APPENDIX 2

JSNA RECOMMENDATIONS

SECTION 2

2.3 Maternity Need

Recommendations

Commissioners should review the resources needed to ensure safe maternity and neonatal services, recognising the increasing number of births and the greater complexity of the maternity case load.

Commissioners should ensure that there are appropriately inclusive education and information resources for potential parents and expectant mothers and fathers and parents of newborns.

Providers should collect data on all nine protected characteristics as outlined under the duties of the Equality Act.

Commissioners should commission a full equity audit of maternity services in 2012/13 to understand in more detail the needs of pregnant mothers and their partners.

Commissioners should ensure that services, specifically ante-natal and post-natal support is available locally through community hubs such as Children's Centres.

2.4 Health in Pregnancy

Recommendations for Commissioners

Commissioners must ensure that the NICE guidance on support for supporting pregnant women to stop smoking (NICE PH26[1]) is fully implemented. In summary, the recommendations include:

Identifying pregnant women who smoke and referring them to NHS Stop Smoking Services.

NHS Stop Smoking Services following up and contacting all referrals.

NHS Stop Smoking Services providing initial and ongoing support.

[1] http://www.nice.org.uk/guidance/PH26

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Use of Nicotine Replacement Therapy and other pharmacological support.

NHS Stop Smoking Services providing services that meet the needs of disadvantaged pregnant women who smoke.

NHS Stop Smoking Services providing support for partners and others in the household who smoke.

Training for midwives (and Family Nurse Partnership nurses) and NHS Stop Smoking services to deliver effective interventions to pregnant women.

Commissioners should require Stop Smoking Services and Maternity Services to collect data on the number of mothers who smoke at the time of booking as well as at the time of delivery, to collaborate with public health to analysis, and to identify ways to effectively reduce the number of women who smoke during pregnancy.

Further work is needed to shift the cultural acceptance of smoking during pregnancy so that women who live in the borough are discouraged from smoking during their pregnancy.

Commissioners should require that all community midwives are trained as Level 1 smoking cessation advisors and that the public health midwife team should be trained to Level 2.

Commissioners should require smoking cessation services to be delivered in co-location with other ante-natal services, such as in Children's Centres, providing integrated services that encourage mothers to quit smoking during and after their pregnancy.

Alcohol and Substance Misuse in Pregnancy

Recommendations for Commissioners

Commissioners should ensure an annual audit of the case load of women with substance misuse (alcohol and drugs) from BHRUT and other providers.

Commissioners should ensure that appropriate clinical pathways are in place to identify and support women with substance misuse issues.

Commissioners of Drug and Alcohol Services should ensure that service providers are equipped to discuss conception, contraception and pregnancy with service users.

Commissioners should ensure that health and non-health care agencies supporting women with alcohol or drugs-related problems routinely ask about whether they have any plans to have a child in the near future, or whether they might be pregnant.

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Domestic Violence in Pregnancy

Recommendations for Commissioners

Commissioners should include domestic violence in pregnancy outcomes as part of the data collection framework for maternity services providers.

Commissioners across the local strategic partnership should ensure that there is core cross-agency training on domestic violence for all staff that may come into contact with pregnant women, families with newborns and parents planning a pregnancy.

Decisions regarding the future of the maternity support service for women experiencing domestic violence should be made based on evidence over a reasonable timescale.

Maternal mental health

Recommendations for Commissioners

A review of the implementation of the NICE guidance on antenatal and postnatal mental health should be commissioned and a service review of perinatal mental health services should be undertaken.

Providers should ensure that all staff working with pregnant women and parents of newborn babies are trained to recognise post-natal depression and are able to access support.

Obesity in Pregnancy

Recommendations for Commissioners

Commissioners need to be aware of the burden of obesity in pregnancy in the local population of pregnant women and should commission regular prevalence reporting from BHRUT.

Commissioners must be assured that the NICE guidelines on weight management before, during and after pregnancy are being fully implemented.

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Commissioners should ensure that there are clear pathways of care for obese and morbidly obese pregnant women.

Service Providers should ensure that there are appropriate clinical facilities to monitor and support obese pregnant women.

Sickle Cell Disease in Pregnancy

Recommendations for Commissioners

Commissioners must ensure appropriate clinical pathways and specialist capacity is in place for the care and support of pregnant women with long term conditions during pregnancy and in the pre-conception period.

The Children's Trust and the shadow Health and Wellbeing Board should consider how guidance material on the impact of pregnancy for women with chronic conditions should be signposted through primary care, maternity services and children's centres.

Commissioners should consider how information on maternal disease/condition demographics can be standardised across providers so that in future reports information can be routinely presented across providers and boroughs.

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2.5 Screening in pregnancy and the newborn child

Recommendations for Commissioners

Commissioners must ensure that the national standards are implemented and delivered at BHRUT, particularly in relation to Bloodspot and Foetal Anomaly screening.

Commissioners should ensure that all screening programmes have appropriate policies and governance in place in both community and acute settings.

Commissioners must ensure that there are adequate resources available to support ante-natal screening programmes and that pathways of support and care are in place for parents and for children who are affected by these conditions.

The shadow Health and Wellbeing Board should remain request regular reports from ONEL commissioners on screening performance against the national standards as part of the performance framework.

The Children's Trust, through the workforce strategy, should ensure that front line staff, including children's centre staff understand the context of screening and the implications for parents.

2.6 Outcomes for mothers and babies

Recommendations for Commissioners

Specific research needs to be undertaken to understand the variation in infant mortality rates and the death rate between 28 days and 1 year.

The shadow Health and Wellbeing Board and Children's Trust should pay specific attention to the variation in maternal outcomes given the importance of early years on long term population health and the potential to affect preventable deaths.

NHS ONEL PCTs Commissioners must explicitly review maternity outcomes as part of regular performance reviews of maternity, primary care and community services provision.

Commissioners should ensure that service provision is sufficient to meet demand, especially as the maternal case load and complexity increases, specifically the midwife capacity and training.

Clinical Commissioning Groups should work with their constituent practices to review and reduce maternity practice variations.

Neonatal performance must be reported on a regular basis against the national audit framework and NHS ONEL PCTs should review the business case for a level 3 Neonatal Intensive Care Unit at Queens Hospital.

Maternal outcomes, including patient satisfaction, should be viewed as a priority set of indicators for the local strategic partnership through the shadow Health and Wellbeing Board.

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2.7 Supporting Parents and Children Once They Are Born

Recommendations for Commissioners

Commissioners should ensure that the potential of Children's Centres is maximised by all partners through the Multi-Agency Locality Teams (MALTs) and that access is signposted to all parents.

Commissioners should review the demographic of uptake of Children's Centres services against the profile of children locally to understand if barriers to access exist.

Children's Centres are well networked with families who are highly likely to need support. Commissioners should ensure that strong links are built between Children's Centres and other services, through co-location and stronger partnership working with primary care, especially with the health visiting service.

Commissioners need to work collaboratively to utilise the information from Portage to project forward the demand for services for children with complex needs and targeted support.

The locality variation in Portage should be examined to understand the reasons behind the higher use in Central locality.

Service providers should be aware of the role and pathway to portage services, and the service should develop strong links with primary care and health visiting.

Health Visiting Service

Recommendations for Commissioners

Commissioners should review the resources allocated to the health visiting service, which falls well below the recommendations made by Lord Laming.

Commissioners should address the risk mitigation that is needed in the light of the shortfall in health visitor resources.

The shadow Health and Wellbeing Board and Children's Trust should require evidence that commissioners have identified and put in place key performance measures that will enable assessment of demand and delivery, including caseload reporting and referral profiles, including indicators of caseload complexity (Common assessment framework referrals, children subject to Child Protection Plans).

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Family Nurse Partnership (FNP)

Recommendations for Commissioners

Commissioners should consider widening the range of parents supported by intensive programmes of support from before birth, including the Family Nurse Partnership programme, to meet the support needs of young parents in Barking and Dagenham.

2.8 Breastfeeding

Recommendations for Commissioners

Commissioners should ensure that there is adequate resource to promote breastfeeding in the community to reduce the gap between initiation of breast feeding and continuing to breastfeed when the baby is checked at 6 to 8 weeks.

Commissioners should look at how the pilot work to implement good practice, such as the peer support service, can be scaled up to an industrial level to ensure maximum impact.

Commissioners should ensure that interventions are linked to outcomes in a explicit way so that assessments on effectiveness can be made.

Commissioners should ensure that infant feeding is a core training element for all health visitors, midwives, practice nurses and Children's Centre staff.

Clinical Commissioning Group leads should address performance issues around reporting of breastfeeding status at the 6 to 8 week check.

Clinical Commissioning Groups will need to address under-reporting of key targets such as breastfeeding, which may limit the validity of the evidence about need.

Schools should work with public health leads to ensure that breastfeeding awareness is part of the teaching program in order to promote uptake and improve community perceptions of breastfeeding.

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2.9 Immunisation

Recommendations for Commissioners

Commissioners should ensure that the contract for Child Health Records services include provision of quarterly practice level data reporting of all childhood immunisation programmes, including neonatal BCG and HPV.

Commissioners should commission social marketing research to understand barriers to immunisation uptake in the local community and address them.

Commissioners should ensure that there is adequate resource to enable achievement of the 95% uptake required for herd immunity.

NHS ONEL PCT Community Health Services Commissioners should review the delivery of the HPV immunisation programme through the Child Health Services and the Immunisation Support Team as a key performance outcome.

The Clinical Commissioning Group's clinical leads should support a local performance target of 98% in order to ensure achievement of the 95% performance target across the borough.

Service providers, including general practice, should consider how to increase access to immunisation and explore provision of immunisation through venues such as Children's Centres and schools.

Commissioners should consider pathways to immunisation for at-risk families (including refugees, homeless people, travelling families, very young mothers, those not registered with a GP and those who are new to an area).

Immunisation promotion should be included into preparation for school messages.

Commissioners should ensure that all service providers working with children and young people, either directly or through contact services such as libraries and leisure, have provided staff with core training on immunisation awareness and promotion.

Commissioners should look to improve access to immunisation services for those with transport, language or communication difficulties, and those with physical or learning disabilities –for example, by providing longer appointment times, walk-in vaccination clinics, services offering extended hours and mobile or outreach services. The latter might include home visits or vaccinations at Children's Centres.

Commissioners should seek to improve local call and recall systems, in conjunction with the Child Health Information System (RIO) and local GP Systems, coupled with the utilisation of Practice based Birthday Card Immunisation reminders.

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Commissioners should ensure that there is a clear process and implementation for the local infant hepatitis B vaccination programme, including a failsafe system.

2.10 Child Development

Recommendations for Commissioners

Commissioners should ensure that all staff working with children are aware of the parenting programmes and referral pathways.

Commissioners should work to increase the percentage of 3 and 4yr olds accessing early education.

2.11 Accidental Injury in children under the age of 5

Recommendations for Commissioners

Commissioners should ensure that core messages on accident prevention form part of the common induction programme for all staff working with children and young people in commissioned services.

Service providers should ensure utilisation of national resources on accident prevention for children, young people and parents to promote awareness.

Commissioners should consider a more detailed review of accident and emergency, walk-in centre and GP out of hours attendances due to accidental injuries, particularly in the under 5 year age group.

The Children's Trust and Community Safety Partnership should work together to address road safety to prevent accidental injury and death related to road traffic accidents.

Service providers of maternity, health visiting and early years support should be aware of accident prevention and safe sleeping advice.

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2.12 Looking forward

Recommendations for Commissioners

Commissioners will need to incorporate a model of population growth into the forward financial planning for health and social care services, building on the experience of the school places planning.

Commissioners need to work effectively across housing and planning and service commissioners to strategically align the expansion of the population and the development of services, particularly in relation to new school places.

Commissioners will need to influence the workforce development strategies locally and regionally to reflect the changing profile and needs of children and young people in the borough.

Commissioners will need to explicitly consider how the changing profile of the population impacts on the scale and complexity of demand for services.

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SECTION 3

3.1 The School population

Recommendations for Commissioners

Commissioners need to reflect the significant projected population growth in the school population in the financial and commissioning plans for services for school aged children such as school nurses, allied therapies, etc. This will require substantial increase in service capacity, by approximately a third again of all services.

Commissioners should ensure that all providers have appropriate training in place which reflects the diverse needs of the population served, i.e. all staff working with children and young people should have a basic awareness and understanding of sickle cell disease and trait and health care professionals working with this age group should have an enhanced level of understanding.

Service providers for children need to consider how they engage and communicate with families and carers whose primary language is not English.

Commissioners for health and social care services need to ensure that additional capacity is factored into commissioning intentions to reflect the growth in demand for children with special needs (including educational needs).

3.2 Special Educational Need[2]

Recommendations for Commissioners

Commissioners need to ensure the presence of integrated care pathways for early recognition of speech and language and emotional wellbeing issues amongst the under 5 year old age group as well as for school aged children.

Specific analysis work is needed to explore the significantly higher proportion of children recorded as having special educational needs attributed to speech, language and communication needs in Barking and Dagenham.

Clinical commissioning groups and NHS Commissioners actively engage in utilising education outcomes as markers of population health for children and young people.

[2] Data on SEN is for children who are resident in the borough.

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Clinical commissioning group's education leads work on training and awareness for primary care staff on the interventions which can reduce persistent school absenteeism.

3.3 School Attendance

Recommendations for Commissioners

Clinical commissioning group's education leads work on training and awareness for primary care staff on the interventions which can reduce persistent school absenteeism.

3.4 Exclusions from school

No recommendations

3.5 Young People not in education, employment or training (NEET)

Recommendations for Commissioners

Commissioners need to address the high level of unknown status young people in the NEET cohort and identify them and how they can be supported into employment, education or training.

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3.6 Educational Attainment

No Recommendations

3.7 Barriers to achieving potential

Infectious diseases in children and young people

Recommendations for Commissioners

NHS Outer North East London PCTs commissioners need to ensure that appropriate clinical community pathways are in place to support parents with their children's incontinence (urinary and faecal).

Commissioners need to undertake work to review pathways of clinical care and support for children and young people with long term conditions, specifically asthma, diabetes and epilepsy in community and acute settings.

Providers of parenting courses should look at the potential for targeted parenting courses to support parents and families of children with long term conditions.

The Cancer Network is asked to undertake specific work to consider if there is variation in the local incidence of paediatric cancer compared to the regional and national average.

3.8 Children and young people attending hospital

Recommendations for Commissioners

Commissioners and clinicians should learn from the partnership work around Delayed Transfer of Care to review the Urgent Care Pathways for children and young people as a specific piece of partnership work.

Further work is needed to understand the detail behind the higher proportion of children using ambulance or helicopter to attend Barking Havering and Redbridge University Hospitals NHS Trust and the nature of the event/incident leading to these attendances.

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Hospital Admissions

Recommendations for Commissioners

NHS Outer North East London PCTs commissioners should undertake further work to understand the borough to borough variation in hospital episode data on a routine basis.

Clinical commissioning groups should work with strategic partners to improve management of non-emergency child health issues in the community.

3.9 Vulnerable Groups

Recommendations for Commissioners

Commissioners should review the cost per head for North East London Foundation Trust as the 2009-2010 mapping suggests that Barking and Dagenham is a significant outlier in the per capita spend compared with neighbouring boroughs.

Commissioners should ensure that there is appropriate specialist capacity for vulnerable groups with mental ill health and that pathways exist at all tiers of service accessible to these populations.

Commissioners should require an equity audit of CAMHS services which demonstrates access uptake for vulnerable populations of children and young people.

3.10 Children and Young People's Lifestyles - Health risk behaviours

Recommendations for Commissioners

Commissioners need to commission an alternative needs assessment tool to gather population based health behaviours amongst young people, potentially through the Access and Connect framework.

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Childhood Obesity

Recommendations for Commissioners

Commissioners should invest in early prevention of childhood obesity, including increasing breastfeeding and supporting parenting interventions for weaning and active play through children's centres, ranger's service in park and leisure services engagement staff.

Commissioners should ensure that there are appropriate and adequate capacity of, weight management interventions which support obese and overweight children, involving their families and carers, to gain a healthy weight.

Commissioners should undertake a review of tier 4 obesity services and clinical obesity pathways for children and young people with a view to evaluating impact and value for money outcomes.

Commissioners should look at how health services can interact with Access and Connect to ensure a whole system approach to prevention and gather routine and robust data on health behaviours at a population level.

The Director of Public Health should ensure a strategic and whole system approach to tackling obesity which includes planning, education and health as well as communities themselves in order to deliver improved outcomes for children and young people.

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Young Carers

Recommendations for Commissioners

Commissioners should be cogniscent of the needs of young carers and ensure collaboration across the strategic partnership to implement the Carers Strategy through all providers.

Commissioners should ensure that young carers are identified in services and in performance data as a protected group under the Equalities Act.

Section 4:

4.1 Proportion of people in long-term unemployment

No recommendations

4.2 People with disabilities or mental illness in employment

Recommendations for Commissioners

Commissioners need to consider the opportunities for paid employment, job carving, volunteering, job coaches etc within commissioning strategies.

There should be clearly defined outcomes for the employment opportunities for disabled people included in the partners commissioned contracts.

4.3 Employment for people with learning disability

Recommendations for Commissioners

Future commissioning of specialist employment services should continue to build on the offer of existing mainstream programmes and enhance the capacity and knowledge of those through co-location and collaborative approaches.

Current services should be reviewed and refocused to enable collaborative delivery of key outcomes including supporting people to move on through the development of clear progression routes for people with learning disabilities to access paid and unpaid employment.

Public sector agencies as both employers and procurers of services should support the employment of disabled people through the tender and contractual process and give guidance on good practice and reasonable adjustments such as working interviews and job carving for disabled people.

Commissioners should stimulate a mix of employment opportunities need to be developed including paid work, self employment social enterprises and Community Interest Companies.

Young people, particularly in transition should continue to be offered routes into employment as a real option.

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4.4 People with mental illness in employment

Total number of all mental health service users on a Care Programme Approach (CPA) 709

Recommendations for Commissioners

Future commissioning of specialist employment services should continue to build on the offer of existing mainstream programmes and enhance the capacity and knowledge of those through co-location and collaborative approaches.

Future commissioning of traditional day services should be co-designed with service users and focus on supporting service users to achieve outcomes in all areas of life including volunteering and employment.

Commissioners should promote volunteering as a means of positively contributing economically both as an end in itself and as a pathway to paid employment, This will require ensuring that existing organisations that recruit volunteers have systems and practices in place to support people with mental health needs and that they are linked into training and work opportunities.

Public sector agencies as both employers and procurers of services should support the employment of disabled people through the tender and contractual process and give guidance on good practice and reasonable adjustments such as working interviews and job carving for people with learning difficulties and people with mental health needs.

Commissioners should stimulate a mix of employment opportunities need to be developed including paid work, self employment, social enterprises and C-ICs. Ensure future commissioning of services supports New Models of Care[3] launched in June 2011 and the North East London Foundation Trust Employment, Education and Training 2010–2013 strategy.[4]

[3] London Health Programmes http://www.londonhp.nhs.uk/joining-the-dots-for-mental-health/
[4] www.monitor-nhsft.gov.uk/sites/all/modules/.../

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4.5 Occupational health and work including incapacity benefit (IB) and employment support allowance (ESA) sickness

Recommendations for Commissioners

There needs to be a detailed piece of work carried out over the next 6 months for inclusion in the Joint Strategic Needs Assessment Refresh in May 2012.

4.6 Back to work (Keeping people in work and maximising in-work incomes)

Recommendations for Commissioners

A range of employment and skills providers are now funded on the basis that the people they assist secured sustained employment. Health services can play a crucial role in this for many individuals and health providers need to ensure that there is widespread understanding and knowledge of relevant provision. The requirement to establish these links should be built into the commissioning process.

There is a need to actively use local mechanisms to sell the business case for health and wellbeing policies to Small and Medium Enterprises in Barking and Dagenham, as set out in the Health and Wellbeing Strategy.

All health spend should require the payment of the London Living Wage by contractors and sub-contractors.

All health strategies and commissioning activities should require that workplace initiatives to promote health and well-being are in place on behalf of all contractors and sub-contractors delivering any service procured with public monies. This should be actively monitored.

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Section 5

5.1 Children and adults in poverty

Recommendations for Commissioners

Reducing poverty reduces demand on services and lowers costs. Strategies and services need to be commissioned taking account of their impact on poverty and their potential to prevent poor children becoming poor adults.

Service providers need to be more aware of the scale and impact of poverty on both children and adults. Data and analysis should be used to educate staff about how best to mitigate the effects of adult and child poverty, prevent future poverty and break the cycle of poor children becoming poor adults.

All services provided by key partners across the borough should consider their contributions to mitigating the impact of poverty on the local community.

5.2 Relationship between benefits and social housing

Recommendations for Commissioners

At this stage, specific recommendations for commissioners cannot be made. It will be necessary for detailed monitoring of the impact of welfare benefits changes to be undertaken in order to develop specific recommendations to address the impact on the people of Barking and Dagenham.

There needs to be a detailed piece of work carried out over the next 6 months for inclusion in the Joint Strategic Needs Assessment Refresh in May 2012.

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5.3 Homelessness

Recommendations for Commissioners

Commissioners need to develop and raise the profiles of a range of housing options including increasing the supply of affordable housing, and associated tenancy sustainment where necessary, to meet the rising demand for housing.

The number of new public sector properties being built in the borough should be increased.

5.4 Housing stock and decent homes

Recommendations for Commissioners

More intelligence is needed on the health service needs of new households. These needs should be planned for in advance in terms of the physical infrastructure that will be required, so the likely, age, race and disability profile of new households should be predicted in advance. Health impact assessments of major development proposals should be undertaken.

All new homes should be built to Lifetime Homes standards, and to the Code for Sustainable Homes Level 4[5] to reduce the risk of fuel poverty.

The Mayor of London's Housing Design Standards[6] should be applied and the council should ensure these are met in new housing schemes.

The findings of the Barking and Dagenham Strategic Housing Market Assessment should be acted on, when known.

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5 http://www.energysavingtrust.org.uk/Publication-Download/?p=1&pid=1321
6 http://www.lda.gov.uk/Documents/London_Housing_Design_Guide_interim_August_2010_9460.pdf

5.5 Fuel Poverty

Recommendations for commissioners

Work needs to be undertaken to better assess how to identify and target those at risk of fuel poverty. Nationally it is estimated that 42% of fuel poor households are not eligible for free energy efficiency programmes. The relative nature of fuel poverty and fluctuating energy prices require constant monitoring.

With increasingly finite resources, commissioners need to concentrate targeting on those with the lowest incomes living in the most fuel inefficient worst homes, that is those on benefits in housing with low Single Assessment Procedure ratings. In Barking and Dagenham this means better targeting of the private rented and owner-occupied sectors.

Commissioners need to target works around 'whole house measures' similar to those under the Community Energy Saving Programme rather than easy and quick-fix measures. (A long-term roll out of Low Carbon Zone approaches will also be used as the template to develop this strategy).

To help with identifying and targeting those most at need, the housing department need to make more extensive and targeted use of the Experian population profiles.

5.6 Accommodation for those with special needs – young care leavers

Recommendations for Commissioners

Commissioners should closely monitor accommodation based support and floating support to ensure that young people are supported to achieve their full potential.

Commissioners will develop and support joint protocols to enable effective joint working to ensure that young people achieve their full potential in all areas of life.

Commissioners will monitor and manage the flow of referrals and placements to ensure the best use of resources.

Commissioners will monitor the length of stay and support the development of pathways to ensure access to accommodation and sustainable independent living.

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Children's Services should supply data and information on the numbers and anticipated needs of young people due to leave care over the life of strategies and plans, alongside more qualitative needs analysis involving young people and key stakeholders, to inform these strategies and plan.

5.7 Accommodation for people with mental illness

Recommendations for Commissioners

A detailed needs assessment should be undertaken to identify gaps in provision, improve service specifications and to inform future commissioning. This should include further investigation of overall outcomes for those in supported and residential accommodation to measure the levels of positive outcomes. Current providers should be included in this work to ensure that there are no gaps in delivery and to enable a smooth transition from existing model to new generic service.

Pathways should be developed to enable service users to move on from supported accommodation on to independent living. The use of Floating support provision may be effective as part of this pathway.

Best practice for Mental Health Models of care for London[7] should be implemented for those in crisis or with long term mental health conditions.

Work with housing to explore the move-on options from supported accommodation and impact of new housing benefit rights for single people that may impact on opportunities to live independently in the community.

In the May 2012 refresh this sub section needs to examine the use of residential or nursing care and examine hospital in-patients for this vulnerable group. In respect of this attention should be paid to tenancy sustainment for those in hospital/short term care settings

[7] Mental Health Models of Care for London, NHS London Health Programmes, 2011. http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/2.-Models-of-care-low-res.pdf

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5.8 Supported living for older people and people with physical disabilities

Recommendations for Commissioners

In order to continue to effectively support older people and people with physical disabilities with their housing needs, care models should be developed and an assessment of the impact of changes to the housing grant will be needed. Specific recommendations are as follows:

- An agreed “housing pathway” is required, setting out the pathway from independent living (with floating support, assistive technology etc) through sheltered and extra-care, with the emphasis upon independent living and extra-care models, thereby reducing the requirement for residential or nursing places. The pathway will need to be agreed as part of the Older Peoples Housing Strategy[8].
- The current sheltered housing stock is ageing – the key concerns are design/suitability and ongoing maintenance. The lack of available resources restricts options but an updated review will be required for 2012.

The new Government has cut the housing grant by 50%. This means the Council’s ability to implement any new options is severely curtailed. Sites may need to be sold to fund new developments. The external extra care schemes in the borough will be re-tendered in autumn 2011 as the current contracts with external providers come to an end. There will need to be an emphasis on using community space creatively to enhance the independence of residents living in and close to the schemes.

A long term proposal to convert Fews Lodge into extra care housing for people with dementia is being considered (to help with the demand for specialist dementia care provision).

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5.9 Reasons for admittance in residential care

Recommendations for Commissioners

There needs to be a detailed piece of work carried out over the next 6 months for inclusion in the Joint Strategic Needs Assessment Refresh in May 2012.

[8] http://moderngov.barking-dagenham.gov.uk/mgConvert2PDF.aspx?ID=26603

5.10 Reasons for breakdown of informal care

Recommendations for Commissioners

There needs to be a detailed piece of work carried out over the next 6 months for inclusion in the Joint Strategic Needs Assessment Refresh in May 2012.

5.11 Access and utilisation of green space

Recommendations for Commissioners

Parks and open spaces are important assets that make a significant contribution to the health and well being of everyone living in the borough. Investment is required to deliver and maintain high quality improvements to existing parks and creation of new green spaces to meet the needs of future population increases. There is scope to develop community based solutions for the management of some of the borough's parks and open spaces, which could incorporate health improvement initiatives.

Specific actions which should be addressed include:

The lack of geo-demographic health statistics related to utilisation/benefits of parks and limited data on usage, satisfaction and equalities and diversity needs to addressed.

An increase in the number of allotments and community food growing opportunities in the borough's parks and open spaces.

Encouragement of more formal sporting use of the borough's parks and open spaces by improving the quality of playing pitches and changing facilities.

Encouragement of more opportunities for informal recreation, physical activity and community cohesion through events and access to good quality play and health improvement programmes, like walking for health.

Improve perceptions of parks and open spaces as being safe places to visit. Rangers and other staff need to be a visible presence.

Reduce distance residents have to travel to reach a good quality open space.

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5.12 Access to safe sport and play environments

Recommendations for Commissioners

Safe sport and play environments make an important contribution to the health and wellbeing of the local population, with a positive impact on both physical and mental health. Barking and Dagenham has actively developed these environments in recent years, but further actions are needed to be considered if these improvements are to be maintained. These include:

Updating the Borough Playing Pitch Strategy 2005–2010[9].
Identifying additional funding to enable improvements to parks buildings and to address deficiencies in playing pitch and informal play provision. In addition to identifying opportunities to realign existing revenue resources to ensure good standards of management of sports and play facilities, external sources of funding are likely to be required.

Opportunities to look at different arrangements for grounds maintenance in parks to achieve greater efficiencies and effectiveness. These could include:

Communities to contribute to parks maintenance responsibilities.

Increase biodiversity such as letting grass grow into meadows in some areas
Adopt revised maintenance specifications and standards.

Focus attention on priority parks and priority areas within parks, relaxing regimes in other areas.

Work with local sports clubs to improve the number and quality of coaches sporting pathways from school into clubs, and the overall capacity to take on new players.

Data on current usage of play areas is limited. Better data would help to identify those facilities which should be prioritised for improvement and maintenance.

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[9] http://www.lbbd.gov.uk/Environment/PlanningPolicy/LocalDevelopmentFramework/Documents/KeyEvidenceBase/4.Communities/8.lbbd-pitch-strategy-april-2005.pdf

Section 6:

6.1 Levels of air and environmental pollution

Recommendations for Commissioners

Take full advantage of grants available from Defra for improving air quality.

Include air quality issues in future bids through the transport local Implementation Plan (LIP).

Identify funding for future air quality review and assessment and action planning.

Support regional and national measures such as the London Low Emission Zone.

Invest in interventions to improve lung capacity; Get more people off the roads, eg Boris bikes, car sharing, use of public transport, more free exercise for old and young, safer routes to school, walking business, promotion of public transport, use of our parks and green spaces, plant a tree etc.

Review service contracts to establish if any gaps occur in delivery to target inequalities across equality groups.

6.2 Fire safety and awareness

Recommendations for commissioners

This project demonstrates how consumer insight can be used to identify and support people in the borough and improve their health and wellbeing. Continuation of the analysis and development of the capability to apply the learning to 'on the ground' projects can bring a wide range of benefits and should be supported.

Further work needs to focus on the following questions: Where are the estates where the fires happen, household, non accidental, etc

What could we do on these estates to impact on the incidence of fires?

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6.3 People affected by environmental and neighbourhood noise

Recommendations for Commissioners

The service is a statutory duty but the interpretation of 'reasonable steps' is a local one. The council has historically seen this as requiring a positive and intensive response outside the normal working day.

The increase in the borough population will increase the demands of the service. During summer months the team have difficulty in meeting the night time response target, particularly at weekends. Increasing population will make this situation worse. Additional resources during high volume periods will enable the service to meet its objectives.

Service gaps at weekends in particular present challenges with the current staffing levels. Introducing additional working days will impact on staff availability during the week.

To help combat the high numbers of Cardiovascular Disease deaths in the borough, noise protecting measures need to be supported and increased.

Future complaint statistics should be monitored to identify trends in service demand. Data should be collected on who uses the service to ensure access to all members of the community.

The classroom noise should be investigated because of its effects on learning, by measuring noise levels and links to exam results.

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6.4 People affected by environmental and neighbour related antisocial behaviour

Recommendations for Commissioners

Providing sustainable resourcing for the Safer Homes Plus service that commissioned by the Council (current providers are Victim Support) to provide target hardening measures to the homes of those who are targets of hate crime. Resources for this service are currently identified on an annual basis.

Exploring the feasibility of extending the role of the race hate commissioned service to cover other forms of hate.

Developing referral pathways to mental health services for ASB perpetrators and victims where there is a potential link with undiagnosed or unrecognised mental health problems.

Developing a single point of contact for the ASB team and police with mental health services to discuss and refer residents for whom there is concern re mental health issues.

Development of and investment in the ASB team to enable resources to tackle lower level asb issues to reduce the need for long-term intervention.

6.5 Risk of death and serious injury on the roads in Barking and Dagenham

Recommendations for Commissioners

Identify a clear lead agency and coordinate action to improve road safety, including the involvement of Transport for London. With road safety impacting on all partners but with no clear lead agency, there is a danger that in the current economic climate road safety will be a low priority.

Find better ways to achieve more and to involve others, reaching out to the community, local businesses and other parties and working together. Every opportunity must be taken to secure benefits, both direct and indirect.

Explore how to discourage parents from going to the school gate by car, and to explore the potential to reduce car journeys overall.

Recognise the risk of death and injury faced by young drivers and their passengers. One third of the accidents in the past three years have involved drivers aged 18 years or under. T he Partnership needs to identify methods of tackling this together, including investing in the 'Safe Drive, Stay Alive' campaign.

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6.6 Incidents of domestic abuse and violence

Recommendations for Commissioners

The Partnership launch of a borough based Violence Against Women and Girls Strategy as part of the DV strategy 2011-2014.

All Partnership recording systems to have alerts for domestic and sexual violence (including female genital mutilation, honour based violence, forced marriage and no recourse to public funds).

Maintaining the IDVAS service (borough based and maternity based provision).

Maintaining the community DV perpetrators programme – this costs £35, 000 per year to ensure men who are concerned about their abusive/violent behaviour can access specialist group work support. 97% referrals from this service are from Children's Services as part of child safeguarding arrangements.

Maintaining the Woman's Trust specialist DV counselling service. In 2010/11 131 referrals were made to this service. This is a small three year mental health contract of £25 000 per year. Local mental health services value this service.

Examine the need to maintaining access to the East London Rape Crisis centre after March 2012 when Greater London Authority funding ceases.

Developing specialist provision for children and young people who experience domestic and sexual violence, including female genital mutilation, honour based violence, forced marriage. This could be through a specialist worker located within Refuge.

Provision of dedicated DV support to GPs and Practice Nurses (and their patients), and support for the development of a DV champion in each GP practice. This would improve identification of DV, recording of DV concerns, disclosures and injuries, generate more referrals to DV services and improve the safeguarding response by GPs to children and adults experiencing DV.

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Monitor through DV performance indicators the response of provider services in relation to domestic violence.

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6.7 Perceptions of community safety

Recommendations for Commissioners

The Community Safety Partnership should continue to monitor the police Public Attitude Survey question on the effectiveness of the partnership as a measure of local confidence.

The Council should consider the feasibility for commissioning additional bespoke police teams, such as an estate Safer Neighbourhood Team.

Further and wider consultation with children and young people and older people and other vulnerable groups on crime and community safety issues should be built into the programmes of the Children's Trust and Community Safety Partnership and through the work of the Engagement Team, the Community Safety Coordinators and Safer Neighbourhood Teams.

Shared communication opportunities with health in relation to both health and community safety products should be explored, such as the feasibility of inserting news of health developments into the SNT newsletters or inserting community safety advice into health brochures.

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6.8 First time entrance into the Youth Justice System

Recommendations for Commissioners

Analysis of young offenders and pre-court disposals is undertaken to ascertain whether there is over-representation of young people from BME backgrounds locally.

Services such as Child and Adolescent Mental Health and Drugs Services are safeguarded and included within the YOS model, as part of the Multi-Agency Locality Teams.

A strong focus on prevention is built and maintained.

6.9 Rates of violent crime including sexual violence

Recommendations for Commissioners

Domestic Violence and Violence Against Women – with a recommendation to maintain the current DV focus but develop responses to young people around sexual violence and the Olympics and sexual exploitation.

Serious Youth Violence – with a focus on targeting resources towards gang territories and members to reduce youth offending by enforcement and development of exit strategies.

Continue with the development and delivery of the local Violence Against Women and Children Strategy as part of the wider DV Strategy.

Maintain borough access to the East London Rape Crisis Centre.

Commission analysis on the impact of offences on male population.

Commission analysis on the impact and effect of alcohol related offences.

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6.10 Crime and Violent Crime Victimisation

Recommendations for Commissioners

Victims of violent crime can suffer a range of physical, emotional, financial, and mental health problems. It is important to have services in place to provide immediate, targeted protection and support, reduce the long-term impact of these crimes, and prevent re-victimisation. Addressing victims' health and support needs requires a multi-agency response from criminal justice agencies, the health service, local authorities, and the voluntary sector. Ensuring a streamlined and supportive Criminal Justice System is also integral to maintaining victims' engagement with the process, reducing attrition rates, increasing conviction rates, and reducing re-offending.

Specific attention should be paid to the needs of young people:

Focusing on the needs of young victims of crime and in particular early recognition and addressing of their physical and mental health needs.

Preventing young people from getting involved in crime (particularly gangs and gang-related activities), through targeted anti-gang strategies and the establishment of a gangs unit.

6.11 Reducing re-offending

Recommendations for Commissioners

Mapping of existing offender management provision across the area is necessary to fully identify current resources that can be used to assist integrated offender management and ensure no duplication.

Young Offenders

Gang activity is expected to increase over the next 5 years. Offender management for gang members will require a different approach across partnership services. A Gangs Unit to deliver offender management to gang members is required. The Serious Youth Violence partnership is currently completing a project initiation pilot on this. A Partnership approach would include provision of premises and mental health support such as psychology services and systematic therapies to dismantle gang affiliations and move to positive lifestyles. This unit would ideally consist of a Police Sergeant, Police Officer(s), a Police Analyst, YOS Deter Officer, a Probation Service Officer and a Youth Worker.

Support to the YOS to address the physical health related interventions for clients including sexual health is needed, whilst the focus on mental health and substance misuse is maintained.

Adult re-offenders

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Pooling of resources is needed to set up a dedicated multi agency and co-located team to drive the coordination of Integrated Offender Management for the most persistent re-offenders. Such a team could incorporate the Gangs unit above and also include staff from probation and DIP with additional input from courts, prisons and drug treatment services. The majority of staff are already in place in organisations and resources would be used to set up premises where the team could be co-located and supported by dedicated administration. This team should include mental health support such as psychologists to case manage offenders with mental health problems.

Case management

Membership of the multi agency tasking forum may need to be expanded to better select or deselect individuals for intensive case management.

Key selection criteria for selecting and deselecting Hi risk / priority re-offenders to be taken on for case management need to be agreed. Offenders should be targeted based on high risk and high need irrespective of statutory status and continuously reassessed.

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6.12 Mixed communities - sustainable communities

Recommendations for Commissioners

There needs to be a detailed piece of work carried out over the next 6 months for inclusion in the Joint Strategic Needs Assessment Refresh in May 2012.

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Section 7:

7.1 Access to training, support and lifelong learning

Recommendations for Commissioners

Commissioners need to explore new ways of funding courses and maintaining provision of education and training at all levels but specifically for those with low literacy, numeracy and ICT skills.

7.2 Understanding and supporting the needs of Carers

Recommendations for Commissioners

Commissioners are recommended to implement the action plan set out in the Barking and Dagenham Carers Strategy 2011-15, and particularly to maintain budget levels and to meet the timescales proposed in the plan.

7.3 Adults with Learning Disability and the health issues they face

Recommendations for Commissioners

Following the health equity audit carried out in 2010, a number of recommendations were made about the commissioning of health and social care services. The issues that commissioners must take into account to ensure that services are accessible and provide quality care for people with learning disabilities include:

Legal requirements: ensuring that healthcare providers make reasonable adjustments, as required by the Disability Discrimination Act.

Person-centred care: ensuring that services are based around a person-centred care plan and health action plan.

Information sharing: ensuring that GP practices, PCTs, local authorities and local Learning Disability Partnership Boards work together to share information about the health and care needs of people with learning disabilities.

Promoting access to services: taking pro-active steps to help people access general health services that meet the individual needs identified in annual health checks.

Effective communications: ensuring that particular care is given to communicating with service users and their families and carers to ensure that their needs, choices

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and preferences are understood and that services are available to reflect individual choices.

Diagnostic overshadowing: overcoming the risk that people's reports of physical ill health or unusual behaviours are viewed as part of learning disabilities – and so are not investigated or treated.

Consent and capacity issues: ensuring that staff involved in providing healthcare understand issues of confidentiality, consent and mental capacity legislation for adults with learning disabilities and have access, where necessary, to expert advice

Knowledge and skills: improving the training of those providing healthcare across primary care, community services and secondary care.

Lead commissioner arrangements: establishing lead commissioner arrangements and appropriate governance to ensure a co-ordinated approach to the support provided by health, education, employment and social care. This includes managing the interface between NHS services that are free at the point of use and local authority services that are means-tested.

Acute Services

Recommendations for Commissioners

Commissioners need to address not only specialist services but more particularly the general health needs and 'reasonable adjustments' that must be made by all mainstream services, including health improvement and promotion, acute, community and mental health. There should be a particular focus in care pathways for those conditions which have a higher prevalence in people with learning disabilities. Specifications should be written and included within all contracts.

Learning Disabilities Partnership Board

The Board and its subgroups should continue to be reviewed against the self assessment template and action taken to address shortcomings.

Preventative Care

Additionally, knowing that there are greater health inequalities and decreased life expectancy for this population, some of which is attributable to lifestyle choices such as diet and smoking, accessible preventative services should be commissioned aimed at bringing about changes in lifestyle.

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7.4 Adult Autism

Recommendations for Commissioners

A '*Local Autism Act Implementation Plan'* has been put into place and will be implemented over the next two years. In summary, this includes the following key elements:

Commissioning by the NHS of new local diagnostic pathways (by end of 2011/12) An extensive programme of awareness raising and specialist training of staff (completed by end of February 2012).

Developing joint NHS/council plans to better meet the support needs of adults with Asperger Syndrome (by December 2011).

The Council will review support services for adults with autism and learning disability and develop plans to address the gaps including local specialist supported living services and additional day time opportunities (by end of 2011/12).

Commissioning of improved information and advice and signposting to self-help options for people with mild forms of an Autistic Spectrum Disorder (by December 2011).

7.5 Active ageing

Recommendations for Commissioners

The free leisure offer for those over the age of 60 has been successful in attracting residents and increasing their participation in physical activities.

Subject to the available funding commissioners should continue the programme beyond March 2012.

The programme should ensure that activities support an outcomes based approach. Particularly relevant outcomes are 'having things to do' and 'staying healthy'.

The Older People's Strategy Improvement Plan should be updated annually, with progress against actions monitored by an Older People's Board. This will support a more integrated approach and help to address the needs of carers and the need for culturally sensitive activities, as well as an overall increase in membership of the Active Ageing Programme.

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7.6 Physical disability

No recommendations under this section

7.7 Sensory disability - eye health and low vision

Recommendations for commissioners

Eye care service are delivered across a number of sectors, so strong joint commissioning arrangements are crucial to create a seamless service, reduce duplication and, most importantly reduce avoidable blindness whilst maximising independence and social inclusion for those with irreversible eye conditions.

The local Vision Strategy Group has developed The Barking and Dagenham Vision Strategy: Excellent eye care for local people[10], launched in May 2011. Commissioners need to address the service development priorities set out in the strategy which are set out in Figure 7.12.

Hearing Loss

Recommendations for Commissioners

Consideration given for an information campaign to raise awareness and increase take up of diagnostic, preventative and support services.

Consideration in making assistive equipment for people who are hearing impaired more easily available via the local retail market (in line with the retail market adopted for the delivery of community equipment.

Consider making communication equipment such as sign translate available locally in GP practices; hospital departments; Council offices and other public sector organisations.

Establish a local access group for people who are deaf and hearing impaired.

Review arrangements for accessing interpreter services to ensure that there is adequate access to BSL interpreters.

[10] http://www.lbbd.gov.uk/AdultSocialCare/Documents/vision-strategy.pdf

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7.8 Communicable diseases and health protection

Recommendations for Commissioners

There needs to be awareness raising amongst primary care professionals of issues around infectious diseases, such as the provision of advice on Malaria prophylaxis, and diagnosis of tuberculosis.

There is a national recommendation that everyone who is diagnosed with tuberculosis also receives an HIV test, and performance management should ensure that this is happening locally.

Seasonal Flu

Recommendations for Commissioners

Proactive local planning is key to ensuring the robust delivery of a Seasonal Flu Programme. This includes the development of a local Action Plan, ensuring continuity of care in delivering this primary health programme, in an attempt to reduce health inequalities.

Collaborative work with Clinical Commissioning Groups is crucial, ensuring a multi-faceted approach across the borough. GP Practices need to be encouraged to engage a proactive programme of local service planning, ensuring an accessible seasonal flu clinic schedule is available to their local population. Opportunistic vaccination also needs to be encouraged within the entire practice skill mix.

Engaging community leaders and residents is key to ensuring understanding of the benefits of flu immunisation and the support of community groups, thereby giving confidence to local people to access flu immunisation.

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7.9 Systems to respond to public health incidents and emergencies
Emergency Planning, Business Continuity and the 2012 Olympic Games

Recommendations for Commissioners

Commissioners need to be prepared for a wide range of potential disruptions, ranging from lack of availability of temporary staff and regular staff experiencing travel problems to a serious untoward incident that requires implementation of major emergency plans.

All local NHS providers, the Council and their commissioned services have robust business continuity plans to maintain key critical services during an incident, and other local services and organisations should consider plans to enable a suitable response to all kinds of incidents.

Communications are critical both to maintaining 'business as usual' and responding to an incident.

7.10 Olympic health legacy for adults and children

Recommendations for Commissioners

Commissioners should work collaboratively across the local strategic partnership to ensure that the legacy of the Games is maximised in the borough to improve outcomes in a measurable and monitored way for residents.

Specific resource and capacity needs to be identified to ensure that the local strategic partnership can effectively deliver the borough response during Games time and for the Legacy.

Local schools should fully participate in the Get Set Network to maximise the opportunity for school children to access the Games and benefit from the educational resources available.

Work with schools and communities through education and leisure should be undertaken to embed pathways to sporting excellence and physical activity for all children and young people.

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7.11 Excess seasonal mortality

Recommendations for Commissioners

The Council's risk assessment for climate change includes the likely impacts on health and healthcare. It advises that health care services should have sufficient resources and be flexible to changes in demand of service.[11]

The local Heatwave Plan should be reviewed annually to ensure robust arrangements for implementation when heatwaves are forecast. Heatwave plans for schools needs to be developed and implemented locally.

Local services offering support for the vulnerable in heat waves could include voluntary groups offering drop-in sessions to people's homes or providing access to 'cool spaces' and respite from the heat such as churches or community halls. The same should apply in winter, offering warm heated community spaces.

Health and Housing Safety Rating System checks need to focus on cold weather assessments for the vulnerable and especially the elderly. An audit on the numbers of assessments conducted and the action occurring from them would be useful to monitor progress in this area

A clear position statement on the availability of home insulation grants and help in cold weather is needed as the current Government's plans and policy changes are hard to keep up with and create confusion for residents. Eligible people should be encouraged to take-up the benefits to which they are entitled.

Front line health and social care staff who work with the vulnerable should be familiar on how to signpost them into advice on increasing the warmth in their homes. This should be included in community and primary care contracts.

Older people and those with long term conditions should be encouraged to have seasonal flu immunisation and advice given about how to manage their conditions during periods of extreme temperatures.

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[11] http://www.lbbd.gov.uk/Environment/Documents/ClimateChangeRiskAssessment.pdf

7.12 Obesity and Healthy weight in Adults

Recommendations for Commissioners

Commission an inter-agency training resource to provide:

- Baseline knowledge and awareness of obesity and the associated risk factors
- An introduction to conversational skills about weight
- Brief intervention training:
  - Introduction to motivational interviewing
  - Signposting to local services and a care pathway

Evidence around behaviour change interventions suggests that due to the high level of stigma associated with obesity, coping strategies should be incorporated into service delivery and care plans. This may aid in translating knowledge into long-term behaviour change.

There is a need to commission pre-conceptual services for women of childbearing age that are overweight or obese to assist them in losing weight prior to conceiving. Weight management programmes to support obese women during pregnancy and the postnatal period should also be commissioned.

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7.13 Smoking

Recommendations for Commissioners

The recommendations below incorporate some of those recommendations arising out of the external review of smoking cessation carried out in January 2011, as well as the recommendations of the Inquiry into smoking carried out by the Barking and Dagenham Health and Adult Services Select Committee in 2010/11.

The Tobacco Strategy agreed by the Tobacco Alliance should be resourced and implemented.

There should be clear outcomes built into specifications and contracts with anyone providing smoking cessation services or advice.

All front line health and social care staff should be trained to provide Level 1 advice on smoking cessation.

There should be investment and a significant increase in the number of local health and social care staff, including primary care staff, who can provide Level 2 smoking cessation services.

Stop Smoking Services should be commissioned which are effective, evidence-based and value for money, delivering a service that meets Department of Health requirements on targeting, monitoring and quality.

Commissioned services should be responsive to local need, i.e. delivered in a range of accessible venues, and available at evenings and weekends.

There should be staff trained to provide at least Level 1 advice in all local NHS Opticians and Dental Practices.

The commissioned service should provide training and support to all local GP Practices and Pharmacies to ensure that Level 2 support for smoking cessation is available from every site.

Services should be commissioned to deliver at least 3,000 quitters in order to achieve a reduction in smoking prevalence that will impact on the very high levels of morbidity and premature mortality in Barking and Dagenham.

Investment is needed to appoint a post at a senior level in Barking and Dagenham who can oversee tobacco control initiatives, marketing campaigns and performance management of commissioned services.

There should be additional investment in local enforcement activities to support the aspiration to reduce smoking prevalence

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There should be significant investment in prevention initiatives and health promotion, aimed at both preventing people from taking up smoking, and at encouraging smokers to quit.

An evidence-based service should be commissioned specifically aimed at young people, with the aspiration of encouraging young people to quit smoking, or not to start smoking.

All service contracts let by members of the Barking and Dagenham Partnership should address smoking, both by staff and patients or clients. This principle should not only be applied in the obvious contracts for healthcare services, such as those with Barking, Havering and Redbridge University Hospitals Trust, but also to the wide range of general service contracts, where the provider should provide a statement of commitment to reducing smoking prevalence.

The Tobacco Alliance should secure membership of Trade Union representatives on the tobacco alliance to help reach and influence routine and manual workers with smoking cessation interventions.

Local Councillors have made a recommendation that the Partnership should give commitment to funding the posts of tobacco control co-ordinator and Tobacco Enforcement Officer as well as other related tobacco programme costs to mitigate risk of not reaching strategy targets.

More should be done to publicise high profile prosecutions that are related to tobacco control enforcement in the local media to deter sellers of illicit tobacco products.

The Tobacco Alliance should explore the possibility of implementing a smokefree award scheme for local businesses that adopt good smoking cessation practices.

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7.14 Alcohol

Recommendations for commissioners:

Funding for the Community Alcohol Team should be maintained or ideally increased to address the increased demand for services.

Integrated pathways and robust partnership working with hospitals should be further developed and data on alcohol related admissions and patients accessing services should be shared to support future service development.

Training for staff is an important part of a local alcohol service. Brief interventions and identification training for nurses, doctors and other staff should be encouraged. Only 20 GP Practices are currently signed up to the Direct Enhanced Service (DES) contract to carry out screening, brief interventions and referring into treatment agencies. All GPs across the borough should be encouraged to sign up to the contract and regularly monitored in order to increase the number.

Alcohol information should be included in all relevant mainstream health promotion strategies such as sexual health, obesity and health and wellbeing.

The feasibility of expanding the arrest referral service to include alcohol should be considered.

The DAAT, in conjunction with criminal justice services including the police, should develop and implement programmes of diversionary activities for alcohol users that will also address their alcohol related offending and lifestyle or social issues.

7.15 Substance Misuse

Recommendations for Commissioners

The substance misuse treatment system for both adults and young people in Barking and Dagenham must change and adapt in ways that will bring more sustained outcomes and better value for money over the coming years. The workforce need to have the aspirations and belief that service users are able to achieve successful completion of treatment and go onto make a success of their lives and not keep re-presenting to treatment services and the criminal justice system.

Encouraging residents to seek help and treatment at an earlier stage is crucial if the harm and cost of substance misuse is going to be reduced within the borough. Too many residents allow substance misuse problems to become entrenched before seeking help. Earlier intervention is vital if the borough is to reduce the number of deaths due to alcohol and or drugs and allow adults and young people to prosper.

Commissioners need to:

Recognise the increased demand that the increase in the borough population will create for substance misuse services. Overall demand and activity needs to be monitored with a particular focus on access for people from all ethnic groups

Better understand the needs of clients from the BME community both in relation to drug misuse and criminal activity, and commission services that ensure access both to drug treatment services and to the wider support and life opportunities that are needed for them to build stable and successful lives

Earlier intervention and prevention helps to reduce the risk of developing long term drug use and criminal activity, particularly with 15-24 year olds. Services need to incorporate sufficient focus on early intervention opportunities

More diversion schemes are required for young people and adults together with the opportunity to work and experience work

The demand for greater value for money and improved outcomes will put pressure on providers to achieve the necessaries economies of scale and efficiency savings, and providers need to respond to this challenge. Stronger partnership working is required to integrate one treatment system that achieves successful outcomes for individuals and the community.

The opportunity to have all services co-located within one building should be explored to maximise those windows of opportunity when working with such a disenfranchised group of people that are hard to reach and difficult to engage and bring about greater economies of scale.

7.16 Participation in physical activity

Recommendations for Commissioners:

Increasing participation in physical activity is one of the priorities in the Health and Wellbeing Strategy. The evidence from the Active People Survey shows clearly the scale of the challenge.

Commissioners need to:

Review Start Active, Stay Active and consider the action needed by the Partnership to promote family friendly physical activity and increase the opportunities for local people to achieve a healthy lifestyle.

Maintain investment in physical activity and sports programmes, including provision of green spaces and the active ageing programme.

7.17 Sexual Health

Recommendations for Commissioners

The commissioning actions and recommendations needed to improve sexual health prevent HIV and to reduce teenage conceptions are broadly the same. There should be commissioned services that are aimed at three key areas:-

- Prevention
- Early detection
- Treatment

More needs to be done in order to halt the spread of STIs and HIV as well as teenage pregnancy. Targeted work such as community outreach and near-patient testing needs to be done to encourage more people to be tested early, combined with messages about prevention.

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Need to increase access (in terms of geography, timing and timeliness), to services that support better sexual health and address the challenges of teenage pregnancy.

Services must be non-judgemental and ‘young person friendly’. Available services and screening should be promoted widely, to increase awareness of the need for better sexual health and to encourage people of all ages to attend for treatment and care.

Further preventative work aimed at improving sexual health is undertaken as part of the Chlamydia Screening Service commissioned from the Terrence Higgins Trust, and an element of the contract for provision of sexual health services from Barking, Havering and Redbridge NHS Trust is also focused on prevention. A free condom scheme is also being delivered in the borough with free condoms available from a number of locations including Children’s Centres.

Because of advances in drug therapy for HIV, the demand for in-patient care for people with HIV has fallen dramatically over the past decade. However in Barking and Dagenham because people present late they are more likely to require in-patient care because their disease is more advanced. There is also a small demand for specialist in-patient and respite care for people with HIV who have HIV related dementia or neuro-cognitive impairment.

The Teenage Pregnancy National Support Team (NST) issued guidance on good practice. The NST advised that there is international evidence, as well as evidence from areas where teenage pregnancy rates have fallen fastest, which shows that all young people need effective sex and relationships education – which helps young people to deal with pressure to have sex, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and STIs – alongside easy access to young people-centred contraceptive and sexual health (CASH) services, when they need them.

The evidence is that young people place favour specific sexual health services targeted at their age group rather than attending their local GP for sexual health and family planning services.

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7.18 Dental Health

Recommendations for Commissioners

People living in Barking and Dagenham have poor dental health. Parents need to provide routine dental care to their babies and children as well as regular dental attendance, which should then be maintained throughout life. In particular, for children:

- Twice daily brushing of needs to be promoted via modern mass marketing techniques.
- Attendance at dentist needs to be promoted – starting in the first year of life and then annually thereafter.
- Work needs to continue on decreasing intake of sugary drinks and foods
- Children who visit the dentist should have existing disease treated using modern atraumatic techniques, and taught to use prophylaxis, such as dental sealant, to prevent decay.

For adults, regular use of dental services should also be promoted, in particular for those with low use, such as men aged 35-44 years.

NHS ONEL PCTs should have a clear system in place to monitor and improve the quality of dental treatment provided to all patients. Commissioners should develop a quality framework to assess the care given by NHS dentists.

Scientific evidence supports the effectiveness of minimal intervention techniques that preserve healthy tooth tissue. Commissioners should require dentists to use evidence-based treatment modalities and to monitor treatment failures as well as over-treatment.

People with learning disabilities need earlier and more comprehensive preventive dental interventions rather than using extractions as a major form a treatment. The contract for special needs dentistry should be reviewed to assess how this can be implemented and monitored.

National dental surveys provide useful benchmarking data on the state of dental health in the borough. Contracts need to be reviewed to include survey completion as a requirement.

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7.19 Bone Health, falls and fractured hips

Recommendations for Commissioners:

Education and awareness need to be increased in primary care to treat patients with poor bone health – mainly osteoporosis. This needs to be a multi-professional rolling programme with built in audits and peer learning sessions. There is national interest in including bone health in the GP Quality and Outcomes Framework (QoF), so in anticipation of this work should be started to ensure all practices:

- Understand the importance and size of the osteoporotic fracture problem
- know how to identify people with previous fragility fractures
- know what drugs to use and in whom

New business cases need to be developed to demonstrate the throughput and outcomes of the current very small scale falls and fracture prevention services, and how the services could be extended at marginal cost. Department of Health assessments suggest that these services are cost neutral as long as appropriate drugs are prescribed to the people most at risk.

Multidisciplinary specialist work needs to be prioritised to ensure that low cost bone protective drugs are only being using in the patients who are above a threshold risk. Patient note and drug audits would need to be performed to ensure scarce resources are being used appropriately. This aspect would remain essential as a more comprehensive service developed.

Much of the fracture prevention service is currently focussed around Queen's Hospital. It would be advantageous if discussions on business cases, pathways and optimum use of bone protecting drugs could be applied to all patients who use Barking Havering and Redbridge University Hospitals NHS Trust to maximise service efficiency.

7.20 Cardiovascular disease

Recommendations for Commissioners

The NHS Health Check programme would benefit from a 5 year guaranteed investment period so that sustainable programmes can be developed.

Adequate resources need to be allocated to the primary prevention services to which the NHS Health Check programme refers, for example stop smoking, weight management, exercise and dietary advice services.

Clinical Commissioning Groups and primary care commissioners need to establish a mechanism for delivery of health checks for patients of practices that are unwilling or unable to deliver them.

Targeted social marketing strategies are needed to ensure high uptake of the NHS Health Check by the 'hard-to-reach' groups.

In addition to the NHS Health Check programme, a systematic approach to case finding for CVD risk is needed with a view to closing the gap between expected and reported number of patients with cardiovascular conditions on GP disease risk registers.

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Cardiovascular Disease: Case Finding and Treatment

Recommendations for Commissioners

Avoid unnecessary hospital admissions and reinforce the prevention agenda, adequate funding needs to be allocated to primary and secondary prevention of cardiovascular diseases in Barking and Dagenham.

Clinical Commissioning Groups need to show commitment to the prevention and early detection agenda, and understand the cost benefit of good primary care disease management in reduction of unnecessary hospital admissions. Investing in the NHS Health Check programme is one way to demonstrate commitment.

Commissioners need to ensure that there is adequate provision of support for lifestyle interventions such as exercise, sensible drinking, smoking cessation and weight management; and consider the creation of a complete package of lifestyle intervention rather than a 'piecemeal' approach.

Clinical Commissioning Groups need to consider how to ensure comprehensive, proactive case finding to identify those at medium or high risk and those with single abnormal measures (for example blood pressure control, cholesterol lowering).

Clinical Commissioning Groups need to go beyond the limitations of QOF as a performance tool and use extended clinical criteria as well as the promotion of self-care and self-management.

All GPs should actively identify and manage atrial fibrillation using the Guidance on Risk Assessment and Stroke Prevention for Atrial Fibrillation Tool.[12]

GPs with the poorest QOF outcomes need to be actively encouraged to improve hypertension detection and control, heart failure detection and atrial fibrillation treatments.

Commissioners need to consider the value of a total CVD service review or evaluation to ensure services including tertiary services and cardiac and stroke rehabilitation are in line with best practice and achieving optimal outcomes.

Commissioners across the partnership need to identify how to integrate work on the wider long term conditions agenda to streamline pathways of care, with a focus on putting prevention first, reducing unnecessary hospital admissions, and ensuring early discharge from hospitals. The developing Health and Wellbeing Strategy may provide an approach to integration of commissioning and service provision.

7.21 Diabetes

Recommendations for Commissioners

Industrial Scale approaches to obesity are the only interventions that can halt the year on year increase in number of cases of Type 2 diabetes. Interventions need to have the capacity to meet increasing need demographic increases and rising levels of obesity.

There is still a moderate proportion of undiagnosed diabetes in the borough and more case finding is needed. Diabetes screening as part of the NHS Health Check programme will help to find undiagnosed diabetics. Patients on other disease registers such as for hypertension should also be checked for diabetes.

Diabetic service provision needs to be planned recognising the increasing number of diabetics rather than based on historical provision. In many services this will mean expansions of at least 20%.

As a result of increasing diabetes prevalence and the increase in people whose diabetes is more difficult to control, including those from Black and Minority Ethnic

[12] http://www.improvement.nhs.uk/graspaf/GRASPResources.html

communities, there will be greater need for community health and social care services, such as low vision services, support for assisted living (for example after amputation) and community nursing care including diabetic ulcer care and home administration of diabetes drugs.

There are some relatively high drug and blood sugar testing costs for diabetes in this borough with no better outcomes. These need to be reviewed by Clinical Commissioning Groups as there are obvious costs savings with no detriment at all to patient care.

There is evidence that diabetes control as measured by HbA1C and hypertension is poor, which is likely to result in complications such as hospital admission and disability. Improving diabetes control should be a priority for improvement in primary care.

7.22 Diabetic Retinopathy

Recommendations for commissioners

Diabetic retinopathy screening coverage is improving, although about 15% of people do not attend the programme. An unexpectedly high proportion of people who are screened require treatment, which makes it even more critical that the high attendance levels are achieved.

The demography of diabetes is changing and it is predicted that by 2030 there will be 50% more diabetics in the borough then there are today. The service will need to plan for a 2.5% increase in demand every year for the foreseeable future.

The characteristics of those who fail to attend need to be investigated and action is needed to ensure that the importance of the test is understood and that access is easy. Understanding the experience of those who do attend will be helpful.

Further work is required on why local residents need such high levels of retinal treatment.

More data is needed on the outcomes of screening and treatment. This might identify inefficiencies in the pathway.

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7.23 Cancer

Recommendations for Commissioners

A focus on interventions to reduce mortality from lung and bowel cancers will have the biggest impact on cancer mortality and survival for the borough. Lung cancer is currently addressed through smoking cessation which is the single most effective strategy for tackling the problem. The number of people who successfully stop smoking needs to increase dramatically to reduce lung cancer mortality.

Bowel cancer requires a combination of approaches including lifestyle interventions such as increased physical activity and healthy eating, and also secondary prevention which is aimed at promoting early awareness of symptoms and diagnosis. Health promotion for bowel cancer should be seen as a local priority for investment with the cessation of national funding. If resourcing is not picked up locally, the momentum that has been built up over the past year will be lost.

Programme budgeting data show that secondary care is prioritised over primary care interventions. Commissioners should aim to achieve a good balance by looking at ONS cluster group comparators that have managed to improve outcomes by investing more into primary care.

Screening uptake rates and referral practices in primary care are highly variable across the borough and the use of urgent referral pathways is not consistent. Primary care commissioning needs to use the levers available to improve uniformity and encourage best practice.

A higher than expected proportion of cancer cases present for the first time through accident and emergency. Unplanned admissions are not only costly but lead to poorer chances of survival. GPs should be encouraged to adopt measures that will optimise utilisation of other referral routes.

An evidence based programme of training and education needs to be developed to address service issues contributing to late diagnosis and referral in collaboration with secondary care. This will need to be well resourced.

Evidence from work done nationally has demonstrated the need for direct access to diagnostics for presenting symptoms which do not meet the NICE criteria for urgent referral. The Operating Framework for the NHS in England 2011/12 requires commissioners and providers to take address this.

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7.24 Chronic Obstructive Pulmonary Disease mortality and morbidity

Recommendations for Commissioners

The interventions with the best evidence base for delaying the progression of COPD are stopping smoking and the provision of home oxygen for those with advanced disease. Morbidity and mortality from COPD would be reduced by addressing the following:

Active case finding: Around a half of all patients with COPD remain undiagnosed. A proportion of these will have moderate and severe disease and would benefit from assessment, advice and case management.

Stopping smoking: Currently, an estimated 38% of patients with diagnosed COPD continue to smoke. It remains a priority to target these smokers for supported quitting. This should be seen as the most important intervention for all those involved in the diagnosis and treatment of those with COPD.

Identifying cardiovascular disease: All COPD patients in the borough should be tested for cardiovascular disease and for CVD risk. A low threshold should be used for starting cholesterol lowering drugs.

Protecting from infection: Influenza vaccination is an effective intervention in COPD and should be reviewed in the light of tremendous variation in performance between practices.

Long Term Oxygen therapy (LTOT): This has a strong evidence base for preventing decline in patients with moderate and severe COPD. There is a community LTOT assessment service but it is unclear what proportion of patients with moderate and severe disease are being assessed and appropriately managed. An audit needs to be performed to see the coverage of the service.

7.25 Mental health and wellbeing

Recommendations for Commissioners:

A literature review[1] by the National Institute for Mental Health England suggested that those individuals who are identified and treated early in their psychosis have better outcomes, i.e. the shorter the duration of untreated psychosis the better. Barking and Dagenham has a smaller "Early Intervention for Psychosis service" caseload for its population need compared to the London average, and a smaller number of psychotherapy and counselling staff[1]. The adequacy of this service to meet local needs should be assessed.

Given the anticipated population increases and the high levels of deprivation in the borough, there is likely to be a much greater demand on services that improve the mental health and wellbeing of Barking and Dagenham residents. This would include a wide range of services and initiatives such as those promoting sports and leisure, access to green space and volunteering.

Promotion of both the existing 'Mental Health Direct' 24-hour support line and the 'NHS 111' service once the latter becomes available in the borough is necessary to improve access to both primary and secondary mental health services.

A procurement exercise is needed for both day support and vocational support services in order to increase the numbers of residents using mental health services who are in employment, training or education.

Full implementation of the Depression and Emotional Wellbeing Steering Group action plan and recommendations is needed.

The need for inpatient services for severe mental illness should be assessed. In London this is known to be 60% higher than the England average, but in Barking and Dagenham it is only 10% higher than the national average, suggesting there may be inadequate access to services.

There is a need for specialist services for people with the double diagnosis of learning disabilities and mental illness, and for other specialist services such as mother and baby placements, and eating disorder placements which are difficult to quantify, but should not be ignored.

Commissioned services should be required to demonstrate performance against outcomes targets to ensure health is improved as well as value for money.

7.26 Suicides and Self-Harm

Recommendations for Commissioners

Rates for suicide and deliberate self harm are high in Barking and Dagenham. The National Suicide Prevention Strategy sets out a systematic approach to identifying and better supporting high risk groups to reduce suicide rates. Action needs to be taken to develop and implement a local strategy to address suicide and deliberate self harm.

7.27 Dementia

Recommendations for Commissioners

Commissioners should be cautious with regard to relying too heavily on the ONS population projection of a fall in numbers of the older population. More accurate population estimates and projections are expected from the 2011 census.

While the current population with dementia rare of predominantly of white ethnicity, services would be designed for the longer term that will meet with needs of the changing population of the borough.

In 2001 it was estimated that 42% of people aged 65+ live alone. Future plans for care need to include assumptions that this population may not be able to rely on informal care from relatives or friends.

Commissioner should monitor and support increase in diagnosis by GPs.

Commissioners should consider exploring means of achieving reductions in hospital stay to assess their cost effectiveness. E.g. liaison nurses

Commissioners should lead and monitor progress in reducing anti-psychotic medicines.

Implement findings of audit into Memory services.

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7.28 Emergency Re-admissions within 28 days of discharge from hospital

Recommendations for Commissioners

Analysis of 2011/2 readmission and cost data should be undertaken to identify what action is necessary to avoid readmission wherever possible. In addition, those conditions where frequent admission may be appropriate should be reviewed to consider whether alternative care in the community could be introduced.

7.29 End of Life Care

Recommendations for Commissioners

Commissioning for end of life care should be based on the published End of Life Care pathway. Four elements should be embedded throughout the commissioning process; information for patients and carers, spiritual care service, support for carers, and social care.

Using the necessary levers, commissioners should ensure that providers are compliant with national guidance and recommendations on best practice to facilitate improvements in provision of end of life care services, such as the Gold Standard Framework, Preferred Place of Care and the Liverpool Care Pathway.

Commissioners should ensure equitable, consistent and sustainable access to end of life care services including the provision of out of hours care to support patients and carers to be cared for and to die in a place of their choice.

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7. 30 Sickle Cell Disease

Recommendations for commissioners

Commissioners should ensure that the National Standards for the Clinical Care of Sickle Cell Disease in Childhood and Adulthood are incorporated into commissioning service specifications and that these standards form part of the quality assurance of service provision across providers.

The Community and Outpatient Service for Sickle Cell Disease is re-commissioned from BHRUT under a tiered tariff model. This will require some additional investment as the community provision is an additional new service and although some of this will replace existing outpatient attendance costs and the input for welfare and benefits support, there will also be some cost shift from replaced/reduced A&E attendance. The tariff model will provide a closer relationship between activity and cost and also allow commissioners a clearer connection between service numbers and complexity/severity of illness.

The support for ante-natal and newborn new diagnosis should remain a block contract but should have an equitable split of resources across the three commissioning boroughs. The recommendation is that this is split using a sixths model, reflecting the difference in prevalence across the three boroughs, i.e 3/6 B&D, 2/6 Redbridge, 1/6 Havering.

The Council's Children's Trust and Health and Wellbeing Board Partners should be aware of the growth in the number of children living with sickle cell disease and ensure that basic awareness forms a part of core training for staff.

Schools should ensure that staff are aware of sickle cell disease, the presentation and the care pathways to support school age children in education

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Section 8

8.2 Safeguarding Children and Young People

Recommendations for Commissioners

Commissioners should ensure that there is adequate resource to meet the needs of the increasing numbers of looked after children.

Commissioners should jointly commission across adult and child services using the Family Common Assessment Framework to ensure synergistic and cost effective interventions.

Commissioners ensure that all urgent care settings have appropriate child protection training and policies in place and that audit of this training forms part of the performance reporting for safeguarding.

Commissioners should performance manage the health checks of looked after children to ensure 95% compliance by 2011/12.

Commissioners should ensure specific and targeted support for Looked After Children, including unaccompanied asylum seekers, specifically:

- A clear multi-agency pathway of care and support for these children and young people under both section arrangements.
- Access to translation and advocacy support for children and young people
- Access to post-traumatic stress and abuse support for children and young people.
- Targeted support for integration into education.
- Target healthcare assessment on entering care which considers aspects such as developmental assessment and immunisation catch-up.
- Clarity of provision and pathways across all agencies for young adults not entitled to support.

Commissioners should review the effectiveness of a single borough approach to Child Death Overview Panel.

Commissioners to ensure that the services that protect children, when concerns are raised, are timely, efficient and effective and are commissioned in a way which reflects the growing numbers of children in the borough.

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8.3 Safeguarding Adults and Older People

Recommendations for Commissioners

Commissioners have a key role in ensuring that multi agency capacity is sufficient to ensure that safeguards are effectively monitored and embedded across the borough.

Commissioners need to ensure that the Partnership is effectively resourced to respond as the number of referrals continues to increase.

Joined up working across health, social care and the criminal justice agencies is needed to ensure that each element of the safeguarding adult's jigsaw is fit for purpose.

Prevention and early intervention is important and personalisation packages of support also help adults at risk to access support.

Commissioners need to ensure that support, advice, advocacy and information are readily available for service users and their carers to ensure that as they take on more responsibility for their own packages of care that they know how and who to raise concerns with.

Commissioners have a key role in ensuring that providers are working in adherence with the London procedures, and that practice in the services is regularly reviewed by commissioning authorities.

Collaborative work with the Children's Safeguarding Commissioners is undertaken to ensure the Think Family approach is fully embedded.

Safeguarding professionals from across the Partnership more consistently record service users sexual orientation.

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