SUPPLEMENATRY 2 - PRESENTATIONS GIVEN AT THE MEETING

THE HEALTH AND WELLBEING BOARD

Tuesday, 26 January 2016

Agenda Item 4. **Delivering the 2020 Ambition for World Class Cancer Outcomes (Pages 1 - 17)**

Agenda Item 5. **Improving Post - Acute Stroke Care (Stroke Rehabilitation) Consultation (Pages 19 - 32)**

Agenda Item 6. **Learning Disability Partnership Board Strategic Delivery Plan Update (Pages 33 - 40)**

Agenda Item 7. **Market Position Statement Update 2015 (Pages 41 - 50)**

Agenda Item 9. **Draft Homelessness Strategy (Pages 51 - 63)**

Agenda Item 10. **Prevention Approach Update (Pages 65 - 71)**

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

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Improving Cancer Outcomes

- Matthew Cole - Director of Public Health, LBBD
- Dr Kanika Rai – Macmillan GP, B&D
- Kate Kavanagh – Cancer Commissioning Manager for BHR CCGs
- Sharon Morrow – Chief Operating Officer, B&D CCG

The national challenge

- Cancer is the cause group responsible for the majority of avoidable deaths in England and Wales (ONS)
- 1 in 2 people will be diagnosed with cancer during their life (CRUK).
- Over 2m people are living with and beyond cancer in the UK and this number is set to double by 2030 (Macmillan).
- In London and west Essex there will be around 387,000 people living with cancer by 2030 (PHE & Macmillan)
- 70% of people who have cancer, have at least one other long term condition (Macmillan).

Cancer Taskforce Strategy priorities

- A radical upgrade in prevention and public health – focus on reducing smoking and obesity
- Achieving earlier diagnosis
- Patient experience on a par with clinical effectiveness and safety
- Transformation in support for people living with and beyond cancer
- Investment to deliver a modern, high quality service
- Overhauled processes for commissioning, accountability and provision

The Taskforce's ambition for 2020

- Adult smoking rates should fall to 13%
- 57% of patients should be surviving for 10 years or more
- One year survival should reach 75% for all cancers
- 95% with a definitive cancer diagnosis within 4 weeks or cancer excluded, 50% within 2 weeks
- 75% bowel screening uptake for FIT
- Achievement of cancer waiting time standards – 2 week, 31 day and 62 days

Why is B&D an outlier?

Overall, B&D has the lowest net survival amongst London and West Essex CCGs, ranking 33 (1 highest, 33 lowest). In part this is due to:

- Low percentage of B&D residents able to recall a symptom of cancer
- Breast cancer screening coverage and uptake is consistently (over the Why is B&D an outlier?
- period 2012 -2014) lower than the England average
- There are 352 cancer deaths per 100,000 people each year. This is higher than the England average
- Low bowel screening uptake
- Two-week wait conversation rate is falling
- 25% of patients diagnosed via emergency route
- Significantly lower healthy life expectancy

4 in 10 UK cases of cancer can be prevented

- Smoking prevalence is high in B&D at 23.1% (England average 18.4%)
- Smoking related deaths in the borough is 384 per 100,000 (289 per 100,000)
- Physical activity is low at 46.4% (57%)
- Overweight and obesity is slightly higher at 63.5% (63.8%)
- Alcohol consumption is lower at 14.2% (20.1%)
- B&D has a low prevalence of those eating five-a-day 40.9% (56.27%)
- Overexposure to ultraviolet (UV) light from the sun or sunbeds

What should B&D be doing from a radical prevention approach?

- A new approach is required re smoking cessation
- Improving public awareness of the signs and symptoms of cancers
- Encouraging the population to present and improving access to primary care
- Increasing the uptake of effective screening programmes e.g. cervical cancer screening, bowel cancer screening
- Increasing access to early diagnostics and effective treatment

Early diagnosis - variation within general practice

Indicator	B&D	England	Lowest	Highest
Two-week conversion rate	8.^%	8.4%	0%	22%
Breast screening	68.6%	77%	30%	82.1%
Bowel screening	43.7%	58.8%	28.1%	52.3%

Routes to Diagnosis

	Routes to diagnosis - 2006 to 2013. All tumours (excluding C44)								
	Screen detected	Two week wait	GP referral	Other outpatient	Inpatient elective	Emergency presentation	Death certificate only	Unknown	Number of cases
2006	3%	20%	27%	11%	2%	32%	0%	5%	793
2007	1%	26%	30%	11%	2%	26%	0%	4%	771
2008	8%	24%	30%	9%	2%	26%	0%	2%	852
2009	4%	26%	34%	10%	1%	24%	0%	2%	875
2010	2%	29%	32%	10%	1%	24%	0%	2%	781
2011	8%	28%	27%	11%	1%	22%	0%	3%	809
2012	3%	34%	27%	11%	1%	22%	1%	2%	842
2013	1%	32%	28%	13%	1%	23%	1%	2%	818

Lung routes to diagnosis

% for those diagnosed between 2006 and 2010, England

Lung	All routes		Two Week Wait		GP referral		Other Outpatient		Inpatient Elective		Emergency presentation		Unknown	
Route	-		24%		21%		10%		2%		38%		3%	
Confidence interval	-		*24%*	*24%*	*21%*	*22%*	*10%*	*11%*	*2%*	*2%*	*38%*	*39%*	*3%*	*3%*
1-year survival	29%		42%		38%		42%		32%		11%		23%	
Confidence interval	*28%*	*29%*	*41%*	*42%*	*38%*	*39%*	*41%*	*43%*	*30%*	*33%*	*11%*	*12%*	*22%*	*25%*

Breast routes to diagnosis

% for those diagnosed between 2006 and 2010, England

Female breast cancer	All routes		Screen detected		Two Week Wait		GP referral		Other Outpatient		Inpatient Elective		Emergency presentation		Unknown	
Route	-		28%		43%		16%		3%		0%		5%		5%	
Confidence interval	-		*28%*	*29%*	*43%*	*43%*	*15%*	*16%*	*3%*	*4%*	*0%*	*0%*	*5%*	*5%*	*5%*	*5%*
1-year survival	96%		100%		98%		96%		91%		85%		50%		95%	
Confidence interval	*96%*	*97%*	*100%*	*100%*	*98%*	*98%*	*96%*	*96%*	*90%*	*92%*	*81%*	*88%*	*49%*	*52%*	*94%*	*95%*

Prostate routes to diagnosis

% for those diagnosed between 2006 and 2010, England

Prostate	All routes		Two Week Wait		GP referral		Other Outpatient		Inpatient Elective		Emergency presentation		Unknown	
Route	-		29%		42%		12%		3%		9%		5%	
Confidence interval	-		*29%*	*29%*	*42%*	*42%*	*11%*	*12%*	*3%*	*3%*	*9%*	*10%*	*5%*	*5%*
1-year survival	95%		98%		99%		96%		98%		56%		97%	
Confidence interval	*95%*	*96%*	*98%*	*98%*	*99%*	*99%*	*95%*	*96%*	*97%*	*99%*	*56%*	*57%*	*97%*	*98%*

How is B&D responding to the challenge?

- Macmillan GPs – Dr Kanika Rai & Dr Amit Sharma
- Work-streams – including a bowel screening LIS
- Cancer Research Facilitator – Jane Burt
- Practice profile work / practice visits
- Clinical members of BHR collaborative ‘task and finish’ groups
- GP Protected Learning Time events run by Macmillan GPs
- Collaborative working with secondary care clinicians to develop direct access to diagnostics pathways
- Proposal to develop a local physical activity scheme for cancer patients
- A new approach to smoking cessation is being developed

BHR Collaborative Cancer Commissioning Group

- Key stakeholders from across the ONEL geography
- Primary Care, Secondary Care, Community providers, Macmillan GPs, Cancer Research, Macmillan, Public Health, London Cancer, Transforming Cancer Services Team and NEL CSU
- Four ‘task and finish’ groups established to develop and deliver a work-plan to address four key priority areas:-

1. Early diagnosis
2. Safety-netting
3. Improving bowel screening uptake
4. Stratified pathway of care for prostate patients

Survivorship – cancer as a Long Term Condition (LTC)

- GP lead Cancer Care Reviews
- Stratified pathways of care – breast, prostate and colorectal cancers
- 70% of people who have cancer, have at least one other long term condition
- 25% of individuals report having unmet physical and psychological needs at end of treatment
- As of the end of 2010, around 3,600 people in B&D were living with and beyond cancer up to 20 years after diagnosis.
- Many patients have significant needs arising from consequences of their treatment, which can be prevented or better managed if supported early

The Board to consider

What are the key areas B&D need to focus on to deliver the 2020 ambition?

Prevention

- Supporting a radical prevention approach to improve recall of signs and symptoms, particularly within disadvantaged groups
- Ensuring an active smoking control plan is in place

Early Diagnosis

- Supporting primary care to reduce variation, improve early diagnosis and one year survival

Survivorship

- Endorsing a move towards cancer being viewed as a LTC
- Encouraging improved, standardised Cancer Care Reviews in primary care
- physical activity schemes is commissioned but currently underutilised

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Consultation on proposed changes to stroke rehabilitation services

Sharon Morrow
Barking and Dagenham
Health and Wellbeing Board
26 January 2016

This presentation covers:

- Current stroke rehab services and pathway
- Why change services?
- Reaching the preferred option
- Consultation process
- Benefits of change
- Next steps

Current stroke services

- Service depends on where you live – postcode lottery
- Two inpatient rehab units – Beech ward at King George Hospital (run by BHRUT) and Grays Court in Dagenham (run by NELFT)
- Out of hospital rehabilitation:
    - Early Supported Discharge (ESD) – provided by BHRUT and NELFT – but not available everywhere
    - Community Rehabilitation Service (CRS) – provided by NELFT – but not available in Redbridge.

If you have a stroke at the moment, wherever you live, the current rehabilitation available means:

• You'll spend more time in hospital than you need to, even when it is better for you to be at home
• You won't always have specialist stroke staff taking care of you
• Your recovery will take longer.

Current stroke pathway

Early Supported Discharge (ESD)

Stroke Inpatient Rehabilitation (IR)

Stroke Community Rehabilitation Service (CRS)

HASU
RLH (Barts) or Queen's **(BHRUT)**
Patient is stabilised

Whipps Cross or Queen's **Acute Stroke Unit**

Havering and B&D only

All BHR CCGs

2 weeks ESD **BHRUT** (except Wanstead strip)

Grays Court **(NELFT)**
17 beds
Inpatient Stroke Rehabilitation

Beech ward at KGH (BHRUT)
15 beds
Inpatient Stroke Rehabilitation

Further 4 weeks ESD **NELFT** (Havering and B&D only)

Havering and B&D

Redbridge

NELFT Community Neurospecialist Team Includes SALT

NELFT Community Neurospecialist Team (SALT provision outside team)

NELFT Redbridge Intermediate Care and Community Stroke Service (SALT provision outside team)

Discharged with no formal rehab needs and stroke survivorship support

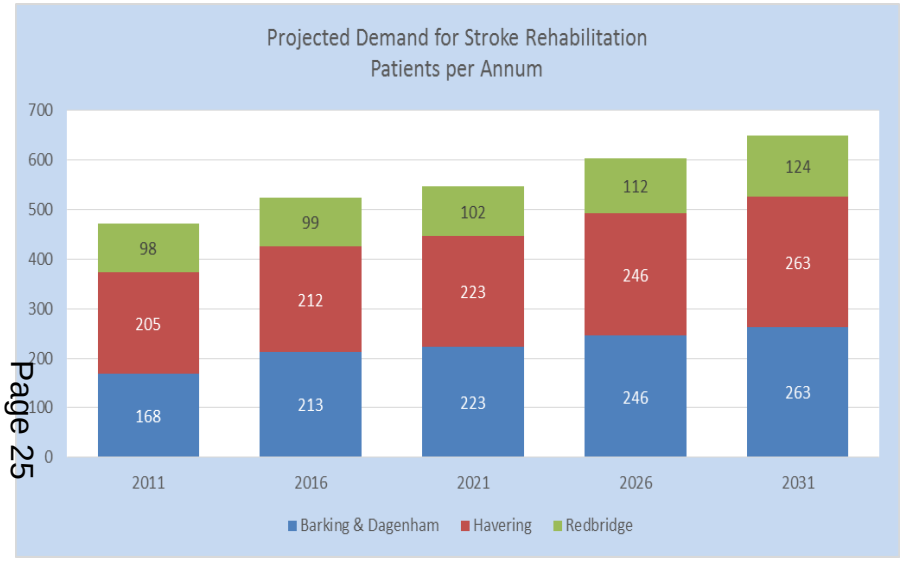
Local stroke services

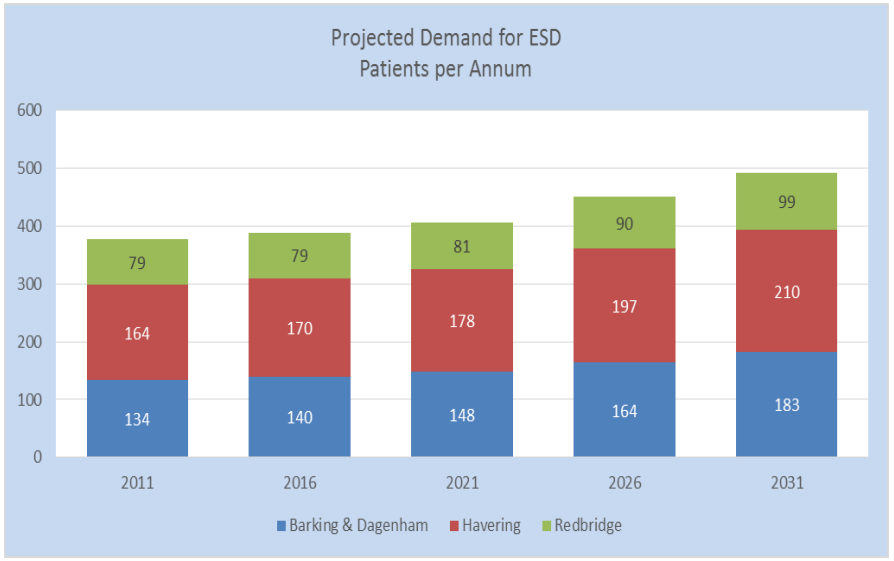
Why change stroke rehab services?

- The stroke rehabilitation care you receive depends on where you live.
- Quality of community stroke rehabilitation is not consistently meeting national standards.
- Capacity and demand for stroke rehabilitation are not aligned.
- Variation in service configuration, quality and lack of information is negatively impacting on patient outcomes.

We want to make changes to stroke rehabilitation services now, to make sure people recover and live the fullest life possible.

Increasing demand for stroke services





The numbers of people having strokes in all three BHR boroughs will increase over the next 20 years as the population gets older.
Demand for stroke rehabilitation services will increase by around 35% over this time.

How to improve stroke rehab services

- Over the past year, we've been working with clinicians, Healthwatch, stakeholders and stroke groups and looking at best practice.
- Developed a case for change, which sets out what needs to change and why.
- Held a workshop (involving doctors with an interest in stroke, representatives from councils, patient groups, Healthwatch, carer organisations and stroke specialists and local NHS managers) to discuss the options, the advantages, disadvantages and implications of each and decided through a scoring process what was the best option.

Reaching the preferred option

The group discussed the pros and cons of each option, using the following criteria:

- Clinical outcomes and safety
- Patient/carers' experience
- Access to services
- Can everyone use the services, wherever they live?
- Deliverability
- Flexibility

Preferred option

A combined ESD and CRS service run by one provider, covering all three boroughs, with one inpatient unit based at King George Hospital.

Benefits of change

Improved Patient Outcomes

- ✓ Improved quality of life
- ✓ Reduced long-term disability
- ✓ More people back to work or other meaningful activity sooner
- ✓ Receive ongoing support to help their recovery

Resources are invested in the best possible way

- ✓ Making most of the available resource
- ✓ Efficiency savings
- ✓ Improved ESD- most cost effective intervention

Will meet current and future demand

- ✓ Spend less time waiting in a hospital bed for the right sort of care
- ✓ Receive rehabilitation more quickly
- ✓ if appropriate, have rehabilitation and support in their own home

Consultation

- Runs for 12 weeks
- Engaging with local community and voluntary groups
- Hard copies of consultation document sent to all GP practices, libraries, community centres, individuals
- Complete questionnaire online or hard copy (freepost)
- Working closely with Healthwatch
- Easy read version available
- Sessions with stroke staff – at HASU, ASU and inpatient units
- Drop-in sessions in each borough
- Tweeting about consultation encouraging people to have their say
- What else should we do?

Possible impact on Barking and Dagenham

- More patients would receive care in their own home
- Patients needing an inpatient rehab bed would go to King George Hospital
- ESD service would provide a full range of therapies including speech and language therapy and psychotherapy
- Decision needed about Grays Court.

Next steps

Consultation closes 1 April 2016.

We will read and consider all the responses we receive and write a report for the CCGs' decision-making governing bodies to consider, alongside any other evidence and/or information available.

CCG decision making meeting (date TBA).

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Learning Disability Partnership Board Delivery Plan

Presented by:

Mark Tyson, Group Manager Integration and Commissioning

January 2016

London Borough of Barking & Dagenham

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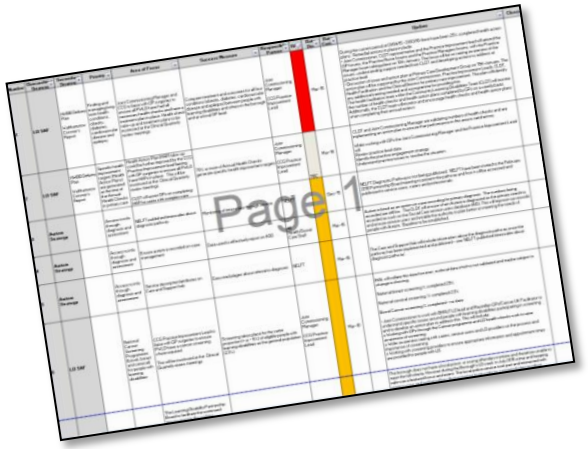
Summary

- Delivery Plan created to give assurance to the Health and Wellbeing Board
- Monitored at each LDPB meeting
- Improvement plans put in place for RED or AMBER actions



Incorporates the key national and local drivers:

- Learning Disability Self Assessment Framework (LDSAF)
- Autism Strategy
- Winterbourne View Concordat and the Transforming Care Agenda
- Challenging Behaviour Plan
- Carers Strategy

Structure of the report

GREEN **27**	Achieved or on target to be achieved indicating no concerns
AMBER **11**	Where progress has been slow and requires attention
RED **1**	Little or no progress with a significant risk of the outcome not being achieved

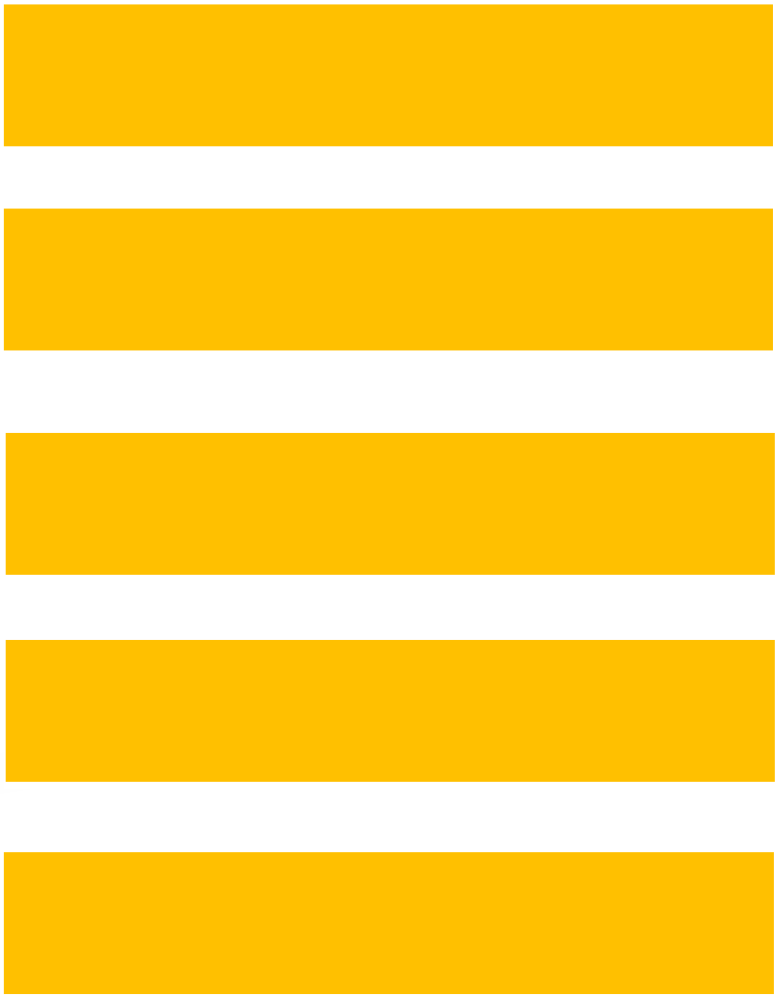
Health Checks

- 25% are recorded as having had a health check within the past 12 months
- 90% of service users have a health action plan in place

IMPROVEMENT PLAN

- CLDT support through data validation, monitoring, training and visiting GP practices;
- Empowering service users and providers to ask for health checks and understand what to expect;
- Attendance at Primary Care Improvement Group, with forums of practice managers, GPs, and practice nurses – validate proposed actions;
- LDPB to receive an update at each of their meetings.

Other amber areas…



Cancer screening programmes

Offender health and the criminal justice system

Housing provision for people with Autism

Autism Diagnostic Pathway and publicising the pathway

Accurate reporting of autism on the social care database

Transforming Care: The Winterbourne View Concordat

Reduce the number of people residing inappropriately in specialist learning disability and autism hospitals and services.

Reduce the length of stay in these services (where appropriate).

Improve the quality of care in these services.

At the start of the register in April 2013:

6 people

Since then, 10 people have been discharged and 8 people admitted…

Now 4 people on the register:

3 individuals from 2013/14
1 individual from 2015/16

0 readmissions and performing above London average for discharges

Transforming Care: The Next Steps

Gate-keeping to Assessment and Treatment Units

Development of an '**At Risk Register**'

Establishment of the **Transforming Care Partnership**:

- Announced in October 2015;
- Aims to close 40 – 65% of all hospitals, bring more people into the community and commission services to meet local needs;
- Set up to coordinate, commission and challenge. Across BHR and includes LAs, CCGs, providers and service users;
- Currently drafting local plan and taking to LDPB in February.

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Market Position Statement Update

Monica Needs

Market Development Manager

26 January 2016

London Borough of Barking & Dagenham

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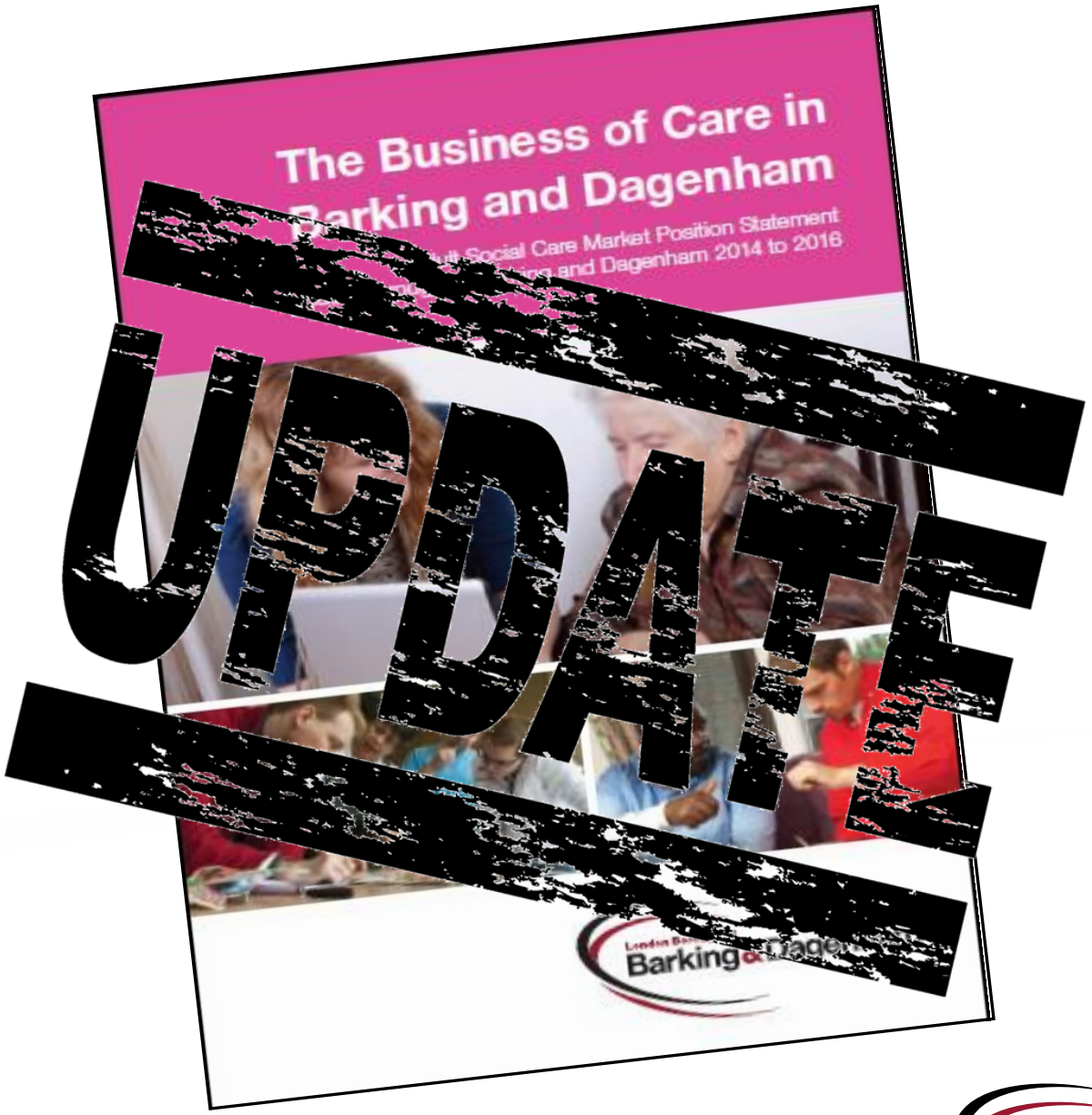
The Business of Care in
Barking and Dagenham
Social Care Market Position Statement
and Dagenham 2014 to 2016
UPDATE

Changing context

Care Act

Shifting demography

Budget pressures

Growth opportunities

The Changing Focus for the Market

- Prevention/wellbeing
- Support for carers
- Information & advice
- Market-shaping

Increasing emphasis on preventing, reducing and delaying care needs, including through better choices earlier

The Changing Focus for the Market

- Prevention/wellbeing
- Support for carers
- Information & advice
- Market-shaping

Right to an assessment and a duty on the Council to provide services for carers in their own right

The Changing Focus for the Market

Prevention/wellbeing

Support for carers

Information & advice

Market-shaping

A duty to provide information and advice for the **whole** community

The Changing Focus for the Market

Prevention/wellbeing

Support for carers

Information & advice

Market-shaping

A duty on the Council to work to 'shape' an active market in social care services locally.

WHAT'S NEXT?

- Publish the Market Position Statement Update
- Continue to work with providers to develop the market for social care
- Start work on a new MPS for the Autumn of 2016

Questions

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50th anniversary
one borough; one community

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Homelessness Strategy 2016-2021

50th anniversary
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What is homelessness?

- **A person is homeless if they have no accommodation available for occupation/threatened with homelessness if they are likely to become homeless within 28 days**

- **Statutory homelessness** – people who have made a homelessness application, met the legislative criteria, accepted by the Council as eligible for assistance, homeless and in priority need

- **Non-statutory/non-priority homelessness** – usually single people/childless couples assessed as not priority need but entitled to 'advice and assistance'

- **Rough sleepers** – 'roofless' and bedded down in the open air, sofa-surfing or 'hidden'. No statutory duty/non-priority but strong policy ethos to tackle

1. Need for a homelessness strategy

- Homelessness Act 2002 – five yearly review of homelessness trends
- Planning services for the next five years requires an appreciation of the emerging trends, balanced against diminishing resources:

Welfare reform phase 2	Local authority resources squeezed
Loss of PRS, squeezed supply	Prevention initiatives/self-resolution critical
Parental ejection rising	Housing advice services need integrated and creative
Rough sleeping increasing	Resources need to be targeted at most acute circumstances
Priority need lone parent households up	Robust partnerships with external/third sector required
Demand for supported people housing choice	Innovation in housing supply/choice essential

2. The Policy Context

- **No Second Night Out 2011, Cost of Homelessness Report and Making Every Contact Count 2012** – improving/integrating services
- **Welfare reforms** – impact on ability to pay rent
- **Localism Act 2011** – allocations policy and discharge of duty into PRS
- **Local strategies and corporate programmes**

3. Homeless Review

- Impact of welfare reform, public funding reductions and challenging housing market have heightened demand for housing advice services from 2012 onwards

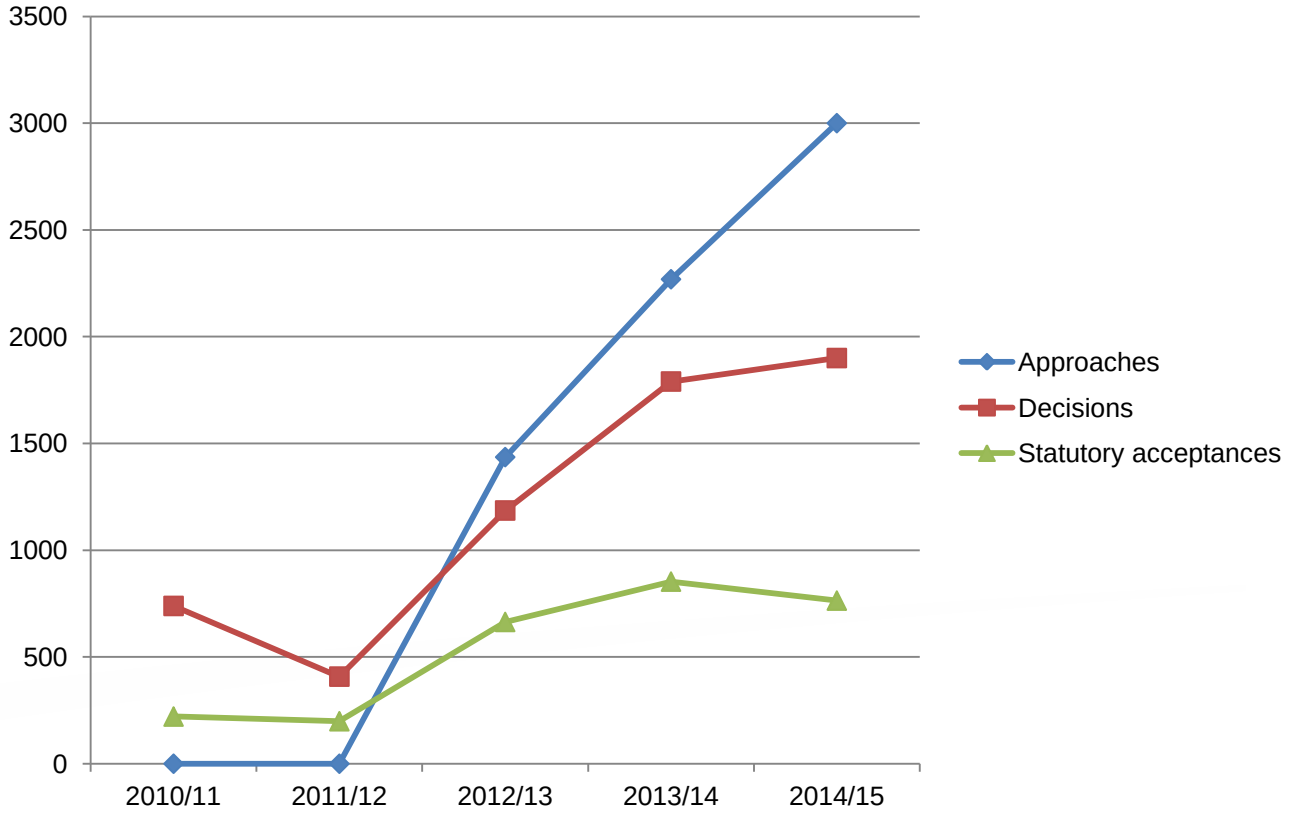
- **Approaches** to John Smith House doubled in 2015 to 3,000

- **Decisions on** homelessness increased from 1,790 to 1,900 in 2014/15

- **Acceptances** for homelessness fell from 853 to 764 in 2014/15

- **Preventions** fell from 2,181 to 1,947 in 2014/15

4. Approaches, decisions and acceptances



5. LBBD key figures – Homelessness reasons

Reasons	2010/11	2011/12	2012/13	2013/14	2014/15
Parental/familial/friend breakdown	122	77	277	207	316
Violence	24	27	62	48	44
Harassment	1	2	7	7	1
Mortgage arrears/repossession	5	4	16	20	6
Rent arrears (LA/RP/PRS)	9	12	45	23	10
Loss of rented accommodation	42	59	193	341	357
Left care/hospital/custody	10	1	24	32	22
Other loss of settled home	8	18	40	25	8
	221	**199**	**664**	**853**	**764**

6.Homeless prevention

2010/11	2011/12	2012/13	2013/14	2014/15
516	724	1,856	2,181	1,947

- Resolving housing benefit issues a major intervention in between 62%-80% of cases
- Other interventions by the Housing Options Service:

  -mediation/conciliation

  -debt advice and tenancy sustainment/HART team

  -Sanctuary scheme for domestic violence

  -mortgage arrears interventions/rent deposit

  - employment and skills support

  - fostering personal responsibility and self-reliance

Obj.1: Reducing demand through prevention

Outcomes:

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

Obj.2: Enabling pathways away from homelessness

Outcomes:

- Re-established Homelessness Forum
- Successful partnership with voluntary sector and external providers supporting those suffering homelessness
- Greater tenancy sustainment across all tenures
- More effective identification of hidden homelessness, in particular rough sleepers and LGBT person
- Utilised external partnerships to support vulnerable single persons who are homeless

Obj.3: Creating integrated services at first contact

Outcomes:

- Gold Standard accreditation for housing options service
- Co-ordinated ‘single pathways’ protocols, processes and mapping between services
- Development of one-stop shop approach to housing services such as HousingPlus model
- Joint commissioning of services to provide seamless housing options to all clients

Obj.4: Provide appropriate accommodation

Outcomes:

- Creation of new affordable housing supply
- Maximised use of own assets for temporary accommodation
- Reconfigured portfolio of hostel accommodation
- Professional private sector solutions including a local lettings agency
- Increased housing choice for supported people

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Prevention Approach Update

Monica Needs

Market Development Manager

26 January 2016

London Borough of Barking & Dagenham

lbbd.gov.uk

Prevention has three core elements set out in the Care Act 2014:

The local Prevention Approach

What can public services offer?

What can we do best together?

What can I bring?


Adult Social Care
CCG
Culture and Sport
Housing
Public Health
NELFT
Pharmacy
Commissioners
Care City
Prevention Steering Group

visbuzz

Big White Wall™

active.
more active more often

BanD Together

NHS HEALTH CHECK

Whole Body Therapy

Next steps

- Prevention and Information and Advice Workshop
- Review Prevention Scheme within the Better Care Fund for 2016/17
- Further engagement with Partners including the Voluntary and Community Sector
- Commissioning for Prevention
- Align the Prevention Approach with Ambition 2020 projects

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