

Notice of Meeting

HEALTH SCRUTINY COMMITTEE

Monday, 6 January 2020 - 7:00 pm
Council Chamber, Town Hall, Barking

Members: Cllr Eileen Keller (Chair) Cllr Paul Robinson (Deputy Chair); Cllr Mohammed Khan, Cllr Donna Lumsden, Cllr Chris Rice and Cllr Emily Rodwell

Date of publication: 18 December 2019

Chris Naylor
Chief Executive

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Please note that this meeting will be webcast, which is a transmission of audio and video over the internet. Members of the public who attend the meeting and who do not wish to appear in the webcast will be able to sit in the public gallery on the second floor of the Town Hall, which is not in camera range.

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

In accordance with the Council's Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. Minutes - To confirm as correct the minutes of the meeting held on 22 October 2019 (Pages 3 - 6)

4. Where to go for Urgent Care (Pages 7 - 29)

5. Social Prescribing in Barking and Dagenham (Pages 31 - 69)

6. **Using the Borough Data Explorer and Social Progress Index (Pages 71 - 72)**
7. **Progress Report - Scrutiny Review - System-wide Review into Childhood Obesity (Pages 73 - 81)**
8. **Work Programme (Pages 83 - 84)**
9. **Any other public items which the Chair decides are urgent**
10. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

Private Business

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

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



Our Vision for Barking and Dagenham

ONE BOROUGH; ONE COMMUNITY; NO-ONE LEFT BEHIND

Our Priorities

A New Kind of Council

- Build a well-run organisation
- Ensure relentlessly reliable services
- Develop place-based partnerships

Empowering People

- Enable greater independence whilst protecting the most vulnerable
- Strengthen our services for all
- Intervene earlier

Inclusive Growth

- Develop our aspirational and affordable housing offer
- Shape great places and strong communities through regeneration
- Encourage enterprise and enable employment

Citizenship and Participation

- Harness culture and increase opportunity
- Encourage civic pride and social responsibility
- Strengthen partnerships, participation and a place-based approach

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MINUTES OF HEALTH SCRUTINY COMMITTEE

Tuesday, 22 October 2019
(7:00 - 8:10 pm)

Present: Cllr Eileen Keller (Chair), Cllr Paul Robinson (Deputy Chair), Cllr Mohammed Khan and Cllr Chris Rice

Also Present: Cllr Maureen Worby

Apologies: Cllr Donna Lumsden and Cllr Emily Rodwell

15. Declaration of Members' Interests

There were no declarations of interest.

16. Minutes - 3 September 2019

The minutes of the meeting held on 3 September 2019 were agreed.

17. Barking, Havering, and Redbridge University hospitals Trust's Clinical Strategy Update

The Interim Chief Executive (ICE), Chief Medical and Chief Financial Officers for Barking Havering and Redbridge University Hospitals Trust (BHRUT) jointly delivered a presentation on the Trust's recent work to develop a new Clinical Strategy, which covered:

- The bigger picture;
- What's happened so far;
- Case for change;
- Emerging ideas for service improvement; and
- Developing the strategy – what's next.

In response to questions from members, BHRUT Officers stated that:

- The Trust's perinatal mental health service was very robust, providing a good platform for it to expand. With regards to provision for those with other mental health problems, there was much to do across the board, which would also be a part of this Strategy;
- The Trust was working closely with Barts Health Trust as part of this Strategy, in relation to a number of services. One example was neurosurgery, to explore whether the Trusts could work together to provide greater scale, as the current provision within the Trust was not sustainable;
- Maternity services would need to be a key part of discussions at a North East London level as demographic changes to the population in this part of London meant that the current model would not be sufficient to meet the need and complexities that lied ahead. Health services could be doing much more to prepare women for birth, for example, by raising awareness of how factors such as obesity and diabetes affect pregnancy and birth;

- Giving women more choice around the settings to give birth (home, birthing centre, ward, etc) was the right thing to do; however, the Trust would need to address the challenges around recruiting experienced midwives first;
- The vision for the Strategy was consistent with plans to bring down the Trust's deficit of £65m;
- The work the Trust was doing with NELFT would not conflict with the Strategy, and new clinical models that integrate secondary and community services presented opportunities to provide more seamless services, for example, the trusts were in the process of integrating the current separate rehabilitation services for stroke patients. Better integration for 'sectioned' patients who needed care for their physical wellbeing was also being considered; and
- The role of the third sector had not been given detailed thought at this stage; however, the Trust would be considering it in the next stage of its Strategy development.

Members felt that the Strategy would need a key focus on paediatrics given the high number of children and young people in the Borough and the long waiting times in A & E and other services. The Chief Medical Officer (CMO) commented that the BHR System did recognise the growth in the children and young people population, as well as the associated rise in complex needs; however, increased resources would not only be needed in hospital, but also in community settings to adequately meet these needs.

Members felt that to create a successful strategy, Trust Leaders would need to refer to and think of their patients as residents first, recognising that to change behaviours, the Trust would need to make residents a part of the solution by making them key stakeholders in the upcoming changes. The ICE stated that he took on board these comments which would be reflected in the Trust's engagement plans for this Strategy over the coming months.

The Chair thanked the ICE, CMO and CFO for their presentation and attendance.

18. Barking, Havering, and Redbridge Clinical Commissioning Groups - Financial Update

The Director of Transformation and Delivery –Unplanned Care (DTD), and the System Director of Recovery for Barking and Dagenham, Havering and Redbridge (SDR) delivered a presentation to provide a financial update on the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups' (BHR CCGs') financial position. The presentation covered:

- Barking and Dagenham CCG and BHR CCGs' spend breakdown;
- Overview of the 19/20 Financial Position;
- NHS Financial Position to 2023/24;
- Financial Benchmarking for the BHR CCGs;
- Closing the Excess Spend Gap;
- System Efficiencies with >£1m Net Benefit;
- Mental Health Parity of Esteem; and
- Prevention Investment (primary and secondary).

Members asked how confident the CCGs were that further investment in the Child

and Adolescent Mental Health Services (CAMHS) would lead to improvements in the services. The DTD stated that the BHR CCGs' draft response to the NHS Long Term Plan (LTP) included reference to improving access to CAMHS and prevention work. At the moment, the CCGs were analysing information and having discussions with the service provider, NELFT, on workforce and costs, which would be followed by the final submission of the CCGs' response to the LTP in November.

Members were disappointed that despite both the Care Quality Commission and Ofsted highlighting the need for improvements to the local CAMHS, it did not receive health transformation funding, with this going to other areas instead. The DTD stated that she was also disappointed and that where possible, the BHR CCGs provided challenge around such funding decisions. She assured members that there had been some investment and change within the local CAMHS and that the BHR CCGs recognised that CAMHS was a significant priority for the borough. She added that the CCGs had been successful in securing transformation funding for community crisis teams which treated and supported adults with mental health problems.

Members emphasised the importance of investing in prevention and early detection across all health specialities and especially in primary care, as all the evidence showed that this approach had the best outcomes. The DTD strongly agreed, adding that in the next financial year, the BHR CCGs were expecting to receive funding to develop community mental health services, which would help prevent people escalating to a point where they would need secondary care services.

In response to questions the DTD stated that:

- There was a specific programme being developed for the care pathway for people with autism, which would end in March 2020 and there was wider focus on this in the response to the LTP
- In respect to local demand for acute beds for patients with mental health problems, unfortunately, earlier this year, some patients had been transferred to beds out of the borough; however, all except one were now back in the borough. The CCGs were in the midst of working out future capacity and demand to address this going forward.
- Predictions around the demand for access to Improving Access to Psychological Therapy (IAPT) services had been increased allowing for the possibility of more investment in the service; however, the provider of the service would have to address staffing issues and more thought would need to be given on co-locating IAPT services with other primary care services to achieve the best outcomes.

The Chair thanked the DTD and SDR for attending the meeting and their presentation.

19. Joint Health Overview and Scrutiny Committee - Verbal Update

Councillor Paul Robinson stated that the Joint Health and Overview Scrutiny Committee's overall response to the BHR CCGs' Continuing HealthCare Placements Policy Consultation at the meeting on 15 October 2019 was broadly in

line with this Committee's response, which was based on patient choice, opposition to the policy applying to those approaching the end of their life, composition of the appeals panel, and the need to exclude young people from the Policy.

20. Work Programme

The Committee noted the updated version of its Work Programme.

HEALTH SCRUTINY COMMITTEE

6 January 2020

Title: Where to go for Urgent Care	
Report of the Head of Communications and Engagement, Barking and Dagenham, Havering and Redbridge CCGs	
Open Report	For Information
Wards Affected: None	Key Decision: No
Report Author: Melissa Hoskins, Head of Communications and Engagement, Barking and Dagenham, Havering and Redbridge CCGs	Contact Details: E-mail: melissa.hoskins@nhs.net
Summary	
<p>The presentation at Appendix 1 will be delivered by Melissa Hoskins, Head of Communications and Engagement, Barking and Dagenham, Havering and Redbridge CCGs to update the Health Scrutiny Committee on:</p> <ul style="list-style-type: none"> • Work undertaken to engage local people and communicate urgent care services - follows the public consultation on community urgent care services in 2018; and • The winter communications campaign and how this is being delivered by partners across north east London, including Barking and Dagenham. 	
Recommendation(s)	
<p>The Health Scrutiny Committee is recommended to note the report and ask questions of the officers to obtain a better understanding of the work undertaken to engage local people and communicate urgent care services and the winter communications campaign.</p>	
Reason(s)	
<p>This report and presentation allows the Committee to put questions to the CCG on urgent care and the winter communications campaign.</p>	

Public Background Papers Used in the Preparation of the Report: None

List of appendices:

Appendix 1 – Presentation: Where to go for Urgent Care

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Where to go for urgent care

Communicating with local people

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Barking and Dagenham Health Scrutiny Committee
6 January 2020

Melissa Hoskins, Head of Communications and Engagement,
Barking and Dagenham, Havering and Redbridge CCGs



Presentation overview

- ✓ To update the committee on work to engage local people and communicate urgent care services - follows the public consultation on community urgent care services in 2018
- ✓ To brief the committee on the winter communications campaign and how this is being delivered by partners across north east London, including Barking and Dagenham.



Communications approach: urgent care

- Three diverse boroughs – communications and engagement planned to meet local needs as best we can
 - Engagement and research – ongoing and essential to shape and inform our approach, messages and strategy
- Use of different formats and a range of channels including:
- Printed materials and digital channels e.g. posters, display screens in GP practices
 - Increasing use of online channels (social media, NHS App)
 - Use of partners channels e.g. Council e-newsletters, OneBoroughLive
 - Advocacy and signposting through community and voluntary sector colleagues
 - Through the media.



Communications approach: urgent care

- 'Click or call before you come in' – aligns with new model of urgent care
- Focus is on signposting people to local urgent care services
 - NHS 111
 - Pharmacy
 - GPs
 - GP access hubs
 - Walk-in services (e.g. Barking Community Hospital) – but this will be changing
 - Urgent Treatment Centres
- Key messages (year-round)
 - Talk to your pharmacist or GP for urgent same-day help
 - Call NHS 111 for advice or a booked appointment
 - Same-day appointments for urgent care – but you can walk in and wait
 - Keep A&E clear for emergency and life-threatening issues.



Ongoing engagement

- Extensive public engagement and research on local urgent care over the last four years
- Includes major research study in 2016 (4,000 people)
- Engagement work in 2017 and 2018 – working with Healthwatch and our Patient Engagement Forums
- East London Citizens' Panel – surveys
- Feedback continually shapes and inform our urgent care strategy and our communications and engagement approach
- Next phase of engagement planned for early 2019 – but will be ongoing.




Changes to services

- 14-week consultation on proposals for local urgent care services in 2018
- Decision to commission a new model of care to simplify local urgent care services and to meet national requirements

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New model will see:

- Four Urgent Treatment Centres (at Queen's and King George hospitals, Harold Wood Polyclinic and Barking Community Hospital)
 - A further eight locations across BHR where patients can book same-day urgent appointments. These are yet to be finalised but discussions are underway
 - Patients encouraged to “click or call before you come in” – NHS 111 as a gateway to integrated urgent care.
- 

Changes to services, cont.

- Following the 2018 consultation, the CCGs committed to continuing to work with Healthwatch to develop a robust communications and engagement plan to support the changes
- Earlier this year, we commissioned Healthwatch to undertake research to:
 - Test local people's knowledge of NHS 111
 - Explore how they currently find out information about urgent care services
 - Seek their views on how best we can share information on local services
- We also asked for feedback on a range of existing communications materials. The findings will help inform our plans for communications and engagement ahead of upcoming changes to local community urgent care services
- Reports shared in early October and published online at:
www.barkingdagenhamccg.nhs.uk/Get-involved/consultations-and-engagement.htm



Who did we talk to?

Based on previous engagement, local demographics and available data about usage of current urgent care services, we were particularly keen to hear from specific groups of local people in all three boroughs.

The following priority research groups were identified:

- People from newly-arrived communities or more transient communities
- Parents of young children (especially those aged 0 to 5)
- Older people (those aged 65+)
- Young adults (15 to 25)

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Borough	1:1 interviews	Focus groups	Total
Barking and Dagenham	105	38	143
Havering	139	56	195
Redbridge	146	133	279
Total	390	227	617



What did local people tell us?

- The vast majority of people who had used NHS 111 were positive about the service they received when they used the service
- People who had used NHS 111 were aware that they now speak to medical professionals (doctors and nurses) as well as the trained advisors
- The evidence showed that we need to continue to explain the difference between 'urgent care' and 'emergency care' to help people make the most appropriate choices
- The research provided a positive case study of the impact on an engagement session with young people and their increased awareness of NHS 111 and likelihood of using the service.



What did local people tell us?

- The feedback supported the use of a multi-format communications strategy, using a mix of digital, print and increased face-to-face opportunities (including health professionals speaking to community groups)
- Need to consider communications with people who are unable to speak English, including improving awareness of the translation offer made to people when they do call NHS 111.



Testing existing materials

Participants were asked to look at:

- An NHS 111 poster (national campaign material)
- A poster from a neighbouring borough explaining changes to a walk-in service
- An information leaflet that provides parents of young children with advice and signposting information
- Films promoting NHS 111



Key recommendations

1. Ensure we explain exactly what NHS 111 (and other urgent care services) can offer. Make sure the messages are simple and accurate
2. GPs and other health professionals can play a significant role in our communications and engagement work
3. When preparing for changes to urgent care services, it's important to share information well ahead of the change to make sure people are aware in advance
4. Use NHS staff (nurses and doctors) in communications materials, whether print, digital or film format. Where possible, use local people
5. Aim to reflect the diversity of our community in the communications materials.



Summary

Useful but mixed feedback on existing communications materials which will inform our communications approach going forward, including:

- Need to simplify key messages e.g. focus on promoting NHS 111, refer to shorter waiting times
- What information is seen as most important e.g. contact number, locations
- Be clear on what services offer to help people understand when and how they can access them
- GPs and other healthcare professionals are key to engaging with local people – whether through screens or notice boards at practices
- Use of images of people (professionals or patients) is important, and using local people is viewed as likely to be more effective than generic images.



Next steps

- Ongoing messages and communications shaped by feedback where possible
- Operational focus on procurement work for the four Urgent Treatment Centres and on winter preparation
- Plan being developed for engagement and communications work from January 2020 ahead of launch of new UTC services at end of June 2020
- Timeline for changes to the urgent care services at Loxford Polyclinic and South Hornchurch Health Centre not yet confirmed
- Plans for testing language and materials with Healthwatch, local people and stakeholders.




Winter communications

All local health and social care partners in north east London (NEL), including local authority public health and social care teams, are supporting the national winter communications campaign.

Joint communications and engagement plan in place to deliver a set of key messages and materials across NEL. Follows national campaign timeline and uses wide range of channels and networks.

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Key objectives

1. To extend the reach of national campaigns
 2. To support the flu vaccination programme
 3. To use appropriate national awareness days/weeks throughout the winter period
 4. To promote the steps taken locally to mitigate against a winter crisis.
- 

Winter campaigns

Flu

**HELP US
HELP YOU**

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NHS 111

Winter Response

GP Access

Pharmacy

**HELP US
HELP YOU**
KNOW WHAT TO DO

**HELP US
HELP YOU**
BEFORE IT GETS WORSE

**HELP US
HELP YOU**
WHEN YOU NEED IT

**HELP US
HELP YOU**
GET IT SEEN TO



Key audiences

**HELP US
 HELP YOU**
 KNOW WHAT TO DO

**HELP US
 HELP YOU**
 BEFORE IT GETS WORSE

**HELP US
 HELP YOU**
 WHEN YOU NEED IT

**HELP US
 HELP YOU**
 GET IT SEEN TO

Contact NHS 111 when you have an urgent, but non-life-threatening medical need – either over the phone or online



All adults 16+

Adults 20 - 29

At the first signs of a 'winter illness', speak to your pharmacist and follow the actions from the NHS to stay well this winter



65+

16 – 64 with long-term health conditions

Care home residents and staff

There are appointments available with GPs, nurses and other health care professionals outside of working hours



All adults 16+ (esp. 20 – 40 working self-employed)

Flu



Over 65s and those with LTCs

Parents of children aged 2-11

Frontline staff

Visit your community pharmacy for clinical advice, support and self-care information



All adults 16+


Parents of children aged 2-11



Targeted work in BHR

- Public health lead on flu campaign, but being supported by all partners through a range of channels to encourage eligible patients (and staff) to get their free flu jab
- Use of short films – being shared with all partners to use through social media and online sources (including display screens in GP practices)

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- Focus on children and young people due to current high attendances at A&E
- NHS developing targeted messages and printed materials e.g. parent's guide to childhood illness
 - Working with Councils and community groups to cascade to parents
 - Use of targeted messages via social media (Facebook).
- 

Looking forward

- CCGs across NEL working more closely on patient engagement and exploring how best to involve Healthwatch and other community and voluntary sector organisations
- NHS and Council partners in BHR looking at working together on engagement – sharing resources and learning, and coordinating activity
- Work underway across NEL to explore what will drive changes in people's behavior in terms of urgent care and how we can use this learning to inform communications and engagement work
- Will look at how we reach those who don't traditionally engage with the NHS or with Councils and what the barriers are e.g. language, online access, awareness and understanding.



Any questions?



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HEALTH SCRUTINY COMMITTEE

6th January 2020

Title: Social Prescribing in Barking and Dagenham	
Open Report	For Information
Wards Affected: All	Key Decision: No
Report Author: Damien Cole, Head of Service Development – Community Solutions	Contact Details: Tel: 0208 227 3395 E-mail: damien.cole@lbbd.gov.uk
Accountable Strategic Leadership Director: Mark Fowler, Community Solutions	
<p>Summary</p> <p>As part of the new GMS contract, Primary Care Networks (PCNs) are receiving funding for social prescribing programme development for their population. The PCN clinical directors have agreed to fund the Council to provide their social prescribing service.</p> <p>A Social Prescribing service will open up the Community Solutions (ComSol) prevention pathway to our population and deliver a universal prevention and Early Help offer across Barking and Dagenham, for all our residents.</p> <p>This report sets out what Social Prescribing is in the context of Barking and Dagenham, work that has been carried out to implement a social prescribing model and planned work for wider implementation across the next 3 years.</p>	
<p>Recommendation(s)</p> <p>The Health Scrutiny Committee is recommended to:</p> <p>(i) Note the contents of the report and provide feedback that can assist with the onward development of social prescribing within Barking and Dagenham.</p>	
<p>Reason(s)</p> <p>Social Prescribing is an opportunity to work more closely with health colleagues across the borough, ensuring that residents are connected with information, advice, guidance and where necessary targeted support that prevents escalation of need for individuals and families.</p> <p>It links to several of the Council's priorities (Enabling social responsibility and Well run organisation) through promoting self-help, building resilience and connecting relevant services and provision in order to support residents in an integrated and effective way.</p>	

1. Introduction and Background

- 1.1. Barking and Dagenham Council recently concluded a 6-month social prescribing pilot. During the 6 months, three pilot GP sites referred directly into a Community Solutions Social Prescribing pathway. The focus during the pilot were patients identified as socially isolated, experiencing debt/financial issues, having housing issues, needing support with employment and further education as well as the existing healthy lifestyles programmes.
- 1.2. This unique model provided GPs with the opportunity to refer into the council's resident facing services, while increasing the likelihood of residents being identified earlier and supported to thrive. Embedding the pathway within ComSol meant work could be scaled up with limited additional resources and benefit from working relationships with the voluntary sector and commissioned services.
- 1.3. Social Prescribing starting in Primary Care will be the start of helping with wider integration for health and social care, offering opportunities for joint up working across a range of areas.

2. Social Prescribing across the borough

- 2.1. As part of the new GMS contract, Primary Care Networks (PCNs) are receiving funding for social prescribing programme development for their population. The PCN clinical directors have agreed to fund the Council to provide their social prescribing service.
- 2.2. With the new funding from the Department of Health and Social Care, each PCN will have a named social prescribing link worker. These link workers who will be employed by ComSol, will work closely with the PCNs, primary care and the council to deliver a social prescribing pathway that works for our residents.
- 2.3. The named link worker will act as the primary contact for GPs and the council, screening referrals and allocating cases to their designated (Frontline Plus) Officers. This will enable a greater reach and volume of residents that can be supported through the social prescribing route.
- 2.4. Within the Barking and Dagenham Social Prescribing pathway, GPs will be able to refer into the programme under the categories below. This isn't to say if other needs are identified through the assessment process following the social prescription, additional support wouldn't be put in place. (See Appendix 1 for further details on the pathway and Appendix 3 for ComSol Offer)
 - Healthy Lifestyles;
 - Housing;
 - Money and Debt;
 - Employment and Further Education;
 - Social Isolation;
 - Family Support;

- Substance Misuse;
 - Mental Health; and
 - Domestic Abuse.
- 2.5 In order to increase the capacity of the system, Community Solutions will work with the community and voluntary sector to ensure that all the community assets across Barking and Dagenham are being fully utilised to improve the quality of life of our residents.
- 2.6 One of these services is *Reconnections* by Independent Age, a pilot taking place in Barking and Dagenham over two years which will provide personalised support and community response to loneliness. It works with older person over an average period of 6 months to understand their individual strengths and needs; rebuilding confidence and supporting them to connect with people, places or activities in their community.
- 2.7 Social Prescribing offer is being developed at a time where review and a redesign of ComSol Healthy Lifestyle services is underway. This is a conducive time to influence the ComSol and Health Lifestyle services provision in the borough to be aligned with our social prescribing offer.
- 2.8 An older people prevention offer is being developed across Barking, Havering and Redbridge (BHR) as part of the BHR Integrated Care System to support the Older People and Frailty Transformation programme. The purpose of this work is to help older people live longer and healthier by preventing, delaying or reducing frailty. This work is being led by Barking and Dagenham Public Health Team with the development of a local approach in Barking and Dagenham, which will help influence BHR prevention offer. This will help inform the social prescribing offer for older people in the borough by helping to connect the council, NHS and community voluntary sector initiatives and improving their access and provision across the borough. Social prescribing is a fundamental tool to ensure older residents accessing health and care services have a route into community level interventions that can help reduce social isolation, improve independence and keep them active.

3. Impact

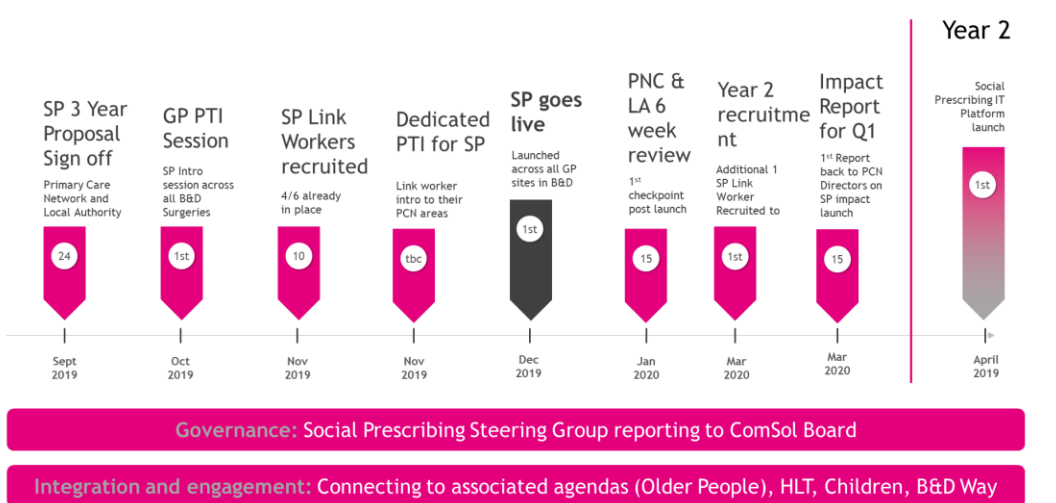
- 3.1 The aim of this social prescribing pathway in Barking and Dagenham is twofold. Firstly, it aims to support health and social care to increase their capacity and access to community and healthy lifestyle services and thus help to manage demand upstream thus reducing the burden on treatment and intervention services downstream. Many patients presenting to primary care services have non-medical issues. Having this social prescribing pathway available for GPs and the council will enable to tackle the root cause of issues, hence saving up time and capacity in the longer term.
- 3.2 Secondly, the aims for establishing a social prescribing offer in Barking and Dagenham is central to the aims of the Borough Manifesto, Joint Health and Wellbeing strategy, NHS Long-term Plan, Barking and Dagenham Way and ComSol's vision , of identifying root causes, fostering resilience and helping

people to help themselves. The advent of a strong social prescribing pathway in the borough will help increase access to health and care services at a population level and to manage demand upstream. (See Appendix 4 and 5 for exemplars of how impact will be captured)

4. Timelines

4.1 The Social Prescribing programme is set within a 3-year timeframe, with funding being draw down each year to support onward implementation. The visual timeline below sets out activity over the coming months that will see the start of social prescribing across all GP sites.

Social Prescribing milestones into year 2



5. Financial Implications

Implications completed by: Kofi Adu – Group Finance Manager

5.1 The Primary Care Networks clinical directors have agreed to fund the Council to provide their social prescribing service. This service will be cost neutral to the council, funding will be provided by the PCN and there will be no financial burden on the council’s general fund.

6. Legal Implications

Implications completed by Lindsey Marks Deputy Head of Legal Community

6.1 There are no direct legal implications arising from this report.

7. Other Implications

7.1 **Risk Management** – Due to the approach being taken in implementing and embedding social prescribing into Community Solutions, the risks are very

low. We are effectively operating as business as usual with the only exception that two additional managers will be employed via the funding from PCN Directors. As these are internal staff on rolling secondment contracts, any change in funding would have limited implications for the service and Council.

- 7.2 **Corporate Policy and Equality Impact – Social Prescribing and the introduction of signposted and referral mechanisms between primary health care services, compliments the existing safeguarding arrangements for both child protection and adult safeguarding. GP’s, and potentially broader health practitioners will have, through our social prescribing pathway, a mechanism to help patients/residents access services in and outside of the Council in a more effective manner than ever before. We are rolling out social prescribing across all GP sites in the borough so all wards will have access to the service provision.**
- 7.4 **Safeguarding Adults and Children – As mentioned in 7.4, this pathway for social prescribing will build on (not replace) existing safeguarding protocols. With Children’s and Adult safeguarding referrals already being managed through Community Solutions and our Triage lifecycle, there will now be a more integrated way of screening and allocated cases across the continuum of need for both children, families and vulnerable adults. Training on the social prescribing pathway, including threshold application will be delivered in advance of the social prescribing programme starting. With dedicated link workers for each PCN area, feedback on appropriateness of referral will be easily managed and help inform any changes or development work required.**
- 7.5 **Health Issues – This work will only help in addressing root causes sitting underneath presenting issues via GPs and primary care settings. It follows the same principles and ComSol objectives of building resilience, intervening early and promoting health and wellbeing across our communities.**

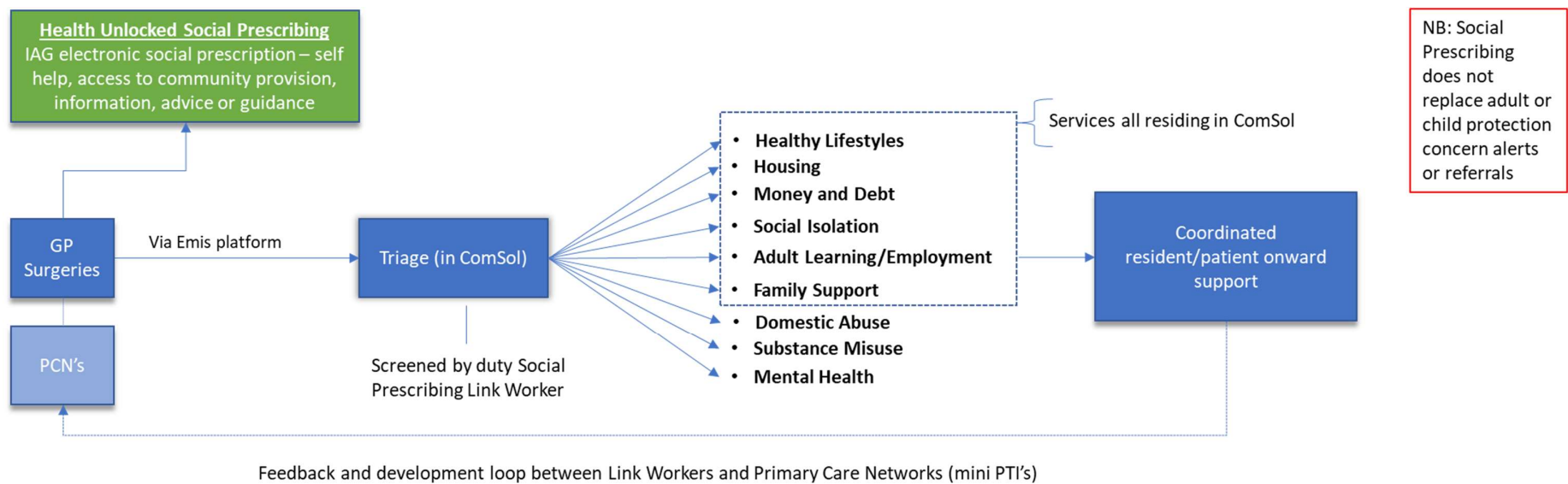
Public Background Papers Used in the Preparation of the Report: None

List of appendices:

- Appendix 1 – Social Prescribing Pathway
- Appendix 2 – GP Surgeries and Pharmacies
- Appendix 3 – ComSol Offer
- Appendix 4 – Social Prescribing Outcomes Framework
- Appendix 5 – MYCAW template
- Appendix 6 – 3 year Social Prescribing Financial Breakdown
- Appendix 7 – Social Prescribing Pilot Evaluation (see separate Health Watch report)

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Appendix 1 – Social Prescribing Pathway for 2019 onwards



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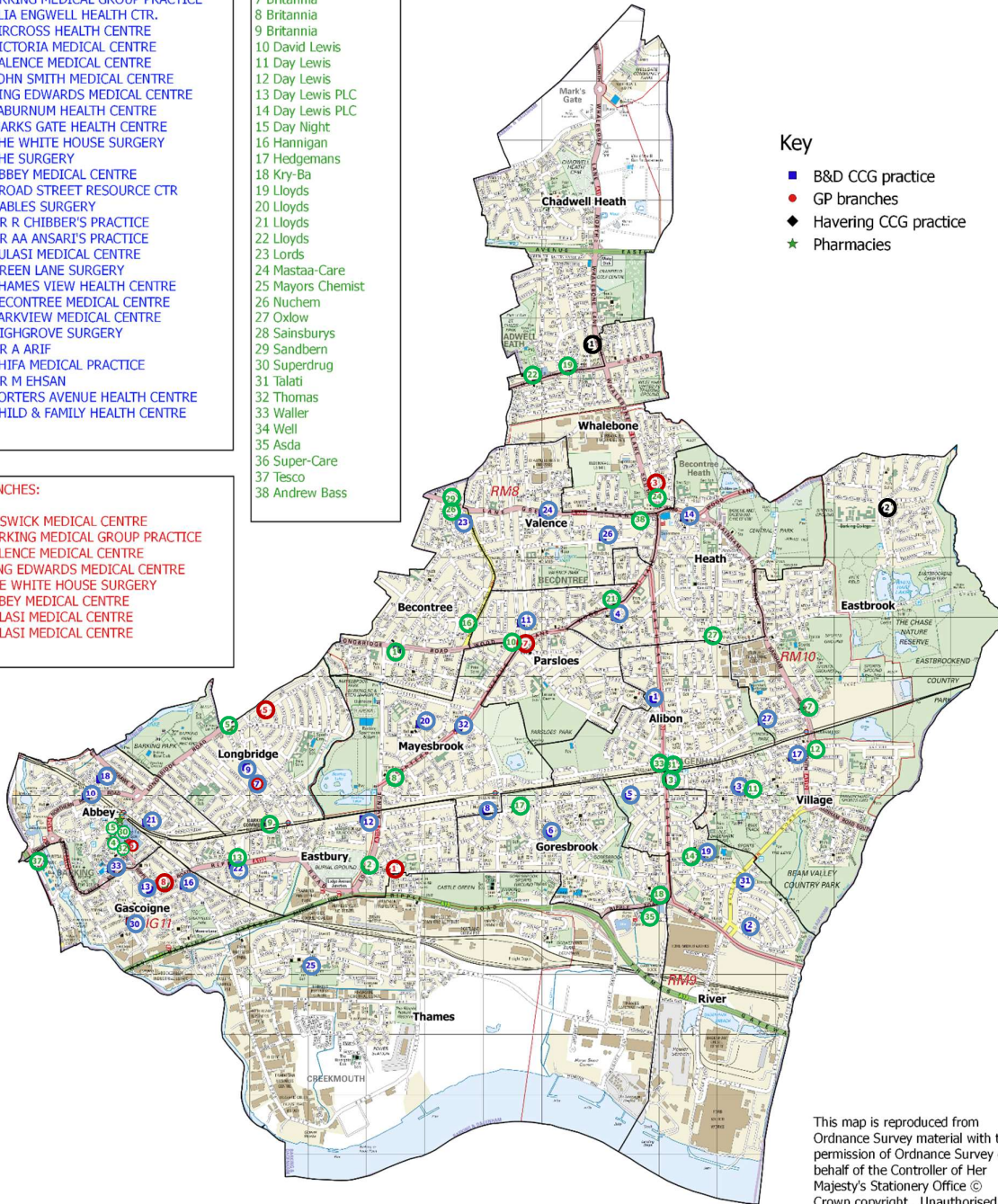
Appendix 2 – GP and Pharmacies across B&D

- NHS BARKING & DAGENHAM CCG:**
- 1 HALBUTT STREET SURGERY
 - 2 DR M FATEH'S PRACTICE
 - 3 CHURCH ELM HEALTH CENTRE
 - 4 FIVE ELMS MEDICAL PRACTICE
 - 5 DR SN AHMAD'S PRACTICE
 - 6 URSWICK MEDICAL CENTRE
 - 7 BARKING MEDICAL GROUP PRACTICE
 - 8 JULIA ENGWELL HEALTH CTR.
 - 9 FAIRCROSS HEALTH CENTRE
 - 10 VICTORIA MEDICAL CENTRE
 - 11 VALENCE MEDICAL CENTRE
 - 12 JOHN SMITH MEDICAL CENTRE
 - 13 KING EDWARDS MEDICAL CENTRE
 - 14 LABURNUM HEALTH CENTRE
 - 15 MARKS GATE HEALTH CENTRE
 - 16 THE WHITE HOUSE SURGERY
 - 17 THE SURGERY
 - 18 ABBEY MEDICAL CENTRE
 - 19 BROAD STREET RESOURCE CTR
 - 20 GABLES SURGERY
 - 21 DR R CHIBBER'S PRACTICE
 - 22 DR AA ANSARI'S PRACTICE
 - 23 TULASI MEDICAL CENTRE
 - 24 GREEN LANE SURGERY
 - 25 THAMES VIEW HEALTH CENTRE
 - 26 BECONTREE MEDICAL CENTRE
 - 27 PARKVIEW MEDICAL CENTRE
 - 28 HIGHGROVE SURGERY
 - 29 DR A ARIF
 - 30 SHIFA MEDICAL PRACTICE
 - 31 DR M EHSAN
 - 32 PORTERS AVENUE HEALTH CENTRE
 - 33 CHILD & FAMILY HEALTH CENTRE

- PHARMACIES:**
- 1 Alvin Rose
 - 2 Boots uk Limited
 - 3 Boots uk Limited
 - 4 Boots uk Limited
 - 5 Britannia
 - 6 Britannia
 - 7 Britannia
 - 8 Britannia
 - 9 Britannia
 - 10 David Lewis
 - 11 Day Lewis
 - 12 Day Lewis
 - 13 Day Lewis PLC
 - 14 Day Lewis PLC
 - 15 Day Night
 - 16 Hannigan
 - 17 Hedgemans
 - 18 Kry-Ba
 - 19 Lloyds
 - 20 Lloyds
 - 21 Lloyds
 - 22 Lloyds
 - 23 Lords
 - 24 Mastaa-Care
 - 25 Mayors Chemist
 - 26 Nuchem
 - 27 Oxlow
 - 28 Sainsburys
 - 29 Sandbern
 - 30 Superdrug
 - 31 Talati
 - 32 Thomas
 - 33 Waller
 - 34 Well
 - 35 Asda
 - 36 Super-Care
 - 37 Tesco
 - 38 Andrew Bass

- NHS HAVERING CCG:**
- 1 ASHTON GARDENS
 - 2 RUSH GREEN MEDICAL CENTRE

- BRANCHES:**
- 1 URSWICK MEDICAL CENTRE
 - 2 BARKING MEDICAL GROUP PRACTICE
 - 3 VALENCE MEDICAL CENTRE
 - 4 KING EDWARDS MEDICAL CENTRE
 - 5 THE WHITE HOUSE SURGERY
 - 6 ABBEY MEDICAL CENTRE
 - 7 TULASI MEDICAL CENTRE
 - 8 TULASI MEDICAL CENTRE



- Key**
- B&D CCG practice
 - GP branches
 - ◆ Havering CCG practice
 - ★ Pharmacies

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Appendix 3: Community Solutions Offer

Children, Young people and Families					
Lifecycle	Service	Offer detail	Referral [R] Info, Advice and Guidance (IAG)	Cohort/grouping (Early Years 0-5, School age, Adolescents)	Types of needs being met by service
UNIVERSAL	Library	Scanning stations, IAG, books, signposting, workshops, play and communication groups	IAG	All	Child development Child activities
	Job shop and Brokerage	Employment and training support: support with applying for job, preparation for interviews and in work support.	IAG, R	16+	Deprivation Unemployment Jobseeker Employability Employment and skills
	Children's Centres	Universal, Play and Communication groups, parenting programmes, health services including baby feeding support and child health clinic, ante-natal appointments, IAG and signposting.	IAG, R	Early Years	Health Child safety Child activities Child development Childcare
	Healthy Lifestyles	Programmes for adult and child weight management, exercise on referral programmes, activities for over 60's, smoking cessation services.	IAG, R	All	Social isolation Deprivation Health Mental Health
	Volunteering	Opportunities for resident volunteering	IAG	School age, Adolescents	Social isolation Basic skills Employment skills
	Homes and Money Hub	welfare advice, digital assistance	IAG, R	Adolescents	Deprivation Benefits issues Financial trouble
	Youth Services	Provide support to those aged 13 and above to have positive outcomes and stay safe.	IAG, R	Adolescents	Child safety Offending Parenting ASB Mental Health Disabilities Isolation Employability Homelessness Domestic Abuse
TRIAGE	Housing Advice	Advice and information on how to apply for housing in Barking and Dagenham as well as screening and assessment of all applications for social housing and sheltered accommodation.	R	Adolescents	Safety Affordable housing Housing options

SUPPORT

	Safe & Well Visits (within MASH)	Wellbeing check on families where a concern has been raised but sufficient information isn't available to support a threshold decision.	R	All	Safety Mental Health Isolation Disabilities (All)
	No Resource to Public Funds Team	Support for families with no legal entitlement to financial support from the state	R	All	Deprivation (all)
	Tenancy Sustainment (Support)	Providing support to allow our tenants to maintain their tenancies by empowering them but also providing alternative options for assistance in line with the Housing Act 1996 (as amended) and Homeless Reduction Act. Offering financial advice on debt management to aid with rent arrears by arranging payment plans. Working with clients in mental health, adult services to ensure correct support	R	All	Deprivation-financial Affordable housing Debt issues
	Homelessness Prevention (Support)	Deal with cases when an individual or family is threatened with homelessness and needs assistance in order to resolve their situation including access to funds for deposits and rent in advance or negotiating with existing landlords to extend their current tenancy. These would include cases where a Section 21 has been issued or they have been asked to leave their current home by friends or family. Assist clients with finding alternative privately rented accommodation and depending on affordability this may not be within Barking and Dagenham.	R	All	Homelessness Financial trouble
	Housing ASB	Taking remedies to resolving ASB matters early by using legal powers & sanctions (The Anti-social Behaviour, Crime and Policing Act) to either control behaviours or eviction. Working with non-council tenure disputes, resolved via case work and mediation	R	All	ASB Social isolation Mental Health Safety
	Youth Service (and NEET)	121 Intervention and support for young people age 11-19 with identified needs and the provision of a range of short term detached youth provision. Weekly NEET drop in sessions held across the borough through ComSol, plus an annual careers event called 'What Next?'	R	School age, adolescents	Child safety Offending Parenting ASB Mental Health Disabilities Isolation Employability Homelessness Domestic Abuse

INTERVENTION

	Targeted Communication	The Early Help team provide targeted communication support to families whose children have been identified through Play and Communication services, as requiring additional support relating to development of their speech, language and communication development. A specialist worker will provide advice and guidance within a group setting and make appropriate referrals to support the identified needs of the child.	R	Early years, 0-5	Child development Parenting
	Temporary Accommodation Placements Housing Reviews	<ul style="list-style-type: none"> Procurement and allocation of emergency/ temporary accommodation, tenancy management / sustainment, collection of rent for temporary accommodation, Lettings: Allocation and letting of Council stock, procurement and allocation of private rented sector accommodation (to prevent/ discharge Homelessness duties) Physical placement of emergency temporary accommodation and rent collection Investigate all appeals in respect of homelessness decisions and allocations in conjunction with appropriate Housing Law. 	R	All	Affordable Housing Homelessness Safety Isolation
	Early Intervention Targeted Support	Targeted support for adults, children and young people with multiple and complex needs, delivered within homes and community venues.	R	All	Disability Parenting
	Reimagine debt project	<ul style="list-style-type: none"> Support to those at risk of financial crisis being identified and then offered membership of a scheme bringing together a range of interventions. Providing a single point of contact who will establish a debt management plan, a peer-to-peer mentoring programme to improve members' financial management, and provide access to better rates for utilities and discounts from retailers such as ASDA. 	R	All	Financial Support Debt issues Affordable housing Isolation Safety Mental Health Disabilities
	Homes and Money Hub	Working in partnership with Elevate, Jobcentre Plus and the voluntary sector. This is an integrated team that assesses the resident's needs and looks at all problem areas. Partnership working enables problem areas to be resolved quickly rather than spending time visiting different agencies. The resident will also develop skills to enable them to manage their finances in the future.	R	All	Parenting Financial Trouble Debt Benefits issues

	Step Down Team	Step Down targeted support: Intervention for children / young people in Care and Support who are subject to Child in Need and Child Protection plans to support step-down of cases	R	All	Parenting Child safety
	Baby Intervention	Targeted support for young and vulnerable parents/carers and their babies offered before the baby is born until the age of 2.	R	Early Years	Parenting Child safety
	Hostel Service	Council owned and managed mix of contained and non-contained hostels such as Riverside House, Butler Court, Boundary Road and Brockelbank Lodge for emergency accommodation.	R	All	Homelessness Financial Trouble Social Isolation Mental Health

Adults					
	Service	Offer detail	Referral [R] IAG	Cohort/grouping	Types of needs being met by service
Universal	Library (IAG)	Scanning stations, IAG, books, signposting, workshops, play and communication groups	IAG	All	Social isolation Deprivation
	Job Shop and brokerage	Employment and training support: support with applying for job, preparation for interviews and in work support.	IAG, R	16+	Employment Employability skills Basic skills
	Children's Centre	Universal, Play and Communication groups, parenting programmes, health services including baby feeding support and child health clinic, ante-natal appointments, IAG and signposting.	IAG, R	All	Parenting Mental Health Health
	Healthy Lifestyles	Programmes for adult and child weight management, exercise on referral programmes, activities for over 60's, smoking cessation services.	IAG, R	All	Health Social Isolation Deprivation
	Volunteering	Opportunities for resident volunteering	IAG	16+	Social isolation Disability Basic skills
	Homes and Money Hub	welfare advice, digital assistance	IAG, R	All	Benefits issues Financial trouble
	Adult Education	The Adult College offers a wide range of exciting adult education courses for personal development, work and leisure.	IAG	All	Social isolation Basic skills
Triage	Housing Options	Advice and information on how to apply for housing in Barking and Dagenham as well as screening and assessment of all applications for social housing and sheltered accommodation.	R	All	Deprivation-financial Affordable housing
	No Resource to Public Funds Team	Support for families with no legal entitlement to financial support from the state	R	All	Deprivation-financial Social isolation
	Tenancy Sustainment	Providing support to allow our tenants to maintain their tenancies by empowering them but also providing alternative options for assistance in line with the Housing Act 1996 (as amended) and Homeless Reduction Act. Offering financial advice on debt management to aid with rent arrears by arranging payment plans. Working with clients in mental health, adult services to ensure correct support	IAG, R	All	Deprivation-financial Financial trouble

Support

Homelessness Prevention	Deal with cases when an individual or family is threatened with homelessness and needs assistance in order to resolve their situation including access to funds for deposits and rent in advance or negotiating with existing landlords to extend their current tenancy. These would include cases where a Section 21 has been issued or they have been asked to leave their current home by friends or family. Assist clients with finding alternative privately rented accommodation and depending on affordability this may not be within Barking and Dagenham.	R	All	Deprivation-financial Affordable housing Debt issues Social isolation Mental Health Disabilities
Housing ASB	Taking remedies to resolving ASB matters early by using legal powers & sanctions (The Anti-social Behaviour, Crime and Policing Act) to either control behaviours or eviction. Working with non-council tenure disputes, resolved via case work and mediation	R	All	Social isolation ASB Safety
Vocational Support	Mental health vocational support - help with CVs, interviews, job search, education, social inclusion to build confidence e.g coffee mornings	R		Social Unemployment Mental Health Employability
Temporary Accommodation Placements Housing Reviews	<ul style="list-style-type: none"> Procurement and allocation of emergency/ temporary accommodation, tenancy management / sustainment, collection of rent for temporary accommodation, Lettings: Allocation and letting of Council stock, procurement and allocation of private rented sector accommodation (to prevent/ discharge Homelessness duties) Physical placement of emergency temporary accommodation and rent collection <p>Investigate all appeals in respect of homelessness decisions and allocations in conjunction with appropriate Housing Law.</p>	R	All	Homelessness Debt issues Mental Health Disability
Early Intervention Targeted Support	Targeted support for adults, children and young people with multiple and complex needs, delivered within homes and community venues.	R R	All	Parenting Mental Health Disability

Intervention

Reimagine Debt project	<ul style="list-style-type: none"> • Support to those at risk of financial crisis being identified and then offered membership of a scheme bringing together a range of interventions. • Providing a single point of contact who will establish a debt management plan, a peer-to-peer mentoring programme to improve members' financial management, and provide access to better rates for utilities and discounts from retailers such as ASDA. 	R	All	Financial Support Debt issues Affordable housing Isolation Safety Mental Health Disabilities
Homes and Money Hub	Working in partnership with Elevate, Jobcentre Plus and the voluntary sector. This is an integrated team that assesses the resident's needs and looks at all problem areas. Partnership working enables problem areas to be resolved quickly rather than spending time visiting different agencies. The resident will also develop skills to enable them to manage their finances in the future.	R	All	Deprivation-financial Benefits issues Financial trouble Affordable housing Mental Health Social isolation Disability
Hostel Service	Council owned and managed mix of contained and non-contained hostels such as Riverside House, Butler Court, Boundary Road and Brocklebank Lodge for emergency accommodation.	R	All	Deprivation-financial Homelessness Financial trouble Mental Health

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Appendix 4: Social Prescribing Outcomes Framework

SOCIAL PRESCRIBING		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
OUTCOME DESCRIPTION													
SOCIAL PRESCRIBING REFERRAL OVERVIEW													
1	Total number of referrals												
2	Total number of referrals held by Healthy Lifestyles (not eligible)												
3	Total number of referrals returned to GP												
4	Total number of patients that did not engage												
5	Total number of patients that are open to adult social care												
6	Total number of referrals sent to Social Prescribing Inbox												
7	Housing												
8	Money / Debt												
9	Employment and Education												
10	Social Isolation												
11	Total number of referrals assigned to homes and money hub												
12	Total number of referrals to link workers												
WELLBEING OUTCOMES													
13	Total number of referrals to exercise on referral/AWM												
14	Attendees for initial assesment												
15	Assigned AWM												
16	Assigned EOR												
17	Assigned EOR/AWM												
18	Total number of referrals to Smoking Cessation												
19	Total number of referrals to Ageing Well Programme												
20	Total number of referrals into adults social care since SP												
21	Total number of wellbeing improved												
FINANCIAL OUTCOMES													
22	Total number of DHP awarded												
23	Total number of Housing issues resolved												
24	Total number of Eviction prevented												
25	Total Eviction Cost/Savings												
26	Total number who had a Reduction in rent arrears												
27	Total amount of rent arrears reduced												
28	Total number of Council Tax Discretionary Payment Awarded												
29	Total number of Council Tax issues resolved												
30	Total number who had a reduction in Council Tax												
31	Total amount of council tax reduced												
32	Total number of Other arrears reduced												
33	Total amount of Other arrears reduced												
34	Financially stable												
35	Payment / budgeting plan in place												
JOB OUTCOMES													
36	Total number of Job entry / Employment sustained												
37	Total number of Young person In Education, Employment or Training												
POSITIVE ACTIVITY OUTCOMES													
38	Engages in a positive activity for 8 weeks or more												
39	Improvement in MyCaw score after 8 weeks												
40	Improvement in outcome Star score												

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Appendix 5: MYCAW template

**Measure Yourself Concerns and Wellbeing (MYCAW)
First Form**

Information Sharing Consent: **(Need to add this Information)**

Full name..... Date of birth

Date first completed





Please write down one or two concerns or problems which you would most like us to help you with.

- 1.

- 2.



Please circle a number to show how severe each concern or problem is now:

This should be YOUR opinion, no-one else's!

Concern or problem 1:						
0	1	2	3	4	5	6
	Not bothering			Bothers me all the ..		
Concern or problem 2:						
0	1	2	3	4	5	6
	Not bothering			Bothers me all the ..		

Wellbeing:

How would you rate your general feeling of wellbeing now? (How do you feel in yourself?)

0	1	2	3	4	5	6
	As good as it should be			As bad as it could be		
<u>Is about life.</u>	<u>feeling happy and good</u>			<u>about everything you do in</u>		

On a scale of 0 – 6, with '0' being 'not at all' and '6' being 'completely,' overall...

- 1. How satisfied are you with your life nowadays?
- 2. To what extent do you feel the things you do in your life are worthwhile?
- 3. How happy did you feel yesterday?





Thank you for completing this form.

**Measure Yourself Concerns and Wellbeing (MYCAW)
Follow up form**

Today's date



Look at the concerns that you wrote down before.

Please circle a number to show how severe each of those concerns or problems is now:

Concern or problem 1:								
	0	1	2	3	4	5	6	
	Not bothering					Bothers me all the time		
Concern or problem 2:								
	0	1	2	3	4	5	6	
	Not bothering					Bothers me all the time		

Wellbeing:

How would you rate your general feeling of wellbeing now? (How do you feel in yourself?)

0	1	2	3	4	5	6	
	As good as it should be				As bad as it could be		
<u>Is about life.</u>		<u>feeling happy and good</u>			<u>about everything you do in</u>		

On a scale of 0 – 6, with '0' being 'not at all' and '6' being 'completely,' overall...

- | | |
|------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. How satisfied are you with your life nowadays? | <input style="width: 50px; height: 20px;" type="text"/> |
| 2. To what extent do you feel the things you do in your life are worthwhile? | <input style="width: 50px; height: 20px;" type="text"/> |
| 3. How happy did you feel yesterday? | <input style="width: 50px; height: 20px;" type="text"/> |

Other things affecting your health

The treatment that you have received here may not be the only thing affecting your concern or problem. If there is anything else which you think is important, such as changes which you have made yourself, or other things happening in your life, please write it here.

What has been most important for you?

Reflecting on your time with (Link Worker Name / ID), what were the most important aspects for you?

Thank you for completing this form.

Appendix 6 – Financial breakdown

The following financial breakdown outlines the costs associated with each year of staffing and development for the Social Prescribing programme.

Year 1

Activity	Cost	Total
Link Workers (existing staff) x 4. Their role will be realigned to fit the national JD – re- imbursement	£34,113 (inc on costs)	£136,452
Additional Relationship Managers aka Link Workers x 2	£34,113 (inc on costs)	£68,226
Re-imbursement to include: Learning & Development and associated costs. The is inclusive of registering as accredited training centres and corporate membership: <ul style="list-style-type: none"> • Recruitment costs (advertising, shortlisting/interviewing) • Training/briefing GP surgeries on Social Prescribing Programme. • Delivery of MECC, Motivational Interviewing (MI), Effective Conversations, Parental Conflict and other identified learning activity • Marketing and Communications (inc materials) • Venue Hire • Volunteer subsistence (supporting Health Champions) • Evaluation – SD Data Analyst Support • In year Health Unlocked extension approx. £10K 		
Total Costs Year 1		£204,678

Year 2

Activity	Cost	Total
Link Workers x 7 (includes inflation increase)	£35,389	£247,723
Learning & Development and associated costs. Inclusive of ongoing/annual membership/registration fees: <ul style="list-style-type: none"> • Recruitment costs • Delivery of MECC, Motivational Interviewing (MI), Effective Conversations, Parental Conflict and other identified learning activity • Marketing and Communications (inc materials) • Venue Hire • Evaluation – SD Data Analyst Support • Digital platform development 		
Total costs Year 2		£247,723

Year 3

Activity	Cost	Total
Link Workers x 7 (inflation increase)	£36,193	£253,351
Learning & Development and associated costs. Inclusive of ongoing/annual membership/registration fees: <ul style="list-style-type: none"> • Recruitment costs • Delivery of MECC, Motivational Interviewing (MI), Effective Conversations, Parental Conflict and other identified learning activity • Marketing and Communications (inc materials) • Venue Hire • Evaluation – SD Data Analyst Support • Digital platform development 		
Total costs Year 3		£253,351

Evaluation of the London Borough of Barking & Dagenham's Social Prescribing Pilot

July 2019

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2 Introduction

2.1 Details of report

Details of Report:	
Report Details	This report provides an independent evaluation of the effectiveness of the London Borough of Barking and Dagenham's Community Solutions social prescribing pilot which ran from October 2018 to May 2019. It presents the experiences of 10 clients and three GP practices who were involved in the social prescribing pilot and includes recommendations for improvements and developments.
Date	July 2019
Author of report	Manisha Modhvadia
Contact details	Healthwatch Barking and Dagenham Lifeline House Neville Road Dagenham RM8 3QS Manisha.Modhvadia@healthwatchbarkinganddagenham.co.uk 0800 298 5331

2.2 Acknowledgements

Healthwatch Barking and Dagenham would like to thank everyone who contributed and gave their time to this evaluation.

2.3 Disclaimer

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was contributed at the time of undertaking this project.

3 About Healthwatch

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to people's positive experience of services and act as a critical friend to services in areas which could be improved. We share local people's views with those with the power to make change happen. We also share these views with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make health and care better for people

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care
- encourage people running services to involve people in changes to care

Everything that Healthwatch Barking & Dagenham does brings the voice and influence of local people to the development and delivery of local services; putting local people at the heart of decision making processes.

4 Background

Those who benefit from social prescribing schemes include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, those frequently attend primary or secondary health care.

The London Borough of Barking & Dagenham's (B&D) stated aim for this pilot was to test a social prescribing model using their 'Community Solutions' department in a contained and targeted manner to highlight benefits and measure the impact on beneficiaries. This included the desire to develop a workable model that could be rolled out across the borough using link workers, with the aim of improving:

- male healthy life expectancy
- female healthy life expectancy
- personal wellbeing and happiness.

The pilot worked with the patients and staff from three GP Practices over the course of six months.

The success of the pilot was dependent on building and strengthening relationships between primary care, the voluntary sector and B&D's Community Solutions (ComSol) in order to achieve two key outcomes:

1. An increase in referrals to ComSol and the voluntary sector.
2. An increase in the number of social prescriptions against medical prescriptions for non-clinical cases.

The pilot was set up with the scope for GPs to refer patients to a range of local non-clinical services. For example: volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of physical activities.

Patients were allocated to either a link worker or a staff member from B&D's 'Homes and Money hub' to aid them to access local sources of support.

Available assistance ranged from social, emotional or practical support with the aim of improving mental health and physical wellbeing.

The project was led by the 'social prescribing steering group'. The steering group included representatives from Public Health, Healthwatch, the GP Practices, Service Managers, Link worker leads and the Service Development team.

Barking and Dagenham Healthwatch were commissioned by LBBDD to:

- Engage with clients and obtain information about their experiences of the service they received as part of the social prescribing pathway
- Speak with staff at GP practices about their view of the pilot and what could be improved for the future.

5 Methodology

Healthwatch Barking and Dagenham believe that the people who use the services are best placed to tell us their views. This enables us to have a true reflection of how a service is working, make recommendations on improvements that may be needed and highlight what is working well.

To enable respondents to take part without the fear of their personal details being shared or having an impact on the services they receive, Healthwatch explained the following information when people took part in the one to one interviews or the focus group:

- Healthwatch Barking and Dagenham exists to enable local people to influence the delivery, design, quality and standard of local health and social care services
- Participant evidence is important and helps to ensure that the experience of service users are presented to relevant organisations involved in delivery.
- Participation in the research is voluntary, and does not affect access to services.
- All the information collected will be kept strictly confidential.

To overcome any conflicts with GDPR an initial e-mail invitation was sent by B&D's ComSol team to all the patients who were referred to the pilot scheme by their GP practice, offering them the opportunity to attend a focus group to share their experiences. Initially just two people registered with one attending. Healthwatch subsequently adjusted the approach, offering and conducting one to one interviews.

ComSol telephoned clients to gain their permission to be contacted directly by Healthwatch. Healthwatch staff were able to contact 15 people, 10 of whom agreed to be interviewed.



6 Findings

Referrals from GPs

From the ten clients we interviewed, nine were referred to the social prescribing intervention by their GP and one was referred by the practice nurse. All ten individuals reported that the health professionals gave them an explanation of the next step.

Clients were referred for a number of non-clinical issues including: social isolation, financial issues which lead to anxiety and sleepless nights, healthy eating and exercise.

Comments

“I spoke to the nurse about having to give up work due to my health condition. One day is good and the other days are painful. At the time I was worried, as I didn’t have any income and I didn’t know what benefits I would get. The nurse said ‘you may benefit from social prescribing’. The Nurse was very good, I was talking about life in general and my worries and she was able to identify my needs, sometimes you don’t realise what may help you as you are so worried.”

Clients remembered being referred to the following services (some were referred to more than one service):

- 5 clients were referred to ‘The Money Hub’
- 1 client was referred to ‘Citizens Advice Bureau’
- 4 to Healthy lifestyles
- 1 to a get together group

Meeting Venues

Seven clients felt that venues for the meetings with Link Workers were easy to find and accessible. One client felt the venue was not suitable as it turned out to be a children’s centre. There were two clients who only recall speaking to the Link Worker over the phone, as this was the most convenient form of communication for them.

Experiences of Link Workers

During the interviews eight clients specifically mentioned the importance of face to face interventions. Furthermore they said being able to share their problems with someone made a difference as they felt someone was listening. Additionally, the role of the link worker was described in a positive manner by clients as their role included exploring the options and ways forward for those individuals. **Taking this**



into account any future models of social prescribing need to ensure face to face consultation with Link Workers is made available.

Comments

“I have been trying to get the single persons council tax form complete for a while, but I was unable to. The lady I saw helped me with this and gave me some advice on what else I could apply for. The tax application has been accepted and I can now sleep at night; prior to this I was getting sleepless nights and anxiety about getting into debt.”

All ten clients described the link workers as helpful, friendly and understanding.

One client spoke of her experience which clearly shows the need for staff to be compassionate and understanding of the needs of their clients, *“I was asked to go and complete my forms online for some benefits, which I did. I then had to go to the library and scan my ID documents; I was told these would have to be verified by a member of staff. I was already worried as I struggle with these machines already and am no good with technology. When I got to the library and asked the receptionist to help, she just directed me to the machine. I tried to use it, but did not succeed. I went back nearly in tears and ask the receptionist if she could verify my documents and help me. Eventually she helped me, but the help was not given when I needed it and if I felt any worse I would have gone home and this would have lead me further into debt.”*

Comments

“I have been trying to get the single council form complete for a while, but I was unable to. The lady I saw helped me with this and gave me some advice on what else I could apply for. The tax application has been accepted and I can now sleep at night; prior to this I was getting sleepless nights and anxiety about getting into debt.”

Voluntary sector referrals

One male reported that he was struggling due to living alone and not having a lot of family around. His link worker provided a list of social groups that he could attend. During the interview he said, *“I did not have the energy to try and see where I can go to take part in a few activities, this list given to me made it much easier and I have started to get out once a week now”*

Feedback from one client indicates that she would have benefited from referrals to voluntary and community sector, but she was only given the option of attending the Money and Hub service. During her meeting with the Link worker the client spoke about her financial situation. The client had to leave work in order to be the main carer for her mother who was diagnosed with dementia. She wanted



information and support on financial issues. She also talked about struggling with caring for her mother. The client was only referred to the Money and Hub service, but she not provided with any details of what else was the voluntary and community sector could offer to help with the care of her mother. During the interview she reported “the whole situation was not assessed and support was only provided for one aspect of the issues I was going through”.

Another gentleman said he was lonely and depressed as he was new to the borough and his friends lived on the other side of London. He was referred to the gym but not provided with any information about groups or services he could use to meet other people.

While most feedback from clients was positive, the lack of information *about* and referrals *to* the voluntary and community sector was apparent from this small sample of clients.

The scope of the project highlighted that the “Success of this pilot would be dependent on building and strengthening of relationships between Primary care, voluntary organisations and ComSol.” **This indicates that more work needs to be done on ensuring that the voluntary sector is fully involved in any future models of social prescribing. Link workers should be required to have a proactive approach to building both knowledge and relationships with the whole of the voluntary sector.**

Experiences from those who accessed the Healthy Lifestyles team and services

Clients who were referred to the healthy lifestyle team were very positive about the service they received from the staff, the only issue which was highlighted was that the gym membership was for only 12 weeks.

One individual was sent a list of exercise classes and activities she could take part in, however, she decided not to attend as none of the classes appealed to her. It is important to note that all clients will not end up taking up the activities that are offered to them.

The three clients who took up the offer of the activities, reported that going to the gym assisted them to leave their house, meet other people and have something to do which supported them to become and remain healthy. One client said **“I have met other people and now when my 12 weeks are complete I will have someone else who will motivate me and I can motivate her, I have found someone who will go with me”**

Comments

“The gym gave me something to do.”



“It has been really good, with the mobility issues I have with my hands I cannot do a lot, but this has been excellent, I already feel better knowing someone is willing to help me.”

Experiences from those who accessed the Money and Hub service

Reported client experiences from the money and hub service were mixed:

- Two clients highlighted that there were no clear instructions about exactly where to go within the building for their appointment.
- One client said the staff she spoke with were unwilling to take her needs into account. The staff were adamant that they were unable to provide any financial assistance or offer support unless the client could show financial documentation. The client only wanted information about available funding that she could apply for. However, she felt she was not helped and was told if she refused to supply full financial disclosure then the team were unable to help. She was not told about any non means-tested benefits she could apply for, or what her mother could be entitled to. Crucially, no referrals to any voluntary sector support groups that may have been of benefit to her or her mother who suffers from dementia were offered or made.
- One client reported a very positive experience of a staff member who looked at what was available, made an appointment for benefit screening so the client would know what benefits she could receive and also gave information on how to apply for these. The client reported feeling better as she is now in receipt of the benefits and is able to sleep.

Has the intervention made a difference to your health and wellbeing?

From the 10 clients interviewed, eight reported that the intervention had a positive impact on their health and wellbeing. One client said the intervention had some impact on his health and wellbeing as it helped with his social isolation, but it did not help with his depression (please note that this individual also said he did not want to go to any organisations to talk about how he was feeling or the GP for medical advice as he had spoken to enough people already and felt that talking was not helping him)

During the interviews we asked “in what way has the intervention impacted your lives? Responses included the following:

“Has made no difference to me”

“Going to the gym has helped me get out and about and given me something to do, but I still feel depressed”.

“Has given me the chance to go somewhere once a week”



“Healthy lifestyles motivated me to live healthier [sic] and meet other people, it’s not a fix everything situation, but from the support given so far has made a difference”

“Don’t feel anxious anymore since the money problems have been sorted out, has lifted me up and I can sleep at night”

“I feel very grateful for the help, there are still things that need to be sorted, but most of it has been complete and now I am not worried as much as what I was before [sic]. I have been trying to get the single council form complete for a while, but I was unable to, the lady I saw, helped me with this and gave me some advice on what else I could apply for. The tax application has been accepted and I can now sleep at night, prior to this I was getting sleepless nights and anxiety about getting into debt.”

“I feel happier that someone at the class is assisting me according to my mobility needs, I feel like I matter and someone cares”

Views from the Health professionals based at the GP practices

We were able to speak with two GPs and three receptionists from a possible...

- Feedback from two GPs highlights the importance of time when embedding a new service into primary care. It was reported that this was a new area of work and any new interventions take time to implement and use. Therefore, although the benefits may not be seen right away, the hope is that the intervention would lead to clients being supported with non-clinical issues outside the consultation room.
- During an interview one GP asked, “What kinds of things can social prescribing be used for?” **This highlights the need for more awareness amongst health professionals about social prescribing, the benefits, what clients could be referred for and where they could be referred to.**
- One practice manager was very welcoming of the project and felt it would benefit those who take up the offer. **She felt it would be beneficial for the practice to have feedback from clients who have decided to take part in an activity because this would help both to broaden and improve the accuracy of referrals.**
- Two GPs reported all health professionals within their practices made referrals through the pilot. Both GPs and receptionists felt that more patients would benefit from the survey as more patients are being identified. .
- One receptionist reported that the initial take up was slow and it was hard to get GPs to make referrals, but gradually the referrals increased. **The**



nurse was also able to identify clients who may benefit from a referral and this assisted with increasing referrals.

- There was still some confusion across the board as to what clients can be referred to for social prescribing. This highlights the need for proper training and periodic message reinforcement.

7 Recommendations

In conclusion, most of the clients had positive experiences through their pathway with eight of them describing the intervention as having a positive impact on their wellbeing. Taking into consideration feedback received from interviews with both the clients and health professionals the following recommendations need to be considered when focusing on any future models of social prescribing to improve the outcomes and client experiences:

- Link workers need to be fully trained and aware of the **full range** of organisations and activities across the council, primary care and voluntary (including faith) sector that can be accessed by local people. This should not be limited to the preference or knowledge of an individual, but must be holistic. A central system therefore needs to be in place to ensure that up to date information is available, maintained and utilised by those undertaking the role.
- Link workers should be required by their job descriptions to have a proactive approach to building both knowledge and relationships with the whole of the voluntary sector.
- Link workers should always arrange face to face meetings in preference to telephone calls with those who are referred.
- A regular feedback forum should be considered, where GPs, Link workers and voluntary sector organisations are able to hear feedback and improve the offer.
- When clients are referred to internal B&D services clear instructions need to be given about where to meet and a telephone number to call should there be any confusion.
- B&D staff need to be trained in how to spot the holistic needs of clients, and prepared to refer them to services outside of the council.
- Clear information needs to be provided to health professionals about what support is available through social prescribing.
- All staff take a **holistic** approach to ensure every aspect of the client's situation is assessed and appropriate support offered.
- The next stage of the social prescribing programme should be designed to include a client follow up at a relevant period of time after the initial referral, as part of a continual cycle of monitoring, evaluation and



adjustment that drives good practice.

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HEALTH SCRUTINY COMMITTEE

6 January 2020

Title: Using the Borough Data Explorer and Social Progress Index	
Report of the Director of Policy and Participation	
Open Report	For Information
Wards Affected: None	Key Decision: No
Report Author: Pye Nyunt, Head of Insight & Innovation	Contact Details: E-mail: Pye.nyunt@lbbd.gov.uk
<p>Summary</p> <p>The session will cover a short demonstration of the latest upgrades to the borough data explorer.</p> <p>About the Borough Data Explorer</p> <p>The Borough Data Explorer has been commissioned by the London Borough of Barking and Dagenham to bring together data for the indicators that either contribute to our Borough Manifesto targets or feature within our social progress index. This exciting tool allows you to compare our performance to the rest of London and, where data is available, to also visualise performance within our 17 wards and/or drill down to lower layer super output area level (LSOA). 3-year trend data is available for the majority of indicators. A total of 117 indicators have been visualised and these are categorised under our 7 borough manifesto themes:</p> <ul style="list-style-type: none"> • Community Engagement; • Employment and Enterprise; • Housing; • Safety; • Environment; • Health and Wellbeing; • Skills and Education; and • Deprivation <p>How to use the Borough Data Explorer</p> <ul style="list-style-type: none"> • Clicking on one of the themes from the left-hand panel will present you with a list of the indicators available under that theme. • When you select an indicator you will see a map (initially of London boroughs for the vast majority of indicators) and information on the right hand side. • The map information includes: <ul style="list-style-type: none"> ○ a brief description of the indicator; ○ the source of the data; ○ the time period for the data shown; ○ trend graphs (where available) ○ which views are available (borough, ward or LSOA) 	

- map legend
- Use the Layer Selector to change view.
- Use the slider to scroll between time periods;
- Use the Services drop down to add the locations of one or more services to the map you are viewing;
- Further options from the bottom right hand menu include:
 - exporting the map to PNG or PDF
 - sharing the map via email or social media
 - increasing the Basemap detail

Recommendation(s)

The Health Scrutiny Committee is recommended to note the session.

Reason(s)

This report and session allows the Health Scrutiny Committee to understand how to use the Borough Data Explorer and Social Progress Index.

Public Background Papers Used in the Preparation of the Report: None

List of appendices: None

HEALTH SCRUTINY COMMITTEE

6 January 2019

Title: Progress Report – Scrutiny Review – System-wide Review into Childhood Obesity	
Report of the Director of Public Health	
Open Report	For Information
Wards Affected: All	Key Decision: No
Report Author: Thomas Stansfeld – Health Improvement Advanced Practitioner	Contact Details: Tel: 0208 227 5120 E-mail: Thomas.stansfeld@lbbd.gov.uk .
Accountable Director: Matthew Cole – Director of Public Health	
Accountable Strategic Leadership Director: Elaine Allegretti, Director of People and Resilience.	
<p>Summary</p> <p>In 2018/19 the Health Scrutiny Committee conducted a review into the system-wide approach to tackle Childhood Obesity in Barking and Dagenham.</p> <p>The review made a series of recommendations under the 3 key headings:</p> <ol style="list-style-type: none"> 1) Understanding the problem 2) The evidence base 3) Impact maximisation <p>This paper provides a progress update to the Committee on the implementation of the recommendations from the review.</p>	
<p>Recommendation(s)</p> <p>The Committee is recommended to:</p> <ol style="list-style-type: none"> (i) Review the progress that is being made across the borough in tackling childhood obesity from a whole system perspective (ii) Discuss and comment on any gap and future actions. 	
<p>Reason(s)</p> <p>In line with standard scrutiny practice, a report should be presented to the Committee to provide an update on the progress of the recommendations in order to help the Committee evaluate the effectiveness of this scrutiny review and to what extent it has helped improve services for our Borough's residents.</p>	

1. Introduction and Background

- 1.1 The Barking and Dagenham Joint Strategic Needs Assessment 2018 (JSNA) highlights the issues of healthy weight across our population, particularly how this impact on a child's development.
- 1.2 Therefore, during the financial year 2018/19, the Health Scrutiny Committee carried out a scrutiny review into the system-wide action against childhood obesity. This review was approved by the Committee in December 2018.
- 1.3 The review report and corresponding action plan was presented to the Health and Wellbeing board in September 2019 and the action plan was approved.
- 1.4 Healthy childhood weight is one of the key outcomes outlined in the Joint Health and Wellbeing Strategy's Outcome no. 1 –i.e. Best Start in Life. The Action plan therefore supports the ambitions of this Strategy.
- 1.5 The plan has also been developed in line with this national guidance Public Health England Whole Systems Approach to Obesity: A Guide to Support Local Approaches to Promoting a Healthy Weight¹

2. Current Progress against Action Plan

- 2.1 Work has been undertaken to progress the Action Plan since the approval of this report. The Public health Team is currently leading on a Whole Systems Approach to Obesity pilot as highlighted by the literature review that a system-wide approach was the most effective way to tackle childhood obesity. The pilot is running at Marks Gate and Heath Ward where new partnerships are being developed to take this approach forward. For example, we are working with BeFirst and Street Tag to make walking routes for residents on Marks Gate more well-known.
- 2.2 The whole systems pilot will work with residents and community groups to understand how the wider community can play a role in helping our young residents and their families to be healthy.
- 2.3 The Council has partnered with new Primary Care Networks to provide social prescribing across the borough. As part of this there are new mechanisms for feedback about children referred into healthy weight programmes, as well as providing families with a more holistic view to health and wellbeing, which is key to reducing the burden of excess weight.
- 2.4 The Action Plan covers all the three recommendation categories as we look to better understand these populations and maximise impact through the evidence based whole systems approach.
- 2.5 Progress against the Action Plan is attached at Appendix 1

¹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf

Public Background Papers Used in the Preparation of the Report: None

List of appendices:

Appendix 1: – Scrutiny Review – System-wide Review into Childhood Obesity Action Plan

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Action Plan- Childhood Obesity – A System-Wide Approach						
Recommendation		Action	Target Date	Progress	Lead Agency	RAG rating August 2019
1.	The Council reviews how we use data to help us better understand residents' perspectives and needs, because the evidence demonstrates that we haven't understood enough about the obesity issue.	Borough Explorer expands its database on obesity figures and is reflective of resident input and perspective, so that interventions and work can be more targeted and meet resident expectations.	March 2020	Borough Data explorer has had some issues with getting updated obesity data from the CCG after the move over from Data Analytics. This is being resolved. The Health Weight Campaign is understanding how to better target services, including higher targeting at severely obese children.	Commissioning Directors and Community Solutions Chris Bush, Mark Fowler	
		Continue to consult with resident focus groups from the community as plans are developed to ensure that our programmes and work reflect the attitudes and beliefs of our population even as they develop.	March 2020	The Healthy Weight Campaign is working to engage residents and co-design the services with them.	Commissioning Directors and Community Solutions Chris Bush, Mark Fowler	
		Service monitoring needs to provide assurance that this is being done, so that it becomes business as usual.	March 2020	Service monitoring is currently being carried out.	Commissioning Directors and Community Solutions Chris Bush, Mark Fowler	
2.	The Council's goal for residents becomes the achievement of healthy weight, rather than just excess weight, because being overweight and underweight are both indicators for poor health outcomes.	Review our current targets and metrics to ensure that they are focussed on this and are reflected in the performance scorecard of the Council and its partners, through the HWB.	March 2020	All comms around obesity now focus on healthy weight. Reporting yet to be changed.	Policy & Participation, Mark Tyson	

Action Plan- Childhood Obesity – A System-Wide Approach						
Recommendation	Action	Target Date	Progress	Lead Agency	RAG rating August 2019	
3.	NELFT and the Council review the NCMP data and its use and consideration is given to how the process can improve the targeting of weight management services, which will support families that need it most.	0-19 commissioners, PH, NELFT and Community Solutions establish a working group to review the referral pathway from NCMP assessment to admission to WM services. (This will link with the review being undertaken of Community Solutions services; the report on which is due in March 2019.) The outcome will be that children and their families who need it most are supported by our services, not just for traditional weight management but also for wider mental health issues associated with weight. This working group and other sub-groups will report every 6 months into the Childhood Obesity system-wide Transformation group (see recommendation 6)	March 2020	The findings from the ComSol Service review are being taken into account by the restructure of the Healthy Lifestyle Team	Children's commissioning: Heather Storey	
4.	All partners, as part of the overarching work to review services ensure that the pathway for signposting and referral to the HENRY programme is able to reach the families most in need.	Partners establish a working group to review and revise pathway so that families who are in most need of support are enabled and encouraged to access it. Community Solutions should review their services and how they link with other partners; and there should be a single integrated pathway to refer children through. Group to report into system-wide Transformation group every 6 months.	March 2020	Work is ongoing to review the Healthy Lifestyle offer from ComSol and ensure that the pathways from frontline officers to services are well known and used.	Community Solutions: Danielle Walker	

Action Plan- Childhood Obesity – A System-Wide Approach						
Recommendation	Action	Target Date	Progress	Lead Agency	RAG rating August 2019	
5.	The council adopt a whole systems approach to obesity, as advocated by the Local Government Association and PHE and follow in the footsteps of the vanguard local authorities who have been implementing the approach.	The Council draws up a prevention picture based on insight of the targeted populations to inform evidence-based approaches. Use evidence from the BHR Joint Commissioning Board Prevention Paper and the Community Solutions review Create evidence reports for each of the key prevention areas: <ul style="list-style-type: none"> • Active travel • Fast food outlets • Targeting of most needy in terms of wider determinants. • Effective early years support The outcome will be that our programmes and upstream interventions are relevant for our population and provide the best return on investment at a population level.	March 2020	This approach is being piloted in Marks Gate and Heath Ward so understand how this bespoke approach can impact our residents. There is work ongoing in relation to Active Travel Targeting those most in need Linking with the Early Years Transformation Academy to work with Early Years.	Public Health team	
6.	The HWB support the formation of a system-wide stakeholder group that includes all relevant personnel, to take forward the actions at a system level	System-wide transformation group established with Community Solutions that will oversee the new model for delivering on system-wide obesity. This system wide group will work across sectors to coordinate efforts and actions to improve the environment and make it easier for our children to be and stay a healthy weight.	April 2019	The Obesity Campaign steering group is now established and has membership from across different sectors including health, education, healthy lifestyles, comms and the voluntary sector	Public Health – Tom Stansfeld	

Action Plan- Childhood Obesity – A System-Wide Approach						
Recommendation	Action	Target Date	Progress	Lead Agency	RAG rating August 2019	
7.	The Council supported by PHE, look to instigate a local healthier catering commitment by the fast food outlets.	Co-develop with local businesses a Barking and Dagenham catering commitment which benefits business and improves the healthy content of fast food catering thereby removing calories from our children's diet.	March 2020	This is being explored by enforcement but current capacity issues are stopping progression	Enforcement - Theo Lamptey	
8.	GPs/GP networks commit to liaising with schools and education to support families with the greatest need to access services e.g. referrals into HENRY and Lean Beans and to make lifestyle changes	Establish task group to formulate a feasible pathway between GP practices, schools and Community Solutions services; establish how GPs can use their role when they have contact with overweight children to flag the issue to schools and Community Solutions. Consider training needs for GPs. To be linked with group working on recommendations 3 & 4	April 2019	The two Primary Care Networks that are in the Heath Ward and Marks Gate are now involved in creating an intervention that can better meet the needs of their patients.	CCG Clinical Lead: Dr Jagan John	
9.	The CCG reviews its mental health commissioning arrangements to focus on work within education to support schools in improving the mental health and social integration of pupils.	To be a priority for the Children and Young Peoples' Transformation Board; produce a system-wide transformation plan to address the long-standing issues in relation to SEND and CAHMS and the mental health support required to deliver mental health and support in schools. The accountability for this is anchored in the HWB. Report into system-wide group	March 2020	The council has produced a Vulnerable Children Call to Action that looked at improving outcomes for children who are using CAMHS. Education was part of this call to action	Elaine Allegretti	

Action Plan- Childhood Obesity – A System-Wide Approach

Recommendation		Action	Target Date	Progress	Lead Agency	RAG rating August 2019
10.	The Commissioning Directors for Education and children review its 0-19 service to take account of the need for a more nuanced mental health offer and better support for obesity work in schools.	To be included as part of the remit of the working group for recommendation 3. Needs to ensure the delivery of the system-wide review of Community Solutions. Report into system-wide group. Accountability should be anchored in the HWB.	March 2020	The findings from the ComSol Service review are impacting the services children access.	Education Commissioning Director: Jane Hargreaves Children's Commissioning Director: Chris Bush	
11.	The Council, Education and Be First prioritise roads around schools with a view to making active travel for families the easiest way to get to and from school.	Identify the top 5 schools with a low level of active travel and work with them to create a model shift in order to have the greatest impact on an in-need population. The education commissioner should lead this piece of work and involve relevant partners. Working group to look at feasibility of further parking restrictions, cycle lanes etc	March 2020	The Mayors Air Quality Fund is funding work around Becontree Heath. Part of this is working to improve active travel around schools in that area, including Grafton Primary and William Bellamy.	Education commissioning Erik Stein	

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Work Programme 2019/20

Relevant Cabinet Member: Councillor Worby, Social Care and Health Integration

Health Scrutiny Committee Chair: Councillor Keller Deputy Chair: Councillor Robinson			
Meeting	Agenda Items	Officer/ Organisation	Final Report Deadline
10 Feb 2020	<ul style="list-style-type: none"> ▪ Mental Health update ▪ The Health Response to OFSTED ▪ The Vision for, and the Wider Delivery of the new Locality Structure ▪ Healthwatch – Overview of Key Projects' Findings ▪ JHOSC update ▪ Clinical Strategy Update 	<p>Cllr Chris Rice (Mental Health Champion, LBBD), Melody Williams (NELFT), CCG representative</p> <p>Chris Bush (LBBD)</p> <p>Mark Tyson (LBBD)</p> <p>BD Healthwatch</p> <p>Democratic Services Officer (LBBD)</p> <p>BHRUT</p>	27 Jan
24 Mar 2020	<ul style="list-style-type: none"> ▪ Older People's Transformation Programme ▪ Primary Care Networks ▪ Clinical Strategy Update 	<p>BHRCCGs</p> <p>Director of Public Health (LBBD)</p> <p>BHRUT</p>	9 March

23 June 2020 (first meeting of next municipal year)

Notes

To be rescheduled - Priorities of the Health and Well-being Board