Health.pdf

Local authorities improving oral health: commissioning better oral health for children and young people - An evidence-informed toolkit for local authorities (June 2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf

Oral health: approaches for local authorities and their partners to improve the oral health of their communities; October 2014
https://www.nice.org.uk/guidance/ph55/resources/guidance-oral-health-approaches-for-local-authorities-and-their-partners-toimprove-the-oral-health-of-their-communities-pdf

Local Government Association / Public Health England: tackling poor oral health in children: local government's public health role; October 2014 http://www.local.gov.uk/documents/10180/5854661/L14-352+Tackling+Poor+oral+health+in+children/3dd8097f35b7-42ba-b3c7-186266da82db

Oral health promotion approaches for dental practitioners. NICE public health guideline - Publication expected October 2015
http://www.nice.org.uk/Guidance/InDevelopment/GID-PHG60

Oral health in nursing and residential care. NICE public health guideline. Publication expected June 2016
http://www.nice.org.uk/Guidance/InDevelopment/GID-PHG62

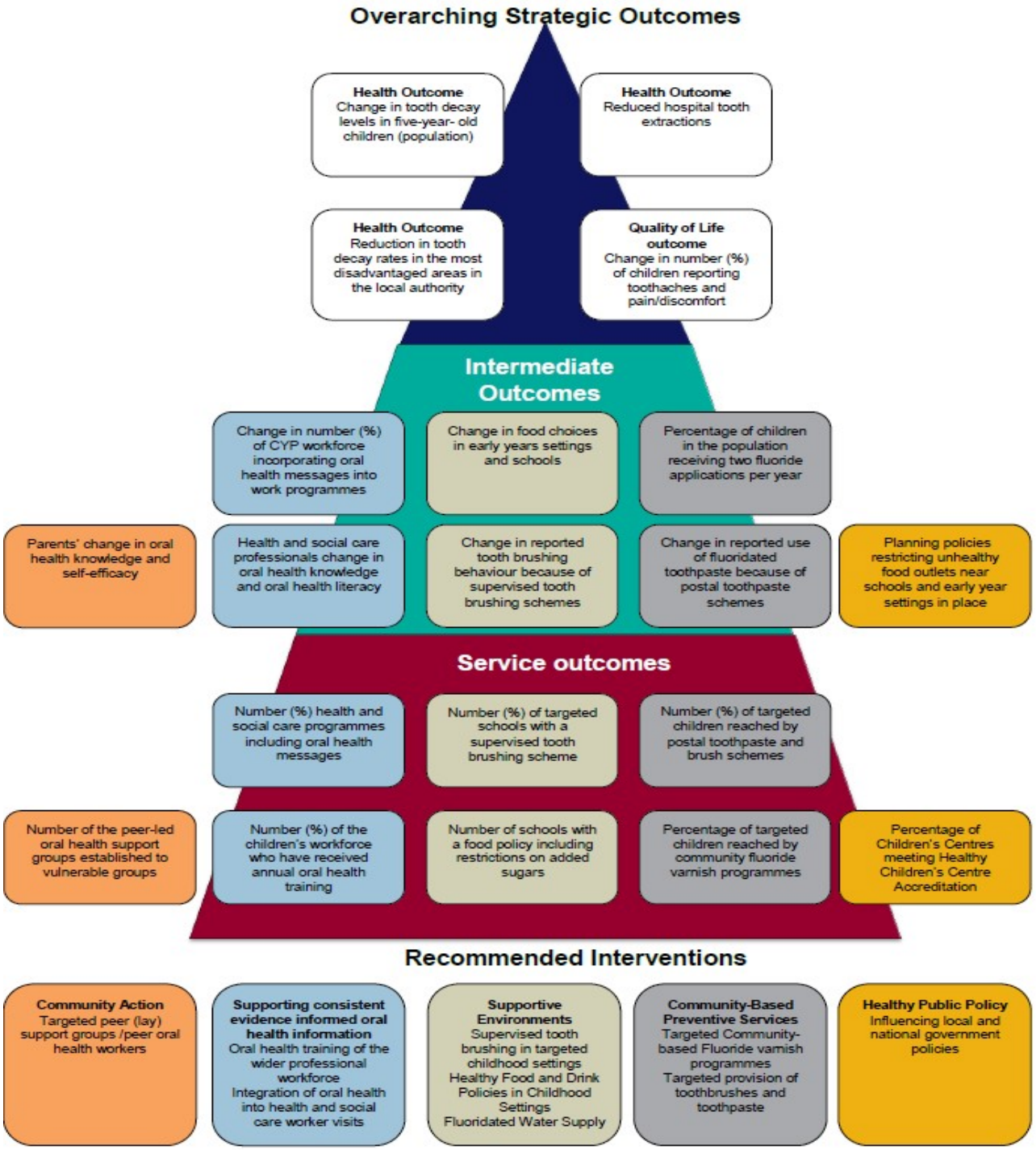
APPENDIX B - EFFECTIVE INTERVENTIONS AND OUTCOMES FOR IMPROVING ORAL HEALTH

Effective Interventions and outcomes for improving oral health in children

Overarching outcomes for children

- Changes in tooth decay levels in 5 year old children (Public Health Outcomes Framework Indicator 4.2)
- Reduction in decay rates in the most deprived areas
- Reduced hospital admissions for tooth extractions
- Change in the number (%) of children reporting toothaches and pain

Figure 1: Effective interventions and outcome measures for oral health improvement programmes for children and young people (overleaf)


Overarching Strategic Outcomes
Health Outcome
Change in tooth decay levels in five-year- old children (population)
Health Outcome
Reduced hospital tooth extractions
Health Outcome
Reduction in tooth decay rates in the most disadvantaged areas in the local authority
Quality of Life outcome
Change in number (%) of children reporting toothaches and pain/discomfort
Intermediate Outcomes
Change in number (%) of CYP workforce incorporating oral health messages into work programmes
Change in food choices in early years settings and schools
Percentage of children in the population receiving two fluoride applications per year
Parents' change in oral health knowledge and self-efficacy
Health and social care professionals change in oral health knowledge and oral health literacy
Change in reported tooth brushing behaviour because of supervised tooth brushing schemes
Change in reported use of fluoridated toothpaste because of postal toothpaste schemes
Planning policies restricting unhealthy food outlets near schools and early year settings in place
Service outcomes
Number (%) health and social care programmes including oral health messages
Number (%) of targeted schools with a supervised tooth brushing scheme
Number (%) of targeted children reached by postal toothpaste and brush schemes
Number of the peer-led oral health support groups established to vulnerable groups
Number (%) of the children's workforce who have received annual oral health training
Number of schools with a food policy including restrictions on added sugars
Percentage of targeted children reached by community fluoride varnish programmes
Percentage of Children's Centres meeting Healthy Children's Centre Accreditation
Recommended Interventions
Community Action
Targeted peer (lay) support groups /peer oral health workers
Supporting consistent evidence informed oral health information
Oral health training of the wider professional workforce
Integration of oral health into health and social care worker visits
Supportive Environments
Supervised tooth brushing in targeted childhood settings
Healthy Food and Drink Policies in Childhood Settings
Fluoridated Water Supply
Community-Based Preventive Services
Targeted Community-based Fluoride varnish programmes
Targeted provision of toothbrushes and toothpaste
Healthy Public Policy
Influencing local and national government policies

Key performance indicators for children

- Number (%) of the children's workforce including health visitors and school nurses who have received annual oral health training
- Number (%) of schools with an oral health indicator for the healthy schools programme
- Number (%) of targeted children reached by a fluoride varnish programme
- Number (%) of targeted children reached by a supervised brushing programme Number (%) of targeted children reached by the brushing for life programme
- Number (%) of Children's Centres meeting Healthy Children's Centre accreditation
- Number of peer-led oral health support groups established to support vulnerable groups

Intermediate outcomes for children

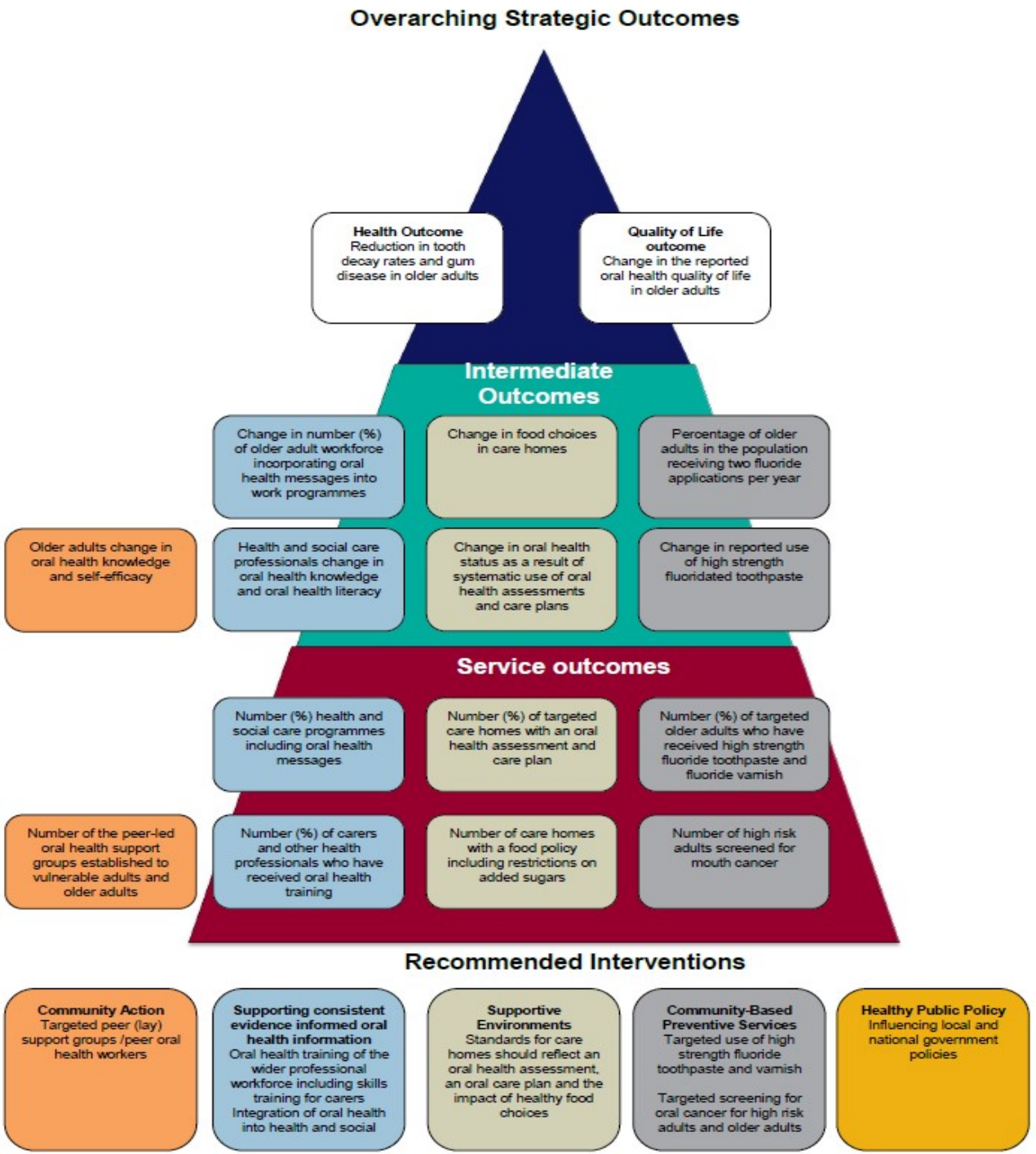
- Change in the number (%) of CYP workforce incorporating oral health messages into work programmes
- Number (%) of targeted children receiving two fluoride varnish applications per year
- Parents change in oral health knowledge and self efficacy
- Health and social care professionals change in oral health knowledge and oral health literacy
- Change reported in tooth brushing behaviour because of supervised tooth brushing programme
- Planning policies restricting unhealthy food outlets near schools and early year settings in place

Future outcomes for children and young people

- Every child and young resident of Barking and Dagenham to be registered with a dentist (by 2020?)

Effective Interventions for improving oral health in adults and older adults

Figure 2: Effective interventions and outcome measures for oral health improvement programmes for adults and older adults (overleaf).


Overarching Strategic Outcomes
Health Outcome
Reduction in tooth decay rates and gum disease in older adults
Quality of Life outcome
Change in the reported oral health quality of life in older adults
Intermediate Outcomes
Change in number (%) of older adult workforce incorporating oral health messages into work programmes
Change in food choices in care homes
Percentage of older adults in the population receiving two fluoride applications per year
Older adults change in oral health knowledge and self-efficacy
Health and social care professionals change in oral health knowledge and oral health literacy
Change in oral health status as a result of systematic use of oral health assessments and care plans
Change in reported use of high strength fluoridated toothpaste
Service outcomes
Number (%) health and social care programmes including oral health messages
Number (%) of targeted care homes with an oral health assessment and care plan
Number (%) of targeted older adults who have received high strength fluoride toothpaste and fluoride varnish
Number of the peer-led oral health support groups established to vulnerable adults and older adults
Number (%) of carers and other health professionals who have received oral health training
Number of care homes with a food policy including restrictions on added sugars
Number of high risk adults screened for mouth cancer
Recommended Interventions
Community Action
Targeted peer (lay) support groups /peer oral health workers
Supporting consistent evidence informed oral health information
Oral health training of the wider professional workforce including skills training for carers
Integration of oral health into health and social
Supportive Environments
Standards for care homes should reflect an oral health assessment, an oral care plan and the impact of healthy food choices
Community-Based Preventive Services
Targeted use of high strength fluoride toothpaste and varnish
Targeted screening for oral cancer for high risk adults and older adults
Healthy Public Policy
Influencing local and national government policies

Effective interventions

Table 1: Evidence-based interventions for improving oral health in adults (NICE 2014) (see page 17).

Supporting consistent evidence informed oral health information

- Oral health training for the wider professional workforce including skills training for carers as this can benefit older adults
- Integration of oral health into targeted home visits by health and social care workers

Community based preventive programmes

- Targeted use of high strength fluoride toothpaste and fluoride varnish for at risk adults and older adults
- Targeted screening for oral cancer for adults and older adults who are at high risk
- Encourage dental professionals to deliver tobacco cessation interventions as they may be effective in helping tobacco users to quit

Supportive environments

- Standards for care homes for older people should reflect an oral health assessment and oral care plan
- Standards for care homes for older people should reflect the impact of healthy food choices and sugar consumption on the maintenance of good oral health

Community action

- Targeted peer (lay) support groups/peer oral health workers

Healthy public policy

- Influencing local and national government policies

Expected outcomes

Intermediate outcomes

- Change in reported use of high strength fluoride toothpaste
- Health and social care professionals change in oral health knowledge and oral health literacy
- Change in the reported oral health of older adults as a result of systematic use of oral health assessments and development & implementation of oral health care plans

Future outcomes for adults

- Every adult resident in Barking and Dagenham to be registered with a dentist (by 2020)

Key performance indicators

- Number (%) of health and social care programmes with oral health messages
- Number (%) of carers who have received oral health training
- Number (%) of frail adults who have received an oral health assessment and care plan
- Number (%) of targeted older adults who have received high strength fluoride tooth paste or fluoride varnish
- Number of peer-led oral health support groups established to support vulnerable adults and older adults
- Number of mouth cancer awareness sessions delivered
- Number of targeted adults screened for mouth cancer
- Number of adults and older adults referred to tobacco cessation services

APPENDIX C - OVERVIEW OF LOCAL ORAL HEALTH SERVICES

Dental services in Outer North East London

Programme 1: Infant and Primary Schools

This is a signposting and information oral health programme consisting of a mail out pack which includes:

- Information on how to set up/develop a School Snack Policy
- Laminated Dental First Aid Poster –What to do if an adult tooth is knocked out – Helping to reduce dental injuries.
- Catalogue to loan resources that support school teaching of dental health.
- Appropriate dental health web sites for teaching/education.
- List of local NHS dentists
- Pro forma for referral into the Community Dental service explaining criteria for referral.

Target: parents, teachers, Sencos, Healthy Schools Co-ordinators and school support staff.

Programme 2 Senior Schools

A signposting and information programme consisting of a mail pack which includes:

- Laminated Dental First Aid Poster – What to do if an adult tooth is knocked out. This simple advice can prevent a teenager requiring a denture by their own tooth being implanted correctly, it will also help reduce dental injuries
- List of local NHS dentists
- Pro forma for referral into the Community Dental service explaining criteria for referral.

Target: students, teachers, Sencos, Healthy Schools Co-ordinators and school support staff.

Programme 3 New Intake Children - Reception year

An information welcome starter card for children starting school.

Target: Reception class children and their families, teachers, Senco's and school support staff.

Programme 4 Dental Programme for Special Educational Needs Schools

A school tooth brushing programme is set up and maintained by the oral health team in Special Educational Needs Schools. The aim of the programme is to have daily supervised tooth brushing at school in addition to any tooth brushing that happens at home. Training is provided for all staff involved. Equipment provided includes toothbrush holders and covers, toothpaste at optimum fluoride level, toothbrushes and appropriate labelling, poster to be displayed near brushing area.

Target: Children attending Special Educational Needs schools, and staff.

Programme 5 Early Years – Children Centres and Nurseries promoting good oral health

The programme involves a variety of oral health initiatives that will facilitate the national drive to reduce dental disease among children. Using children's centres and nurseries our local strategic objective is to improve oral health outcomes for the more vulnerable groups in our communities by focusing on children living in communities of relative deprivation, and children with learning difficulties.

The programme involves training staff in Children's Centres and identifying a nominated lead for oral health. The oral health lead for Children's Centres is responsible for identifying and nominating Oral Health Champions that will be assigned to individual children's centre/cluster/managers. Oral health champion's (OHC) are responsible for

- Implementing the standardisation of the oral health leaflets throughout all centres
- Responding to oral health enquiries from families attending centres
- Sign-posting to local GDP/community dental service
- Oral health sessions, displays/and campaigns for the centre.
- Working with clinical teams to arrange outreach check-up programmes for all red and amber families and signposting green families to General Dental Practitioners.

Target: families attending Children Centres, Children's Centre staff.

Programme 6 Oral health training for all who work with Early Years

This training programme facilitates the national drive to reduce early onset of dental disease among children using people who work with early years.

Training objectives are to enable participants to

- Recognise the factors that contribute to poor oral health
- Understand how good oral health contributes to overall health and wellbeing
- Understand that dental diseases are mainly preventable
- Understand the role of fluoride in prevention
- Realise the importance of early and regular dental attendance
- Apply information learnt to promote oral health within their work role

Target: Health Visitors, School Nurses Health Visitor teams, School Nurse Teams, Children Centres, Community/Nursery Nurses, Foster Care and Child Minder Leads.

Programme 7 Vulnerable Adults programme

This programme is an oral health training schedule for any staff or people who work with vulnerable adults, including older people and people with learning disabilities.
Target: Staff and carers from Care and Nursing Homes, Residential homes, Day centres for older cared for adults, adults with learning disabilities. District nurses, Adult speech and language therapists.

Programme 8 Vulnerable Adults Signposting programme

A poster campaign which aims to raise awareness of the signs and symptoms of oral cancer, and encourage early presentation.

Target: adults attending Health Centres, Pharmacists, Libraries.

Programme 9 Work programmes for vulnerable adults

A training programme delivered to adults with learning disabilities or adults who experience mental health problems. Each session is tailored to meet the needs of the participants

Target: vulnerable adults

Programme 10 Substance & Alcohol Misuse team oral health training

A training programme which aims to raise awareness of oral health issues pertaining to substance misuse and alcohol users. This includes

- Increasing knowledge of the oral health issues and barriers to accessing care, experienced by people that abuse alcohol/ substances.
- Awareness of oral health messages
- Ability to provide tailored oral health information for clients
- Awareness of the early warning signs of oral cancers, and those groups who have an increased risk of developing the disease.
- Ability to signpost people to access dental care/out of hours emergency dental care.

Target: People who use Substance & Alcohol Misuse services and staff

Programme 11 Support National Campaigns

National Smile Month - May – June
Oral Cancer Awareness Month – November Stop
Smoking Campaigns
Supports other national events such as Parkinsons Week, Action on Stroke Month, Older People's Day and Alzheimer's Day.

Programme 12 Support Local Campaigns

Includes Stop Smoking events, NELFT Health and Wellbeing day, Autism Awareness Month/Day.

APPENDIX D - COMMISSIONING MAP FOR DENTAL SERVICES IN BARKING AND DAGENHAM

NHS England London region is responsible for the commissioning of all clinical dental services. They commission the following dental services:

- General dental services – high street dentists
- Community dental services – dental services for the vulnerable and people with special needs
- Out of hours urgent care dental services – dental services for evenings, weekends and bank holidays
- Primary care specialist dental services – dental services for people requiring complex endodontics (root canal), periodontics (gum disease) and prosthodontics (dentures, crowns and bridges)
- Hospital dental services

Local authorities are responsible for the commissioning of the following non- clinical oral health services

- Oral health improvement programmes
- Oral health surveys as part of local and national epidemiology programmes

APPENDIX E - CLINICAL GOVERNANCE

Dental care in Barking and Dagenham is provided by Dental Professionals who must be registered with the General Dental Council and meet their standards.

There are nine principles they must follow:

- Put patient's interests first
- Communicate effectively with patients Obtain valid consent
- Maintain and protect patients' information
- Have a clear and effective complaints procedure
- Work with colleagues in a way which is in patients' best interests
- Maintain, develop and work within professional knowledge and skills
- Raise concerns if patients are at risk
- Make sure personal behaviour maintains confidence in them and the profession

The Care Quality Commission inspectors use professional judgement, supported by objective measures and evidence, to assess dental services against five key questions:

C	Caring - staff involve and treat people with compassion, kindness, dignity and respect.
R	Responsive - services are organised so that they meet people's needs.
E	Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

W	Well-led - the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.
S	Safe - people are protected from abuse and avoidable harm.

Useful websites

General Dental council www.gdc-uk.org

Website details for British National Formulary and Children's British National Formulary http://medicinescomplete.com/mc,

Website details for Management of Dental Trauma www.dentaltraumaguide.org

Early detection and prevention of oral cancer https://www.bda.org/dentists/policy-campaigns/public-health-science/public-health/Documents/early_detection_of_oral_cancer.pdf#search=early%2520detection%2520and%2520prevention#

National Institute for Clinical Excellence http://pathways.nice.org.uk

Scottish Dental Clinical Effectiveness Programme http://www.sdcep.org.uk/

Faculty of General Dental Practice http://www.fgdp.org.uk/

Care Quality Commission www.cqc.org.uk

Appendix F – Oral Health Promotion Action Plan

No.	Area of work	Action	Who
1.	**Parenting**		
1.1		Provide oral health resource packs at antenatal classes in Children's Centres	Children's Services
1.2		Develop educational oral health programmes for parenting classes	Children's Centres
2.	**Infancy**		
2.1		Ensure oral health input into infant feeding guidelines	NELFT
2.2		Distribute free toothbrushes and toothpastes to every child in the borough at 8 months (to include weaning/drinking cups) and focus on children up to 2 years	Children's Services
3.	**Pre-school**		
3.1		Place an emphasis on parents through Children's Centres and other Early Years settings and promote the values of good oral health through knowledge and oral health behaviours and promoting self care	Children's Centres
3.2		Develop supervised tooth brushing protocol	NELFT
3.3		Supervised tooth brushing sessions targeted at special schools and areas in the borough where there is the greatest need	NELFT
3.4		Develop oral health booklet for pre-schoolers	Children's Services

3.5		Establish an accreditation process for early years settings that offer healthy food/snack policies and daily supervised tooth brushing	Children's Services
4.	**School**		
4.1		All schools offered opportunity to be involved in supervised tooth brushing programme	Education Services
4.2			
4.3		Develop oral health education resource for schools	PHE
5	**Raising Awareness**		
5.1		Develop communication plan to support National Smile Month and Mouth Cancer Awareness annual campaigns	Communications and Marketing
5.2		Actively participate in annual National Smile Month and Mouth Cancer Awareness annual campaigns, the British Dental Association's 'Make a meal of it' campaign (damage done to the oral health of children by sugary and acidic food and drink)	Communications and Marketing
6.	**Training**		
6.1		Conduct oral health workshops for all front line staff including early years settings	NELFT
6.2		Incorporate oral health input into early years training programmes provided in the borough	NELFT
7.	**Vulnerable Groups**		
7.1		Ensure the oral health needs of newly arrived children in the borough are identified and met through collaborative working	Children's Services
7.2		Ensure the oral health needs of looked after children in the borough are identified and met through collaborative working	Children's Services

7.3		Ensure the oral health needs of disabled children in the borough are identified and met through collaborative working	Children's Services
8.0	**Older People**		
8.1		Ensure that preventive packages are developed. Including older people living independently, in assisted housing and those in nursing and residential homes.	Adults Care and Support

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HEALTH AND WELLBEING BOARD

31 January 2017

Title:	**CONTRACT: Children's Emergency Duty Team: 4 Borough Shared Service Arrangement**
Report of the Lead Member for Health and Social Care Integration	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision:** Yes
Report Author: Paul Williamson, Commissioning and Projects Manager, Children's Care and Support, London Borough of Barking and Dagenham	**Contact Details:** Tel: 020 8227 5966 E-mail: paul.williamson@lbbd.gov.uk
Sponsor: Anne Bristow, Strategic Director for Service Development and Integration, London Borough of Barking and Dagenham	

Summary:

The Council is required to provide or secure an Emergency Duty Team for Children (EDT). There is a statutory duty for the council to safeguard children at risk of harm and the Children's EDT allows the Council to meet this duty.

A review of the options for the future provision of the Children's EDT has taken place. Based on the review this report makes recommendations for the future procurement of the Children's Emergency Duty Team service.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Consider the different options to secure the Children's Emergency Duty Team.

(ii) Agree to enter into a new three (3) year shared service arrangement with the London Boroughs of Redbridge, Waltham Forest and Havering for the delivery of the four-borough Children's Emergency Duty Team from the 1st April 2017.

(iii) Agree a total contract value for the London Borough of Barking and Dagenham of £691,231.49, with the following annual amounts; 2017/18 - £228,398.26, 2018/19 - £230,403.76, 2019/20 - £232,429.47.

Reason(s)

In 2013, the London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest agreed in principle to merge the Emergency Duty Teams (EDT). There is a four-borough Children's EDT delivered by the London Borough of Redbridge and a four-borough Adults EDT delivered by NELFT.

Since June 2014, the Children's EDT partnership for the four boroughs, which is known as the '4-boroughs Children's EDT Service', has been providing this service. The

Children's EDT is operated by the London Borough of Redbridge as the Lead Authority and the four-borough contract for the service ends in March 2017. There is no provision to extend the contract beyond this date

1. Introduction and Background

1.1 The Council is required to provide or secure an Emergency Duty Team for Children. The Social Work Emergency Duty Team (EDT) responds to out-of-hours referrals and enquiries relating to the care and support of children, young people and adults. There is a statutory duty for the council to safeguard children at risk of harm and the Children's EDT allows the Council to meet this duty.

1.2 For the Council to meet statutory safeguarding obligations it is essential that the EDT service is of good quality and is integrated with the work of the Council's Children's Care and Support teams and related IT systems.

1.3 Since June 2014, the Children's EDT has been a shared service. The service is operated by the London Borough of Redbridge on behalf of four neighbouring authorities under a shared contract arrangement.

1.4 Prior to 2014-15, Barking and Dagenham operated an in-house Children's EDT service.

1.5 In 2013, the London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest agreed in principle to merge their Emergency Duty Teams (EDT). It was decided to have a single Children's EDT partnership for the four boroughs, which is known as the '4-boroughs Children's EDT Service', operated by the London Borough of Redbridge as the Lead Authority.

1.6 The Barking and Dagenham Health and Well-Being Board approved the contact with the London Borough of Redbridge for the provision of the Barking and Dagenham Children's EDT service in 2014. As a shared service contract this decision was not subject to the Public Contracts Regulations 2006.

1.7 The contract for the Children's EDT Service commenced in June 2014 and runs until the 31 March 2017. There is no provision to extend the contract. This report considers the options for the future arrangements of the Children's EDT. The current cost of the service is £265,000 per annum, plus £5,000 of ICT support costs.

1.8 The Lead Authority, the London Borough of Redbridge, has prepared a budget for the continued operation of the Children's EDT service to March 2020 based on all four boroughs agreeing to a new 3-year contract. The proposed budget includes a reduction in expenditure of 7% in 2017-18 followed by increases of 1% each year in 2018-19 and 2019-20.

1.9 The funding model for the Children's EDT Service has been revised based on actual referrals. This will result in the Barking and Dagenham contribution reducing from 28% to 26% of the total contract value from April 1st 2017. The combined impact of the proposed budget and the re-basing of contributions is a reduction in cost of 15% for LBBD. This results in a total charge of £228,398 in 2017-18, inclusive of £5,000 of ICT support costs. This will increase to £230,404 in 2018-19 and £232,429 in 2019-20.

1.10 The Adult EDT is operated on behalf of the four boroughs by NELFT. This contract is being reviewed by Adult Care and Support. There are no plans to combine the adults and children's EDTs within a 4-borough model.

2. Proposal and issues

Procurement Options

2.1 There are a range of options for the future procurement of the Children's EDT service. These are summarised as follows:

1. Extend the existing contract by three years on the basis of the existing contractual terms and a reduced contribution from LBBD.

2. Extend the existing contract by one year, with contract variations to be negotiated.

3. Procure a new service alongside neighbouring local authorities through an open tender exercise.

4. Procure a single borough Children's EDT service for Barking and Dagenham.

5. Bring the service back in-house.

Option 1: Extend the existing contract by three years on the basis of the existing contractual terms and a reduced contribution from LBBD.

Benefits	Risks
Continuity of Service. No redundancy costs or TUPE process. The cost of the contract will reduce by approximately 15% in 2017-18. Minimises disruption and the costs associated with procuring a new service. The existing service is well integrated with the Children's Care and Support services provided in LBBD. Enables LBBD to secure a known provider with a known level of support and performance. Staffing is now stable without the use of agency staff. Provides reasonable consistency for the existing service.	A detailed review has not been completed by the EDT Board. Commits the four councils to the same service model for a further three years and does not test the market for a better value provider. The existing service has not clearly demonstrated value for money despite improvements in efficiency.

Option 2: Extend the existing contract by one year, with contract variations to be negotiated.

Benefits	Risks
Continuity of Service for one year. No redundancy costs or TUPE process. Gives LBBD one year to review the service and consider alternative models in more detail. Minimises disruption and the costs associated with procuring a new service in the short-term. Retention of an established service that is improving and becoming more stable. Provides LBBD with a known and consistent level of support. There is a stable staff team for the first time. The four-borough model should result in economies of scale and opportunities for professional development for staff.	May increase the cost of the contract due to potential redundancy costs and a more limited planning timeframe. A one-year arrangement reduces the capacity of the service provider to reduce costs through long-term planning. A detailed review has not been completed by the EDT Board. The existing service has not clearly demonstrated value for money despite improvements in efficiency. Results in continued uncertainty for the service provider. May prevent the service from seeking new business opportunities from other local authorities.

Option 3: Procure a new service alongside neighbouring local authorities through an open tender exercise.

Benefits	Risks
May attract a good quality provider at lower cost. A new provider might offer a greater level of innovation. This approach would require the preparation of a new specification.	Requires agreement from all four local authorities, which is unlikely. The tender exercise is costly and will take at least 6 months to complete. The market is underdeveloped in this area. It may not be possible to secure a high-quality provider at less cost than the current service. Will result in a TUPE process and some staff may not wish to transfer to a new service provider. Creates uncertainty for the existing provider at a time when the service is stable and improving.

	Could reduce integrated working with other agencies, including local authority Care and Support teams.

Option 4: Procure a single-borough Children's EDT Service for Barking and Dagenham.

Benefits	Risks
The service would be wholly accountable to LBBD. The specification could be tailored to meet the specific of LBBD clients. This approach could be combined with the Adults EDT service if this was a desirable approach.	Would reduce economies of scale. Requires a costly and time consuming procurement process. A smaller EDT team may have less expertise and be less responsive, with less flexibility to provide staff cover. Results in a TUPE process. Staff may not be willing to transfer to the provider. The provider may not wish to take on staff liabilities, reducing the chance of a successful tender.

Option 5: Bring the Children's EDT service back in-house

Benefits	Risks
The service would be wholly accountable to LBBD. The service will be fully integrated into the Care and Support structure. This approach could be combined with the Adults EDT service if this was a desirable approach.	Would reduce economies of scale. Requires a costly and time consuming transfer process. A smaller EDT team may have less expertise and be less responsive. There is less flexibility to provide staff cover in a small team. Results in a TUPE process and staff may not wish to transfer to LBBD. LBBD would be required to take on staff liabilities.

Summary of Options

2.2 In terms of cost, the 4-borough model provides significant economies of scale. After 2 years of operation it has been possible for the London Borough of Redbridge to demonstrate financial efficiencies, reducing the overall cost of the service to LBBD by 15%.

2.3 The existing service model has good and improving performance. The recruitment of permanent qualified staff should enable to the service to improve further.

2.4 A three-year contract extension, in line with the current contract terms has allowed for the council to renegotiate the contract value. This option will provide for service continuity, whilst ensuring a stable contractual arrangement for the existing service to develop further and secure the required efficiencies.

2.5 Option 2 will result in uncertainty for the provider and will impact on long-term planning. This may prevent the service from securing new business from other local authorities.

2.6 Moving to an alternative service model (Options 3-5) at this stage is high risk for the following reasons:

- The procurement or transfer process is likely to be costly
- The market for this service area is not developed and associated staff liabilities may restrict interest in the tender.
- Staffing has been stabilised and a significant change would put this at risk.
- There is no reason to believe that an alternative service model will reduce cost, and it may lead to increased expenditure when compared to the four-borough model.
- These options all result in a TUPE process and a transfer of staff liabilities. This can be complex and may result in additional costs to the council.

2.7 The Adults EDT is provided by NELFT. This service is also under review and consideration will be given to the advantages of combining this service with the Children's EDT.

2.8 The reduction in the cost of the four-borough contract, combined with the reduction in the Barking and Dagenham contribution to 26% of the total, will result in a total saving of approximately £42,000 in 2017-18. This saving is only guaranteed by option 1.

Alternative Options Considered and Rejected

2.9 **Extend the existing contract by one year, with contract variations to be negotiated;** This is rejected because it is likely to increase the cost of the contract and create uncertainty for the provider.

2.10 **Procure a new service alongside neighbouring local authorities through an open tender exercise;** This is rejected because the market is underdeveloped for EDT services and the existing model provides good economies of scale and is performing well. There would also need to be a costly procurement exercise with associated TUPE issues.

2.11 **Procure a single borough Children's EDT service for Barking and Dagenham;** This option is rejected because it would reduce economies of scale leading to a more expensive service. There would be a costly procurement and potential redundancy costs. As the market is underdeveloped there is no guarantee that a provider would be secured.

2.12 **Bring the service back in-house;** This option is rejected because it would reduce economies of scale leading to a more expensive service. LBBD would need to follow a TUPE process to take on staff from the existing service provider and would inherit associated staff liabilities.

Performance of the Children's EDT Service

2.13 The latest performance report was presented to the 4-Borough EDT Board in October 2016. It covers the period July-September 2016 and is available as a background paper to this report.

2.14 In the last quarter 4699 contacts were logged by the EDT Service. The breakdown of contacts is included in Table 1 below. The figure in the previous quarter was 4541. The total contacts per borough were Waltham Forest 1426, Havering 932, Barking and Dagenham 1455, and Redbridge 841, other Local Authorities 42.

Table 1: Contacts received by the 4-Borough EDT Service July 2016 - September 2016

Borough	July 2016	Aug 2016	Sept 2016	Total
Barking & Dagenham	616	479	360	1455
Havering	364	278	290	932
Redbridge	257	292	295	844
Waltham Forest	592	496	338	1426
Other LA	13	20	9	42
Total	**1842**	**1565**	**1292**	**4699**

2.15 There were 1931 missing or absent episodes, of which 773 were children and young people missing from care and 25 were missing from home. Barking and Dagenham had the highest proportion of missing/absent contacts at 34% of the total.

2.16 During the first quarter of 2016-17, the EDT dealt with 15 children from Barking and Dagenham that needed to be accommodated and a further 8 children were taken into police protection.

Table 2: Children Accommodated July 2016 – September 2016

Barking and Dagenham	Jul 2016	Aug 2016	Sep 2016	Total
Children Accommodated	5	4	6	**15**
Children Accommodated That Were Seen	5	3	4	**12**
Children Taken Into Police Protection	5	2	1	**8**
Number of Times Practice Manager Called	25	21	34	**70**

2.17 From May 2016, the EDT log contained a new category, Homeless Family. This is used when EDT receive a referral due to a family being homeless. Barking &

Dagenham have seen a significant increase in the number of homeless family referrals with 139 compared to 38 last quarter.

2.18 Since the EDT Board Meeting in May 2016, corrective action has demonstrated a substantial improvement in the number of children seen who are accommodated. Overall there has also been an increase in the number of children seen out of hours in all local authority areas.

Table 3:

Month	Visit Made to Child	Child Seen	Reasons for Referral
Jul 2016	1	1	Unaccompanied Asylum Seeker
Aug 2016	4	4	Placement Breakdown x 1 Unaccompanied Asylum Seeker x 2 Police Protection x 1
Sep 2016	7	7	Placement Breakdown x 2 Unaccompanied Asylum Seekers x 2 Parental Substance Misuse x 2 Physical Abuse

2.19 The recording of data is effective and the EDT Board use performance data to inform strategic decisions and service planning.

2.20 A new staffing structure was adopted following the transfer of staff to establish the new service in 2014. Staff vacancies resulted in the use of a high proportion of agency staff. This impacted on service delivery and resulted in increased costs.

2.21 Following this period of high staff vacancies and use of agency staff, the team has stabilised. This has followed the permanent recruitment to a number of positions. The rota is fully covered, with all double shifts staffed at the weekends.

2.22 The EDT service has received positive feedback from Barking and Dagenham senior managers in Children's Care and Support. The EDT responds to a variety of challenging issues in Barking and Dagenham. EDT staff are working effectively with Children's Care and Support staff to tackle these cases.

3. Mandatory Implications

Joint Strategic Needs Assessment

3.1 Whilst not explicitly linked to the health components of the JSNA, this strategy does support the key priority themes of Care and Support and Protection and Safeguarding.

Health and Wellbeing Strategy

3.2 Whilst not explicitly linked to the health components of the Health and Wellbeing Strategy, this procurement does support the key priority themes of Care and Support and Protection and Safeguarding.

Integration

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

Financial Implications

(Implications completed by: Katherine Heffernan, Group Manager for Service Finance)

3.4 The council will spend £265,000, plus £5,000 for ICT support, in 2016-17 in line with the four-borough Children's EDT contract. This is within the existing budget for the Children's EDT.

3.5 The cost split for the service was determined in 2013-14. A new cost split has been proposed by the London Borough of Redbridge reflecting the number of contacts per borough. It is anticipated that based on the number of contacts and referrals received the contribution from Barking and Dagenham will reduce from 28% to 26% from 2017-18.

3.6 The existing service is performing well and can deliver 15% reduction in cost from 2017-18. A new contract based on the existing terms and conditions can be put in place for the period April 1 2017 until March 31 2020.

3.7 The required budget in 2017-18 will be approximately £223,398, plus £5,000 for ICT support, and will increase by 1% in 2018-19 and 2019-20 respectively. This will deliver a 15% saving of approximately £42,000 in 2017-18. The subsequent increases will require a small budget uplift in 2018-19 and 2019-20.

3.8 The total value of the new three-year contract is £691,231.49. This level of funding can be met from the existing Children's Care and Support budget.

Legal Implications

(Implications completed by: Kayleigh Eaton, Contracts and Procurement Solicitor, Law and Governance)

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

3.10 This report advises that this is a shared service arrangement led by the London Borough of Redbridge. Under the Public Contracts Regulations 2015 ("PCR 2015") an exemption has been provided for contracts which establish or implement co-operation between contracting authorities. Providing the arrangement is a genuine collaboration between the local authorities, this will not be an agreement which is subject to the PCR 2015.

3.11 As the value of the Council's contribution exceeds £500,000 the responsible directorate is seeking approval from the Health and Wellbeing board to enter into this arrangement.

3.12 The Law and Governance Team will be on hand to assist and advise on the proposed documentation to be adopted for the shared service arrangement and will be available to answer any queries which arise throughout the contract period.

Risk Management

3.13 There are no procurement implications for this partnership agreement, due to the fact that under the Public Contracts Regulations 2015 ("PCR 2015") an exemption has been provided for contracts which establish or implement co-operation between contracting authorities.

3.14 The partnership agreement has been specifically tailored to ensure that aspects such as monitoring, accountability and collaboration for effective functioning of the EDT, are all addressed. The London Borough of Barking and Dagenham is represented on the four-borough EDT Board.

3.15 The performance monitoring of the service has been effectively managed. This has supported a continuous improvement in quality during the initial contract period.

Patient / Service User Impact

3.16 The current service is delivered from two location hubs Barking and Dagenham and Havering (hub 1) and LBR and LBWF (hub 2). The potential for one hub to cover the other when multiple and/or prolonged emergencies arise results in a more resilient service and improved outcomes for service users.

3.17 The two most recent EDT performance reports are attached as background papers to this report. They demonstrate that the service is dealing with an average of 485 contacts relating to LBBD each month. The monitoring of cases and follow-up is well documented in the report. Children's Care and Support professionals in LBBD report that the EDT is functioning well and that work with service users is effective.

4. Non-mandatory Implications

Safeguarding

4.1 The Children Act 1989 requires Local Authorities to provide services for children in need for the purposes of safeguarding and promoting their welfare. The EDT service is required to adhere to the duties under the Children Act 1989 and all the Council's local safeguarding procedures. These are explicitly addressed within the service specification that forms a schedule of the contract that has been scrutinised by the Council's Legal Department.

Customer Impact

4.2 There is no change to the current arrangements.

Contractual Issues

4.3 Partnership agreements will be issued by LBR in line with the existing arrangements. These will be reviewed by the LBBD Legal Department before new agreements are sealed.

Public Background Papers Used in the Preparation of the Report:

EDT Shared Service: 4 boroughs Children's EDT Service, Health and Well-Being Board Report, October 2014

4-Borough's Emergency Duty Team Performance Report, 1st April 2016 – 31st August 2016

4-Borough's Emergency Duty Team Performance Report, 1st July 2016 – 30th September 2016

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HEALTH AND WELLBEING BOARD

31 January 2017

Title: CONTRACT: Recommissioning Healthwatch Barking and Dagenham	
Report of the Strategic Director Service Development and Integration, London Borough of Barking and Dagenham	
Open Report	**For Decision**
Wards Affected: All	**Key Decision:** Yes
Report Author: Andrew Hagger Health and Social Care Integration Manager	**Contact Details:** Tel: 020 8227 5071 E-mail: andrew.hagger@lbbd.gov.uk
Board Sponsor: Anne Bristow, Strategic Director Service Development and Integration, London Borough of Barking and Dagenham	
Accountable Director: Mark Tyson, Commissioning Director; Adult's Care & Support, London Borough of Barking and Dagenham	

Summary:

Local authorities are required to commission a local Healthwatch organisation under the Health and Social Care Act 2012. Healthwatch acts as a consumer champion for users of health and social care services, making sure that people know where to go to raise concerns and obtain information about health and social care services, that people's views and experiences are heard, improving scrutiny of health and social care services and helping local people to influence commissioning decisions.

Healthwatch is a key part of the local health and social care landscape, it has a statutory place on the health and wellbeing board where it can share evidence and feedback on what people think about their health and social care services to system leaders to ensure that services meet the needs of and are shaped by local communities. It can also enter and view services such as care homes and hospitals, observe what is happening and report back to commissioners.

Healthwatch is currently provided by Harmony House CIC, but the contract is due to expire and needs to be recommissioned. The report sets out the reasons behind procuring a new Healthwatch service and the process behind it.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Agree that the Council proceeds with the procurement of a contract for a local Healthwatch for Barking and Dagenham in accordance with the strategy set out in this report.

(ii) Delegate authority to the Strategic Director Service Development and Integration, in consultation with the relevant Cabinet Member(s), the Strategic Director of

Finance and Investment and the Director of Law and Governance, to conduct the procurement and enter into the contract and all other necessary or ancillary agreements with the successful bidder(s) in accordance with the strategy set out in the report

Reason(s)

The Health and Social Care Act 2012 established a new consumer champion for users of health and social care services called Healthwatch. Local authorities are required to commission a local Healthwatch organisation from 1 April 2013.

Providing a local Healthwatch for Barking and Dagenham service will enable residents to continue to give citizens a stronger voice to influence and challenge how health and social care is delivered. The service promotes the Council's vision of 'One Borough; One Community; London's Growth Opportunity' and particularly the priorities of:

- Encouraging civic pride by "promoting a welcoming, safe and resilient community" and "build civic responsibility and help residents shape their quality of life".
- "Encouraging Social Responsibility" by "protecting the most vulnerable, keeping adults healthy and safe" and "Support residents to take responsibility for themselves, their homes and their community

1 Introduction and Background

1.1 The Health and Social Care Act 2012 established a new consumer champion for users of health and social care services called Healthwatch, which supports the aim of placing users and the public must be at the heart of all health and social care service delivery. Local authorities are required to commission a local Healthwatch organisation from 1 April 2013.

1.2 National guidance specifies the key functions that Healthwatch must deliver, but leaves the local specification up to local authorities to determine the best model to meet the needs of their local residents.

1.3 The Health and Social Care Act 2012 also states Healthwatch must be an independently constituted corporate body, which is a social enterprise, not for profit, able to carry out corporate functions, employ people and sub-contract where it chooses.

1.4 The national vision for Healthwatch is a body which will give local communities a bigger say in how health and social care services are planned, commissioned, delivered and monitored. Healthwatch will ensure services meet the health and wellbeing needs of local people and groups, and address health inequalities. It will strengthen the voice of local people and groups, helping them to challenge poor quality services.

1.5 In addition the Care Act 2014 places a new duty on local authorities in relation to the provision of care and support from April 1 2015. As part of this an effective local Healthwatch will appropriately challenge and engage.

1.6 Healthwatch Barking and Dagenham has been in place since the 1st April 2013. Healthwatch Barking and Dagenham is an independent organization as required by the Health and Social Care Act 2012 and is delivered through the general

governance arrangements of Harmony House Community Interest Company. Harmony House won the contract to deliver Healthwatch through a competitive process.

1.7 Healthwatch Barking and Dagenham is provided via a hub and spoke model, with Healthwatch as the central organisation (hub) which meets the locally specified aims and objectives, with issues and concerns fed up and down through a network of local organisations (spokes) and through establishing connections with local residents not connected to the groups.

1.8 The key outcomes for Healthwatch Barking and Dagenham are:

- People know where to go to raise concerns and obtain information about health and social care services.
- People's views and experiences are heard.
- Improved scrutiny of health and social care services.
- Commissioning decisions influenced by local people.

1.9 Under the Healthwatch regulations, local Healthwatch organisations have the power to Enter and View health and social care providers so that authorised representatives can observe matters relating to health and social care services. Organisations must allow authorised representatives to Enter and View and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services. Healthwatch produces a report and recommendations from each Enter and View visit, which is published online and circulated to partners. Enter and View reports are reported in regularly scheduled updates to the Health and Social Services Select Committee.

1.10 Healthwatch are also required to produce an annual report, which is submitted to Healthwatch England, published online and is formally received by the Health and Wellbeing Board.

1.11 The contract for Healthwatch Barking and Dagenham includes a performance framework, which requires them to submit regular service, organisational and financial information. As a minimum Healthwatch Barking and Dagenham provides quarterly monitoring reports on performance measures, which are based on service outcomes tied to the key outcomes identified above. Quarterly monitoring meetings by the officer monitoring the contract take place where performance information is discussed. In addition, numerous contacts outside monitoring meetings take place where ad-hoc issues and performance can be discussed.

1.12 The contract for Healthwatch provision ends on 31 March 2017. Due to delays in the recommissioning of this service, a waiver to extend the current contract until 30 June 2017 via direct award under delegated authority is being prepared. This will allow existing service delivery to continue while the procurement exercise described in this report takes place.

1.13 The upcoming end of the current contract for Healthwatch Barking and Dagenham offers an opportunity to assess what Healthwatch has achieved so far and what Barking and Dagenham requires from a local health and social care watchdog in the future.

2 Procurement Strategy

Outline specification of the works, goods or services being procured.

2.1 An award for a two year contract with the option to extend for further 1+1 years will be made. The successful provider will provide a local Healthwatch for Barking and Dagenham that will fulfil the following criteria;

- Provide information and advice to the public about accessing health and social care services and choice in relation to those services.
- Make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Obtain the views of people about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning and scrutiny of care services
- Make reports and make recommendations about how those services could or should be improved

Estimated Contract Value, including the value of any uplift or extension period.

2.2 The current contract is £125,000 per annum, which is towards the lower end of the spectrum in terms of comparable cost with other Healthwatch organisations in London, with benchmarking information from the London Healthwatch Commissioners Network indicating a range of value in contracts from £100,000 to £249,000 pa. In terms of per person spend on Healthwatch, figures presented at the National Healthwatch Commissioners Conference showed that nationally, spend per person ranges from £0.42 per person to £0.89 per person. In Barking and Dagenham spend is £0.62 per person.

2.3 The current Healthwatch contract is funded from two sources, the Local Reform and Community Voices Grant (LRCV) and from the Integration and Commissioning budget. The LRCV provides funding for Healthwatch, Deprivation of Liberty Safeguards in Hospitals and the Independent Complaints Advocacy Service. The grant was reduced by 25% from 2014/15 to 2015/16 and was maintained at the 2015/16 level for 2016/17. The LRCV for 2016/17 is £124,828, of which £51,330 is available for the provision of Healthwatch, with the remaining funding drawn from the Integration and Commissioning budget. There has been no indication as yet from central government as to whether the LRCV will continue as its current level for 2017/18, if there are further reductions this will represent a cost pressure to be managed within the Integration and Commissioning budget.

2.4 The Council has an indicative budget of £120,000 per annum for the provision of this service. Tenderers will therefore be required to submit prices up to £120,000 per annum. There is a proposed one-off payment of £10,000 in the first year of the contract to assist with set up costs.

2.5 The cost over the 4 year contract period is estimated to be £480,000 plus £10,000 one-off startup cost .

Duration of the contract, including any options for extension.

2.6 Healthwatch Barking and Dagenham will be procured in the first instance for a period of 2 years with an additional extension of one year (plus one year) dependent on satisfactory performance in line with the specification and available funding

Is the contract subject to (a) the (EU) Public Contracts Regulations 2015 or (b) Concession Contracts Regulations 2016? If Yes to (a) and contract is for services, are the services for social, health, education or other services subject to the Light Touch Regime?

2.7 Yes, but subject to the Light Touch Regime

Recommended procurement procedure and reasons for the recommendation.

2.8 The recommended route for this service is the open procurement procedure for the award of a 2 year contract from 1 July 2017 to 30 June 2019 with the option to extend for a further 1 (+1) year(s). As the procurement is a high value contract but below the EU procurement threshold under the light touch regime, there will be a formal invitation to tender with an advertisement on the Council website and Contracts Finder and compliance with EU principles of transparency and equal treatment. The procedure will cover the essentials required including information such as timescales, evaluation methodology and any scope for change / change management procedures. The contract will contain specific service requirements, and expected outcomes. Key performance indicators will be outlined in the service specification and agreed with the provider. Performance management of the service will be undertaken by LBBD by a named contract monitoring officer.

2.9 The Council will negotiate and issue the contract in line with the Council's standard terms and conditions for the provision of the service with a break and variation clauses. The contracts will include service specification requirements and expected outcomes. Key performance indicators will be outlined in the service specification and agreed with the providers. Performance management will be carried out by LBBD.

The contract delivery methodology and documentation to be adopted.

2.10 The Council's standard terms and conditions will be used for these contracts. The delivery option being adopted from the contract rules is: 15.1.(b) Getting a third party public or private body to provide the goods, services or works on behalf of the Council.

2.11 The provider will deliver against the terms of the contract, with objectives, outcomes and performance indicators set out in the service specification and agreed with the provider. Performance management of the service will be undertaken by LBBD by a named contract monitoring officer.

Outcomes, savings and efficiencies expected as a consequence of awarding the proposed contract.

2.12 Healthwatch Barking and Dagenham will provide information and advice to the public about accessing health and social care services, support the involvement of people in the monitoring, commissioning and provision of local health and social care services, make reports and make recommendations about how those services could or should be improved and champion the local voice.

2.13 LBBD will fulfil its statutory obligation to commission a local Healthwatch organisation, while the activities of Healthwatch will support the delivery of duties outlined in the Care Act 2014 and the borough's Joint Health and Wellbeing Strategy.

Criteria against which the tenderers are to be selected and contract is to be awarded.

2.14 The criteria on which the tenderers are to be selected are still under development and will be assessed by a 80:20, price:quality ratio. Provision will be made to include health partner and service user participation in the evaluation of the bidders.

2.15 An indicative timetable for the tender is set out below:

Milestone	**Date**
Health and Wellbeing Board	31 January 2017
Advert	February 2017
Tender Return Date	March 2017
Evaluation	March/April 2017
Award decision	April 2017
Service mobilisation	1 May 2017 – 30 June 2017
Contract start date	1 July 2017

How the procurement will address and implement the Council's Social Value policies.

2.16 The Council's social value responsibilities are taken through its vision: One borough; One Community; London's growth opportunity.

2.17 Healthwatch Barking and Dagenham supports residents to challenge health and social care services locally which potentially enables residents to access improved services locally. In addition, it will facilitate volunteering opportunities and involve residents at a board and implementation level.

3 Options Appraisal

Option 1: Do Nothing

3.1 This option is not viable as the Council has a statutory obligation to commission a local Healthwatch organisation. The current Healthwatch contract has been extended for the maximum duration and a re-tender of the service is therefore required.

Option 2: Joint commissioning of a Barking, Havering and Redbridge Healthwatch

3.2 Given the increased work around integration being carried out across the Barking, Havering and Redbridge health and care system, options were explored in commissioning an organisation that would provide a Healthwatch across the 3 boroughs. There was no agreement or commitment established to pursue this option, so it has been rejected, but can be explored again in any future commissioning of the service.

Option 3: Undertake Competitive Open Tender (preferred option)

3.3 An open tender allows for Healthwatch Barking and Dagenham to be reshaped to reflect the developments in the health and social care landscape over the 4 years since Healthwatch came into being. It also allows incorporation of Healthwatch England's Quality Statements (published March 2016), which clarifies the role of Healthwatch. The open tender route allows for a wider net for potential bidders and is a transparent process which ensures that the most economically advantageous tender to the Council (i.e. with the best price and meeting all the technical requirements of the service) is awarded the contract.

Waiver

3.4 Not applicable

4 Mandatory Implications

Joint Strategic Needs Assessment

4.1 The provision of a local Healthwatch align wells with the strategic recommendations of the Joint Strategic Needs Assessment, particularly around providing a voice for and information to residents that helps to address health inequalities within barking and Dagenham.

Health and Wellbeing Strategy

4.2 Healthwatch plays a key role in the health and care system in the borough and supports the delivery of the Health and Wellbeing Strategy, particularly around raising the concerns of people regarding the many health challenges the borough faces, raising the profile of public opinion and, through Enter and View, improving the quality of services.

Integration

4.3 Healthwatch plays a key role in the health and care system in the borough, providing a community voice for residents and local service users, carrying out reviews and visits of health and social care providers and has an integral role within the governance of the health and care system.

Financial implications

Implications completed by: Katherine Heffernan, Group Finance Manager.

4.4 There is a budget provision of £125,000 to cover the costs of the existing Healthwatch currently provided by Harmony House CIC within the existing Adults' Care & Support Commissioning budgets.

4.5 This is made up of the council's general fund of £73,670 and a Department of Health Local Reform and Community Voices Grant (LRCV) of £51,330.

4.6 The LRCV allocation for 2017-18 onwards has not yet been announced at the date of this report, therefore it is proposed that a possible reduction or loss in grant, either needs to be reflected in the proposed contract or contained within existing Adults' Care & Support Commissioning budgets.

Legal implications

Implications completed by: Bimpe Onafuwa, Contracts and Procurement Lawyer

4.7 This report is seeking permission to undertake a procurement exercise for the Healthwatch Service contract.

4.8 The Healthwatch Service falls within the description of services covered by the Light Touch regime (LTR) under the Public Contracts Regulations 2015. This regime requires that contracts with a value higher than the threshold of €750,000 (£589,148) be opened up to competition and be advertised in the Official Journal of the European Union (OJEU). The value of this contract is estimated to be below the LTR threshold, and as such is not subject to the full rigor of the Regulations.

4.9 This procurement will nevertheless have to be procured in line with the Council's Contract Rules which require contracts with a value of £50,000, or more, to be advertised and opened up to competition unless a waiver is obtained.

4.10 Clause 2.8 of this report states that the contract will be advertised both on the Council's website and on Contracts Finder, while clauses 2.14 and 2.15 outline the evaluation criteria for the tenders received and timetable for the procurement process respectively. These are elements of a transparent and fair procurement process.

4.11 The procuring directorate and report author are requested to keep the Law and Governance Team aware of the progress of this procurement so that legal assistance and advice are provided throughout the process.

Risk management

4.12 The following risks have been identified and mitigating actions put in place:

- Delay to procurement (Medium) - Set and follow a realistic timetable.
- No tender received (Medium) - Clear budget identified in line with current spend and London-wide spread of Healthwatch costs. Tender to be advertised as set out in the report.
- Contract award decision challenged by unsuccessful provider(s) (Low) - Procure contract in line with Council's contract rules and ensure process followed.
- Provider fails to meet contractual obligations (Medium) - Clear set of outcomes set out in service specification and agreed with provider. Robust and regular performance monitoring and procedures with performance indicators.

Patient / Service User Impact

4.13 The general population of Barking and Dagenham is very diverse in terms of faith, ethnicity, culture, language, gender and sexuality. Providers are expected to develop a diverse workforce and promote sensitive and appropriate service delivery. Healthwatch Barking and Dagenham will be expected to demonstrate a commitment to ensuring that their services meet the diverse needs of the local community.

4.14 Healthwatch Barking and Dagenham must be inclusive and diverse in its make-up and will need to operate in different formats and methods of involvement and communication. Healthwatch Barking and Dagenham must provide a service appropriate to people's needs and shall not discriminate under any grounds, in terms either of participation or of obtaining and representing people's views and experiences.

4.15 The service being provided works with residents facing challenges in the current economic environment. As such this contract will support the residents in the borough who are primarily challenged socio-economically. Due to the demographic profile of the borough a significant number will be most deprived, from BAMER backgrounds, and with disabilities.

5 Non-mandatory implications

TUPE, other staffing and trade union implications.

5.1 TUPE regulations will apply to 2 full time posts currently within Healthwatch, representing combined costs of £56,000. Terms and conditions of those posts will be made available to tenderers.

Safeguarding Children

5.2 Healthwatch Barking and Dagenham must be committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment. Staff and volunteers must be effectively trained in all aspects of safeguarding legislation and practice and follow the pan London multi-agency policy and procedures to safeguard adults and children from abuse. Healthwatch Barking and Dagenham shall prepare its own internal guidelines to protect adults from abuse that is consistent with the multi-agency policy and procedures.

5.3 In addition, Healthwatch Barking and Dagenham should have clear policies and procedures for the following:

- Child Protection
- Whistle blowing
- Complaints
- Confidentiality
- Health and Safety

5.4 Healthwatch will also need to be aware of its new requirements under the draft Care and Support bill to input into the strategic plan of the Safeguarding Adults Board (SAB) and putting forward the voice of the local community.

Corporate Procurement

Implications completed by: Adebimpe Winjobi, Senior Procurement and Contracts Manager

5.5 The service being procured falls within the description of services covered by the Light Touch Regime (LTR) under the Public Contracts Regulations 2015. The value of this contract, is estimated to be below the LTR threshold for such services (currently set as £589,148) and as such need not be advertised in the Official Journal of the European Union (OJEU) as required by the Regulations. Notwithstanding, the Regulation and the Council's Contract Rules require contracts with a value of £50,000 or more to be advertised and opened up to competition.

5.6 In keeping with the EU procurement principles, it is imperative that the contract is tendered in a competitive way and that the process undertaken is transparent, non-discriminatory and ensures the equal treatment of bidders. The proposed procurement route to tender this service via Open Procedure will widen the

competition and provide best competition to get best value for money for the Council and will be compliant with the Council's Contract Rules and EU Regulations.

5.7 Corporate procurement will provide the required support to the responsible officers throughout the entire process.

Background Papers Used in the Preparation of the Report:

Barking and Dagenham Health and Wellbeing Strategy

https://www.lbbd.gov.uk/wp-content/uploads/2014/11/JHWS_A4_30-9-15_RF.pdf

Local Healthwatch Quality Statements

http://m.healthwatch.co.uk/sites/healthwatch.co.uk/files/20160222quality_statements_1.pdf

HEALTH AND WELLBEING BOARD

31 January 2017

Title:	**Update on the work of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge**
Report of the Strategic Director of Service Development & Integration	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Mark Tyson Commissioning Director, Adults' Care & Support	**Contact Details:** Tel: 020 8227 2875 E-mail: mark.tyson@lbbd.gov.uk

Sponsor:

Anne Bristow, Strategic Director of Service Development & Integration, London Borough of Barking & Dagenham

Summary:

Following the completion of a Strategic Outline Case for the transformation of health and social care services across Barking & Dagenham, Havering and Redbridge, partners have begun to establish the required new governance that will lead the system. This is a development of the Democratic & Clinical Oversight Group which led the development of the Strategic Outline Case, forming an Integrated Care Partnership. Joint commissioning, joint system oversight and a new locality structure are the key components of the proposed new way forward for managing health and care in the three boroughs.

This update sets out progress on these matters for Board members' information. The report incorporates the update from the Integrated Care Subgroup of the Health & Wellbeing Board, which is doing the work on the Board's behalf to take forward the BHR proposals for the residents of Barking & Dagenham.

Recommendation(s)

The Health & Wellbeing Board is recommended to note the progress in establishing the new partnership arrangements for the health and social care system for Barking & Dagenham, Havering and Redbridge, and the work being undertaken by the Board's Integrated Care Subgroup on the establishment of the locality model.

Reason(s)

The establishment of the Integrated Care Partnership is a significant step forward for shaping the partnership work across the health and care system in Barking & Dagenham, Havering and Redbridge, and exerting democratic and clinical leadership. Whilst in its infancy, these arrangements will strengthen over time to drive joint working on the improvement and sustainability of local health and care services, and the health of the population.

1 Introduction and Background

1.1 Over the past year, the local authorities, Clinical Commissioning Groups and health provider trusts across Barking and Dagenham, Havering and Redbridge (BHR) have worked together to develop a strategic outline case for the development of an Accountable Care System (ACS). The programme was led by the BHR Democratic and Clinical Oversight Group, comprising Leaders, Cabinet Members, clinicians, non-executives and other senior leaders from across the system.

1.2 The output from this programme is the Barking and Dagenham, Havering and Redbridge Summary Outline Strategic Outline Case for an Accountable Care System. This document brings together the priorities for the local health and care system, across population health improvement, the quality of local health and care services, and the financial challenge facing the system. A summary can be read at http://modgov/documents/s104563/Appendix%20D%20-%20NEL%20STP%20BHR%20SOC%20Summary.pdf

1.3 The SOC identifies a vision for BHR, which is 'To accelerate improved health and wellbeing outcomes for the people of Barking & Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and wellbeing services'. Beneath are a set of aims, including:

- Enabling and empowering people to live healthy lifestyles, with access to preventative care, the ability to live independently and manage their own health and wellbeing.
- Organising care around patient needs with a single point of access and provided locally where possible
- Integration between agencies to remove boundaries and work as seamlessly and collaboratively as possible.

1.4 An extensive review of the BHR population was carried out during the first half of 2016, led by the Director of Public Health for Redbridge, which outlined the context in which health and social care operates and has provided a robust understanding of our challenges to a level of detail not previously available. Each borough faces its own distinctive problems and there is considerable variation across the patch.

1.5 The variation between the three boroughs means that through working on a combined footprint, there is an opportunity to pool resources and redirect additional support to places where they are needed most. Demographic change is an important driver of demand for health and wellbeing services. BHR's population has been increasing rapidly and is projected to rise for the next two decades. The current system will struggle to respond to the overall projected increase of between 19% and 28% by 2031. BHR needs a new approach to preventing ill-health and targeting people who are more likely to require health and social care in the future.

1.6 The Directors of Finance from BHRUT and NELFT, supported by PwC, led a review of the BHR financial position for the SOC which showed the health and care economy faces a considerable financial challenge over the five years from 2016/17 to 2020/21. There are many reasons for this, including:

- The existing challenge: At the end of 2015/16, the health and care organisations within Barking, Havering and Redbridge had a combined financial challenge of £44m.

- Demand for services is increasing: This is a result of a growing population, which is aging, meaning that health and care needs are becoming more complex.
- Costs of provision of health and care services are rising more rapidly than general inflation: Costs are growing more rapidly than allocations from government (which, in terms of the NHS, are linked to national inflation forecasts). These are driven by wages (i.e. the impact of the National Living Wage) as well as specific pressures on drug and litigation expenditure.
- Allocations for social care are forecast to reduce: While NHS allocations are expected to increase over the five-year period, there are planned reductions in social care and public health allocations for the three local authorities, which are critical to the boroughs balancing their budgets over the medium term.

1.7 There was also extensive engagement and consultation as part of the programme, including residents, staff and the third sector. Over 3000 residents were surveyed by phone by Ipsos MORI and 750 staff were surveyed. The findings from the surveys emphasised the current complexity of the system and the need for change.

1.8 Findings from the voluntary sector engagement included the importance of delivering holistic health and social care around key population groups such as those who are frail, complex cases, and a wider programme of prevention to support our population to live longer, healthier lives.

1.9 The SOC process drew on both national and international evidence to identify best practice, signalling priority service and pathway areas that need to change across BHR.

1.10 The SOC identified that the existing model of commissioning and providing prevention and care is struggling to meet the current levels of demand. With future pressure from rapid demographic changes including population growth, rising levels of long term conditions and variable levels of deprivation, the SOC recommended a new model of service delivery supported by more effective joint strategic commissioning arrangements. However, in response to the Strategic Outline Case and the pressing priorities currently being dealt with by the organisations in the system, the Democratic & Clinical Oversight Group has resolved that at this stage the BHR system does not support a direct move to an Accountable Care Organisation.

From ACO to ACP – Where we are and next steps

1.11 In the absence, therefore, of a decision to propose the creation of a new organisational form for the local health and care system, there has been a shift in emphasis from an Accountable Care Organisation to an Accountable Care Partnership (ACP) or System, reflecting the shift away from a new organisational form for health and social care delivery. However, there remains significant ambition in the plans to improve the integrated delivery of care closer to home, tackle entrenched population health challenges, and achieve financial stability for the health and care system.

1.12 Discussions remain underway at London level about devolution and what the potential package of options will be for devolving control of health and care to London and its sub regional partnerships. Any devolution asks will be framed as a London-wide approach which local areas can then draw upon, so no devolution is possible until a London-wide agreement has been reached. Work is still ongoing around finalising what these 'asks' will be.

2 Forming the Integrated Care Partnership

2.1 The ACO programme has recognised these developments and has also taken stock of the significant progress that has been made in developing the basis for further partnership working. It has also has identified immediate steps that can be taken in the coming months to progress the work around health devolution and further integration. These include the establishment of the Integrated Care Partnership, based around the membership and terms of reference of the former Democratic & Clinical Oversight Group, but with the emphasis on being the new system leadership group for delivery of the programme set out in the Strategic Outline Case.

2.2 The Integrated Care Partnership Board has met a number of times, chaired by Cllr Maureen Worby, and continues to have political, non-executive and senior clinical and executive participation from the BHR health and local government agencies. It has set in train moves to further consolidate the strong partnership with a formal Joint Commissioning Board and a System Delivery and Performance Board. The initial emphasis within individual boroughs is on developing the locality model which will be the fundamental underpinning of all health and care activity across BHR.

2.3 The governance of the Integrated Care Partnership, in its current iteration, is outlined in the diagram at **Appendix A**.

Developing the Joint Commissioning Board

2.4 The supporting Joint Commissioning Board is also being scoped, and workshop discussions are expected in February 2017 to get the right representation and initial work programme scoped. Reporting to the ICP, the Joint Commissioning Board will:

- Bring local authorities and CCGs together to strategically commission services
- Develop strategies that enable the shift in emphasis of commissioning towards services that prevent harmful behaviours or conditions
- Work with localities to develop the new service model
- Develop contracts that incentivise improvement in population outcomes
- Encourage links with the third sector who are already committed to developing innovative prevention activities

Developing the System Delivery & Performance Board

2.5 The report on the Barking and Dagenham CCG Operating Plan 2017/19, elsewhere on this agenda, gives some information about the development of the System Delivery & Performance Board. The first tasks of this Board are currently being scoped, but among them will be delivering an initial System Delivery Plan, including

a financial plan, by 28 February 2017. This will shape how immediate financial savings can be made by NHS providers. It is recognised by all participants that a wider set of priorities are envisaged for this Board, and the performance responsibilities of the Board remain critical, but the initial emphasis is on agreeing savings plans, with a longer-term vision to remain on wider system performance and transformation.

Developing Localities

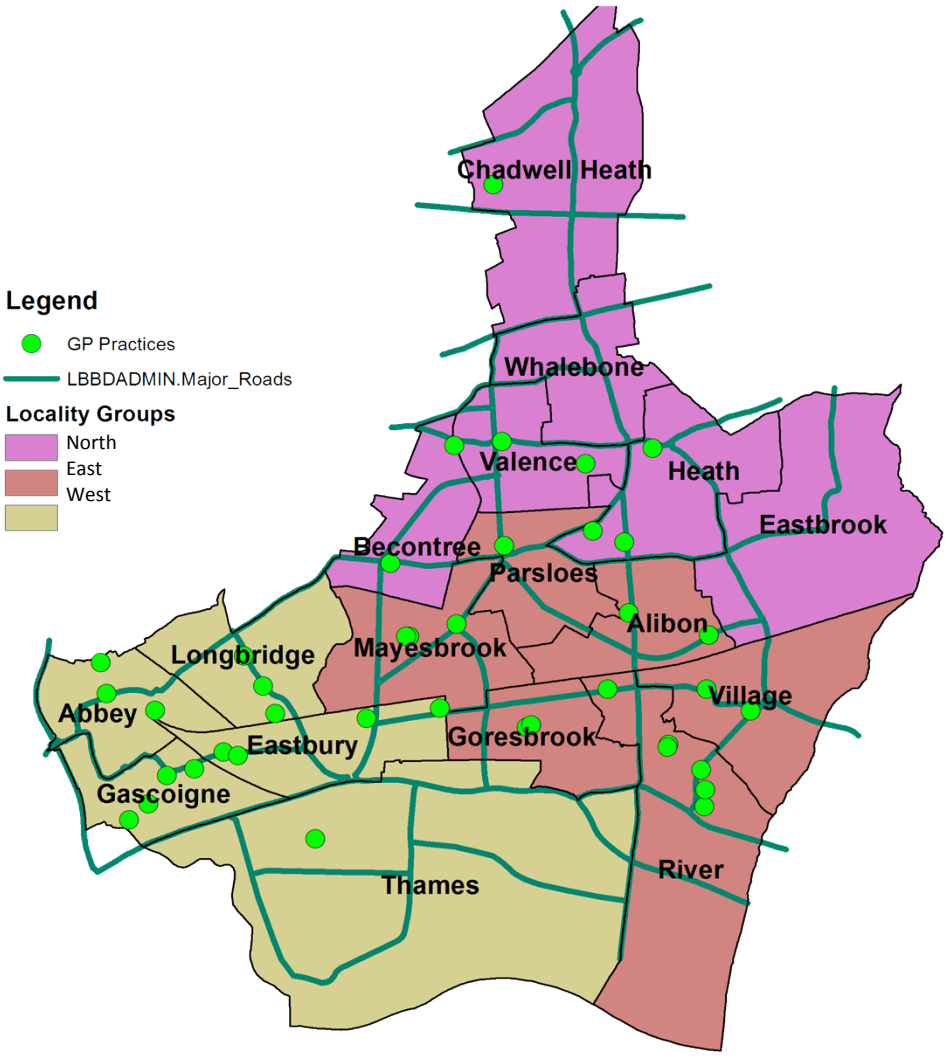
2.6 Locality working across the three boroughs forms the major body of work, and first discussions at the Integrated Care Partnership are being lined up for each borough to present their initial plans for locality pilots. A locality based delivery model is built around the key principle of organisations working together to manage common resources to improve the health and wellbeing of a geographically defined population. Prevention will be the bedrock of the model, with a focus on early intervention and support at the point where it is the most beneficial to individual, family or community.

2.7 This dovetails with the Council's transformation proposals to move from six clusters in adult services to three localities forming the main delivery mechanism for a wider range of services. It remains the case that a fourth locality will be brought on stream some time towards 2020/21 as population growth makes it viable. The Council is in the process of reconfiguring its social care services and has just completed a staff consultation which will include a degree of centralisation of some services, such as a central business unit and assessment services, to ensure greatest efficiency and, crucially, enhancing the extent to which social workers on the ground have a greater proportion of clinical/face to face time with service users. NELFT are in the process of scoping a similar approach to realign their services to the three localities.

2.8 Locality boundaries have been agreed and partners are working to develop a key suite of supporting information. This will enable key decisions around workforce requirements to be made in line with need, alongside informing the operational model. This information will include a map of the services currently provided across the system and 'locality profiles' being developed by Public Health. Some initial thought has already been given to the different services that could be provided at locality, borough and system level to ensure economies of scale and improve service delivery.

2.9 The existing Integrated Care Subgroup of the Health and Wellbeing Board has been reinvigorated to oversee this locality development. With a refreshed membership, this group includes leads from the Council, Clinical Commissioning Group, NELFT, primary care, and BHRUT. At a workshop in December, the ICSG members discussed their commitment to develop the locality model, confident that by April 2017, based on the work already underway, primary care, NELFT and Council social care services will be reconfigured into a model that will support the delivery of health and care in the three localities in the borough.

2.10 The localities, prior to the anticipated creation of the fourth locality, are as in the diagram on the following page:

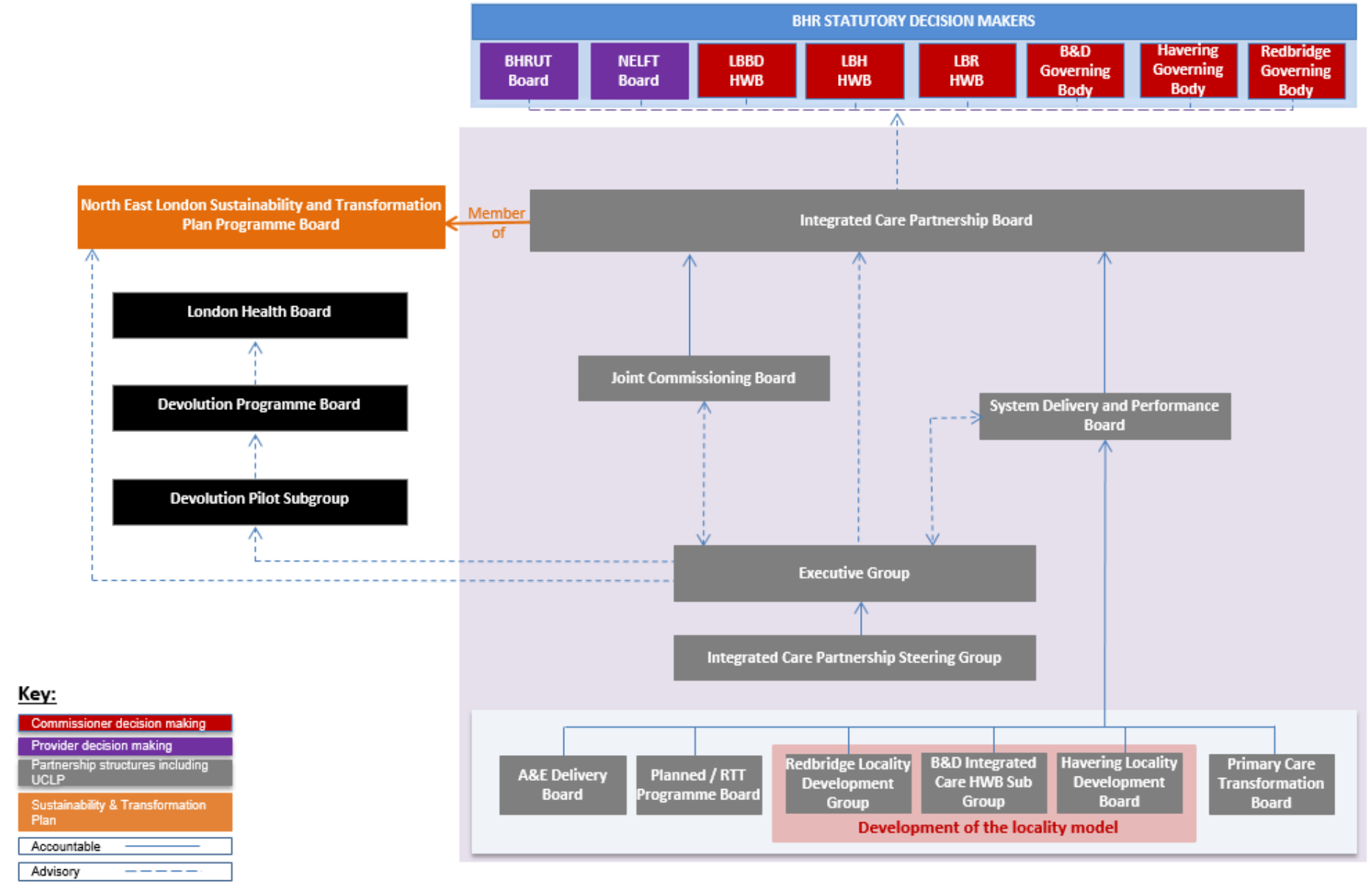


3 Next steps and priorities

3.1 For the BHR system, acting on the analysis set out in the Strategic Outline Case, the priorities are to establish the mechanics of the new governance, including the Joint Commissioning Board and the System Delivery & Performance Board, and to ensure that all boroughs have fast-track locality development underway and are beginning to reshape services. A review of all governance structures has been initiated to ensure that there is good use of time and resources in servicing the new forums that are being created. Similarly, establishing the communication routes and processes so that a wider group of people can engage in the developments taking place across BHR is recognised as being of importance.

3.2 Given that this update has concentrated on the establishment of the new partnership governance for health and care in BHR, it is important to emphasise that it represents no change to the decision-making processes of the statutory partners. Decisions taken by and within the new partnership infrastructure, until a clear decision is taken to the contrary by each partner, will be those for which each agency has already given delegated authority to their delegates to the meeting. Where matters are reserved to, for example, Cabinet or the Health & Wellbeing Board, appropriate reports and decisions will still be required by those bodies before the partnership can proceed.

Proposed: BHR Integrated Care Partnership Structure



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HEALTH AND WELLBEING BOARD

31 January 2017

Title:	**Update on North East London Sustainability and Transformation Plan (NEL STP) for Barking and Dagenham Health and Wellbeing Board**

Report of the Strategic Director, Service Development & Integration

Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Andrew Hagger, Health & Social Care Integration Manager (to incorporate information provided by Ian Tompkins, Director of Communications & Engagement, North East London Sustainability and Transformation Plan)	**Contact Details:** Tel: 020 8227 5071 E-mail: andrew.hagger@lbbd.gov.uk

Sponsor:

Anne Bristow, Strategic Director, Service Development & Integration

Summary:

This report provides a further update to the Board on the development of the north east London Sustainability and Transformation Plan (NEL STP).

For Barking & Dagenham, Havering and Redbridge, it remains the case that the detail of the local contribution to the Sustainability and Transformation Plan for north east London has been developed through the established programme to draft a business case for an Accountable Care Organisation.

Recommendation(s)

The Barking and Dagenham Health and Wellbeing Board is recommended to note the update attached at Appendix A and the presentation at Appendix B, to note the current discussions underway about STP governance, and to comment on the direction of travel for the STP.

Reason(s)

The NEL STP Board is developing a plan as stipulated by the NHS England guidance. The plan will reflect the work that has been initiated as part of the local devolution bid approved in December 2015. This is being taken forward under the auspices of the Integrated Care Partnership, which has been established to drive forward the work in Barking & Dagenham, Havering and Redbridge following the development of the business case for accountable care systems.

1 Introduction and Background

1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs). STPs are a local blueprint for delivering the ambitions NHS bodies have for a transformed health service, which is set out in the NHS Five Year Forward View. England has been divided into 44 areas (known as footprints); Barking and Dagenham is part of the north east London footprint. The STP will give access to transformational funding for the health system and is a key strategic lever for the NHS.

1.2 The North East London area encompasses the CCGs, local authorities and provider organisations across Barking and Dagenham, City and Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

1.1 The STP aims to build upon existing local transformation programmes and supports their implementation. These are:

- Barking and Dagenham, Havering and Redbridge ("BHR"): devolution pilot
- City and Hackney: Hackney devolution in part
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The improvement programmes of local hospitals, which aims to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures

1.2 For Barking & Dagenham, the work to develop the detail underpinning the STP is being taken forward jointly with Havering and Redbridge through the work around devolution and wider BHR system-wide transformation approaches.

1.3 Previous report and updates have been provided to the Health and Wellbeing Board, with reports to the 26 July, 27 September and 22 November meetings of the Board.

1.4 A draft STP was submitted on 30 June as a 'checkpoint', which formed the basis of a local conversation with NHS England on 14 July. The next iteration of the STP was submitted on 21 October 2016 and the NEL STP team are currently awaiting feedback and next steps from NHS England.

1.5 An update report is provided at Appendix A and a presentation which will be made at the meeting is attached at Appendix B.

2 Issues around the STP

Governance

2.1 The STP team have developed a draft Memorandum of Understanding (MoU) for the governance arrangements of the North East London STP between health and social care partners. The MoU will not be legally binding, but is intended to ensure a common understanding and commitment between the partner organisations on the NEL STP governance arrangements.

2.2 The draft MoU is being circulated to local authorities, Trust boards and CCG governing bodies. As the Board will be aware from discussions at previous

meetings, the wider BHR system has had some concerns about the governance structure for the NEL STP and its potential to take away more local control, principally from the BHR Integrated Care Partnership which has been formed. The current MoU contains a version of the governance about which these concerns remain. They have been raised, and there is an ongoing dialogue to resolve some of the concerns. However, this means that we are not currently in a position to sign the MoU.

Equality impacts

2.3 An equality screening has been completed which considers the potential equality impacts of the proposals set out in the NEL STP. It includes an overview of all the initiatives included in the NEL STP narrative, an initial assessment of the NEL STP overarching 'Framework for better care and wellbeing' and actions to be undertaken during further detailed equality analyses.

2.4 The Equality Impact Assessment has been published and is available here: http://www.nelstp.org.uk/downloads/Publications/NEL-STP-Equality-screening-2016.pdf

Engagement

2.5 A communications and engagement plan has been developed and sets out how communications with staff, patients, the public, partners and other stakeholders will be managed and delivered. It focuses on the six month period from October 2016 to April 2017. This will be regularly reviewed, refined where necessary and shared with all interested parties, with updates on the outcomes achieved.

Local development

2.6 An integration workshop was held on 26th January for Health and Wellbeing Board members. The workshop, facilitated by the LGA, provided an opportunity for discussion around the different levels of emerging governance for the health and care system (borough, local system, NEL) and the capacity and capabilities in the system. It is also an opportunity to reflect on the journey so far, what has gone well and what could improve, as well as planning next steps.

List of Appendices

Appendix A: Update on north east London Sustainability and Transformation Plan January 2017

Appendix B: North east London Sustainability and Transformation Plan Presentation

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APPENDIX A

Update on north east London Sustainability and Transformation Plan January 2017

Transformation underpinned by system thinking and local action

1. Background

During 2016, health and care organisations (clinical commissioning groups, providers, local authorities and voluntary and community organisations) across north east London (NEL) [1] have worked together to develop a sustainability and transformation plan (STP). It sets out how the NHS Five Year Forward View will be delivered and how local health and care services will transform and become sustainable, built around the needs of local people. The STP builds on our positive experiences of collaboration in NEL but also protects and promotes autonomy for all of the organisations involved. Each organisation faces common challenges including a growing population, a rapid increase in demand for services and scarce resources. We all recognise that we must work together to address these challenges; this will give us the best opportunity to make our health economy sustainable by 2021 and beyond.

The plan describes how north east London (NEL) will:

- meet the health and wellbeing needs of its population
- improve and maintain the consistency and quality of care for our population
- close the financial gap.

A number of different specific local plans are aligned to the STP, enabling its ambitions to be delivered. The STP builds on these existing local transformation programmes and supports their implementation: including Barking and Dagenham, Havering & Redbridge (accountable care system) and City & Hackney devolution pilots; Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme; and the improvement programmes of our local hospitals, which aim to supports Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures.

Crucially, the NEL STP is the single application and approval process for transformation funding for 2017/18 onwards.

2. Overview of the north east London Sustainability and Transformation Plan

We shared our initial thinking with NHS England in April and submitted a draft NEL STP showing our progress in June. During summer 2016 to facilitate public engagement on the STP, we produced a summary of progress to date and shared the draft STP on our website.

On 21 October we submitted an updated narrative, updated summary and eight delivery plans describing the main priorities of the STP to NHS England (NHS E) and NHS Improvement (NHS I). These are all available on the STP website. http://www.nelstp.org.uk/

[1] North east London includes: Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

The NEL STP narrative

The STP vision and priorities are shown below. A copy of our plan on a page is included in Annex A.

NEL STP Vision
1. To measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people. 2. To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care. 3. To work in partnership to commission, contract and deliver services efficiently and safely.
NEL STP Priorities
• The right services in the right place: Matching demand with appropriate capacity in NEL • Encourage self-care, offer care close to home and make sure secondary care is high quality • Secure the future of our health and social care providers. Many face challenging financial circumstances • Improve specialised care by working together • Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies • Using our infrastructure better

To deliver the STP we are building on existing local programmes such as borough based health and wellbeing strategies and end of life care plans, as well as setting up eight work streams to deliver the priorities. The workstreams are cross-cutting NEL wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

1. Promote prevention and personal and psychological wellbeing in all we do
2. Promote independence and enable access to care close to home
3. Ensure accessible quality acute services
4. Productivity
5. Infrastructure
6. Specialised commissioning
7. Workforce
8. Digital enablement

Delivery plans have been developed for each of our workstreams; they are live documents which will continue to be updated as the programme develops.

Each work stream has a Senior Responsible Officer (SRO) and Delivery Lead, and task and finish work streams are being established to take forward implementation of the delivery plans. There is local authority involvement and leadership within a number of work streams, for example the Prevention workstream. As we now start to mobilise the work streams we are seeking to strengthen local authority involvement and leadership across them.

3. Links with Transforming Services Together and other plans

Plans to implement integrated place-based care were underway before we began working on the STP, with each local health economy pursuing an innovative and ambitious programme to make this a reality. In INEL this includes the City & Hackney devolution pilot, and in Newham, Tower Hamlets and Waltham Forest the Transforming Services Together programme, which are supporting the development of accountable care systems locally.. We will support and enhance these programmes by working together, but they will continue to operate independently with separate programme and governance structures which allow each area the flexibility to best meet local needs. We are actively seeking to collaborate across NEL where it makes sense to do so and have formed a NEL wide group to share learning from the devolution pilots and transformation programmes which underpin the emerging accountable care systems.

4. Timetable for implementation

Each of the eight delivery plans sets out the milestones and timeframes for implementation. A critical path for the implementation of the main milestones across the whole STP programme is attached at Annex B.

5. Engagement on the Sustainability and Transformation Plan

We recognise that the involvement of local people is crucial to the development of the STP and are committed to involving them and clinicians in any proposed changes. The requirement for the NHS to involve and consult patients on specific service changes is a statutory duty and we will meet that duty and ensure patient and public involvement. At present there are no specific service changes in the INEL area that are worked up and at the stage where public consultation is required.

We started our engagement process when we submitted the draft STP in June, and we have been involving partners, including Healthwatch, local councils, the voluntary, community and social enterprise sector, and patient representatives. The feedback we have received so far was incorporated into the revised STP for the October 2016 submission.

A summary of our engagement activities to date is shown below:

- Published the draft and summary versions of the plan on our website and published regular updates
- Offered to meet all MPs which has resulted in a number of 1:1 meetings. A further briefing for all NEL area MPs is scheduled for 20 February 2017.
- Arranged for elected members from each borough to meet the STP Independent Chair and Executive
- Actively sought involvement of the eight Local Authorities facilitated through the Local Authority representative on the STP Board.
- Local Authorities are represented on the Governance Working Group and have taken part in the workshops developing the plans for transformation (with a Director of Public Health leading the work on prevention).
- Engaged the Local Government Association (LGA) to provide support to individual HWBs to explore self-assessment for readiness for the journey of integration and to a NEL-wide strategic leadership workshop to consolidate outputs from individual HWB workshops.
- Engaged with council and partner stakeholders such as the Inner North East London and Outer North East London Health Scrutiny Committees (HSC); Barking, Havering and

Dagenham Democratic and Clinical Oversight Group; the eight Health and Wellbeing Boards; Hackney and Tower Hamlets councillors; and Newham Mayor's advisor for Adults and Health

- Met with local Save our NHS and Keep our NHS Public campaign groups
- Presented at meetings to discuss specific clinical aspects of the STP, for instance the NEL Clinical Senate; the NEL maternity network and maternity commissioners' alliance; mental health strategy meetings; and clinical workshops on the specialist commissioning of cardiac services and children's services. The proposals have also been discussed at a number of Local Medical Committee forums.
- Started to discuss the plans with NHS staff – further engagement is planned.
- Discussed the plans in open board meetings of all our NHS partners and offered opportunities to talk to patients and the public at various annual general meetings and patient group meetings.
- Held wider events on specific topics and developments, e.g. urgent care events involving patients and a wide range of stakeholders such as the London Ambulance Services and community pharmacists.

Our communications and engagement plan (phase 2) sets out how communications with staff, patients, the public, partners and other stakeholders will be managed and delivered. It focuses on the six month period from October 2016 to April 2017. This will be regularly reviewed, refined where necessary and shared with all interested parties, with updates on the outcomes achieved.

The STP programme communications and engagement team is responsible for coordinating work that needs to be done across all CCGs, developing a core narrative and coordinating activity.

Ian Tompkins joined the STP team as Communications Director in November 2016. He has previously worked as a Director of Communications in local authorities (Hackney, Newham, Waltham Forest and Hounslow), the East London NHS Foundation Trust and Newham Clinical Commissioning Group. Ian is currently meeting with local authority and NHS colleagues to develop a collaborative approach to communications and engagement, making use of the many existing and productive networks, including those in public health and the voluntary sector.

A workshop for all NHS and local authority communications and engagement leads, as well as those for policy and strategy and public health, is being held on 26 January 2017.

Local NHS communications teams are responsible for local delivery – understanding local issues and working at a much greater detail to develop local solutions; and engagement on plans that sit under the STP. All are responsible for (and have) links with local authority communications teams and Ian Tompkins will help encourage and support this

In order to ensure we develop the STP using all relevant patient and public views, to ensure efficiency and to reach a wide community of public and patients, we have asked local Healthwatch organisations to review the research and comments they have gathered in recent months and to use existing forums to discuss the STP (see section 6 of the communications and engagement plan).

From 21 October to February 2017, local Healthwatch organisations are working together to help us gather and understand the views of local people. They will make use of any other relevant consultation and engagement groups/networks, such as those of local authorities, where possible.

Our joint aim is to ensure engagement is relevant to local needs and that it builds on previous decisions made and the engagement and consultation work that has already take place across NEL on significant change programmes and developments. Healthwatch organisations will focus on gauging public views on a) promoting prevention and self-care b) improving primary care and c) reforming hospital services; with a local emphasis on:

- the Barking, Havering and Redbridge devolution pilot
- the Hackney devolution pilot
- Transforming Services Together in Newham, Tower Hamlets and Waltham Forest
- The vanguard project in Tower Hamlets

We will continue to exploit the full range of channels and formats for our communications and engagement activities to ensure we are reaching groups that are sometimes missed. We will carry on working with clinicians, local authorities and staff to ensure they too are actively involved in the development of the STP. We will encourage patients and local people to be involved at the design stage and work jointly with local authority engagement colleagues to help ensure a joined up approach; undertaking formal consultation when required.

We are committed to National Voices' six principles for engaging people and communities that set the basis for good, person-centred, community-focused health and care and will embed these across our work. We also believe that staff have a crucial role to play in the success of the STP. We want them to contribute to its development, to understand and support its aims; to feel part of it and be motivated by it.

There will be many opportunities for everyone (including patients, service users, carers and the public) to have their say on the emerging plans, and to continue shaping their development and implementation during the next five years. Any proposals for significant changes that emerge from the plan will be subject to specific engagement and consultation where required.

In addition, we are committed to engaging with all trade unions on the workforce impacts of the STP. There is a member of the London Health Unions Lead Representative on the NEL workforce advisory board, and each NHS provider has its own joint staff side arrangements where STPs are discussed.

6. Governance for the NEL Sustainability and Transformation Plan

The launch of the STP process signalled the move towards working in larger geographical areas and the need to develop governance arrangements to support strategy development and change at a system level.

To achieve this, 20 organisations have been working together to develop the NEL STP. However, as we move into the next phase of the programme, focusing on the mobilisation and implementation of our delivery programmes, the governance and leadership arrangements are being updated to ensure they continue to remain effective with appropriate membership. As key players in the development and delivery of the STP, especially in ensuring it meets the needs of the many different communities, local authorities will be suitably represented.

A governance task and finish group (including health organisations, local authorities and Healthwatch) was set up to review and update the governance arrangements to reflect this change in focus. Through this group we have developed a shadow governance structure, and initial terms of reference for the key governance forums. We will be operating the governance in shadow form until April 2017 to enable us to test and review it.

This governance structure recognises and respects the statutory organisations, while providing the necessary assurance and oversight for system level delivery. In addition to reinforcing some of the existing governance forums (i.e. re-focusing the membership of the NEL STP Board), several new bodies have been added to strengthen the level of assurance and engagement, most notably:

- Community Council – A council of local people, voluntary sector, and other key stakeholders to promote system wide engagement and assurance
- NEL Political Leaders Advisory group - To provide a forum for political engagement and advice to the NEL STP
- Assurance Group – An independent group of audit chairs to provide assurance and scrutiny
- Finance Strategy Group -To provide oversight and assurance of the consolidated NEL financial strategy and plans to ensure financial sustainability of the NEL system.

We have developed a draft Memorandum of Understanding (MoU) for the governance arrangements of the North East London STP between the health and social care partners. The MoU will not be legally binding, but is intended to ensure a common understanding and commitment between the partner organisations on the NEL STP governance arrangements, specifically:

- The scope and objectives of the NEL STP governance arrangements
- The principles and processes that will underpin the NEL STP governance arrangements
- The governance framework / structure that will support the development and implementation of the NEL STP

The draft MoU is being circulated to local authorities, Trust boards and CCG governing bodies in December 2016 -January 2017.

The shadow governance structure is included at Annex C.

7. Finance considerations of the NEL STP

The basis for the financial modelling has been the refreshed draft five year CCG Operating Plan and provider Long Term Financial Model templates. These have been prepared by individual NEL commissioners and providers, all of whom followed an agreed set of key assumptions on inflation, demographic and non-demographic growth, augmented with local judgement on other cost pressures and necessary investments in services.

The individual plans have then been fed into an integrated health economy model in order to identify potential inconsistencies and to triangulate individual plans with each other. Activity has been modelled across NEL utilising the TST model. Specialised commissioning and any differences in contract assumptions are included in these projections. The local authority position is modelled separately and a summary is detailed below.

The forecast NEL FY20/21 ‘do nothing’ affordability challenge is c£578m to break even (an additional c£30m to reach 1% surplus target for commissioners). This assumes growth and inflation in line with organisations’ plans but that no CIP (Cost Improvement Plans, or Provider

efficiencies) or QIPP (Quality, Innovation, Productivity and Prevention schemes, or commissioner savings) would be delivered in any year.

In the 'do minimum' scenario, in which 'business as usual' efficiencies of 2% across all years have been included, the affordability challenge would be c£336m by FY20/21. The Providers in NEL have committed to delivering a further stretch CIP of £84m meaning the estimated gap after achieving internal efficiencies is £251m. Of this, £160m of savings will be delivered through a variety of collaborative transformation schemes, mitigate down from £184m after applying a prudent risk rating. This includes £38m of savings from providers improving their collaboration on back office functions, as well as a total of £111m in a variety of service transformation across the seven boroughs over five years.

A number of factors are driving our rising expenditure. One significant factor is our growing and ageing population in line with GLA projections. We also face a non-demographic demand growth, due to factors such as new technology and increases in disease prevalence; we have assumed that this growth is approximately 1% per year. Pay and price inflation have been assumed in line with NHS I guidance. This results in a steady increase in expenditure over the planning period.

We see significant increases in CCG allocations throughout the planning period. However, Sustainability and Transformation Funding (STF) and some other non-recurrent provider income (such as gains by absorption) primarily affect the initial years and have no impact in the projections of in-year movements from FY18 onwards.

NEL local authority challenge
All NEL local authorities and the Corporation of London have provided financial data for the STP modelling, though it is recognised that further detailed work is required to confirm assumptions and what effect local authority funding challenges and proposed services changes will have on health services and vice versa.

For the 'do nothing' scenario, the combined FY17 Local Authority challenge is estimated as £87m reaching £238m by FY21. This figure is based on adult social care, Better Care Fund, children's services and public health at all local authorities.

If Children Services were excluded from the gap analysis, the gap in FY17 would be estimated as £60m reaching £174m by FY21.

A 'do minimum' scenario, where 'business as usual' savings are assumed, will still need to be completed.

Contracts between providers and commissioners
Two-year contracts between all NEL providers and commissioners (including NHSE specialised commissioning) for the period 2017-19 were agreed in line with the national timeframe of 23rd December 2016, as well as two year operating plans which reflected these agreements.

STP partners have agreed to use the period January – March to refine the joint delivery plans that support the transformation schemes agreed in the contracts, designed to deliver the efficiencies required to achieve financial balance across the NEL STP footprint.

8. Equality considerations

An equality screening has been completed (December 2016) to consider the potential equality impacts of the proposals set out in the NEL STP. It includes:

- An overview of all the initiatives included in the NEL STP narrative to determine at

which level equality analyses should be undertaken i.e. NEL STP level, Local Area Level, CCG/borough level or London-wide level.
- An initial assessment of the NEL STP overarching '**Framework for better care and wellbeing'.**
- Actions to be undertaken during further detailed equality analyses.

The screening recognises that the initiatives included in the STP will be implemented at different times, hence further equality analyses will need to be undertaken over the life of the STP programme.

9. Your views on the NEL STP

The STP is a work in progress and this latest draft submission is currently being circulated to health and social care partners. We anticipate feedback from NHSE/I early in 2017, and will continue to evolve the STP following feedback from our local partners, local people and the national bodies. We welcome your comments and input as we further develop the plans.

Tell us what you think

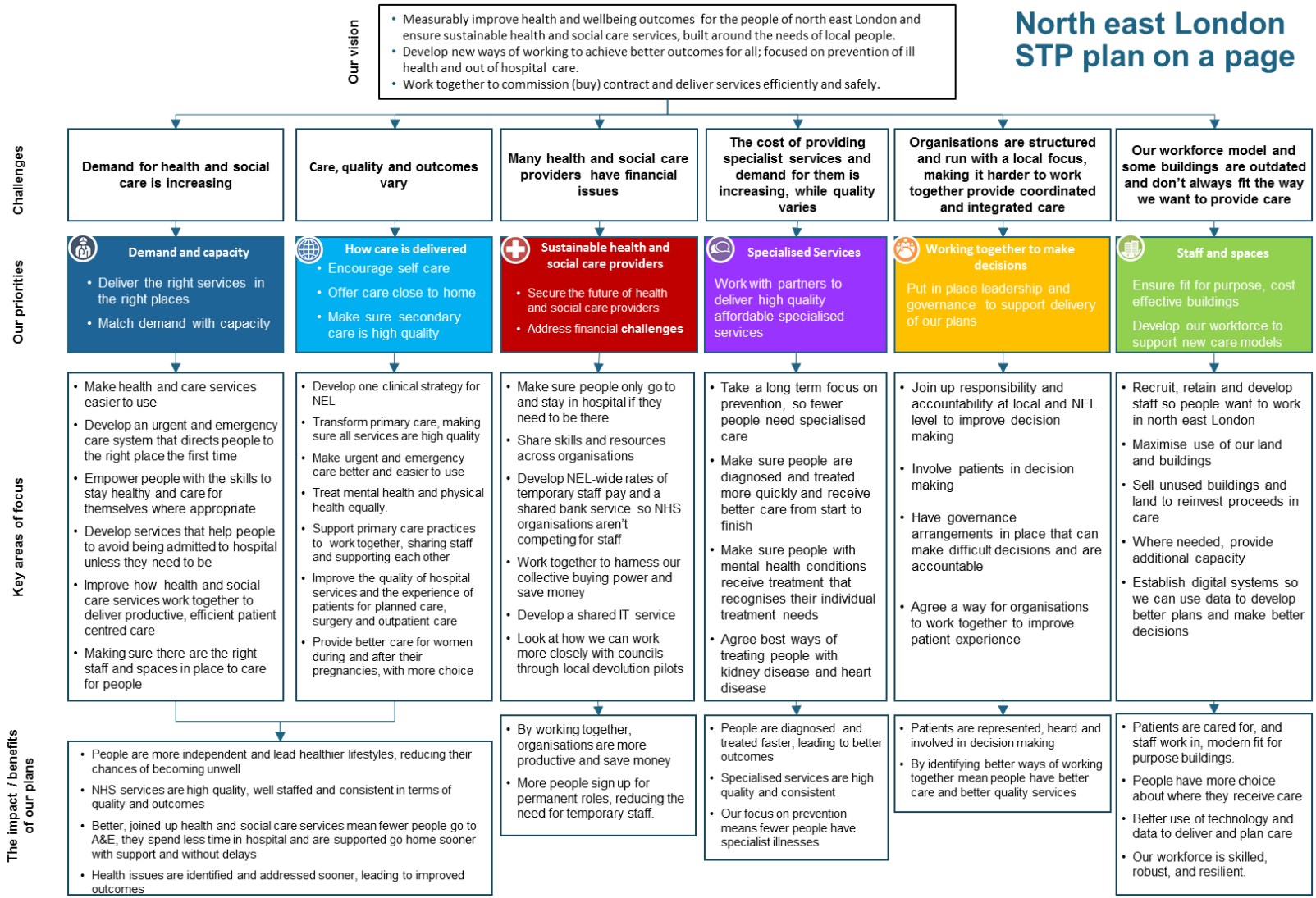
We'd like to know what you think about our STP. It's still a draft, so the content can and will change. We'd like to hear from as many people as possible about what you think so we can refine our ideas and further develop our STP, based on your comments, before it is finalised later in the year.

- **What do you think about what we've chosen to focus on?**
- **Do you think we have the right priorities?**
- **Is there anything missing that you think we should include?**

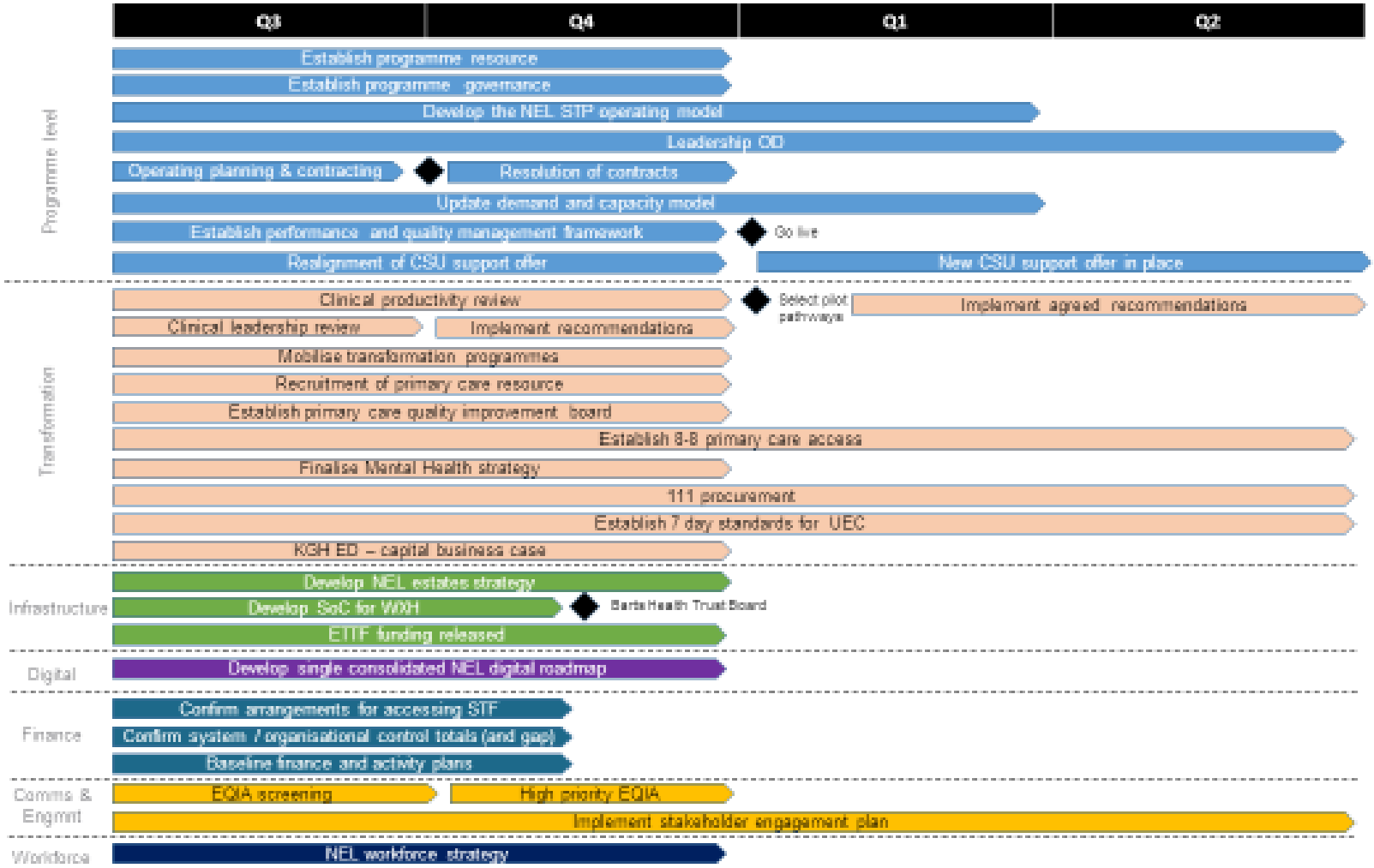
Please send us an email and tell us what you think: nel.stp@towerhamletsccg.nhs.uk

For more information about the NEL STP visit http://www.nelstp.org.uk/

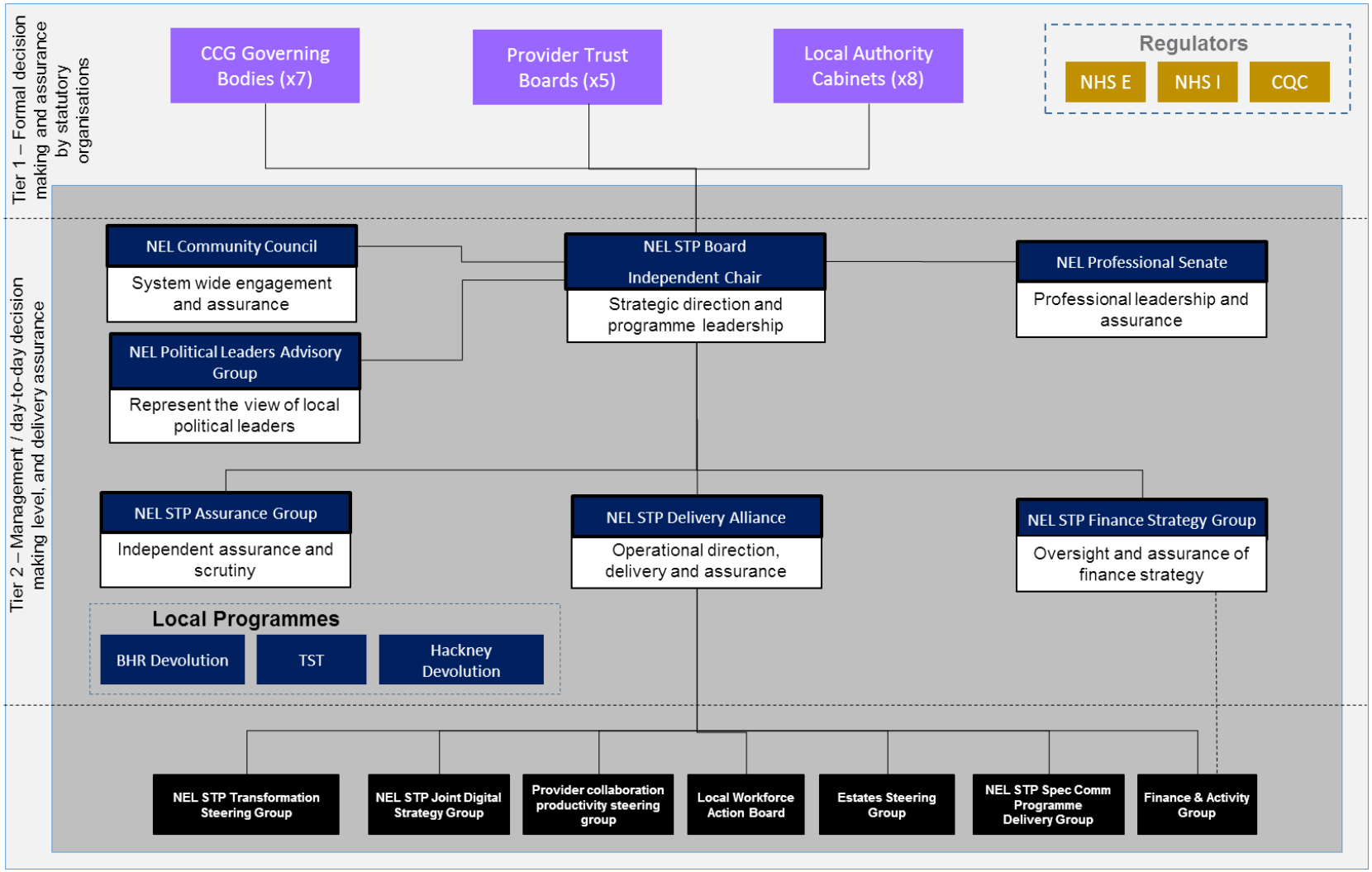
Annex A: NEL STP Plan on a page



Annex B NEL STP Year 1 Critical Path



Annex C NEL STP Shadow governance structure



APPENDIX B

NORTH EAST LONDON
SUSTAINABILITY & TRANSFORMATION PLAN

North east London Sustainability and Transformation Plan

During 2016, 20 organisations across eight local authorities have worked together to develop a sustainability and transformation plan (STP) for north east London.

The plan sets out how the ambitions of the NHS Five Year Forward View will be turned into reality and describes how north east London (NEL) will:

- Meet the health and wellbeing needs of its population
- Improve and maintain the consistency and quality of care for our population
- Close the financial gap.

Each organisation faces common challenges including a growing population, a rapid increase in demand for services and scarce resources. Working together to address these challenges will give us the best opportunity to drive change and to make sure health and care services in north east London are sustainable by 2021.

On 21 October 2016 we submitted an updated narrative, updated summary and eight delivery plans describing the main priorities of the STP to NHS England and NHS Improvement.

Links with other local plans

The STP builds on existing local transformation programmes and supports their implementation including:

- Barking and Dagenham, Havering & Redbridge (accountable care system) and City & Hackney devolution pilots
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures.

We are actively seeking to collaborate across NEL where it makes sense to do so and have formed a NEL wide group to share learning from the devolution pilots and transformation programmes which underpin the emerging accountable care systems.

Our vision and priorities

To measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people.

To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care.

To work in partnership to commission, contract and deliver services efficiently and safely.

To achieve this vision, we have identified a number of key priorities:

- The right services in the right place: Matching demand with appropriate capacity in NEL
- Encourage self-care, offer care close to home and make sure secondary care is high quality
- Secure the future of our health and social care providers. Many face challenging financial circumstances
- Improve specialised care by working together
- Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies
- Using our infrastructure better

Delivering the NEL STP

To deliver the STP we are building on existing local programmes as well as setting up eight work streams to deliver the priorities. The workstreams are cross-cutting NEL wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

- Promote prevention and personal and psychological wellbeing in all we do
- Promote independence and enable access to care close to home
- Ensure accessible quality acute services
- Productivity
- Infrastructure
- Specialised commissioning
- Workforce
- Digital enablement

Each of the eight delivery plans sets out the milestones and timeframes for implementation.

Involving local people and stakeholders

Our plans and priorities must be developed with those who use, pay for or work for the NHS. Their engagement is vital.

- During the summer we produced a summary of progress and shared the first draft STP on our website. We met with a number of MPs; arranged for elected members from each borough to meet the STP executive; engaged with Overview and Scrutiny Committees, Health and Wellbeing Boards and the Local Government Association; involved local authority staff; met with local patient and campaign groups; presented the plans to clinical groups and staff; held events on particular topics and with key stakeholders and discussed the plans at public board meetings of all NHS partners.
- On 21 October we submitted an updated narrative, eight delivery plans and a communications and engagement plan to NHS England. We have published these on our website www.nelstp.org.uk
- Over the coming months we are encouraging staff and stakeholders including councils and Health and Wellbeing Boards to make their views known. We are actively working with local Healthwatches and other community networks to gauge the views of the public and local interest groups.

Governance

A group (including health organisations, local authorities and Healthwatch) has been set up to review and update the governance arrangements.

As key players in the development and delivery of the STP, especially in ensuring it meets the needs of the many different communities, local authorities will be suitably represented.

The group has developed a shadow governance structure and initial terms of reference which strengthens existing forums such as the STP Board and adds several new bodies, most notably:

- A Community Council – of residents, voluntary sector, councillors and other key stakeholders
- An Assurance Group – an independent group of audit chairs to provide assurance and scrutiny
- A Political Leaders Advisory Group
- A Financial Strategy Group – to provide oversight and assurance of the consolidated financial strategy

Finances – how will we pay for this?

If we do nothing to address NHS financial challenges we will have a shortfall of £578 million by 2021 as our increased income will not keep pace with expenditure. If we carry on with 'business as usual' efficiencies of 2% a year, we will have a shortfall of c£336 million by 2021.

In local authorities and the Corporation of London, if we consider adult social care, the Better Care Fund, children's services and public health, there will be a £238 million shortfall by 2021 if we take no action to address the issues.

We will find savings and reduce these gaps by:

- Delivering individual organisations' savings programmes – making them more efficient and effective
- Working together – using our local transformation programmes to achieve savings; combining back office functions such as HR, finance, facilities management and IT to improve services and make savings; consolidating services and sharing good practice, which can improve productivity and save money; using our buildings more efficiently; using our collective buying power to secure better value contracts, for example medicines
- Working with local people to co-design new services that better meet their needs, and identify opportunities for productivity and efficiency improvements
- Accessing funding from the national Sustainability and Transformation Fund, but this is conditional on the quality of our STP.

Equality

A screening to consider the potential equality impacts of the proposals has been completed. This is on our website www.nelstp.org.uk

The screening includes:

- An assessment of the level at which the analyses need to be conducted (London-wide, regional, local area or borough level)
- A screening of the overarching *Framework for better care and wellbeing*
- Description of the actions to be taken

The screening recognises the initiatives included in the STP will be implemented at different times and that further analyses will need to be undertaken over the life of the programme.

Next steps

The STP is currently being developed further and the latest draft submission is being circulated to health and social care partners.

We anticipate feedback from NHS England and NHS Improvement early in 2017, and will continue to evolve the STP following feedback from our local partners, local people and the national bodies.

We welcome your comments and input as we further develop the plans. Key questions we are asking are:

- What do you think about what we have chosen to focus on?
- Do you think we have the right priorities?
- Is there anything missing that you think we should include?

To find out about STP-related events, sign up to our newsletter or read a more detailed version of the STP at: **www.nelstp.org.uk**

For more information please contact us on **nel.stp@towerhamletsccg.nhs.uk**

HEALTH AND WELLBEING BOARD

31 January 2017

Title:	**A&E Delivery Board Update**
Report of the A&E Delivery Board	
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 A&E Delivery Board. This report provides an update on the most recent meeting(s) of the A&E Delivery Board.	
Recommendation(s) The Health and Wellbeing Board is recommended to: • Consider the updates and their impact on Barking and Dagenham and provide comments or feedback to Conor Burke, Accountable Officer to be passed on to the A&E Delivery Board.	
Reason(s): There was an identified need to bring together senior leaders in health and social care to drive improvement in urgent and emergency care at pace across the system.	

List of Appendices

A&E Delivery Board Briefings:

Appendix A: 31 October 2016

Appendix B: 23 November 2016

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APPENDIX A

A&E delivery board Summary Briefing	Meeting dated – 31 October 2016
	Venue – Committee Room 3A, 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 Matthew Hopkins (Chief Executive, BHRUT) and attended by members as per the Terms of Reference.

Agenda	Areas/issues discussed
Reflection on ECIP feedback	Members discussed the feedback from the ECIP review and were tasked with identifying the top 5 priorities, following receipt of the final ECIP report, which will need to come back to the November meeting for agreement.
A&E Improvement Plan	Members were updated on the winter plan submission and the proposal to align local escalation systems with the new Operational Pressures Escalation Framework.
Urgent and Emergency Care delivery plan	Key highlights from the UEC programme dashboard were reported. Due to time constraints, following the ECIP review feedback session, it was agreed to pick up the following at the November meeting: • Feedback expected from trialling direct booking for the Integrated Urgent Care workstream. Members received the evaluation from the discharge to assess pilot and the recommendation to pause was agreed.
NEL U&EC network update	It was agreed to bring an update to the next meeting following submission of the STP.
Next meeting:	Wednesday 23rd November 2016 9am – 11am Bentley/Willow Rooms 3rd Floor, Imperial Offices, 2-4 eastern Road, Romford, RM1 3PJ

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APPENDIX B

A&E delivery board Summary Briefing	Meeting dated – 23 November 2016
	Venue – Bentley room, Imperial Offices -Romford
Summary of paper	This paper provides a summary of the key issues discussed at the System Resilience Group meeting. The meeting was chaired by Matthew Hopkins (Chief Executive, BHRUT) and attended by members as per the Terms of Reference.

Agenda	Areas/issues discussed
Response to ECIP review	Members discussed and agreed the 5 priority areas for the U&EC work programme.
Urgent and Emergency Care delivery plan	Members agreed to hold a workshop to discuss and agree the vision of the U&EC programme in line with the ECIP feedback and to align the workstreams with the 5 concordat priority areas.
Overall performance update	Key highlights from the UEC programme dashboard were reported. A proposal for a new dashboard report will be brought to the next meeting for discussion.
Ongoing U&EC priorities	Members were updated on performance of flu uptake. An update will routinely come to these meetings.
NEL U&EC network update	It was agreed to bring a detailed update to the next meeting on latest position.
Next meeting:	Monday 12th December 2016 3.30pm-5.30pm Boardroom, Trust HQ, Queens Hospital, Rom Valley Way, Romford RM7 0AG

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HEALTH AND WELLBEING BOARD

31 January 2017

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 there have been no meetings of the Public Health Programmes Board, Children and Maternity Sub-Group, Mental Health Sub-Group or Integrated Care Sub-Group since the last meeting of the Health and Wellbeing Board so there are no updates for these groups.	
Recommendations: The Health and Wellbeing Board is asked to: 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: Learning Disability Partnership Board report

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Learning Disability Partnership Board

Chair: Mark Tyson, Commissioning Director, Adults' Care & Support

Items to be escalated to the Health & Wellbeing Board

None.

Performance

The LDPB monitors all the activity and performance targets on behalf of the HWB. The target areas are detailed below

Meeting Attendance

75%

Action(s) since last report to the Health and Wellbeing Board

a) Mark Tyson, Commissioning Director, Adults' Care & Support agreed the new format of structuring the partnership board meetings. The new format is focussing the first half of the meeting covering strategic updates and information and the second half of the meeting facilitating a workshop theme often inviting a wider audience of carers and service users. This has seen increased engagement and participation. To date the board has had workshops on Employment, Digital Solutions, The All Age Disability Service and Equalities and Diversity.

b) Sub Group Forums

The subgroups remain to meet and discuss in greater detail some issues raised at the LDPB. The most recent issue shared via the carer subgroup is the lack of respite options in the borough. Having explored the issues involved, the LDPB also asked that this be taken to the Carers Strategy Group to shape recommendations. Carers also raised concerns that they are experiencing difficulty communicating with the Department of Work & Pensions (DWP) when they need to discuss issues around their cared-for persons. This will be explored with DWP by the Joint Commissioner, and an officer from the DWP invited to the LDPB.

c) Annual Health Checks for people with Learning Disabilities: -

The number of people with a learning disability who have received a health check continues to be below expectation. The past year has seen a significant improvement due to a concerted effort from officers in the CCG, local authority and NELFT working with GP surgeries. Over 80% of the people identified a year ago, have had an annual health check however GPs will need to maintain and improve this standard year on year. The work on tracking and prompting health checks as part of assessment and review will continue and be built into the Council's development of an All-Age Disability service, working with partners.

d) Independent Housing Strategy

The Council is developing a range of innovative options for housing, including a private sector landlord vehicle, Reside, and development of the Barking Riverside plans. There continues to be joint work to ensure that there are opportunities for people with a learning disability to benefit from these options, with varying levels of care and support need. This will be captured in a commissioning plan for accommodation for people with a learning disability, developed jointly by the Housing Strategy service with Adults' Care & Support Commissioning. The LDPB will have the opportunity to influence the development of this plan.

e) Improving Employment opportunities for people with a learning disability

Improving the number of people in employment (4 hours or more) is a priority for the Council and Health partners. The LDPB agreed 7 actions to support achieving this outcome. These are:

- Develop and implement a programme of raising awareness of disability for prospective, new employers of people with learning disabilities.
- Circulate and publicise on the Care and Support Hub general information about permitted earnings to service users, carers and employers.
- NELFT to run a development session about interviewing for people with learning disabilities.
- Officers to attend voluntary groups to talk about employment opportunities.
- Employers within the borough to be contacted about employing a person with a learning disability.
- Commissioners to work with the Business Enterprise Centre to explore how it can support this endeavour and how it can develop social enterprises/small businesses that will work with people with learning disabilities.
- Closer worker with the adult college to align learner's outcomes with employments opportunities.

A task and finished group has been formed to progress the agreed actions.

f) Offender health and the Criminal justice system

Members of the LDPB have for some time been keen to engage with front line officers on how they engage and support victims of crime and perpetrators. A meeting in January with the Inspector of Partnerships was positive and agreed a willingness to engage with the LDPB. This was welcomed by the LDPB following concerns raised about police activity (arrests or detention under Section 136) when responding to alerts to people with a learning disability or autism.

Action and Priorities for the coming period

a) Update and review of progress in the implementation of the Learning Disability Strategic Delivery Plan.
b) Employment for people with Learning Disability): ensuring progress has been made the options currently agreed, and assessing impact with a view to taking further action to ensure that employment opportunities are provided to people with learning disability or autism.
c) Improved engagement and raising awareness of police staff supporting victims or perpetrators of crime when they have a learning disability or autism.

Contact: Karel Stevens-Lee

Tel: 020 227 2476 **Email:** karel.stevens-lee@lbbd.gov.uk

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HEALTH AND WELLBEING BOARD

31 January 2017

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: a) Note the contents of the Chair's Report and comment on any item covered should they wish to do so.	

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Chair's Report

31 January 2017

In this edition of my Chair's Report, I talk about Breast Screening, Community Pharmacy and the Adult Social Care Survey. 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

Breast Screening Information Update

As you may know, a breast screening campaign is currently underway. This is extremely important for Barking and Dagenham as our cancer screening rates remain lower than London and England:

- National target: 70%
- England: 72.5%
- London: 65.1%
- Barking and Dagenham: 62.6%

People eligible for the screening are women aged 50 to 70, who receive an invitation letter every 3 years explaining the programme and the benefits and risks of breast screening. Those over the age of 70 stop receiving screening invitations, however they are still eligible for screening and can arrange an appointment by contacting the local screening unit. A research trial is assessing the benefits and risks of screening younger (47-49 yrs) and older (71-73 yrs) women. About half the women in each of these age groups in each area are being invited for screening. Women 47-49 or over 70 can contact the screening service and ask to be screened while screening is happening in the area.

Women in Barking and Dagenham are being offered screening at a selection of locations to encourage people to take up the screening offer. The locations are:

- Westland Medical Centre, Hornchurch
- King George Hospital
- Barking (Mobile unit parked on Axe Street)
- Harold Wood Polyclinic

Women can contact the administration centre on 0203 758 2024 or by email at Rf-tr.londonbreastscreeninghub@nhs.net to ask to go to a different site if they wish.

We all know it's not easy to get high screening figures, which is why there are resources available to support GP Practices. These are provided by the Cancer Research UK Facilitator or one of the Macmillan GPs working in Barking and Dagenham:

- CRUK Facilitator—jane.burt@cancer.org.uk Tel: 07919293797
- Macmillan GPs—Dr Kanika Rai, Dr Amit Sharma

Primary Care and Community Pharmacy 2017

Due to diligent work over the last 2 years, forging good working relationships with our partners in primary care and community pharmacies, we are developing and delivering a range of public health programmes. The focus is to inform local people on how to prevent ill health and support those with life-long conditions.

Our GP practices are keen to support these programmes and are working with us to develop better and more effective ways to prevent and support people in improving their health. These include:

- NHS health checks
- Stop Smoking and HIV testing campaigns
- Emergency and planned contraception services

Along with our partners in community pharmacies, we are developing new models for providing health services, including greater holistic care and lifestyle choices, support in self-management of life-long conditions and other services that would have previously only been offered within GP practices.

The challenge now is to harness and channel the willingness to transform, support and improve health and social care in Barking and Dagenham.

Adult Social Care Survey 2017

London Borough of Barking and Dagenham will be carrying out a survey to find out whether services received by local people from Adult Social Care are supporting them and how services are helping them improve the quality of their lives.

This survey is sent to a random selection of service users, so not everyone receiving services will receive the questionnaire, and all responses are treated in confidence with no service users able to be personally identified from their replies.

The results will help to shape and improve local services and be used to understand how well the services are being delivered as well as helping to identify whether safeguarding and preventative services are working.

The survey is being carried out from Monday 19th January 2015 to 13th March 2015, so if anyone contacts you about it, please ask them to call 020 8227 5602.

News from NHS England

NHS England review of 2016

NHS England has produced a review of 2016, looking back at a few of the highlights of their work over the last twelve months. The review is available at the following address: https://www.england.nhs.uk/2017/01/2016-review/?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+NHSCBoard+%28NHS+England%29

Allied Health Professions join forces to help shape future healthcare

England's 145,000 Allied Health Professionals will be encouraged to innovate and lead within the NHS and wider care system under a new shared commitment published by NHS England. 'Allied Health Professions into Action' has brought together the views of the third largest workforce in the health and care system, including chiropodists, dieticians, orthoptists, paramedics, physiotherapists, art therapists and speech and language therapists. It sets out how the 12 Allied Health Professional groups across England can be at the forefront of innovative changes to patient care and shape future health policy by having a full involvement in transformation plans being developed across the country.

The new guidance aims to provide a blueprint for Clinical Commissioning Groups, provider organisations, health leaders and local authorities to fully utilise and involve Allied Health Professionals (AHPs) in transformation programmes and the delivery of NHS England's Five Year Forward View. It offers 53 examples of AHPs working to drive and support change by working innovatively, and a framework to help utilise AHPs in the development and delivery of transformation planning.

'Allied Health Professions into Action' also commits to establish a national programme board to oversee and support delivery. This group will establish monitoring systems and measure success in partnership with a range of agencies including the AHP professional bodies, NHS Improvement, NHS Digital, Health Education England, and Public Health England.

Allied Health Professions into Action is available here: https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf

Health and Wellbeing Board Meeting Dates

Tuesday 14 March 2017, Tuesday 9 May 2017, Tuesday 4 July 2017, Tuesday 5 September 2017, Tuesday 7 November 2017, Tuesday 16 January 2018.

All meetings start at 6pm and are held in the conference room of the Barking Learning Centre.

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HEALTH AND WELLBEING BOARD

31 January 2017

Title:	**Forward Plan**
Report of the Chief Executive	
Open	**For Comment**
Wards Affected: NONE	**Key Decision: NO**
Report Authors: Tina Robinson, Democratic Services, Law and Governance	**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. The draft contains details of future agenda items that have been advised to Democratic Services at the time of the agenda's publication.

Recommendation(s)

The Health and Wellbeing Board is asked to:

a) Note the draft Health and Wellbeing Board Forward Plan and that partners need to advice Democratic Services of any issues or decisions that may be required, in order that the details can be listed publicly in the Board's Forward Plan at least 28 days before the next 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) The next full issue of the Forward Plan will be published on 13 February 2017. Any changes or additions to the next issue should be provided before 2.00 p.m. on 8 February 2017.

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

March 2017 Edition

Publication Date: DUE 13 February 2017

THE FORWARD PLAN

Explanatory note:

Key decisions in respect of health-related matters are made by the Health and Wellbeing Board. Key decisions in respect of other Council activities are made by the Council's Cabinet (the main executive decision-making body) or the Assembly (full Council) and can be viewed on the Council's website at http://moderngov.barking-dagenham.gov.uk/mgListPlans.aspx?RPId=180&RD=0. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the full membership of the Health and Wellbeing Board is listed in Appendix 1.

Key Decisions

By law, councils have to publish a document detailing "Key Decisions" that are to be taken by the Cabinet or other committees / persons / bodies that have executive functions. The document, known as the Forward Plan, is required to be published 28 days before the date that the decisions are to be made. Key decisions are defined as:

(i) Those that form the Council's budgetary and policy framework (this is explained in more detail in the Council's Constitution)
(ii) Those that involve 'significant' spending or savings
(iii) Those that have a significant effect on the community

In relation to (ii) above, Barking and Dagenham's definition of 'significant' is spending or savings of £200,000 or more that is not already provided for in the Council's Budget (the setting of the Budget is itself a Key Decision).

In relation to (iii) above, Barking and Dagenham has also extended this definition so that it relates to any decision that is likely to have a significant impact on one or more ward (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).

As part of the Council's commitment to open government it has extended the scope of this document so that it includes all known issues, not just "Key Decisions", that are due to be considered by the decision-making body as far ahead as possible.

Information included in the Forward Plan

In relation to each decision, the Forward Plan includes as much information as is available when it is published, including:

- the matter in respect of which the decision is to be made;
- the decision-making body (Barking and Dagenham does not delegate the taking of key decisions to individual Members or officers)

- the date when the decision is due to be made;

Publicity in connection with Key decisions

Subject to any prohibition or restriction on their disclosure, the documents referred to in relation to each Key Decision are available to the public. Each entry in the Plan gives details of the main officer to contact if you would like some further information on the item. If you would like to view any of the documents listed you should contact Tina Robinson, Democratic Services Officer, Civic Centre, Dagenham, Essex, RM10 7BN (telephone: 020 8227 3285, email: tina.robinson@lbbd.gov.uk.

The agendas and reports for the decision-making bodies and other Council meetings open to the public will normally be published at least five clear working days before the meeting. For details about Council meetings and to view the agenda papers go to http://moderngov.barking-dagenham.gov.uk/ieDocHome.asp?Categories and select the committee and meeting that you are interested in.

The Health and Wellbeing Board's Forward Plan will be published on or before the following dates during the Council municipal year, in accordance with the statutory 28-day publication period:

Edition	Publication date
March 2017 edition	13 February 2017
May 2017 edition	10 April 2017

Confidential or Exempt Information

Whilst the majority of the Health and Wellbeing Board's business will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to Alan Dawson, Democratic Services Manager, Civic Centre, Dagenham, Essex RM10 7BN (telephone: 020 8227 2348, email: committees@lbbd.gov.uk).

Key to the table

Column 1 shows the projected date when the decision will be taken and who will be taking it. However, an item shown on the Forward Plan may, for a variety of reasons, be deferred or delayed.

It is suggested, therefore, that anyone with an interest in a particular item, especially if he/she wishes to attend the meeting at which the item is scheduled to be considered, should check within 7 days of the meeting that the item is included on the agenda for that meeting, either by going to http://moderngov.barking-dagenham.gov.uk/ieListMeetings.aspx?CId=669&Year=0 or by contacting contact Tina Robinson, Democratic Services Officer, Civic Centre, Dagenham, Essex, RM10 7BN (telephone: 020 8227 3285, email: tina.robinson@lbbd.gov.uk .

Column 2 sets out the title of the report or subject matter and the nature of the decision being sought. For 'key decision' items the title is shown in **bold type** - for all other items the title is shown in normal type. Column 2 also lists the ward(s) in the Borough that the issue relates to.

Column 3 shows whether the issue is expected to be considered in the open part of the meeting or whether it may, in whole or in part, be considered in private and, if so, the reason(s) why.

Column 4 gives the details of the lead officer and / or Board Member who is the sponsor for that item.

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author
Health and Wellbeing Board: 14.3.17	**Domestic and Sexual Abuse Strategy *: Community*** The report will present the Board with the draft Domestic and Sexual Abuse Strategy. The Board will be asked to discuss and approve the Domestic and Sexual Abuse Strategy. • Wards Directly Affected: All Wards	Open	Mark Tyson, Commissioning Director, Adults' Care & Support (Tel: 020 8227 2875) (mark.tyson@lbbd.gov.uk)
Health and Wellbeing Board: 14.3.17	**Contract: Healthy Child Programme (0-19) - Procurement Strategy *: Financial*** The contracts for the 0-5 and 5-19 Healthy Child Programmes (HCP) respectively are due to expire on 30 September 2017. This Board will be asked to approve the procurement strategy for the competitive procurement of these services as an integrated 0-19 HCP and to delegate authority to award a contract to the successful provider. • Wards Directly Affected: All Wards	Open	Christopher Bush, Interim Commissioning Director, Children's Care and Support (Tel: 020 8227 3188) (christopher.bush@lbbd.gov.uk)
Health and Wellbeing Board: 14.3.17	Health and Wellbeing Outcomes Framework Report - Quarter 3 2016/17 The report will present the Board with the Health and Wellbeing Outcomes Framework Report and the performance information for Quarter 3 2016/17. The Board will be asked to discuss and the data within the report. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)

Health and Wellbeing Board: 14.3.17	Planning for a Healthier Future The report will provide an update on the work being carried out around the redevelopment of Barking Riverside, including progress in the Healthy New Towns programme. The report will set out current plans and visions for incorporating health and healthy lifestyles within the new Barking Riverside development, enabling the Board to discuss how partners can work together to deliver this. • Wards Directly Affected: All Wards	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 14.3.17	**Older People's Housing Strategy *: Community*** The report will present the Board with the Older People's Housing Strategy for discussion and approval. • Wards Directly Affected: Not Applicable	Open	Mark Tyson, Commissioning Director, Adults' Care & Support (Tel: 020 8227 2875) (mark.tyson@lbbd.gov.uk)
Health and Wellbeing Board: 14.3.17	NELFT Strategic Quality Improvement Plan The Board will be provided with an update on NELFT's Quality Improvement Plan in response to the CQC inspection report of September 2016, including progress in delivery against the plan and an update on the re-inspection of the Brookside Ward. The report will also include an update on any other plans that NELFT are developing for 2017/18. • Wards Directly Affected: All Wards	Open	Bob Champion, Executive Director of Workforce & OD (Tel: 0300 555 1201) (bob.champion@nelft.nhs.uk)

APPENDIX 1

Membership of Health and Wellbeing Board:

Councillor Maureen Worby, Cabinet Member for Social Care and Health Integration (Chair)
Councillor Sade Bright, Cabinet Member for Equalities and Cohesion
Councillor Laila Butt, Cabinet Member for Cabinet Member for Enforcement and Community Safety
Councillor Evelyn Carpenter, Cabinet Member for Educational Attainment and School Improvement
Cllr Bill Turner, Cabinet Member for Corporate Performance and Delivery
Anne Bristow, Strategic Director for Service Development and Integration and Deputy Chief Executive
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)
Bob Champion, Executive Director of Workforce and Organisational Development (North East London NHS Foundation Trust)
Dr Nadeem Moghal, Medical Director (Barking Havering and Redbridge University Hospitals NHS Trust)
Sean Wilson, Interim LBBD Borough Commander (Metropolitan Police)
Ceri Jacob, Director Commissioning Operations NCEL (NHS England - London Region) (non-voting Board Member)

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