Notice of Meeting

HEALTH & WELLBEING BOARD

The legal status, role and detail about the governance of the Health & Wellbeing Board can be found in Part B, Article 5 of the Council Constitution. Full terms of reference for Board can be found in Part C, Section D. More information about the work of the Board is listed on the Council's website www.lbbd.gov.uk

Tuesday, 17 September 2013 - 6:00 pm

Venue: Conference Room, Barking Learning Centre
2 Town Square, Barking, IG11 7NB

Date of publication: 09 September 2013

Graham Farrant
Chief Executive

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Membership for 2013/14:

Councillor M Worby (Chair)	(LBBD)
Dr W Mohi (Deputy Chair)	(Barking & Dagenham Clinical Commissioning Group)
Councillor J Alexander	(LBBD)
Councillor L Reason	(LBBD)
Councillor J White	(LBBD)
Anne Bristow	(LBBD)
Helen Jenner	(LBBD)
Matthew Cole	(LBBD)
Frances Carroll	(Healthwatch Barking & Dagenham)
Dr J John	(Barking & Dagenham Clinical Commissioning Group)
Conor Burke	(Barking & Dagenham Clinical Commissioning Group)
Martin Munro	(North East London NHS Foundation Trust)
Dr Mike Gill	(Barking Havering & Redbridge University NHS Hospitals Trust)
Chief Supt. Andy Ewing	(Metropolitan Police)
John Atherton (Non-voting member)	(NHS England)

Barking and Dagenham's Vision

Encourage growth and unlock the potential of Barking and Dagenham and its residents.

Priorities

To achieve the vision for Barking and Dagenham there are five priorities that underpin its delivery:

1. **Ensure every child is valued so that they can succeed**

- Ensure children and young people are safe, healthy and well educated
- Improve support and fully integrate services for vulnerable children, young people and families
- Challenge child poverty and narrow the gap in attainment and aspiration

2. **Reduce crime and the fear of crime**

- Tackle crime priorities set via engagement and the annual strategic assessment
- Build community cohesion
- Increase confidence in the community safety services provided

3. **Improve health and wellbeing through all stages of life**

- Improving care and support for local people including acute services
- Protecting and safeguarding local people from ill health and disease
- Preventing future disease and ill health

4. **Create thriving communities by maintaining and investing in new and high quality homes**

- Invest in Council housing to meet need
- Widen the housing choice
- Invest in new and innovative ways to deliver affordable housing

5. **Maximise growth opportunities and increase the household income of borough residents**

- Attract Investment
- Build business
- Create a higher skilled workforce

AGENDA

1. Apologies for Absence

2. Declaration of Interests

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

3. Minutes (16 July 2013) and Matters Arising (Pages 1 - 10)

Business Items

4. Focussing on Obesity (Pages 11 - 16)

5. Summary of Healthwatch Work Programme (2013/14) (Pages 17 - 24)

6. Quarter 1 Performance (Pages 25 - 55)

7. Urgent Care (Pages 57 - 67)

8. GP Profiles (Pages 69 - 85)

9. Pharmaceutical Needs Assessment: A New Statutory Requirement of the Health and Wellbeing Board (Pages 87 - 96)

10. Allocation of Barking & Dagenham Reablement Funding 2013/14 (Pages 97 - 103)

11. The Francis Report: Progress Update (Pages 105 - 110)

12. Tender of Specialist Structured Day Provision (Pages 111 - 120)

13. Re-tendering of the Stop Smoking Service (Pages 121 - 126)

14. Health & Wellbeing Theme: Protection and Safeguarding (Pages 127 - 128)

(i) Adult Social Care Local Account 2012/13

(ii) Safeguarding Adults Board Annual Report 2012/13

(iii) Local Children's Safeguarding Board Annual Report 2012/13

Standing Items

15. Report of Sub Groups (Pages 269 - 282)

16. Chair's Report (Pages 283 - 286)

17. Forward Plan (2013/14) (Pages 287 - 293)

18. Any other public items which the Chair decides are urgent

19. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.

Private Business

The public and press have a legal right to attend Council meetings such as the Health and Wellbeing Board, except where business is confidential or certain other sensitive information is to be discussed.

The three items below contain commercially sensitive information and as such are listed as 'Fully Exempt' or 'Part Exempt' to avoid public disclosure of this information (paragraph 3, Part I of Schedule 12A to the Local Government Act 1972).

20. Joint Assessment and Discharge Proposals (Pages 295 - 320)

21. Tender of Specialist Structured Day Provision - Appendix 1 (Page 321)

22. Re-tendering of the Stop Smoking Service - Appendix 1 (Page 323)

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

MINUTES OF
HEALTH AND WELLBEING BOARD

Tuesday, 16 July 2013
(6:05 - 8:00 pm)

Present: Councillor M M Worby (Chair), Councillor J L Alexander, Matthew Cole, Councillor L A Reason, Anne Bristow, Councillor J R White, Helen Jenner, Frances Carroll, Dr John, Conor Burke, Chief Superintendant Andy Ewing and Dr Mike Gill

Apologies: Martin Munro and Dr Waseem Mohi

23. Declaration of Interests

There were no declarations of interest.

24. Minutes - 4th June 2013

The minutes of the meeting held on 4th June 2013 were confirmed as correct.

Matters Arising:

Minute 15 – Community Sickle Cell/Thalassaemia Service

- It was confirmed that the community-based sickle cell clinic was open and seeing patients. Work is required to improve integration and link up to other services, particularly social care, housing, and acute services provided by BHRUT.

Minute 16 – Francis Report

- It was confirmed that the CCG-led task and finish group has met.

Minute 17 – CQC Inspection Report

- Dr M Gill (Medical Director, BHRUT) gave a short update following the latest inspection of Queen's Hospital Emergency Department. The inspection highlighted problems with waiting times for patients to be seen or referred and staffing shortages of medical staff. The Board noted national problems with recruiting doctors and BHRUT's new partnership with Bart's Health to attract applicants.

- Conor Burke (Accountable Officer, CCG) advised the Board that the three local CCGs are closely monitoring the situation. Recently the BHRUT's performance has been high with 95% of patients being seen within 4 hours. However, concern remains and will be heightened with winter pressures approaching.

- ACTION: It was agreed that the Board will, at its meeting on 17th September 2013, receive an item on the work of the Urgent Care Board. Within this item the Board will consider the problems identified by CQC with the Emergency Department at Queen's Hospital and how the health and social care system is supporting BHRUT's improvement plans.

Minute 20 – Chair's Report

- ACTION: Sharon Morrow will further promote the Sign Translate service to encourage take up among GPs.

25. North East and North Central London Health Protection Unit Annual Report 2012

Deborah Turbitt (Public Health England) gave a presentation to the Board that introduced Public Health England's Health Protection priorities for 2013/14.

The Board asked how the regional Health Protection Team adds value to work being done locally. Deborah Turbitt used the example of the Tuberculosis Control Board to explain how it works with the local hospital trust to control infections and bring down infection rates.

Matthew Cole expressed his concern that the Public Health Team was without up-to-date information regarding immunisations. As such he is not able to give assurance that health protection systems are robust or understand the potential risk of outbreak locally.

John Atherton (NHS England) reminded the Board of the infancy of NHS England and its broad range of new functions. He assured the Board that there is dialogue with local CCGs about immunisation programmes and NHS England has sufficient resources in place to ensure NHS England links up at borough level. Similarly Public Health England has a liaison consultant in place to work with agencies in the sector.

The Board requested that for September's performance reporting Quarter 1 data on immunisations and screening is presented so that the Board can begin to build up a local picture and assure the safety of the population against infectious disease.

ACTION: Further to the above request, the Board felt it was appropriate to complete a stock take so that it can understand roles and responsibilities of all agencies involved in health protection and identify where the system has problems or blockages.

Deborah Turbitt advised the Board that data on immunisations has been published and is available on Public Health England's website. She offered to investigate why Public Health and the CCG had not received this information and to clarify how data is circulated to local teams.

Dr John highlighted the CCG's concern about the lack of information about immunisations. Dr John called for teething problems and relationships to be sorted out quickly as the current situation is impacting GP's ability to keep on top of immunisations.

26. Health & Wellbeing Strategy Priority - Maternity Services

Conor Burke (Accountable Officer, CCG) introduced the report to the Board.

The Board noted that the mid-wife vacancy rate of 11% represents a change in how the vacancy rate is calculated rather than any changes to midwife numbers. Dr Mike Gill (Medical Director, BHRUT) stated that BHRUT is committed to maintaining its 1:29 midwife/patient ratio.

Helen Jenner (Corporate Director, Children's Services) advised the Board of discussion that had taken place at the Children's Trust into the increases in safeguarding workloads as a result of the rising birth rate.

The Board discussed whether the capping of births which helped to relieve pressure on deliveries at Queen's could be applied to A&E admissions. It was explained that this approach had been considered and rejected because A&E admissions are by nature unplanned whereas births can be accurately forecast and pressure managed accordingly.

Dr Mike Gill commented that the turnaround in performance that has taken place at BHRUT demonstrates how re-configuration of services can make a positive difference and assist providers in delivering better services.

The Board wished to see more home births offered locally so that this could be a genuine choice for low-risk women. It was explained that the co-located model was designed with offering home births in mind as the model will improve the competency and confidence of mid-wives. Dr Mike Gill expressed a view that local women prefer to give birth in a clinical-setting. Changing the attitudes of women will be important as the home birth agenda moves forward.

27. Summary and Key Recommendations of the Joint Strategic Needs Assessment 2012/13

Matthew Cole (Director, Public Health) introduced the report to the Board and drew attention to the demographics and emerging trends in population growth. It was noted that Barking and Dagenham has challenges across the life course and must plan for its increasing numbers of young people as well as having a sizeable cohort of over 90s with numbers of middle aged people forecast to peak in 2020.

Conor Burke (Accountable Officer, CCG) advised the Board that the CCG has adjusted its commissioning cycle to get better alignment with the Council to improve partnership working. He also asked for clarity over how the Public Health Grant is allocated and how the Board and partner organisations can influence or bid for funding.

Anne Bristow (Corporate Director, Adult and Community Services) explained that the public health grant has been allocated. There is scope to commission further programmes using the grant after the Health and Wellbeing Strategy has been renewed. Partners should share ideas at the earliest opportunity so that business cases can be considered before the next bidding round begins. The Board was reminded to think about core service budgets and how these are allocated at a time when organisations are looking for efficiencies rather than just focussing on the public health grant which by comparison is very small.

Matthew Cole reported that the Public Health Programmes Board has developed a framework for deciding commissioning intentions and the group will use this framework to make recommendations to the Board.

Dr Mike Gill (Medical Director, BHRUT) wished to see adolescence feature more

prominently in the JSNA as young adults are a key client group that have different needs. Failure to meet these needs can have major ramifications where long term conditions are not managed properly into adulthood.

The Chair proposed that the JSNA recommendations for substance mis-use run across the life course recognising health issues and implications for all residents struggling with drug and alcohol dependencies.

Helen Jenner (Corporate Director, Children's Services) called for investment in the production of equalities impact assessments which could be improved by developing and bringing forth third sector and community knowledge/experience.

The Board noted the recommendations of the JSNA and accepted them as providing a sound evidence base on which future commissioning and strategic decisions can be made.

The Chair reminded the Board of the importance of the JSNA to local decision-making and asked that information presented to the Board and discussions in meetings clearly refer back to the JSNA and its recommendations. Successes in end of life care and sickle cell disease were attributed to the partnership giving prominence to these issues in the JSNA and used as examples to illustrate the power of the JSNA to drive change.

28. Progress on Winterbourne View Concordat

Anne Bristow (Corporate Director, Adult and Community Services) introduced the report to the Board.

The Chair called for the Board to be pro-active and continue to appraise and evaluate parts the health and social care system and the system as a whole to safeguard against failings.

The Board recognised the work of Sharon Morrow (Chief Operating Officer, CCG) and Bruce Morris (Divisional Director, Adult Social Care) to ensure that Barking and Dagenham's localised response to the Winterbourne scandal has been comprehensive and robust.

The Board agreed the outline proposal for a local plan and committed to representatives from relevant organisations participating in the local working group.

29. A Review of Services for Those Affected by Domestic Violence

Matthew Cole (Director, Public Health) introduced the report to the Board. During its discussion on the item the following points or comments were raised:

- Local domestic violence services when benchmarked show that Barking and Dagenham has a comprehensive package of services that meet or exceed national standards and guidance. However, Barking and Dagenham has high rates of domestic violence which is a cause of great concern. Whilst this suggests victims are confident to report domestic violence, the Community Safety Partnership should be cautious of being complacent.

- Chief Supt. Andy Ewing (Borough Commander, Metropolitan Police)

commented that more work needs to be done to reduce repeat victim rates. Also, particular attention should be paid to domestic violence perpetrated by ex-partners as these form the highest proportion of offenders.

- Helen Jenner (Corporate Director, Children's Services) commented that there needed to be services and support for adolescent women. Evidence suggests that they are less likely to report domestic violence as they expect that behaviour in relationships.

- Cllr J Alexander (Cabinet Member, Crime, Justice and Communities) asked whether midwives were given training to detect domestic violence and sign-post pregnant women to appropriate services. Matthew Cole confirmed that midwives do receive training to support women.

- Conor Burke (Accountable Officer, CCG) corrected a statement in the report about the commissioning of the advocacy service. It was clarified that the contract expires in March 2014, not October 2013 as stated in the report. The CCG does not wish to upset the stability of domestic violence services and is therefore committed to extending this contract.

- Anne Bristow (Corporate Director, Adult and Community Services) raised concern about take up to, and completion of perpetrator programmes as it generally requires a court order to compel a perpetrator to complete the programme.

- There is a need to target domestic violence interventions through a range of services to ensure awareness and reach in the community. Drug and Alcohol services were suggested as an area where such targeting would have an impact.

ACTION: The Executive Planning Group was tasked with considering how papers of the Board are shared to individuals and organisations within the partnership

ACTION: The Review of Domestic Violence Services is to be referred to the Community Safety Partnership for discussion.

The Board agreed the recommendations contained in the report, which were as follows:

- Consider the recommendations (further described in the summary report) of the review of services relating to domestic violence and discuss the implications for Barking and Dagenham.
- The Health and Wellbeing Board should invite NHS England to present its plans to introduce important changes to the arrangements for commissioning sexual assault services and for those people who experience sexual violence.
- Commissioners should following the recent reorganisation of local maternity services and the introduction in 2013/14 of a new funding system which brings all maternity care into Payment by Results, consider the impact and

opportunities presented by the new funding arrangements for maternity services.

- In respect of the level of need it would be prudent for NHS Barking and Dagenham Clinical Commissioning Group to extend the existing contract with the Refuge for a further six months whilst these issues are considered and the appropriate provision is agreed by commissioners for 2014-15.

30. Managing Performance of the Health & Wellbeing System

Mark Tyson (Group Manager, Service Support and Improvement) introduced the report to the Board.

Helen Jenner (Corporate Director, Children's Services) questioned whether it was appropriate to focus solely on under 18 rates of termination. It was suggested that the indicator should be split to track rates of conception as well.

ACTION: Mark Tyson was requested to work with Children's Services to refine indicators relating to conceptions and terminations to ensure the Board has an accurate picture that will give measured analysis.

The Board recognised that not all indicators can be monitored at its own formal meetings. The sub-groups of the Board will track a wider set of indicators and produce exception reports where performance information requires the attention of the wider Board membership.

The Board approved the performance system as set out in the report and appendices. The Board noted that the first performance report to the Board is scheduled for September's meeting.

31. Longer Lives: A Summary for Barking and Dagenham

Matthew Cole (Director, Public Health) presented the report to the Board. The following points and comments were raised during the Board's debate:

- The future Public Health Grant premium from 2015 is paid against a borough's performance in reducing mortality rates. So while Barking and Dagenham has high mortality rates it will not necessarily attract additional funding unless it shows demonstrable improvement. Given that the longer lives data shows Barking and Dagenham has stagnated, or in some areas fallen behind, the importance of turning the tide is clear.
- 56% of early deaths in Barking and Dagenham are classified as amenable to healthcare interventions. Therefore they could be preventable through screening, active case-finding and early detection.
- To change Barking and Dagenham's mortality rates would only require preventing a small number of deaths per condition each year. However, identifying and targeting these people is very difficult and requires active case-finding by a range of professionals not limited to the health sector.
- The link between poverty and ill health is well established. Barking and Dagenham is moving further down the index of deprivation and falling

behind its comparators. The welfare reforms will result in 621 families with reduced benefits; this will likely have a negative impact/legacy on mortality rates.

- Patients often have several health problems or co-morbidities. The borough needs multiple strategies to improve these peoples' health and partners must work together to address wider determinants of health.
- Barking and Dagenham should pilot new approaches to healthcare and be innovative as traditional approaches are not as effective because of scale and challenge of health problems.

The Board agreed to establish a task and finish group to compare Barking and Dagenham health interventions with those used in similar communities (specifically longer lives comparator authorities) in order to find out how commissioners are tackling health challenges in their areas. The task and finish group will report back to the Board on 11th February 2014.

32. Referral from Development Control Board

The Board noted the concerns of the Development Control Board as described above and recorded in the minutes (Minute 5 - DCB, 6pm, 28 May 2013).

The Board agreed that the CCG and NHS England jointly author a report that explains how, in areas where there is significant population growth or decline, decisions are reached with regard to primary care estates in order that the local provision of primary care services matches the needs of the population.

33. Chair's Report

The Board noted the Chair's Report.

Frances Carroll (Chair, Healthwatch) requested that Barking and Dagenham Healthwatch is invited to participate in the Urgent Care Board. Conor Burke (Accountable Officer, CCG) explained that Havering Healthwatch was invited due to there being a greater number of Havering residents affected. However, as Chair of the Urgent Care Board he will request that membership is extended to Barking and Dagenham Healthwatch.

34. Report of Sub-groups

The Board noted the reports of the sub-groups as set out in Appendix 1 and 2 of the report. Further to the reports, it was reported that the Children and Maternity Group has begun to develop links with commissioning agencies outside of its formal membership. Matthew Cole, Chair of the Public Health Programmes Board, highlighted non-attendance as a problem to be addressed.

The Board asked for clarity about the work programmes of each sub-group to avoid duplication and ensure coverage of key issues across the groups.

35. Forward Plan

The Board noted the Forward Plan as set out in Appendix 1 of the Report.

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HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Matters Arising – Comments from the Community Safety Partnership on the 'Proposed Review of Domestic Violence' report**
Report of the Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Glen Oldfield, Clerk of the Board	**Contact Details:** Tel: 020 8227 5796 E-mail: glen.oldfield@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board	

Summary:

In April 2013, the Health and Wellbeing Board received a report which detailed the prevalence of Domestic Violence (DV) in the borough and the services which are currently commissioned to protect and address the health and wellbeing needs of victims.

The report proposed that a review of services, delivery and funding should be conducted to ensure that this issue is adequately and appropriately resourced and addressed. The Health and Wellbeing Board agreed to the recommendations in the report under the proviso that the Community Safety Partnership were given the report to discuss and comment at their meeting on 3 September 2013.

The following comments have been received from the Community Safety Partnership (CSP):

The CSP commented that the review did not appear to take account of the increases that the Borough is seeing in abuse being perpetrated by young people against their parents or carers. This may be a current gap in service provision particularly given that perpetrator programmes tend to work with adults only.

Victim Support, a member of the Community Safety Partnership, noted that they expected to see greater demand for services as their new referral process is changing whereby they will be routinely referring children to children's services who are present during an incident. It was noted that this may duplicate the 'Merlin' process if they are receiving their referrals from the police, and that it was important that the process complied with the MARF and CAF pathways.

It was noted that the paper had not made specific commissioning recommendations nor

reached a consensus on which agency should fund which aspect of the provisions. Therefore an extraordinary meeting of the Domestic and Sexual Violence Strategic Group has been called for the 28 September to consider commissioning arrangements and make recommendations. In the interim, the Group Manager for Safeguarding Adults is in discussion with the CCG to begin discussions on how the CCG wish to provide the Maternity IDVA function post April 2014.

The Board also noted that the paper had highlighted that the Woman's Trust may be a possible duplication of work, given that the borough is contributing £20K to the East London Rape Crisis Centre.

Recommendation(s)

It is recommended that Health and Wellbeing Board members note the comments from the Community Safety Partnership Board meeting and await the recommendations from the Domestic and Sexual Violence Strategic Group meeting on 28 September.

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Focusing on Obesity**
Report of the Executive Planning Group	
Open Report	**For Determination**
Wards Affected: NONE	**Key Decision: NO**
Report Author: Matthew Cole, Director of Public Health	**Contact Details:** Tel: 020 8227 3657 Email: matthew.cole@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	

Summary:

Obesity across all age groups is a major health challenge for the borough, with a wide range of ominous health impacts. The Executive Planning Group has also discussed how to ensure that the Health & Wellbeing Board can consider that it has had a significant impact, recognising the sheer breadth of the preventive work programme that it oversees. It was concluded that, by applying a 'concerted effort' in a particular area, it will help to harness the full impact of a multi-agency partnership board.

Given the scale of the obesity problem it is proposed that we re-think our approach to apply just such a 'concerted effort' to this area of local health improvement.

A presentation by Matthew Cole (Director of Public Health) will further develop and explain the proposal, suggest some ideas as to how this can be taken forward, and invite Board members to shape the approach to be taken. It is suggested that the sustained focus on obesity be carried through for around 18 months, and then reviewed to see what impact has been achieved and whether other areas then need the Board's more concentrated attention.

Recommendation(s)

The Health & Wellbeing Board is recommended to

(i) Agree that the H&WBB Forward Plan is revised to focus on obesity with work streams of sub-groups following suit. It is proposed that the Board commits to this theme for a period of 18 months, after which point progress/impact will be reviewed.

(ii) Consider how to shape and develop the ideas presented in this paper, to guide the work programme proposed.

1. Introduction

1.1 As noted in the summary, the Executive Planning Group has considered how to focus the Board's approach to its business in order that some concentrated impact can be attained on a given subject.

1.2 In reviewing the priorities in the Health & Wellbeing Strategy, the EPG suggested that the theme most receptive to this approach would be obesity. This recognises the scale and breadth of its impact, and also the scale of the effort that is needed to make an impact on something that arises from entrenched behaviours and cultures.

1.3 It was agreed to put to the Health & Wellbeing Board a proposal for how this 'concerted effort' might operate, and this report provides the basis for a discussion by the Board.

2. Some of the 'big wins' for maximum impact

2.1 In applying a concerted effort to obesity, it is hoped that the Board, sub-groups of the Board, and the Partnership more generally can:

- Strengthen the links between tiers of commissioning and address fragmentation of services;
- Prioritize and advertise high-impact programmes for large numbers of residents;
- Introduce incentives for taking part, 'getting active' and achieving weight loss;
- Develop a coherent approach across all age groups, ensuring that working age adults are included in the services/interventions;
- Demonstrate impact, and value for money against investment;
- Expedite improvements through leadership and clear focus on a key health and wellbeing priority.

2.2 The following are a mixture of specific interventions and general approaches that might be considered in order to initiate the sustained impact that is sought. It is recommended that the priorities in this list form the basis for a work programme for the priority:

- Lead a local alliance with industry and big employers to change how people eat, get active, and work more healthily;
- 'Intelligent Health' scheme to link with schools, leisure card & primary care (already substantially underway, but presenting options for further development);
- Make the borough activity-promoting: active transport, green spaces activities, walking & cycling easy and safe;
- Dozens of group visits, walks & cycling across the six Growth Boroughs;
- Powerful incentives when people sign up, and achieve goals;
- Make it normal to be out walking round the parks in groups, especially before work;
- More open-air youth activity, sport and music so that youth get more active;

- Commission so that every overweight patient gets activity, food & drink goals;
- Implement the whole package of London Fast Food Restrictions;
- Commissioners agree a single integrated Tier 1-4 obesity pathway;
- Target areas, streets and postcodes where people are least likely to be physically active;
- Use a high-profile communications campaign to make it happen;
- Do all this to cover thousands of residents.

2.3 Examples of good practice and innovative schemes to reduce obesity in other boroughs revealed a number of useful ones which were drawn on to recommend the 'big wins'. A number of fast food control initiatives have been used in many different boroughs and the best ones should selected for use in B&D.

2.4 In particular, work has been carried out between the 'Growth Boroughs' in East London to decide whether cross-borough action would complement the work already underway in each individual borough. Three initiatives are recommended, and would give opportunity for publicity to promote all the intra-borough work on obesity:

- **A place that supports and promotes active lives** (increased walking, cycling, active play and active leisure, reduced sedentary behaviour):
- **A place that makes the healthier eating and drinking choice the easier choice** (increased breastfeeding and healthy weaning, increased availability and consumption of fruit and vegetables and foods and drinks high in fibre and low in fat / saturated fat, sugar and salt, appropriate portion sizes and energy density and decreased availability and consumption of less healthy foods and drinks – high in fat / saturated fat, sugar and salt)
- **A place for healthy organisations to support active lives, healthier food choices and physical and mental wellbeing** (nurseries, children's centres, schools, colleges, leisure centres, workplaces)

3. Proposal for co-ordinating the work

3.1 In order that the Health & Wellbeing Board can stimulate this activity, but ensure that it remains manageable as part of a broader work programme, it is proposed that a task & finish group be established, to lead and implement selected priorities.

3.2 Membership of the Group might include:

- Children's Services;
- Regeneration;
- Leisure Services;
- Transport;
- Adult Commissioning;
- Primary Care: CCG, CSU.

4. Measuring impact

4.1 After 18 months the Health & Wellbeing Board will want to learn what difference the 'big wins' have made. The most feasible results to measure would be activity data.

4.2 Examples include:

- the numbers of children gaining points on their cards;
- numbers of adults signing up to activities and still doing them after 6 months;
- in partnership with large retailers, monitoring broad changes in family eating patterns in the streets and postcodes we prioritise;
- adults signing up to any of the incentivised programmes reporting on their week's activity, before and after;
- simple surveys of numbers of people cycling each day at the start of the programme, and after 18 months;
- monitoring of fast food restriction in terms of the numbers of operating establishments, curfew hours achieved, and planning decisions;

4.3 All of the monitoring and evaluation could be focused on targeted streets and postcodes where people are least likely to be physically active. The National Child Measurement Programme data, for example, reveals the wards where overweight and obesity are more common among Reception and Year 6 children, and shows where they have increased most. This could help us prioritise wards for targeting. For inactive adults, we can use our MOSAIC and Community Mapping intelligence systems to target incentive schemes. We can also map the 'lifestyle groups' at highest risk. We can build information about their eating and physical activity, and also on the best ways to communicate and persuade them.

4.4 Ultimately we would expect large-scale success to result in lower rates of overweight & obese children in R and Y6, and also in changes in adult inactivity. These would be harder to measure, and not feasible to measure in 18 months. The trends between 2006/07 and 2011/12 are shown in Figures 1 and 2, below.

Figure 1: Changes in obesity in reception year children 2006/07 - 2011/12

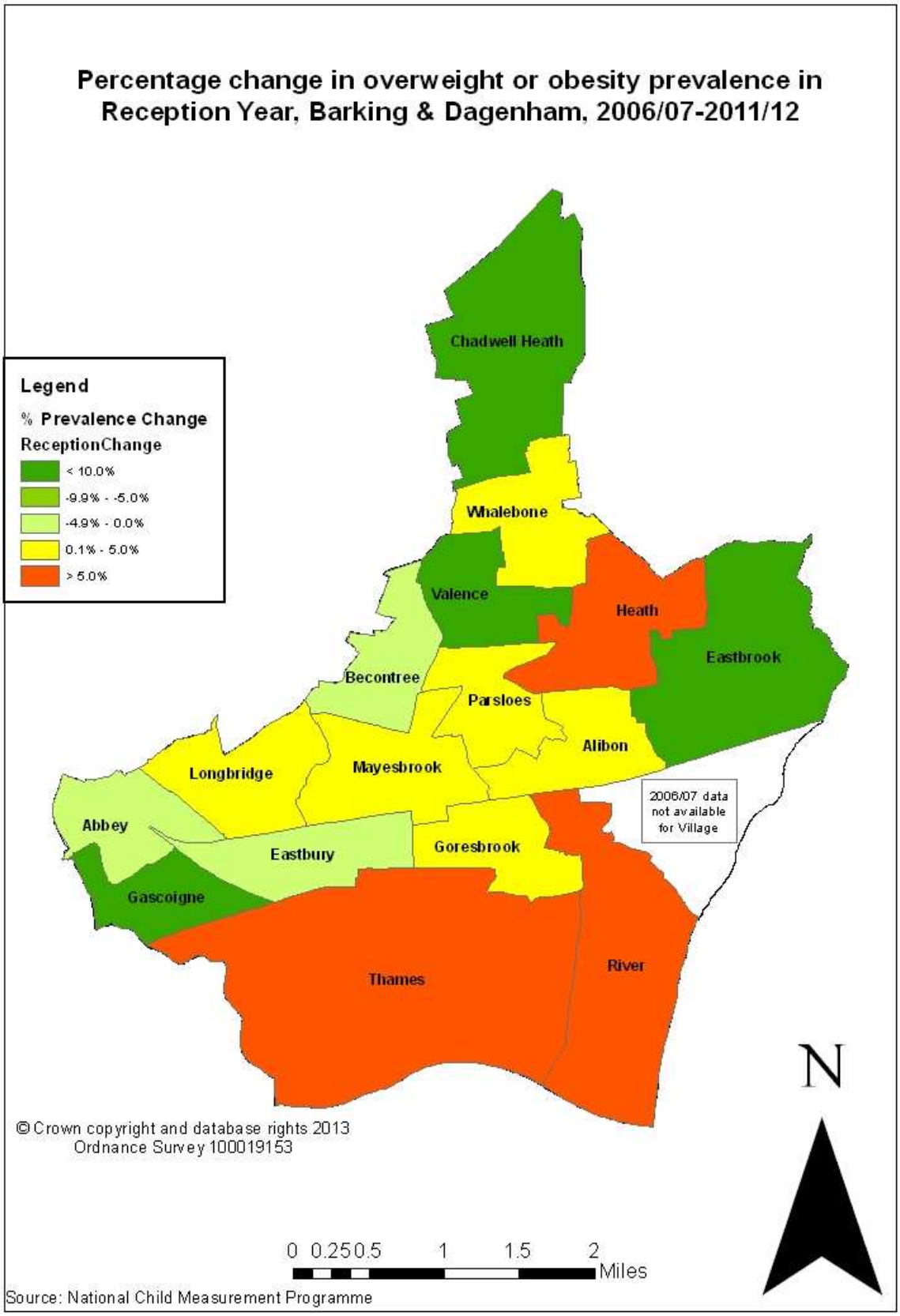
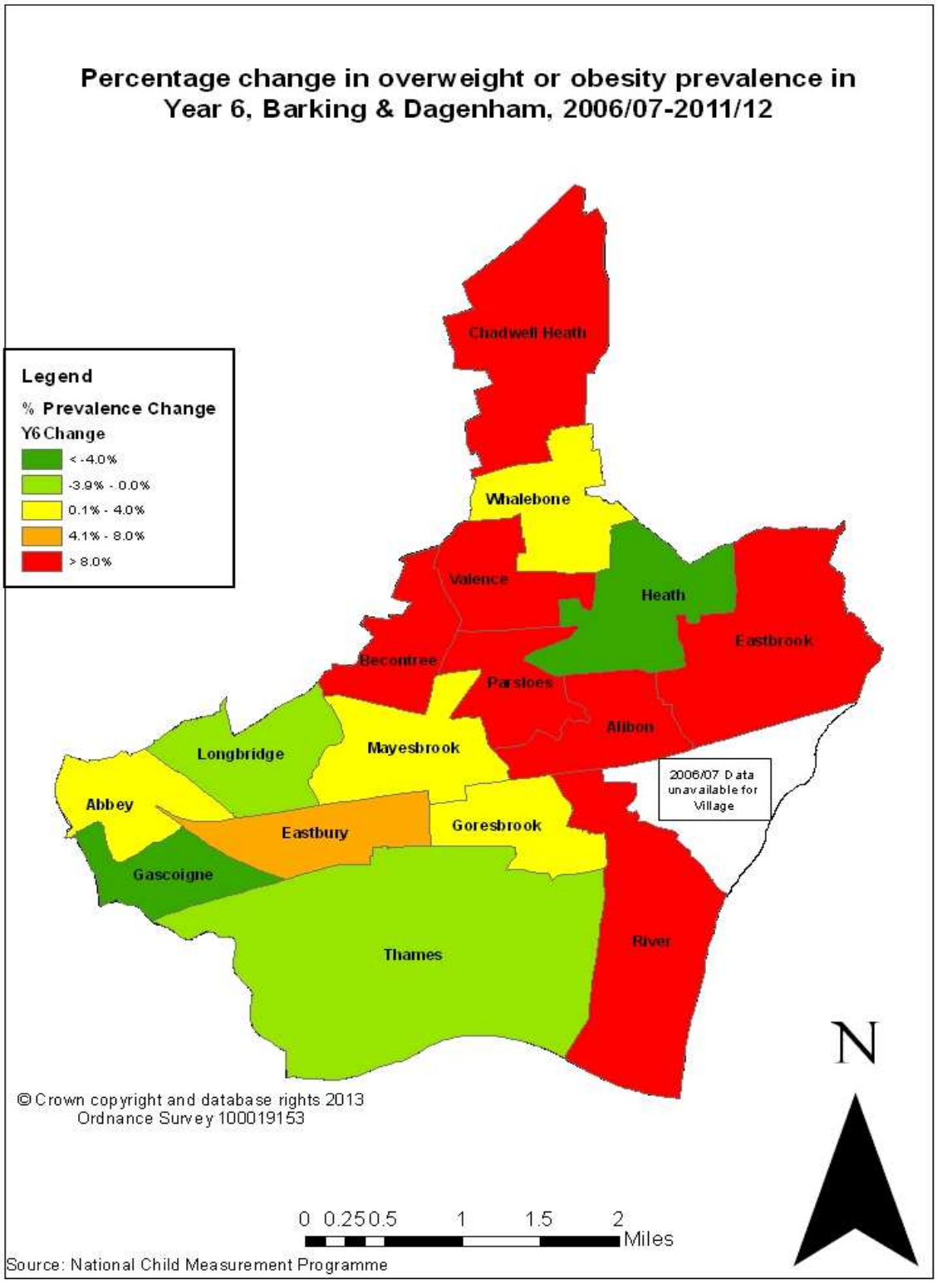


Figure 2: Changes in obesity in Year 6 children 2006/07 - 2011/12



HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Summary of Healthwatch Work Programme (2013/14)**
Report of Healthwatch Barking and Dagenham	
Open	**For Information**
Wards Affected: NONE	**Key Decision: NO**
Report Author: Marie Kearns, Chief Executive Officer, Harmony House	**Contact Details:** Tel: 020 8526 8200 E-mail: mkearns@harmonyhousedagenham.org.uk
Sponsor: Frances Carroll, Chair of Healthwatch Barking and Dagenham	

Summary:

This paper provides an overview of a programme of key projects identified and agreed by the Healthwatch Barking and Dagenham Board. They are to be carried out and completed by Healthwatch Barking and Dagenham for the operating year 2013/14.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note the work programme of Healthwatch Barking and Dagenham which identifies issues affecting the provision of Health and Social Care services to local people. The reports and outcomes of the work programme will represent the voice of people from the local community.

Reason(s)

To ensure that the Health & Wellbeing Board are informed in advance of the Healthwatch work programme for the year.

1. Background

1.1. This report provides an overview for the Health & Wellbeing Board of the work programme from Healthwatch Barking and Dagenham for the remainder of this year. The topics have been chosen for their interest to the borough. They include services for both older and younger residents representing health and social care activities.

2. Enter and View

2.1. Where pieces of work include an Enter & View visit, all volunteers will be appropriately trained. All Enter & View visits will be announced, with service providers having 20 days' written notice. This notice will clearly state the defined purpose of our visit. Our aim is to build a good rapport; reassuring them that we are not inspectors, but a critical friend. We can however, conduct unannounced visits if thought necessary.

3. Capturing and Sharing Outcomes

3.1. Each piece of work will generate a Healthwatch report with recommendations. As all changes require the combined influence of a range of health and social care organisations and statutory bodies; our reports will be distributed to:

- Health & Wellbeing Board
- Health and Adult Services Select Committee
- Barking & Dagenham Clinical Commissioning Group
- Local Authority Commissioners
- NHS England
- Healthwatch England
- Care Quality Commission
- Feedback to the public will always be given in an appropriate way through a variety of media.

4. Further Public Engagement Work

4.1. This work programme is not exhaustive, as we have allowed time to undertake work on other issues that become apparent through general consultation with the public. Along with this work programme, Healthwatch volunteers and staff have arranged 15 days of public consultations to be conducted at diverse venues in the borough. Healthwatch is also undertaking two further public launch events in September and October 2013.

5. Mandatory Implications

5.1. Joint Strategic Needs Assessment

5.1.1. The Work Programme is reflective of the issues highlighted in the Joint Strategic Needs Assessment. For example, Board Members will note that Healthwatch will be investigating dental services for children. It is hoped that the findings of this investigation can inform future editions of the JSNA as oral health is a key indicator of health inequality.

5.2. Health and Wellbeing Strategy

5.2.1. The Work Programme has been developed to reflect strategic themes and priorities from the Joint Health and Wellbeing Strategy 2012-15.

- **Care and Support** – Dental Care Services for Children, Services for Young People with Additional Health and Social Care Needs (Post Education), Children's Diabetes Services, Discharge of Elderly Patients, Hospital In-Patient Services Frail & Elderly People and Duty of Candour
- **Protection and Safeguarding** – Discharge of Elderly Patients and Duty of Candour
- **Improvement and Integration of Services** – Children's Diabetes Services, Urgent Care Appointments, Hospital Discharge Stroke Services and Discharge of Elderly Patients
- **Prevention** – Children's Diabetes Services and Duty of Candour

5.3. Integration

5.3.1. The findings and recommendations arising from Healthwatch activities will be reported back to commissioners to help to drive improvements in local health and social care services. The views of patients, service users, and residents generally will be especially valuable to understand how services can become more integrated and seamless, thus improving the patient experience.

5.4. Financial Implications

5.4.1. The commitments outlined in the Work Programme will all be met through existing budgets and resources.

5.5. Legal Implications

5.5.1. The work programme has been developed to assist Healthwatch in fulfilling its duties and functions as set out in the Health and Social Care Act 2012 and locally agreed contractual obligations.

5.6. Risk Management

5.6.1. The Council, as the commissioner of Healthwatch Barking and Dagenham, regularly monitors Healthwatch's performance; the delivery of the Work Programme is included in this.

6. Non-mandatory Implications

6.1. Customer Impact

6.1.1. The Work Programme is wholly reliant on engaging with local people to bring forth their experiences and views about health and social care services. The information collected from Healthwatch activities will be shared with stakeholders and used to drive improvements.

6.1.2. The Work Programme underlines Healthwatch's commitment to engage with all types of service user and different, sometimes hard to reach, sections of the community. Young people with special needs and elderly and frail people illustrate this range.

healthwatch
Barking and Dagenham

HEALTHWATCH BARKING AND DAGENHAM – WORKPLAN 2013/14

WORKSTREAM/ TASK/LEAD	REASON	METHOD	OUTCOMES	DATE FINALISED	DATE TO HEALTH & WELLBEING BOARD
Complete the Healthwatch Barking and Dagenham Workplan Lead Officer: Richard Vann	It is a duty of the local Healthwatch to produce a work plan that reflects accountability to the local community, the local authority and Healthwatch England.	The Healthwatch Board met on 9th July 2013 and agreed a programme of projects to be undertaken during the current operating year.	Experiences of local people using health and social care services will be heard and they will know where to go to raise concerns about health and social care services. The public will influence decisions about local services. Scrutiny of health and social care services will be improved.	12th August 2013	17th September 2013 (to be with the Board administrator by 12th August 2013)
Childrens Diabetes Services Consultation Lead Officer: Manisha Modhvadia	Diabetes is a priority in the Barking and Dagenham Health & Wellbeing Strategy. Healthwatch want to look at Diabetic services for young people and children and how those services are meeting their needs.	Healthwatch will undertake research, 1 to 1 interviews, group discussions and a survey with local young people and children.	Produce and publish a report with any appropriate recommendations. This will be shared with the public and stakeholders.	7th October 2013 (to Healthwatch Board 30th September 2013)	5th November 2013 (to be with the Board administrator by 8th October 2013)

Hospital In-patient Services – Frail & Elderly People (Enter & View) Lead Officer: Richard Vann	With the increasing population of older people and the likelihood of an increasing need for in-patient hospital services, Healthwatch wants to look at the quality of services being provided.	Healthwatch will carry out Enter & View visits on hospital wards for elderly and frail people. We will gather the views of patients and their relatives.	A report will be produced and published. This will be made available to the public and stakeholders.	7th October 2013 (to Healthwatch Board 30th September 2013)	5th November 2013 (to be with the Board administrator by 8th October 2013)
Dental Care Services for Children Lead Officer: Manisha Modhvadia	Healthwatch want to find out about Dental services for children in the borough.	Healthwatch will carry out 1:1 interviews, group discussions and a survey to gather information about patient and parent experience of services.	A report will be produced and published. This will be made available to the public and all stakeholders.	7th October 2013 (to Healthwatch Board 30th September 2013)	5th November 2013 (to be with the Board administrator by 8th October 2013)
Services for Young People with Special Needs (post education) Lead Officer: Manisha Modhvadia	Healthwatch want to find out from young people with special needs what their experiences of using services are - what is and is not working well.	To carry out 1:1 interviews, group discussions and a survey to gather patient experience of services.	A report will be produced and published. The report will be made available to the public and will be shared with all stakeholders.	11th November 2013 (to Healthwatch Board 4th November 2013)	10th December 2013 (to be with the Board administrator by 12th November 2013)

Urgent Care Appointments Lead Officer: Richard Vann	Barking and Dagenham CCG have agreed to deliver a minimum of an additional 25,000 GP appointments from August 2013. Healthwatch want to ask patients for their views on the impact the additional services have made.	Healthwatch will undertake a survey to ask patients for their views and to give feedback about their experiences of existing services.	A report will be produced and published. The report will be made available to the public and will be shared with all stakeholders.	13th January 2014 (to Healthwatch Board on 7th January 2014)	11th February 2014 (to be with the Board administrator by 14th January 2014)
Discharge of Patients from Hospital Stroke Services (Enter & View) Lead Officer: Richard Vann	Healthwatch would like to find out from stroke patients, their experiences of using discharge services from hospital.	Healthwatch will carry out an Enter & View visit to find out patients' experiences of this.	A report will be produced and published. This will be made available to the public and stakeholders.	13th January 2014 (to Healthwatch Board on 7th January 2014)	11th February 2014 (to be with Board administrator by 14th January 2014)
Discharge of Elderly Patients (Enter & View) Lead Officer: Manisha Modhvadia	Healthwatch wants to find out the experiences of elderly patients who use the discharge service from hospital and from those using the new services being provided in Barking and Dagenham.	Healthwatch will carry out an Enter & View visit to look at the discharging service and engage with patients to gather their views about using existing and new services.	A report will be produced and published. This will be made available to the public and stakeholders.	24th February 2014 (to Healthwatch Board on 17th February 2014)	25th March 2014 (to be with Board administrator by 25th February 2014)

Duty of Candour (Enter & View) Lead Officer: Richard Vann	People expect their concerns over services to be acted upon and that any complaint is dealt with in an open, honest and sensitive manner. Healthwatch want to find out how well this works in the borough.	1:1 interviews and group discussions with service users and staff to ascertain how confident people are to report concerns about services. Undertake Enter & View visits to health and social care providers.	A summary report will be produced and published using feedback from service users and staff of In-patient, social care and community services. This will be made available to the public and stakeholders.	24th February 2014 (to Healthwatch Board on 17th February 2014)	25th March 2014 (to be with Board administrator by 25th February 2014)

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Health & Wellbeing Outcomes Framework Performance Report - Quarter 1 2013/14**

Report of the Director of Public Health

Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Mark Tyson, Group Manager, Service Support & Improvement, Adult & Community Services	**Contact Details:** Tel: 020 8227 2875 E-mail: mark.tyson@lbbd.gov.uk

Sponsor:

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

Summary:

At its meeting of 16 July 2013, the Health & Wellbeing Board agreed the subset of performance measures that would form its regular Board reporting, from within the extensive set of measures agreed in the Outcomes Framework whilst the Board was in shadow form. The Board also agreed a dashboard format, and a format for reporting further detail on those indicators that required escalation, whether due to noteworthy success, failure to meet targets, or because they were deemed to be of particular policy significance. It also contains a summary of reports issued by the Care Quality Commission on Barking & Dagenham providers during the period. This is the first report presented to the Board under that agreed system. It covers the period from 1 April to 30 June 2013.

Recommendation(s)

Members of the Board are recommended to:

- Review the overarching dashboard, and raise any questions to lead officers, lead agencies or the chairs of subgroups as Board members see fit;
- Note the further detail provided on specific indicators, and to raise any further questions on remedial actions or actions being taken to sustain good performance;
- Note the information provided about Urgent Care and CQC activity in the period.

Reason(s):

The dashboard was chosen to represent the wide remit of the Board, but to remain manageable. It is important, therefore, that Board members use this opportunity to review key areas of Board business and confirm that effective delivery of services and programmes is taking place. Subgroups are undertaking further monitoring across the wider range of indicators in the Outcomes Framework.

1. Background/Introduction

1.1. The Health & Wellbeing Board has a wide remit, and it is therefore important to ensure that the Board has an overview across this breadth of activity. The performance framework is designed to provide this overview, and to provide on-going monitoring of areas of concern.

1.2. In July 2013, the Board agreed a process and format for performance reporting, including a selection of indicators from within the more exhaustive Outcomes Framework agreed in 2012. This is the first report under that system.

2. Overview of Performance in Quarter 1

2.1. Appendix 1 contains the dashboard that summarises performance against the measures selected by the Board in July 2013.

3. Data availability and timeliness of indicators chosen

3.1. Board members will note that there are a significant number of indicators chosen for the dashboard which cannot be reported on until data becomes available after the end of the financial year. In other cases, there is a significant lag in quarterly data availability.

3.2. Work will be undertaken in time for the next performance report to find proxy measures wherever possible in order that emerging performance concerns may be responded to more promptly.

4. Areas of concern

4.1. Appendix B contains detail sheets for nine areas of concerning performance highlighted this quarter, as below.

Indicator 4: Percentage of children aged 5 receiving their second dose of MMR vaccination

4.2. Coverage levels for MMR 2 have been below target for all four quarters in 2012/13. Quarter four was 9.5 percentage points below the 95% target. This indicator has been subject to numerous discussions in recent Health & Wellbeing Boards, following on from national concern about immunisation levels, and opportunities to publicise uptake have been taken.

Indicator 6: Prevalence of obesity in children in Reception Year
Indicator 7: Prevalence of obesity in children in Year 6

4.3. Prevalence rates in Reception class are far above national and regional averages, with Barking ranking the fifth highest prevalence rates in the country; at Year 6 prevalence rates rank as fourth highest in England.

4.4. Coverage continues to improve. A range of activities are in place to improve physical activity and healthy eating in schools and, through Children's Centres, to address family health before the child reaches school. These are detailed in the Healthy Weight Strategy and the Health & Wellbeing Strategy.

Indicator 13: Annual health checks for looked after children

4.5. The percentage of looked after children in care for one year or more with an annual health check has fluctuated over the last year and dropped to 63% as at the end of Q1 2013/14.

4.6. However, performance as at the end of August 2013 has improved and risen to 71%. It is predicted that this indicator will increase further to over 80% by the end of Q3 and over 90% by the end of year 2014, based on the range of actions set out in the appendix. This indicator is monitored monthly at Complex Needs and Social Care senior management teams and escalated to LAC nurses who sit in the Council's LAC team.

Indicator 15: Number of positive Chlamydia screening tests

4.7. Barking and Dagenham has only met the monthly target for positive tests on one month in 2012/13 which was May 2012. There has been a drop-off in positive tests since August 2012, with monthly numbers being below 50 every month since.

4.8. Barking, Havering & Redbridge University Hospitals NHS Trust are committed to providing qualitative data that will help in the analysis of this issue. This information is expected within the next 2 months, and will inform a targeted marketing campaign to raise the profile of the sexual health services at BHRUT.

Indicator 19: Percentage of women who are smoking at time of delivery

4.9. Barking & Dagenham is, and has been historically, performing far worse than both the London and England averages. Rates for the last two quarters have risen sharply from 12.1% to 15.0%.

Indicator 20: Percentage of eligible population that received a health check in last five years

4.10. The percentage receiving health checks is below target. Quarter one is down on both the last quarter (2012/13 Q4) and the quarter for the same time period last year (2012/13 Q1). For the whole year of 2012/13, Barking & Dagenham achieved 10.0% of those eligible receiving health checks. This is below the target of 15%.

4.11. Public Health have initiated discussions with the Behavioural Change Team who are working with Public Health England to look at ways of improving uptake across the borough and will be looking to pilot ideas with a few practices over the next few months. Monitoring under-performing practices will continue during 2013/14, this proved successful last year with a number of practices, improving their uptake between 10-20%. Work on improving the quality of the data uploaded by practices

onto Health Analytics has continued in Q1 of 2013/14 with several visits to practices undertaken.

Indicator 27: Percentage households in temporary accommodation

4.12. Expressed as a percentage of all households, Barking & Dagenham has a far higher rate than the national average. On the face of these figures, prevalence has increased slightly over the course of the year too.

4.13. However, the crude measure of temporary accommodation is not as important as the mix of different types, or the durations of temporary accommodation stays. This indicator is likely to need revision for future performance reporting, with absolute numbers being a more realistic guide than percentages and, in particular, the need to take account of the use of bed and breakfast accommodation as part of the overall mix. The headline figure does not provide the true picture of reductions in the use of B&B or of those who have spent longer than six weeks in temporary accommodation, both of which figures have shown marked improvement over the past year. The impact of welfare reform is yet to be felt, and it should be noted that positive performance will become more difficult to sustain.

Indicator 31: Emergency readmissions within 30 days of discharge from hospital

4.14. Barking & Dagenham has a higher percentage than both national and regional averages. The rate has also shown an increasing trend since 2006/07.

4.15. The Urgent Care Board leads the partnership between health and social care services, putting in place a substantial programme of work in place which aims to improve the performance of hospital discharge, and further interventions are subject of separate reports to the Health & Wellbeing Board.

Indicator 32: Rate of premature mortality under the age of 75 from all causes

4.16. Barking & Dagenham has consistently been above the regional and national rates over the last 17 years. The rate for Barking & Dagenham does show a downward trend though, with rates falling by 28.2 per 100,000 in the last four years.

4.17. Activities to address this indicator are the basis of the Health & Wellbeing Strategy overall. More detailed analysis of the specific diseases that contribute to premature mortality in this borough is contained in the Joint Strategic Needs Assessment.

5. Areas of good performance to highlight

5.1. Appendix C contains detail sheets for two areas of good performance that are highlighted in this quarter's report.

Indicator 38: Delayed Transfers of Care that are the fault of the local authority, or jointly with NHS providers

5.2. This indicator is showing strong performance, following consistent decreases over the past year. Currently the rate is 0.75 per 100,000 population, a reduction from a level in excess of 9.0 in 2011/12 and 6.0 for the same period in 2012/13. As Board members will be aware, this is an important measure of the effectiveness of joint working on discharge from hospital.

Indicator 22: The percentage of people receiving direct payments for care and support in the home

5.3. This is showing steady increases, at 59.2% compared to 40.1% in the same quarter of last year. It is an important measure of independence, choice and control in the provision of adult social care.

6. Performance reporting from the Urgent Care Board

6.1. Since agreeing the performance framework, the Urgent Care Board (which operates across Barking & Dagenham, Havering and Redbridge to improve urgent care services) has begun to receive reports which contain performance information on this crucial part of the local health economy. The overview of A&E attendances is provided as an example of the sort of reports received, and further dashboards are produced on admissions, ambulance calls, waiting time and breach analyses. It was felt timely to bring this information to the Health & Wellbeing Board alongside the core performance reporting.

6.2. Board members are recommended to consider whether this information might become a regular enhancement to the performance reporting in future. If agreed, the Corporate Director of Adult & Community Services will agree with the Accountable Officer for the Clinical Commissioning Group a set of information that was appropriate monitoring by the Board.

7. Inspection activity of the Care Quality Commission to Barking & Dagenham registered providers during the period 1 April 2013 - 30 June 2013

7.1. Appendix D contains an overview of investigation reports published during the period on providers in the London Borough of Barking & Dagenham, or who provide services to residents in the Borough. This first report is possibly not complete, but nonetheless provides a summary of some of the activity undertaken in the quarter. Now systems are in place for collating the information, quarter 2's report will be comprehensive.

7.2. In future reports, it is proposed that the outcome of the inspections be drawn from within the reports. Given that reporting is at the end of the quarter, those providers who have failed to meet the standard at the point of the inspection will have had opportunity to rectify these shortcomings, and if appropriate this will be noted on the performance report. Board members' views on this reporting and its usefulness are requested.

8. Mandatory Implications

8.1. Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment provides an overview of the health and care needs of the local population, against which the Health & Wellbeing Board sets its priority actions for the coming years. By ensuring regular performance monitoring, the Health & Wellbeing Board can track progress against the health priorities of the JSNA, the impact of which should be visible in the annual refreshes of the JSNA.

8.2. Health and Wellbeing Strategy

The Outcomes Framework, of which this report presents a subset, sets out how the Health & Wellbeing Board intends to address the health and social care priorities for the local population. The indicators chosen are grouped by the 'life course' themes of the Strategy, and reflect core priorities.

8.3. Integration

The indicators chosen include some which identify performance of the whole health and social care system, including in particular those indicators selected from the Urgent Care Board's dashboard.

9. List of Appendices:

9.1. Appendix A: Performance Dashboard

9.2. Appendix B: Detailed overviews for indicators highlighted in the report as being in need of improvement

9.3. Appendix C: Detailed overviews for indicators highlighted in the report as performing particularly well

9.4. Appendix D: Example of information from the Urgent Care Board performance report for consideration alongside the Health & Wellbeing Board's own performance monitoring.

9.5. Appendix E: Details of inspection activity undertaken by the Care Quality Commission on Barking & Dagenham registered providers

Key

Appendix 1: Indicators for HWBB - 17 September 2013

	Data unavailable due to irrelevance, reporting frequency or the performance indicator being new for the period
..	Data unavailable as not yet due.
	Data missing and requires updating
	Provisional end of year figure
DoT	The direction of travel for each indicator is denoted with an arrow, which has been colour coded to show whether performance has improved (green) or worsened (red)
NC	No Colour

Lifecourse Stage	Title	2011/12	2012/13				2012/13	2013/14				DoT	RAG Rating	BENCHMARKING		HWBB No.
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4			England Average	London Average	
Early Years	Percentage of children achieving national standard for school readiness aged 5 years.	61.0%	..	..	..	..	..	..	..	..	..	N/A	A	64.0%	64.0%	1
Early Years	Rate of infant mortality under the age of 1 year Crude rate of infant death per 1,000 live births	3.8*	..	..	..	..	..	..	..	..	..	↗	G	4.3	4.1	2
Early Years	Percentage Uptake of Diphtheria, Tetanus and Pertussis (DTaP) Immunisation at 1 year old	89.4%	91.2%	91.0%	91.9%	90.9%	..	..	..	..	..	↗	G	90.4%	94.5%	3
Early Years	Percentage Uptake of Measles, Mumps and Rubella (MMR2) Immunisation at 5 years old	77.9%	85.5%	83.8%	85.6%	85.5%	..	..	..	..	..	→	R	88.0%	80.4%	4
Early Years	Percentage Prevalence of Breastfeeding at 6-8 Week Check	53.5%	55.4%	54.2%	54.8%	48.3%		..	..	..	..	↘	G	46.6%		5
Primary School	Percentage Prevalence of children in reception year that are obese or overweight 2012/12 data due to be published December 2013	26.7%	..	..	..	..	..	..	..	..	..	↘	R	22.6%	23.3%	6
Primary School	Percentage Prevalence of children in year 6 that are obese or overweight 2012/12 data due to be published December 2013	42.2%	..	..	..	..	..	..	..	..	..	↗	R	33.9%	37.2%	7
Primary School	Percentage of primary school children eligible for Free School Meals This is an annual indicator submitted to DfE in the January Census each year – benchmark data is available annually – it is not quarterly.	28.9%					26.4%	..	..	..	..	↘	N/A	18.1%	23.8%	8
Primary School	Of those eligible, the percentage of primary school children who take up Free School Meals This is an annual indicator submitted to DfE in the January Census each year – benchmark data is available annually – it is not quarterly.	76.1%					78.6%	..	..	..	..	↗	N/A	84.7%	89.5%	9

Key

Appendix 1: Indicators for HWBB - 17 September 2013

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	Provisional end of year figure
DoT	The direction of travel for each indicator is denoted with an arrow, which has been colour coded to show whether performance has improved (green) or worsened (red)
NC	No Colour

Lifecourse Stage	Title	2011/12	2012/13				2012/13	2013/14				DoT	RAG Rating	BENCHMARKING		HWBB No.
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4			England Average	London Average	
Adolescence	Alcohol specific admissions aged under 18	28.5*	..	..	..	..	..	..	..	..	..	↘	G	55.8	35.7	10
	Under 18s admitted to hospital with alcohol specific conditions: Persons, crude rate per 100,000 population															
Adolescence	Under 18 conception rate (per 1000) and percentage change against 1998 baseline.	46.3	41.1	34.2	..	..	..	..	..	..	..	↘	A	28.3	25.9	11
		-15.2%	-24.7%	-37.4%	..	..	..	..	..	..	..			-39.3%	-49.3%	
Adolescence	Under 18 rate of terminations of pregnancy	23.8	..	..	..	..	..	..	..	..	..	↘	R	12.8	14.8	12
	Rate per 1,000 women aged under 18															
Adolescence	Annual health check Looked After Children	94.2%	81.5%	78.3%	64.6%	71.20%	71.2%	62.9%	..	..	..	↘	R	84.3%	88.1%	13
	% Uptake															
Adolescence	Emotional Wellbeing of Looked after children	18.4%					13.5%	..	..	..	..	↘	G	13.8%	13.5%	14
	Please note a lower figure indicates better performance. This is an annual indicator based on an SDQ score of looked after children – it is a questionnaire and is not published quarterly															
Adolescence	Number of children and young people accessing Tier 3/4 CAMHS services															15
	Data not currently available															
Early Adulthood	Number of positive Chlamydia screening results		182	140	128	135	585	129	..	..	..	→	R			16
Early Adulthood	Number of four week smoking quitters		426	295	323	436	1480	369	..	..	..	↘	G			17
Early Adulthood	Cervical Screening - Coverage of women aged 25 -64 years - Percentage women who have been adequately tested within the last five years	75.0%	..	..	..	..	..	..	..	..	..	↘	A	78.60%	74.1%	18

Key

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DoT	The direction of travel for each indicator is denoted with an arrow, which has been colour coded to show whether performance has improved (green) or worsened (red)
NC	No Colour

														BENCHMARKING		
Lifecourse Stage	Title	2011/12	2012/13				2012/13	2013/14				DoT	RAG Rating	England Average	London Average	HWBB No.
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4					
Maternity	Percentage Women seen by a maternity professional by 12 weeks and 6 days of pregnancy	..	..	76.8%	77.1%	..	..	..	..	..	..	→	NC			19
Maternity	Percentage of women who are smoking at time of delivery	12.8%	13.7%	12.1%	16.4%	15.0%	..	..	..	..	..	→	R	12.8%	5.8%	20
Established Adults	Percentage of eligible population that received a health check in last five years	12.4%	2.1%	2.0%	2.9%	3.0%	10.0%	1.9%	..	..	..	↗	R	8.1%	9.3%	21
Established Adults	Breast Screening - Coverage of women aged 53-70 years – Percentage women whose last test was less than three years ago	68.6%	..	..	..	..	..	..	..	..	..	↘	A	77.0%	69.3%	22
Older Adults	The percentage of people receiving care and support in the home via a direct payment	39.1%	40.1%	42.2%	47.3%	54.0%		59.2%	..	..	..	↗	G	N/A	N/A	23
Older Adults	Older people in residential/nursing care admissions/discharges	132/125	32/41	40/49	50/46	36/44	158/180	27/32	..	..	..	↗	G	N/A	N/A	24
Older Adults	Rates of emergency admissions for COPD per 100,000 population	238.5*	..	..	..	..	..	..	..	..	..	N/A	NC			25
	Directly Standardised Rate															
Older Adults	Percentage of people who die at home			..	..	..	..	..	..	..	..			21.0%	21.8%	26
	Due to the Public Health Mortality file no longer being provided by ONS since the move from the NHS to the LA we are not currently able to calculate this. We are in the process of signing the correct data sharing agreements and awaiting approval, upon which we will be able to calculate this figure again. Until then the only figures available are nationally released figures that are not broken down to LA level															
Vulnerable	Number of cases discussed at MARAC meetings per quarter.	315	101	94	106	81	382	80	..	..	..	↗	G	N/A	N/A	27

Key

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NC	No Colour

Lifecourse Stage	Title	2011/12	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	2012/13	2013/14 Q1	2013/14 Q2	2013/14 Q3	2013/14 Q4	DoT	RAG Rating	BENCHMARKING England Average	BENCHMARKING London Average	HWBB No.
Vulnerable	Percentage of households in temporary accommodation		1.6%	1.7%	1.7%	1.7%	..	1.8%	..	..	..	→	R		0.2%	28
Vulnerable	Percentage of individuals with Learning Difficulties or Disability with annual health check															29
	Data not currently available															
All Ages	Alcohol related recorded crimes	13.0	..	..	..	..	..	..	..	..	..	↘	R	11.1	7.0	30
	Persons, all ages, crude rate per 1000 population															
All Ages	KT31 contraceptive services - statutory return - LARCs	35.0%	..	..	..	..	..	..	..	..	..	↗	G	27.0%	28.0%	31
	as a percentage of total first contacts for contraception reasons only															
All Ages	Emergency readmissions within 30 days of discharge from hospital	12.9%*	..	..	..	..	..	..	..	..	..	↗	R	12.0%	11.8%	32
	Percentage of emergency admissions occurring within 30 days of the last, previous discharge after admission, Indirectly standardised rate															
All Ages	Rate of premature mortality under the age of 75 from all causes	182.9**	..	..	..	..	..	..	..	..	..	N/A	R	146.1	137.6	33
	Age-standardised mortality rate from causes considered preventable per 100,000 population															
All Ages	Percentage successful completion of drug treatment - opiate users	63%	70%	76%	73%	71%	71%	57%	..	..	..	↗	A	45%	41%	34
All Ages	Rate of emergency admissions due to ambulatory care sensitive conditions	1136.2	..	..	..	..	..	..	..	..	..	↗	NC			35
All Ages	Percentage of A&E attendances without treatment, intervention or admission															36
	Not currently reported.															

Key

Appendix 1: Indicators for HWBB - 17 September 2013

	Data unavailable due to irrelevance, reporting frequency or the performance indicator being new for the period
..	Data unavailable as not yet due.
	Data missing and requires updating
	Provisional end of year figure
DoT	The direction of travel for each indicator is denoted with an arrow, which has been colour coded to show whether performance has improved (green) or worsened (red)
NC	No Colour

														BENCHMARKING		
Lifecourse Stage	Title	2011/12	2012/13 Q1	Q2	Q3	Q4	2012/13	2013/14 Q1	Q2	Q3	Q4	DoT	RAG Rating	England Average	London Average	HWBB No.
All Ages	Improving Access to Psychological Therapies: People who have entered treatment as a proportion of people with anxiety or depression (Percentage)	1.5%	1.5%	1.9%	1.9%	2.3%	..	..	..	..	..	↗	A	2.3%	2.5%	37
All Ages	Percentage of eligible diabetic population receiving screening for early detection of diabetic retinopathy	82.8%	80.4%	88.5%	83.6%	..	..	..	..	..	..	↘	G	81.20%	80.7%	38
All Ages	Delayed Transfers of Care, including those that are due to the local authority	9.5	6.0	6.0	4.5	1.5		0.75	..	..	..	↘	G	3.3 2012/13	2.7 2012/13	39
	Directly standardised rate per 100,000 population															

* Data from 2010/11

** Data from 2009/2011

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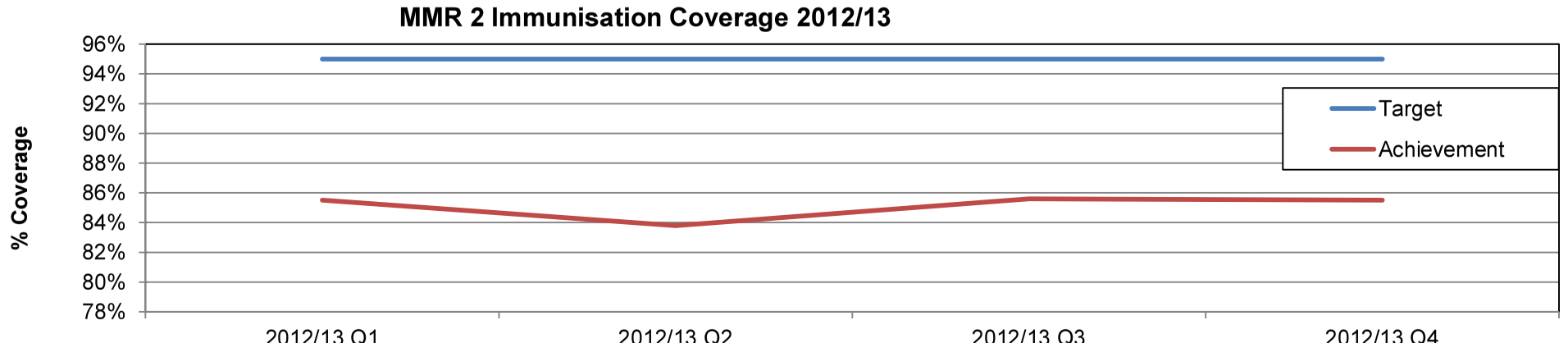
APPENDIX B

AREAS OF PERFORMANCE HIGHLIGHTED FOR IMPROVEMENT

Health and Well Being Board				August 2013
Childhood Immunisations – MMR 2	**Source: Immunisation data from COVER report based on RIO/Child health record**			**Date: 08/13**

Definition	Percentage of children given two doses of MMR vaccination.	**How this indicator works**	MMR 2 vaccination is given at 3 years and 4 months to 5 years. Reported by COVER based on RIO/Child Health Record.
What good looks like	Quarterly achievement rates to be above the set target of 95% immunisation coverage.	**Why this indicator is important**	Measles, mumps and rubella are highly infectious, common conditions that can have serious, potentially fatal, complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.
History with this indicator	2011/12: 82.8%		

	2012/13 Q1	**2012/13 Q2**	**2012/13 Q3**	**2012/13 Q4**
Target	**95%**	**95%**	**95%**	**95%**
Achievement	**85.5%**	**83.8%**	**85.6%**	**85.5%**
Variable 3				



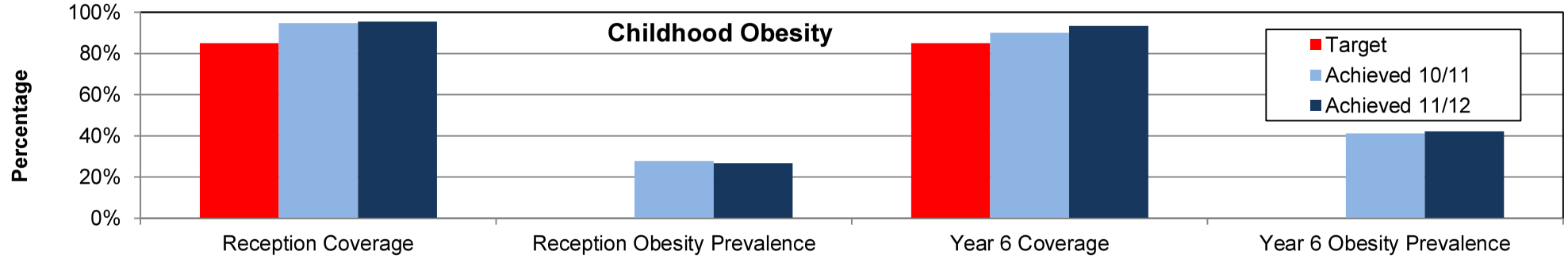
Performance Overview	Coverage levels for MMR 2 have been below target for all four quarters in 2012/13. Quarter four was 9.5% below the 95% target.	**Further Actions & comments**	Continued press and public activity to encourage take-up, as reported to the Health & Wellbeing Board over previous meetings.
RAG Rating			
Benchmarking	In 2011/12 financial year, uptake rates for MMR 2 were 82.8%.		

Health and Well Being Board — August 2013

Childhood Obesity – NCMP — **Source: Department of Health** — **Date: 08/13**

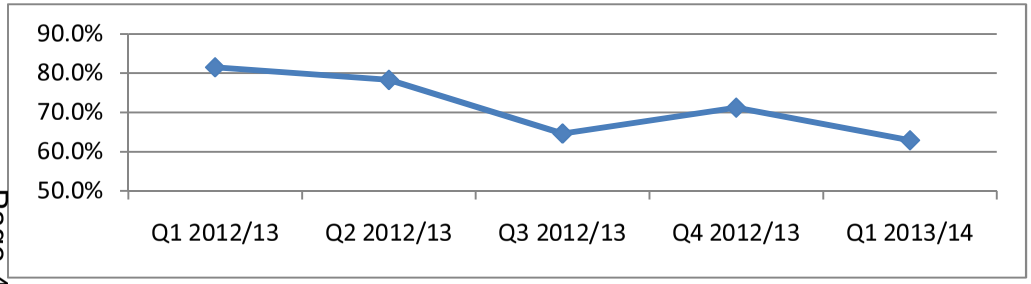
Definition	Coverage – Percentage of children in either reception or year 6 that have had their height and weight measured during the school year. Prevalence – Percentage of children in either reception or year 6 whose weight is above the 95th centile of the population.	**How this indicator works**	Every year, as part of the NCMP, children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) have their height and weight measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.
What good looks like	Coverage figures should be above the target figure of 85% and as close to 100% as possible. Prevalence figures should be as low as possible.	**Why this indicator is important**	The National Child Measurement Programme (NCMP) is an important element of the Government's work in addressing childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Education (DfE).
History with this indicator	2011/12: Reception – 26.7% prevalence; 94.7% coverage. Year 6 – 42.2% prevalence; 90% coverage.		

	Reception Coverage	Reception Obesity Prevalence	Year 6 Coverage	Year 6 Obesity Prevalence
Target	**85.0%**		**85.0%**	
Achieved 10/11	**94.7%**	**27.8%**	**90.0%**	**41.2%**
Achieved 11/12	**95.4%**	**26.7%**	**93.4%**	**42.2%**



Performance Overview **RAG Rating**	Coverage for both Reception and Year 6 is over target by 10.4% and 8.4% respectively. Reception and Year 6 prevalence rates are both well above national and regional averages.	**Further Actions & comments**	Coverage continues to improve. A range of activities are in place to improve physical activity and healthy eating in schools and, through Children's Centres, to address family health before the child reaches school.
Benchmarking	2010/11 – Reception: 27.8% Year 6: 41.2%		

Annual health check for Looked After Children **Source: Children's Services Data Management**					
Definition	The number of children looked after for a year or more with an up to date health check.		**How this indicator works**	This indicator is calculated by taking the number of LAC who have been in care for one year or more and checking whether they have had their annual health checks, which includes a medical and dental check combined.	
What good looks like	A higher proportion of looked after children receiving an annual health check		**Why this indicator is important**	This is a statutory requirement. Improving health and wellbeing outcomes for LAC is a top CYPP priority in the borough.	
History with this indicator	N/A		**Any issues to consider**	N/A	
	Q1 2012/13	**Q2 2012/13**	**Q3 2012/13**	**Q4 2012/13**	**Q1 2013/14**
Health Checks	81.5%	78.3%	64.6%	71.20%	62.9%



Performance Overview **RAG**	The percentage of looked after children in care for one year or more with an annual health check has fluctuated over the last year and dropped to 63% as at the end of Q1 2013/14. **Performance as at the end of August 2013 has improved and risen to 71%.** We predict that this indicator will increase further to over 80% by the end of Q3 and over 90% by the end of year 2014. This indicator is monitored monthly at Complex Needs and Social Care senior management teams and escalated to LAC nurses who sit in the Council's LAC team.	**Actions to sustain or improve performance**	1. Working closely with foster carers to ensure that looked after children attend their annual health and dental check; 2. Implemented clear timescales for health care plans to be shared with the LA and foster carers. The health care plans are all quality assured by the LAC nurses to ensure good quality. 3. Health Passport is being implemented currently with the printers. The Health Passport will encourage young people to begin to take responsibility for their health care by promoting the voice of the child and allowing young people to have knowledge of their health care history and health care actions needed to improve health. ***Continued overleaf***
Benchmarking	Performance is lower than the England and London averages of 84.3% and 88.1% respectively.		

Annual health check for Looked After Children (CONTINUED)
Source: Children's Services Data Management

Actions to sustain or improve performance

4. Health LAC Nurse meets the LAC Group Manager monthly to discuss overdue health assessments and reasons i.e. late paperwork from the local authority or delay via health due to child being placed out of area and delay caused by other health providers. Escalation pathway is now in place with Designated Nurse re: unacceptable delays for health assessments for children placed out of area.

5. Health BSO is now in post, monitoring the health assessments and coordinating with social workers and health, to ensure health assessments request are timely and of good quality.

6. All care plans will have the date of the last Optician and Dental appointment to ensure that Social care can record this on ICS for statutory performance indicators.

7. LAC Nurse maintains statistics on number of refusals of health assessments. A Non completion form is completed and returned to social care for their records. All young people who refuse their health assessment should be spoken to directly by the LAC Nurse in order to promote future health and ensure the young person is aware they may be in need of health interventions, such as missing immunisations or outstanding dental or optician appointments.

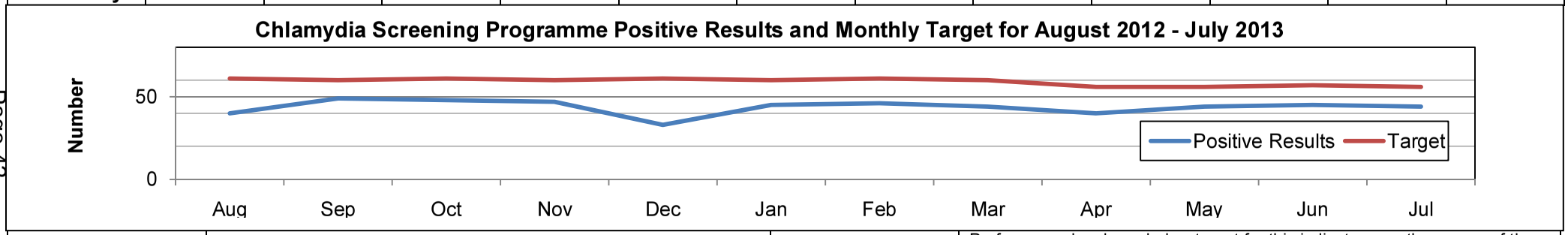
8. Performance Indicator is monitored bimonthly at the CiC outcomes group chaired by DCS.

Health and Well Being Board — August 2013

Chlamydia Screening Programme — **Source: Terrence Higgins Trust** — **Date: 08/13**

Definition	Number of positive tests for Chlamydia.	**How this indicator works**	This indicator is reported quarterly via the National Chlamydia Screening Programme and covers screening uptake and positivity rates among young people aged 15-24 years.
What good looks like	The number of positive results to be greater than target levels on a monthly basis.	**Why this indicator is important**	Chlamydia is the most commonly diagnosed sexually transmitted bacterial infection among young people under the age of 25. The infection is often symptomless but if left untreated can lead to serious health problems including infertility in women.
History with this indicator	2011/12: 587 positive results. 2012/13: 585 positive results against target of 726.		

	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Positive Results	40	49	48	47	33	45	46	44	40	44	45	44
Target	61	60	61	60	61	60	61	60	56	56	57	56
Quarterly	Quarter 2	140/181		Quarter 3	128/182		Quarter 4	135/181		Quarter 1	129/169	



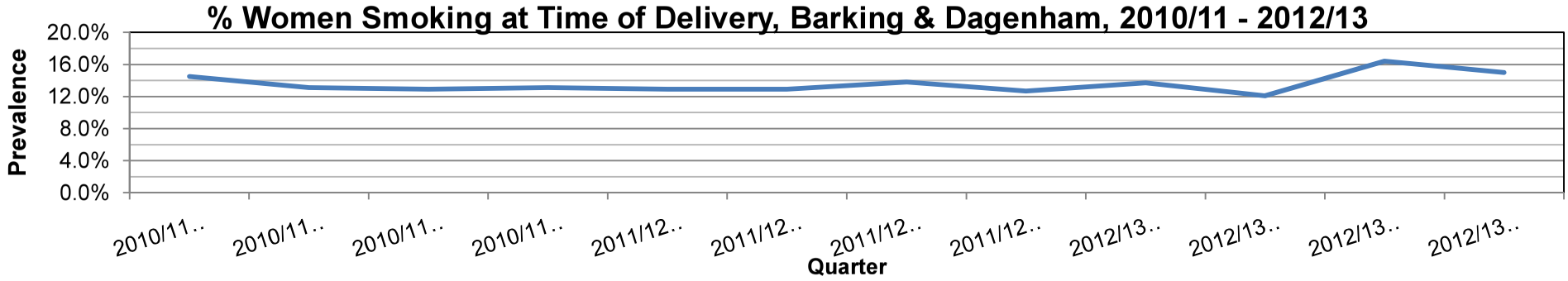
Performance Overview	Barking and Dagenham has only met the monthly target for positive tests on one month in 2012/13 which was May 2012. There has been a drop-off in positive tests since August 2012, with monthly numbers being below 50 every month since.	**Further Actions & comments**	Performance has been below target for this indicator over the course of the previous year. A recovery plan for this programme has been requested from Waltham Forest, who lead on commissioning this service. The figures for the first month in 2013-14 (April) where below target, this was addressed in the monitoring meeting held in May. Discussions have taken place to address the issues associated with the low rate of uptake of the Chlamydia test amongst those offered a test (that is the conversion rate). BHRUT are committed to providing qualitative data that will help in the analysis of this issue. This information is expected within the next 2 months, and will inform a targeted marketing campaign to raise the profile of the sexual health services at BHRUT.
RAG Rating			
Benchmarking	The annual positivity rate was 2395 per 100,000 people in 2011/12 whilst the 2012/13 rate for positivity was 2966 per 100,000 people. Number of Eligible Young People aged 15-24 years in the population is 24491 in Barking and Dagenham.		

Health and Well Being Board | August 2013

Smoking at Time of Delivery | **Source: NHS Information Centre** | **Date: 08/13**

Definition	Percentage of women who are smoking at time of delivery.	**How this indicator works**	This data collection is designed to provide a measure of the prevalence of smoking among women at the time of giving birth at a local level.
What good looks like	For the percentage of women smoking at time of delivery to be as low as possible.	**Why this indicator is important**	Babies from deprived backgrounds are more likely to be born to mothers who smoke and to have much greater exposure to secondhand smoke in childhood. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.
History with this indicator	2009/10: 13.7% 2008/09: 11.3%		

	Q1	Q2	Q3	Q4
2010/11	**14.5%**	**13.1%**	**12.9%**	**13.1%**
2011/12	**12.9%**	**12.9%**	**13.8%**	**12.7%**
2012/13	**13.7%**	**12.1%**	**16.4%**	**15.0%**

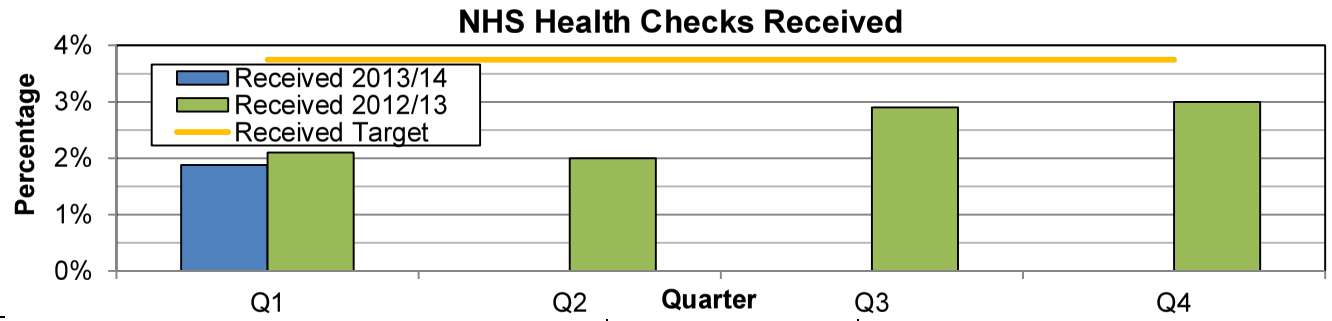


Performance Overview	Barking & Dagenham is, and has been historically, performing far worse than both the London and England averages. Rates for the last two quarters have risen sharply from 12.1% to 15.0%.	**Further Actions & comments**	
RAG Rating			
Benchmarking	In England, the percentage of mothers smoking at delivery was 12.7% in 2012/13, for London it was 5.7%.		

Health and Well Being Board			August 2013
NHS Health Checks Received		**Source: Department of Health**	**Date: 08/13**

Definition	Percentage of the eligible population (those between the ages of 40 and 74, who have not already been diagnosed with heart disease, stroke, diabetes, kidney disease and certain types of dementia) received an NHS Health Check in the relevant time period.	**How this indicator works**	Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions is invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and afterwards given support and advice to help them reduce or manage that risk. The national targets are 20% of eligible population should be offered a health check and 75% of those offered should receive a check.
What good looks like	For the received percentage to be as high as possible and to be above target.	**Why this indicator is important**	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease.
History with this indicator	2011/12: 12.4% (5,134) received for whole year. 2012/13: 10.0% (4,152) for entire year.		

	Q1	Q2	Q3	Q4
Target	**3.75%**	**3.75%**	**3.75%**	**3.75%**
Received 12/13	**2.1%**	**2.0%**	**2.9%**	**3.0%**
Received 13/14	**1.9%**			



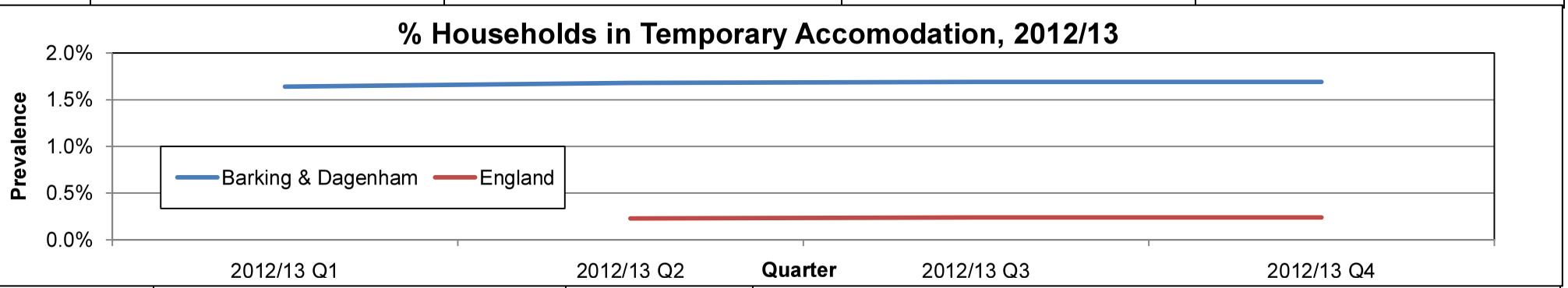
Performance Overview	The percentage receiving health checks is below target. Quarter one is down on both the last quarter (2012/13 Q4) and the quarter for the same time period last year (2012/13 Q1). For the whole year of 2012/13, Barking & Dagenham achieved 10.0% of those eligible receiving health checks. This is below the target of 15%.	**Further Actions & comments**	Health Check programme has been running in B&D since 2008/09 and we are therefore coming towards the end of the 5 year cycle. Public Health have initiated discussions with the Behavioural Change Team who are working with Public Health England to look at ways of improving uptake across the borough and will be looking to pilot ideas with a few practices over the next few months. Monitoring under-performing practices will continue during 2013/14, this proved successful last year with a number of practices, improving their uptake between 10-20%. Work on improving the quality of the data uploaded by practices onto Health Analytics has continued in Q1 of 2013/14 with several visits to practices undertaken.
RAG Rating			
Benchmarking	In 2011/12, only 12.4% received health checks, which was less than the set target of 13.7%. In 2012/13, only 10.0% received health checks against the target of 15%.		

Health and Well Being Board — August 2013

Households in Temporary Accomodation — **Source: NHS Information Centre** — **Date: 08/13**

Definition	Percentage households in temporary accommodation.	**How this indicator works**	Part of this indicator (number of households in temporary accommodation per thousand households) is a Department for Communities and Local Government (DCLG) departmental impact indicator. These data demonstrate the number of homeless households in temporary accommodation awaiting a settled home.
What good looks like	For the percentage to be as low as possible.	**Why this indicator is important**	Under the Homelessness Act 2002, local housing authorities must have a strategy for preventing homelessness in their district. The strategy must apply to everyone at risk of homelessness, not just people who may fall within a priority need group for the purposes of Part 7 of the Housing Act 1996.
History with this indicator	2011/12: 1.6%	**Issues with this indicator**	This indicator will need revision. Absolute numbers of people in temporary accommodation tell us more than percentages of all households. In particular, those who have been in the most unsuitable TA (typically B&B) or have been in for more than 6 weeks, is the more relevant indicator. This is monitored weekly.

	Q1	Q2	Q3	Q4
B & D	**1.64%**	**1.68%**	**1.69%**	**1.69%**
England	**N/A**	**0.23%**	**0.24%**	**0.24%**



Performance Overview	Barking & Dagenham has a far higher rate than the national average with it being almost 7 times as high. It has increased slightly over the course of the year too.	**Further Actions & comments**	It is critical that the effort is focused on reducing unsuitable types of temporary accommodation, especially bed and breakfast, and the Council has been working to minimise this, and particularly for those who have been in such accommodation for over 6 wks. Reports to Strategic Housing Board can provide further detail of activities on request. It is important to note that these increases in the overall numbers in TA may mask these movements within the different types of accommodation. The Board should also be aware of the potential impact of welfare reform, which has the potential to delay progress with this indicator. Use of B&B peaked in August 2012 at 226 households, and is now (Aug 2013) down to below 100. Those who had been accommodated in this way for over 6 weeks has reduced by 75% from a peak in Aug 2012 of 116 households.
RAG Rating			
Benchmarking	England 2011/12: 0.23%		

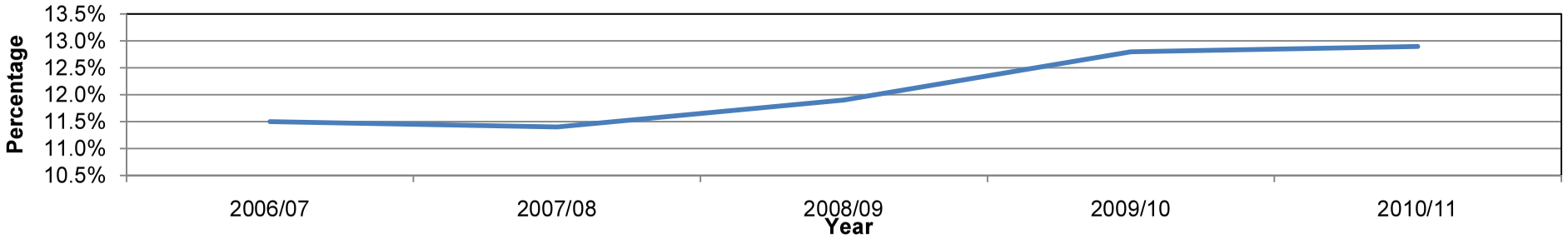
Health and Well Being Board — August 2013

Emergency Readmissions Within 30 Days of Discharge — **Source: NHS Information Centre** — **Date: 08/13**

Definition	Indirectly standardised percentage of emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge from hospital after admission.	**How this indicator works**	The number of finished and unfinished continuous inpatient (CIP) spells that are emergency admissions within 0-29 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies.
What good looks like	For the percentage to be as low as possible, indicating that fewer people are readmitted soon after discharge.	**Why this indicator is important**	Health interventions and social care can play roles in putting in place the right re-ablement, rehabilitation and intermediate care services to support individuals to return home or regain their independence, so avoiding crisis in the short-term.
History with this indicator	2006/07: 11.5%		

	2007/08	2008/09	2009/10	2010/11
B&D	**11.4%**	**11.9%**	**12.8%**	**12.9%**

Emergency Readmission to Hospital Within 30 Days of Discharge, Barking & Dagenham

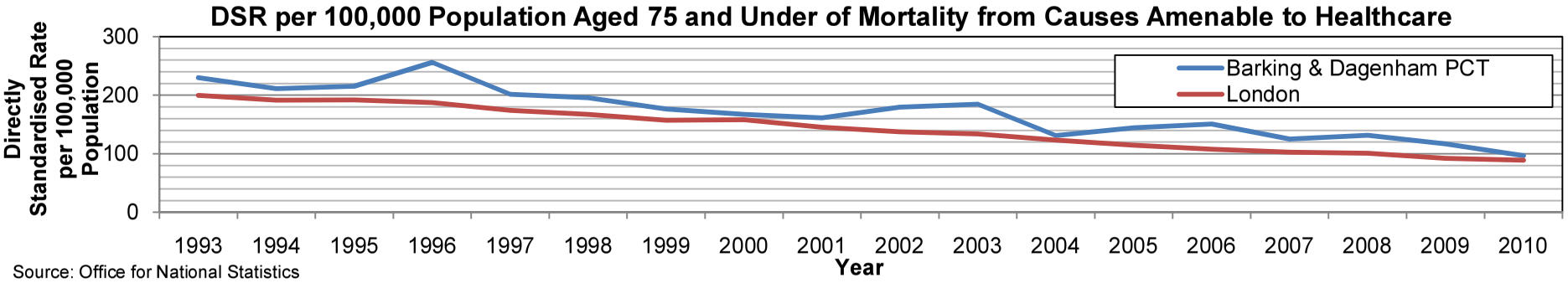


Performance Overview	Barking & Dagenham has a higher percentage than both national and regional averages. The rate has also shown an increasing trend since 2006/07.	**Further Actions & comments**	The Urgent Care Board leads the partnership between health and social care services, putting in place a substantial programme of work in place which aims to improve the performance of hospital discharge, and further interventions are subject of separate reports to the Health & Wellbeing Board.
RAG Rating			
Benchmarking	England 2010/11: 12.0% London 2010/11: 11.8%		

Health and Well Being Board			August 2013
Mortality Amenable to Healthcare in Under 75s		**Source: ONS**	**Date: 08/13**

Definition	Numerator: Number of deaths that are considered preventable (classified by underlying cause of death recorded as ICD10 codes set out in the table below, and for the age groups shown) registered in the respective calendar years. Denominator: ONS mid-year population estimates aggregated across three years.	**How this indicator works**	The indicator is based on the preventable mortality component of avoidable mortality as defined by the Office for National Statistics (ONS).
What good looks like	Rate per 100,000 should be as low as possible, indicating fewer deaths amenable to healthcare.	**Why this indicator is important**	Preventable mortality can be defined in terms of causes that are considered to be preventable through individual behaviour or public health measures limiting individual exposure to harmful substances or conditions. Examples include lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases.

	2007	2008	2009	2010
B & D	**125.1**	**131.6**	**116.8**	**96.9**
London	**102.8**	**100.8**	**92.1**	**88.9**
England	**100.8**	**97.2**	**91.1**	**88.1**



Performance Overview **RAG Rating**	Barking & Dagenham has consistently been above the regional and national rates over the last 17 years. The rate for Barking & Dagenham does show a downward trend though, with rates falling by 28.2 per 100,000 in the last four years.	**Further Actions & comments**	Activities to address this indicator are the basis of the Health & Wellbeing Strategy overall. More detailed analysis of the specific diseases that contribute to premature mortality in this borough is contained in the Joint Strategic Needs Assessment.
Benchmarking	London 2010: 88.9 England 2010: 88.1		

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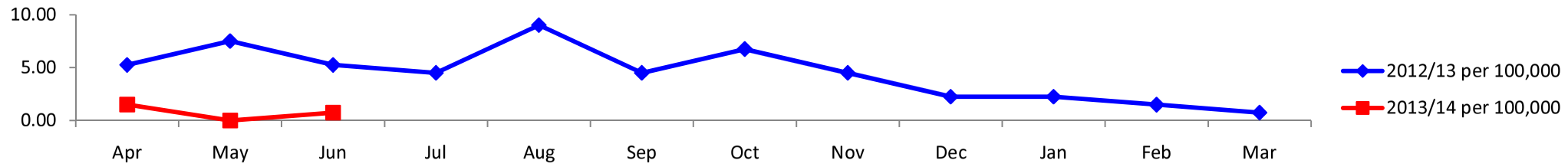
APPENDIX C

AREAS HIGHLIGHTED FOR GOOD PERFORMANCE

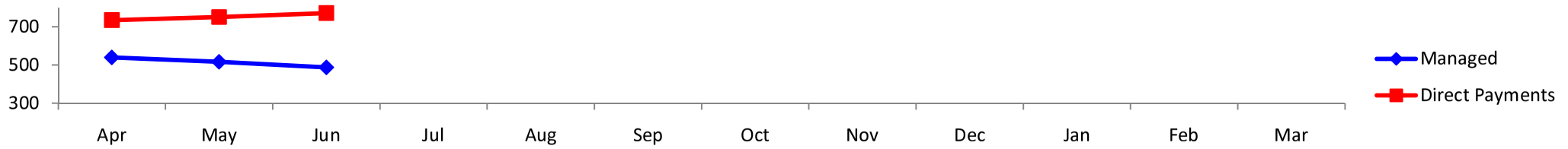
Health & Wellbeing Board Social Care & Joint Social Care and NHS Responsible DTOCs											Quarter 1 2013/14 Source: http://www.england.nhs.uk/statistics/	
Definition	The national definition of a delayed transfer of care is when a patient is ready for transfer from acute care, but is still occupying an acute bed.						**How this indicator works**	This indicator measures the number of patients with a DTOC at midnight on the last Thursday of the reporting month, who were solely the responsibility of Social Care or those which were jointly the responsibility of the NHS and social care. The figures shown below are per 100,000 18+ residents. (18+ population of 133,215)				
What good looks like	Good performance would be under the 2012/13 England average of 3.3 DTOC's per 100,000 population.						**Why this indicator is important**	This indicator is important to measure as the authority is fined for delayed discharges that are found to be solely its responsibility.				
History with this indicator	The 2012/13 yearly average for the number of people delayed at midnight on the last Thursday of the month was 4.5 (the yearly average is an ASCOF indicator)						**Any issues to consider**	Please note that these figures are taken from the Department of Health website and have **not** been verified by Barking and Dagenham Social care, these figures will also include patients from Mental Health.				
	Apr-13	**May-13**	**June-13**	**July-13**	**Aug-13**	**Sept-13**	**Oct-13**	**Nov-13**	**Dec-13**	**Jan-14**	**Feb-14**	**Marc-14**
DTOC per 100,000	1.5	0	0.75									



Performance Overview **RAG**	• On the last Thursday of June1 patient which was the duel responsibility of both Social Care and the NHS was recorded as a DTOC. • When this is converted to a per 100,000 population figure it becomes 0.75. • This takes the quarter 1 average for social care and jointly social care and NHS responsible DTOCs to 0.75 per 100,000 population. • This is a vast improvement compared to the 4.5 achieved in the 2012/13 financial year.	**Actions to sustain or improve performance**	NELFT are now sending the performance team a monthly spreadsheet detailing all the delayed DTOC cases (both Mental Health & Community Services) uploaded to the DOH. These spreadsheets will allow for LBBD to carry out their own analysis of any overdue discharges.
Benchmarking	The England average for social care responsible and joint social care and NHS responsible DTOCs is 3.23 per 100,000 population.		

Health & Wellbeing Board												Quarter 1 2013/14
The Number of People Accessing Home Care Via Managed Budgets Compared to Direct Payments (18+)												Source: Business Objects
Definition	The number of people accessing home care via a managed personal budget compared to the number receiving direct payments					**How this indicator works**	Below are the numbers of people (18+) who are receiving home based services via a managed personal budget compared to those receiving home based services via direct payments. These are monthly figures and are **not** accumulative.					
What good looks like	A higher proportion of people accessing care and support in the home via Direct Payments.					**Why this indicator is important**	It is important to increase the use of Direct Payments amongst service users as they help to personalisation by enabling clients a greater choice and control over their care and support.					
History with this indicator	In March 2012 a total of 1,158 people were recorded as receiving home care, 597 (51.6%) of which were doing so via a direct payment.					**Any issues to consider**	These figures do **not** include crisis intervention.					

	Apr-13	May-13	June-13	July-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Marc-14
Managed	540	517	488									
Direct Pay	735	751	772									
Total	1,359	1,347	1,260									



Performance Overview	• The number of clients accessing homecare via a managed personal budget continues to fall with 488 throughout June. • In comparison this is a 39% decrease compared to the 738 clients who were in receipt of a personal budget in June 2012. • 772 clients were accessing direct payments in June 2013, a 52.9% increase compared to the 505 in June 2012. • The total number of clients receiving homecare has decreased from 1,359 in April to 1,260 in June.	**Actions to sustain or improve performance**	Good performance overall and the Choice and Control programme will help to further promote the use of personal assistants in the borough.
RAG			
Benchmarking	N/A		

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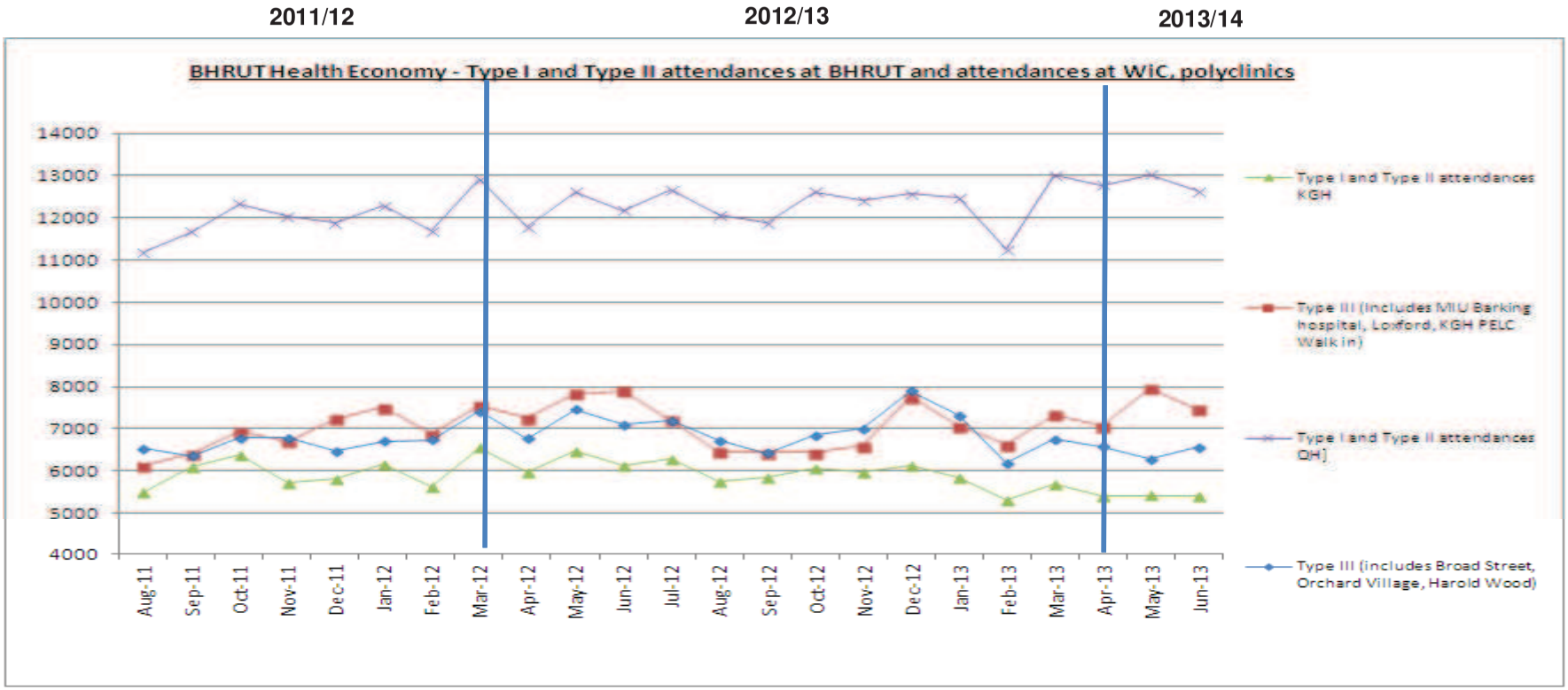
Appendix D

Urgent Care Board

July Urgent Care Dashboard

29 July 2013

A&E Attendances



DEFINITIONS:

Type 1 A&E department = A consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients

Type 2 A&E department = A consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients

Type 3 A&E department = Other type of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs), primarily designed for the receiving of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment.

KEY POINTS:

> Attendances at KGH show a flat demand over the period analysed. Type I and II attendances at Queen's have been higher than average for the last three months March – to May. In the recent month this may have been impacted upon by the closure of Harold Wood Clinic and Orchard Village for a short period of time.

> The proportional split between Type I /Type II attend and Type III attendances remains fairly constant over this period.

APPENDIX E: Summary of CQC Inspection Reports in the Period

Name of Service	Type of Service	Specialisms/Services	Date Inspection Report Published	Website link
Dr. James Mallon	Dental Practice	Diagnostic and/or screening services, Services for everyone, Surgical procedures	11/04/2013	http://www.cqc.org.uk/directory/1-334066054
MC Dentistry Limited	Dental Practice	Diagnostic and/or screening services, Services for everyone, Surgical procedures	11/04/2013	http://www.cqc.org.uk/directory/1-189399714
Barts NHS Trust	Hospital	Diagnostic and/or screening services, Services for everyone, Surgical procedures	11/04/2013	http://www.cqc.org.uk/directory/R1HMO
Life Style Care (2011) plc (Alexander Court Care Centre)	Nursing Care	Diagnostic and/or screening services, Caring for adults over 65 yrs	12/04/2013	http://www.cqc.org.uk/directory/1-312323157
M N S Care plc (Hanbury Court Care Home)	Nursing Care	Diagnostic and/or screening services, Caring for adults over 65 yrs	18/04/2013	http://www.cqc.org.uk/directory/1-119099319
Mr. Mahmood Dewji	Dentist	Diagnostic and/or screening services, Services for everyone, Surgical procedures	19/04/2013	http://www.cqc.org.uk/directory/1-196597328
Wideway Care Limited	Home Care	Dementia, Caring for adults over 65 yrs	19/04/2013	http://www.cqc.org.uk/directory/1-126620169
KCA (UK)	Community Service	Substance misuse problems	24/04/2013	http://www.cqc.org.uk/directory/1-456457311
Disablement Association of Barking and Dagenham	Social care Organisation	Dementia, Learning disabilities, Mental health conditions, Physical disabilities, Sensory impairments, Caring for adults under 65 yrs, Caring for adults over 65 yrs	03/05/2013	http://www.cqc.org.uk/directory/1-124966110
Chestnut Court Care Limited	Nursing Care	Dementia, Diagnostic and/or screening services, Caring for adults over 65 yrs	12/06/2013	http://www.cqc.org.uk/directory/1-150166309
Chosen Services UK Limited	Community Health Services	Dementia, Learning disabilities, Mental health conditions, Physical disabilities, Sensory impairments, Services for everyone, Substance misuse problems, Caring for children (0 - 18yrs), Caring for adults under 65 yrs, Caring for adults over 65 yrs	15/06/2013	http://www.cqc.org.uk/directory/1-228962162

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HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Urgent Care Update**
Report of the Barking and Dagenham Clinical Commissioning Group	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: YES**
Report Author: Jane Gateley, Director of Strategic Delivery, BHR CCGs	**Contact Details:** Tel: 020 8926 5219 E-mail: jane.gateley@onel.nhs.uk
Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group	

Summary:

This purpose of this report is to advise the Health & Wellbeing Board of the role of the Urgent Care Board and its focus over coming months. This paper provides the Board with an update on:

- The role the Urgent Care Board (UCB)
- The priority work streams agreed by the UCB
- The demand and capacity planning (including winter) work stream
- The role of the UCB in the BHRUT A&E Clinical Review
- The role of the UCB in the national urgent and emergency care review

Recommendation(s)

The Board is asked to note the progress report and receive a further update at its meeting on 10 December 2013.

Reason(s):

There was an identified need to bring together senior leaders in health and social care to drive improvement in urgent care at a pace across the system.

1. Background/Introduction

1.1. Following the CQC visit at BHRUT and the continued failure to hit the 4 hour target (A&E performance is calculated as the percentage of A&E attendances where the patient spent 4 hours or less in A&E, from arrival to transfer, admission or discharge. The standard is 95% for all types of patents), CCGs proposed to the Integrated Care

Coalition that an Urgent Care Board (UCB) be established to support system wide improvements in care.

1.2. Following a workshop in May 2013 senior leaders supported this proposal.

1.3. The establishment of the UCB does not impact on the formal contractual governance arrangements in place to performance manage individual providers.

2. Role of the UCB

2.1. The UCB was established in June 2013 as an advisory Board, following agreement at the Integrated Care Coalition that there was a need to bring together senior leaders in health and social care in Barking and Dagenham, Havering and Redbridge to drive improvement in urgent care at a pace across the system.

2.2. It has been established in the context of current poor A&E performance at BHRUT and the recognition of the criticality of getting this part of the system fit for purpose for local residents.

2.3. It is recognised that separate formal contractual governance arrangements are in place to performance-manage individual providers of services. For BHRUT the Emergency Care Standards Performance Group, chaired by Alex Tran, has the remit to performance-manage BHRUT against their contract and Emergency Care Recovery and Improvement Plan. The UCB will focus on the interdependencies that exist across the system requiring strong partner and interface working.

2.4. The terms of reference are attached at Appendix A.

2.5. A consolidated urgent care dashboard is produced and reported at every meeting, highlighting current performance and issues to support the work of the Board. It will also be used to track improvement in the urgent care system. The dashboard was jointly developed with stakeholders at a work shop in May. It will continue to be refined/developed taking into account feedback from stakeholders and best practice nationally (being shared via the NHS England Delivery Assurance Network).

3. UCB Priorities

3.1. The Board has met monthly since June 2013. Following a detailed review of the local position and performance the following 6 areas have been prioritised

- A&E recruitment (BHRUT lead)
- Urgent care centre utilisation (BHRUT lead)
- 7 day working (BHRUT lead for initial phase)
- Primary care improvement (Havering CCG lead)
- Discharge arrangements (LBBD lead)
- Frail elderly services (BHR CCGs lead)

3.2. Leads have been identified (as above) for each work stream and they have been asked to produce a project brief and progress highlight report for the August UCB

meeting. Progress will then continue to be monitored on a monthly basis until project objectives are delivered.

3.3. In addition, LAS are carrying out a 'deep dive' review in the Romford and Croydon areas which have both seen significant hikes in demand. This work and associated action plan will be reported through to the UCB. An initial report was considered by the UCB at a meeting in August.

4. Demand and Capacity Planning (including winter)

4.1. The UCB also has responsibility for giving assurance that the system can deliver A&E services throughout the winter period (when demand is known to surge).

4.2. It is proposed that demand/capacity and winter planning is seen as a natural refining of the Recovery and Improvement Plan.

4.3. To support this process NHS England has developed a Demand and Capacity Analysis tool kit which is to be completed and submitted by 23 September 2013. The aim of the tool kit is to ensure health economies have sufficiently considered demand and capacity in preparation for winter i.e. do we have sufficient capacity in the system in quarters 3 and 4. It is as much about enabling flow across the health system as it is about beds.

4.4. All organisations via the UCB have nominated a representative to lead on this work stream and submission on their organisations behalf. A sub-group of these representatives has been established and an initial meeting held on 7 August 2013. The following actions were agreed:

- A timetable for completion of this work along with lead responsibilities for the first cut submissions
- Completion of acute demand and capacity tool kit by BHRUT supported by Commissioning Support Unit (checklist provided including: consistency with LTFM, latest trend analysis) by 16 August 2013.
- Each organisation to complete/respond to their relevant sections of the 'Demand and Capacity Planning Checklist' by 16 August 2013
- Each organisation to complete/respond to the 'NHS England Winter Planning Checklist' by 16 August 2013 (the checklist to support winter planning focuses on those areas where winter assurance is particularly required: infection control, staffing adequacy, business continuity, cross-agency communications, specific client group needs over Christmas, primary care (repeat medications, pharmacy, dental availability etc), flu vaccination, cold weather planning and escalation. CCGs/Trust CEOs will be asked to rag rate the checklist and ensure sign off by the UCBs, as part of the submission.
- Each organisation to complete the template detailing capacity, activity trend analysis, lessons learned from the previous winter experience and recommendations/solutions for winter period 2013/14 by 16 August 2013.

- A summary position statement including next steps, based on the returns, above will go to the August UCB for initial review and agreement of sign off process.

- BHR CCGs PMO to arrange a workshop for all partners to attend in August/September to review and finalise demand/capacity and winter plans prior to submission on 23 September 2013. (NHSE have advised that they are organising a workshop on 18 September 2013 and a table top exercise on 23 October 2013 as part of Exercise Paladin to support emergency preparedness and resilience.

4.5. Winter monies: the Department of Health have announced £250m will be released this year (and a further £250m next year) to ease winter pressures on emergency departments. Further information is awaited as to how the money will be allocated and is expected to be confirmed later this month.

4.6. The UCB have already agreed in principle that winter monies will be targeted to those initiatives prioritised in the Integrated Care Strategy, the 6 priority work streams noted above, and recommendations that fall out of the demand and capacity planning work stream.

4.7. Also as part of the winter planning process NHSE is reviewing the LAS Divert policy with four options being considered 1) no diverts 2) CEO request only and introduction of financial penalties and SI reporting 3) wording modifications to stress use of diverts only in extemis 4) diverts locally arranged by agreement between trusts. An option paper has been circulated to organisations and UCB members for comment by 21 August 2013 for a decision to be made later in the month.

5. BHRT A&E Clinical Review

5.1. BHR CCGs and NHSE have commissioned an external clinical review into the safety at the A&E departments at Queens Hospital and King George Hospital. The review comes as a result of concerns about emergency care at the Trust, the recent CQC report into A&E and statements made by BHRUT saying they are looking at the option of closing KGH A&E overnight to help ease their permanent staffing issues. The review will include visits to both King George and Queens sites and is planned for 14 and 15 August.

5.2. Together with partners, through the UCB, the CCGs will carefully consider the review findings and identify actions required to improve the quality and safety of A&E services for local people.

6. National Urgent and Emergency Care review

6.1. Professor Sir Bruce Keogh announced a national review in January 2013. The review aims to:

- Determine patients' priorities when accessing care

- Determine clinical principles by which urgent and emergency care should be organised

- Build the evidence base for principles and seek further evidence

- Build in public, by contribution, consensus on the key components and the system design objectives

- Develop the commissioning framework for future proposed model options

6.2. A national engagement process is in train until the end of August .UCB Members attended a London wide engagement session in July. A response was also submitted to the national review team on behalf of the Integrated Care Coalition indicating broad support of the review and endorsing the need for a system wide response, via UCBs. During September, feedback will be consolidated and the final evidence and principles will be published. This will be considered by the UCB and played into 2014/15 plans where appropriate.

7. Mandatory Implications

7.1. Joint Strategic Needs Assessment

The priorities of the Urgent Care Board are consistent with the Joint Strategic Needs Assessment.

7.2. Health and Wellbeing Strategy

The priorities of the Urgent Care Board are consistent with the Health and Wellbeing Strategy.

7.3. Integration

The priorities of the Urgent Care Board are consistent with the integration agenda.

7.4. Financial Implications

The UCB will make recommendations for the use of the A&E threshold and winter pressures monies.

(Implications completed by: Martin Sheldon, Chief Financial officer)

7.5. Legal Implications

There are no legal implications arising directly from the UCB.

7.6. Risk Management

Urgent and emergency care risks are already reported in the risk register and board assurance framework.

8. Non-mandatory Implications

9. Customer Impact

There are no equalities implications arising from this report.

9.2 Contractual Issues

The Terms of Reference have been written to ensure that the work of the Board does not impact on the integrity of the formal contracted arrangements in place for urgent care services.

9.3 Staffing issues

Any staffing implications arising will be taken back through the statutory organisations own processes for decision.

List of Appendices:

Appendix A: The Terms of Reference for the Urgent Care Board

APPENDIX A

Terms of Reference

Urgent Care Board

June 2013

These terms of reference were approved by:	**Insert name** ……
These terms of reference will be reviewed by:	**Insert date** ……/……/…… 6 months

APPENDIX A

APPENDIX A

1. MEMBERSHIP

Members	
Organisation	**Name and Role**
BHR CCGs	Conor Burke, Accountable Officer (Chair)
LB Barking and Dagenham	Anne Bristow, Corporate Director Adult and Community Services
Barking and Dagenham CCG	Dr Richard Burack, Urgent Care Lead
LB Havering	Cheryl Coppell, Chief Executive London Borough Havering (Chair of ICC)
LB Havering	Joy Hollister, Director Children, Adults and Housing
Havering CCG	Dr Alex Tran, Urgent Care Lead
LB Redbridge	John Powell, Director of Adult Social Services and Housing
Redbridge CCG	Dr M Mathukia, Urgent Care Lead
Barking & Dagenham, Havering, Redbridge University trust (BHRUT)	Averil Dongworth, Chief Executive BHRUT
Barking & Dagenham, Havering, Redbridge University Hospitals NHS Trust (BHRUT)	Dr Mike Gill, Medical Director
NHS England	John Atherton, Head of Service Development
North East London Foundation Trust (NELFT)	John Brouder, Chief Executive NELFT
North East London Foundation Trust (NELFT)	Jacqui Van Rossum, Executive Director Integrated Care (London) and Transformation
Patient Representative	Anne-Marie Dean, Chair HealthWatch Havering
Partnership of East London Cooperatives ltd	Jacqui Niner, Head of Services
London Ambulance Service	Katy Millard, Assistant Director Operations (East)

Members are permitted to send deputies in their place when they are not able to attend.

In attendance	
BHR CCGs	Jane Gateley, Director of Strategic Delivery BHR CCGs
Havering CCG	Alan Steward, Chief Operating Officer, Havering CCG

Patient representation to the Urgent Care Board membership to be agreed.

2. QUORUM

The group will be considered quorate when 4 members are in attendance, with at least one NHS Commissioner and one Local Authority Commissioner present.

3. ADMINISTRATION & HANDLING OF MEETINGS

Admin functions will be undertaken by CCGs PMO:

- **Agreement of the agenda with the Chair. Once agreed and circulated no further agenda items, without prior warning or discussion with the Chair, will be raised or presented at the meeting.**
- **The circulation of papers, with papers being circulated within a minimum of three working days in advance of the meeting date.**
- **Taking action notes/issues to be carried forward.**

4. REPORTING / COMMUNICATIONS

Action notes from each meeting will be taken and approved at the subsequent meeting of the Urgent Care Board. They will be forwarded to all members for them to circulate/report as appropriate within their respective organisations and will be included as a standing item on the Integrated Care Coalition agenda.

They will also be forwarded to the contract leads so that relevant actions can be taken through the performance management arrangements where appropriate.

5. PURPOSE OF GROUP

The urgent Care Board has been established as an advisory Board to drive improvement in urgent care at a pace across the BHR system.
It is being established in context of current poor performance and recognition of the criticality of getting this part of the system fit for purpose for local residents. Whilst it is recognised that formal contractual governance arrangements are in place to performance manage providers of services, it is also recognised that interdependencies exist across the system requiring strong partner and interface working.
The Urgent Care Board brings together senior leaders across health and social care in Barking & Dagenham , Havering and Redbridge to support consistent and sustained improvements in services delivered to local residents. (with a clear focus on outcomes, a key measure being achievement of 95% A&E 4 hour target).

Through the use of a system wide consolidated urgent care dash board (that will report agreed KPIs) the Board will at every meeting:

- **Review current and projected performance of urgent care**
- **Focus discussion on the areas not delivering and agree actions/ responsibilities across the system to address**
- **This process will need to ensure the integrity of the contract management framework is maintained. Where relevant, actions agreed at the Urgent Care Board will be reported into the provider relevant contractual group to ensure alignment.**
- **Agree process for production of demand and capacity plan across the system that takes account of CIP, QIPP and elective workload, and gives the system assurance that it can deliver 95% target during 13/14 winter period.**
- **Strategic oversight: The review of current performance will also highlight how services/pathways can be developed together between commissioners and providers. The Urgent Care Board will make recommendations for future changes to the Integrated Care Coalition. These will inform the 2014/15 plan (these should be reviewed and agreed by the Coalition in September/October to inform commissioning intentions).**
- **To ensure performance improvement is informed by application of best practice and the consistent application of evidence based practice. This includes having mechanisms in place to share knowledge, learning and best practice across the local health economy.**
- **Any recommendations impacting on acute reconfiguration will be reported back to the Acute Reconfiguration Implementation Group.**

The Urgent Care Board will be responsible for ensuring all partners deliver their contribution and developing recommendations for system wide change.

FREQUENCY OF MEETINGS

The group will meet monthly from June 2013.

ACCOUNTABILITY

The Urgent Care Board will be accountable to the Integrated Care Coalition

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HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**GP Profiles**
Report of the Barking and Dagenham Clinical Commissioning Group	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: NO**
Report Authors: Leilla Horsnell, Senior Locality Lead Barking and Dagenham CCG James Gregory, Senior Locality Lead Barking and Dagenham CCG	**Contact Details:** Tel: 020 3644 2381 E-mail: Leilla.horsnell@barkingdagenhamccg.nhs.uk
Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham CCG	

Summary:

The report outlines how Barking and Dagenham CCGs is using public health profiles as part of a wider programme of primary care improvement within the borough. Public health profiles provide practices with data to indicate their organisation's achievement against key health outcomes relating to primary health care, as well as recommendations for improvements.

The CCG has aligned GP practices into six localities. The CCG is supporting the development of localities with the dual purpose of strengthening clinical engagement with CCG member practices as commissioners and providing a framework for practices as providers to work collaboratively and share resources and good practice. The locality model is the main delivery mechanism for the development of integrated services across health and social care and for primary care improvement.

A primary care improvement group has been set up to develop guidance, tools and benchmarking information for general practice. NHS England (NHSE) has recently produced a web based tool, the General Practice Outcomes Standards (GPOS), which gives an overview of primary care outcomes in a range of areas including health promotion and prevention.

The primary care improvement group will validate information in the GPOS and use alongside the public health profiles to develop processes and recommendations to support practice improvement.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note the current progress of Barking and Dagenham CCG against the delivery of improved primary care services in the borough.

Reason(s)

This purpose of the report is to advise the Health and Wellbeing Board on work that has started in primary care to deliver improvements against key health indicators. This will be facilitated by tools that have recently been made available for the public heath team and NHS England and will inform the development of a primary care improvement plan in Barking and Dagenham.

1. Background and Introduction

In 2012/13, public health developed GP profiles (indicators listed in Appendix 1) under an agreed programme of collaborative work with the shadow CCG. The aim of the programme was to describe practice performance against key public health measures and to develop a tool that would support clinical improvement. The profiles have been endorsed by the CCG executive and are being taken forward as part of a primary care improvement programme.

Primary care improvement as described in this paper relates to the work carried out in partnership with public health, and other stakeholders to improve health outcomes for the residents of Barking and Dagenham through providing coordinated and comprehensive care in a primary care setting. Improvements are not generated through commissioning additional services, but through encouraging and facilitating change in existing processes to maximise outcomes and improve efficiency.

General practitioners have a dual role as commissioners through membership of CCGs (clinical commissioning groups) and providers of primary care through their contractual responsibilities with NHS England. Whilst the management responsibility for primary care contracts rests with NHS England, the CCG has a duty to support NHS England in the continuous improvement in the quality of primary medical services. As CCGs do not commission primary care services, there are no contractual levers for improving performance. However, this paper outlines how through our locality structure we are supporting providers to deliver quality primary care services.

This report sets out an overview of the localities model and how it is being used to deliver QIPP (quality, innovation, productivity, and prevention) plans, primary care improvement and service development across the borough's 40 GP practices. It also describes our approach to driving improvements in primary care, through the use of the practice public health profiles, and other tools such as the General Practice Outcomes Standards domains

2. GP profiles

The GP profiles contain information relating to public health outcomes, and were compiled with the support of a Barking and Dagenham Public Health statistician to ensure data quality. The profiles are a valuable source of reference to practices as it collates and consolidates information from multiple data sources into one place.

All the public health profiles have been distributed to practices by the public health team, and are also available to them through the CCG website. Practices have only had access to this from July, and while these have been referenced to in cluster

meetings, there is a session planned in early September with clinical directors to discuss the use of these to improve primary care delivery.

3. Localities Model

Practices in Barking and Dagenham are grouped into six networks (localities) across the borough. These have been built on the integrated case management networks which deliver integrated health and social care in the borough. Each locality covers a population of between 28366 and 37736 patients (list size January 2013) Table 1.

. **Table 1 Locality list sizes January 2013 (source Exeter)**

Cluster	**List Size**
1 (The Lawns, Dr Kashyap, Dr Teotia, Dr Haider, Highgrove, Dr Afser, Dr Goriparthi)	31650
2 (Becontree, Laburnum, Dr Ola, Dr Bila, Dr Ehsan, Dr Shah, Church Elm Lane)	32959
3 (Five Elms, Markyate, The Gables, Dr Jaiswal, Dr I A Moghal)	28366
4 (Broad Street, Dr Pervez, Dr Fateh, Dr Ahmad, Dr Alkaisy, Dr Mohan, Dr Quansah)	37515
5 (Porters Ave, John Smith House, Dr John, Dr Kalkat, Dr Ansari, Dr Prasad, Abbey Medical Centre)	36455
6 (Dr Chawla, Barking Medical Group, Dr Chibber, Dr Niranjan, Child & Family, Shifa, The White House	37736
Total	**204681**

A Localities Map is included as Appendix 2.

The CCG is supporting the development of localities with the dual purpose of a) strengthening clinical engagement with CCG member practices as commissioners in the development and delivery of CCG commissioning plans and b) providing a mechanism for practices as providers to work collaboratively, sharing resources and good practice to support delivery of their contractual requirements. As the driver for this method of working has been the practices, Barking and Dagenham has full engagement with this from all GPs in the borough.

3.1 The locality commissioning model

Each locality is led by a Clinical Director, who is supported by a cluster management team - a Clinical Champion, a Senior Locality lead and a Practice Improvement lead. This is a mixed team of clinicians and managerial support designed to both facilitate clinically-led primary care improvement and the delivery of the CCGs strategic and operational objectives.

There are a suite of tools available to the locality management teams to deliver their commissioning objectives and to achieve improvements against primary care targets. These include:

Information – public health profiles, secondary care activity information, primary care outcomes, patient experience. A monthly practice and locality profile is being populated to enable practices and localities to track delivery against their individual plans.

Specialist support – four clinically led project groups have been established focused on the delivery of improvements in planned care, urgent care, integrated care and primary care improvement.

Training and development – monthly protective time events (PTIs) for all practices in the borough, which provides a forum for education and training. The agenda is informed by a CCG education and training group

Quality incentives – supporting the practice sign up to NHS England commissioned direct enhanced services and Quality and Outcome Framework (QOF) domains, ensuring that delivery is aligned to CCG strategic objectives

Practice engagement in the delivery of CCG plans is managed through the following process:

- The Clinical Director and Senior Locality Lead take the lead role in managing and developing of the locality delivery plan, providing the strategic overview and link with practices to the executive team
- The Clinical Champion and Practice Improvement Lead acts as a “pathway specialist” and lead on practice improvement within the cluster
- Locality meetings take place on a monthly basis provide an opportunity for practices to review operational delivery, share good practice and identify areas for service redesign
- Peer review meetings are facilitated to discuss practice activity relating to outpatient referral, A&E attendances and emergency admissions as part of the Quality and Outcome Framework.

3.2 The locality provider model

The CCG has been supporting a piece of work to develop a locality model for clusters of GP practices working together to best meet the needs of their patients and local population. The locality model will be the main programme of change for the delivery of primary care improvement, in conjunction with better working with and co-ordination of other services. In addition the model will enable more effective coordination of community and specialist services around primary care, building on the work to implement integrated case management as one example of where general practice can participate in/benefit from a multi-disciplinary approach. The locality provider work fully aligns with the Department of Health Year of Care pilot being led by the CCG and involving local authorities and providers.

The priorities for delivery in its early stages are:

- Greater integrated care - proposals are being developed with NELFT Community Health services to align some adult community services to localities to enable greater integration of services.

- Improved urgent care – the CCG is commissioning an urgent care surge pilot which will provide additional primary care capacity for urgent care appointments

- improved management of planned care including referrals to secondary care – this has not yet been progressed

4. Primary Care Improvement Group

A primary care improvement group was established in 2012/13, which meets on a monthly basis, to develop guidance and tools for implementation in general practice to support change in areas where improvement is needed.

The group recognised the need for practices to have access to benchmarking data to understand their performance against a range of measures and to have recommendations specific to their organisation to guide change. In response to this the public health team developed individual practice profiles which have been very well received by the CCG and its member practices. These useful documents not only provide an indication of performance, but also practical recommendations practices can implement to improve outcomes. Recently the profiles have been used in cluster meetings focused on reducing A&E attendances, and the recommendations have influenced the practice action plans for improving access.

The primary care improvement group have recognised a need to improve data quality from practices, and in response to this have worked with primary care IT to produce templates for recording information and a training workshop is scheduled for September. This is in addition to the nurses and practice manager forum that the group is facilitating. The local pharmaceutical committee (LPC) and medicines management are also core members of the group and support improvements in prescribing and establish links with community pharmacy.

NHS England (NHSE) have produced a web based tool, which is for internal NHS use only, that practices and CCGs can use to monitor achievement against certain primary care outcomes (indicators listed in Appendix 3). These 38 indicators are derived from 50 datasets, and so cannot be seen as absolute data sources. The General Practice Outcomes Standards (GPOS) gives an overview of primary care outcomes in a range of areas including health promotion and prevention. Practices will be required to provide assurance to NHSE on performance against these indicators as part of their contract monitoring. The CCG is able to review these indicators to target specific areas for improvement across the borough aligned to local need.

While GPOS provides practices and the CCG with an indication of where their performance in a particular indicator lies in comparison to national and local achievement, unlike the public health profiles, it lacks in any explanation as to the reasons behind any variation. In order to influence change and improvement, there needs to be an understanding of the cause for variation. Often poor reported outcomes are due to failings in processes rather than clinical failings. As the site does not contain real time information, it is important to be mindful of the time period that the datasets relate to, and to validate this against current performance.

Information on the GPOS is as yet to be validated by practices, and training on the use of GPOS datasets was only made available to practices and CCGs on the 15 August 2013. There is a session planned for September which will give Clinical Directors the opportunity to review achievement against the GP outcomes standards for the borough, cluster, and practice. This will give an overview of areas for improvement across the borough.

The primary care improvement group will be responsible for using the GPOS and public health profiles to understand the current position within Barking and Dagenham, and develop processes and recommendations to support practice improvement. The group has provided practices with a number tools to improve recording and management of chronic conditions, as well as meeting with individual practices and clusters to support change where there are particular issues.

While GP practices are at the centre of delivering high outcomes against the GPOS indicators, there are other primary care providers and community services that also have a role to play in the delivery of these targets, and there is a need to ensure that where services and care are delivered by a number of providers that these are collated. Where there are such issues, the primary care group engages with all stakeholders responsible for delivering each part of the care pathway to ensure that there is a whole system approach delivering a unified approach.

5. Mandatory Implications

5.1. Joint Strategic Needs Assessment

The practice profiles follow on from the JSNA in providing more detail on measures that are displayed at borough level in the JSNA. The new GP Outcomes Standards also highlight other areas documented in the JSNA.

5.2. Health and Wellbeing Strategy

The practice profiles and GP Outcomes Standards help give extra details to areas that are seen as priorities in the Health and Wellbeing Strategy. These include health protection, improvement of services and integration. Early diagnosis of diseases is also emphasised. Measures are present for all stages of the life course.

5.3. Integration

The localities model is focused on the delivery of integrated care across health and social care. The Integrated Case Management service is well established in Barking and Dagenham and is being delivered at a locality level. Plans are in place to expand the model over the next year to include a wider range of community and mental health services. This is being led by the Integrated Care Group.

5.4. Financial Implications

There are no specific financial implications that arise from this report at this stage

5.5 Legal implications

There are no specific financial implications that arise from this report at this stage

5.5. Risk Management

The key risk is failure to engage the practices to use the information available to drive primary care improvement. To mitigate this, it is important that the locality model is used to ensure effective engagement with practices as providers.

5.6. Safeguarding

NHS England has the lead for safeguarding services provided by general practice as part of their core contract.

5.7. Customer Impact

Patient experience is one of the measures that is included in GPOS that will be used to monitor the quality of primary care services.

5.8. Contractual Issues

GP contracts are managed by NHS England and the CCG has a role in supporting primary care improvement. The CCG will engage with practices to support primary care providers to facilitate changes leading to improved performance in GPOS before any contract sanctions are issued by NHSE.

Background Papers Used in Preparation of the Report:

- None

List of Appendices:

— Appendix 1 – List of Public Health GP Profile Indicators

— Appendix 2 – Cluster Map

— Appendix 3 – List of GPOS Indicators

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Appendix 1

Public Health Profile Indicators

Indicator Name
Male life expectancy
Female life expectancy
Black
Asian
Mixed
Other non-white ethnic groups
Flu vaccine uptake for <65 at risk persons (%)
Flu vaccine uptake in 65+ persons (%)
1 year olds who had 3 DTP & Polio vaccinations (%)
Measles, Mumps and Rubella vaccine by 2nd birthday (%)
Diphtheria/Tetanus/Pertussis/Polio booster by 5th birthday (%)
Measles, Mumps and Rubella booster by 5th birthday (%)
Females 24-54 attending cervical screening within target period (3.5-5.5 years coverage) %
Persons, 60-69, screened for bowel cancer in the last 30 months (2.5 years coverage) %
Two week wait referrals rate Indirectly Age Standardised Referral Ratio
2 week wait cancer conversion rate %
Breastfeeding prevalence at 6-8 weeks after birth %
% of eligible people receiving an NHS Health Check from 12/08 to Q2 2012/13
% of women who have seen a midwife or maternity healthcare professional by 12 weeks of pregnancy
% Babies Low Birth Weight (latest 2 year average) 2009/10+2010/11
Births to Teenage Women per 1000 Women Aged 16-19 (2010/11)
Number of births to to women aged 15-44
16+ Obesity Prevalence recorded(2011/12)
Current smokers by 27/09/2012

Indicator Name
Smoking cessation referral/100 patients (SMOKE 8)
% patients with LTC who smoke offered smoking cessation in the last 15 months
Ratio of recorded vs expected CHD prevalence
Ratio of recorded vs expected Stroke prevalence
Ratio of recorded vs expected Heart Failure prevalence
Ratio of recorded vs expected Hypertension prevalence
Ratio of recorded vs expected Diabetes prevalence
Ratio of recorded vs expected COPD prevalence
A&E attendances per 1,000 population
A&E admissions per 1,000 population
≤5 A&E admissions per 1,000 population
≥75 A&E admissions per 1,000 population
Total Outpatient Attendances per 1000 population
Percentage of Outpatients who did not attend
Percentage of Outpatients discharged at first appointment
Outpatients first attendances per 1000 population
Total Admissions per 1000 population standardised rate
Emergency admissions per 1000 population standardised rate
Average emergency overnight occupied beds per 1000 population standardised rate
Percentage emergency admissions discharged home with no overnight stay
emergency bed days for long term conditions per 1000 population standardised rate
Total CHD Admissions per 100 Patients on Disease Register
Emergency CHD Admissions per 100 Patients on Disease Register
Total COPD Admissions per 100 Patients on Disease Register
Emergency COPD Admissions per 100 Patients on Disease Register
Total Diabetes Admissions per 100 Patients on Disease Register

Indicator Name
Emergency Diabetes Admissions per 100 Patients on Disease Register
Total Cancer Admissions per 100 Patients on Disease Register
Emergency Cancer Admissions per 100 Patients on Disease Register
Mental Health Recorded Prevalence
total outpatient mental health attendances per 1000 population
percentage of mental health outpatient who did not attend
drugs acting on benzodiazepine receptors ADQs per STAR-PU Ratio (2010/11)
% Satisfied with Telephone Access (2011/12)
% Able to Book Appointment in Advance
% Able to get an Appointment with a Specific GP
% Satisfied with Opening Hours (2011/12)
3rd Line Diabetic Drugs as a % of all Diabetic Drug prescriptions
Mortality from all causes, all ages, DASR/100,000
Mortality from respiratory disorders, all ages, DASR/100,000
Mortality from all cancers, all ages, DASR/100,000
Mortality from circulatory disorders, all ages, DASR/100,000

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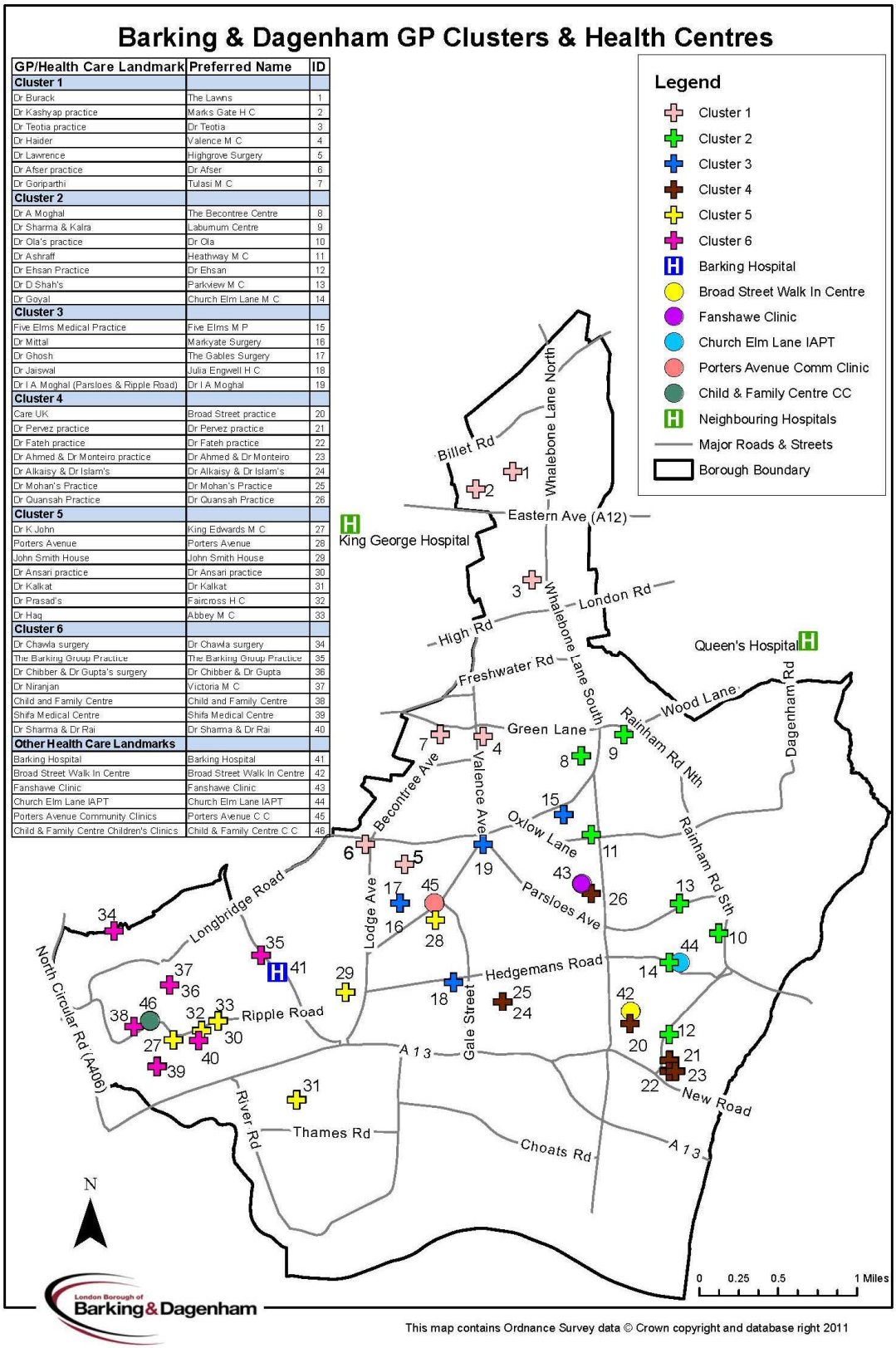
Barking & Dagenham GP Clusters & Health Centres

GP/Health Care Landmark	Preferred Name	ID
Cluster 1		
Dr Burack	The Lawns	1
Dr Kashyap practice	Marks Gate H C	2
Dr Teotia practice	Dr Teotia	3
Dr Haider	Valence M C	4
Dr Lawrence	Highgrove Surgery	5
Dr Afser practice	Dr Afser	6
Dr Goriparthi	Tulasi M C	7
Cluster 2		
Dr A Moghal	The Becontree Centre	8
Dr Sharma & Kalra	Laburnum Centre	9
Dr Ola's practice	Dr Ola	10
Dr Ashraff	Heathway M C	11
Dr Ehsan Practice	Dr Ehsan	12
Dr D Shah's	Parkview M C	13
Dr Goyal	Church Elm Lane M C	14
Cluster 3		
Five Elms Medical Practice	Five Elms M P	15
Dr Mittal	Markyate Surgery	16
Dr Ghosh	The Gables Surgery	17
Dr Jaiswal	Julia Engwell H C	18
Dr I A Moghal (Parsloes & Ripple Road)	Dr I A Moghal	19
Cluster 4		
Care UK	Broad Street practice	20
Dr Pervez practice	Dr Pervez practice	21
Dr Fateh practice	Dr Fateh practice	22
Dr Ahmed & Dr Monteiro practice	Dr Ahmed & Dr Monteiro	23
Dr Alkaisy & Dr Islam's	Dr Alkaisy & Dr Islam's	24
Dr Mohan's Practice	Dr Mohan's Practice	25
Dr Quansah Practice	Dr Quansah Practice	26
Cluster 5		
Dr K John	King Edwards M C	27
Porters Avenue	Porters Avenue	28
John Smith House	John Smith House	29
Dr Ansari practice	Dr Ansari practice	30
Dr Kalkat	Dr Kalkat	31
Dr Prasad's	Faircross H C	32
Dr Haq	Abbey M C	33
Cluster 6		
Dr Chawla surgery	Dr Chawla surgery	34
The Barking Group Practice	The Barking Group Practice	35
Dr Chibber & Dr Gupta's surgery	Dr Chibber & Dr Gupta	36
Dr Niranjan	Victoria M C	37
Child and Family Centre	Child and Family Centre	38
Shifa Medical Centre	Shifa Medical Centre	39
Dr Sharma & Dr Rai	Dr Sharma & Dr Rai	40
Other Health Care Landmarks		
Barking Hospital	Barking Hospital	41
Broad Street Walk In Centre	Broad Street Walk In Centre	42
Fanshawe Clinic	Fanshawe Clinic	43
Church Elm Lane IAPT	Church Elm Lane IAPT	44
Porters Avenue Community Clinics	Porters Avenue C C	45
Child & Family Centre Children's Clinics	Child & Family Centre C C	46



This map contains Ordnance Survey data © Crown copyright and database right 2011

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GPOS Indicators and Standards

GPOS Indicator	Standard	Datasource
Cancer Admissions	2a) Identifying Cancer ABS(Ratio - 1)	NHS Information Centre/NHS Comparators
Two Week Wait	3) Cervical Cytology	Open Exeter
Emergency Admissions	4) Recording Smoking Status	QoF
A+E Attendances	5a) Smoking Cessation Advice	QoF
CHD Admissions	6a) Identifying AF ABS(Ratio - 1)	NHS Information Centre/NHS Comparators
Asthma Admissions	6b) Anti-Coag/ Anti Platelet for AF	QoF
Diabetes Admissions	7) Childhood Imms	PCTs
COPD Admissions	7a) Age 1 Â DTaP/IPV/Hib.	Immform
Dementia Admissions	7b) Age 2 PCV booster	Immform
ACS Admissions	7c) Age 2 Hib/MenC booster	Immform
Diabetes BP monitoring	7d) Age 2 MMR	Immform
AF on anticoagulation	8a) Flu Vaccination (over 65s)	Immform
Cervical Smears	8b) Flu Vaccination (at risk)	NHS Information Centre/NHS Comparators
Diabetes Cholesterol monitoring	9) Identifying COPD ABS(Ratio - 1)	NHS Information Centre/NHS Comparators
Diabetes HbA1C monitoring	10) Identifying Asthma ABS(Ratio - 1)	NHS Information Centre/NHS Comparators
CHD cholesterol monitoring	11) Identifying Diabetes ABS(Ratio - 1)	NHS Information Centre/NHS Comparators
Health checks for mental illness	12) Identifying CHD ABS(Ratio - 1)	NHS Information Centre/NHS Comparators
Immunisations in over 65s	13) Identifying Dementia ABS(Ratio - 1)	NHS Information Centre/NHS Comparators
Immunisations in at risk patients	14a) NSAID Prescribing	ePACT
Diabetes Retinal Screening	15) Emergency Admissions	SUS
AF Prevalance	16) A&E Attendance Rates	SUS
CHD Prevalance	17) Satisfaction (Quality) a-g	GP Patient Survey
COPD Prevalance	17a) Satisfaction (Quality)	GP Patient Survey

GPOS Indicator	Standard	Datasource
Asthma Prevalance	17b) Satisfaction (Quality)	GP Patient Survey
Diabetes Prevalance	17c) Satisfaction (Quality)	GP Patient Survey
COPD Diagnosis	17d) Satisfaction (Quality)	GP Patient Survey
Asthma Diagnosis	17e) Satisfaction (Quality)	GP Patient Survey
Exception Rate	17f) Satisfaction (Quality)	GP Patient Survey
Antidepressants	17g) Satisfaction (Quality)	GP Patient Survey
Insulin Prescribing	18) Satisfaction (Overall Care) a-b	GP Patient Survey
Ezetimibe Prescribing	18a) Satisfaction (Overall Care)	GP Patient Survey
Antibacterial prescribing	18b) Satisfaction (Overall Care)	GP Patient Survey
Cephalosporins and Quinolones	19) Changing Practice	QoF
Hypnotics prescribing	20) Patient Experience	GP Patient Survey
NSAIDS prescribing	21) Satisfaction (Access) a-c	GP Patient Survey
Patient experience	21a) Satisfaction (Access)	GP Patient Survey
Getting through by phone	21b) Satisfaction (Access)	GP Patient Survey
Making an Appointment	21c) Satisfaction (Access)	GP Patient Survey
	22) Significant Event Reviews	QoF
	25) Early Detection of Cancer	TBC
	26a) Depression Prevalence	TBC
	26c) Depression Assessment	TBC
	26b) Depression Assessment (Ret. Ind)	TBC
	27a) Severe Mental Illness (Retired ind)	TBC
	27b) Severe Mental Illness (Retired Ind)	TBC
	27c) Severe Mental Illness Followup	TBC
	27d) Severe Mental Illness Review (1-2)	TBC
	27d.1) Severe Mental Illness Review (Part 1)	TBC
	27d.2) Severe Mental Illness Review	TBC

GPOS Indicator	Standard	Datasource
	(Part 2) 28) End of Life Care	 TBC

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HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title: The Pharmaceutical Needs Assessment: A New Statutory Requirement of the Health and Wellbeing Board	
Report of the Director of Public Health	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision:**
Report Author: Margaret Eames, Head of Health Intelligence Kaushik Makwana, Public Health Pharmacist	**Contact Details:** Tel: 020 8227 5344 E-mail: margaret.eames@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	

Summary:

From 1 April 2013, Health and Wellbeing Boards (HWBs) have assumed the responsibility for the development and publication of local pharmaceutical needs assessments (PNAs) formerly published by primary care trusts (PCTs).

The PNA provides a full, ongoing assessment of the local need for pharmaceutical services. This is different from identifying general health need.

NHS England will rely on the PNA when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.

Local Authority and Clinical Commissioning Group will also use the PNA to inform their commissioning decisions.

The key requirements will be

- To produce a first assessment by 1 April 2015.
- To produce as soon as feasible, a supplementary statement identifying any changes to pharmaceutical services in Barking and Dagenham since the last PNA (April 2011).
- To produce updates of the pharmaceutical services map for Barking and Dagenham.
- To publish a revised assessment within three years of publication of their first assessment.

Recommendations

The Health and Wellbeing Board is recommended to agree:

(i) To review and discuss the implications of this paper.

(ii) To approve the presentation to a future meeting of the board an updated

pharmaceutical services map, as required by regulation.

(iii) To approve any supplementary statement to the PNA (as required by regulation) and to delegate a task and finish group in Public Health to prepare this and present it to the Board.

(iv) To delegate as a responsibility of the Public Health Programmes Board, the governance and delivery of the first PNA, taking into consideration the long planning cycle required.

(v) To approve the development of appropriate robust stakeholder engagement and consultation, and use of resource by the subgroup of the Board, in delivery of the PNA.

Reason(s)

The Pharmaceutical Needs Assessment (PNA) was a statutory responsibility of the former Primary Care Trust (PCT) to produce and publish.

The PNA was handed over to Health and Wellbeing Boards from April 2013. The Board will need to provide a high level summary of the status of their PNA and this paper is intended to inform discussions at the Board in regard to actions that need to be taken to ensure that the Board are meeting their obligations under the regulations.

1 Introduction

1.1 From 1 April 2013, Health and Wellbeing Boards (HWBs) have assumed the responsibility for the development and publication of local pharmaceutical needs assessments (PNAs) formerly published by primary care trusts (PCTs).

1.2 The PNA provides a full, ongoing assessment of the local need for pharmaceutical services. This is different from identifying general health need.

1.3 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require each HWB to:

- produce the first assessment by 1 April 2015;
- publish a revised assessment within three years of publication of their first assessment; and
- publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

1.4 The London Borough of Barking and Dagenham has inherited the PNA from NHS Barking and Dagenham. It is now necessary to review this document, assess whether there have been significant changes to the need for pharmaceutical services and decide whether producing a new PNA is a disproportionate response to the level of change identified. NHS North East London and City's have reviewed the NHS Barking and Dagenham's PNA. against NHS(PhS) Regulation 2012 and their comments have been acted on.

1.5 The full Regulations are available at www.legislation.gov.uk. They replace the NHS (Pharmaceutical Services) Regulations 2012 and the NHS (Local Pharmaceutical Services etc.) Regulations 2006 as the new legislative regime which governs the arrangements for the provision of these services in England.

2 Background and context

2.1 The first PNAs were published by NHS PCTs and were required to be published by 1 February 2011.

2.2 'Pharmaceutical Services' are:

- '**Essential services'** –These must be offered by all pharmacies. These include:

- dispensing of medicines/ appliances;
- promotion of healthy lifestyles;
- support for self care;
- disposal of unwanted medicines.

- '**Advanced services'**- These require accreditation and are optional. These include Medicine Use Reviews (MURs) and New Medicine Service.

- **'Enhanced services'**, commissioned by NHS England. These include:

- Anticoagulation Monitoring;
- Minor ailment Service;
- Support to residents and staff in care homes;
- Out of Hours service

NOTE: Some locally commissioned services may be a Public Health Service that could be potentially commissioned by NHS England. For example, Stop Smoking Services, Supervised Consumption of Methadone/ Buprenorphine and Sexual Health Service for the provision of Emergency Hormonal Contraception, and thus should be considered in the PNA.

2.3 The PNA tells us what pharmaceutical services are currently available and where we are likely to need changes in the future because of changes to health or geographical location.

2.4 Pharmaceutical services do not include any services commissioned directly from pharmaceutical contractors by local authorities, clinical commissioning groups etc.

3 The purpose of the Pharmaceutical Needs Assessment

3.1 If a person (a pharmacist, a dispenser of appliances or in some circumstances and normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS "market entry" system.

3.2 NHS England will rely on the PNA when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.

3.3 Local Authority and Clinical Commissioning Group will also use the PNA to inform their commissioning decisions.

4 The Statutory Regulations with regard to the Pharmaceutical Needs Assessment

4.1 Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs.

4.2 These regulations include the following.

4.2.1 The required information to be included in a PNA, which establishes current provision of pharmaceutical services, gaps in provision, other relevant services which may impact on pharmaceutical needs, and areas for improvement of access.

4.2.2 Matters which should be considered within the PNA, including demographics of the population and links to the JSNA and other strategies.

4.2.3 The requirement for a 60 day consultation with bodies stipulated by the regulations.

4.2.4 The requirement to keep the PNA under review. This includes:

- assessing whether the current PNA needs revision on the basis of substantial changes occurring to pharmaceutical services;
- producing a supplementary statement to capture changes in pharmaceutical provision occurring since the last PNA was published, which are not substantial;
- keeping a map of pharmaceutical services in the area as up to date as possible.

4.2.5 The requirement for the Health and Wellbeing Board to ensure appropriate access to their PNA is available to NHS England, neighbouring Health and Wellbeing Boards and others.

5 Overview of the current Barking and Dagenham Pharmaceutical Needs Assessment (March 2011)

5.1 NHS Barking and Dagenham published the PNA in March 2011. This PNA provided description of our local health priorities which have a related pharmaceutical need. It also provided a detailed summary of community pharmacy provision, including the then current need for medicines and a path forward for addressing any of the unmet needs or service gaps identified.

5.2 The PNA indicated that the majority of pharmaceutical needs were being met by the current pharmaceutical provision, with Barking and Dagenham residents able to access a local pharmacy within a ten minute walk. However public consultation showed a need for more access to pharmacies out of hours.

5.3 There are opportunities for pharmacies to play a further role locally in meeting the health needs of the population by improving public health in a number of areas including smoking, obesity and healthy eating, cardiovascular disease, diabetes, substance misuse and alcohol related admissions to hospital.

5.4 This role may include the use of enhanced services commissioned by the local authority. Whilst it is not a requirement to include a description of such services

within the PNA, they can be seen as an important area for consideration by commissioners.

5.5 Pharmacies can further contribute to health improvement and to visits to accident and emergency through improved use of many of their services, including the Pharmacy First (minor ailments) service, support for self care service, MURs and care home support services.

5.6 A copy of the current Barking and Dagenham Pharmaceutical Needs Assessment can be found at: http://www.barkingdagenhamccg.nhs.uk/Downloads/News-and-publications/Strategies-and-plans/NHSBD-PNA.pdf

6 Priorities for improving health and wellbeing

6.1 The Health and Wellbeing Strategy 2012 – 2015 sets out our plans and priorities for reducing health inequalities and improving life expectancy in Barking and Dagenham. The Health and Wellbeing Strategy 2012 – 2015 is available at www.lbbd.gov.uk[1]

6.2 The Joint Strategic Needs Assessment (JSNA) informs all partners commissioning plans. Public health data to support the PNA will be drawn from the local JSNA which is available by following the elink[2]:

6.3 The PNA will need to take into account the challenges faced by the national and regional policy decisions outside the control of the local partnership, these include:

- Changes to the welfare and benefits system will negatively impact on the majority of households in the borough.
- Economic recession and the impact of the Government's economic policy on the public sector finances.
- Balancing the needs of the population and restrictions on public finances.
- Implementation of the Health for North East London programme. This is a major restructure, not just of healthcare services but also how social care is integrated within the system.
- The Government has estimated 645 troubled families in Barking and Dagenham who require tailored interventions.

6.4 Our ambition for the PNA in Barking and Dagenham is to support our overall efforts to improve health for all our residents and first and foremost to reduce health inequalities. A number of our priorities concentrate on the integrated management of long-term medical conditions and the promotion of healthy choices. With programmes focused on improvements in the main causes of mortality and unhealthy lifestyles in Barking and Dagenham - alcohol, cancer, cardiopulmonary disease, cardiovascular disease, mental health, obesity, smoking and sexual health. Through these programmes and investments we will reduce health inequalities and improve life expectancy. We will address the needs of our significant population

[1] http://www.lbbd.gov.uk/AboutBarkingandDagenham/PlansandStrategies/Documents/HealthandWellbeingStrategy.pdf

[2] http://www.barkingdagenhampartnership.org.uk/news-archive/Documents/BARKING%20AND%20DAGENHAM%20JSNA%20-%20FULL%20APPROVED%20VERSION%202011.pdf

growth and changes in our local population through the life course and ensure that we respond to the needs of vulnerable.

We cannot deliver this ambition without working with all partners, including our community pharmacies. To succeed we will need to harness the full potential within our pharmacy provider network and to bring to bear the unique qualities and focus of community pharmacy on our health challenges.

6.5 The PNA will need to embrace local policy directives from the partnership to support the delivery of agreed outcomes. Such policy directives include all pharmacists achieving the standards of being young people friendly. During the process of developing the new PNA the public health directorate will be seeking the views of partners on what local policy directives should be included in the commissioning of new pharmacies.

7 Recommended next steps

7.1 The priority is to acquire information from NHS England about new/decommissioned contractors in Barking and Dagenham. This will allow an evaluation of the level of change that has occurred in the provision of pharmaceutical services, which will lead to the issue of a supplementary statement.

7.2 The pharmaceutical needs of the local population of Barking and Dagenham are being largely met by the current network of pharmacies and services. Some changes in need are expected in the next few years and improvements in some services would be beneficial.

7.3 The current Barking and Dagenham PNA could be improved by clarifying certain details:

- Defining localities.
- Defining the needs in each locality.
- PNA needs to explicitly indicate the necessary service provision.
- More information is needed about private services offered by contractors that meet pharmaceutical needs in the local area.
- There needs to be robust timetabled process to update the map of pharmaceutical services.

These have been identified by NHS NELC's review.

7.4 It is not anticipated that pharmaceutical need will have significantly changed in the Barking and Dagenham area and a publication of a new PNA should be scheduled for April 2015 to comply with regulations. There needs to be consideration given to the long planning cycle required for PNAs.

7.5 The process for the preparation of the PNA typically requires one year, including the gathering and publishing of robust service and health need information, the use of steering and stakeholder groups for early engagement and the 60 day consultation period. However, given the changes to infrastructure and networks as a result of transition of responsibilities to new organisations at 1 April 2013, it is proposed that

the process is initiated now. An indicative timetable is attached at Appendix 1.

8. Mandatory implications

8.1 Joint Strategic Needs Assessment

Work on the PNA will be a separate stream of work to the main Barking and Dagenham JSNA, but will be coordinated to ensure that:

Relevant findings from the JSNA are incorporated into the PNA so that appropriate decision making on pharmaceutical services is steered to meet the joint objectives.

Relevant findings of the PNA will be summarised in appropriate sections of the JSNA and a suitable reference mechanism will be included ensure public and commissioners are fully aware of the PNA.

8.2 Health and Wellbeing Strategy

Delivery of the Barking and Dagenham PNA will be within the scope of the Health and Wellbeing Strategy, and an appropriate reporting and briefing mechanism will be put in place as part of the governance structure of the PNA.

8.3 Integration

Work on the Barking and Dagenham PNA will be coordinated by the Barking and Dagenham Public Health Intelligence function to include all stake-holders. This will ensure suitable strategic, legal and clinical requirements are integrated into the programme.

The appropriate requirements for engagement, consultation and accurate service and demographic data and plans will be coordinated within the local government and with NHS organisational units led by the Public Health Intelligence team.

Local neighbouring Health and Wellbeing boards will be working on their own PNA programmes and we will expect to coordinate and share relevant information and findings.

8.4 Financial implications

The Pharmaceutical Needs Assessment will be funded from the Public Health Grant. There is a budget of £80,000 for needs assessments within the Health Intelligence section of the grant.

Financial Implications completed by: Dawn Calvert

8.5 Legal implications

The relevant statutory framework is referred to in section 4 above.

The risks of legal challenge to the legality of decisions are described within it, along with an analysis of action to be taken to avoid this.

In addition, public bodies must have "due regard" to:

- The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the EqA 2010 (*section 149(1)(a)*).
- The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (*section 149(1)(b)*). This involves having due regard to the needs to:

- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it (*section 149(4)*);
- and encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

- The need to foster good relations between persons who share a relevant protected characteristic and those who do not share it (*section 149(1)(c)*). This includes having due regard to the need to tackle prejudice and to promote understanding (*section 149(5), EqA 2010*).

Implications completed by: Lucinda Bell, Solicitor Social Care and Education, Legal Practice - Children's Safeguarding (Lucinda.bell@BDTLegal.org.uk).

8.6 Risk management

8.6.1 Nationally, through the collected experience of the PNA process, a number of significant risks have been identified which will need to be actively managed. These are summarised together with mitigation strategies in Table 1 below.

8.6.2 Chief among these is the risk for the PNA is a direct challenge by consultees or affected pharmacists in the form of a Judicial Review. But the PNA is intended to be a useful working document to inform the people of Barking and Dagenham of pharmaceutical needs and services and a challenge is not expected.

Table 1: A summary of key risks and mitigation strategies

RISKS	MITIGATION STRATEGIES
Failure to have regard to and to include relevant information within the PNA	Ensure appropriate references to and use of the JSNA and other strategic documents. Ensure effective lawful information flow between contributing organisations including the use of Memorandum of Understanding and Information Sharing Agreements. Allow significant lead times for the collection of service data.
Failure to keep the PNA under review	Know the statutory requirements of the PNA, design a formal process to follow them. Conduct an effective, RAG rated review of the PNA inherited from the PCT.

Failure to follow a fair unbiased process	Ensure effective governance arrangements, with clear lines of reporting to the HWB. Establish formally the appropriate groups for the delivery of and contribution to the PNA, including a steering group, stakeholder group and public engagement group. The steering group should include representation from the Local Pharmaceutical Committee, Local Professional Network, Local Medical Committee, NHS England, Clinical Commissioning Group, Health Watch and other local commissioners.
Failure to appropriately consult	Establish as a priority, agreed methods to patient and public engagement and formal consultation
Failure to keep the map of pharmaceutical services correct and current	Delegate a priority workstream to a sub board of the HWB, to ensure the prompt update of the pharmaceutical services map.

9. List of Appendices:

APPENDIX 1: An example of an indicative timetable for the development of a Pharmaceutical Needs Assessment.

APPENDIX 1:

An example of an indicative timetable for the development of a Pharmaceutical Needs Assessment.

Date	Action
September 2013 onwards	Responsibility for the delivery of the PNA will be delegated to the PH programmes board which will closely monitor its development.
By December 2013	Identify and involve suitable representatives of the relevant stakeholder groups, and obtain the latest appropriate information on current services.
By December 2013	Governance structure and strategic plan for development of PNA to be put in place.
By January 2014	Resourced plan for development and work allocation to be ready.
By April 2014	Memorandum of Understanding and Information Sharing Arrangements to be in place to ensure the mechanisms for liaison with local partners and stakeholders is formally agreed.
By April 2014	Consultation and public engagement mechanisms to be agreed.
By December 2014	Pilot reports and maps to be developed during 2014 to facilitate consultation and engagement.
January – March 2015	High level summary with recommendations to return to the H&WBB when the PNA is completed. This must be presented to the H&WBB prior to the use of the information elsewhere and prior to the submission of documentation to NHS England.
April 2015	Completed delivery of PNA.

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	Allocation of Barking & Dagenham Reablement Funding 2013/14
Report of the Corporate Director of Adult & Community Services	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: YES**
Report Author: Bruce Morris, Divisional Director, Adult Social Care Sharon Morrow, Chief Operating Officer, B&D CCG	**Contact Details:** Tel: 020 8227 2749 E-mail: bruce.morris@lbbd.gov.uk
Sponsor: Cllr Reason, Cabinet Member for Adult Services and HR	

Summary:

This report gives an overview of the proposals for the reablement allocation transferred from Barking and Dagenham's Clinical Commissioning Group (CCG) to the Council. These proposals have been put forward from the Integrated Care Sub-group to the Health and Wellbeing Board to agree expenditure.

Recommendation(s)

The Health & Wellbeing Board is asked to:

(i) Agree the expenditure of £650,000 for the proposals as set out in sections 2.2 and 2.3 of the report to improve re-ablement services and outcomes for residents.

Reason(s)

Agreeing these proposals will contribute to the better health of residents of the borough.

1. Background and Introduction

1.1. The Reablement allocation has already transferred from the Barking and Dagenham's Clinical Commissioning Group (CCG) to the Council. In previous years joint agreement was required from the PCT and local authority on how the funding would be committed prior to transfer. It has been agreed locally that proposals to spend this allocation in 2013/14 will be put forward from the Integrated Care Sub-group to be agreed by the Health and Wellbeing Board.

1.2. Overall £650,000 in-year funding has provisionally been identified to support expenditure in social care that will benefit the health of local residents. Similar amounts have been identified in the two previous years, all announced as one-off

allocations. In these years funding was transferred in the final quarter of the year. By addressing this earlier, we have the opportunities to plan for new initiatives which will support priorities. Recent announcements by the government suggest that there will be further funding of this nature in future years though this is likely to be rolled up into other pooled grants.

1.3. Sections 2.2 and 2.3 of this report outline the proposals to spend this allocation.

2. Proposal and Issues

2.1. Proposals have been developed based on priorities emerging through the work of the Integrated Care Coalition and issues emerging from a better understanding of cluster/locality working between GPs and adult social care. The priorities locally are to prevent avoidable hospital admissions, to reduce pressure on A&E departments and to facilitate hospital discharge. Due to the short term nature of the funding the proposals have been designed to support additional capacity over one full year.

2.2. A - Increase Mental Health Social Work Capacity in Clusters

2.2.1. Background

2.2.1.1. Barking and Dagenham CCG has utilised winter funding money to complete a clinical review of patients with six or more presentations to A & E over an eight month period. The review identified a significant number of patients who presented with underlying mental health problems and/or drug and alcohol problems. A number of patients had previously been known to Community Mental Health services and some recently were under their care, and some people may have benefitted from treatment from specialist drug or alcohol services. These patients were not engaged with services.

2.2.2. Description

2.2.2.1. Dedicated mental health and substance misuse social work support will be introduced in all six clusters employed directly by the Council and managed through the existing integrated clusters. The service will not be an Approved Mental Health Professional service undertaking mental health act assessments and is not intended as a replacement for secondary mental health services or existing primary care mental health services. The additional capacity in clusters will provide practical and emotional support for people with mental health problems/ drug and alcohol problems who are not regarded as eligible for specialist North East London Foundation Trust provided services. They will have a clear interface with existing mental health teams such as the Home Treatment Team

2.2.2.2. Social workers will be directly available to GPs and will receive referrals via the cluster meetings. The social workers will need to work flexibly and innovatively to support the needs of service users. They will play a key role in helping service users receive support either directly or from other programmes including detox/rehab programmes, and the relevant support.

2.2.2.3. Given the time limited nature of the posts it is important to recruit staff with the knowledge and experience of mental health and drug/alcohol problems. This is best delivered through recruiting qualified social workers. The social work profession demands specific personal attributes and qualities that can best meet the challenges presented by people with mental health and/or substance misuse issues. Skilled social work can avoid the need for compulsory intervention, to enable people to

remain in their own homes. The clusters require the professional credibility of social workers, which will also ensure appropriate referrals are made to specialist mental health services provided by NELFT.

2.2.3. **Outcomes**

2.2.3.1. The specific outcomes of the social worker posts will be detailed and monitored by the Integrated Care Project Manager, a post which is further discussed in section 2. The post will develop performance metrics for the new social worker role but outcomes will need to include

- Reduced admission to A&E
- More people supported in Localities (clusters)
- Reduced likelihood of crisis
- Improve access to and maintenance in drug/alcohol treatment plans

2.2.4. **Funding required**

— £277,000 (6 x social worker post) - full year effect. If the social workers are recruited in the autumn the posts will be funded for 12 months to the following autumn.

— £10,000 - training to support the role

— £ 5,000 - 0.5 days a week monitoring the outcomes of the social worker posts.

2.3. **B - Integrated Care Targeted Programmes and Monitoring**

2.3.1. **Background**

2.3.1.1. Integrated Care is a well established model in Barking and Dagenham. The organisation of services around GP practices including social workers and some community health staff has been achieved. However, there is more work to be done to ensure shared goals and objectives across specific projects in health and social care are achieved. Furthermore, there is a pattern of unnecessary admissions to acute care that can be further resolved alongside existing work to reduce admissions.

2.3.1.2. The targeted support described below will see:

- Care homes, home carers, informal carers and PAs better able to manage more complex conditions, including residents on end of life care pathways outside of acute settings
- Care homes, home carers, informal carers and PAs better equipped with the strategies to reduce chance of falls
- Increased care and support in individual's homes to reduce readmissions to hospital

2.3.2. **Description**

2.3.2.1. Improved end of life provision via training - Roll out funding for the Gold Standards Framework for Care Homes (GSFCH) accreditation across the borough. The GSFCH Programme, supported by the Department of Health End of Life Care Strategy, is one

of the biggest, most comprehensive programmes undertaken to enhance end of life care in care homes. It is based on best available evidence, real grass roots experience and shared learning. Most care homes have started the training and this funding will enable homes to take the next step and be accredited.

2.3.2.2. Falls prevention training and other targeted interventions - The care homes in the borough do not, in general, deliver specific falls prevention training. Given the number of falls and resulting admissions into hospital, the roll out of quality falls prevention training will help ensure care staff know the best strategies to prevent falls. This training will also be utilised by home care staff and the growing number of Personal Assistants in the borough. The opportunity for a community exercise programme will also be explored and commissioned if evidence suggests the outcomes are positive.

2.3.2.3. Targeted care support - For people coming out of hospital who require further support, there will be the facility to increase care packages and introduce support for a period without waiting for a full review/assessment. This targeted intervention will support residents at home, in care homes or in Extra Care settings. This funding pot will enable additional resources to be introduced quickly to give the best possible care and support to help people remain at home.

2.3.2.4. We will be utilising some rehabilitative interventions alongside more traditional support. There will be links with the proposed new Joint Assessment and Discharge service being developed currently with the emphasis on home assessments.

2.3.2.5. Integrated Care Project Manager - This post will primarily support implementation and monitor the agreed integrated activities such as the additional social work capacity and end of life care, falls and targeted support. The post will also be a resource to lead on the work plan of the Integrated Care sub group of the Health and Wellbeing Board.The post will be hosted by the Council and will work closely with the six clusters and CCG commissioners.

2.3.3. The work plan is flexible but it is envisaged that full time post's time will be split as follows:

Activity	Time allocated per week
Monitoring of social work posts	10%
End of life care monitoring and strategy	20%
Fall prevention training development and strategy	20%
Targeted care support managing and monitoring	10%
Lead on work plan of Integrated care sub group	30%

Develop joint proposals for funding opportunities	10%

NB: this is indicative only and does not take into account annual leave, training, etc.

2.3.4. **Outcomes**

2.3.5. **Improve end of life provision via training:**

- Increase in use of End of Life care plans
- Service providers know who to contact to ensure co-ordinated and dignified end of life care and support
- Increased proportion of people die in place of choice
- Increased recording of preferred place of care
- Decrease in number of hospital admissions

2.3.6. **Fall prevention:**

- Reduced hospital admissions for falls
- Service users feel more independent following targeted support intervention

2.3.7. **Targeted care support:**

- Increased percentage of people with Section 2s with no readmission in the year
- Increased proportion of older people (65+) who are still at home 91 days after discharge from hospital
- Reduced admission to residential care
- Service users feel more independent following targeted support intervention

2.3.8. **Funding required:**

- Improve end of life care provision - £15,000
- Fall prevention training - £30,000
- Target Care Support - £263,000
- Integrated Care Project Manager - £55,000 (subject to grading)

3. Summary of Proposals

Increase Mental Health Capacity in Clusters	Social worker posts	£277,000
	Training and evaluation	£10,000
	Monitoring	£5,000
Integrated Care Targeted Programmes and Monitoring	Improved end of life provision via training	£15,000
	Falls prevention	£30,000
	Targeted care support	£263,000
	Integrated Care Project Manager	£55,000
	TOTAL	**£650,000**

4. Mandatory Implications

4.1. Joint Strategic Needs Assessment

4.1.1. The aims reflect JSNA priorities including improving mental health, decreasing falls & consequences of falls and ensuring that more people can die in their chosen place. Avoidable hospital readmissions were also identified as needing addressing.

4.2. Health and Wellbeing Strategy

4.2.1. The plans deliver some aspects of the Established Adults and Older Adults components of the Health & Wellbeing Strategy. Specifically, it should deliver improved integration of services allowing people to live independently for longer and to die with dignity in a planned way. Residents will also, potentially, have more control & choice over their care.

4.3. Integration

4.3.1. See paragraph 4.2.1

4.4. Financial Implications

4.4.1. In 2013/14 £650,000 of funding has provisionally been identified to support expenditure in social care that will benefit the health of local residents. This funding is an in year transfer from Barking and Dagenham's Clinical Commissioning Group and does not form part of the Council's baseline funding. For this reason, and to minimise the risk to the Council, the proposals within this report are for one year only. For those proposals which relate to staffing, the proposed posts will be employed for one year only on fixed term contracts.

4.4.2. The £650,000 provisional funding is for the 2013/14 financial year. As the proposed use of the funding will not be agreed until at least mid financial year it is assumed the funding can be carried forward into 2014/15.

(Implications completed by: Dawn Calvert, Group Manager, Finance)

4.5. **Legal Implications**

4.5.1. There are no legal implications arising from this report.

(Implications completed by: Dawn Pelle, Adult Care Lawyer)

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HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**The Francis Report Update**
Report of the Barking & Dagenham, Havering and Redbridge CCGs	
Open Report	**For Discussion**
Wards Affected: ALL	**Key Decision: YES**
Report Author: Jacqui Himbury, Nurse Director BHR CCGs	**Contact Details:** Tel: 020 8822 3152 E-mail: Jacqui.himbury@onel.nhs.uk
Sponsor: Conor Burke, Accountable Officer, B&D CCG	

Summary:

Following the presentation of a detailed and comprehensive paper on the Francis Report to the Health and Wellbeing Board at its June meeting, this paper provides an update on the agreement that the Clinical Commissioning Group (CCG) establish a task and finish group to progress the implementation of recommendations across the local health and social care system

This report is the first update report on progress to date.

Recommendation(s)

The Health and Wellbeing Board is asked to:

(i) Consider the report noting the progress made to date

(ii) Discuss the implications for Barking and Dagenham and propose any further actions the Board agrees are required.

Reason:

Under the Health and Social Care Act 2012 the statutory Health and Wellbeing board has a duty to review and comment on public inquiries into health and social care and make recommendations to improve the quality of care.

1. Background

1.1. At its meeting on 4th June 2013 the Board received a paper on the Francis Report which was presented by the director of public health.

1.2. The report was very detailed, thus providing a comprehensive overview of the content of the Francis Report, the key findings including themes of the 290 recommendations and also making local recommendations for the Board to consider.

1.3. It was agreed that the CCGs would establish a focused task and finish group to devise a comprehensive plan that will enable the implementation of the recommendations made in the Francis Report.

1.4. This report details progress made to date.

2. Progress to date

2.1. Before establishing the task and finish group it was important to establish the scope for the group, to set the direction and agree some immediate individual organisational and joint actions.

2.2. To do this a workshop was held in July, led by the CCGs and involving council officers from all three Boroughs. The purpose of the workshop was to develop a common understanding of the Francis report recommendations with local health and social care commissioning organisations, to agree priorities for attention over the next 9 months and immediate follow up actions.

2.3. A list of workshop participants is attached in Appendix A.

2.4. Workshop participants collectively agreed that Robert Francis intended that the recommendations "change the culture of care and put patients/users first". Some of the recommendations require national consideration and response before local implementation, but many can be acted upon and are within our control, collectively as health and care organisations and as individual organisations within a collaborative system.

2.5. The following goals were agreed for delivery in 9 months:

- There is an effective joint governance process in place to oversee system development and compliance

- Quality standards will have been jointly agreed for all services and adopted by providers, which outline the key principle of quality such as listening to service user/patient feedback and acting upon it

- Local Authority and CCG contracts will be compliant with Francis, with a particular focus on the duty of candour

- The CCG will lead, through the task and finish group, partners coming together to develop a formal early warning system that provides an early indication of services that are potentially unsafe or failing. This work needs to be developed with both children's and adult safeguarding boards

- Develop integrated processes for tracking and reporting on patient experience and safety

- Mechanisms will be established and integrated to identify quality issues from patients/service users and for capturing their very valuable feedback and experience.

2.6. The London Borough of Havering and the London Borough of Redbridge have agreed to support this approach and will join the membership of the task and finish group.

2.7. A programme manager has now been appointed by BHR CCGs and is in post.

3. Next steps

3.1. A task and finish group will be established in September comprised of commissioners, providers and user representatives from across the Barking and Dagenham, Havering and Redbridge health and social care system.

3.2. The group will meet in early September to develop a more detailed implementation plan that balances the views of the partnership and enables delivery of actions.

3.3. A progress report will be provided on the above will be provided to the next Board meeting.

4. Mandatory Implications

4.1. Joint Strategic Needs Assessment

4.1.1. The Joint Strategic Needs Assessment (JSNA) has a strong overall focus on public health indicators and mortality analysis that can be used to effectively inform many of the actions that will need to be considered by the group. The director of public health attended the initial workshop and will be a member of the group, thus he can ensure that the JSNA and Francis Report plan are aligned.

4.2 Health and Wellbeing Strategy

4.2.1 The Health and Wellbeing Board mapped the outcomes frameworks for the NHS, Public Health, and Adult Social Care with the Children's and Young People's Plan. The strategy is based on four priority themes that cover the breadth of the frameworks and in which a large number of Francis report recommendations can be addressed within. These are: Care and support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures are mapped across the life course against the four priority themes.

4.3 Integration

4.3.1 One of the outcomes we want to achieve for our joint Health and Wellbeing Strategy is to improve health and social care outcomes through integrated services. Implementing the recommendations from the Francis Report will need to take account of integration and many of the actions will further support and strengthen

integration, such as developing a joint mechanism for capturing service user/patient experience feedback to inform further integration.

4.4 Risk Management

4.4.1 Patient/service user care may be compromised if there is a failure to consider or implement relevant recommendations, which is in addition to organisational reputational risks. Agreement to establish the task and finish group and the consideration the Health and Wellbeing Board has already given to implementing the recommendations will mitigate this risk.

5. Non-mandatory Implications

5.1 Safeguarding

5.1.1 By its very nature the Francis Report has significant safeguarding implications and the overall report is aimed at making both the health and care system and the individual services within this more safe and driving continuous quality improvement. The CCGs are actively collaborating with the Children's and Adults Safeguarding Boards to lead and progress the implementation of the recommendations.

6 Background Papers Used in Preparation of the Report:

The Mid Staffordshire NHS Foundation Trust Inquiry. Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – march 2009. February 2010. Chaired by Robert Francis QC http://www.midstaffsinquiry.com

Report from the Mid Staffordshire NHS Foundation Trust Public Inquiry Chaired by Sir Robert Francis QC. February 2013 Http://www.midstaffspublication.com/report

Kings Fund. Francis Report Lessons learnt from Stafford. June 2013 http://www.kingsfund.org.uk/events/francis-inquiry

7 List of Appendices:

— Appendix A: Francis Report Attendees

APPENDIX A

Francis Report Attendees

Member	Role	Organisation
Conor Burke	Accountable Officer	BHRCCGs
Jacqui Himbury	Nurse Director	BHRCCGs
Diane Jones	Deputy Nurse Director/Safeguarding	BHR CCGs
Samia Azeem	Clinical Director	Redbridge CCG
Sarah Heyes	Clinical Director	Redbridge CCG
Chandra Mohan	Clinical Director	Barking and Dagenham CCG
Waseem Mohi	Chair	B&D CCG
Rachael Brady	Quality and Clinical Governance Manager	NEL CSU
Tan Vandal	Secondary Care Consultant	B&D CCG
Colette Marshall	Senior Locality Lead	Redbridge CCG
Marie Price	Director of Corporate Services	Corporate Services
John Powell	Director of Adult Services	London Borough of Redbridge

Member	Role	Organisation
Joy Hollister	Director of Adults, Children's and Housing	London Borough of Havering
Matthew Cole	Director of Public Health	London Borough of Barking and Dagenham
Gemma Hughes	Senior Locality Lead Planning & Integration	Barking and Dagenham CCG
Mark Tyson	Adult & Community Services	London Borough of Barking and Dagenham
Tudur Williams	Adult & Community Services	London Borough of Barking and Dagenham
Clare Burns	Deputy COO/Senior Locality Lead	Havering CCG

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title: Tender of Specialist Structured Day provision	
Report of the Corporate Director of Adult & Community Services	
PART - EXEMPT	**For Decision**
Wards Affected: ALL	**Key Decision:** Yes
Report Author: Saleena Ankle Strategic Commissioning Manager	**Contact Details:** Tel: 0208 227 5646 Email: saleena.ankle@lbbd.gov.uk
Sponsor: Anne Bristow, Corporate Director of Adult & Community Services	

Summary:

The Local Authority currently has a contract for a Structured Day programme for adults with substance misuse problems. (Primarily Drugs as there is a separate contract for alcohol support). This contract is £350,000 per annum in value and is due to end on 31 March 2014 and officers recommend that it is retendered to ensure continuity of support for those who require it. The service offers residents of Barking and Dagenham who are problematic substance misuser's and their concerned others a range of drug treatment services and interventions, this also includes structured programmes for those on Drug Rehabilitation Requirement (DRR). The service outcomes in the current specification are to reduce the harm caused by substance misuse to individuals and communities in Barking and Dagenham and to help people move away from problematic drug use.

A key focus within the Joint Health and Wellbeing strategy 2012 – 2015 is the 'prevention of problems occurring'. This focus applies in reducing and preventing where possible substance misuse related harms within the borough. It is essential that a partnership approach is taken in addressing the needs of the boroughs substance misuse problems.

Members of the Health and Wellbeing Board are asked to consider the recommendations set out in the report to approve the retendering of a structured day services for substance misuse.

Recommendation(s)

(i) Approve the procurement of Structured Day provision, on the terms detailed in the report; and

(ii) Delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Corporate Director of Finance and Resources, LBBD to award the contract to the successful contractor upon conclusion of the

procurement process.

Reason(s)

To respond to local borough needs and to ensure that residents continue to access a substance misuse treatment system that reflects models of good practice and offers a range of interventions for those with substance misuse needs and concerned others.

In addition to assist the Council and partners to deliver the priorities within the Health & Wellbeing Strategy:

- To reduce health inequalities.
- To promote choice, control and independence.
- To improve the quality and delivery of services provided by all partner agencies.

1 Introduction & Background

1.1 Substance misuse is defined by the National Institute for Health and Clinical Excellence (NICE), as intoxication by, or regular excessive consumption of and/or dependence on psychoactive substances, leading to social, psychological, physical or legal problems. This definition relates to both legal and illegal substances.

1.2 Problematic drug users or OCU[1] are estimated to account for 99% of the costs to communities from drug misuse. These costs include drug related crime, health service use, drug related deaths, societal costs and the cost on social care. The estimated cost to society was £44,231 per problematic drug user per year in 2003/4 and it will have risen significantly since then.[2] It is estimated that about one in five (20% equating to 26,646 people) of the adult population of Barking and Dagenham are hazardous alcohol drinkers, with nearly 6,000 of them drinking sufficient amounts to be harmful to health. Around 20% of adults are binge drinkers and six wards have been identified as binge drinking hotspot areas. Barking and Dagenham is ranked the 12th worst borough in London for binge drinking.[3]

1.3 2012 Strategic assessment scanning analysis continues to suggest that substance misuse is an underlying driver of offending. It recommends that pathways to treatment should also remain a focus for the Community Safety Partnership. In addition it identified that there is significant attrition between the point where a drug using offender is identified in custody and the point of engagement with structured drug treatment services.

1.4 In terms of local public attitudes, almost half of all respondents to the 2011 Residents' Survey (46%)[4], felt that drug use or drug dealing is a very or fairly big problem in the area and therefore local borough response to continue supporting local treatment services is paramount if this public attitude is to be addressed and reduced.

1.5 Drug misusers may have a range of health and social care problems, which may or may not be associated with drug misuse. Although drug misuse exists in most areas in the UK, it is more prevalent in areas characterised by social deprivation, which in turn is associated with poorer health. As adults in Barking & Dagenham, as well as suffering ill health, they are more likely to be unemployed or homeless, to be offenders, to abuse drugs and alcohol[5]. Locally with known deprivation levels in the borough and potential impact of Welfare reforms this suggests that prevalence of drug use and related harms may increase and must remain a priority to ensure that services are easily accessible for those residents with substance misuse related needs.

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[1] Opiate and Crack Users
[2] LBBD JSNA 2012
[3] Director of Public Health Annual Report 2012
[4] Strategic Assessment 2012 CSP
[5] Director of Public Health Annual Report 2012

1.6 Locally the two main groups to target and get into treatment have been Alcohol and cannabis users. There is already in place a new Community Alcohol service for adults which was awarded in June 2013 and a specialist young people's service Subwize which was awarded in February 2013. The new contract will specify working with cannabis users as well as class A drug users.

1.7 The number of individuals accessing the Day Programme was 235 in effective treatment for 2012/13. There have been noticeable changes in crack and cannabis use. In 2004/05 15% of clients accessing the Day Programme were cannabis clients this has doubled and is now almost 30%.[6]

1.8 At the end of September 2012 compared to the same point of 2011 there has been a 13% reduction in heroin users accessing the treatment service however the number of crack users coming into Horizon has increased by 36% from the previous year (Source: POPPIE). Performance in 2012/13 shows that there is a shift towards crack use with 25% of our problematic drugs users now using crack.

1.9 In the 2012/13 financial year the Day Programme in Barking and Dagenham had 93 individuals successfully completing treatment at a rate of 69.4%. Comparing this to the surrounding boroughs Barking and Dagenham have the second highest successful completion rate.

1.10 Representations for individuals who completed treatment between the 1st of April 2012 and the 30th of September 2012 in Barking and Dagenham are slightly higher than the surrounding boroughs. The numbers are however low with 6 representing in Barking and Dagenham compared with 5 in Newham and Redbridge and 3 in Havering.

1.11 The key priorities from the National Drug Strategy are as follows:

Reducing demand – ensuring that fewer people take drugs by providing **relevant up to** date substance misuse education and information and those that do take drugs, have the most appropriate interventions to recover.

Restricting supply – targeting drug dealing, making it difficult for those individuals to supply drugs within the borough.

Building recovery in communities – ensuring that drug services have the capacity to provide relevant treatment interventions and work with service users to achieve recovery. Those that leave treatment will have appropriate aftercare in place that focuses on re-integration into the community.

[6] 2013 Structured Day programme Needs assessment Substance Misuse Strategy Team 2013/14

1.12 A local drug Strategy is currently being drafted to address these main areas locally which will include a clear action plan.

2 Proposal & issues

2.1 The Structured Day programme service contract will expire on the 31 March 2014. It is proposed that a new contract including a revised model of service will be tendered and procured which will continue to provide structured specialist substance misuse Structured Day provision and Aftercare services, to commence on the 1 April 2014. The service will support local people to make lifestyle choices at an individual level which will positively improve the quality and length of their life and overall increase the health of the population.

2.2 The emerging population growth and diversity within the borough will place future demands on the service to meet residents' needs who will be from various international ethnicities and religions. Therefore it is crucial to ensure that future service provision will aim to increase the number of residents engaged in services from non White British backgrounds; making the service more reflective of the wider population. This will be included as a reporting requirement in the new service.

2.3 The procurement of this service will achieve improved outcomes for residents focusing on reducing substance misuse related harm in line with the Public Health Outcomes Framework and the Barking and Dagenham Health and Wellbeing and forthcoming Drug Strategy.

2.4 Since 1 April 2013, Public Health has been led by Local Authorities using the ring fenced Public Health Grant to improve health and tackle inequalities in their local area in line with the Public Health Outcomes Framework. This includes alcohol and drug misuse treatment and recovery services.

2.5 Officers are currently drafting the Structured Day service tender specification based on local needs analysis, equality impact assessment and evidence based interventions and best practice models provided by NICE, Drug misuse and dependence: UK guidelines on clinical management.

2.6 The proposed service redesign will have a strengthened focus on targeting and engaging those that have entered into treatment via the criminal justice system as evidence suggests that this group although often start treatment do not always exit treatment in a planned way and therefore the service needs to be response to this groups need to engage meaningfully in a more innovative model.

2.7 It is recognised in order to support families and parents it is vital that there is a responsive treatment system to which will contribute to the boroughs response to reduce harm within the families. The young people's service has a specialist function to support young people in transition from young people's treatment services into adult treatment and also supporting children and young people affected by parental use. To date there are good reported outcomes from this work and will remain

integral to the treatment system to respond to both young people and adult substance misuse needs.

2.8 The current service is largely building based however the proposal in the new service design is to increase delivery within the community, this will enable service users and concerned other improved accessibility in non stigmatised settings across all localities within the borough. This will also open up opportunities to further utilise Children's centres that could support service users with childcare needs and offer additional parental support.

2.9 Although the plan is to increase community delivery the view is to also maintain a service hub which will enhance opportunities to develop aftercare programmes and packages to enable recovery. The vision is this extended provision will support the recovery agenda across the whole adult treatment system. Potentially the model will include wrap around services not just at the point of exit but when a care plan is complete and they then enter planned after care package. This will enable service users to continue to receive support and access services after their care plan is complete and potentially reduce numbers representing back to treatment.

2.10 The aftercare function will focus on improving service users Education, Training & Employment status. There needs to be recognition that often service users although they may wish to be employment or education many still require practical support to prepare them to be come 'job ready'. The new specification will include specific targets and outcomes to measure steps to improve education, training and employment (ETE) status and will be monitored via contract monitoring which includes file audits and unannounced visits.

2.11 The aftercare provision model should offer a 'community bridge builder' function as widely used in mental health settings that enable service users to reengage back into mainstream settings and increase opportunities for ETE further strengthening their recovery journey.

3 Procurement process

3.1 This contract falls under the EU procurement category of health and social care and will be procured under Part B of the EU procurement process and in line with the Council's Contract Rules. Adult commissioning will work in collaboration with Elevate to identify areas for joint work on the procurement arrangements. The contract will be advertised on the LBBD external website on the Current Tenders page:

http://www.lbbd.gov.uk/BUSINESS/CURRENTTENDERS/Pages/Tenders.aspx

and the Contracts Finder website: http://www.contractsfinder.businesslink.gov.uk.

4 Tender Evaluation

4.1 The evaluation of tender submissions will be based on a quality: cost matrix of 70:30. The contract will be awarded on the basis of the most economically advantageous tender (MEAT) criteria.

4.2 Prospective tender candidates will be advised of any weightings to be applied to any of the criteria or sub-criteria beforehand. This will enable a fair and transparent approach to be taken. Prior to award of the contract an evaluation of the price will be carried out to ensure that provider organisations tendering for the contract provide value for money and fair and competitive prices that are consistent with the service specification and the services required to be delivered.

4.3 In addition tenders will be designed to ensure compliance with grant funding conditions from all agencies and the Public Health England and local Health and Wellbeing Outcomes Framework.

4.4 Tender Timetable

Outline tender timetable for the Structured Day programme service (all dates are provisional and subject to change).

Action	**Date**
Health & Wellbeing Board approval	September 2013
Advertise	October 2013
Contract Award	January 2014

4.5 Contracts will be awarded to the successful provider for a period of three and half years with an option to extend for a further period of up to 18 months dependent upon satisfactory performance and availability of funding.

Consultation

4.6 There is a commitment to working with all members of LBBD diverse communities and understanding the prevalence and impacts of substance misuse on specific groups. We will use a range of communication approaches to ensure all groups are offered equal access to drug treatment services. This will be carried out through the commissioning cycle process and include service user involvement. Consultation with service users through contract monitoring reported that residents would like structured day programmes to be more diverse and innovative and responsive to the needs of women, offenders, and family and carers. Consultation also includes input from professionals including health which will feed into the development of the new service specification

4.7 An annual service review and needs analysis has been carried out on structured day service treatment and provision that will feed into the procurement of the new service.

The review and needs analysis has shown demand for substance misuse treatment and services. Through the analysis of data and the annual review it is known that there has been good work done in engaging with the white male population. Areas that need improvement are engaging with none white groups and groups that have disabilities and women. Further consultation with service users is planned with those currently not accessing structured day provision to improve engagement levels, this information will also feed into the new service specification and inform targets and outcomes.

5 Safeguarding Vulnerable Adults and Children

5.1 Robust safeguarding policies and procedures will be evidenced as part of the procurement process including compliance with local safeguarding procedures. The Structured Day programme service is a specialist service that is an integral element of the local suite of services available to residents and connects strongly with the priorities within the Health and Wellbeing Strategy and the work of the Barking & Dagenham Adults Safeguarding Team, as well as the corporate priorities of the council as listed within the policy house. There are robust referral pathways between substance misuse services and the local adults safeguarding team and social services. All staff in adult substance misuse treatment services are qualified to recognise child protection issues. Whilst staff have a duty to respect and protect the confidentiality of service users which is both professional and a legal responsibility; complete confidentiality cannot be guaranteed. There may be cases when it is lawful to break confidence, there are situations that might arise where confidential information may need to be shared; for example in an emergency where there is a risk to the client or others.

5.2 All commissioned voluntary and statutory sector organisations must have their own safeguarding and child protection policies in place. Evidence of these is gathered at tender stage and then through contract monitoring and auditing processes. Case files are audited by commissioners to ensure best practice is routinely undertaken.

5.3 All agencies commissioned to work with adults and young people are aware of LBBD safeguarding procedures and must adhere to incident reporting as part of their contractual obligations. In addition all treatment system providers are required to be section 11 compliant.

6 Mandatory Implications

6.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) highlights the lifestyles that will cause problems for population health both now and in the future. Alcohol use has been identified in the JSNA as a significant problem contributing to emergency hospital admissions, domestic violence as well as overall poor mental and physical health.

6.2 Health & Wellbeing Strategy

The Health and Wellbeing Strategy has 4 key themes:

- Prevention
- Protection
- Improvement
- Personalisation

Under the theme of prevention, one of the key actions is increase the number of people with problematic drug and/or alcohol use accessing support services through improving referral pathways, raising awareness of services and improving quality and retention of service users.

The specialist structured day provision should have positive implications for the reduction of alcohol-related hospital admissions and increase numbers in structured drug and alcohol treatment services which are key success measures in the Health and Wellbeing Strategy.

6.3 Integration

It is understood that the substance misuse is a cross cutting need across health social care and crime. The proposed new service will part of a larger treatment system which includes necessary partnership working and specialist input from GP's, Probation, Social workers Specialist Drugs workers and the local Voluntary sector. The new service specification will include more outcome focused targets, which will also include specific health outcomes in addition to rehabilitation and community safety.

(Implications completed by: Saleena Ankle Strategic Commissioning Manager)

6.4 Financial Implications

Details of confirmed funding are contained in a confidential supplementary paper provided to Board Members for consideration during 'Private Business'.

6.5 Legal Implications

6.5.1 This report is seeking the Health and Wellbeing Board's permission to tender the service contract for a structured drug misuse programme which is designed to address the health care and social needs of drug users.

6.5.2 The particular service to be procured in this report is classified as a Part B service under the Public Contract Regulations 2006 (as amended) (the "Regulations") and therefore not subject to the full tendering requirements of the Regulations. However in conducting the procurement, the Council still has a legal obligation to comply with the relevant provisions of the Council's Contract Rules and with the EU Treaty principles of equal treatment of bidders, non-discrimination and transparency in procuring the contracts.

6.5.3 The report sets out in paragraph 4.4 the tender timetable for the procurement of this service. The contract is to be advertised in October with a view to appointing the successful bidder and awarding the contract in January 2014. The EU Treaty

principles noted above generally encourage the advertisement of contracts in a manner that would allow any providers likely to be interested in bidding for the contracts to identify the opportunity and bid for the contracts, should they wish to do so. This report states that the Council's website and the Contracts Finder website will be utilised for advertising to potential bidders.

6.5.4 In keeping with the Regulations this report stipulates the selection criteria to be applied in assessing the tenders. As noted in the report this will be on a quality:cost ratio of 70:30, while the contract will be awarded to the tenderer that submits the most economically advantageous tender (MEAT). Officers will need to ensure that they also establish and publish to bidders any sub-criteria and weightings against which the Quality element of bids will be evaluated.

6.5.5 In deciding whether or not to approve the proposed procurement of the contract, the Health and Wellbeing Board must satisfy itself that the procurement will represent value for money for the Council.

6.5.6 Contract Rule 13.3 provides delegated authority to the commissioning Corporate Director, in consultation with the Section 151 Officer, to approve the award of a contract upon conclusion of a duly conducted procurement exercise, in the absence of direction to the contrary from Cabinet/ the Health and Wellbeing Board.

6.5.7 The Legal Practice confirms that there are no legal reasons preventing the Health and Wellbeing Board from approving the recommendations of this report.

(Implications completed by: Eldred Taylor-Camara, Legal Group Manager)

7 Non-Mandatory Implications

8 Staffing Implications

9.1 There are no TUPE implications for LBBD staff; however, there are potential contractor to contractor TUPE implications

9 List of appendices:

None

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Procurement Approval for the Stop Smoking Service**
Report of the Director of Public Health	
PART- EXEMPT	**For Decision**
Wards Affected: ALL	**Key Decision:** Yes
Report Author: Sarah Blair, Public Health Programmes Manager	**Contact Details:** Tel: 0208 227 3781 Email: Sarah.Blair@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	

Summary:

Approval is sought from the Health and Wellbeing Board to commence the procurement process relating to the re-tendering of the Stop Smoking Service.

The current Stop Smoking Service contract will cease on the 30 September 2013. Delegated authority has been given to extend the present contract till the 31st January 2014. This covers the procurement period with an additional month built into the extension period to account for any delays that may occur.

It is the intention of Public Health to undertake a procurement process and appoint a new provider of the service to start on the 1st January 2014. There will be a phased implementation of the process for the period January to March 2014, with the service becoming fully operational in April 2014.

The procurement of the new service is being led by Corporate Procurement (Elevate) and is being done in conjunction with the London Borough of Havering (LBH), the London Borough of Barking & Dagenham (LBBD) is leading on the procurement process. Each authority will have separate contracts and be responsible for their own contract monitoring. The contract will be let for 39 months with provision for a further extension of one year, subject to confirmation of future years' funding and satisfactory performance.

Recommendation(s)

The Health and Wellbeing Board is asked to:

1. Approve the procurement process (jointly with the London Borough of Havering) for the Stop Smoking Service for the duration (including the option to extend the contract for up to one year) and upon the terms set out in this report.
2. Delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Chief Finance Officer to award the contract to the successful contractor upon conclusion of the procurement process.

Reason(s):

Smoking is the largest single cause of preventable morbidity and premature death. In addition to nearly 80,000 deaths in England each year, smoking is responsible for an enormous but otherwise avoidable burden of disease particularly cancers, respiratory disease, cardiovascular disease and reproductive problems. Statistics indicate that about 20% of adults in England smoke, but this varies significantly by local area. Smoking is especially important in Barking & Dagenham because the borough has a higher prevalence (23%) than the London average (18.9%).

The objectives of the Stop Smoking Service will be to:

- Decrease the risk of chronic disease, disability and death associated with smoking through the provision and promotion of population wide stop smoking services.
- Reduce the prevalence of smoking in Barking and Dagenham
- Reduce health inequalities between communities and population groups resulting from differences in smoking prevalence, particularly between routine and manual groups and the population as a whole.
- Support smokers who live or work both in LBBD to quit smoking.
- Promote smoke free living and reduce the likelihood of young people taking up smoking.
- Reduce smoking prevalence among young people.
- Reduce smoking during pregnancy

1. Introduction

1.1 The LBBD is seeking approval from the Health and Wellbeing Board for the procurement strategy and process set out in this report to re-tender the Stop Smoking Service.

1.2 The current service will cease on the 30th September 2013. However delegated authority has been given to extend the present contract till the 31st January 2014.

1.3 There will be a phased implementation with the service becoming fully operational in April 2014.

1.4 The procurement is being done in conjunction with the LB Havering; however LBBD will be the lead organisation for the procurement process. Each borough will have separate contracts and will each be responsible for their own contract monitoring.

1.5 The contract will be let for 39 months with the option to extend for up to one year at the sole discretion of the Council.

2.0 Tendering Process

2.1 The following draft timeline for procurement of the 2013/14 Smoking Cessation contract has been prepared in conjunction with Corporate Procurement (Elevate):

Process Step	Timeline	Responsible Party
Review MOU and Kick Off Meetings	01/07/13 – 31/07/13	LBBD Public Health LBBD Procurement LB Havering Public Health
TUPE Data Collection and Pre Consultation	01/08/13 – 30/09/13	NELFT
Agree Service Specification, Payment Model and Draft form of wording for the contract	01/08/13 -24/09/13	LBBD Public Health LBBD Procurement LB Havering Public Health
Draft Evaluation Criteria for approval by LBBD and LBH Public Health	30/08/13 – 11/09/13	LBBD Procurement
Construct Project on LBBD E-tendering Portal	14/09/13 – 24/09/13	LBBD Procurement
Publish Advert	25/09/13	LBBD Procurement
Receive Expressions of Interest	16/10/13	LBBD Procurement
Issue Tender Pack	17/10/13	LBBD Procurement
Response Return Deadline	0711/13	LBBD Procurement
Technical Evaluation and Mediation	08/11/13 – 15/11/13	LBBD Public Health LBBD Procurement LB Havering Public Health
Commercial Evaluation	08/11/13 – 11/11/13	LBBD Procurement
Draft Award Report	18/11/13	LBBD Procurement
Approve Award Report	19/11/13 – 28/11/13	LBBD Public Health LB Havering Public Health
Tender Award	29/11/13	LBBD Procurement

Process Step	Timeline	Responsible Party
Mobilisation (inc TUPE)	01/12/13	LBBD Public Health LB Havering Public Health
Commencement of Service	01/01/14	LBBD Public Health LB Havering Public Health

2.2 **Advertising**

2.2.1 The advert pertaining to the procurement will be advertised in the following:

- BRAVO the Council's IT Platform for advertising Council Contracts.
- Supply2health
- Supply4london

2.2.2 The advertisement will be alerted to any potential providers.

3.0 Length of Contract

3.1 The contract will be for the period January 2014 to March 2017 (that is 39 months) with the possibility of an extension for a period of up to a further year.

4. Evaluation and award criteria

4.1 The evaluation of the tender will be done on quality (60%) and price (40%). The tender will be awarded on the basis of which tenderer demonstrates value for money for the LBBD. The award will be on the basis of the most economically advantageous Tender.

4.2 Prospective tender candidates will be advised of any weightings to be applied to any of the criteria or sub-criteria beforehand. This will enable a fair and transparent approach to be taken. Prior to award of the contract an evaluation of the price will be carried out to ensure that provider organisations tendering for the contract provide value for money and fair and competitive prices that are consistent with the service specification and the services required to be delivered.

5.0 Financial Implications

Financial implications are provided in a separate annex for Board members' confidential consideration under 'Private Business'.

6.0 Legal Implications

Implications completed by: Eldred Taylor-Camara, Legal Group Manager

6. 1 This report is seeking the permission of the Health and Wellbeing Board to tender the service contract for the provision of a smoking cessation programme along with the London Borough of Havering. This proposed collaborative procurement is

in line with government efforts to promote collaborative working among public bodies.

6.2 The particular service to be procured in this report is classified as a Part B service under the Public Contract Regulations 2006 (as amended) (the "Regulations") and therefore not subject to the strict tendering rules in the Regulations. However in conducting the procurement, the Council still has a legal obligation to comply with the relevant provisions of the Council's Contract Rules and with the EU Treaty principles of equal treatment of bidders, non-discrimination and transparency in procuring the contracts.

6.3 The report sets out in paragraph 2.1 the tender timetable for the procurement of this service. The contract is to be advertised in September, with the expectation that expressions of interest will be received in October, and with a view to appointing the successful bidder and awarding the contract in November 2013. The EU Treaty principles noted above generally encourage the advertisement of contracts in a manner that would allow any providers likely to be interested in bidding for the contracts identify the opportunity and bid for the contracts, should they wish to do so. This report states that the following avenues will be used for advertising to potential bidders – Bravo, Supply2health and Supply4london.

6.4 In keeping with the Regulations, this report stipulates the evaluation criteria to be used assessing the tenders. As noted in the report this will be on a quality: price ratio of 60:40, while the contract will be awarded to the tenderer that submits the Most Economically Advantageous Tender (MEAT). Officers will need to ensure that they also establish and publish to bidders any sub-criteria and weightings against which the Quality element of bids will be evaluated

6.5 In deciding whether or not to approve the proposed procurement of the contract, the Health and Wellbeing Board must satisfy itself that the procurement will represent value for money for the Council.

6.6 Contract Rule 13.3 provides delegated authority to the commissioning Director, in consultation with the Section 151 Officer, to approve the award of a contract upon conclusion of a duly conducted procurement exercise, in the absence of direction to the contrary from Cabinet/ the Health and Wellbeing Board.

7.0 Risk Management

7.1 The provision of a Stop Smoking Service is not a mandatory service however without a designated service the risk of chronic disease, disability and death associated with smoking through the provision and promotion of population wide stop smoking services will remain large.

7.2 Not approving or delaying the appointment of a provider would mean there is no designated stop smoking service provider. The impact of this in the long term will be is that deaths due to smoking will continue to dominate the borough mortality picture.

7.3 The impact of not having a specialist smoking service could result in the inability to access the Health Premium in 2015, resulting in a decrease in income from April 2015 and in deaths from smoking remaining higher than necessary.

8.0 Joint Strategic Needs Assessment

Completed by: Dr Sue Levi Consultant in Public Health Medicine

8.1 Smoking and stopping smoking are amongst the highest priorities in the JSNA. Around 16% of the population die directly of smoking-related conditions.

9.0 Health and Wellbeing Board

Completed by: Dr Sue Levi Consultant in Public Health Medicine

9.1 Decreasing smoking prevalence is a key theme throughout the Health and Wellbeing strategy affecting all age groups and linked to many outcomes. Whilst not the only intervention an efficient stop smoking service is critical to achieving this vital outcome.

10.0 Integration

Completed by: Dr Sue Levi Consultant in Public Health Medicine

10.1 An efficient stop smoking service needs close cooperation between the provider and primary care, secondary care and maternity care as well as the voluntary sector and other organisations. In addition, commissioners (Public Health) need to understand the full landscape of delivery.

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	Protection and Safeguarding

Report of the Corporate Director of Adult & Community Services

Open Report	**For Information**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Glen Oldfield, Democratic Services	**Contact Details:** Tel: 020 8227 5796 E-mail: glen.oldfield@lbbd.gov.uk

Sponsor:

Cllr M Worby, Chair of the Health & Wellbeing Board

Summary:

When the Forward Plan for the Health & Wellbeing Board was initially developed it was intended that a portion of each agenda would be reserved for Board Members to discuss issues around a particular health and wellbeing theme. This report is the first in this series and is focussed on the theme of protection and safeguarding. To this end included under agenda items 14a, 14b, and 14c are the following reports:

- Item 14a: Adult Social Care Local Account 2012/13
- Item 14b: Safeguarding Adults Board Annual Report 2012/13
- Item 14c: Local Children's Safeguarding Board Annual Report 2012/13

These documents give an up-to-date picture of local protection and safeguarding issues, showcase the borough's achievements in this area, outline challenges for the Partnership to overcome, and share plans and actions for improvement.

With these documents to hand the Board is supplied with useful points of reference to frame discussions, make comments, and raise concerns around the theme of protection and safeguarding.

Other themes to be explored in 2013/14 are as follows:

- Older People (05 November 2013)
- Prevention (10 December 2013)
- Working Age Adults (11 February 2014)
- Improvement and Integration (25 March 2014)

Recommendation(s)

The Health & Wellbeing Board is asked to:

(i) Consider the suite of documents referred to in the summary and use this item as a

platform to raise any issues in relation to the protection and safeguarding of Barking and Dagenham residents.

(ii) In respect of the Local Account, the Board is asked to refer to the specific recommendations as set out in the summary report for item 12a.

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Adult Social Care Local Account 2012/13**
Report of the Cabinet Member for Adult Services & HR	
Open Report	**For Decision**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Mark Tyson, Group Manager, Service Support & Improvement, Adult & Community Services	**Contact Details:** Tel: 020 8227 2875 E-mail: mark.tyson@lbbd.gov.uk
Sponsor: Cllr Linda Reason, Cabinet Member for Adult Services & HR	

Summary:

The Local Account is the Council's statement to the local community and service users about the quality of social care services. It is intended to replace a system of annual audit undertaken by the Care Quality Commission, as part of measures to re-assert local democratic accountability and reduce the bureaucratic burden on councils.

This year's Local Account describes social care by service user group, and the services that are provided to each of six areas: mental health, older people, learning disability, physical disability, sensory disability and complex needs. It provides an overview of performance and finance.

It also includes the statutory report on complaints received and the response to them.

Recommendation(s)

Members of the Board are recommended:

- to comment on the Local Account document, and raise any questions or concerns that they have;
- to approve the Local Account for publication, with any amendments required, as a version on which the views of service users, partners and the community can be sought.

Reason(s):

This is the basis of an on-going 'conversation' about the quality and future development of social care services. It is the Council's way of accounting to the local community for the quality of its services and is an essential component of the performance management system that replaces the Care Quality Commission's regime of annual audit.

1. Background/Introduction

1.1. When the role of CQC was redefined and consideration was given to how social care was regulated a decision was taken that there was sufficient maturity in the adult social care sector to move away from approach of holding an Annual Review Meeting and awarding star ratings to local authorities.

1.2. It was agreed that, in response to representations from the Local Government Association and others, a 'sector-led approach' to service improvement would be adopted. Thus putting the onus on adult social care services to lead that agenda at local, regional & national level.

1.3. There are a number of aspects to this work being steered at a national level by the 'Towards Excellence in Adult Social Care' (TEASC) Board chaired by the Association of Directors of Social Services (ADASS) and serviced by the Local Government Association (LGA). Its membership also includes (amongst others) the Department of Health (DH), Care Quality Commission (CQC), and the Social Care Institute for Excellence (SCIE).

1.4. The London Social Care Partnership Group also has a group, chaired by Anne Bristow, which has developed the regional response. Some external challenge is being provided through Chief Executives of London Councils.

1.5. Key points of the approach in London are:

- Participation in a peer review challenge process.
- Publication of Local Account
- Participation in the voluntary national quarterly data collection exercise from Q3 2013/14.

1.6. The Local Account is a way of opening up information on adult social care. It should foster a conversation between the Council, service providers, commissioners, service users and the public. The Local Account should empower people to challenge or commend local services as they see fit. It should promote accountability and engagement, delivering a clear account of adult social care services which can be disseminated, discussed and challenged, with services being improved as a result.

2. About the Local Account

Structure

2.1. This year, the Local Account has been themed around the main service user groups. In addition to looking at each type of service (older people, mental health, learning disability, physical disability, sensory needs and complex needs), the Local Account summarises performance and finance information and gives the wider national context for adult social care. The safeguarding section is brief, signposting readers to the Safeguarding Adults Board annual report.

2.2. There is also an obligation upon the Council to produce an annual report of complaints received, under the statutory regulations for the handling of social care complaints. This year it is included as a section within the Local Account.

Highlights from the Local Account

2.3. The Local Account includes information about some of the successes and important developments in adult social care in Barking & Dagenham during 2012/13, including:

- Continued increase in the numbers of people receiving personalised services through a direct payment, and the increased use of personal assistants to provide day-to-day support;
- Improvements made to extra care schemes, improving the accommodation and opening the facilities up to the wider community;
- Integrated care and the wealth of work that is undertaken in partnership with local health service providers and commissioners;
- Wider health and wellbeing for older people, including the uptake of the free leisure offer, Olympic volunteering, and facilities available in Active Age Centres;
- The safety and consistency of mental health service delivery, and the importance of the recovery focus of those services;
- The popularity and success of the disabled adaptations direct payment scheme, helping people to take control of the adaptations needed in their home;
- Projects to support those with sensory disabilities, including the '*Bridge to Vision*' project to improve eye care for people with learning disabilities, and the Sign Translate service that aims to improve access to BSL in mainstream services;
- Capital works to improve the living environment and facilities at 80 Gascoigne Road residential home for people with learning disabilities, and refurbishment of Healthlands and Maples day services;
- The response to Winterbourne View from across the partnership as well as the Council;
- The Fulfilling Lives vision for the development of learning disability day services and community-based support (including the new Relish café);
- The detailed and important work the Council's Complex Needs Unit undertakes with those with multiple problems and who may have difficulty engaging with services.

2.4. Areas for development that are highlighted within the text include those that respond to national developments, and those that arise based on improvements and developments needed to local services. They include:

National developments

- Responding to the Care Bill and the changes to the future delivery of social care (including changes to the financial regime and links to health services);
- Delivering the Winterbourne View concordat commitments and seeing through the Fulfilling Lives vision for learning disability services;
- Development of information and advice systems including a new website that will put more choice and control in people's hands and on their desktops;

Local developments

- The further development and expansion of the Integrated Care cluster approach, as has been covered elsewhere in papers to the Health & Wellbeing Board;
- A more co-ordinated overall 'offer' for older people, covering the full range of ways to keep active, to get involved, to maintain independence and to get the care that they need;
- To revisit the Section 75 agreement for mental health and to work with NELFT on the future of joint mental health service provision;
- Further expansion of the recovery approach for mental health, ensuring that there are the services in place to help people with mental health problems back into the workplace - which will also be linked to work that is being led through the Health & Adult Services Select Committee on the impact of austerity and welfare reform;
- Implementation of the Low Vision service proposals to which the Health & Wellbeing Board gave approval towards the end of last year;
- Continuing the development of accommodation options for people with learning disabilities that promote independence and provide choice;
- Continuing to develop the 'micro-provider' market in social care services, as part of the next steps in improving choice and control;

2.5. Once approved, the Local Account will be published and comments will be sought from local service users, residents and partners. The document will be populated with images and some case studies, and will be given a more engaging look and feel.

2.6. The document provides some overview of the feedback received through the service user and carer surveys, and the complaints that the Council has received and responded to. However, it does not yet satisfactorily incorporate the 'user voice', with commentary on services and priorities for improvement. This will be a priority for development in the next Local Account, and we look forward to working with Healthwatch and other service user representative organisations, as well as the service users, carers and other residents themselves, to incorporate this into the future draft.

3. Mandatory Implications

3.1. Joint Strategic Needs Assessment

The Local Account is a stocktake of the performance of adult social care in Barking & Dagenham and, as such, complements the identification of need and the priorities for future action described in the JSNA. The data from the annual returns, which is the basis for the performance section of the Local Account, will in time come to inform the refresh of the JSNA.

3.2. Health and Wellbeing Strategy

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

3.3. Integration

Integration is a theme that occurs in a number of places in the Local Account, and the document reaffirms the Council's commitment to work with partners in the development of integrated services, including specifically:

- Integrated care with local primary care partners;
- Joint mental health services;
- Joint community learning disability services.

3.4. Financial Implications

There are no significant immediate financial implications arising from the Local Account. No large mailing of hard copies is planned, and such requests for paper copies as are made can easily be accommodated within existing budgets.

3.5. Legal Implications

The Council is required to issue an annual overview of complaints received, which forms part of the Local Account. Whilst there is no legal requirement to publish a Local Account, it stands in lieu of more assertive performance management by regulators, and lack of a Local Account of suitable quality could be taken into account should formal regulatory intervention be necessary.

4. List of Appendices:

Appendix A: Barking & Dagenham Adult Social Care Local Account 2012/13

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London Borough of Barking & Dagenham

Annual Adult Social Services Report: *Our Local Account 2012/13*

Incorporating the complaints annual report.

Draft for submission to the Health & Wellbeing Board
17 September 2013

Contents

There are many elements to Social Care in Barking and Dagenham. This year we have structured our Local Account around the types of services we deliver and the main service user groups that receive them.

Foreword

Welcome to our 2012/13 ‘Local Account’ for Adult Social Care. This is a really important document, in which we set out where we think we have been successful over the past year, and what we think we need to improve. It’s for you, our service users, carers and residents, to read through and tell us whether you think we have got it right.

As a Council, we are passionately committed to ensuring that older and disabled people can live the lives they want. Cuts to the funding we receive from central Government continue to make this more and more difficult, but we have managed so far to continue to protect the essential social care services that support local people.

Despite these pressures, I am really proud of the way that our social care services continue to develop and grow. The foundation for this is a first-rate team of committed staff, as well as a range of excellent services delivered by our partners in the independent sector. We receive a relatively low number of formal complaints, and again this is testament to the responsiveness of our frontline teams when people raise their concerns.

Giving the people who use out service more choice and greater control are our guiding principles. This year we have continued to increase the number of people who get their social care support in the form of a ‘direct payment’ and then go out and choose their own personal assistant to provide their daily care and support. We have invested in the facilities at Fews Lodge and 80 Gascoigne Road, and radically rethought our in-house provision of home care services. We have embarked on an ambitious programme for the future of learning disability services, and our ‘integrated care’ work with local GPs has been held up as an example of national good practice.

We know that we don’t always get everything right, but we are determined to learn from any mistakes, to do our best to put things right, and to be open about where we think we can improve. Please take the time to read it and let us know if you think we have got our priorities right or what changes you would like to see in the future.

With best wishes,

Cllr Linda Reason
Cabinet Member Adult Services and HR

How social care is changing

2012/13 was a year of considerable upheaval as preparation took place for the many changes introduced by the Health & Social Care Act 2012, which came into force on 1 April 2013. This saw a number of key partner organisations cease to exist, new ones form, and key individuals move on to new roles elsewhere. These new arrangements mean that the way the Council and the NHS work together to improve health and social care has changed, creating new opportunities and new challenges.

Public Health, which funds preventative medicine such as immunisations and healthy weight schemes, has joined the Council from the NHS. This will strengthen the focus that we already have on preventing health and social care problems, rather than just trying to fix things that have already gone wrong.

The way that the NHS allocates funds and makes important local health decisions has also changed. From April the Barking & Dagenham Clinical Commissioning Group (CCG) has taken over the responsibility for planning the health services local people need. The CCG is led by local GPs, who often see first-hand the effects of poorly co-ordinated care when patients come back time and again, or end up in hospital repeatedly. We are already working with local GP leaders to build on our 'integrated care' approach and help get the right support in place to keep people healthy and independent for longer.

Another new organisation, Healthwatch, will represent the patient voice in local health and social care decisions. Healthwatch will use its volunteer and paid staff resources to co-ordinate feedback from the users of local services, holding both social care and the NHS to account.

Bringing all of the new elements of this health and social care 'system' together, the Health and Wellbeing Board now holds overall responsibility for health and wellbeing in Barking and Dagenham. As an executive committee of the Council, the Board includes representatives from social care, public health, the CCG, Healthwatch, local hospitals, and the police. This means that, in one place, the major decision-makers across health and social care can ensure that their plans for local services are properly joined up, and shaped by the feedback of service users, carers and residents.

Whilst the organisations are getting to grips with the 2012 changes, we are already planning for a further raft of major changes. In May 2013, the Government introduced the Care Bill into Parliament. This follows two major reviews of how the social care system currently works: a Law Commission review in 2011 and the Dilnot Commission, which focused on how people pay for their social care, and which reported in 2012.

We welcome the decision to 'tidy up' the laws on adult social care, which have been built up over many years, and hope that the new legislation will make it easier for everyone to understand. The Care Bill proposes a number of changes, such as:

- Introducing national eligibility criteria;
- Introducing new arrangements for paying for care that will limit how much individuals have to contribute to the cost of their care;
- Requiring councils to provide local residents with comprehensive information and advice services.

The impact which the reforms of social care will have on the Council are still being explored, and the final legislation is awaited. We are particularly looking to model the financial impact of the changes to how people pay for their social care, and the new duties expected of the Council, to ensure that the resources are in place to meet need under the new system. In the meantime, we

continue to work on some major reform programmes to modernise the services that local people receive.

Our Major Reform Programmes

Integrating health and social care for those with long-term conditions

During 2012/13 we continued to strengthen our innovative and successful approach to integrated care, with social workers joining community matrons and GPs in jointly planning the care of those with the most complex health and care needs. We know that those people whose health conditions mean that they are regularly attending A&E or being admitted to hospital, benefit from more fully joined up care. Barking & Dagenham is one of the few boroughs to have completely restructured its social care services to be based in 'clusters' alongside GPs and community health services. This means better relationships between frontline health and care staff, greater shared knowledge about the needs of patients and service users, and the systems that really help them to do their job. 2012/13 was the year that this way of working 'bedded in' fully, and we will continue to expand and develop it over the coming years.

We participate actively in the Integrated Care Coalition, which works across the three boroughs (Barking & Dagenham, Redbridge and Havering) which share Queen's Hospital, to improve joint working and to support the hospital in managing the demands placed on it.

'Fulfilling Lives': reviewing Learning Disability Services

The Fulfilling Lives programme seeks to expand the range of meaningful opportunities available for people with learning disabilities.

People with learning disabilities and their families have the same aspirations as everyone else. They would like to be independent, have their own home, make friends, form relationships, get a job and choose what they do in their spare time. If they need care and support they want to be able to make choices about how this is provided and who they allow to be involved with their lives.

The programme will look to unlock some of the existing capacity based in traditional day services, to provide greater flexibility and choice for service users. It will also require mainstream (non-specialist) services to ensure that they are accessible to those with learning disabilities.

Choice and Control: new ways of delivering homecare

The Council is keen to increase the choice and control that local residents can exercise over the social care they receive. We expect there to be an increase in the number of people who use direct payments to commission their own care, and a reduction in the level of support offered by homecare agencies and through Managed Personal Budgets, as well as a reduction in the Council as a direct provider of homecare services.

The initial focus of activity will be to increase the number of Personal Assistants offering support. In the longer term, this project will move the Council away from being a direct provider of homecare to being a facilitator and supporter of people arranging their own support. In particular, instead of people being provided with a limited range of service options in response to their needs, there are increasing numbers of people receiving a 'direct payment' or other form of 'self-directed support'. We are therefore working hard to expand the market in available services, from big providers and small local enterprises, so that people have genuine choice about what they spend their personal budget on. It will also become increasingly important to provide tools that help people identify personal assistants to support them in their care planning and daily life. We have proposals in hand to develop an online 'PA Finder' website that aims to provide this service. Since more and more people are contacting us by email about their social care needs, and more people

use the internet every day, we expect this to become an important resource for finding out about what is out there locally to support people in their homes.

This is just one, relatively small, area where technology is changing the face of adult social care. We are also looking to other ways in which new technology can help to provide better care. For example, we have piloted a ‘pre-paid card’ system which loads people’s direct payments onto the card so that they have their money in a convenient place to pay their care providers and other suppliers for the support they receive. It’s quick to set up, saves them the hassle of opening a separate bank account and involves both them and the Council in less monitoring and paperwork.

Our Local Context: Shifting Demographics

We have a fast-growing borough and our own community mapping estimated the population at 185,911, with 48,298 young people aged under 16, and 10,045 older people aged 75 or over. The number of people living in Barking and Dagenham has increased by 13.4% in the last 10 years.

The age distribution of Barking and Dagenham residents is changing. The proportion of young people is high compared with England as a whole, and the proportion of over 50s lower. However, the latest available projection figures[1] show an interesting change in pattern of the borough's population by five year age groupings over the next thirty years. Generally, the younger age groups are projected to stabilise between 2021 and 2031, and are not due to increase significantly for another 20-30 years. The over 75 population is due to decrease between 2011 and 2021, however there is projected to be a consistently significant increase of residents aged over 70 between 2031 and 2041. Interestingly, the very elderly population aged 90+ is projected to grow significantly, with a projected extra 2,100 residents in this age group in 2041 than in 2011, this equates to an increase of 218%. Also evident are significant increases in both actual number and percentage of 50 – 69 years olds in the same period, as well as a massive rise in the 90+ population.

According to the 2011 Census, Barking and Dagenham saw the largest rise in England in 0-4 year olds, but the projected figures now show a much slower growth in this age band, and are even projecting a decrease in 0-4 year olds of 1.6% between 2021 and 2031 in the borough. The reason for this is that since 2011, the number of births in the borough has stabilised and this is projected to continue until 2031. During this period, from 55 years plus there is a projected increase in numbers, particularly between 55 and 69 years. This is less pronounced between 70 and 84 years, but still a significant increase.

With these fluctuating age profiles, the services that are planned now will need to be robust and flexible enough to respond to these projected increases in demand in the future. These increases will also be accompanied by substantial change in the ethnic breakdown of the older population, changing the types of health and social care needs that must be met, as well as the approaches to social care service delivery. Additionally, as the Care Bill is introduced we can expect an increase in the number of people coming forward for assessment (and re-assessment) as the thresholds change and people who currently fund their own care will want to see if the Council can help.

The current high proportions of young people also generate demand for adult social care services as they approach adulthood, in particular driving demand for learning disability services. An estimated 9,300 adults in Barking and Dagenham are currently living with a learning disability, although not all are in need, or in receipt, of social care services through the Council. This number is predicted to increase by about 400 by 2030.

Around 9,600 adults in the borough are living with a moderate or serious physical disability. By 2015, it is estimated that there will be an additional 330 people aged 18-64 years with a moderate or serious physical disability in the borough. Many of these people will need personal care packages, enhanced advocacy services and support to ensure that they are able to understand and access the services they need. As more disabled people are identified, the demand for the social care services is likely to increase.

[1] GLA Population Projections 2012 (SHLAA based)

Older People

Older people represent the largest group of people receiving social care support from the Council: 68.8% of our service users. 224 older people received residential or nursing care, compared with 1,137 who received community-based services. This describes a wide range of different services, including 415 people who were in receipt of aids and adaptations for their home. In 2012/13 we arranged 1,361 new services for older people (following assessment or review, including newcomers to the service).

Giving older people choice and control

The numbers receiving social care are increasing, and the Council continues to meet the demand by keeping its own costs down. More importantly, the way in which people access services is also changing. Social care is moving away from conventional homecare, such as a package designed and planned by the Council to meet your needs. 2012/13 was the first year in which every older person receiving a new social care service had a personal budget. With the help of personal assistants, service users are more in control of their daily lives, and get support that fits into how they want to live their life. We are seeing that people take a greater personal interest in the quality of the care they receive, so that those receiving services through council funds can have the same personalised service that self-funders enjoy.

As this move to personal budgets gathers pace, we are also seeing a move away from using large agencies - called brokerage - to help people manage their budgets. High street accountants are starting to provide these services, just as they might help anyone else with planning their finances. The Council has also started to introduce pre-paid cards, which add further efficiency and independence to the process of receiving Council contributions for care.

We are working with providers of services to improve the range of options that are available to people when they are thinking about how they spend their personal budget. This 'market development' work includes a project to support 'micro-providers' - small, very local service providers - which launched in February 2012 and got properly underway in 2012/13. Early scoping provision identified communities that are rich in micro-providers and we will continue to see options developed for people to spend their personal budgets on, with more options for people to choose from at a very local/neighbourhood level. When it comes to daycare, we are seeing the development of alternative service options, such as personal assistants getting together and setting up informal community-based arrangements (such as gathering together in local cafes) which fit more closely with what people want. Local extra care housing schemes are starting to open up to the wider community, such as at George Brooker House and Fews Lodge. This is helping to break down the thresholds between different types of care, and improve the range of choices available to service users.

All of this means that the Council has to review its information and advice provision, so that there is a reliable directory of the services available to people. We will be recommissioning our social care website, to make it much more interactive and engaging. As part of that, we will develop a 'PA Finder' so that those with a personal budget can find someone to employ to help them with their care needs. Whilst we expect to have this up and running by the middle of 2013, we also expect this to be a long-term piece of work as we continue to adapt to the changing way in which social care services are provided.

Improving extra care and residential care

We have focussed on improvements to our housing based care and support services in order that we can more effectively link them with current borough wide or national objectives. We would like residential care homes and Extra Care schemes to become community hubs. We are seeing the

beginning of this transformation with the Extra Care schemes. They have some excellent facilities which can be more used by the community. We hope to expand this to care homes. For instance, for St Patrick's Day ten residents of Harp House went to Harmony House to enjoy the celebration. Colin Pond Court is looking to attract socially isolated residents to a weekly coffee morning.

We are seeing a reduction in residential care placements for older people, with 146 being permanently admitted to residential care in 2012/13. However, for a significant minority of our service users, this is of course the right option for them. As part of a range of improvements in the year, the Fews Lodge scheme has been developed to sit alongside Kallar Lodge Residential Care Home. The development creates a mix of 13 studio and one-bedroom flats that will help people with dementia to remain independent and provides opportunities for couples to stay together. With a growing demand for services for people with dementia, Fews Lodge will provide much needed specialist support for residents in the borough.

Better working with health services

We have also continued to strengthen our close working with local health services. Our pioneering Integrated Care model was developed last year, based around six 'clusters' of GPs, nurses and social care staff across the borough. However, this was the first year in which that cluster approach was in place for the whole year. One indicator of success is that we continue to see reductions in the number of 'delayed transfers of care' - where planning of social care services is responsible for someone being in hospital longer than they need to be. We have committed, along with local health organisations and the councils in Redbridge and Havering, to develop a Joint Assessment & Discharge Team to work with together with local hospitals and streamline the preparations for people coming out of hospital back into their homes.

This is just one part of the positive role we play in ensuring that people are discharged from hospital safely and swiftly. We know that our local hospital is struggling under considerable pressure, and remain committed to doing what we can to help its improvement. We have also moved away from the reablement model, where a dedicated package of support is provided to those leaving hospital. Whilst other areas use this approach, it has not been found to be as successful in Barking & Dagenham, and the provision of personal assistant support, just as is provided to other recipients of social care, has been found to provide the flexibility that service users need as well as to speed up care planning, so facilitating discharge from hospital. It is less intensive, and to date we have seen no evidence of adverse impacts on service users.

Health is foremost amongst the concerns raised by our older residents. There are opportunities for joint commissioning with health, in particular the newly-formed Clinical Commissioning Group. We intend to build on the cluster model over the coming year to expand and develop it further, including work on mental health needs and an expansion of the caseload. We can offer more preventative and early intervention services particularly for people with dementia as diagnosis is increasing. In particular, we are working on a project called 'This is Me' which aims to help people with dementia to be seen as individuals with histories, not just as subjects of care.

Going beyond care: helping people live the life they want

Keeping people safe - and feeling safe

We continue to be proud that people report feeling safe in the services that they receive - up to 75.3% from 73.5% last year. The section on Safeguarding provides more detail on the work we do to make people safe in local health and social care services. However, we must recognise that this is in a borough where it remains a concern that people don't feel as safe as they should expect to, particularly given that our levels of crime and disorder are not significantly high compared to the rest of London. We have made further strides this year in reducing levels of crime, and have provided more detail in the end-of-year report of the Community Safety

Partnership. We continue to work with the Police to focus on reassuring and supporting our older and more vulnerable members of the community.

Finances

Having enough money to live on is a consistent challenge for older people with the cost of living rising sharply. Changes to the benefit system and rising energy bills contribute to anxiety over finances. Barking and Dagenham has some of the poorest wards in London. In Gascoigne ward, for instance, 39.3% of residents aged 60+ receive pension credit. 80% of these residents are single pensioners.

Getting out and about, with things to do

Our vision is to support people to live in their own homes as long as possible. Unfortunately this can mean some people are socially isolated. Currently less than 3% of older people with social care needs access organised day opportunities. We need to improve the variety of things for older people to do in the day. We have some day opportunities running out of three Extra Care schemes in the borough. Though popular with people who attend, the numbers of people attending are quite low. We need more options for older people at a local level to help them live the life they want.

Older people in the borough want opportunities to meet and do interesting things at a reasonable price. Even a low cost of activities can be off-putting. In the Residents' Survey, respondents aged 65+ were more likely to report that activities are in need of improvement. There are lots of groups and activities that older residents can access but the challenge is increasing participation.

Apart from cost, transport is the biggest barrier to participation. 39.6% of the borough's residents have no access to a car compared with 25.6% nationally (Census 2011). In addition there are areas in the borough where the public transport links are poorer, even in relation to getting across the borough. Older residents appreciate and benefit from the freedom pass but not everyone uses it. There is some apprehension travelling after dark with 50% of over 65s feeling unsafe after dark (Residents' Survey).

On Monday 1st October, over 250 local people celebrated national Older People's Day across three venues in Barking Town Centre. The event was themed around 'Big Skills Share' and older residents were given the opportunity to try something new or revisit an old hobby. Barking Learning Centre, Abbey Sports Centre and the Broadway Theatre were full of activities to try. Despite the heavy rain throughout the day, 95% of attendees enjoyed the event according to the post-event evaluation form. Stallholders and activity coordinators also appreciated the opportunity to meet residents and make new connections. 60 volunteers from voluntary sector agencies supported the event to help make it a successful day. We want to build on the assets of older people demonstrated at Older People's Day.

By providing free access to our leisure centres for those aged over 60, we have seen participation levels continue to increase, with individuals taking steps to improve their own health and wellbeing. The over-60s leisure membership scheme had 3,245 members on 31 March 2013, a steady increase compared to the 2,888 recorded in May 2012. These members made 60,217 visits in 2012/13 compared to 47,972 in 2011/12.

Our Active Age Centres offer older people the chance to meet new friends and try different activities such as tai chi, line dancing, Zumba and bingo. In total, we have over 500 members attending the Active Age centres across the borough. When talking with people about which activities they enjoy most they all said they would love more zumba classes. So since April 2012, we have been running two further all ability zumba classes, one in Barking and one in Dagenham. We are now also running activities in the evenings and are currently looking into offering other activities aimed at different age groups.

It is our intention during 2013/14 to bring together a more co-ordinated ‘offer’ to older people of the wide range of things to do and places to go for both activities and advice. This will make it easier for people to find out about the work that goes on in our Active Age Centres, the free leisure options that we offer, the Borough’s volunteering opportunities, and sources of help and advice.

Volunteering and giving something back to the community

Many older people took up the opportunity to volunteer to support the London 2012 Olympic & Paralympic Games, for which Barking & Dagenham was a host borough. At its peak, Gateway to the Games Volunteers had over 600 volunteers signed up to the programme who supported Council and community events, sports competitions and the fundraising of Living the Dream Trust. Plus other valuable voluntary work included admin, promotions and surveying. Over 100 volunteers supported the Olympic Torch Relay on 27 July that came through the borough, stopping at the Dagenham Town Show. Now the Games are over, the Council continues to provide information and support on further opportunities to give something back to the community.

Memory Games was a project set up to initially engage with older people in the borough in the build up and during the Games, and in the end the project involved people of all ages. Through this targeted reminiscence work, the project aimed to tell the story of the history of sport and the Games in the borough by engaging with sporting stars past and present with local connections to capture memories of the Games and what the borough was like in 1948 when the event was last staged in London. To gather this information we interviewed people and invited older people to reminiscence events in the borough, resulting in an exhibition, film and archive which participants, the public and future generations can enjoy.

Mental Health

Integrated service provision

The Council's mental health services are provided through an integrated service with North East London NHS Foundation Trust (NELFT). This is set in place through a particular type of contract called a 'Section 75' agreement. During 2012/13, the integrated service provided social care services to 567 people.

NELFT organised its services last year on a Trust-wide basis, which created a number of challenges around integrating mental health provision with borough-based social care and ther services. A further restructure is planned in 2013/14 which will realign services more closely with the borough. This strengthening of the borough-based management of their services will also assist in developing partnerships with the Clinical Commissioning Group. This means that mental health services are becoming more flexible, and able to meet different needs of local communities and service users. Over the coming year, Barking & Dagenham will review and refresh this agreement with NELFT. This will be part of a fresh look at the balance of resources across Adult Social Care, ensuring that sufficient priority is given to support for people with mental health difficulties.

The core service provided by NELFT on the Council's behalf performs well, with sound provision to meet our statutory duties. There have been no serious incidents in mental health services, for example, and high risk cases are managed well, with the minimum use of 'sectioning' under the Mental Health Act. We retendered our mental health advocacy services, with Voiceability taking over the contract, and we hope that this improved support will assist service users in taking control of decisions about their care. The block contract that we have for residential care at Knights Close now includes elements of personal budget provision as part of the care package. This is a move towards increased personalisation, though there is more to do. The numbers of people accessing mental health services via a personal budget remains low relative to other client groups, at just 55 people, although it has increased over the year and we will continue this improvement over the course of 2013/14.

Whilst valuing and emphasising integrated working, Barking & Dagenham want to ensure that professional social services' responsibilities are recognised and valued. Wider 'continuing professional development' sessions include invites to mental health social care staff, even though they are based within NELFT, and we continue to explore with NELFT how this offer can be further improved.

Residential care and support for people leaving hospital

We remain concerned about high numbers of people receiving services in residential settings, and staying for too long. For example, the supported living unit in Dagenham runs at near capacity, and can be unavailable when needed. Although we are now managing the entry to this unit well, we recognise the need for a more system-wide approach to managing residential placements, with better community planning in place to prevent the need for residential admission.

In the community, we have changed the way we provide specialist supported living for people with mental health problems. This has improved 'flow through' and meant there are more opportunities for those who need support when they are discharged from hospital. This will remain a focus for the coming year, preventing any problems in the provision of community services from holding up people's recovery from mental health problems. Wherever possible we support people with metnal health problems to retain their home during periods in hospital, and to help them return to their own home as quickly as possible afterwards. Where, during a period in hospital, they have lost their own home, we will ensure that the right support is put in place.

Focusing on recovery

For the future, the Council recognises that more may need to be done on promoting recovery. Already we have remodelled our day care provision, moving towards something that places recovery more at the heart of the service. As part of that process, we consulted with the users of the service and listened to their concerns about the changes. As a result, the service users established their own social enterprise, the Starlight Group, offering some of the peer support elements that had been a greater focus of the old model of day care provision.

This 'recovery' focus will also inform our look at the core services we provide, so that they have more of an emphasis on getting people back into independence. Where we have reviewed people's placements over the year, we have identified that there are greater opportunities for moving people into more independent settings, closer to communities and with input from their GPs. As part of reablement proposals for the coming year, the Council has agreed with the Clinical Commissioning Group further resources to be put into primary mental health care, delivered jointly with the Council. This also responds to a need to do more for those people whose mental health problems are not of sufficient severity to render them eligible for services.

We are aware that more also needs to be done to support people with mental health problems returning to the workplace. The Recovery College will be developed over the coming year, responding to the low numbers of people in contact with secondary mental health services that were in employment during 2012/13 (at just 2.1%). However, with our local job market under such pressure, we have welcomed that fact that future measures of the employment situation for people with mental health problems will take more account of these local circumstances.

Welfare reforms and the impact of austerity

As we have seen with other client groups, the welfare reforms and continued austerity will have an impact on people with mental health problems. Those currently in treatment may face greater pressure to return to work, whilst those (both in and out of work) who are not currently receiving structured treatment may have more moderate mental health problems exacerbated. Towards the end of 2012/13, the Health & Adult Services Select Committee chose the mental health impacts of austerity as its subject for an in-depth scrutiny review. Once the work is completed, the Health & Wellbeing Board will respond to the recommendations made.

Physical and sensory disabilities

Physical disabilities

Services provided for those with physical disabilities show high levels of people having choice and control over their care, principally through direct payments, as well as good satisfaction levels. There is a significant overlap with older people, covered elsewhere in this Local Account. Much of the work concerns adaptations to assist people with daily living in their home. To support this shift towards direct payments, we have focused on developing the retail market in equipment and assistive technologies, and have trained numerous retailers around assistance equipment and then accredited them as safe and knowledgeable providers. Some clients then get a prescription from us to go and purchase from a retailer, benefiting from the Council's signposting to reputable suppliers and making their own choices about what they need.

The Disabled Adaptations Direct Payments Scheme has been a great success in its first year of operation. Service users receive a direct payment to arrange their own adaptations. Some £465,000 has been paid out for 143 adaptations, which are relatively inexpensive, one-off spends on alterations to homes which can avoid much greater expense to health and social care services through the prevention of hospitalisation due to falls and the postponement of the need for residential care.

Over the coming year we plan to continue these trends, looking at the support that trained specialist retail providers can offer to assess the adaptations that people may need, and so help them to help themselves. It will be imperative that the Council maintains a close interest in the impact of the welfare reforms which will be phased in over the first six months of 2013/14, and how they impact on local disabled people.

Sensory disabilities

Barking & Dagenham continues to be proactive in raising awareness of sight and hearing loss, promote services and preventive options, and creating strong professional networks. With half of sight loss being avoidable, for example, this is an important aspect to the service. During 2012/13, we have run focused activities on sight loss for people with a learning disability, sight loss and diabetes, and promotion of our Eye Health Strategy, which fits into the UK Vision Strategy. As part of the national UK Vision 20/20, Barking & Dagenham won a poster competition describing the implementation of our local Vision Strategy.

In terms of direct service provision, the Council offers a well-resourced team which includes two qualified rehabilitation officers, a specialist deaf/blind worker and a joint partnership with the Deaf Agency. The team provides mobility training for those experiencing sight loss, and rehabilitation support. There have been no waiting lists for the services within the team during the year. For older people experiencing sensory loss, floating support will provide support for their sensory needs as part of a wider social care package.

We provide specialised placements for deaf/blind people, and supported a social group for part of the past year. We have been involved in trials of a Braille machine that translates the Internet for those who are deaf/blind.

We know that people with a learning disability are more likely to experience problems with their vision. Our new 'Bridge to Vision' project began in earnest in 2012/13, which promotes eye tests for people with a learning disability as part of their health action plan, and provides details of optometrists with specialist training. Some 530 people have a health action plan, which should include an eye test every two years. By the end of 2012/13 120 people had had eye tests as part of the project, meaning we are half way to the 275 that should be seen every year.

We have supported the establishment of a local association of visually impaired people, which has not been present locally in the past. It began operating at the end of 2012/13, having planned its formal launch for May 2013. East London Vision (ELVis) has also developed as an 'umbrella' body to support such local societies.

Over the coming year, we will look to implement the proposals that went before our Shadow Health & Wellbeing Board in December 2012, for the development of low vision services. There are an estimated 1,740 people with low visual acuity, for whom there are currently standalone services provided. These can work very well for those who have lived with low vision for a long time, but for those newly diagnosed and coming to terms with their sight loss, a service that is delivered through high street opticians as an 'enhanced service' can be more approachable and help people to adjust. It would be closely aligned with the Council's Sensory Rehabilitation Workers, and be more closely aligned to the standard eye care pathway. It has been successful in Wales, and is supported by the Government's vision for eye health services.

We have also heard from people who use British Sign Language (BSL) that services can be difficult to access. Last April, Action on Hearing Loss (previously RNID) carried out a survey of the experiences of BSL (British Sign Language) users when accessing healthcare. The findings, based on responses from 305 people, included that 68% had specifically requested a BSL interpreter for a GP appointment but did not get one, and 66% for a hospital appointment. 41% had left a health appointment feeling confused about their medical condition, because they did not understand the interpreter. We know as well, that access to Council services can be as difficult. We have therefore invested in 'Sign Translate' and will be starting its use in the coming year. This allows for connection over the Internet to a translator who will interpret what the health or other professional says into BSL for the service user to watch. We hope that this will improve the access of deaf people to our mainstream services.

Learning disabilities

National prevalence data indicates that approximately 9,300 of our 185,911 population in Barking and Dagenham have some form of a learning disability, though not all will require social care support. 620 people with learning disabilities are currently known to the Community Learning Disability Team, of which 344 residents with learning disabilities receive structured services.

Fulfilling Lives

In 2012/13 we consulted with service users, carers and key partners on the service provision currently available to people with learning disabilities, culminating in a big consultation event.

Through our consultation we learnt that:

- young people approaching adulthood had reservations about accessing in-house services as there was a perception that the service failed to match their aspirations;
- all service users told us of a continued aspiration to move-on, find work and do more in their community, but more work based learning was needed;
- Service users need more community focussed support and an offer of meaningful activities at both evenings and weekends;
- Our ageing service users (60+), many of whom have attended our services for 20 years or more, would like to 'retire' from their learning disability day service but would still like things to do during the day;
- Family carers consider that our current in-house day services are safe, trusted and provide valuable respite but there is also a lack of choice in alternatives;
- Both service users and family carers expressed their dissatisfaction with the current transport arrangements due to the operating times limiting opportunities;
- Our middle aged/older service users and their carers felt there was not enough person-centred planning, not enough weekend activities and that personal budgets focus on younger people only.

In response we set out a vision for the improvement of learning disability services. We have called this programme Fulfilling Lives and it will review how we deliver services for people with Learning Disabilities. The Fulfilling Lives is therefore that people with a learning disability and their families will be supported to:

- live independently in the community, in their own home where this is possible;
- be able to live in safety without fear of crime and discrimination;
- be able to travel independently and enjoy the facilities the borough has to offer;
- be supported to access a wide range of mainstream activities, including leisure opportunities;
- have access to appropriate training and support which will lead to employment and volunteering opportunities, including micro-enterprise;
- access good quality and appropriate health care at all stages of their life course;
- receive care as close to home as possible, where they have complex needs and require specialist services.

We would also like to improve the take-up of direct payments for people who have a learning disability, which stood at only 109 service users in 2012/13. This number is lower than expected, mainly because there is a limited choice on offer of activities and resources available to help people with learning disabilities achieve their aspirations.

Delivering this vision is a long-term ambition and will require a number of step changes in the way services are currently configured and delivered, all within the context of the Council having less money. It is envisaged that the programme will run over the next 3 – 5 years and the feedback from the first year of implementation will be included in the 2013/14 Local Account.

Winterbourne View

In May 2011, the BBC broadcast a Panorama programme about the scandal in Winterbourne View Hospital in Gloucestershire, which showed a pattern of serious abuse inflicted on the people with learning disabilities and autism who stayed at the hospital. In December 2012 the government published its final report into the events at Winterbourne View Hospital, highlighting routine abuse of patients, poor management of the hospital, missed warning signs and weaknesses in the whole system's ability to hold the leaders of care organisations to account. The report also importantly highlighted that too many people with learning disabilities, particularly those with complex and challenging needs, were receiving care and treatment in closed institutions often far from home.

The Government's response to the Winterbourne View scandal included a programme of action resulting in the 'Winterbourne View Concordat', which has been signed by statutory and non-statutory agencies. The Concordat sets out a local programme of action which Barking and Dagenham's agencies are implementing, having spent considerable time during 2012/13 working together to understand the implications of this shocking case for our own local services.

Day support, training and employment

With the exception of relatively small numbers of people, who use highly specialist services provided in the independent sector, which they fund through a personal budget, most day provision for people with learning disabilities is currently delivered through traditional day centre activity based at the Maples Resource Centre and Heathlands provided by the Council, and at the Osborne Partnership, an independent sector organisation, part funded by the Council.

During 2012/13 the Council's facilities at Maples and Heathlands were redecorated and refurbished, in order to modernise the environment, making it less institutional and more appealing, particularly to our younger service users. Heathlands retained their autism 'excellence' accreditation from the National Autistic Society.

Residential and nursing care

In 2012/13 we remodelled our block commissioning contracts for residential care homes to a supported living model, enabling service users with a learning disability to have more choice in where and how they live. We have also made important changes to our residential care home at 80 Gascoigne Road, nearing completion, to transform it from a bungalow type structure with 12 bedrooms, to two separate units. One unit will remain as a 'traditional' style residential care home for those residents who have been living in residential care for a significant amount of time and do not wish to change. This unit will be modernised with each of the bedrooms having en suite shower facilities. The second unit will be refurbished to promote independence, with facilities such as a large lounge diner and kitchen which will enable individuals to learn skills such as cooking, shopping and budgeting. A CQC Inspection Report published in January 2013 showed that the home met every standard it was evaluated on, and particularly praised the job that staff had done to prepare residents and their relatives for the changes as they approached, ensuring that they experienced minimum disruption whilst the works were being carried out.

As well as finishing works at 80 Gascoigne Road, in 2013/14 we will be actively developing new approaches for accommodation, with further shifts towards supported living and renting in the private housing market, as well as projects which would allow people to move into home ownership and buy (at least a part of) their own home.

Employment

In a period when unemployment is a serious problem for many of our residents, people with learning disabilities are going to find it even harder to find and keep work. Less than 5% people with a learning disability known to the Council are in some form of employment and the benefit reforms and the Government's Work Programme may see more people with learning disabilities deemed fit for work and this will put additional pressure on the Council to assist them.

In response to this, the Council has begun to work on the employment opportunities available for people with learning disabilities and helping individuals to gain more skills and experience which they could take into the world of work. As part of this commitment to opening up employment opportunities for people with learning disabilities, the new café, Relish@BLC, opened in March 2013 in association with the Maples Resource Centre. The café provides an excellent opportunity for adults with learning disabilities to gain the work experience and interaction with the local public that they need to take into further employment opportunities. More opportunities like Relish need to be provided to give people with learning disabilities the accredited vocational qualifications and support they need to enter the workplace and test out skills they have learned in a supported environment. We will be looking to develop these opportunities in 2013/14, particularly as part of the Fulfilling Lives programme.

The Council has also commissioned an organisation called Community Catalysts to support the set up and sustainability of 'micro-enterprises' in the borough. These are small organisations, typically with five employees or less, who wish to work with adults with social care needs, or they are adults with social care needs who wish to set up a small social care business.

Improving the health of people with learning disabilities

People with learning disabilities often have complex health needs and may have difficulty communicating and explaining what is wrong. The 'Health Facilitation' programme gives people with learning disabilities the help they need to access mainstream health services, including eye tests, dental care, primary care and hospital services, working closely with GPs and GP Practices. The Community Learning Disability Team (CLDT) works with service users, carers and health providers to create individual Health Action Plans (HAPs) to ensure that the health needs of individuals with learning disabilities are being addressed. The number of people with learning disabilities with reviewed HAPs has increased from 68% in 2011/12 to 86% 2012/13.

Since introducing a training programme for professionals, the team have seen an increase in the numbers of GPs carrying out annual health checks for people with learning disabilities. This is, however, an area that continues to need improvement. A new goal for 2013/14 will be to expand the links between Health Facilitation and support for emotional health problems (called 'Improving Access to Psychological Therapies', or IAPT), so that people with learning disabilities can get the emotional support that they need as well as support for their physical health needs.

Becoming an adult

In 2013/14 we will be focusing on improving our Transitions pathway - helping our young people with a learning disability with the transition to adult life. We currently have 48 young people with a learning disability who are aged 14 – 17 and are in receipt of social care funded support packages and are likely to require support as adults. We have also seen a large increase in the number of people reaching adulthood and so moving from Children's Services to Adult Social Care in the last few years, with 43% of our current learning disability population aged 18-34. We therefore need to focus on whether the services that we provide to younger people are the right services and that the information that we give to parents/young people on the Transitions pathway is high quality, useful and ensures that families feel supported through the process.

Support for people with complex needs

For those with complex and multiple problems, the Council provides a service that is designed to provide them with the different elements of support that they need. Some people have a number of problems that don't fit neatly into any one category, and if they need intensive support to remain independent then the Complex Needs team may be involved. This can also include those who are difficult to engage into services, and who challenge services by their behaviour. In 2012/13 the service took on the work previously undertaken by the separate Substance Misuse social care team.

The link with substance misuse is in recognition of the effect that long-term use of drugs and alcohol can have in prompting a wider range of problems, including mental health, physical disability and cognitive impairment. The service involves social workers, in-house personal assistants and specialist drug and alcohol services working together. Service users, in addition to getting their case assessed and overseen by a social worker, have direct input from community support workers.

The Complex Needs Unit were involved with 247 clients in 2012/13, compared to 135 in 2011/12, this increase coinciding with the team taking over the work on substance misuse. 35 service users have a primary social care need around mental health, 30 have learning disabilities, and 49 are considered to have primary needs around physical and/or sensory disabilities.

As well as substance misuse services, the team also co-ordinates the social care needs of those who have suffered severe head injuries. Whilst this may involve small numbers of people, the support that they need to adapt to physical or other disabilities can be considerable, and require intensive levels of intervention. The team also supports those who are at risk of serious self-neglect and, whilst they may have the capacity to make decisions about their lives, nonetheless they need a level of assertive intervention, and the service attempts to work in a more proactive way, rather than reacting when things go wrong. The throughput of this service is slower because of the complexity of the care needs.

Along with other services, there is a need to do what we can to make these services more personalised, even though in some cases the 'assertive' nature of the service makes personalisation particularly difficult. We also need to improve the use of feedback from service users, again despite the difficulty in some circumstances. The team has considerable liaison with the Safeguarding Adults team, as well as multi-agency case management services such as the Multi-Agency Public Protection Arrangements for high-risk offenders.

Safeguarding

A separate Annual Report for the Safeguarding Adults Board provides more detail on the year's work to safeguard vulnerable adults from abuse. In the Local Account we have only provided an overview of this important area of work.

The Safeguarding Adults Board annual report is available in the papers of the Health & Wellbeing Board for 17 September 2013. [link to follow]

The Partnership has had another successful year, against a backdrop of a lot of change, particularly for our health partners with whom we have continued to engage effectively. As part of these changes, the Council has taken on the administration of Deprivation of Liberty Safeguards (DoLS) for the health sector as well as other care settings. The reports into the issues that emerged from both Winterbourne View and Stafford Hospital (the Francis Report) were published in the year, and comprehensive and robust responses were made by the borough's health and social care leaders.

Overall, the borough continued to see increase in alerts, which is likely to be the result of training, local publicity and the media coverage of Winterbourne View and Mid-Staffordshire NHS Trust. 1,369 adults safeguarding alerts were received in the 2012/13 financial year, a 22% increase compared to the 1,119 in the previous year. Barking and Dagenham progressed a lower proportion of these alerts to the full, completed investigation than the rest of our group of 'similar' boroughs. However, of those that did go through to investigation, 86.7% of Barking and Dagenham's completed referrals were either substantiated or partly substantiated, compared to just 40% for our 'similar' borough group. This suggests that decision-making on progression to investigation is robust.

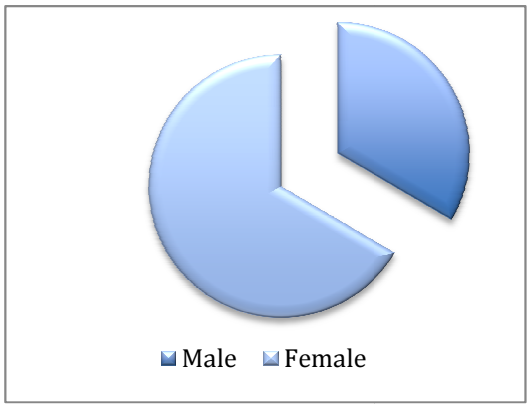
Of the 1,369 alerts 552 were for vulnerable people aged 18-64, 149 for people aged 65-74, 249 for people aged 75-84 and the remaining 389 were aged 85 or over. Further analysis and breakdown of the alerts and investigations can be found in the Safeguarding Adults Board Annual Report.

Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards (DoLS) are the arrangements which were put in place as part of the Mental Capacity Act. They aim to ensure that care homes and hospitals do not unlawfully restrict the choices of people who lack the mental capacity to consent to decisions. In 2012/13, the Council took on the administration of DoLS for the health sector as well as other care settings. Between April 2012 and March 2013 the Borough received 25 applications for deprivation of liberty authorisations. Of these cases 15 were authorised and 10 were not authorised.

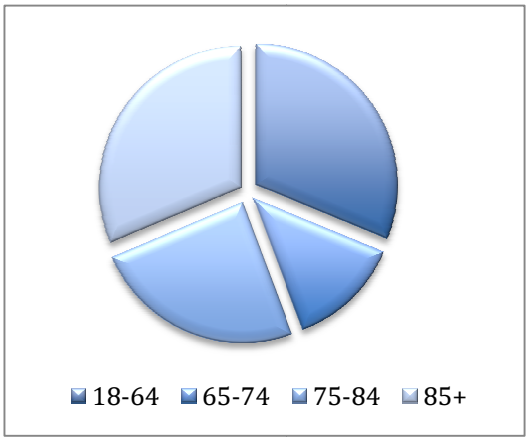
Summarising our performance

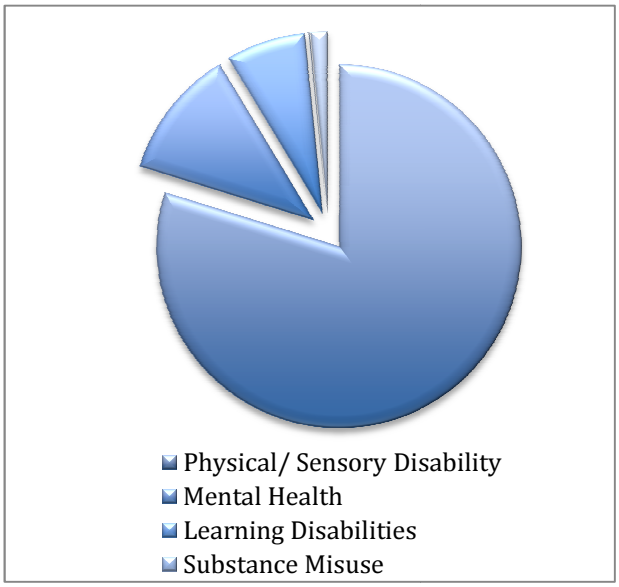
- Throughout the 2012/13 financial year Adult Social Care within the London Borough of Barking and Dagenham provided services to 4,889 people. The graphs below illustrate the gender, age and client type breakdowns of these clients



- Of the 4,889 clients in receipt of services 66.6% (3,255 people) were female and 33.4% (1,634 people) were male.

- Clients aged 85 and over equated to 31.4% of all those receiving services in the year
- Collectively older people (clients aged 65 and over) make up 68.8% of all clients





- 79.8% of service users were receving services from adult social care due to physical and/or sensory disabilities - this would include many of the older people referred to above.
- Mental health service users were the second most prominent client group in 2011/12, making up 11.6% of all clients.
- 7% of clients in the year were primarily receiving services for a learning disability.

Direct payments and self-directed support

- In 2012/13, 923 of our adult social care service users were in receipt of a direct payment. When this is converted to a 'per 100,000 population' figure, it equates to 695, which places Barking and Dagenham in the top 3 boroughs in London.
- 2,015 of Barking and Dagenham's Adult Social Care clients were in receipt of 'self-directed support', when converted to a per 100,000 figure this became 1,515, above the London average of 1,455 and the England Average of 1,460. Self-directed support includes managed personal budgets, where the care package is converted into an amount of money, like a direct payment, but continues to be managed by the Council on the service user's behalf.

Assessment and reviews

- In line with providing clients with a more personalised service and promoting independence, the provision of direct payments is increasing. This shift in services means that the reviewing of services provided by adult social care has become even more vital. In the 2011/12 financial year 3,450, or 70.6%, of the 4,889 clients who were in receipt of services received a review.
- 999 new clients received an assessment for services throughout the year. Only 14.8% of these assessments found that the service user did not need services.

One issue discovered when submitting the 2012/13 end of year statutory performance returns was that Barking and Dagenham's Adult Social Care have a large number of long standing cases recorded as being open. Further investigation showed that a large majority of these cases were for clients who were in receipt of a large piece of equipment which need to be regularly monitored and reviewed. Work is planned for the 2013/14 financial year to carry out a review of these long standing cases with an aim to remove from the monitoring statistics any in which the equipment is no longer in use.

The leisure offer to older people

- As at the 31st March 2013, 6,278 people had an active Council leisure centre membership. One area which continues to grow is the Borough's 60+ membership scheme, which had 3,245 members on the 31st March 2013, this is a steady increase compared to the 2,888 recorded in May 2012.
- 1,101,565 visits were made to the borough's leisure centres in 2012/13, this is a 10.9% increased compared to the 993,039 in 2011/12. Within this figure, visits by residents aged 60 and over have also increased from 47,972 in 2011/12 to 60,217 in 2012/13.

Other sources of information

We are providing information posters with our key performance information in a more graphical and engaging form. Contact us, or check the webpages on the Council website, for more details and to obtain a copy.

What our service users and carers told us

Each year we are required to do send a survey to recipients of our services. As a new measure, we are also required to send undertake a survey every two years of our carers. Whilst using these measures provides some indication of the quality of services and the views of those who use them, we recognise that the 'voice' of service users is still not sufficiently powerful within the Local Account. Working with our new partners at Healthwatch, this is a priority for us to address for 2013/14.

Views of service users

791 questionnaires were sent out, and 353 were returned, giving a reasonable response rate of 45%.

53.8% of Barking & Dagenham service users feel that their quality of life is good or very good, an improvement on 49.3% in 2011/12. 73.6% of respondents felt that they have control over their daily life, again an increase on last year's figure (of 67%).

Only 52.1% of respondents found that information was easy to find, a figure which indicates the need for considerable work over the coming year, given the new duties that are likely to come into effect for the provision of comprehensive information and advice.

56.4% of service users report feeling 'as safe as they would like', on a par with London but lower than England averages. However, 75.3% say that the services they receive make them feel safe. This disparity perhaps indicates that there is something for the Community Safety Partnership to consider as part of its routine work on improving wider perceptions of safety in the Borough.

The views of carers

222 carers were sent a questionnaire, and a total of 105 responded (47%). This doesn't provide a statistically significant sample for the borough, which is because of some problems with recording information on the social care information systems. We will be addressing this in the coming year, to ensure that 2014's survey is more robust. We are also considering undertaking our own survey in 2013 to strengthen the data available to us and to ensure that we are keeping up a sustained improvement in services for carers.

However, overall carers in Barking & Dagenham rate their quality of life as 'average'. This is roughly on par with the group of our most similar boroughs, is slightly below the London average, and noticeably below the England average.

The satisfaction level of carers with the support they receive from agencies in Barking & Dagenham is average. 61.1% of Barking & Dagenham respondents indicated they were quite, very or extremely satisfied with the support services received, compared to an England average of 64.6% and an average for our group of 'similar boroughs' of 60.6%. However, within this Barking & Dagenham have a noticeably high proportion of carers who are extremely satisfied with the support services received, at 17.5%, compared to the most similar boroughs group (at 9.2%), London (at 9.3%) and England (at 13.2%).

However, Barking and Dagenham has the highest proportion of carers who stated that they haven't received any support in the last 12 months, 6.5 percentage points higher than the group of most similar boroughs.

Complaints 2012/13

The Adult Social Care Complaints and Information Team dealt with a wide variety of complaints, compliments, feedback, enquiries and Freedom of Information requests last year. The Council must abide by statutory regulation governing how it responds to complaints made about its social care services.

A total of 69 complaints were investigated under the statutory system between April 2012 and March 2013. Eight of these complaints were made about the Council's contracted provider organisations. Out of the 69 complaints that were received, 62 (90%) of complaints were responded to within the 20 day period.

4,889 people in Barking and Dagenham received a service from Adult Social Care or our Providers in 2012/13. The number of complaints received as a percentage of the number of total people who receive services last year was 1.4%. This is a very low figure for the number of people receiving services. Service user satisfaction surveys continue to suggest a good level of satisfaction with the services provided, and this low complaints figure would seem, on the face of it, to back this up. However, we recognise the importance of not being complacent, and will continue to raise the profile of the complaints procedures in 2013/14.

The number of complaints received has reduced by 41 complaints or 37% from the 2011/12 financial year. Customers saw considerable changes in 2011/12 in both the structure and delivery of the service and in the charging policies in place, principally the introduction of the Fairer Charging Policy. It is thought that the number of complaints received in 2012/13 may have reduced from the previous year because residents are more used to the changes within Adult Social Care services and have come to accept the Fairer Charging Policy. Staff within Adult Social Care have also carried out a great deal of work to communicate and explain changes to residents. The provision of better information to residents on the financial assessment process in 2012/13 was a recommendation that was taken forward following our last review of the complaints received by Adult Social Care in 2011/12.

Nature of Complaints

The nature of the complaints that we received last year (including those received about our Providers) can be broken down into the following categories:

- The majority of complaints, 21 out of the 69 that we received, were regarding issues to do with the **delivery or the quality of services** provided by the Council or our contracted Provider organisations;
- 18 of the complaints were **challenges to decisions** that had been made, e.g. the outcome of an initial assessment;
- 13 of the complaints were challenges to decisions, but specifically focused on **financial contributions and charging**;
- 11 complaints were made about **members of staff**;
- 6 complaints were classified as **'other'** issues. This included delays in receiving documents and decisions or disputes regarding reductions in service after reviews/assessments.

Out of the complaints that were received about our Provider organisations, all eight complaints received were regarding the delivery or quality of services.

Outcomes

When a social care complaint investigation is completed, an outcome is given to the complainant regarding the nature of their complaint. The following table outlines the outcomes that were given in 2012/13:

Outcome	Number of complaints
Justified	13
Partially justified	21
Unjustified	27
Withdrawn	1
Resolved with complainant satisfied	6
Sent to another organisation/authority	1

Out of the 13 complaints that were found to be 'justified', the following are a selection of the actions or recommendations that arose:

- Administrative actions, such as the re-sending or revision of paperwork;
- Revisiting and revising service users' assessments, and amending decisions about the services that were offered, the desired use of a personal budget by the service user, or the provision of medical equipment;
- Revisiting or planning adaptations to service users' homes, based on further information and review of the cases;
- Issues addressed with staff, both from the Council and independent providers, around supervision, timeliness, recording, communication, availability or training issues.

Out of the 27 complaints that were found to be 'unjustified', the findings of the complaints investigations can be summarised into the following themes:

Theme of unjustified complaint	Number of complaints
Challenges to decisions where services were either reduced or not eligible - not upheld	10
Challenges to charges/waivers - not upheld	8
Challenges that the quality of service was poor or that a service was not delivered as agreed - not upheld	6
Allegations of problems with members or staff or that there were issues to do with communication - not upheld	3

Local Government Ombudsman

If a service user or their family is not happy with the outcome of a complaint investigated by the Council, the complainant can contact the Local Government Ombudsman (LGO) who will review

the nature of the complaint, the response from the Council and conduct their own investigations where required. The LGO is a free, independent service available to all residents, regardless of who pays for their care.

Last year, Adult Social Care was subject to six LGO investigations, two more than 2011/12. The Council was not found guilty of 'maladministration' in any of the cases referred, and four of the complaints were closed by the LGO with the findings of:

- Two cases were closed with the finding that there was no case to be investigated;
- Two cases investigated by the LGO found that the Council had acted appropriately and that there was no further action to be taken by the Council.

In the remaining two cases, the LGO found the following:

- The Council was at fault in one of the cases and was instructed to pay £200 compensation, modify our financial assessment process and assure that financial assessment assessors were given re-training;
- In the second case, the Council were instructed to reduce the care fees that were outstanding for one service user.

Whilst these were important remedies for the individual complainants, on the whole, Adult Social Care continue to manage their business without external direction with regard to matters being brought before the Ombudsman. Adult Social Care continue to maintain their record with the LGO of no cases of maladministration since 1998, and will continue to respond proactively to the initial stages of any complaint as part of an overall excellent customer service experience for all of our residents.

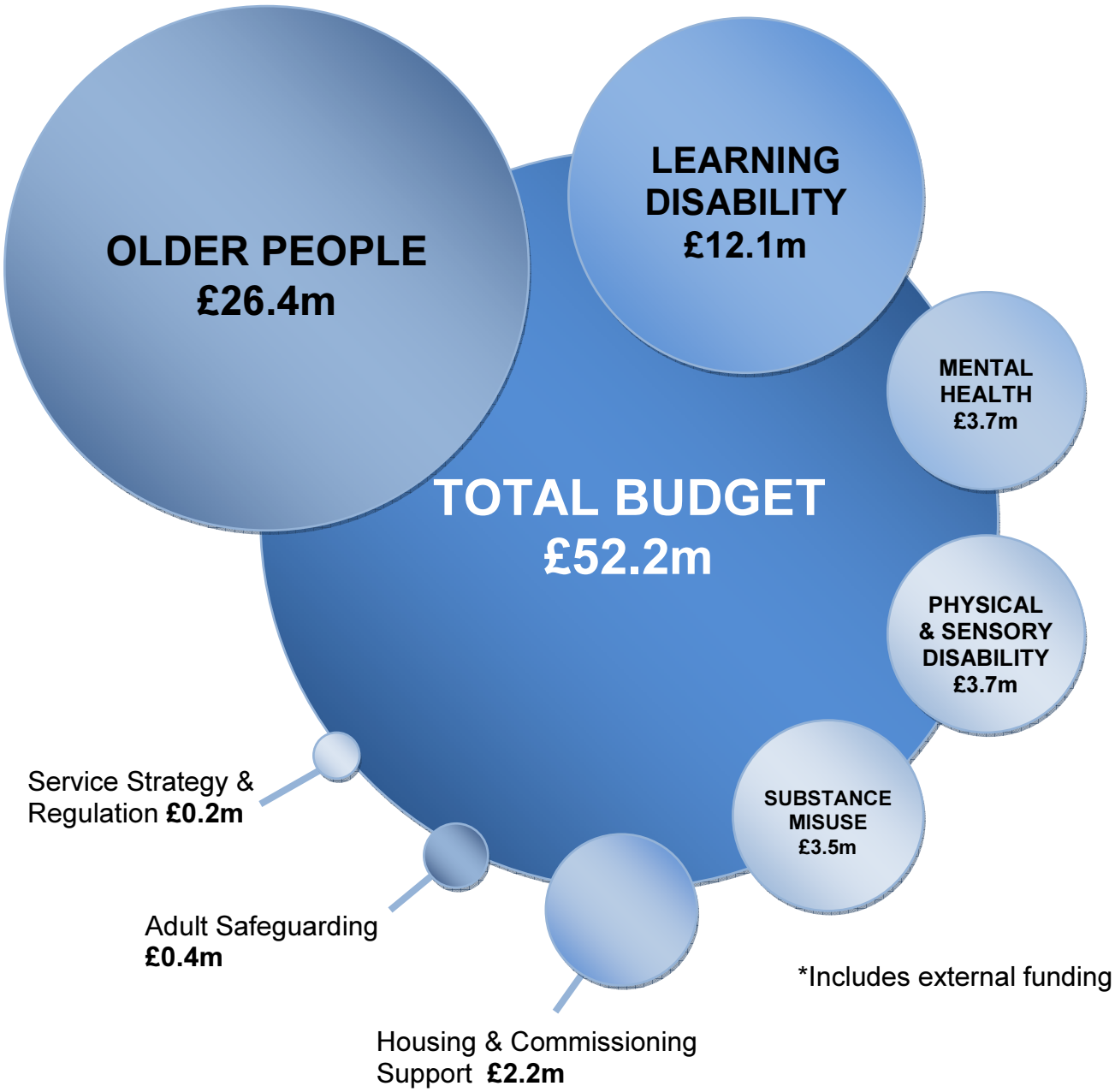
Other Activity

As well as Social Care complaints, the team also handled a variety of requests, including enquiries from MPs and Councillors, compliments, Data Protection and Freedom of Information for the whole of the Adult and Community Services Department in the Council. This included 67 compliments received last year about Adult Social Care, about members of staff, services that had been put in place, and equipment that had been installed.

What we want to achieve in 2013/14

We will be ensuring that we are proactive in getting feedback from complainants to ensure that satisfaction with the complaints process remains high. We will also be reviewing the information in our leaflets, ensuring that hard-copies of these leaflets are available in all Council and Partner facilities and that an online form is available on our planned new Social Care website.

Finance 2012/13



In 2012/13 the Council received £723 million in gross funding. The majority of this money is provided to the Council specifically to be spent on schools and housing. Of the remaining £173.3m, the Adult Social Care budget was £52.2 million. The diagram shows how our funding is distributed in Adult Social Care service areas.

The Council is still under considerable financial constraints following the last Comprehensive Spending Review, which announced spending cuts of 28-30% over the four year period between 2011/12 to 2014/15. Due to the constraints on funding the Council had to make a number of very challenging decisions to deliver its priorities within a significantly reduced funding settlement.

In 2012/13 approved savings of £2.2 million were achieved within Adult Social Care services and in 2013/14 approved savings of £1.7 million are built into the social care budget. These financial challenges are significant and the Council and Adult Social Care managers remain committed to providing a safe and high quality service within the limited resources available.

Contacting us with your feedback

As we have said through this Local Account, we want to hear from you about what you think of the services we provide.

If you want to give us your views on the services we provide you can contact the Business Services Unit in Adult and Community Services.

Contact details

Address: Business Services Unit
Adults & Community Services
Room 218, Barking Town Hall
1 Town Square
Barking
Essex, IG11 7LU

Phone: 0208 227 2155

Email: adultsocialcarecomplaints@lbbd.gov.uk

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Safeguarding Adults Board Annual Report 2012/13**
Report of the Corporate Director of Adult & Community Services	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Helen Oliver, Group Manager, Adult Safeguarding	**Contact Details:** Tel: 020 8724 8857 E-mail: helen.oliver@lbbd.gov.uk
Sponsor: Cllr Reason, Cabinet Member for Adult Services and HR	

Summary:

The Safeguarding Adults Board (SAB) Annual Report (see Appendix 1) was approved by the SAB on 12 July 2013. The report covers the period between April 2012 and March 2013 and provides a summary the Board's progress against its three year action plan and sets out the priorities for action in 2013/14. Also included in the Annual Report is an overview of national policy and guidance that will shape the safeguarding adults agenda.

For ease of reference the achievements of the Board and priority actions between now and 2016 are summarised in the report overleaf.

Recommendation(s)

The Health & Wellbeing Board is asked to:

(i) Note the Annual Report and make any comments on its content or any related issues.

1. Successes for 2012/13

1.1 The Board has 5 priorities, which were set in line with national priorities in 2012, and has been successful in implementing its actions with a strong commitment from all partners. Some of the achievements include:

1. **Empowerment**

   The partnership has successfully supported a number of events to help support adults at risk and empower individuals to report concerns including World Sight Day, Learning Disability Week and the Domestic and Sexual Violence "Are you living in fear?" campaign.

2. **Protection**

   There were a number of large scale investigations into care services during 2012 including residential and nursing homes which resulted in development plans to improve services for service users.

   The SAB also played a strong role in early discussions in relation to Winterbourne View, calling on members to offer assurance of the safeguards in place within their organisation to help prevent the risks at Winterbourne View from occurring in Barking and Dagenham.

3. **Prevention**

   2012-13 saw a strong commitment to preventing issues before harm occurred through training session such as the pilot of Disability Harassment training to Year 6 school children. The North East London Foundation Trust (NELFT) also hosted a learning event focused on the serious case review of Winterbourne View as well as a Safeguarding training programme.

4. **Priority: Proportionality**

   Safeguarding adult audits were completed during 2012 by Barking, Havering and Redbridge University Trust (BHRUT) which focused on safeguarding processes and their effectiveness. In addition to this, the Care Quality Commission (CQC) carried out an audit of local providers and the results of this audit are expected soon.

   An Investigators training course also took place for Safeguarding Adult Managers (SAMs) within Adult Social Care and Mental Health Teams to provide assurance around compliance with the Pan London Procedure and proportionality. Good evaluations were received from SAMs who attended the training.

5. **Priority: Partnership**

   There have been several successful partnership developments which have seen excellent participation with communities across a number of different agencies. These have included the Safer Places Scheme, development of the Domestic Violence Strategy and action plan, White Ribbon Day and the launch of the Relish Café as part of the Fulfilling Lives programme which aims to increase choice and maximise opportunities for people with learning disabilities.

2. Priority Actions for 2013-2016

In the coming year the priorities for the Board include:

- Improving the effectiveness of the Board;
- Putting the person at the centre of adult safeguarding by ensuring that their outcomes are met and that their views inform practice;
- Learning from serious case reviews;
- Raising public awareness of adult safeguarding;
- Improving understanding and appropriate use of the Mental Health Act and Deprivation of Liberty Safeguards;
- Working with the Children's Board to develop safeguarding strategies that recognize the safeguarding needs of vulnerable adults, children and young people, within families.

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Annual Report

Barking and Dagenham Safeguarding Adults Board

April 2012 - March 2013

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Independent Chair

Deborah Kleé

"The Barking and Dagenham Safeguarding Adults Board has had another successful year as the partnership has worked together on a number of initiatives, raising the awareness and profile of adult safeguarding and involving people who use services.

It has been a year of austerity, with reduced public spending and one of change. The clinical commissioning group (CCG) has taken over responsibility for commissioning from the Primary Care Trust (PCT), the local authority is now responsible for Public Health, Healthwatch has replaced LINKs, responsibility for Deprivation of Liberties (DOLs) has transferred to the local authority and the Health and Wellbeing Board became fully functional after a year in shadow form. Agencies represented on the Board have been working towards the smooth transition of these changes, which, came into effect on 1st April 2013. It is clear from this annual report that these challenges have not impeded the work of the Board.

The Board has been improving practice as a result of learning from local and national reviews. A protocol was developed to respond to cases of self-neglect following learning from a number of complex cases, including a case where there was a fatal fire involving an individual who hoarded.

The Winterbourne View, serious case review shocked the Board, as the cruel and consistent abuse of adults with a learning disability at an assessment and treatment centre in Gloucestershire, was outlined. The Board focused on the learning from this serious case review at a business planning meeting in October. An action plan was developed as a result of this meeting with actions for the Board and some of the agencies represented on the Board. We will be monitoring progress against these actions in the coming year.

In preparation for CCGs taking over responsibility for adult safeguarding from PCTs, NHS London requested that all NHS providers and commissioners complete a self assessment on how they are safeguarding adults - the Safeguarding Adult Assessment Framework (SAAF). Barking and Dagenham SAB joined with the Havering, Redbridge and Waltham Forest SABs and Healthwatches to review the SAAFs together. The NHS trusts and PCT commissioners gave robust and well informed reports to the SABs and responded to challenging questions to help identify areas for further development.

This year the Board is going to extend this self assessment to all agencies represented on the Board. This whole system audit will help to identify potential risks and priorities for the Board in the coming year.

In February 2013 the Francis report into the Mid Staffordshire Hospitals enquiry found a whole systems failure in protecting patients from unacceptable harm. A lack of openness, secrecy and a failure to put patients first, contributed to a negative culture where poor practice continued unchallenged. It is important that the Board learns from Mid Staffordshire and is able to demonstrate cultural leadership, through an approach of openness, honesty and candour. It is for this reason that the Board will be looking at how it identifies potential risks and seeks assurance that appropriate actions are being taken.

Finally, earlier this year Joy Palmer, one of the longest serving members of the Safeguarding Adults Board passed away. We would like to dedicate the annual report to her in recognition of the tremendous contribution she made to the safeguarding adults agenda and to the work of Barking and Dagenham Mencap".

Cabinet Member for Children and Adult Services

Councillor Linda Reason

"As a member of the Safeguarding Adults Board I have seen the good work that the partnership does. It is acknowledged that 2012 has been an uncertain time across the sector because of cuts and changes to arrangements however I am delighted to see that this uncertainty has not had a negative impact upon the work that that the partnership are doing to safeguard adults at risk of abuse and neglect. This Annual Report is evidence that despite the challenges we collectively face that the Board has continued to uphold the standards and processes that we have established whilst also achieving against its ambitious action plan. I would like to thank staff across the partnership for their continued hard work and commitment to eliminating the abuse of adults at risk in Barking and Dagenham"

Introduction 2

This is the 2012 – 2013 Annual report for the Barking and Dagenham Safeguarding Adults Board. It details the work of the board between April 2012 and March 2013 and sets out the plans for the future. To help you understand what the Safeguarding Adults Board does, we have included some information to introduce the Board.

What is the Barking and Dagenham Safeguarding Adults Board?

The Barking and Dagenham Safeguarding Adults Board is a partnership arrangement which was constituted under the Department of Health guidance: 'No Secrets' (March 2000).

The Board has an Independent Chair, Deborah Kleé, who supports the partnership to work together to safeguard adults at risk of harm.

The Barking and Dagenham Safeguarding Adults Board brings together a variety of local statutory and voluntary organisations to lead and co-ordinate the local strategy and action plan.

The Board meets four times a year, during these meetings partners work together to identify borough-wide issues and identify opportunities to work together to improve services for adults at risk of abuse and neglect.

The Board's members during 2012 were:

- Barking and Dagenham Mencap/PACT
- Barking and Dagenham Metropolitan Police
- Barking Havering and Redbridge University Hospital Trust
- Carers of Barking and Dagenham
- Care Quality Commission
- Voiceability
- London Ambulance Service
- London Borough of Barking and Dagenham
- London Fire Service
- London Probation Trust
- NHS Outer North East London
- North East London Foundation Trust
- NHS Outer North East London (Barking and Dagenham PCT)
- North East London Foundation Trust

What are the Board's Objectives?

In 2012 the board set some new priorities for 2012-2015. These are in line with those set nationally by the Statement of Government Policy on Adult Safeguarding, and include:

Empowerment: Presumption of person led decisions and informed consent
Protection: Support and representation for those in greatest need
Prevention: It is better to take action before harm occurs
Proportionality: Proportionate and least intrusive response appropriate to the risk presented
Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

What are the Board's key priority actions?

The Board has set a number of specific priorities for action over the next three years. Progress against these priorities will continue to be monitored.

Policy and Procedures

- Produce a Self Neglect Strategy
- Produce a Large Scale Investigation Protocol
- Produce a SAB Whistle blowing concordat

Campaigns

- Develop an advice leaflet for friends/ family of Adults at Risk
- Create a sequel to the successful iCare project (iCare2)
- Working with mothers with learning disabilities subject to child protection.

New Partnerships

- Hold a roundtable in relation to Disability Hate Crime
- Hold a roundtable with Faith Groups to identify opportunities for coordination with SAB
- Forge links with the Health and Safety Executive

Support

- Develop a post abuse peer support group
- Deliver a Staff Quarterly Bulletin

Training

- Produce an adult safeguarding package for the Fire Service

National Milestones – 2012 at a glance

Safeguarding adults remained a high priority throughout this period and the annual report should be viewed in the context of a number of national developments some of which are detailed below:

April 2012	The Government Strategy to reduce Hate Crime "Challenge it, Report it, Stop it" was published.
	The Forced Marriage Unit (Foreign & Commonwealth Office/Home Office Unit) published its report on the Forced Marriage of Adults with Learning Disabilities.
	Her Majesty's Inspectorate of Prisons (HMIP) published guidance on 'Prisoners and Safeguarding' calling on local authorities to work more closely with local prisons to protect adults at risk in custody.
	The General Medical Council launched a new website to support doctors treating patients with a learning disability.
	The Department of Health introduced National Dementia quality guidance (CQUIN) for every hospital Trust.
	The Health and Social Care Act gained Royal Assent and the timetable for publication of transfers of function due to take place in April 2013 was published. The board of NHS NELC agreed to start delegating responsibility for relevant commissioning budgets to the CCGs from 1 April 2012.
	Association of Directors of Adult Social Services (ADASS) and the Social Care Institute for Excellence (SCIE) published 'Safeguarding Standards and Performance'.
	A national review of "The out of area protocol" following the safeguarding alerts at Winterbourne View was published.
May 2012	SCIE published 'Preventing loneliness and social isolation among older people' briefing which highlighted the adverse effects of feeling isolated and describes a number of services that have been found to help reduce the problem.
June 2012	The Department of Health (DOH) published an interim report of the review into the events at Winterbourne View Hospital. The Minister for Care Services set up the review to establish the facts and bring forward actions to improve care and outcomes of people with LD or autism and behaviours that challenge. The report identified 14 National actions that Commissioners and Providers would need to ensure compliance was achieved in the interim.
	The Law Commission launched a consultation on reforming the law so that existing hate crime offences apply in the same way to sexual orientation, transgender identity and disability as well as race and religion.
	Her Majesty's Inspectorate of Constabulary (HMIC) published a report – A Step in the Right Direction – on the police commitment to tackle Anti-Social Behaviour which is particularly important bearing in mind the victims are often adults at risk.
	The NHS Confederation, Age UK and Local Government Association (LGA) published 'Delivering Dignity - the final report of the Commission on Dignity in Care for Older People' which set out the Commission's work and recommendations on how to tackle the underlying causes of poor care.

	The Independent Safeguarding Authority published its first piece of research, which identified possible 'warning signs' exhibited by some employees prior to referral to the ISA. It is provides an interesting insight into the conclusions reached by the ISA by examining the pattern of decision they make.
July 2012	The London Olympics began following a year of intensive preparation, facilitated by boroughs and the Metropolitan Police to ensure that adults at risk had been adequately protected.
	The White Paper, 'Caring for our future: reforming care and support' and the draft Care and Support Bill. The White Paper and draft Bill reaffirmed the intention to legislate in the critical area of adult safeguarding. The Bill proposed a single law for adult care and support, replacing several pieces of legislation.
	The Department of Health also launched a three month consultation on the new adult safeguarding powers. The aim being to ensure that adult safeguarding has a clear legal and policy framework.
	The Domestic Violence, Crime and Victims Act was amended (2012) to include adults at risk who suffer serious harm. In addition several other laws were also changed to include offences that cause serious harm to adults at risk
August 2012	Mencap published a report entitled "Out of Sight" Stopping the Neglect and Abuse of People with Learning Disability. In their report Mencap identified key recommendations for Commissioners to ensure the systematic abuse that occurred in Winterbourne View were not repeated in any health or social care environment that care for people with LD. Mencap also published their follow up report, 'Death by Indifference: 74 Deaths and Counting which looked at progress 5 years after their original report.
September 2012	The Department of Health published 'Developing the Culture of Compassionate Care: creating a new vision for nurses, midwives and care givers, DH and NHS Commissioning Board'. The vision describes values and beliefs for compassionate care as the six C's, care, compassion, communication, courage and commitment. The vision is supported by a delivery plan with six areas for action.
	SCIE published briefing number 62: Safeguarding adults: Mediation and family group conferences, which explains the use of mediation and family group conferences (FGCs) for adults who are – or may be – at risk from abuse.
October 2012	The police began their investigations into Jimmy Savile between 1960 until his death in 2011. The investigation highlighted the way he had used his celebrity status to gain access to children and adults at risk in three NHS institutions. In addition, the Department of Health held a review into Savile's role at Broadmoor Hospital for the period it was responsible for its management.
	The Care Quality Commission (CQC) through a confidential enquiry highlighted further failings in the care of patients with learning disabilities, identifying that patients were still dying needlessly due to inadequate care being provided.
	SCIE published a web based good practice resource for practitioners to accompany Protecting Adults at Risk in London.
	The Government published Channel guidance for local partnerships in

	protecting vulnerable people from being drawn into terrorism. The guidance provides advice and a use a vulnerability assessment framework to assess whether individuals need support to safeguard them from the risk of being targeted by terrorists and radicalisers.
November 2012	The Department of Health published the Adult Social Care Outcomes Framework 2013/14 which emphasised the need for services to safeguard adults whose circumstances made them vulnerable, and to protect them from avoidable harm.
	Sir David Nicholson the Chief Executive of the Department of Health wrote to all Chief Executives and Chairs of NHS Provider organisations requesting them to review their current practices and safeguarding in relation to the Savile case and respond giving assurances that risks had been reviewed and mitigated.
	Local NHS Providers submitted their Safeguarding Adults Self Assessment and Assurance Framework (SAAF)for challenge by safeguarding partners
	Hull University published their report on Safeguarding Adults in residential services – early indicators of concern.
	The Social Care Institute of Excellence (SCIE) published 'Managing the transfer of responsibilities under the Deprivation of Liberty safeguards: a resource for local authorities and healthcare commissioners (Report 62)' which aimed to help organisations plan for the changes that are due to come into force April 1st 2013
	The Local Government Association published a briefing to support conversations with the new crime commissioners on safeguarding adults called Safeguarding Adults Briefing from the LGA for prospective police and crime commissioners.
December 2012	The Department of Health published Transforming Care: A national response to Winterbourne View Hospital. The report identified 63 actions within a Concordat to be completed by health and social care in relation to the findings of the investigation.
	The Local Government Association provided a series of briefings to support the commissioning, setting up and early development of Health Watch.
	The Criminal Records Bureau and Independent Safeguarding Authority came together as the Disclosure and Barring Service (DBS) with an aim of making the process clearer and simpler.
	ADASS agreed their Draft Protocol for inter-authority safeguarding adult investigation and protection arrangements. This protocol set out the responsibilities of the host and placing authorities in safeguarding adults and carrying out investigations.
January 2013	The police published their initial findings into the Jimmy Savile investigation.
February 2013	The Francis Final Report was released highlighting evidence of systematic abuse and neglect to patients whilst in the care of North Staffordshire NHS Trust between 2005 and 2008. The inquiry, which was led by Sir Robert Francis, identified key failings that attributed to the neglect and abuse that occurred. The report identifies 290 recommendations.

March 2013	The Association of Chief Police Officers (ACPO) published Interim Guidance on the Management, Recording and Investigation of Missing Persons.
	ADASS published its Advice and guidance to Directors of Adult Social Services on Safeguarding Adults. The paper was designed to give practical advice to Directors with statutory responsibility to ensure your service is moving in the right direction, is effective and would stand up to external scrutiny.
	Final preparations took place for the dissolution of Primary Care Trusts (PCTs) and transfer of commissioning responsibilities to GP led Clinical Commissioning Groups as set out in the Health and Social Care Bill. The Clinical Commissioning Groups (CCGs) are expected to have appropriate systems in place for safeguarding adults, systems for training staff, a clear line of accountability to the Safeguarding Adults Board and expertise in safeguarding with a lead for safeguarding adults and Mental Capacity Act. In addition under the Health and Social Care Bill the Local authorities made preparations for taking on responsibility for public health as well as leading the Health and Wellbeing Board (HWB) and ensuring the smooth transfer of Deprivation of Liberty Safeguards Supervisory Responsibility from PCTs.

Achievements 3

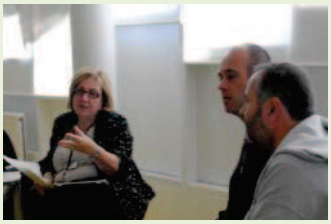
Priority Objective 1: Empowerment
The information below highlights examples of the work that the partnership has been doing to support adults at risk to make informed decisions:

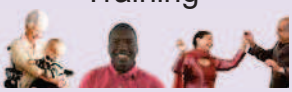
World Sight Day	The Board seeks to empower adults at risk to access services to improve their health and wellbeing. World Sight Day is observed globally to educate target audiences about blindness prevention. In October 2012 Adult Social Care worked alongside a group of service users and charity organisations to raise awareness amongst Adults with learning disabilities who are believed to be one of the groups least likely to visit an optician.
Michael Brooks Award 2012 	The Safeguarding Adults Board recognises the importance of supporting service users to educate and empower one another around safeguarding. In 2011/12 a group of service users were supported to develop the 'Say No to Abuse' Film which went on to inform the training strategy for the borough. In December 2012 the six individuals with learning disabilities were recognised for their work in promoting equality for people with disabilities when they were jointly awarded the Michael Brooks Award.
Carers of Barking and Dagenham Christmas Events	Isolation can result in people feeling disempowered so agencies have again worked hard to bring people together throughout the year. In December 2012 Carers of Barking and Dagenham held a number of Christmas events for service users including Christmas parties, shopping trips, visits to the Christmas Lights in London and an information stand held in Vicarage Fields to inform the public on the rights of carers.
Learning Disability Week 2012 	A major part of the work of the board is to empower the community to understand what to do in the event that they have a safeguarding concern. We have done this throughout the year by ensuring that public events include safeguarding information. In June 2012 the Community Learning Disability Team hosted a public information event for service users with learning disabilities at Beacontree Leisure Centre with a theme of healthy living and wellbeing.
Klik-in Project Celebration day	In spring 2012 service users took part in the Klik-in pilot on the W2ID project at The Rix Centre. The project empowered service users to set up their own websites to support networking and communication.

Public Campaign 	A key action is to continue to empower friends and family to report concerns through the dissemination of public information. In 2012, we revised the 'Say No To Abuse' leaflet to update new telephone numbers. In addition we also worked with Domestic and Sexual Violence Services to develop their new Domestic and Sexual Violence Campaign which challenged myths around who can be a victim by featuring an older victim and a victim with down's syndrome.
Roundtable in relation to Disability Hate Crime 	A roundtable discussion was held in 2012 focusing on the report "hidden in plain sight", which includes a number of case studies of serious disability related abuse and makes seven recommendations for action. The discussion highlighted that perpetrators are often already known to Police, and agreed that continuing to build closer relationships between the Board and Probation, Crown Prosecution Service and Police would assist in managing cases.
Hospital referrals to Independent Mental Capacity Advocates 	In January 2013, Barking, Havering and Redbridge Hospital Trust developed a database to capture the number of Mental Capacity and Deprivation of Liberty referrals made by the Trust. There have been a total of 5 Deprivation of Liberties referral made since the database has gone live. The Trust continues to work closely with Voiceability the organisation which provides independent support and advice. They also support patients who may not have family members and do not have capacity to make certain decisions. The trust is now making on average three referrals per week. This is an improvement on last year when only 13 referrals were received in total. This is thought to be attributed to the safeguarding training provided within the Trust.

Priority Objectives 2: Protection

The information below highlights examples of the work that the partnership has been doing to protect those in greatest need:

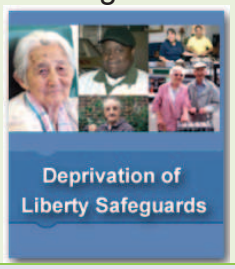
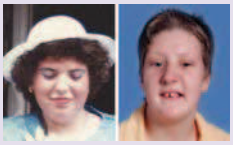
Large scale investigations 	The Partnership conducted several large scale investigations into care services during 2012. These included Nursing Homes, Residential Care Homes and Day Services. All of the investigations resulted in the development of improvement plans which have served to improve the services offered to clients.
Whistle blowing 	In January 2013 the Council reviewed its whistle blowing policy and also ran a high profile communication campaign which encourages staff to report any concerns they have about Misconduct or Malpractice. The next step will be to develop a shared Whistle blowing agreement for the wider Safeguarding Adults Partnership.
Reviewing Protecting Adults at Risk in Barking and Dagenham	Following the 2011 launch of the London Multi Agency Safeguarding Adults Policy and Procedures the Council made a commitment to review the local operating procedures a year after they went live. Therefore in April 2012 it carried out a review with key teams to ensure that safeguarding alerts were being most effectively allocated. This resulted in some minor tweaks.
Changes to Safeguarding Adults referral route 	From June 2012 the multi-agency referral route for safeguarding adult concerns changed from the Council's Safeguarding Adults Team to the Adult Social Care Intake and Access Team. The decision was taken to ensure one point of access within Adult Social Care.
Winterbourne View Hospital 	The SAB has led a great deal of discussion in relation to Winterbourne View dating back to the initial expose in May 2011. The Board again revisited the issues at the October 2012 Business Planning Day where members were called to offer assurance of the safeguards in place within their organisation to mitigate a similar risks occurring for Barking and Dagenham Residents.
Review of Training Strategy 	In order to protect those in greatest need we need to ensure that we have a highly skilled and competent multi-agency workforce. Therefore, in 2012 the Safeguarding Adults Board Training and Education Subgroup reviewed their training strategy so that it was in line with the National Competence Framework for Safeguarding Adults, The Skills for Care Framework and the NHS Knowledge and Skills Framework.

Engagement with Faith Communities 	The Board recognises that we have lower levels of reports from Black and Minority Ethnic and Refugee groups and that the risks facing those victim's can be heightened by harmful cultural practices. Therefore, in May 2012 work to engage with faith group representatives began with a roundtable discussion with the local Faith Forum to discuss faith related manifestations of abuse against children and adults at risk.
Development of a Safeguarding Adults board Quality Assurance framework 	In order to best protect adults at risk it is essential that the board is able to check that services are providing safe services. The Board has therefore worked together to develop a draft Quality Assurance Framework (January 2012) which in turn has supported the development of quality assurance systems which allow us to bring together information about services (Complaints, Safeguarding Concerns, Serious Incident forms, Health Protection Agency information and contract monitoring outcomes) and also check that safeguarding adult's investigations are being conducted appropriately. These continue to be developed in light of changes across the partnership.
BHRUT Patient Experience Barking, Havering and Redbridge NHS University Hospitals NHS Trust	The use of patient journeys is being explored as a tool and how these can be effectively used and shared. Discussions have also occurred with Community Learning Disability representatives on the use of "mystery shoppers" to assess services.
Self-Neglect Protocol 	While self-neglect is not always a safeguarding issue there is often be a significant overlap, therefore in 2012 the Case Review Subgroup has discussed the existing legislation to handle cases of self neglect and developed a protocol was produced for adoption by the Safeguarding Adults Board which provides guidance for a multi-agency approach.
Carbon Monoxide Alarms 	Barking and Dagenham's Housing Department are working on an installation programme for Carbon Monoxide alarms. These will be installed in all new-build properties as standard and it is expected that it will take 2 years to fit these within existing buildings. The Carers/Learning Disability Community Safety group were consulted on this project and were satisfied with the timescales.
Deprivation of Liberty Training 	Carers often play a key role in identifying unlawful deprivation of liberty issues and in 2012 Carers expressed a need for more understanding of the circumstances in which a service user's liberty may be legally restricted. In response, the Safeguarding Adults Team has organised training to raise awareness around when Deprivation of Liberty safeguards apply.

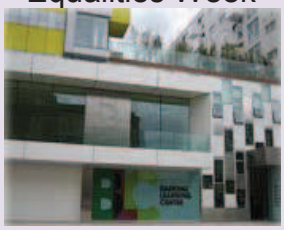
BHRUT Adult at Risk Procedure Barking, Havering and Redbridge University Hospitals NHS Trust	In order to ensure that the Trust's Safeguarding Adults at Risk Procedure reflects the New Pan London Policy & Procedures (2011) and the South Essex guidance (2010), the procedure has been reviewed updated and ratified by the Trust's Policy Ratification Group. The procedure incorporates the Mental Capacity Act (2005), Deprivation of Liberties process and Guidance on Restraint. This guidance assists staff in when to use restraint, how to manage and mitigate the risk by using proportionate restraint and the techniques applied.
Protecting Adults at Risk during the London Olympics 	Throughout the 66 day period of the London 2012 Olympics and Paralympic games the council submitted daily Safeguarding Adults reports to the London Organising Committee of the Olympic Games (LOCOG).

Priority Objectives 3: Prevention

The information below highlights examples of the work that the partnership has been doing to prevent issues before harm occurs:

Deprivation of Liberty Safeguards 	Deprivations of Liberty Safeguards (Dols) are the arrangements which were put in place as part of the Mental Capacity Act. They aim to ensure that care homes and hospitals do not unlawfully restrict the choices of people who lack the mental capacity to consent to decisions. In between April 2012 and March 2013 the Borough received 25 applications for deprivation of liberty authorisations. Of these cases 15 were authorised and 10 were not authorised.
Disability Hate Crime Awareness Training 	In 2012 the Board supported a pilot of Disability Harassment training to Year 6 school children. The innovative programme was developed by the Safeguarding Adults Team, Community Safety Team and the Police and was co-delivered by a police officer and a service user. In addition the police were also invited to attend disability awareness which was delivered by a local carer representative.
Barking and Dagenham Provider Forum 	In June a patient safety session was delivered at Barking and Dagenham Provider Forum. This session focussed on the care of patients requiring nasogastric tubes following a serious incident in one of the local institutions.
Property Marking Kits Project 	Following an increase in burglaries which appeared to target adults at risk a project was developed to support service users to protect their possessions. The project involved service users writing their contact details on property using an ultra violet (UV) pen, which can be seen when a UV light is used to expose it. A warning label is then added to inform burglars that the property can be identified by Police. It is hoped that this and other methods will reduce the risks of service user's property being targeted by thieves.
Safeguarding Adults Assessment Framework (SAAF) 	A SAAF challenge meeting took place in November 2012 with health providers including the Barking, Havering and Redbridge University Trust (BHRUT) and North East London Foundation Trust (NELFT). The BHRUT Director of Nursing and Named Nurse for Safeguarding Adults attended and gave a presentation to the panel of Borough Safeguarding Leads on progress and next steps in achieving the targets set within the SAAF and the NELFT Director of Nursing and Associate Director Safeguarding Adults & MCA DoLs also gave presentations.

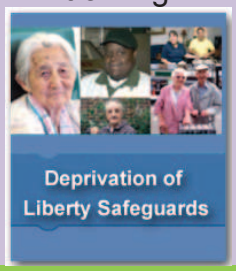
Preventing Extremism 	Work has been on-going to mainstream the Prevent strand of the government's counter-terrorism strategy into our safeguarding adult's response. This prevent programme takes a safeguarding approach in increasing the capacity of front line staff in recognising vulnerabilities which may make individuals more susceptible to extremism. Workshops to raise awareness of Prevent (WRAP) have been delivered to the Safeguarding Adults Team and a Named Nurse within BHRUT has been trained to deliver WRAP to staff. NELFT also have an established programme to deliver WRAP through identified trainers. In addition, the council also delivered joint safeguarding, hate crime and prevent training to targeted child protection leads.
Hospital Link Workers 	Barking, Havering and Redbridge University Trust has established a team of 43 Link Workers for adult safeguarding. Training sessions were held in April 2012 and January 2013 on subjects including domestic violence, mental capacity and deprivation of liberties, learning disability awareness and dementia. The team has also received training in Prevent.
Safeguarding Adults Assessment Framework (SAAF) 	A SAAF challenge meeting took place in November 2012 with health providers including the Barking, Havering and Redbridge University Trust (BHRUT) and North East London Foundation Trust (NELFT). The BHRUT Director of Nursing and Named Nurse for Safeguarding Adults attended and gave a presentation to the panel of Borough Safeguarding Leads on progress and next steps in achieving the targets set within the SAAF and the NELFT Director of Nursing and Associate Director Safeguarding Adults & MCA DoLs also gave presentations.
Safeguarding Adults Board Annual Business Planning Session 	In November 2012, the Safeguarding Adults Board held a business planning session, focusing on the learning arising from the issues at Winterbourne View. It was agreed that the Serious Case Review report on Winterbourne View should be encouraged reading for all front line staff, and a workshop should be held on the report's findings with staff.
NELFT Winterbourne View Learning Event North East London NHS NHS Foundation Trust	North East London Foundation Trust held a learning event focused on the serious case review of Winterbourne View, and the implications for learning disability safeguarding.
NELFT Safeguarding Training	NELFT revised its internal Safeguarding Adults Training Strategy. The Training Programme has been developed to

	focus on the learning needs of three broadly defined staff groups. The staff groups are defined by their job role, the level of responsibility and level of authority for the safety and safeguarding of adults within the organisation. To support this they have developed an in-house recognition and referral e-learning package for safeguarding. An Enhanced program for qualified health professionals has also been developed which requires 3 hours face to face attendance. Both packages require all participants to demonstrate their learning following the training delivery. The revised program was launched in April 2013.
'iCare' Christmas Campaign 	The Christmas period can be a time of increased risk for vulnerable people. Some will face isolation and loneliness while others may face increased risks as people come together. In addition, Christmas tends to be a period when regular staff take leave so indicators of unhappiness may be missed by temporary staff. In response the safeguarding adult board designed a poster to highlight the need for the community to report any safeguarding concerns they have over the Christmas period to the out of hours emergency team.
Safeguarding Performance Indicators	In 2012 NELFT further developed the Safeguarding Performance Indicators setting out staff responsibility, training and the process to be followed for safeguarding adults. The the Trust also reviewed the Serious Incident policy making clear that all incidents of abuse will be reported as serious incidents.
Equalities Week 	To mark equalities week the Council ran a number of events as part of the activity the Safeguarding Adults Team raised the profile of the safeguarding adults referral process by running a public information stall at the BLC, staff were joined by service users on the day in the distribution of the easy read 'Say No to abuse' leaflet and a public viewing of the 'Say No To Abuse Film'.
Hospital Learning Disability Liaison Nurse 	In 2012 the Trust agreed funding for an Acute Learning Disability Liaison Nurse. This role will provide support and professional advice to staff, patients and their families and will ensure that the reasonable adjustments required will be put in place to ensure the patient with learning disabilities experience is the best it can be.

Priority Objectives 4: Proportionality

The information below highlights examples of the work that the partnership has been doing to ensure that safeguarding responses to risks presented are proportionate and least intrusive:

BHRUT Safeguarding Adults Audits 	In 2012 safeguarding adults audits were completed between March and April 2013 by Barking, Havering and Redbridge University Trust. The audits concentrated on the current safeguarding processes used, and their effectiveness. The audits also reviewed the Multiagency Safeguarding Alert Form.
Care Quality Commission – Inspections	The Care Quality Commission (CQC) has been completing a programme of inspections of all NHS providers and Adult Social Care locations nationwide between April 2012 – March 2013. These inspections have included local Barking and Dagenham providers, the results of these inspections will be published.
NELFT electronic records audits	The electronic patient record RIO, supports confidential safeguarding Flags which provide effective communication within staff groups. The systems also provide similar alerts for patients with a learning disability to alert staff of the potential need for adaptations to care. The electronic patient record also supports a MCA assessment template. There is an established audit programme in place, with quarterly audits monitoring compliance that safeguarding alerts are raised within 24 hours of the incident being identified. The results are reported at the NELFT safeguarding group.
Investigators Training for lead Safeguarding Adult Managers 	While those professionals who carry out the role of Safeguarding Adult Managers (SAMs) within Adult Social Care and Mental Health Teams had received in house training, in 2012 we arranged for all of them to attend an intensive Investigators course, delivered by an external trainer which aimed to provide assurance around compliance with the Pan London Procedure and proportionality. This course was assessed by the vast majority of SAMs from within Adult Social Care and Mental Health Teams and received very good evaluations.
Developing links with new Partners	The changes to NHS Commissioning brought about by the Health and Social Care Act 2012 required us to forge links with the emerging arrangements and by THE END OF March the Board had established links with the new CCG and gained a commitment from the CCG around their new safeguarding adults arrangements. It was confirmed that the CCG would

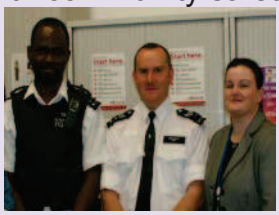
	have a Nurse Director with responsibility for safeguarding, supported by a deputy nurse and that Barking and Dagenham's CCG would be represented at the Safeguarding Adults Board by the Nurse Director for Safeguarding.
NELFT Deprivation of Liberty/ Mental Capacity training 	NELFT arranged DOLs training for its inpatient staff teams. From April 2013 DOLs become a stand-alone session to provide greater in-depth understanding for those staff who work within the adult inpatient wards.

Priority Objectives 5: Partnership

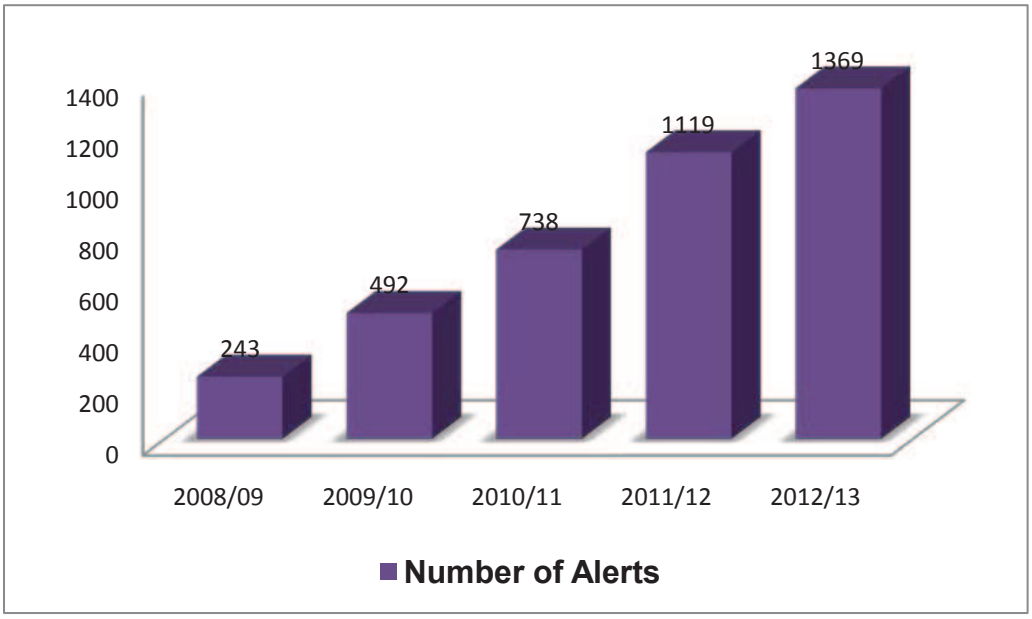
The information below highlights examples of the partnership work which occurred in 2012 to support local solutions through working with communities and across agencies:

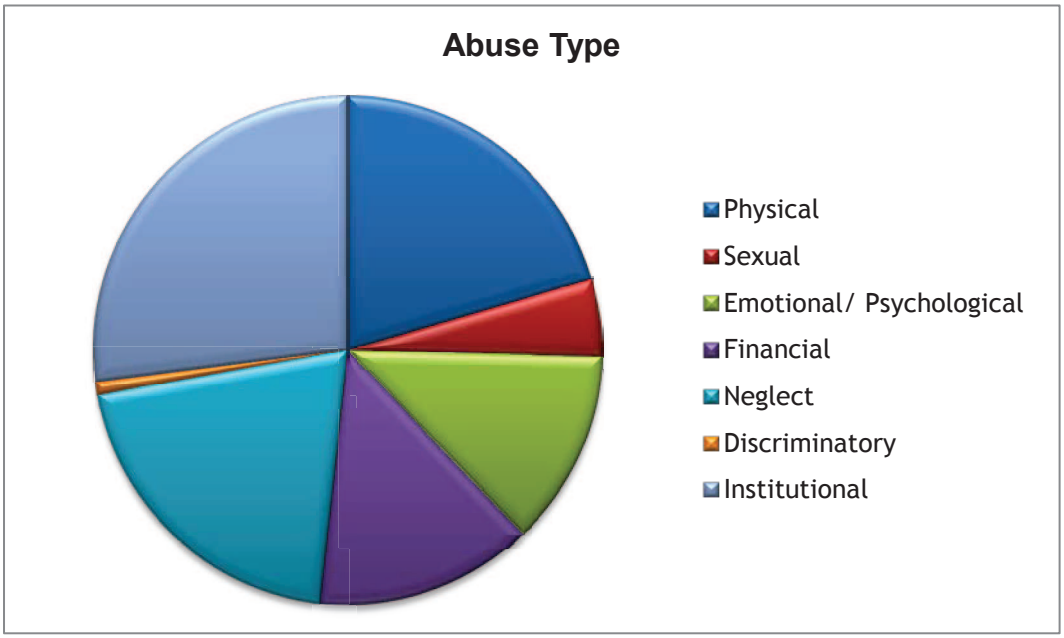
Partnership items on SAB agenda 	The Safeguarding Adults Board has worked hard to ensure that all partners shape the agenda of meetings. In 2012 board discussions were held on the issues including pressure ulcers; Total Policing Model; hoarding related fire deaths; the Francis Report; Winterbourne View Hospital Final Report and Concordat; the NHS Safeguarding Adults Assessment Framework; and the Metropolitan Police Adult At Risk Merlin and Multi Agency Safeguarding Hub models.
Safer Places Scheme 	It is recognised that individuals are likely to feel more empowered to access the community if they know that they can approach someone if they get into difficulties. The Carers/Learning Disability Community Safety group approached sixty two shops in the Barking area to promote the scheme intended to create a network of safe spaces for people with disabilities. It led to fifty seven shops out of the sixty two agreeing to the project. Two hundred and seventeen "I need help" cards have been issued to service users.
World Elder Abuse Awareness Day 	The Council Safeguarding Adults Team marked World Elder Abuse Awareness Day in June 2012 with a public Safeguarding Adults policy walk through and screening of the "Say No to Abuse" film at the Barking Learning Centre. The event was advertised in the local newspaper as part of a programme of summer events for adult and community services.
Older People Consultation 	Ensuring that all networks representing different groups of service users have an opportunity to shape strategies helps to ensure that the views of all groups are equally heard. In January 2013 the partnership consulted with the Silvernet Older Peoples network around their experiences of hate crime. Their feedback was then incorporated into the Hate Crime Strategy.
Domestic and Sexual Violence Strategy 2012-15 	Research indicates that individuals with disabilities are more likely to experience domestic violence and in addition are more likely to face barriers in reporting it. Therefore, when the partnership developed its Domestic and Sexual Violence Strategy and Delivery Plan 2012-2015 it very deliberately consulted with groups representing adults at risk to ensure that safeguarding considerations were appropriately incorporated into the approach. The strategy was launched in November 2012
Fulfilling Lives Group	The Fulfilling Lives programme which works towards increasing

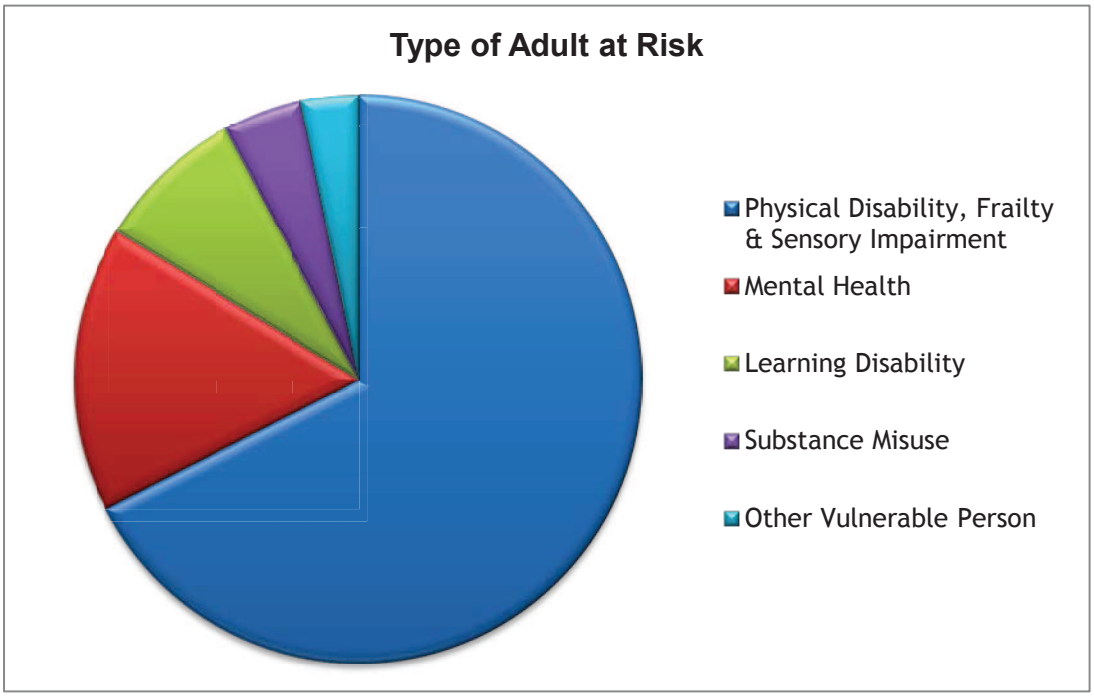
Relish @BLC	choice and maximising opportunities for people with learning disabilities worked with the Carers/Learning Disability Community Safety group to research what other authorities offer in order to indicate a broader picture as to what services could be developed in the local borough.
NELFT Service user involvement North East London NHS NHS Foundation Trust	The Trust revised its Patient Experience strategy, focusing on outcomes and working with people and their advocates. A web based safeguarding questionnaire was developed by the safeguarding team. The trust board regularly hears patient/ service users/ carer's experiences. The service users are involved in new staff recruitment and PLACE assessments. A program of internal unannounced inspections of all services has been implemented across the Trust. Trust Directors are highly visible and available to patients / services users and carers. The monthly Service User and Carer Led Group forum contributes to the development and effectiveness of services. Barking and Dagenham SURG directly reports to the trust wide SURG. Mental Health and Learning Disability representatives are encouraged to get involved in Health Watch. The Health and Wellbeing Board has a Mental Health Sub Group which has NELFT representation at Director level.
Learning Disability Community Safety Survey 	A survey was undertaken with service users to identify the scenarios in which they felt most scared, in order to inform future policing and support. The Police attended to meet with service users at the Heathlands to discuss their approach on all of the scenarios identified, and to provide reassurance and minimise anxiety when travelling in the borough.
Health Protection Public Health England	A number of large scale investigations have taken place over the past year which have enabled us to renew links with the Health Protection Agency representative. These links will be further strengthened in the coming year.
White Ribbon Day 2012 	Barking Havering and Redbridge University Hospital Trust (BHRUT), North East London Foundation Trust (NELFT), the Council, the Adult College and the Police came together to host various events in November to mark White Ribbon Day. Throughout these events we ensured that easy read information was available.
Fire Safety	Fire safety training is being organised in partnership with the Community Safety Team for service users and carers. Carers

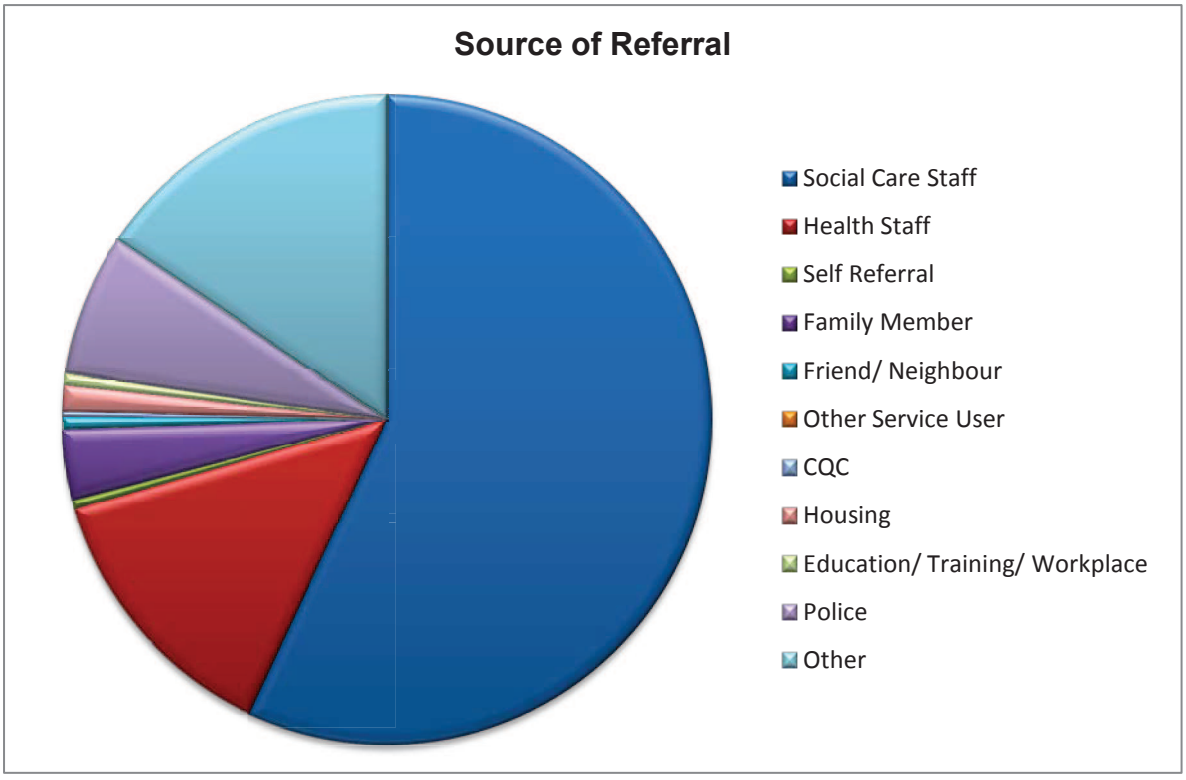
LONDON FIRE BRIGADE	and families are also engaged to develop fire plans for service users. Information is also being distributed offering free home fire safety visits.
LSCB Spring Conference Barking & Dagenham Safeguarding Children Board	In May 2012 the Local Safeguarding Children Board held its Spring Conference "working with resistant families. The Safeguarding Adults Team were involved in planning the event and publicised it through its network promote representation across Adult services and to share information with professionals working with children.
Metropolitan Police Adult at Risk Steering Group METROPOLITAN POLICE	Barking and Dagenham Council and Police are represented on the Metropolitan Police Adult at Risk Steering group. This provides an opportunity to shape policing responses regionally as well as keep up with changes across the criminal justice sector.
KWANGO Safeguarding Adults E-Learning Package 	The Council has worked with KWANGO to develop a local Safeguarding Adult E-Learning package. This is available for multi agency staff to access across the partnership. The course aims to raise awareness of adult abuse, how to recognise abuse and what to do if a member of staff suspects an adult is being abused. The training developers also liaised with NELFT partners, to ensure that the product they were also developing would be consistent.
Enhancing engagement with community safety 	In 2012 the partnership continued to work to empower people with disabilities to have a stronger voice within the community safety arrangements. This has included achieving better representation upon safer neighbourhood panels, working with service users and carers to further develop the voluntary adult at risk contact list so that community safety messages can be targeted via the safer neighbourhood teams and completing a Community Safety Survey for people with Learning Disabilities. In addition in December 2012 representatives from the Council's Anti Social Behaviour Team and Community Safety Co-ordination Team delivered a presentation on the impact of crime on older people to the Older Peoples Strategy Group.
Hospital Staff Teaching by service users 	People with learning disabilities and their carers contribute to teaching on Trust wide in-house study days, which has given staff the tools to understand the complexity of the patient's needs which included a family whose son has autism came and discussed their experiences whilst and inpatient at the Trust to the Learning Disability Link Worker study day in January 2013.

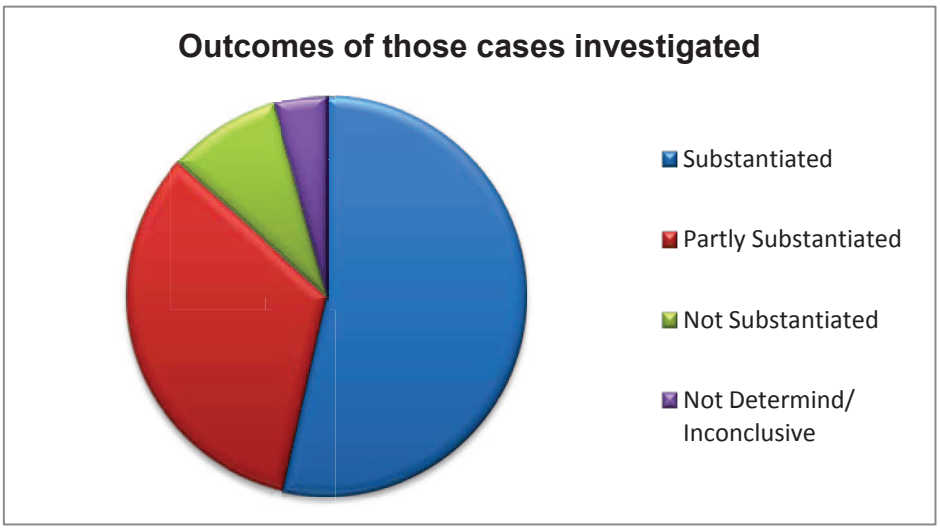
Statistics 4

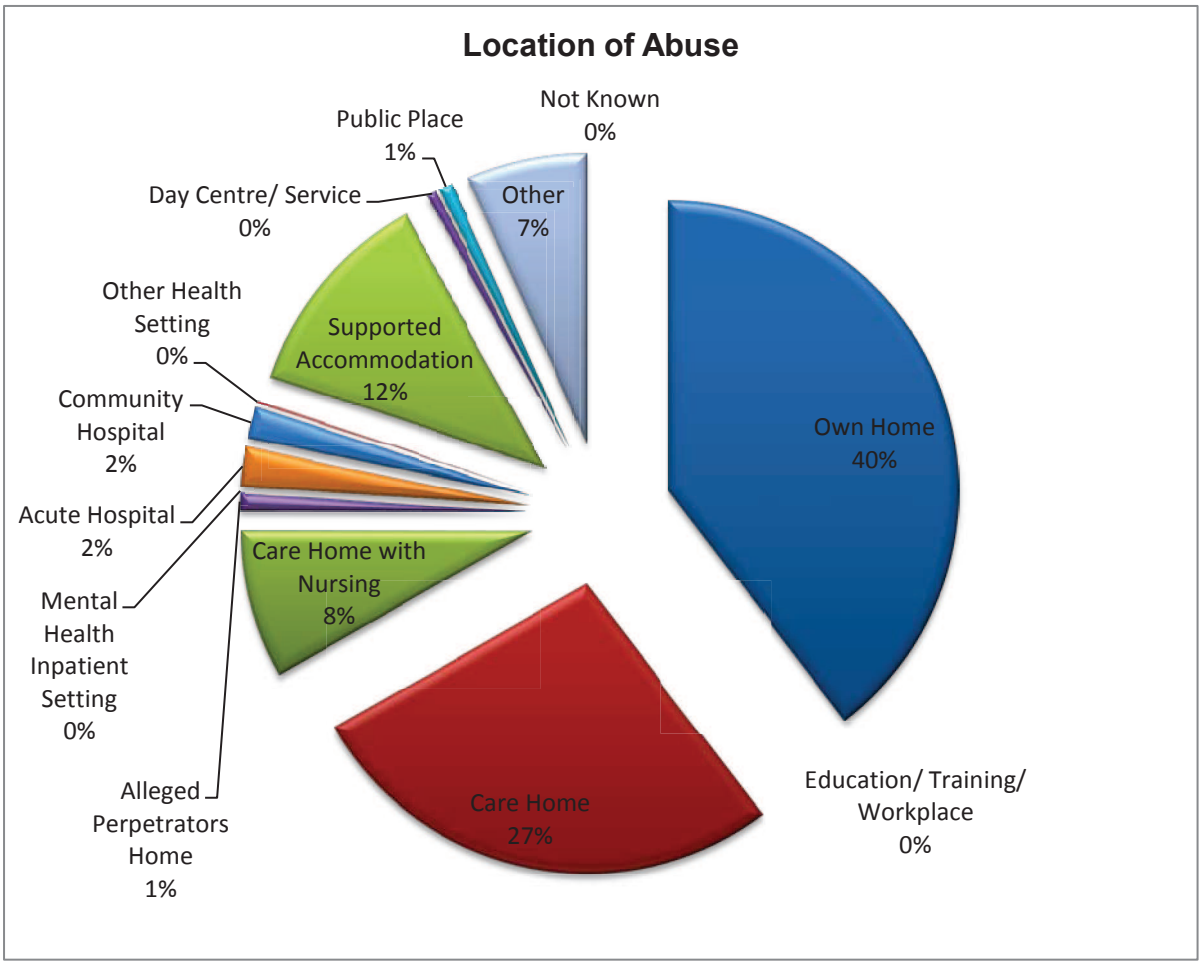





Type of Adult at Risk
Physical Disability, Frailty & Sensory Impairment
Mental Health
Learning Disability
Substance Misuse
Other Vulnerable Person


Source of Referral
Social Care Staff
Health Staff
Self Referral
Family Member
Friend/ Neighbour
Other Service User
CQC
Housing
Education/ Training/ Workplace
Police
Other





Examples of criminal case outcomes 2012/13

Nurse of an elderly patient: A Summons was issued for a Nurse for two counts of common assault committed against a 95 year old female dementia patient. The patient herself was unable to provide a statement and has since unfortunately passed away. However, using the detailed statements taken from the victim's family, staff and management Barking and Dagenham Police were able to provide the Prosecution Service with sufficient evidence to prosecute the nurse.

Theft from a Dementia sufferer: A daughter was successfully prosecuted for theft from her father who resides in a care home. She admitted to stealing the victim's benefits money over a number of years to fund her gambling addiction. She was sentenced to an 18 month suspended prison sentence.

Assault within a Care Home: A large scale investigation was carried out at a care home following an allegation that a carer assaulted a resident, who later died. The Coroner's report found that the cause of death was unrelated, but the carer was summoned to appear before Redbridge Magistrates Court in April 2013 on assault charges.

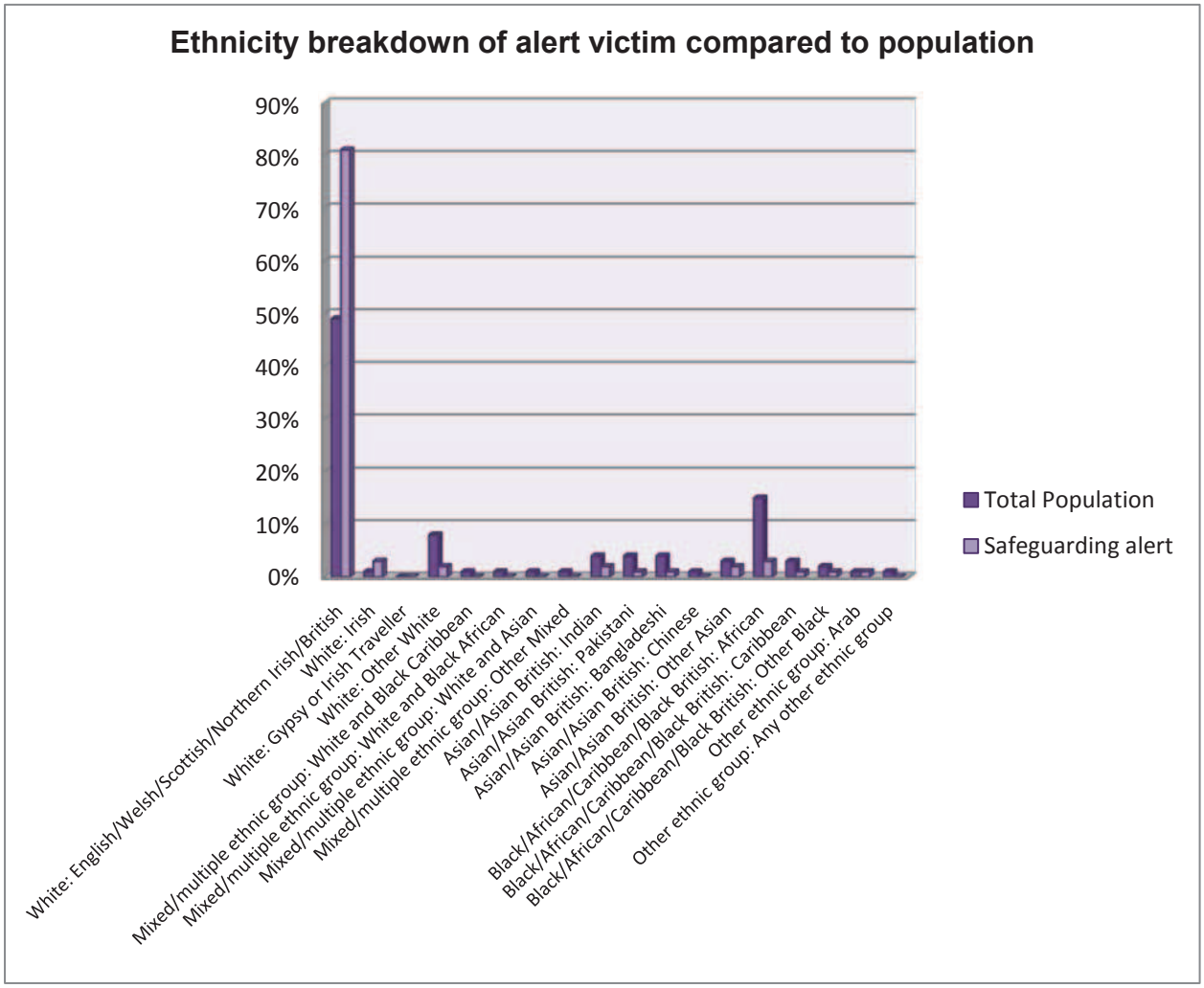
Targeted Burglaries: A woman was arrested and successfully prosecuted for burglary offences committed against three at risk adults. The woman was sentenced at court to three years imprisonment.

Care Home Theft: An appointee of a care home resident, alleged to have stolen more than £9,000 over a two year period from the victim, was summonsed to appear in court.

Equality & Diversity 5

Central to Safeguarding Adults work are the concepts of dignity, respect, equality and fairness. The Strategy and Action Plan acknowledged that some individuals are more likely to be abused than others and less likely to be able to protect themselves against significant harm or exploitation. Quite often the circumstances of these individuals are compounded by the presence of wider equality considerations such as sexuality, age, faith, gender and ethnicity.

The Board recognises that some sections of the community are likely to be under-reporting. We suspect that this may be due to the high percentage of cases we see emanating from residential settings where black and minority ethnic groups also tend to be under-represented. However a key part of our strategy moving forward will be to target messages to different groups.



Board Membership 6

Members between April 2012 – March 2013

Sarah Barlow, Service Manager Voiceability

Anne Bristow, Corporate Director Adult and Community Services LBBD

Chris Daly, Borough Commander London Fire Service

Helen Davenport, Associate Director Nursing and Safeguarding NHS North East London and the City

Gary Etheridge, Deputy Director of Nursing BHRUT

Allison Garrett, Named Nurse Safeguarding Adults NELFT

Paul Gibson, Safeguarding Lead London Ambulance Service

Joy Palmer, Barking and Dagenham Mencap & **Chris Gillbanks** Parents of Autistic Children

Lorraine Goldberg, Executive Director Carers of Barking and Dagenham

DCI Philip Howarth, Barking and Dagenham Metropolitan Police

Ken Jones, Divisional Director Housing Strategy LBBD

Deborah Klée, Independent Chair

Christopher Martin, Divisional Director Complex Needs and Social Care Children Services LBBD

Margaret McGlynn, Local Area Manager CQC

Bruce Morris, Divisional Director Adult Social Care LBBD

Cllr Linda Reason, Cabinet Member for Children and Adult Services LBBD

Glynis Rogers, Divisional Director Community Safety and Public Protection LBBD

Jacqui Van Rossum, Executive Director Integrated Care & Transformation NELFT

Lucy Satchell-Day, Area Chief Officer London Probation Trust

Fiona Taylor, Head of Legal and Democratic Services, LBBD

Board Advisors

Julie Dalphinis, Strategic Implementation Lead Safeguarding Adults NHS North East London and the City

Helen Oliver, Group Manager Safeguarding Adults LBBD

Dr Kantha Niranjan, Lead Doctor for Safeguarding Adults BHRUT

Training 7

Safeguarding Adult training has continued across agencies throughout 2012. The Board also launched a Safeguarding Adults e-learning package. This is available to multi-agency staff across the partnership and is aimed to raise awareness of adult abuse, how to recognise abuse, and the actions to take if staff suspect an adult is being abused. The training is available internally to all Council staff through "i-learn" and is accessible to external partnership staff through the social care training team.

Training breakdown by agencies

Carers of Barking and Dagenham

Care Awareness Training	9
Personalisation	16
Face to Face	11
Conciliation Skills	6
Dementia Care and Carers	19
End of Life Care	6
Total	67

London Borough of Barking and Dagenham

Safeguarding Adults: Awareness, Recognition & Referral	190
Deprivation of Liberty Safeguards	15
Safeguarding Adults Minute Taking	11
Investigators Training for Safeguarding Adults Managers	45
Mental Capacity E'Learning Course	25
Safeguarding Adults at Risk Course E-Learning	99
Total	385

Barking Havering and Redbridge University Hospital Trust

For the reporting period of April 2012 - March 2013 there were a total of 2065 members of staff trained at Level 1 and 2 (90% compliance).

There were a total of 359 members of staff trained at level 3 during 2012-2013. This training is now non-mandatory. 12 sessions are proposed for 2013-2014 to provide the opportunity for more staff to attend.

Plans for the Future 8

In the coming year the priorities for the Board include:

- Improving the effectiveness of the Board;
- Putting the person at the centre of adult safeguarding by ensuring that their outcomes are met and that their views inform practice;
- Learning from serious case reviews;
- Raising public awareness of adult safeguarding;
- Improving understanding and appropriate use of the Mental Health Act and Deprivation of Liberty Safeguards;
- Working with the Children's Board to develop safeguarding strategies that recognize the safeguarding needs of vulnerable adults, children and young people, within families.

We will also be working towards 2015 when the Safeguarding Adults Board will have statutory responsibilities. The strong partnership working of the Board and a three year strategy has prepared us well for this development. Improving effectiveness, refreshing the strategy and developing strong links with other partnerships, including the Health and Wellbeing Board, will further strengthen the Board.

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Barking and Dagenham Safeguarding Children's Board Annual Report 2012/13**
Report of the Cabinet Member for Children's Services	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision: NO**
Report Author: Meena Kishinani Divisional Director, Strategic Commissioning and Safeguarding	**Contact Details:** Tel: 020 8227 3507 E-mail: meena.kishinani@lbbd.gov.uk
Sponsor: Cllr John White, Cabinet Member for Children's Services	

Summary:

The Barking and Dagenham Safeguarding Children's Board (BDSCB) Annual Report (see Appendix 1) was approved by the Board on 13th June 2013. The report covers the period April 2012 to March 2013 and provides a summary the Board's achievements, lessons learnt and through the Business Plan, what we will be focusing on in the coming year. Also included in the Annual Report is an overview of national policy and guidance that will shape the safeguarding children's agenda.

The report has been distributed to all the Chief Officers of each organisation represented on the Board for further dissemination.

Recommendation(s)

The Health & Wellbeing Board is asked to:

(i) Note the Annual Report and make any comments on its content or any related issues.

(ii) To distribute the report within their respective organisations.

1. Background and Overview

1.1 This is the 7th published Annual Report of the Barking and Dagenham Local Safeguarding Children Board (BDSCB). The report details work undertaken by the Board from 1st April 2012 to 31st March 2013 to promote the safety of children and young people who live, are looked after or are educated within the borough.

1.2 The report focuses on:

- The effectiveness of safeguarding arrangements within the borough
- Performance, Audit and Quality Assurance measures
- Partnership Working
- Key National developments
- Future BDSCB priorities

In doing so, this report draws together both the successes and challenges faced by the Board over the last 12 months. In particular the report identifies:

1. Demographic changes within the borough that have had significant impact on services and continues to do so going forward.
2. Outcomes from the 2012 Ofsted inspection of Safeguarding and Looked After Children.
3. The steps taken to implement the findings of the Munro Review and its recommendations
4. Implementation of our Quality Assurance Strategy
5. Governance arrangements for the Board and our community engagement
6. Ways in which we have joined up working across the partnership. This continues to be a priority.
7. Our response to Government initiatives including sexual exploitation and child trafficking.

1.3 The report is designed to give a picture of the combined efforts across the partnership to keeping children in Barking and Dagenham safe.

1.4 The Board continues to enjoy excellent participation from across the partnership with very good attendance from most agencies.

2. Serious Case Review

2.1 The Board's annual report each year will detail any serious cases reviews that have taken place in the preceding twelve months.

2.2 During 2012\13, police were alerted to a serious incident involving Child L. The child had not died but had suffered significant injuries at the hands of her mother

and mothers partner. A Serious Case Review Panel agreed that the criteria laid out in Working Together 2010 for a full review had not been met but did agree that an Individual Management Review (IMR) be carried out by Health partners in order for lessons to be learnt.

2.3 The review was formally signed off in February 2013 and the recommendations and actions are currently being implemented by NHS NELFT, the CCG and BDSCB.

3. Committees

3.1 Each subcommittee of the board has reported on its work over the last 12 months and priorities for the following year.

3.2 The Child Death Overview Panel (CDOP) is a sub group of the Board and reports on child deaths that have taken place over the previous 12 months.

3.3 During 2012\13, 24 children died in Barking and Dagenham 8 unexpectedly. However CDOP reviewed 46 deaths over the 12 months. The details of the work of this committee are detailed on pages 27 and 28 of the report.

4. Priorities for 2013-14

4.1 During 2013-14, the BDSCB will embed the Government's revised Working together to Safeguard Children (2013) focussing on a range of activities and initiatives to support the quality of early help available to children and young people. These activities will include:

- Roll out of E-CAF assessment tool
- Progressing the Troubled families agenda
- Full implementation of the Multi Agency Safeguarding Hub (MASH)
- Strengthening joint working between Adult and Children's services
- Embed quality assurance through learning and development from front line services through to the BDSCB.
- Gaining greater insight into faith and cultural issues in Barking and Dagenham to support families and safeguard children
- Working across the partnership to protect children and young people from sexual exploitation

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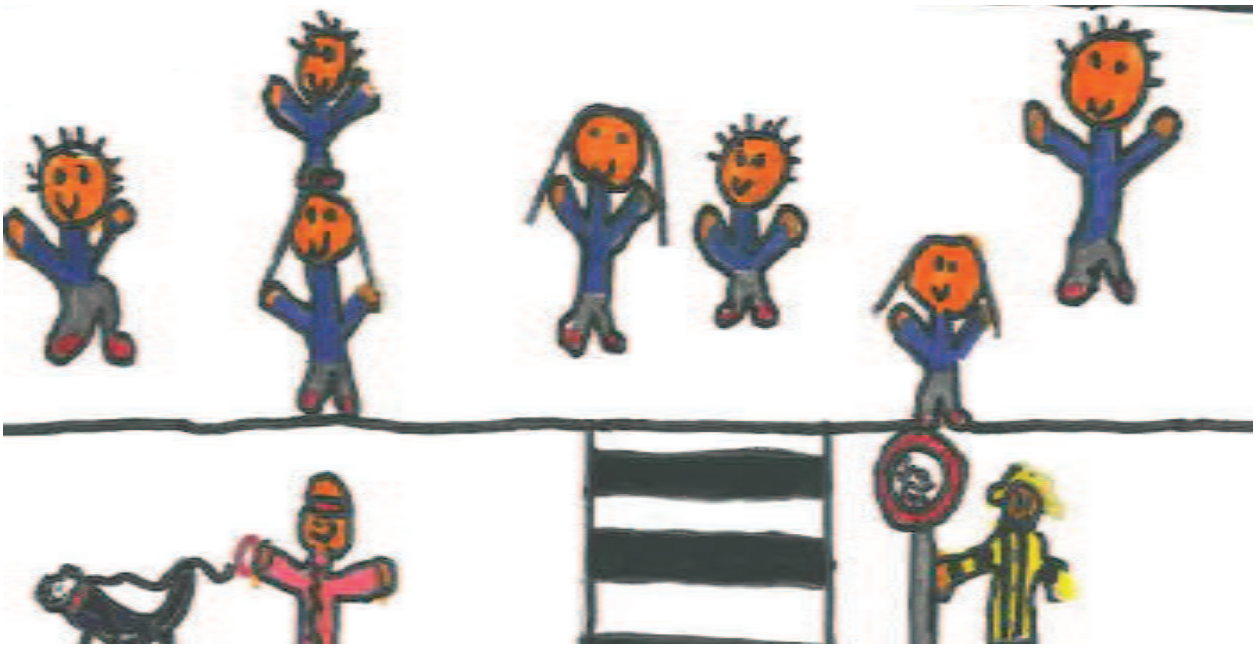
Barking and Dagenham Safeguarding Children Board (BDSCB)

Annual Report 2012-13



Contents

Executive Summary

Barking and Dagenham Safeguarding Children Board (BDSCB) is a multi-agency statutory partnership responsible for co-ordinating how agencies work together to keep children and young people safe and for ensuring the effectiveness of those arrangements.

The functions for BDSCB are set out in statutory guidance Working Together to Safeguard Children (2010).

This is the 7th published Annual Report of the Barking and Dagenham Local Safeguarding Children Board. The report details work undertaken by the Board from 1st April 2012 through to 31 March 2013 to promote the safety of Children and Young People who live, are looked after, or are Educated within the borough.

The report focuses on;

- The effectiveness of safeguarding arrangements within the borough;
- Performance, Monitoring and Audit measures;
- Partnership Working;
- Key Development Areas; and
- Future BDSCB priorities.

In doing so, this Report draws together both the successes and challenges faced by the Board, over the last 12 months. In particular the report identifies;

- Demographic changes within the Borough that have had significant impact on services and continue to do so going forward.
- Outcomes from the 2012 Ofsted inspection of Safeguarding and Looked after children.
- The steps we have taken to implement the findings of the Munro Review and its recommendations,
- How we have implemented of our Quality Assurance Strategy,
- Our Governance arrangements for the Board and our Community engagement
- Ways in which we have joined up working across the Partnership continues to be a key priority
- Our response to Government initiatives, including how we are responding to Sexual Exploitation and Trafficking of children

This report looks at what we do well and what we need to improve on. It provides an open and transparent insight into the various programmes, initiatives, and work streams that the partnership is engaged in and outlines the work that the partnership workforce is engaged in day to day, every day.

This Report also provides a breakdown on how we spend the Board's money and how we responding to the challenges that face us all in maintaining the high standards of practice across a reduction in budgets and resources.

Our Annual Report is designed to give you a good picture of the combined efforts across the partnerships that have gone towards keeping children in our borough safe. It does so through a clear narrative on the work taking place from all over the partnership and includes the direct work with and by children and young people.

We welcome comments and feedback and there is an opportunity outlined within the report to allow this to take place. We are grateful and appreciative of the efforts of our partners in providing us with the contents of this report and we hope that it demonstrates our commitment to improving outcomes and ensuring that Barking and Dagenham remains a safe place for all children.

Introduction to the Barking & Dagenham Safeguarding Children Board

Welcome to the 7th Annual Report of the Barking and Dagenham Safeguarding Children Board (BDSCB) for 2012-2013.

This has been a demanding and challenging year for the LSCB as is demonstrated through the reviews presented by our partner agencies. At the same time we have undertaken a lot of developments locally in order to ensure children, young people and their families are safeguarded.

During the summer the LBBD had their announced Ofsted inspection of Safeguarding and Looked after children. The LSCB is delighted that we were graded as "Good" for safeguarding. We received an "adequate" grade for looked after children. We have a robust development plan to respond to the recommendations from Ofsted and further develop our services to ensure we continue to meet the needs of all children and young people.

With the passing of the Health and Social Bill through parliament changes across health are gathering pace and from April 1st we will see the new structures and organisations taking on their full statutory responsibilities.

Health and Well Being Boards will bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community.

Through the Joint Strategic Needs Assessment (JSNA) they will develop a joint strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.

The LSCB will have representation through the Director of Children's Services.

Clinical Commissioning Groups will be under taking commissioning for local health services. More specialised commissioning will be undertaken by the *National Commissioning Board*. Both of these new partners will have a seat on the LSCB to support joint decision making regarding the commissioning of children and family services to ensure children are safeguarded.

Early Help - Following the publication of the recommendations from the Munro report and recommendations in 2011 much work has been taking place nationally and locally to respond to these.

Working Together 2013 becomes statutory guidance from 15th April 2013 and the LSCB is will be reviewing and publishing our partnership Threshold document to ensure that we have robust processes for responding to and evaluating the effectiveness of "Early Help".

Our Quality Assurance strategy reflects this through the development of more robust quality assurance activity through "The Child's Journey" with a much greater focus on outcomes.

Changing Demographics – London Borough of Barking and Dagenham is seeing significant shifts in the population with a 50% growth in the 0-4 year old population over the last 10 years and one of the fastest growing 0-19 year old populations in the country.

Over a third of children in LBBD lie in poverty. Given these statistics the pressures on both universal, specialist and targeted services are going to be under increasing pressure across the

partnerships at a time of significant austerity measures and work force pressures.
Research (Fields 2010, Howard League 2012) tells us that poverty increases the likelihood of domestic violence, substance misuse, child sexual exploitation, and gang and knife crime. The LSCB has been working with the Young Peoples Safety Group and the Community Safety Partnership to raise awareness and look at how services are commissioned and delivered to improve outcomes for children and young people at risk.

The Developing LSCB – the changing landscape across the partnership demands that the LSCB develops in order that it can be assured that Children, Young People and their Families are safeguarded.

The LSCB has had the opportunity to explore the changing roles and responsibilities of partner agencies and how we might work together in the future to achieve this assurance.

The development of an LSCB risk register to capture safeguarding risks across the partnership, the sharing of case studies to examine and evaluate joint working have all contributed to increased assurance.

The LSCB has appointed a Lay Member to the Board to strengthen engagement with and understanding of the local community.

The Independent chair of the LSCB accompanied by board members enjoys visits to front line services to meet practitioners and discuss font line provision has heightened board awareness of good practice and issues at the front line.

In addition the profile of the LSCB has been heightened.

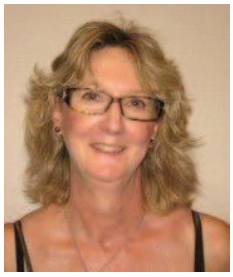
The year ahead - The LSCB partnership is strong and with the endorsement from Ofsted is well positioned to respond to emerging safeguarding challenges in the coming year. There is no doubt that it will be a challenging year.

Welfare reforms are going to put significant pressures on families across the London Borough of Barking and Dagenham and the LSCB will be working with the Health and Well Being board to raise the profile of these families and influence commissioning decisions to safeguard at risk families.

We will be working closely with The London Safeguarding Board to support national safeguarding agendas and ensure that we embrace research locally to improve outcomes.

Sexual Exploitation and Children Missing remains a priority for the Board and we are represented at both local and national levels

Promoting the health of Young People is a key focus for the Young People's Safety Group and the LSCB health partners will be working with them to support these priorities.



Sarah Baker
Independent Chair, Barking and Dagenham Safeguarding Children Board

Governance Arrangements

BDSCB Constitution and Governance:

Barking & Dagenham Safeguarding Children (BDSCB) Board operates to a governance structure which makes clear the role of the Board within the Local Strategic Partnership.

The responsibilities of BDSCB are complementary to those of the Children's Trust – to promote co-operation to improve the wellbeing of children in the local area.

The responsibilities of BDSCB are complementary to those of the Children's Trust. The BDSCB is not a subordinate to, nor subsumed within the Children's Trust Board structures, maintaining a separate identity and independent voice.

Both the Director of Children's Services, along with the Independent Chair Safeguarding Children Board, sit on this Board to ensure members are kept informed of Safeguarding Board business and maintain communication flow.

Relationship with Children's Trust:

The responsibilities of BDSCB are complementary to those of the Children's Trust – to promote co-operation to improve the wellbeing of children in the local area.

Both the BDSCB and the Children's Trust have a clear vision across the partnership and clear priorities for improvement on safeguarding set out in the BDSCB Annual Report, Children and Young People's Plan (CYPP) 2011-2016, BDSCB Business plan and LBBD Project SURE.

The BDSCB priorities are endorsed by the Children's Trust and vice a versa to ensure children and young people in the borough are safe and well, whilst also ensuring the BDSCB maintains an independent voice.

Both the BDSCB and the Children's Trust evaluate its progress against these priorities annually. Evidence of progress is set out in monitoring reports and the BDSCB annual reports on safeguarding.

The Chair of the Safeguarding Children Board, along with the lead for Safeguarding, are both members of the Children's Trust.

Relationship with Health and Wellbeing Board (HWBB):

The Health & Social Act 2012 introduced a statutory requirement for every Council to form a Health & Wellbeing Board, which will be an executive committee of the Council.

Responsibility for establishing standards and challenging local partners on their practice around safeguarding children and vulnerable adults remains firmly with the Local Safeguarding Children Board and the Safeguarding Adults Board respectively.

However, the creation of the Health & Wellbeing Board will strengthen the partnership around health and social care services, and serve as an additional base from which to develop joint work and protocols on safeguarding, as well as a further arena in which concerns about institutional culture and practice can be aired and worked through.

Inclusion of providers on the Board will further ensure that frontline practice continues to inform strategic decision-making and discussion.

Revisions to Working Together 2013:

During 2012, a full consultation process was initiated by HM Government in relation to revising the Working Together to Safeguard Children (2010) guidance.

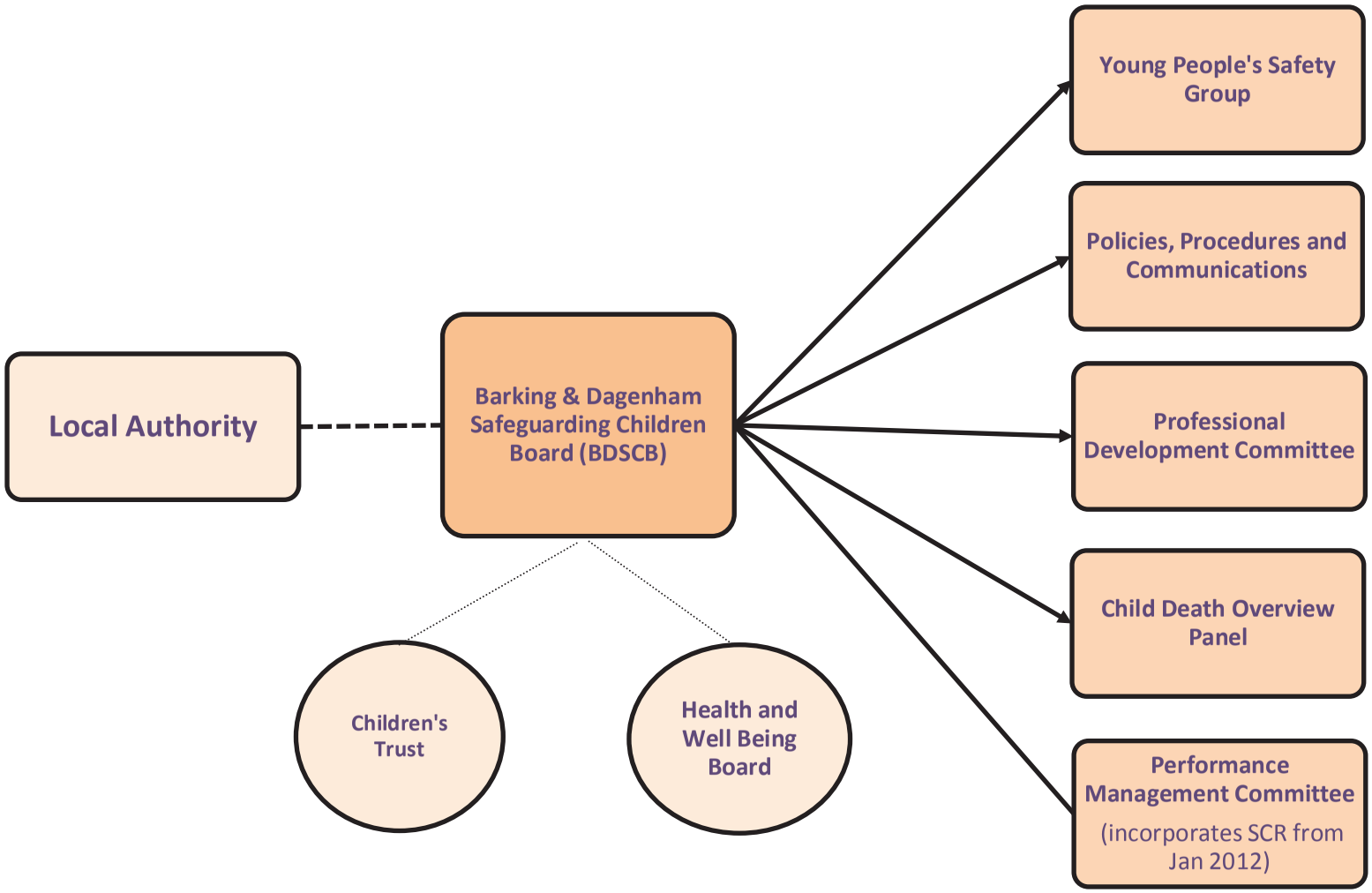
Working Together 2013 was released at end of March 2013, with an implementation date set for 15th April 2013. All Partners have been notified and an Action plan produced to ensure that we are compliant with changes.

The new guidance document will replace Working Together to Safeguard Children (2010); the Framework for the Assessment of Children in Need and their Families (2000); and the statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004 (2007).

Following implementation, a full summary of changes will be incorporated in the BDSCB Annual Report 2013-14.

The new Working Together to Safeguard Children (2013) guidance can be accessed from BDSCB website or by following the link below: https://www.education.gov.uk/publications/eOrderingDownload/Working%20TogetherFINAL.pdf

Local Government Arrangements



2012 GLA Population Projections:

The 2012 GLA projections are now available and they show that Barking and Dagenham population levels are higher that previously published figures.

According to these latest projections there will be nearly 196,000 people living in the borough in 2013 - with over 61,000 people aged 0-19.

This overall estimate for 2013 is 10,000 higher than the 2011 Census (185,900) while the 0-19 population in 2013 will be nearly 3,000 higher than the 2011 Census for the 0-19 population (58,400).

Comparisons with other published figures:

- GLA projections relevant to 2013 show that population levels have been re-adjusted upwards by 6,398 since the last calculations were made by the GLA in 2011.
- The 0-19 year population level in 2013 has been recalculated to show there will be 2,470 more people living here than was previously thought.
- GLA projections relevant to 2011 show that the 2011 Census may have underestimated population levels. The 2012 GLA projections relevant to 2011 are over 1,000 higher than the official Census figures.

Population trends:

- The overall population in Barking and Dagenham is set to increase by 10.3% between 2013 and 2018
- The 0-19 years population will increase by 8.7% over the next five years which is higher than the overall London increase of 4.7%
- The 10-14 year population in Barking and Dagenham will see a very sharp rise of almost 3,000 (23.4%) between 2013 and 2018.

Comparing 2012 GLA projections with last year's projections:

Population projections relevant to 2013

Re-adjustments made for Barking and Dagenham	GLA projections made in 2012	GLA projections made in 2011	+/- Difference
Aged 0-4	**18,709**	18,635	**74**
Aged 5-9	**16,362**	15,276	**1,087**
Aged 10-14	**12,723**	12,511	**213**
Aged 15-19	**13,316**	12,218	**1,098**
Aged 0-19	**61,110**	58,640	**2,470**
All ages	**195,859**	189,461	**6,398**

Re-adjustments made for Greater London			
Aged 0-19	**2,048,562**	2,069,247	**-20,686**
All ages	**8,400,217**	8,178,057	**222,160**

The overall population in Barking and Dagenham has been re-adjusted to show there is actually 6,000 more people living in the borough in 2013 than previously thought.

The population projection was re-adjusted from last year's estimate of 189,461 to this year's estimate of 195,859.

The 0-19 years population, has been re-adjusted from 58,640 (estimate made in 2011) to 61,110.

The London population has also been re-adjusted upwards for 2013 (by 222,160) although, 0-19 population figures for London have been re-adjusted downwards by more than 20,000.

Comparing 2012 GLA projections with 2011 Census:

Population projections relevant to 2011

Barking and Dagenham	**GLA projections made in 2012**	**2011 Census**	**+/- difference**
0 – 4	**18,697**	18,700	**-3**
5 – 9	**14,497**	14,300	**197**
10 – 14	**12,819**	12,800	**19**
15 – 19	**12,712**	12,600	**112**
0 – 19	**58,725**	58,400	**325**
All ages	**187,029**	185,900	**1,129**

The 2012 GLA calculations have also been compared with the 2011 Census. This shows that the GLA have estimated a higher overall population than that counted by the 2011 Census; 187,029 in 2011 compared to the Census figure of 185,900.

The 0-19 population has been calculated at 58,725 which are 325 higher, than the Census figure of 58,400.

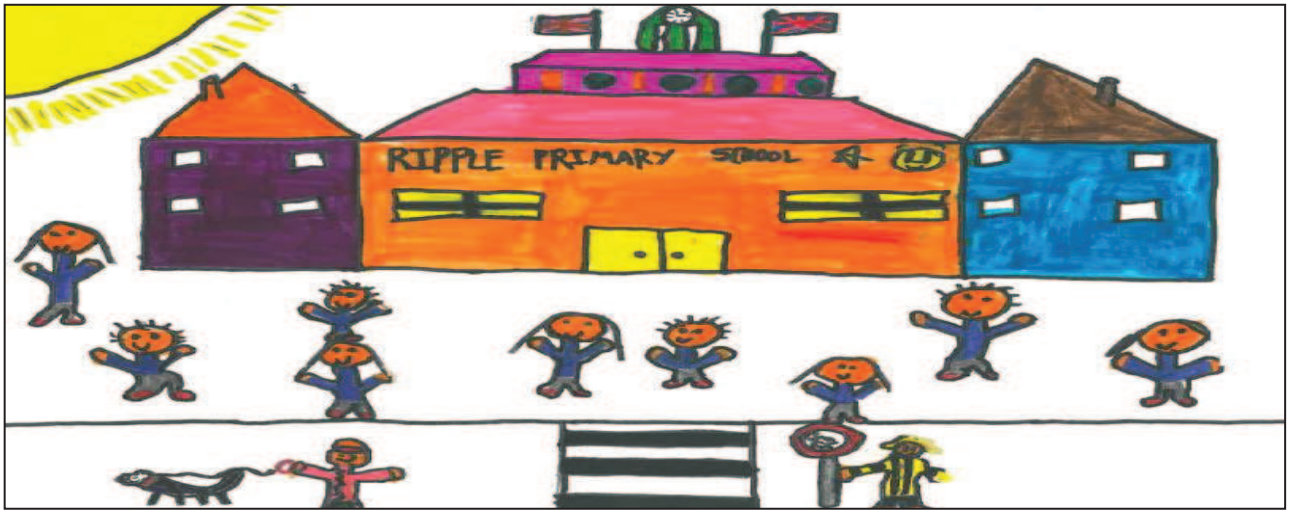
GLA projected population increases: 2013-18:

Barking & Dagenham	2013	2014	2015	2016	2017	2018	5 year percentage change +/-
0 – 4	18,709	18,919	19,228	19,583	19,750	19,832	6.0
5 – 9	16,362	17,119	17,601	17,869	17,874	17,943	9.7
10 – 14	12,723	13,021	13,559	14,146	14,920	15,699	23.4
15 – 19	13,316	13,144	13,019	13,082	13,007	12,941	-2.8
0 – 19	61,110	62,203	63,407	64,681	65,550	66,415	8.7
All ages	195,859	200,305	204,782	209,272	212,687	216,116	10.3
Change in London 0-19 population	*2,048,562*	*2,069,600*	*2,091,186*	*2,111,942*	*2,128,249*	*2,145,448*	*4.7*

The 2012 GLA population projections for the next five years show that the overall population in Barking and Dagenham is set to increase by 10.3%, from 195,859 in 2013 to 216,116 in 2018.
The 0-19 population will rise by 8.7% from the 2013 level of 61,110 to well over 66,000 which is bigger than the increase across London (4.7%).

The 10-14 population in Barking and Dagenham is set to increase by 23.4% from 12,723 in 2013 to 15,699 in 2018.

For more information please go to:
http://data.london.gov.uk/datastore/package/gla-population-projections-2012-round-shlaa-borough-sya



Children & Young People's Plan 2011-16

Staying Safe Priorities:

The CYPP 2011-16 is a call to change and a plan for action. The Plan concentrates on key areas where we believe working together will make a bigger difference, setting out the key over-arching strategic objectives and top 5 priority areas.

Barking and Dagenham Children's Trust has agreed two strategic objectives to enact through the CYPP in order to achieve our vision. Attention to these will bring about the change that will further improve outcomes for our children, young people and families.

These strategic objectives are:

- Excellent, high quality and effective universal services; and
- Meeting the needs of vulnerable families - putting families at the heart of what we do.

There are then five top partnership priorities for the Plan which are:

1. Ensure children and young people in our borough are safe
2. Narrowing the gap - raise attainment and realise aspiration for every child
3. Improve health and wellbeing, with a particular focus on tackling obesity and poor sexual health
4. Improve support and fully integrate services for vulnerable children, young people and families (particularly children in care and children with disabilities)
5. Challenging child poverty - preventing poor children becoming poor adults

In order to ensure focus is given to the right areas there are then objectives which underpin the priorities. With regard to Ensuring children and young people in our borough are safe these are:

- Strengthen multi-agency practices to protect children
- Improve outcomes of children in care;
- Reduce the risk and impact of domestic violence, parental mental health and ensure families are supported; and
- Further reduce the number of first time entrants and reduce the number of victims of youth violence.

The CYPP is then complimented by a detailed implementation plans to deliver the agreed outcomes. This is currently being reviewed for 2013/14.

Child Protection and LAC data

Looked after Children:

The provisional 2012/13 year end figure for children in care is 421. This is a slight decrease (1.5%) from the 2011-12 figures of 427.

Our rate per 10,000 figures has fallen from 79.4 to 78.2. This is above the national average of 59, but below our statistical neighbour average of 88.

We have a good track record of placement stability and placement choice in the Borough. Our fostering service received outstanding ratings from Ofsted, with Adoption services being rated good with safeguarding judged as outstanding.

Child Protection:

The provisional 2012/13 year end figure for children on a CP Plan is 200. This is a decrease of 11.9% from the 2011-12 figures of 227.

Our rate per 10,000 figures has fallen from 42.2 to 37.2. This is slightly below the national average of 38 and also below our statistical neighbour average of 53.

This improvement [in CPP numbers decreasing] is due to a combination of factors including:

- A number of children moving to become looked after;
- the improved duty system enabling Independent Reviewing Officers to challenge decisions more effectively;
- the work of the 12-18 month Panel resulting in removing children who have been on CPPs for a long time safely; and
- The work of the Triage team in the Assessment Service.

We remain committed to ensuring that we have the right children subject to plans at the right point and we continue to monitor and analyse our data accordingly. We have a robust audit process that explores patterns and trends and alerts us at an early stage where anomalies or discrepancies occur.

The implementation of the strengthening families' model has further supported our work in Child Protection and has received positive feedback from both professionals and families who have experienced this.

Adoption Service

It is fair to say that this has been an exciting and challenging year for the Adoption Service that has meant, we have not be able to "rest on our laurels", following the "good with outstanding features", Ofsted Inspection in March 2012. Challenging, because not only did we have to contend with the Council's austerity measures; but also because adoption appears to one of the Government's main targets on their policy agenda. It has led to radical reforms that are changing the landscape of adoption, in England & Wales, forever.

It is exciting, as we embark on a programme of re-development of LBBDs adoption services, to meet these challenges, head on.

Adoption Activity for 2012/13

Children:

The numbers of children, who were granted Adoption Orders during this period, is 21. This figure has remained consistent over the past 5 years.

Of these, the information is broken down into the following:

Ethnicity	
African-Caribbean	2
White British	16
Mixed heritage	3
White British/Caribbean	2
White British/other	1

Ages	
0 - 3	9
3 - 7	11
7 – 12	2

Adopters

Our aim is to prioritise the recruitment of prospective adopters who are likely to have the potential to meet the parenting needs of LBBD children who have adoption decisions.

As can be seen from the figures below, it has been a disappointing year; the numbers are down on interest shown in previous years. However, we are in process of recruiting and marketing specialist to attract more applicants in the coming year.

Adoption Enquiries
30 enquiries: • 21 couples • 9 single applicants
Applications received from prospective Adopters – 10 applications: • 9 couples • 1 singles applicant
Approvals of Adopters: • 8 approved • 7 couples • 1 single applicant
Siblings groups
6 were for sibling groups of 2 (12 children)

Adoption Reform

The reform programme has had a tremendous impact on service provision as the pace and quantity of the announcements is unprecedented. New developments happening almost on a monthly basis, for example:

Dec 2011-Feb 2012 - DFE establish Adoption Expert Working Group
Feb- Government response to the Family Justice Review
March 2012 -Adoption Action Plan published and report from working group
May 2012 - Adoption Score cards introduced, and now to be published annually
June 2012 - The Adoption Agencies (Panel and Consequential Amendments) Regulations 2012 and Amended Statutory Guidance published
July 2012 – House of Lords Select Committee on Adoption Legislation established – report on proposed legislative changes published in December 2012 and further report due in 2013
July 2012 – David Cameron announces new initiative – 'Fostering for Adoption'
Nov 2012 -Pre-legislative scrutiny on draft clauses re ethnicity in placement and fostering to adopt
Dec 2012- Announcements on Matching and Adoption Support to include giving adopters a more active role in the matching process
Additional funding announced (£8 million in total) in 2012/13 to help councils to implement the reform programme
Jan 2013 – Adoption Map published

The ones that are having most impact are changes to, the adoption panel, the assessment of adopters and the introduction of adoption scorecards.

Adoption Panel

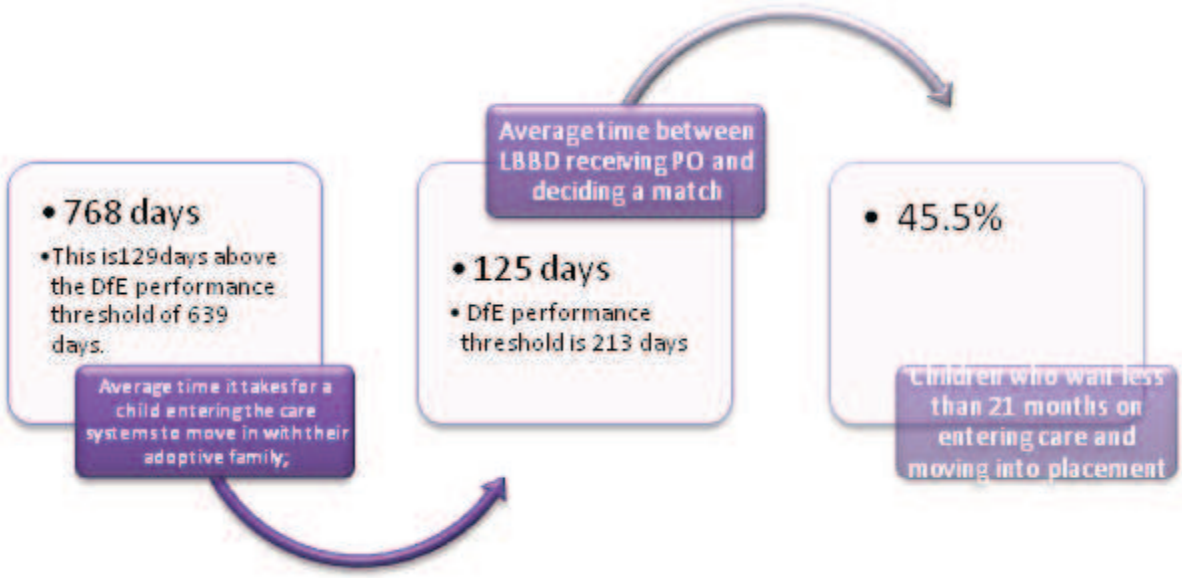
Under, The Adoption Agencies (Panel and Consequential Amendments) Regulations 2012, decision relating to whether children should be placed for adoption, was removed from the Adoption Panel (with the exception of relinquished babies), and became the

responsibility of the Agency Decision Maker.

Adoption Scorecards

Rather like "school league tables", adoption score cards are a government tool to measure performance. In this case, we are being rated on the length of time it takes children to be adopted, and the length of time it takes prospective adopters to be approved and matched.

As can be seen from the figure below, data released by the Department for Education (DfE) on children this year, it is clear there are areas we need to improve on, particularly with regards to how quickly children move from entry into care to their adoptive placement.



Steps are being taken to raise performance, which include:

- The setting up of, "The Permanency Planning Group" (PPG). This meets on a monthly basis, the PPG will be able to provide a recommendation in terms of progressing the care plan for either rehabilitation to family, adoption, special guardianship order (SGO) or long term fostering more promptly.
- The creation of a post (funded through the Adoption Reform Grant) of a co-ordinator, to work with the department and our partners in the court, to identify problems areas, develop strategies and closer working relationships to speed up children's journey through the care proceeding process.

Assessment framework

The government is keen to reduce the length of time it takes for the recruitment, assessment and approval of prospective adopters, to which end it has overhauled the current framework and reducing the assessment time from 10 – 6 months.

Key developments will introduce:

- A new 2 stage, six-month approval process, with assessment contract.
- A more concise prospective adopter report.

Transforming LBBDs Adoption Service

Throughout 2012/13, we conducted a review of the adoption service to meet the challenges posed by the reform programme.

From 7th May 2013, we change from a single Adoption Team to 3 teams of:

The Transition Team – who will be concentrate on working directly with children in preparation for an adoptive placement: who will be concentrate on working directly with children in preparation for an adoptive placement; Recruitment, Assessment and Family Finding Team - workers in this team to concentrate all their efforts on recruiting and assessing adoptive families for our children: and, the Post Adoption and Permanency Team - providing a full range of post adoption and post special guardianship services.

Priorities for 2013/14

- To participate in the pan London pilot for the upcoming Adoption Activity Day – aimed at identifying placements for "hard to place" children.
- To develop a "Buddy scheme" for Adopters
- Set-up and run a bi-yearly support group for Birth fathers
- Introduce and have running the new assessment framework for prospective adopters
- Re-design and roll-out preparatory training provided for prospective adopters
- Provide a programme of training/workshops for adopters and Social workers on a wide range of adoption topics

For more information on Adoption please contact:
Adoption Team, 3rd Floor Roycraft House, Barking, IG11 8HE or call: 020 8227 5854 (8.30am - 4.30pm) or 020 8227 5949 (answer phone) or email: adoption@lbbd.gov.uk

Children Missing Education

Children Missing Education (CME) work falls into three areas:

1) Receiving and processing information that a child, residing in this borough, may not be accessing education.
2) Searching, locating and engaging with children missing from education who reside in this borough.
3) Tracking children who have left this borough with no known education destination and ensuring the appropriate authorities are informed.

The role of the CME Officer:

The CME Officer, Jane Trevor, must be diligent, when tracking children, to ensure that no child is lost to the system. It is necessary for the CME Officer to establish and maintain good contacts with key staff in many agencies and across many authorities in the country. An understanding of the range of systems that will help locate and track children is essential.
Jane Trevor attends the regional CME steering group. This meeting provides a forum for sharing information, resolving cross-borough issues, improving tracking systems and attaining more effective information sharing agreements and how best to use the Lost Pupil Database. On 22 March 2012 this borough hosted the steering group meeting with Jane Trevor as chair of the meeting.

Children joining or leaving a school:

Two key risk areas when children may become missing from education are when they are allocated a school, or leave a school. The regulations that govern enrolment and removal from the school roll are set out in section 8 of The Education (Pupil registration) (England) Regulations 2006. The borough has

created a '*Guidance for schools on legal and statutory procedures when adding a child's name to, or removing a child's name from a school roll*' which was sent out to schools in September 2012. This guidance, available on the LSCB website, provides comprehensive advice to schools and assists with eradicating incidents of children going missing from the education system because they have not been enrolled, or removed from roll correctly. Appendix 3 of this guidance is the 'Monthly Pupil Absence and Movement (PAM) form.

This form is used to help schools make a statutory return to the local authority each month and is in three sections (four sections for secondary school):

1) Children who have been admitted to the school during that month
2) Children who have been absent for a month or more
3) Children who have been removed from the school roll.
4) Children who have moved home during the month but have continued to attend this (secondary school), including post 16.

Since February 2012, this form has been returned by schools to the Attendance Service. The form is shared with Admissions who require information from section 1, and the 14-19 Careers service that require information from section 4.

The Attendance Service liaises with schools about children in section 2 and the CME Officer will follow up on any children in section 3 who have come off the roll of a school without a known education destination.

A Children Missing Education database is maintained and is separated into 3 sections:

Referrals:

i) New families whom the CME Officer contacts to engage them with the education system;
ii) Cases awaiting the next step i.e. confirming where a child has moved to, if a child has started school etc;

Long term:

iii) Cases still open after 3 months with no further leads. These are re-checked every three months until the child is located.

Overall numbers of CME referrals:

Academic Year	Number of CME referrals
2010 - 2011	374
2011 - 2012	488

In 2011-12 there was a 25% increase in the number of children missing from education being referred to Jane Trevor. 62% of all these referrals are directly from other authorities. Our neighbouring boroughs are the highest referrers.

Children Missing from Education referrals April 2012 – March 2013:

Month	Apr	May	June	July	Aug	Sep
No. of cases	27	50	35	37	11	41
Month	Oct	Nov	Dec	Jan	Feb	Mar
No. of cases	58	44	18	63	57	21
				Total		462

As of March 2013 there were 72 long term cases. There is a monthly multi-agency CME Information Sharing Group meeting and, each term, there is a strategic meeting with the Director of Children's Services. More detailed information about Children Missing Education can be accessed via the annual report which is on the LSCB website.

For more information on CME please contact Greg.vaughan@lbbd.gov.uk

Measuring our performance –

Priorities for 2012-13	Our Progress
Developing the roles and responsibilities of board members to enable all to be confident and competent as the LSCB embraces new national and local governance structures	The Board Development session held in April 2012 focussed on the Generic role of the Board members, the professional skills & competences required, along with an Agency's ability to challenge. This session was externally facilitated and incorporated case studies. All members renewed their membership agreements, emphasising their roles, responsibilities and commitment to the Board.
Enhanced engagement with the local community through the appointment of Lay members	Two Lay Members were appointed to the Board in May 2012. Both Lay Members have now received their induction programme and CRB clearance. Both members have attended a Board development session and a formal Board meeting. They are currently establishing support networks with neighbouring borough representatives.
Enhanced engagement and working with faith communities	An advert for the Community Cohesion group was published on the BDSCB Website, and accompanied by an editorial within the Local borough paper, The News. Unfortunately we failed to receive any expressions of interest at that time. Future proposal for the development of the BDSCB Committees will incorporate a Faith, Culture and Community Committee. The proposal is being presented to the BDSCB in June 2013.
Further developing the joint working of the BDSCB with the Safeguarding Adult Board to support improvement in outcomes for families	We have continued to hold close alignment with the Adult Safeguarding Board and have delivered joint training and presentations to members and council staff. We are proposing to further enhance this work through the development of a joint Board sub group as well as work closely on delivering a joint Board development day later in the year.
Embracing the Governments action plan on Trafficking and Sexual Exploitation of children and how partner agencies can work together	The Safeguarding in Education Lead continues to represents the service on the Borough's Domestic and Sexual Violence Strategy sub group. The Safeguarding in Education Lead is also a member of the 'ARC theatre for change' working group that provides opportunities for young people to act out issues relevant to them in relation to safety and safeguarding. Further information on the ARC theatre can be obtained from the Safeguarding Lead for Education pages.
Embedding and monitoring the implementation of the Quality Assurance strategy to demonstrate improved outcomes for children and young people across Barking and Dagenham	A multi-agency Quality Assurance strategy was developed and adopted in April 13 and this contains a schedule of activity for 2013/14.
Monitor the impact of Project SURE	All Audit findings are used to inform progress of Project Sure and the Ofsted Inspection Plan

Barking & Dagenham Safeguarding Children Board Committees:

- Young People's Safety Group (YPSG);
- Professional Development Committee (PDC);
- Policies, Procedures & Communication Committee (PPC);
- Performance Management Committee (PMC); and
- Child Death Overview Panel (CDOP).

Young People Safety Group (YPSG)

During the last twelve months the Young People's Safety Group met three times, with different issues being considered and discussed on each occasion.

Sarah Belchambers from LBBD Culture and Sport and Elaine Ryan, Safeguarding Lead for Education, presented an item on the Olympics with a focus on how London would change during the Olympics and Paralympics and what to look out for from a safety perspective.

Nat Smith from the Arc Theatre visited the group regarding the 'Girls Have Their Say' project and to show the DVD they recently produced. The DVD highlighted the dangers and consequences specifically for girls involved directly or indirectly with gangs.

To raise awareness of Child Safety Week, jointly with Child Death Overview Panel and London Fire Brigade, the Young People Safety Group had a practical session outside Barking Town Hall. A crash scene was set up and used to demonstrate and highlight one of the three major causes of death amongst young people in Barking and Dagenham Road Traffic Collisions.

In September, Suhaila Miskry successfully chaired her first YPSG.

Kerry Allison, Public Involvement Team Manager at Ofsted, attended the group to consult with the young people on Children's Services Inspections, and how they are conducted.

The young people were briefed on Hate Crime, which was received well by the young people. Many weren't aware of Hate Crime and the difference between a Hate Crime and a Hate Incident. As a result of awareness raised around Hate Crime, one school developed their own presentation and delivered it to all year group assemblies.

"Finding the Words" DVD tackled bullying, offensive language, violence and rape. None of which are easy subjects to tackle but through the power of drama, poetry, research, script writing and presentation skills, "Finding the Words" explored how girls are affected in society and what they can do to help inform, support, protect and above all empower themselves. Some extracts were shown at the Young People Safety Group. A number of young women had been on the receiving end of some inappropriate behaviour and we used this agenda item to highlight the issue to young people and give them the right information regarding who young women could speak to should they want to speak to somebody if they have had similar experiences.

Alan Earl, UK Internet Safety attended to provide an E-Safety presentation around 'Reputation, Ethics and Consequences'. This focused on online behaviour as well as the power of the technology. Some Facebook issues were addressed and information on privacy settings was discussed, as was the nature of social networking with the emphasis being on a definition of friends.

Priorities for 2013-14

- Focus on Positive healthy relationships;
- Focus on Healthy Lifestyles – Obesity, Drugs & Alcohol; and
- Provide advice and information on Online Grooming.

For more information on the YPSG please contact Kevin Donovan: kevin.donovan@lbbd.gov.uk

Professional Development Committee (PDC)

The PDC has continued to meet through the last year, with the purpose of ensuring that the BDSCB discharges its duties under Chapter 4 of Working Together to Safeguard Children (2010).

For a full agency break down of attendance to the BDSCB training programme 2012/13, please see Appendix 3.

During 2012/13, the PDC focused on the following priorities:

- To increase the skills of staff from all sectors;
- To continue with professional development in safeguarding and child protection;
- To deliver a multi-agency training programme, compliant with Chapter 4, Working Together (2010); The London Child Protection Procedures, Version 5 (2011); Child and Young Person Plan (2011-2016) and within the available budget;
- To ensure that lessons from Serious Case Reviews are embedded in the training programme;
- To develop practitioner forums to explore why key findings in SCR's emerge repeatedly and to embed lessons learned.
- To capture and quality assure single agency training data;
- To improve cross-borough working through shared training opportunities;
- To increase the number of organisations attending the multi-agency training programme.
- To plan and deliver an engaging and worthwhile annual conference
- To develop a system and toolkit for analysing the impact of training delivered on behalf of the LSCB.

Examples of Training delivered:

The Neglect of Neglect

The LSCB commissioned an expert social care professional to deliver three courses on the Neglect of Neglect. The aim was to provide front line staff with greater insight into recognising Neglect before it meets the threshold of significant harm. The programme explored how to record evidence to support the referral, through use of the common assessment framework. Following the programme, front line staff recognised the features of intent and capacity as significant indicators, the value of the use of chronologies to make significant events clearer when Neglect is suspected. The necessity to be factual and testing the impact of support were areas that were found to be relevant to their roles. One delegate said "this was an in-depth course that has highlighted a clear understanding about my role in safeguarding children".

Safeguarding Black African Children and Families:

Following a national serious case review where culture, religion and spirit possession were key features BDSCB commissioned specific training to support practitioners increase their understanding of religion culture and spirit possession in order to assist practitioners' in their safeguarding role when working with children and families from African cultures. Practitioners had the opportunity to explore the cultural practices and tradition of African families to support them being more culturally aware and maintain focus on the child where there are safeguarding concerns.

Priorities for 2013/14:

For the current financial year, a Professional Development priority is to embed the use of the Impact Analysis Tool, which has been developed and piloted over the last few months.

The tool utilises a three stage model to collect data which is consistent and measurable across a variety of courses

and can assess the real impact of the Board's training programme. Importantly, Stage 3 involves a reflective questionnaire which helps determine longer term impact of training upon practice and will be of use to both practitioners and managers in supervision.

Other priorities include maintaining value for money by keeping conference costs to a minimum and continuing to develop cross-borough training events.

Annual Conference 2012

Preparations were led by the PDC for the LSCB Annual conference that took place in May 2012, entitled 'Building Trust with Complex and "Resistant" Families'

The purpose of the Annual conference is to provide an opportunity for front line managers and practitioners to engage with other stakeholders across the workforce.

The event included insights and techniques for working with complex and challenging scenarios presented by Jim Wild, Independent Consultant. There was also a dramatic presentation by Eyewitness Theatre and a presentation covering Young Carers given by Stacey Towler

The conference facilitated in excess of 120 delegates from a cross section of Adult and Children's statutory and third sector agencies.

Feedback from delegates was extremely positive and helped shaped planning for the 2013 event.

Policies, Procedures and Communications Committee (PPC)

The Policies, Procedures and Communication Committee met on four occasions during 2012-13 in order to discharge its duties under Chapter 3 of Working Together to Safeguard Children (2010).

During the Annual Report 2011-12 the committee identified the following priorities:

Priorities for 2012-13	Progress
Agree the PPC Work Plan for 2012-13	The committee continued to ensure that information is shared through its partnership agencies. The review of the current information sharing protocol will now take place under the new Working Together which will come into effect on the 15th April 2013. It was agreed that a Risk Register should be compiled, incorporating two top risks from each agency. The BDSCB Risk Register has been drafted with discussions at the February Board meeting. Further discussions will occur in 2013 around common collective themes. The committee will continue to work towards completion of the work plan and will now start work to ensure that all policies and procedures are in line with the new Working Together (2013).
To continue to further develop the BDSCB Website in collaboration with partners;	Monitoring and evaluation of the BDSCB website continued throughout 2012-13, to ensure that it was fit for purpose. All Policies and Protocols, presented and agreed by the Committee were uploaded by the BDSCB Business Manager on behalf of the Committee. A feedback questionnaire for service users is currently being developed for implementation in 2013-14. This evaluation tool will help to further shape the website going forward, as well as raise further awareness.
To continue to review and monitor the BDSCB Business Plan to measure compliance with national and local requirements and responses to local needs	The committee continue to ensure that the BDSCB Annual Report is delivered as per BDSCB Business Plan. The full Annual Report 2011-12 was published, in line with Working Together (2010) in June 2012 and circulated widely.
To continue to communicate any policy changes using agreed information sharing protocol;	Several Policies and Procedures were agreed by the Committee during 2012-13 and information uploaded to the BDSCB website, in accordance with the Communication Strategy: • Children not collected from school;

	• Adding and removing a child from a school roll; • Children Left Alone policy; • Annual report on Elective Home Education; • Children Missing from Education and Missing Children; and • Child Protection and Core Group Pack The Committee continued to invite guest speakers to present, in order to update members on policy changes: • Changes to the Criminal Record Bureau (CRB) process • Child Sexual Offenders Disclosure (CSOD); • Troubled Families
To continue to provide advice and guidance to partners ensuring Safeguarding policies are fit for purpose	The committee continued to provide advice and guidance to the Voluntary and Community sector in relation to individual agency CP Policies. The Committee provided update and feedback to the Broadway Theatre and the Chain Reaction Theatre Company on their Safeguarding policies.
To revise the Terms of Reference for the Committee at regular intervals to ensure correct membership and focus.	The Terms of Reference were revisited during the year. Additional membership was identified and secured. As a result, the representation of agencies at the committee was increased.

In light of revisions to Working Together (2013) the landscape of the Committees are being proposed for change. Revisions to the Committee structures will be detailed in full in the Annual Report 2013-14 once agreement has been sought.

Performance Management Committee (PMC)

The Performance Management Committee (PMC) has continued to meet on a quarterly basis throughout 2012\13 and engagement and attendance from all agencies has been excellent.

The PMC continues to scrutinise the children's safeguarding performance of all agencies providing advice on ways to improve.

This year the committee has had a particular focus on the quality of service provision. The members have used the performance data to drive the quality of services and developed a multi agency Quality Assurance (QA) strategy with a comprehensive schedule of audits agreed across the partnership.

The multi agency auditing process has become more embedded and the Multi agency auditing group (MAAG sub group of the PMC) led by the Councils QA Manager continues to meet on a regular basis. The findings of the audits are disseminated across the partnership and have shown some significant improvements since the Safeguarding and Looked After Children Inspection in June 2012.

Each agencies performance is monitored through:

- A range of audits taking place throughout the year themed by key lines of enquiry;
- S11 Audits across all partners including those commissioned by the Council;
- Pan London and local data sets reported to each group and to the full board twice a year; and
- Partnership actions from Inspections and case reviews, IMR's etc

During 2012, the PMC has also developed a further sub group, the Practitioners Forum. The group's original brief was to test the findings of the Serious Case Review of Child T and ensure areas of practice highlighted by the review were embedded in changes to front line practice. The group has gone from strength to strength and now has membership of over 40 front line staff. We hope to expand the group in 2013 with a second forum in recognition of the success, and to date, nominations of a further 30 names have been received across the agencies.

Over the year, the PMC has continued to review and reflect on emerging themes from the performance data across the partnership and in turn, developed a comprehensive data set for local dissemination.

The committee focuses on identifying patterns and trends relating to safeguarding children and seeks to ensure responses from partnership leads are obtained to ensure performance improves.

In addition to the priorities last year including data on CP plans, Health data and the Pan London data sets, this year the committee has broadened its scope and has added the following performance areas to its portfolio:

- Comprehensive data set on looked after children;
- Early Intervention data including the monitoring of CAF's , quantity and quality;
- A focus on the timeliness and quality of social care assessments; and

- Audit findings from across the partnership based on the audit schedule agreed by the MAAG

Priorities for 2013-14:

- Significant improvement is seen in the quality of safeguarding provision particularly in those areas highlighted in our last inspection e.g. Quality of recording, Core group attendance and progression of the plan, more robust tier 2 interventions, better quality CP plans, better quality social care assessments;
- Development of a partnership risk register that informs the work of the LSCB sub groups including the PMC;
- All audits to contain a triangulation of the views of children and their families;
- Agencies to continue to submit data to inform the journey of the child;
- Continued development of the Practitioners Forum and the multi agency auditing group;
- A focus on faith based abuse issues particularly in relation to forced marriage, physical chastisement, spirit possession and witch craft and child trafficking
- To continue to focus on data relating to gangs; and
- To focus on data relating to violence against girls and women including sexual exploitation, and Domestic Violence.

Child Death Overview Panel (CDOP)

The CDOP is a committee of Barking & Dagenham Safeguarding Children Board (BDSCB) with the responsibility of reviewing all child deaths between 0-18 years. The CDOP look at trends and patterns and make recommendations to reduce the risks of future child deaths, to the BDSCB and Department for Education.

During 2012-13, there were a number of organisational changes that required CDOP to revise its priorities and are detailed in our achievements. The boroughs within the Outer North East London merged with the boroughs within the East London and the City to become the North East London and the City (NELC) Primary Care Trusts. This aided the handover to the Clinical Commissioning Groups on 1 April 2013

In 2012-13, Barking and Dagenham's achievements were:

- Developing the effectiveness and quality of the work of CDOP by increasing the number of regular meetings and to include a Development Day within the yearly planner.
- Reviewing and closing a high number of open cases.
- Revising the Terms of Reference to incorporate the roles and responsibilities of all panel members
- Working collaboratively with the 7 CDOPs within NELC to share best practices and learning.
- Involved bereaved parents and family members into the CDOP process by inviting them to contribute to the process.

Summary of Child Death Review Process activities 2012-13	
Number of child deaths notified to CDOP: • Of the deaths notified to CDOP, the number of Rapid Response meetings	**24** 8
Number of BDSCB CDOP meetings	6
The number of child death reviews completed by BDCDOP: • Of the deaths where the review was completed, the number the panel assessed as identifying **Modifiable factors** • Of the deaths where the review was completed, the number the panel assessed as identifying **No Modifiable factors** • Of the deaths where the review was completed, the number the panel assessed as identifying **insufficient information**	**46** 18 25 3
Of the deaths where the review was completed, the number identified as unexpected.	**19**
Of the deaths where the review was completed, the number identified as expected.	**27**

CDOP Priorities for 2013-14

- To consider how to develop the involvement of bereaved parents and family members to the CDOP process;
- To develop the recording of bereavement support offered to parents and family members;
- Identify areas to reduce the number of deaths amongst African children and the risk of future peri/neonatal deaths;
- Develop the sharing of appropriate recommendations and learning to improve practice and develop the effectiveness of CDOP; and
- Coroners have recently decided not to share Post Mortem reports with CDOPs without the consent of parents. So that deaths can be reviewed thoroughly, CDOP will be incorporating the request for consent within the initial letter that is sent to families.

For further information on CDOP please contact Matthew Cole, CDOP Chair on matthew.cole@lbbd.gov.uk or Roselyn Blackman, CDOP Manager on Roselyn.blackman@lbbd.gov.uk.

BDSCB Committees 2013-14

In the coming year we will be re-developing the Committees of the Safeguarding Children Board, to reflect changes highlighted in the recently released "Working Together to Safeguard Children (2013) guidance".

A draft proposal will be discussed at the BDSCB Meeting in June 2013. This will be reported in further detail in the BDSCB Annual Report 2013-14.

The remit of the Safeguarding Lead in Education is to ensure statutory requirements relating to Child Protection and safeguarding for children within school and educational settings are adhered to; Section 175 of the Education Act (2002) adds support to this role and states that everyone in the education services share a duty to have arrangements in place to ensure that children are adequately safeguarded and their welfare is promoted, this includes:

- *Providing a safe educational setting for children and young people to learn; and*
- *Identifying children and young people who are suffering or likely to suffer significant harm and take appropriate action with the aim of ensuring that they are kept safe both at home and in educational settings*

In Barking and Dagenham, we have been able to offer a range of methods, models and approaches that have ensure statutory requirements have been met and in some cases, exceeded. The work outlined below provides an indication of the level of varied involvement the role has had this year.

Training, Development and Facilitation:

Whole School Child Protection Training & Child Protection Leads in Education Training:

The School Performance indicator for this academic year provides clear evidence that the schools in Barking and Dagenham have adhered to their statutory training requirements. The statutory guidance states that *whole school Child Protection and Safeguarding should take place* every three years.

To date 20 schools have participated in this training.

All education establishments in Barking and Dagenham have designated Child Protection (CP) Leads. Government Guidance indicates that School Child Protection Leads are required to participate in 12 hours refresher training every two years.

Fifty two CP Leads participated in this training during this reporting period.

The focus of the training this year looked at the three key pre-disposing factors (domestic violence / mental health / substance misuse) as identified in the Serious Case Review bi-annual analyses report 2009/11.

These continuous professional development (CPD) training events are planned on a termly basis.

The Safeguarding Lead in Education also supports new teachers in their training and development programme. As part of their induction process, all newly qualified teachers attend a Child Protection and Safeguarding briefing held by the Safeguarding Lead in Education. Feedback indicates that newly appointees have found the information shared informative and timely, and that is has increased their awareness around their role and responsibilities with respect to child protection and safeguarding.

A further session is planned for this academic year.

Governors Child Protection / Managing Allegations training:

The Child Protection / Managing Allegations training for school Governors took place last academic year and the sessions were reported to be informative and valuable.

They have assisted Governors in understanding their roles and responsibilities around child protection & safeguarding, and the process of

managing allegations. Further sessions are planned for this forthcoming year.

Child Protection Leads in Education Consultation Forums:
The CP Leads in Education Forum delivers and facilitates a range of thematic workshops.

This development has continued since 2010 and came about following a number of Child Protection and Safeguarding strategy meeting.

These workshop included themes such as:

- Working with asylum seekers, migrants and refugees and the impact on Child Protection and Safeguarding;
- Poverty, Child Protection and Safeguarding;
- Spirit possession and witchcraft and the impact on Safeguarding and Child Protection; and
- Safeguarding and supporting children/young people at risk of exploitation and extremism.

The themes are led by Child Protection Leads or the SLT and organized on a termly basis; we have a number of planned thematic workshops.

Consultation, Support and Advice:
The Safeguarding Lead for Education continues to provide consultation, support and advice around presenting Safeguarding and Child Protection issues for practitioners working within or alongside the education establishments/setting.

This includes assisting with the process of complaints made against education establishments.

Child Sexual Exploitation:
The Safeguarding in Education Lead continues to represents the service on the Borough's Domestic and Sexual Violence Strategy sub group.

The aim of the group is to reduce the harm caused by sexual exploitation to children and young people in Barking and Dagenham.

The group is working in line with the Pan-London Child Sexual Exploitation operational protocol. This year, there are proposals in place to establish a separate CSE sub group reporting to the LSCB to ensure that this area of work is given prominence and priority.

The Safeguarding in Education Lead is also a member of the '*ARC theatre for change'* working group that provides opportunities for young people to act out issues relevant to them in relation to safety and safeguarding.

The theatre group has supported the production of two DVD's this year, entitled, 'Finding the Words', and most recently the 'Broadcast' production. The production is delivered by a group of young women all of whom are pupils at Secondary schools in Barking and Dagenham. The rationale behind these productions comes from the recognition and need arrived at by the young women for a platform to develop a stronger, louder, clearer voice around the subject of relationships, gangs, abuse and exploitation.

The group has performed at youth clubs, children centres and schools in the borough as part of a raising awareness programme. The group has also presented their acts at the LSCB annual conference.

In conjunction the Safeguarding in Education Lead has worked alongside the YOS Group Manager to commission an organisation whose remit was identified to plan, design and deliver bespoke training packages for a range of professionals supporting them in

developing their skills and understanding whilst working with children and young people who are at the brink of or who have experienced sexual exploitation.

Serious Youth Crime and Violence Partnership Group:
Serious youth crime and violence is a priority area across Barking and Dagenham; this is due to an increase in such activity within the Borough over the last couple of years as identified within the Borough's Annual Strategic Assessment.

Our strategy has adopted a strong multi-agency approach in both preventive and enforcement approaches to reduce gang activities and serious youth violence.

The Safeguarding in Education Lead continues to contribute to the work and development of the strategy to help combat serious youth violence in the Borough and to contribute to the Crime Strategic Partnership Group.

Hate Crime / incidents:
Hate Crime is not acceptable in our Borough. The Hate Crime Strategic Group is a multi agency group set up this year to review and revise the current reporting systems in Barking and Dagenham.

The Safeguarding in Education Lead's role is to support and assist education establishments in recognizing, recording and managing any form of hate crime / incident that occurs within schools/education establishments.

Briefing sessions have taken place within the Head Teachers forums and the young people's safety group the official launch will take place in the forthcoming months.

National Networks:
The Safeguarding in Education Lead represents Barking and Dagenham on a number of other national network forums including the London Safeguarding Children Board's Faith and Culture sub group and Trafficking sub group, and, Project Ocean.

This Project has the remit is to ensure supplementary, community, and faith schools have the appropriate systems and structures in place to safeguard children accessing the service.

The London Safeguarding Children Board Faith and Culture sub group has worked supporting national LSCB's in implementing a National Action Plan around tackling faith and culture based child abuse practices and will be working on developing further initiatives to support the process.

The Safeguarding in Education Lead has also worked closely with the Borough's Prevent coordinator in helping local Mosques and Madressahs ensure they too have in place robust systems to safeguard children attending their premises.

Children missing education (CME) / Missing children (MC) / Elective home education (EHE) Information Sharing Forum:
This year the Borough set up the CME/MC/EHE multi-agency information forum. The remit of this group is to share information pertaining to children under the three categories listed above.

The group has ensured that relevant information has been shared amongst professional, track the movements of these children and ensure the safeguarding and well being of these children are reviewed and monitored.

Barking & Dagenham Safeguarding Children Board Committees:
The Safeguarding in Education Lead has continued to attend and participate on the Professional Development Committees (PDC) and the Policy, Procedure and Communication committee (PPC).

A key function of the PDC is to quality assure the events commissioned by the Board. This is generally undertaken by way of observing and monitoring training events/activities commissioned by the Board – one of the courses monitored by the Safeguarding in Education Lead was entitled, 'Domestic Violence and the impact on safeguarding and child protection'.

Following the observation a number of suggestions were put forward as a way updating the contents and improving the delivery.

In relation to the PPC committee the remit is to ensure policies, procedures, guidance and protocols across agencies are verified and signed off by this committee.

A protocol to address the issue of *'Children not collected from School'* was designed. The Safeguarding in Education Lead facilitated a consultation process between Head Teachers and appropriate stakeholders and the feedback and amendments received were incorporated into the document and ratified by the PPC. The document can be found on the LSCB website.

Audits:

As a representative of the Multi-agency Audit Group (MAAG) the Safeguarding in Education Lead is responsible to facilitate and support audit returns from schools and educational establishments.

This year, Education took part in two rounds of the audit cycle. Eight cases formed part of the first cycle the theme involved schools/ education's response to support offered to children subjected to a child protection plan / Children in Care / Child in Need and Early Intervention.

The second audit looked at four cases involved in the step down process.

In both instances the SLE worked alongside the CP Leads in education.

A rag rating process was embarked upon were corrective actions were identified and will be worked on with a view of improving outcomes for children.

Children Act 2004 - Section 11 Self Assessment Audits:

In 2012 the Pan-London dataset group reviewed and revised the Section 11 template. This template was presented and agreed at the BDSCB in Feb 2012.

Briefing sessions for education professionals will be arranged to support and assist with the completion and return of the document.

The submission date is scheduled for July 2013. The rag rated system is in place and will assist the school in drawing up action plans and areas of development for the forthcoming year.

Education Provision Panel (EPP):

The Education Provision Panel meets on a two weekly basis. Their remit is to identify alternative education provision for children unable to receive an education from mainstream settings.

The Safeguarding in Education Lead continues to contribute and support this panel by way of offering a child protection / safeguarding perspective with regards to the discussion and decision making processes.

Cross Borough Learning Review;

In 2010, a young boy in the London Borough of Newham was killed by members of his family who believed him to be possessed by evil spirits. This tragic and sad event led to the formation of a cross borough learning review involving six London boroughs, including Barking and Dagenham.

The purpose of this learning review is to begin to look at and establish

developments being made to tackle and prevent such incidents within our respective boroughs, as well as how we can work closer together with other Boroughs to share information, learning, and practices.

The BDSCB has plans to review the structure of existing committees to enable the development of a faith and culture time limited working group to progress this area of work – it is anticipated that the Safeguarding in Education Lead will Chair this time limited group.

For more information on work undertaken by the Safeguarding Lead for Education, please contact Elaine.ryan@lbbd.gov.uk

Health

NHS North East London and the City (NELCS)

Key areas of progress/achievements during 2012 / 2013:

From 1 April 2012 NHS Outer North East London Primary Care Trust (PCT) merged with East London and the City PCT the cluster was called North East London and the City (NELC) and was made up of staff from local NHS organisations.

In its closing year as a commissioning organisation, NHS North East London and the City (NELCS) continued and maintained progress in supporting providers in meeting their safeguarding responsibilities within clear service specifications and quality review monitoring.

The Clinical Commissioning Group (CCG) worked in shadow form receiving authorisation and became fully operational from April 2013.Safeguarding services continued to be provided effectively through the transition and the PCT handed over legacy documents to ensure continuity of service. The CCG will continue to apply standards as set out in the revised Working Together to Safeguard Children 2013 document and the new Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2013.

The CCG Accountable Officer has overall responsibility for safeguarding within the

CCG. The Board Nurse Designate has the executive lead for safeguarding, supported by the newly appointed Deputy Director for Nursing and Safeguarding. The designated nurse and doctor function has transferred to the CCG.

The community health services for health visiting, school health and mental health services provided by North East London Foundation Trust Community Services (NELFT) completed the restructuring of their safeguarding service to strengthen their provision of safeguarding to both children and adults. New appointments include an associate Director of Safeguarding and a Consultant Nurse for safeguarding. In addition a Director and Deputy Director for Children's services were appointed to strengthen the support, development and leadership of staff providing services to children.

The Family Nurse Partnership project, jointly commissioned by NHS NELC and LBBD continue to focus on providing intensive support to young and vulnerable first time parents.

The NHS NELCS Safeguarding Team held monthly designated professionals meeting with colleagues in Tower Hamlets, Newham, City and Hackney. The designated professionals continued to deliver training to independent contractors through joint working.

In line with best practice a named GP for safeguarding was appointed. Following the closure of the PCT 31 March, management of GP function transferred to NHS England.

Domestic Violence:

NHS NELC, BHRUT and NELFT have continued to work together to raise the profile of domestic violence and the impact on safeguarding children and young people. During the November 2012 White Ribbon Campaign staff at Barking Havering Redbridge University Hospital Trust successfully led the awareness campaign on two sites.

In September 2012, the government announced the definition of domestic violence and abuse would be widened to include those aged 16 to 17 and wording to reflect coercive control. It is anticipated that by extending the definition there will

be increased awareness that young people in this age-group experience domestic violence and abuse, encouraging more of them to come forward and access the support they need. Further training will continue to enable staff to support young people encouraging more of them to come forward and access the support they need

NHS NELC provided additional funding to support Female Genital Mutilation Training for midwives based on the premise that health professionals must play an important role in the campaign against FGM and, in the provision of good quality services and support for women that have undergone FGM.

Governance and Accountability Arrangements:

NHS NELC held a monthly Clinical Quality Review Meeting (CQRM) with Barking Havering, Redbridge University Trust (BHRUT) and NELFT to review and quality assures the services that are commissioned. The safeguarding children dashboard is reviewed as part of the assurance process ensuring the provider organisations are compliant with Section 11.

The Board Nurse Designate for Barking and Dagenham Havering and Redbridge CCG has chaired the forum since January 2013 and reports the CQRM to the Barking and Dagenham CCG Board thus ensuring the clinical directors are informed of the quality of service provision. The CCG will continue to chair and manage the CQRM.

Following the Care Quality Commission (CQC) inspection and report in 2011 for BHRUT, CQC returned to conduct a two day unannounced inspection in December 2012. The purpose of the inspection was to check whether BHRUT Hospital had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safety, availability and suitability of equipment
- Staffing

The CQC report was published in January 2013 CQC concluded that significant improvements were achieved and that BHRUT had met all of the above standards.

In December 2012 CQC also conducted an unannounced inspection of the A&E department and expressed major concerns about the care provided to patients in the Emergency department, with patients having to wait too long for care, in an unsuitable area

The A&E department was designed to deal with 90,000 attendances a year and is now seeing around 132,000 people. The CQC report also confirmed that A&E receives more blue light ambulances than any other hospital in London.

The BHR Clinical Commissioning Groups are committed to working with BHRUT to ensure that people can find alternative care closer to home and patients who do not require hospital admission are discharged home with the right support.

A comprehensive action plan is in place to improve performance in A&E

The following actions are required to be implemented.

- Opening a new Surgical Assessment Unit (now opened)
- Introducing direct access for GP admissions so those patients do not need to come via A&E
- Fundamentally changing working patterns so there is consistent 24/7 medical cover from experienced clinicians
- Introducing Clinical Improvement Fellows throughout the hospital to

spearhead work to improve the quality of care for emergency patients
- Redesigning and rebuilding the Emergency Department to create a larger and more appropriate environment for patients.

Progress of the action plan will be closely monitored by at the CQRM.

Ofsted CQC joint announced inspection:

CQC inspected health services for children young people and maternity services in June 2012.

A comprehensive action plan was devised to respond to the recommendations set out in the report. NHS London and CQC accepted the action plan. The health component of the action plan is being led by the designated nurse. The progress was monitored by the NHS NELC Board, CQRM and future monitoring will be managed by the CCG.

Heath agencies joined with social care to formulate a multi agency action plan addressing improvements required from both the Ofsted inspection report and the CQC report.

Individual Management Review:

Following a report from the Metropolitan Police Service regarding the injuries and neglect sustained by a child in August 2012, the Serious Case Review Panel convened to discuss the case of Child L.

The panel concluded the case did not meet criteria for a serious case review.

The LSCB chair commissioned an Individual Management Review for health services only. The designated nurse led and managed the review and presented the IMR final report and action plan to the LSCB in February 2012.

The LSCB approved the report, recommendations and action plan. The designated nurse will continue to have oversight and management of the action plan on behalf of the CCG.

Future work plan 2013-2014

CCG priorities for 2013/14 include:

a) Focusing on ensuring the commissioning of child health services in co-ordination with NHS England and the Local Authority;

b) A review of Children's Learning Disabilities and Difficulties (LDD), Speech and Language Therapy (SLT) and Child and Adolescence Mental Health Services (CAMHS). It is noted that a review of Special Education Needs led by the local authority is already underway.

The CCG is considering how best to secure Designated Nurse Looked After Children (LAC) services and how best to contribute the Multiagency Assessment Hub (MASH).

Evidence provided for the authorisation process of the CCG included:
- establishing systems for safeguarding children
- securing the expertise of safeguarding lead professionals
- clear lines of accountability and governance arrangements

The draft safeguarding children framework outlines the governance structure. The Childrens Safeguarding Assurance Committee reports to the Quality and Safety Committee which in turn is accountable to the joint Barking and Dagenham, Redbridge and Havering (BHR) CCG Governing Body.

For more information please contact Sue Newton: sue.newton@onel.nhs.uk

North East London Foundation Trust (NELFT)

Overview of service & governance arrangements

North East London NHS Foundation Trust (NELFT) provides mental health and community services for people living in the London Boroughs of Barking & Dagenham, Redbridge, Barking & Dagenham and Havering and also manages community health services in South West Essex.

The trust is committed to ensure that all service users receive care in a safe, secure and caring environment supported by effective safeguarding children arrangements. There is senior management commitment to the importance of safeguarding within the Trust; the Chief Nurse undertakes this Executive Lead role.

During 2012 the new safeguarding governance structure became live. The corporate Safeguarding Adults & Children's Directorate is centrally managed by the Strategic Lead for Safeguarding, Director of Nursing (NEL CS business unit) who reports directly to the Chief Nurse and Executive Director of Integrated Care Essex. The Associate Director Safeguarding and LAC has management responsibility for the Nurse Consultant Safeguarding Children, the Domestic Abuse Lead Nurse and the six Named Nurses and their teams.

NELFT has Named Doctors and Named Nurses working in Barking & Dagenham as part of the corporate Safeguarding team. These professionals provide advice, guidance and support with regard to safeguarding children issues to staff who work within the borough. Roles and responsibilities for these posts are clearly outlined in the job descriptions.

Integral to the trust's governance arrangements is our strategic safeguarding group which meets on a quarterly basis. Its function is to ensure that the Trust executes its statutory safeguarding responsibilities and to ensure that national policy and guidance is interpreted and applied at a local level.

A safeguarding report is presented to both the Trust Board of Directors annually and to the Quality & Safety Committee (QSC) on a bi-annual basis; this report covers all areas of safeguarding children including changes in national and local policy, audit results, key developments and staff training.

All of NELFTs individual employee's responsibility for safeguarding vulnerable children is stated in the "Safeguarding the welfare of children policy" and outlined in all job descriptions, at appraisals and in all safeguarding training.

Multi – Agency Working

The Trust is fully committed to working and cooperating with partner agencies to protect and safeguard children and adults and has representation on all LSCB and SAB's. The Named Nurses produces update reports to inform the representatives who attend the LSCB meetings of current issues which may need to be addressed at the meetings.

In addition, members of the safeguarding children's teams and other children's health service staff are active members of the LSCB subgroups. Effective representation ensures that policy and

procedures are initiated, influenced and implemented; the quality assurance programme is driven and the training programme is developed.

The Trust has shared its organisational Section 11 Audit and with LSCBs partners. The audit action plan is being progressed and is reported on at the Strategic Safeguarding quarterly meetings.

Evidence of strong partnership work is demonstrated through consistent NELFT participation in all MAPPA, MARAC LSCB working groups, multi-agency audit programmes' and policy development.

NELFT is actively contributing to the development of MASH within Barking & Dagenham with representation on the development group.

Key service achievements

The Trust is committed to the vision that all adults, children and families within the health economy have access to services and protection against domestic and sexual violence. In recognition of this priority, we have a appointed a Domestic Violence Strategic Lead who has developed a Domestic Violence Policy and Strategy including a bespoke comprehensive training package for all our services to increase awareness of Child Sexual Exploitation and Domestic Violence.

The trust has developed ''A Think family Strategy'' which works along a continuum of need for children and adults services to determine how the needs of other family members impact on the health of the patient/client. This strategic approach directly links Adult and Children's Safeguarding and Domestic Abuse processes across all the operational sites within NELFT as a care provider.

On-going collaborative work continues between the LAC Health Team and Childrens Social Care to improve the quality of care to Children in Care as part of the CQC and Ofsted action plan. There have been significant improvements to ensuring improved outcomes for LAC through effective interdisciplinary and interagency working resulting in a strengthened pathway for LAC with mental health issues and improved transition planning.

A safeguarding away day was held in November 2012 involving key safeguarding staff and the safeguarding strategic priorities were agreed. Work has continued in all the key areas outlined in NELFT's Safeguarding Strategy namely ; mainstreaming safeguarding , effective safeguarding structures , learning through experience and the development of knowledge and skills. Progress has been achieved against the priorities identified for 2012-2013.

The Child Safeguarding Team supports the work of Mental Health (MHS) and Community Health Services (CHS) with regards to safeguarding children. This work is embedded in practice in terms of proactively meeting and thinking about children & their carers' needs within a safeguarding framework.

NELFT continues to prioritise training requirements for staff and our training matrix and strategy has been updated to include a stretch target to ensure on-going compliance as part of our regulatory requirements. Performance against training targets is monitored on a

monthly basis ensuring that safeguarding remains high profile and going forward data will be produced on a borough basis. Quarterly dissemination of learning events have been introduced which support the embedding of the learning from serious case reviews, multi-agency case reviews and serious incidents.

The trusts Child Protection (CP) supervision policy has been updated and launched. Quarterly supervisors Networks are now in place to provide support and learning opportunities for supervisors. There have been some challenges in relation to adherence to our CP supervision policy that requires eligible staff to access one to one and group's supervision quarterly. In order to address this performance a recovery action plan was put in place which has seen our compliance improve.

Future priorities

NELFT will continue to review and challenge our arrangements in order to support safe and consistent practice, adhere to our statutory duties and will respond positively and assertively to the changing guidance and national reviews including the updated Working Together 2013 and the OFSTED Report: What about the children? (March 2013)

NELFT is currently embedding as system to closely monitor the origins of safeguarding referrals, quality and outcomes to enable increased oversight of the impact of training and to identify further training requirements.

For more information on NELFT please contact Jacqui.Vanrossum@nelft.nhs.uk

Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUHT)

Safeguarding Children Staffing

Barking, Havering & Redbridge University Hospital NHS Trust Safeguarding Children's Team is fully staffed and comprises of:

- Full time Named Nurse
- Full time Named Midwife
- Full time Named Doctor for Safeguarding
- Full time Paediatric Liaison Nurse and Child Death Coordinator
- Full time Team Secretary

The Line Manager for the Safeguarding Children's Team is the Deputy Director of Nursing. The Trust's Executive Director of Nursing is the Executive Lead for Safeguarding Children and chairs the Trust's quarterly Safeguarding Children's Committee.

Training

In the last year the Trust has maintained their Safeguarding Children's Training at Levels 1, 2 and 3 training above 90%.

A 2012/13 Training Needs Analysis & Strategy was approved by the Trust's Safeguarding Children's Committee.

The Trust's draft 2013/14 Training Needs Analysis & Strategy has been produced and ratified by the Safeguarding Children's Committee. This has been developed to ensure that all departments in the Trust are adhering to their responsibility towards children, young people and their families.

Safeguarding Children's Policy & Procedure

The Trust's Safeguarding Children's Policy and Procedure has been published and disseminated to various

departments. It is accessible on the Trust intranet and website.

Relevant Safeguarding Children information has been placed in folders in the clinical areas for ease of access.

Safeguarding Children Supervision

The Trust Safeguarding Supervision Policy has been revised and was approved at the Safeguarding Children's Committee in November 2012.

Safeguarding supervision training for staff has been completed and a mentoring and documentation workshop will be held in May 2013. Supervision will be embedded in the Trust in June 2013.

Members of the Safeguarding Children's Team continue to provide formal safeguarding children supervision in the paediatric, midwifery and sexual health departments. Advice and support are available to all Trust staff and this provision is used regularly with outcomes that have led to referrals to social care.

Safeguarding Children Audits

A rolling programme of Safeguarding Children's audits has been approved by the Trust's Safeguarding Children's Committee.

Audit results are presented at the Safeguarding Children's Committee.

Obtaining the Views of Children & Young People

The PICKER Institute has given their consent for the Trust to use their questionnaire in obtaining the views of children and young people. The questionnaire will be implemented in summer 2013.

Serious Case Reviews

Delivery of the actions contained within the Trust's Serious Case Amalgamated Action Plan which is monitored at the Trust's Safeguarding Children's Committee. All of the actions have been delivered within the agreed timeframe.

Common Assessment Framework

CAF training has been completed for identified staff in the Trust. CAF is now in use within the Midwifery Department.

Maternity Services

Monthly Maternity Partnership meetings with Barking & Dagenham, Havering and Redbridge continue to be well attended, with good multi agency representation. Through this forum a system has been agreed to ensure there is a consistent approach to informing LAC nurses in the three boroughs about pregnant young mothers and to ensuring that health visitors are invited to pre-discharge meetings in maternity.

The maternity electronic discharge process (E3) project is in progress. In the interim, safeguards in the form of revised transfer and discharge documentation have been put in place to improve information sharing between hospital and community maternity staff and with health visitors and GPs.

The collaborative work with Domestic Violence Service and the Trust maternity department has been commended and nominated for the British Journal of Midwifery Team of the Year award.

For more information on BHRUHT please contact:
Gary.etheridge@bhrhospitals.nhs.uk

Barking and Dagenham Police – Child Abuse Investigation Team (CAIT)

The Police CAIT team have dealt with 1034 crimes (a rise of 10%), 227 Initial Case Conferences attendances (a rise of 40%), 234 Review Case Conferences attendance (a rise of 29.5%) and 64

police protections (a rise of 6%) with 2012-13.

The Police CAIT have noticed an 11% increase in referral to 1221 from 1088 which is reflected in the figures. Whilst always looking to improve our work with partners and managing the everyday risk of child abuse cases we have reviewed and implemented a strategy not to remove child (ren) from social care, but to find alternative accommodation in the first instance. This has been a success and has now been implemented within our working practices. There has been an increase in sexual offences due to the Jimmy Saville enquiry and it is not known if this trend will continue, though not all crimes are linked to the enquiry. 24 hour duty has been introduced for Detective Inspectors (DI) and there will always be a DI on duty to advise, and deal with critical incidents.

The CAIT team has met all its performance targets for the financial year and have come in under budget, despite a lack of staff for a number of months. The CAIT team has also seen a reduction of one Detective Constable.

The challenge for the following year is maintaining the levels of performance, at a time of financial constraints and with a predicted increased workload.

Community & Voluntary Sector (CVS)

Barking and Dagenham is pleased to have a strong and committed voluntary sector that provides residents with a varied level of services. The voluntary sector is a much welcomed and appreciated resource for us locally.

The Board has continued to maintain its links with the voluntary sector and they are represented on the Board.

We welcome our colleagues from the voluntary sector on a number of multi agency training courses and we continue to support the work that they all do.

Volunteer Bureau

This year has been a very busy one as a Voluntary/ Community Rep on the LSCB. Luckily there are now 2 reps on the Board which makes it a much easier role.

My main role is to feed back developments, training needs and information to our Sector.

This year we have spent a lot of time working around the Section 11 Form which all groups working with children are required to fill out. Instead of a yearly assessment for Section 11 we will now be required to fill it out every 2 years. Section 11 is a very important Assessment and we at the Volunteer Bureau are able to offer training or help to any group.

Our BDSCB Independent Chair this year invited Board Members to go on visits to Health, Community and Statutory Departments to see the work they do especially around safeguarding our Young Residents. This has been really useful and enlightening.

I have also agreed to sit on a Sub Group which covers Policies and Procedures. I am sure this will help me to ensure that you are all well informed on the Policies and Procedures you need to make our Sector the Safest Sector for Children.

I have attended Development Days which have not only been really informative but have been great for Networking with our Partners.

The BDSCB has increased the Training Schedule which is giving our Sector the availability of their excellent Training. I would encourage you all to look at the

BDSCB Web Site and take up the offer of Training for your Groups. Joint Training with Partners from other Sectors is really useful and builds up on Partnerships working across the borough for the Safety of all Children.

The BDSCB members are very welcoming which makes it an enjoyable task. I would like to thank all members for making me so welcome

Lay Members

In June 2012 we successfully appointed two Lay Members to the Safeguarding Children Board.

Both members were inducted into the Board and met with the Chair of the BDSCB. Both attended a BDSCB Board meeting and Development session.

In January 2013 they met with their counterparts in Redbridge in order to set up a peer support group.

Unfortunately, in February 2013, one Lay Member decided to step down for personal reasons.

As other Safeguarding Children Boards appoint to their Lay Member posts, London Councils are looking to develop a training programme and wider support groups for them. Our members will link into this resource once implemented.

If you would like to find out more or would like to invite Lay Members to attend your group/organisation, please contact Liz Winnett, BDSCB Business Manager.

Local Authority Designated Officer (LADO)

The management of allegations should been seen in the wider context of safer employment practices, which has three essential elements:

- Safer recruitment & selection practices
- Safer working practices
- Management of allegations or concerns

Although this report will primarily focus on the third element this activity should be seen in the wider context of Barking and Dagenham Safeguarding Children Board's work in respect of safer recruitment and employment and guidance to support safer working practices across the children's workforce and within the private and voluntary sector

This submission provides an update to the Barking and Dagenham Safeguarding Children Board on the management of allegations against people who work with children. It covers the period April 2012 to January 2013. The statistics for the final quarter of the year is collated at the end of May 2013 in order to take into consideration the statutory timescales for the completion of investigations.

This year saw a marked increase in not only numbers of referrals to the LADO, but also an increase in the number of referrals from various agencies in respect of different professionals, and this is as a direct result of the awareness raising that has taken place. This however does not in any way indicate that the efforts to ensure that the work undertaken in respect of raising awareness about the LADO process is complete. It is essential that this process continues to support the development of the role and to ensure that the multi agency network is continually updated

"Local Safeguarding Children Board's (LSCBs) have responsibility for ensuring there are effective inter-agency procedures in place for dealing with allegations against people who work with children, and monitoring and evaluating the effectiveness of those procedures" - Working Together, 2010

Working Together to Safeguard Children (2010) requires each LSCB area to identify a 'Local Authority Designated Officer' ('LADO) with responsibility for the management and oversight of individual cases – providing advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process.

The guidance relates to anyone who works (paid or voluntary) with children and has:

- Behaved in a way that has ***harmed***, or may have harmed, a child;
- Possibly committed a **criminal offence** against, or related to, a child; *or*
- Behaved towards a child or children in a way that indicates s/he is ***unsuitable*** to work with children.

Such concerns may lead to:

- a police investigation of a possible criminal offence;
- enquiries and assessment by children's social care about whether a child is in need of protection or in need of services;
- consideration by an employer of disciplinary action in respect of the individual.

Local arrangements:

In Barking and Dagenham the LADO is the Group Manager for Safeguarding, Quality & Review, within the Directorate of Children's Services. However, day to day operation of the role is delegated to the Child Protection Adviser and the Safeguarding Lead for Education.

The LADO has management and oversight of individual cases where allegations are made against those working with children.

Locally and nationally, we have seen a steady increase in referrals to the LADO since the guidance was first issued in 2006 from a wider range of agencies, and even more so in the last twelve months.

Number of Allegations:

There has been an increase in referrals to the LADO from 53 in 2009/10 to 86 in the first three quarters of 2012/13.

In 2012/13 correct procedures were followed by referrers in 88.37% of the allegations made. These statistics were not recorded in previous years; however the collection of this data demonstrates our commitment to improve how we collect and analyse data.

Of the 86 referrals made 20.93% were no further action, and 32.58% progressed to S.47 investigations; 6.97% of which were joint investigations with the police. In relation to outcomes 11.62% of adults were allegations were made were suspended pending the outcome of the investigations and 2.10% were subject to criminal investigations, dismissal and a referral to the regulatory bodies.

These are interim figures and it is anticipated that the year will show a marked increase in referrals. The work also includes consultations with local authority staff and multi agency professionals, which account for a substantial part of the work carried out, the figures for which will be available at the end of the year.

In the coming year we will work towards making the necessary changes to the administration of the LADO Process and to inform the wider professional network

of the changes incorporated in Working Together 2013.

	Number of allegations referred to LADO	The percentage of allegations referred within 24 hours of the date the concern was raised (relates to actual professionals)	Allegations where correct procedures were followed by referrer
2009-10	53	Data not available	Data not available
2010-11	65	38.50%	Data not available
2011-12	85	55.30%	80%
2012-13 (to end Jan 13)	86	79.06%	88.37%

Managing Allegations within an Educational Setting:

This year the Safeguarding Lead for Education was delegated the day to day responsibility to look into allegations made against professionals within the education establishment.

This delegated authority incorporates all the statutory requirements contained within the recently published Government guidance, 'Working Together 2013', and reports directly to the Local Authority Designated Officer and Safeguarding Manager.

The role is to manage, analyze, and facilitate the resolution of the range of allegations reported in Barking and Dagenham from internal and external referrals against staff working in schools and educational establishments.
The LSCB is provided with a comprehensive database/set with the relevant information on an annual basis.

Youth Offending Service (YOS)

In May 2012, a consultancy firm, YCTCS Limited, was commissioned to review existing YOS safeguarding procedures and a comprehensive document entitled "Safeguarding Children and Young People: The Youth Offending Service Role" was produced.

This document was presented at a subsequent YOS Team meeting by the consultant and gone through in some detail.

Further dissemination took place at YOS sub-team meetings for case managers and principal practitioners.

Safeguarding is a standing agenda item at these team meetings and specific aspects of this procedure are highlighted at these meetings, for example the importance of ensuring cross-borough information-sharing.

YOS staff have continued to demonstrate a high awareness of safeguarding issues and, on a regular basis, have initiated discussions with the designated YOS Safeguarding Lead (YOS Operational Manager for Partnerships), notably in relation to a family who were at high risk of harm due to a young offender in that family appearing in court as a witness in a serious violent offence. The allocated YOS worker highlighted delays in re-accommodating this family and was instrumental in ensuring that the family moved to a safe address.

The above example demonstrates the strong link between being a young offender and being at risk of harm, especially in the context of gang membership/association.

This concept is highlighted in the revised safeguarding procedures and is re-enforced in 1-2-1 staff supervision.

In addition to the child protection aspect of safeguarding, YOS staff continues to place importance on the welfare aspect of safeguarding. One example of this is the newly established fortnightly "surgeries", where nurses and sexual health workers come to the YOS premises to see young offenders and provide advice and services on these issues. Another example is the recent (March 2013) establishment of a youth club, (run by the YOS Victim worker in a joint collaboration with the local Met Police), specifically for child victims of crime and anti-social behaviour.

At weekly case planning meetings, chaired by the YOS Safeguarding Lead and attended by all the YOS partner agencies, the allocated case workers present new cases. This forum ensures that both welfare and child protection needs and risks have been addressed by the allocated YOS worker.

The YOS Safeguarding Lead is part of the Multi-Agency Audit Group (MAAG) and YOS files were included in the two MAAG audits in 2012 and lessons from these have been disseminated to the team, specifically the importance of recording all contacts with children's social care staff and the importance of ensuring that minutes of CP conferences and core group meetings have been received and filed appropriately.

In regards to Risk Management, the YOS has recently put in place a Risk and Vulnerability Panel charged with the duty of scrutinising assessments, identifying levels of risk and vulnerability and finally compiling a thorough action plan. This multi-agency panel will meet on a fortnightly basis to discuss all new cases that meet the relevant thresholds as well as carrying out reviews and closures.
In additional the panel will also be responsible for reviewing all MAPPA threshold forms, in line with the new MAPPA guidance.

The panel will decide whether a full referral is needed to MAPPA level 2 or whether the case can be managed at level 1.

Priorities for 2013-14:

- Improving the assessment and planning process for young offenders;
- Increasing multi-agency involvement in interventions for high risk young offenders subject to Intensive Supervision and Surveillance (ISS) orders;
- consolidation and development of the links with agencies external to the YOS, including sexual health services, physical health services, children's services learn to live team and tier two children's social case services (MALTs);
- Further development of the YOS parenting service for parents of young offenders about to be released from custodial sentences;
- Re-balancing the YOS quality assurance process from a quantitative to a qualitative focus; and
- The introduction of a Risk/Vulnerability Panel

For more information on YOS please contact dan.hales@lbbd.gov.uk

Strengthening Families (previously known as Signs of Safety)

Following a successful pilot and the subsequent agreement from the Barking and Dagenham Safeguarding Children Board (BDSCB) in April 2012, the Strengthening Families model was rolled out for all child protection conferences in the borough.

All of the child protection chairs have received training on the model and have varying levels of experience. A number of conferences have been observed by Kay Bell (Joint Project Manager) for SFF in B&D and Havering) and the Child Protection Review Service Team (CPRS) Manager to quality assure consistency of practice. A child protection observation tool was used. This focused on the conference set-up and format, involvement of the child, young person and family, organizing map and outline child protection plan. The child protection chair was provided with both verbal and written feedback.

In addition, dip samples of child protection plans have been audited at senior management level.

Identified findings:

Strengths –

- Information on the concerns for the child, what needs to happen to reduce these concerns and how this can be measured is routinely being implemented in conferences.
- The outline plan that is developed from conference generally identifies the outcomes for safety, agrees the goals and measures for these outcomes and is inclusive of the family on agreeing intervention.
- The conferences are relatively jargon free and chairs generally pitch it at a level that is in line with national guidance and aimed at a seven year old child. This has resulted in all conference attendees sharing a common understanding and in all parents, notably those with learning difficulties, being fully involved in conferences.
- Action points that are formulated as part of the child protection plan are generally SMART.

Areas for Development –

- Social work reports and reports from other professionals are not consistently being shared with the family prior to conference and chairs are frequently receiving reports on the day of conference, resulting in a lack of preparation and a delay in beginning the conference.
- There has been a lack of social worker and managers from the social care teams attending classroom training on the Strengthening Families model. This has restricted the implementation of the model outside of the conference, participation in conference and into the core groups.
- There has not been a reduction in action points within the outline child protection plan. Whilst they are generally SMART, these could be streamlined to incorporate fewer, more specific points.
- The voice of the child and young person is not always heard, resulting in support that is adult / parent focused.
- While the number of children subject to CP plan for 2 years

plus, reduced from 15% at the end of 2011/12 to 10% in the current year, it is difficult to know whether the use of the SFF model contributed to this as another factor present, was the 12 months+ panel.

The implementation of strengthening families' model is still relatively new in LBBD but is clearly demonstrating a shift towards a conference model that it is focused on participation and outcomes for children that are SMART. Through observations and feedback it is evident that the chair's confidence in using this model is increasing and has resulted in a real understanding of what professionals and families are worried about for children. This is empowering in terms of equality and diversity to families who are included centrally in this process as a vehicle for change.

The B&D Implementation Group will oversee the next steps which are aimed at improving existing good practice, overcoming weaknesses and firmly embedding the Strengthening Families model. The Group will also focus on the areas for development highlighted above.

Common Assessment Framework (CAF)

CAF and Family CAF are the borough's primary assessment and service delivery tools for early intervention. They support inter-agency working through holistic assessment, improved coordination, cooperation and effective information sharing between agencies through the Team Alongside the Family (TAF) approach.

Prevention and early intervention is vital to safeguarding children and young people. In Barking and Dagenham, our prevention and early intervention work continues to evolve with clear links and pathways established across Children's Services. These will be further strengthened through the introduction of an electronic CAF (eCAF) solution, a Case Management System and the Multi Agency Safeguarding Hub (MASH).

In 2012/13 we implemented an additional early intervention tool called Family CAF. It has been primarily used by the Troubled Families Team to support the Troubled Families initiative, however, can be used by universal and targeted services. As a result, colleagues from universal settings were also trained so they can initiate and/or contribute towards a family approach to assessing and supporting children, young people and parents/carers in Barking and Dagenham.

CAF and Family CAF has now supported 3,303 children, young people and their families (as of 01/04/13) in Barking and Dagenham and has become increasingly embedded across local services. This figure represents an overall increase of 647 CAFs since the last BDSCB Annual Report 2011-12, when 2,656 CAFs were in place.

When looking at the impact of early intervention, one indicator is the number of children and young people who have entered the Social Care system following a CAF being initiated. In Barking and Dagenham 211 (or 6% of all CAFs) children have entered the Social Care system since CAF was implemented 6 years ago. All of these cases are subject to an automatic Early Intervention Case Review by the Information Sharing and Assessment Team, to ensure, where applicable, lessons can be learnt from the early intervention support that was in place.

The introduction of a bespoke eCAF and Case Management System will improve the Local Authorities ability to quality assurance CAF and FCAF work, coordinate service involvement through

TAFs and appropriately record and share information held on children, young people and families.

Priorities for 2013-14

- Roll out and review of the new 1 day Integrated Working through Information Sharing & Assessment training course, which will be accompanied by a half day eCAF training course.
- Local development and implementation of an eCAF and Case Management System
- Establishing smooth electronic transition of information/assessments through system enabled Step Down processes. [linked to eCAF and MASH]
- Focus on ensuring the correct children and families are receiving targeted support through CAF and Family CAF.
- Continued use of Family CAF through the Troubled Families initiative and universal service involvement in Family CAFs.
- Improving the quality of assessments and onward action plans through the Quality Assurance framework in place for Early Intervention.
- Evidencing the impact and effectiveness of early intervention through CAF and Family CAF, which will be linked to a greater overview from the LSCB.
- Further development of pathways joining up Adult Services with Children's Services.

Multi Agency Safeguarding Hub (MASH)

By summer 2013 Barking and Dagenham will have launched their local MASH.

Key partners will be co located together into a single multi-agency safeguarding hub to share information quickly and efficiently as soon as a notification of possible harm to a child is received. Partners will include Social Care, the Met Police, Health, Probation, Education and Targeted Support.

The MASH will be the first point of contact for new safeguarding concerns and will significantly improve the sharing of information between agencies, helping to protect the most vulnerable children and adults from harm.

The MASH will receive safeguarding concerns from professionals such as teachers and health staff as well as members of the public and family members.

For those concerns that meet the threshold for further investigation, representatives from the different agencies in the MASH and outside will collate information from their respective sources to build up a holistic picture of the circumstances of the case and the associated risks to the child. As a result, better decisions will be made about what action to take and support will be targeted on the most urgent cases. Feedback will also be given to professionals reporting concerns.

Better co-ordination between agencies will lead to an improved service for children and families.

BDSCB Website:

During 2012-13 we continued to improve the Safeguarding Children Board website www.bardag-lscb.co.uk

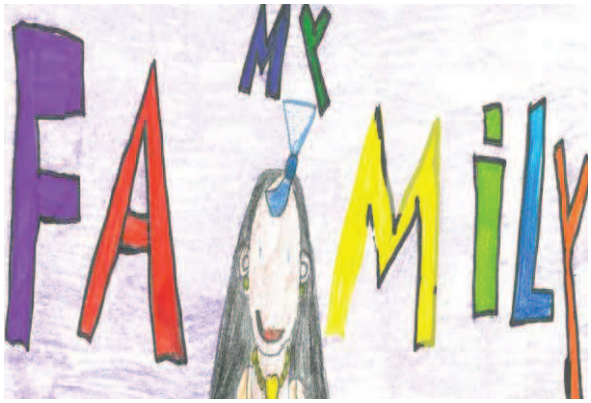
The site provides information for Parent & Carers; Children & Young People, and Professionals, with the aim to raise awareness of safeguarding, provide guidance and information on policy and

protocols; and disseminate learning and development via training and briefings.

Further information on Training courses provided on behalf of the Board during 2012-13 can be found in Appendix 3.

Feedback on the site can be provided via the on line form and all stakeholders are encouraged to engage in this evaluation process.

During 2013-14 we will be looking to establish an additional survey mechanism in order to evaluate the effectiveness of the website and encourage wider use.



Quality Assurance Activity for 2012/13

Quality Assurance activity within the Board's work streams is driven by the Council's Quality Assurance Strategy, designed to promote continuous improvement in performance and outcomes in the areas of greatest concern. A multi-agency QA strategy was developed and adopted in 2013 and this contains a schedule of activity for 2013/14.

A number of audits and quality assurance activity were carried out across partner agencies to monitor and evaluate the effectiveness of work being delivered. These included:

- Section 11 self-assessments
- Multi and single agency audits of front line practice
- Reviews of safeguarding processes

Throughout the year, we have continued to collect and analyse relevant performance data that has helped the Board monitor and evaluate safeguarding measures across the partners. This has included:

- Child Protection Statistics outlining patterns and trends for children made subject of Child Protection Plans – detailed quarterly reports submitted to the BDSCB
- LAC reviews / CP Conferences compliance with national and local guidance
- S11 Compliance
- London Safeguarding Board Data set

- Audit findings, recommendations and impact of improvement plans.

What we said we would do	What we did
Fully implement and deliver the Quality Assurance Strategy	Achieved. Multi-agency QA strategy now in place
Provide effective challenge and scrutiny to drive up improvements in professional practice and supervision;	Developed a robust multi-agency audit process. Audit Overview reports provide evidence of challenge and scrutiny
Increase the reach and number of annual multi-agency audits;	Multi-agency audit of 12 step-down cases (May 12) Multi-agency audit of 8 children on CP plan (Dec 12) Joint audit (Health, Education and CSC) of 13 Looked After Children (Feb 13) Joint audit of 27 domestics abuse referrals to Triage (Jan 13)
Ensure that children, young people and their parents or carers, are actively involved in the Quality Assurance Strategy; and	The 13 Looked After Children were all offered a face to face interview Parents provided feedback as part of all the above audits and have contributed to developing the Child Protection Conference process
Improve the audit process so that we are able to clearly identify the difference we are making to children	Audit tools capture information about the quality of practice and impact on outcomes for children with a strong focus on evidence of the perspective of the child
Priorities for improvement are identified and monitored through Project SURE.	Audit findings are used to inform progress of Project Sure and the Ofsted Inspection Plan

Multi Agency Audits

We have continued to take a robust and self-critical approach to case file auditing measure the effectiveness and quality of intervention and using the findings from to improve practice. The engagement of partners in this process continues to be good and the quality of audits has improved over the last 12 months.

Main Findings:

- Quality of practice judged to be good in 55% of cases and needing improvement in 45% of cases
- Intervention is improving outcomes for children. Outcomes rated as good in one third of case and adequate in the remainder
- Working together is mainly effective with some very good examples of practice
- Better representation of children's views, although this is not yet consistently good
- Step up and step down processes are working though there is a risk of revolving door syndrome for children experiencing neglect and domestic abuse
- Good use of MARAC domestic abuse risk assessments in plans for children
- Positive impact of Strengthening Families Framework on CP conferences
- CP plans for individual children need to be of better quality and outcome focussed
- Case recording has improved and up to date CP plans were evident on most agency files though chronologies were still missing from nearly half of CSC files
- Evidence of management oversight and supervision in Child Health has improved thought not in CSC
- Diversity and equality issues for children and their families are not routinely considered and addressed; and
- Practitioner safeguarding knowledge and take up of training is good.

Priorities for 2013-14

- Continue to focus sharply on the child's perspective and their journey from needing to receiving help
- Develop a comprehensive participation strategy for children subject to Child Protection plans and their families
- Improve the evidence of how equality and diversity issues for children and their families are being worked with
- Promote closer working between Children's and Adult Mental Health services
- Closer engagement with GPs in Safeguarding and Quality Assurance
- Embed the findings and learning from audits across the partnership at a strategic and operational level.

For further information please contact the Interim Quality Assurance Manager, Carol.hartley@lbbd.gov.uk

Section 11

The BDSCB has a responsibility to ensure Partner agencies are discharging their duty under Section 11 of the Children Act 2004, to make arrangements to safeguard and promote the welfare of Children. Commissioned services are required to submit to the BDSCB a completed Section 11 self assessment toolkit, evidencing safeguarding compliance.

In 2011-12 a new Section 11 toolkit was developed by a London wide working group, of which Barking & Dagenham were part. The new toolkit allowed for more qualitative information to be recorded, along with reporting future actions for implementation by each agency. BDSCB Members adopted this new toolkit in February 2012 and agreed a two year rolling programme to commence in 2012-13.

During 2012-13 all Statutory Partners and Commissioned Services were contacted to complete a Section 11 assessment. 100% submissions were received from all. All future actions identified by Partners, have been combined into a Section 11 Improvement plan to allow for continuous monitoring. This improvement plan, along with the Section 11 process, will be monitored by the Performance Management Committee.

All Section 11 returns were Quality Assured and feedback and assistance provided to Partners. A full analysis report will be presented to the BDSCB Meeting in September 2013.

Consultation with the Community, Voluntary and Faith Sector was also completed in 2012-13, in relation to adopting the Safer Network Self assessment framework. A programme for acquiring submissions will commence in April 2013, in conjunction with Board Voluntary and Faith sector representatives.

Ofsted Inspection Framework

A new process for undertaking Ofsted inspections is being proposed to come into effect in for Looked after Children and Safeguarding Children in early 2013, following successful pilots being concluded in Warrington, Northampton, Camden, Newham and Hackney.

This proposal will be a joint inspection across Ofsted, HMI Probation, HMI Constabulary, CQC, HMI Prisons, and HMPCSI (Her Majesty's Crown Prosecution Service Inspectorate).

The proposed inspection framework will:

- Be Universal unannounced joint inspection of the multi-agency

arrangements for the protection of children and will be on a 3 year cycle.

- relate to statutory functions of the local authority as the lead agency for the protection of children and the duties of statutory partners as they are expressed in sections 10 and 11 of the Children Act 2004; and
- Evaluate the effectiveness of the local authority and the contribution that other agencies make to the help and protection of children, young people and their families as well as the overall effectiveness of these shared arrangements.

It is proposed that the inspection process will:

- Be over a two week period;
- Track the experiences/journey of individual children and young people; and
- Focus on the practice of individual partner agencies in identifying, responding, helping and protecting children and young people; and

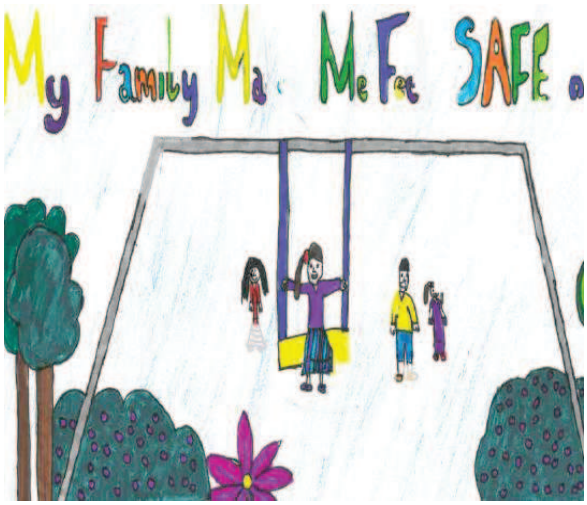
It is envisaged that a single set of judgements and a single report will be presented back on four areas: Overall effectiveness; Effectiveness of help and protection for children, young people and families; Quality of Practice and Leadership and Governance.

Two Multi Agency briefing sessions were held for staff on 27th and 28th March 2013. These sessions were well attended across the Multi agency partnership. Attendance breakdown as follows:

Attendance breakdown	Total
Adult and Community (YOS)	1
BHRUT	2
Children's Complex Needs and Social Care	12
Strategic Commissioning and Safeguarding	7
CS Education	15
NELCS	8
NELFT	8
Police Borough	6
Police CAIT	2
Probation	18
Targeted Support	13
Others:	2
Total	**94**

Feedback received from the sessions will form the BDSCB Development session in April 2013.

Briefing slides are available on BDSCB website to ensure further dissemination to staff members that were unable to attend.



Skittlz – Children in Care Council:

Skittlz is the Barking and Dagenham's Children in Care Council. It is a statutory requirement for every Local Authority to have the Children in Care Council (CiCC)

We are a group of young people who are in care, or are part of the leaving care service. We currently have 10 members aged between 9 - 21 years old.

We work closely with Social Care staff and Council Members to inform them of what children and young people in care need, and how services can be improved.

We also work closely with National Organisations who work to ensure our voices are heard. These include the Children's Rights Director of England and the Children's Commissioner. We are part of the Children's Commissioners advisory board, called AMPLIFY.

Some of the issues we have discussed and worked on over the last 6-9 months are:

- Carers and Placements – Children should receive information on their new carer before they go to the placement. This has been discussed at our Participation Champions Meetings to ensure children and young people receive this information for planned placement moves.
- Communication – This has been discussed and worked on many times, as it covers many areas from the meetings we have to have by Law, to the statutory visits we receive and lots more.
- Contact with family – where and how this happens.
- Reviews and Reviewing Officers – Ensuring that the child is the focus of their meeting and to make sure the child does not get lost within the process of Reviews.
- PEPs (Personal Education Plans) – We wanted to resolve the issue with young people not being included in their PEP's and at times not even being aware that a PEP was being completed, as targets were being set and we were not aware of what the targets are, nor were we able to speak about our education, and what we feel is going well.

Some of the barriers we have come across are:

- Practice not being consistent across departments (some Social Workers do things and some don't – we don't think it is fair that our level of care is dependent on what Social Worker we have or how much work they have).
- Communication is a problem due to staff availability and too many people involved in our care. As well as staff recording what they assume we are saying rather than what we are actually saying.

We started a Participation Champions meeting to prevent some of the barriers, as this meeting enables us to work with professionals who are considered our Corporate Parents.

We meet as a group every 2 weeks and really love coming to Skittlz because:

- I like being a part of something and belonging somewhere – we are like a family;
- I like finding out new stuff, being heard and meeting new people;
- It's good to hear other people's stories, knowing that they have the same issues as you;
- I enjoy speaking my views and points, because I get a chance to

get things across and to express my feelings;

- I love speaking to my participation officer about my problems,
- I feel that being part of Skittlz, I get my voice across to the big bosses;
- I learn to speak out more; and
- I feel cared for when I attend Skittlz.

A Big “Thank You” also to all the Children from Grafton Primary School and Ripple Road Primary School who have provided us with the Art work for inclusion within this Annual Report.

Serious Case Review

During late summer 2012, Police were alerted to an incident involving Child L living in Barking and Dagenham.

The BDSCB held a Serious Case Review (SCR) Panel meeting in order to discuss the case and determine whether the criteria for a full Serious Case Review was met, line with Working Together (2010).

The decision taken was that with current information available, the criteria laid out within Working Together 2010 for a full Serious Case Review was not met. However, it was agreed by the SCR panel that there was sufficient information known to request that an Individual Management Review (IMR) be carried out by our health partners, in order for lessons to be learned.

The IMR was led by NHS North East London and the City.

At the Safeguarding Children Board meeting in February 2013, members formally signed off the completed Health IMR for Child L.

This extensive IMR has resulted in a number of recommendations and actions for NHS NELFT, NHS North East London and the City and BDSCB, all of which are currently being implemented and monitored.

BDSCB Business Plan 2012-15:
The BDSCB business plan 2012- 2015 provides the BDSCB partnership with a robust framework for the work it needs to focus on to ensure the children and young people of LBBD receive high quality services that are focused to their needs.

The business plan is divided into 4 sections:

- Governance and accountability;
- Engagement, communication and consultation;
- Workforce development; and
- Challenge engagement and improvement

Whilst it is a 3 year plan the BDSCB has made some good progress in the objectives it set. These include:

Governance and accountability

- The appointment of lay members to the Board to strengthen community engagement;
- Development sessions to further develop the roles of the board members in light of Munro and to ensure effective agency accountability; and
- Timely reporting from partner agencies regarding their safeguarding roles and functions and outcomes achieved

Engagement, communication and consultation:

- The BDSCB chair makes visits to frontline services to share the work of the LSCB more widely and raise the profile of the board across the partnerships.

Workforce Development:

- The LSCB annual conference saw 120 practitioners working together to understand more about working with resistant and hard to engage families
- The BDSCB has hosted a number of practitioner briefings to share and discuss learning from local and national Serious case reviews and implications for service development locally.

Challenge engagement and improvement:

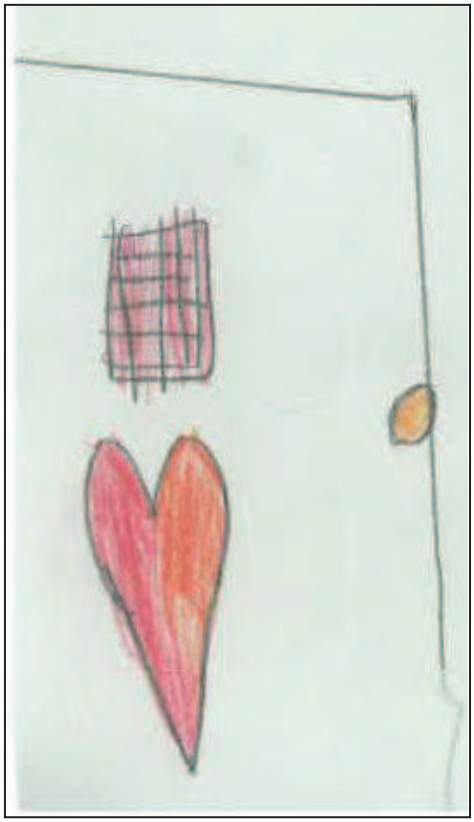
- Following the Ofsted announced safeguarding and Looked after Children inspection the BDSCB has been responding and acting upon the recommendations from the inspection and auditing practice to gain assurance that partners are making the required changes / development s to services.
- The BDSCB has worked with London Councils in developing a robust Section 11 self assessments and is working with partners to ensure accurate and meaningful self assessments to assure the BDSCB of safeguarding governance across the partnership.
- The PMC has worked to increase multi agency engagement in the performance management work of the board and we now have a much more comprehensive picture of the quality of safeguarding across the partnership. This work continues to develop with the transfer of PCT services to the CCG's and Public health to the local authority.
- The LSCB is working with the YPSG to develop an e-safety strategy to compliment the e-safety work undertaken by schools and ensure it extends across the Barking and Dagenham community

Business Plan going forward 2013-14:

The BDSCB has reviewed the BDSCB Business plan in light of the publication of Working Together 2013, reorganising some of our partners to ensure their roles and their work undertaken, are accurately reflected in the work of the board to ensure they are full and active partners.

The Business plan is a working document and as such will develop over the year to reflect the changing work of the LSCB.

Each of the BDSCB committees will develop their own agendas from the business plan allowing for a clear and coherent work programme across the partnership.



BDSCB Board Priorities 2013-14

During 2013-2014 the BDSCB will embed the HM Government's "Working Together to Safeguard Children (2013)", focussing on a range of activities and initiatives to support the quality of early help available to children and families .

These activities will include:

- Rollout of E-CAF assessment tool;
- Taking forward the troubled families agenda;
- Embedding the Multi Agency Safeguarding Hub (MASH);
- Strengthening joint working between Adult and Children's services; and
- Embed Quality Assurance through learning and development from front line services through to the BDSCB.

We will be working to gain greater insight into the faith and culture communities to support families living within LBBD.

We will be working across the LSCB partnership to protect children and young people from Child Sexual exploitation

Young people have asked the BDSCB to support them to promote the health of young people also.

Appendix 1: BDSCB Board Membership

Independent Chair of BDSCB Sarah Baker	**Adult & Community Services** Divisional Director of Community Safety and Public Protection, Glynis Rogers
Elected Member	**Housing**
Lead Member Councillor Linda Reason (P) Councillor John White	Divisional Director of Housing Strategy, Ken Jones.
Children's Services	**Legal Services** Fiona Taylor (P) Lindsey Marks
Corporate Director of Children's Services, Helen Jenner	**Health Partners:**
Divisional Director Complex Needs and Social Care. Chris Martin	NHS NELC Deputy Director of Safeguarding, Helen Davenport (Chair of CDOP)
Divisional Director Strategic Commissioning and Safeguarding, Meena Kishinani (Chair PMC)	NHS NELC Designated Nurse, Jo Norman/Maria Ellery (P) Sue Newton
Group Manager Integrated Youth Services, Erik Stein (Chair YPSG)	NHS PCT Director of Public Health, Matthew Cole (Chair of CDOP)(P)
Education	BHRUHT Deputy Director Safeguarding, Deborah Wheeler (P) Gary Etheridge
Head Teacher, St Joseph's Primary School, Bernadette Horton	NELFT Executive Director CS & Transformation, Jacqui Van Rossum
Head Teacher, Gascoigne Primary School, Bob Garton	NELFT Operational Director, David Horne (Chair PDC)
Head Teacher, Sydney Russell Secondary School, Roger Leighton (Vice Chair)	NHS PCT Joint Assistant Director of Health Improvement, Justin Varney
Barking and Dagenham College, Director of Personalised Learner Support Services, Paul Lalgee	NHS NELC Designated Doctor, Dr Modupe Akindele
Manager, Children Missing Education, Greg Vaughan (Chair PPC)	NHS NELC Named GP, Dr Richard Burack

Borough Police	Probation
Borough Commander Gary Buttercase (P) Andrew Ewing	Assistant Chief Officer, Carina Heckroodt (P) Lucy Satchell-Day
Police CAIT	**Lay Members**
DCI Iqbal Singh (P) DCI Sam Price	Sharon Cumberbatch Hollie Banks (P)
Community & Voluntary Sector	**Faith Sector**
Chief Officer, Volunteer Bureau, Joan Brandon	Major, Salvation Army, Marion Henderson
LBBD Chief Executive	**CAFCASS**
Stella Manzie (P) Graham Farrant	Vacant
BDSCB Support	**UK Border Agency**
Group Manager, Safeguarding Quality & Review, Avraamis Avraam Business Manager, Liz Winnett	Richard Marley (P) Steve Fisher

Appendix 2: BDSCB Attendance Data per Agency

Agency	No of seats on Board	% of meetings attended by Agency representative*
Independent Chair	1	100
Lead Member	1	40
LBBD Children's Services: • Corporate Director Children's Services • Divisional Director Strategic Commissioning & Safeguarding • Divisional Director Complex Needs & Social Care • Group Manager Integrated Youth Services	4	80
LBBD Secondary School (Vice Chair)	1	33
LBBD Junior Schools • Head Teacher, St Josephs Primary • Head Teacher, Gascoigne Primary	2	83
LBBD Legal Services	1	50
LBBD Adults and Community Services (ACS)	1	83
LBBD Housing	1	67
NHS North East London & City • Deputy Director Safeguarding • Designated Nurse Safeguarding • Designated Doctor • Named GP	4	62
Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUHT)	1	100
North East London Foundation Trust (MHS)	1	67
Community Health Service (CHS)	1	83
Voluntary Sector	2	67
Police • Borough Commander • DCI CAIT Team	2	92
Lay Members**	2	67
Probation	1	50
Fire Service**	1	100
Faith Group	1	50
Child and Family Court Advisory Support Service (CAFCASS)***	1	0
UK Border Agency	1	17

* Representative of four (4) Board meetings and two (2) Development sessions
** New Members – only part year attendance recorded
*** Vacant position to end March 2013.

Appendix 3: Agency breakdown of attendance at BDSCB Training Programme 2012-13

B&DSCB multi-agency training programme attendance statistics 2012 - 2013	IWISA (CAF)	Forced Marriage and Honour Based Violence	Direct Work with Children	The Neglect of Neglect	Safeguarding Black African Children	Domestic Violence	Child Protection Part 1	Child Protection Part 2	Child Protection Part 3	Child Protection Refresher	Parenting Capacity	Cross borough: Working Together or Not.....	Total number of staff trained from each agency	
Local Authority														
Adult and Community Services	4	7	4	2	10	7	4	3	1	0	1	6	**49**	
Customer Services	0	2	1	1	0	0	0	0	0	0	0	0	**4**	
Resources	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
Children's Services														
Children's Complex Needs and Social Care	7	7	5	7	14	4	1	3	1	5	7	0	**61**	
Targeted Support	19	4	12	16	10	7	25	25	8	44	11	6	**187**	
Strategic Commissioning and Safeguarding	1	2	1	0	4	0	0	0	0	1	0	6	**15**	
CS Education	0	0	0	0	2	1	0	0	0	1	2	2	**8**	
Partnership Organisations														
Faith Group	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
Probation	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
Police (Borough)	0	0	0	0	3	0	0	0	0	0	0	0	**3**	
Police (CAIT)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
CAFCASS	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
Voluntary Sector	22	4	4	5	1	7	24	21	4	5	5	6	**108**	
BHRUHT	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
Schools	32	2	2	17	16	2	6	4	1	4	4	4	**94**	
NELFT	2	0	0	1	1	1	0	0	0	0	2	3	**10**	
NELCS	4	8	1	2	1	2	0	0	0	0	1	12	**31**	
Private	16	0	1	1	0	0	1	1	1	0	0	1	**22**	
Total Attendance	**107**	**36**	**31**	**52**	**62**	**31**	**61**	**57**	**16**	**60**	**33**	**46**		**592**

Appendix 4: BDSCB Financial Statement 2012-13

Income	Actual
Agency Contribution	**£**
Council - Safeguarding & Rights	94,453
Council - Housing	8,888
Council – Leisure	0
NHS NELC	14,813
BHRUHT	3,231
NELFT including CHS	3,231
CAFCASS	550
Probation	2,000
London Councils on behalf of Met police	5,000
Total Contribution	**132,166**

Expenditure	£
Independent Chair Salary	20,625
BDSCB Support salaries and Expenses: • Business Manager • Apprentice – half post (From February 2013) • Business Support Officer (To August 2012) • Training Coordinator – half post	84,500
Equipment and Printing costs	486
BDSCB Annual Conference	4,616
BDSCB Development Sessions	1,914
Serious Case Review	0
BDSCB Training Programme	23,186
BDSCB Website	25
Total	**135,352**

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Sub-Group Reports**
Report of the Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Authors: Andrew Marsh, Graduate Management Trainee (with information supplied from sub-group chairs)	**Contact Details:** E-mail: andrew.marsh@lbbd.gov.uk Telephone: 0208 227 2595
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board	
Summary: At each meeting of the Health and Wellbeing Board each sub-group, excluding the Executive Planning Group, report on their progress and performance since the last meeting of the Board.	
Recommendations: The Health and Wellbeing Board is asked to: • Note the contents of sub-group reports set out in the Appendices 1-5 and comment on the items that have been escalated to the Board by the Sub-groups. • Agree the proposal for a Task and Finish Group as set out in Appendix 6.	

List of Appendices

- Appendix 1: Mental Health Sub-group
- Appendix 2: integrated Care Sub-group
- Appendix 3: Learning Disability Partnership Board
- Appendix 4: Children and Maternity Sub-group
- Appendix 5: Public Health Programmes Board
- Appendix 6: Proposal for Task and Finish Group – Registration of births in Children's Centres

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APPENDIX 1

Mental Health Sub-group

Chair:

Martin Munro, Executive Director of Human Resources & Organisational Development, North East London NHS Foundation Trust

Items to be escalated to the Health & Wellbeing Board

The Group requested that the Health and Wellbeing Board consider whether joint development events for Sub-Group members to meet might be programmed into the annual business cycle.

The Group recommends that the key themes for a work programme be:

a) Early intervention on children's mental health linked to children's centres

b) Aligning commissioning targets and incentives for primary care and specialist services

c) Exploring initiatives in service provision to people with co-morbidities in long term health conditions

The task/finish group to ensure the patient and service user voice regarding long term mental and physical health conditions is heard

Meeting Attendance

14 August 2013: 67% (10 of 15)

Performance

Please note that no performance targets have been agreed as yet.

Action(s) since last report to the Board

The group has not reported to the Health and Wellbeing Board before, therefore this is a list of actions agreed and proposed work programme priorities discussed at the first meeting.

a) The sub-group agreed terms of reference and membership. It was recognised that primary care commissioning via NHS England and specialist commissioning were not represented.

b) A paper by the Kings Fund (February 2012) was reviewed. This highlighted improvements in quality of care and potential avoidance of duplication and emergency admissions through integration of care and active case management initiatives to meet the mental health needs of people with long term physical conditions and physical health of those with long term mental health conditions. Population information about those with co-morbidities could be explored

c) The Group agreed that a work programme should focus a small number of key themes

consistent with local strategic objectives and national policy. Proposed themes are listed for HWBB consideration.

d) A verbal update on the new Court Diversion and Liaison service for Barking & Dagenham was received.

Action and Priorities for the coming period

As an immediate priority the Sub-Group will be consulted on the CCG mental health commissioning intentions during September 2013. It was recognised that this will be prior to the next scheduled meeting to fit with the commissioning cycle. The Group agreed that an extraordinary meeting will not be required but that electronic comment from members will be collated by the Chair on behalf of the Group.

A task/finish group to ensure the patient and service user voice regarding long term mental and physical health conditions is heard, with membership from NELFT senior management, Healthwatch, NELFT Service User Groups (SURG), Public Health and Children's Services representation, building on existing expertise and engagement.

Contact: Fran Hayward, PA to Martin Munro - Executive Director of Human Resources & Organisational Development, North East London NHS Foundation Trust

Tel: 0300 555 1047 Ext: 4292 **Email:** Francesca.Hayward@nelft.nhs.uk

APPENDIX 2

Integrated Care Sub-group

Co-Chairs:

Dr J John, Clinical Director, Barking and Dagenham Clinical Commissioning Groups

Jane Gateley, Director of Strategic Delivery, Barking Havering and Redbridge Clinical Commissioning Groups (BHR CCGs)

Items to be escalated to the Health & Wellbeing Board

- None

Meeting Attendance

22 July 2013: 77% (10 of 13)

Performance

Please note that no performance targets have been agreed as yet.

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

This group has not reported to the Health and Wellbeing Board before, therefore this paper provides a list of recent actions to demonstrate the work that the Integrated Care Group is doing and to give context to future reports to the Board:

a) The group reviewed terms of reference and membership. The sub-group agreed that meetings should take place every 4 weeks, for 1½ hours each time. Core membership was agreed with representatives attending from Barking and Dagenham Clinical Commissioning Group, the Local Authority, Local Community Provider (North East London Foundation Trust), Local Acute Provider (Barking Havering and Redbridge University Hospital Trust) and Healthwatch. The group discussed Christine Pryor's attendance and agreed that it was unnecessary for her to be a standing member as the focus of the group is on adult health and social care. The group will link with Christine if they feel there are any positive outcomes that could be applied to Children's services. The terms of reference will be reviewed in November 2013.

b) Integrated Case Management leads are developing an Integrated Case Management scorecard detailing monthly Integrated Case Management performance against targets which the Integrated Care Group will review at each meeting; this scorecard should be ready by the next sub-group meeting in August.

c) The group received an update from the Strategic Delivery Project Manager (BHR CCGs) as to the Community Services development in relation to the productivity improvements to the non-acute bed base, and upcoming re-provision panel to review proposals from the community provider North East London Foundation Trust (NELFT) to deliver more joined up community care at locality level. The Panel in Barking and Dagenham will be meeting on 5 August 2013 to review proposals, and outcomes will be reported back to the group at the next meeting on 28 August 2013.

d) The group receives a monthly update on the development of the Joint Assessment and Discharge Service (JAD) at BHRUT from Bruce Morris, Divisional Director Adult Social Care; at the July meeting, the Sub-group agreed to feed in methods of ensuring that patient views are incorporated into the development of this service. A report with finalised Assessment and Discharge Service proposals will be ready for circulation to partners in September 2013.

e) The group reviewed the draft end of life update for the September Health and Wellbeing Board. Comments by the group are incorporated into the final report.

Action and Priorities for the coming period

a) The Group will monitor Integrated Case Management performance, reporting progress to the Health and Wellbeing Board and escalating issues as required.

b) The group will update the Health and Wellbeing Board on Assessment and Discharge Service proposals when they are published in September 2013.

c) An End of Life paper outlining current provision in Barking and Dagenham and identifying gaps in service is being sent to the Health and Wellbeing Board from the Integrated Care Sub Group, to frame End of Life discussion.

d) The Integrated Care Subgroup will continue to discuss Community Services development and update the Health and Wellbeing Board as to progress.

e) The Integrated Care Sub group will review the Clinical Commissioning Groups 2014/15 Commissioning Strategy Plan proposals at the next meeting.

Contact: Emily Plane, Project Officer, Strategic Delivery, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

Tel: 020 8822 3052 **Email:** Emily.Plane@onel.nhs.uk

APPENDIX 3

Learning Disability Partnership Board

Chair:

Glynis Rogers, Divisional Director Community Safety and Public Protection, London Borough of Barking and Dagenham

Items to be escalated to the Health & Wellbeing Board

None.

Performance

Performance against agreed targets.

Meeting Attendance

12 August 2013: 88% (15 of 18 attendees)

Action(s) since last report to the Board

(a) Two Learning Disability Partnership Board (LDPB) meetings have taken place.

(b) Three service user representatives and one carer representative have been appointed to the LDPB. We have a vacancy for a Professional/Provider representative.

(c) The Service User, Carer and Professionals and Provider Forums have met and are in the process of setting a programme of future meeting dates. The Chairs of the Forums have also held a meeting to ensure they are linking together and plan to have regular meetings from now on.

(d) The Forum representatives have an opportunity to give feedback and raise any issues at every LDPB meeting.

(e) Standing items on the LDPB forward plan include Winterbourne View and the Joint Strategic Plan and Children and Families Bill and Transitions.

(f) The Hate Crime Strategy was also presented at the first meeting.

(g) The theme for the second meeting on 12 August was health. Topics that were discussed included the Joint Strategic Needs Assessment (JSNA), The Francis Report, Confidential inquiry into Premature Deaths of People with Learning Disabilities, Fulfilling Lives, Learning Disability Week, the Self Assessment Framework (SAF), Market Position Statement, the work of Barking Havering and Redbridge University Hospitals Trust, the Winterbourne View Joint Strategic Plan and Section 75 agreement.

(h) Learning Disability Week has now taken place. (i) The Self Assessment Framework has been presented to the Health and Wellbeing Board.
Action and Priorities for the coming period (a) Future meetings are themed around autism, safeguarding and community safety, housing and education, training and employment. (b) The Winterbourne View Joint Strategic Plan is currently under development and will be presented to the Health and Wellbeing Board on 11 February 2013 for comment and feedback. The Department of Health has set a deadline for all Joint Strategic Plans to be in place by 1 April 2014.

Contact: Joanne Kitching, Business Support Officer, LBBD

Tel: 020 8227 3216 **E-mail:** joanne.kitching@lbbd.gov.uk

APPENDIX 4

Children and Maternity Group

Chair:

Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group

Items to be escalated to the Health & Wellbeing Board

None

Meeting Attendance

24 July 2013: 73% (11 of 15)

Performance

The performance framework that the Children and Maternity Group (CMG) will monitor is being finalised in line with the HWB performance indicators.

Action(s) since last report to the Board

The CMG, at its meeting on 24 July:

a) Discussed the refresh of the JSNA relating to children and young people and implications for commissioning plans2014/15

b) Received an update from NHS England on childhood immunisations and in particular the aims of NHSE to improve the childhood immunisation rates across Barking and Dagenham; to standardise processes across London in delivery of BCG and Hepatitis B; to instigate the changes to the childhood routine immunisation schedule and to update on the MMR catch-up campaign for 10-16 year olds

c) Reviewed the Health Visitor Call to Action implementation plan and heard from NELFT that 13 additional Health Visitors will be in post for Barking and Dagenham in 2013/14. A report on Health Visiting has been requested for the November meeting of the Health and Wellbeing Board.

d) Agreed the scope of a CCG review of services for children with complex needs aged 0-2 years

e) Commented on the performance framework and forward plan

NELFT has been successful in its bid for Barking and Dagenham services to take part in the third wave of the Department of Health's CAMHS Improving Access to Psychological Therapies (IAPT) programme which will provide additional training and improve standards within CAMHS services.

Action and Priorities for the coming period

a) The CMG is aligning its work plan with the priorities in the refreshed JSNA and the HWM performance framework.

b) The September meeting of the CMG will be reviewing CAMHS issues in relation to the successful IAPT bid.

Contact: Mabel Sanni, Executive Assistant, Barking and Dagenham CCG

Tel: 0203 644 2371 **Email:** mabel.sanni@barkingdagenhamccg.nhs.uk

APPENDIX 5

Public Health Programmes Board

Chair:

Matthew Cole Director of Public Health

Items to be escalated to the Health & Wellbeing Board ▪ None
Meeting Attendance 16 July 2013: 81% (9 of 11)
Performance This group is developing an understanding of its remit and its supervisory functions.
Action(s) since last report to the Health and Wellbeing Board a) A performance framework is in place for monitoring projects and spend. b) A commissioning Intentions Paper has been prepared to set out the process by which unallocated funding for the year 2014-15 will be spent.
Action and Priorities for the coming period a) Work is in progress to determine how any unallocated funding will be apportioned for the financial year 2014/15. b) A more systematic approach to how projects are grouped into programme areas will be worked up. c) To raise the profile of Public Health campaigns, for example stoptober. d) To work up a more systematic performance method.

Contact: Pauline Corsan, PA to Matthew Cole, Director of Public Health, LBBD

Tel: 020 8227 3953 **Email:** Pauline.corsan@lbbd.gov.uk

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APPENDIX 6

Title:	**Proposal for a Task-and-Finish Group to Implement Best Practice in Children's Centres**

Summary:

The All-Party Parliamentary Group on Sure Start Children's Centres has just published a major report which suggests a renewed focus on the period from conception to age two, as this is where the biggest difference to life chances can be made.

The report contains a number of recommendations to improve the lives of babies, children, and families. In particular it encourages collaboration between children's centres and midwifery and health visiting services by recommending that births are registered at children's centres in order to encourage their use by parents.

There is however a legal requirement that children are registered in the borough in which they were born, which has led to the majority of the borough's babies being registered either in Newham or in Havering where there are maternity services. The Borough has a family support worker based at Queen's Hospital who is working well, and it is being rolled out to Newham General Hospital as well. Now that births are happening at Upney Lane there is now an opportunity to link registrars and children's centres in the borough.

It has been proposed that a local task and finish group could be created to look at how we can increase the use of children's centres for children aged 0-2, in particular through the registration of births process. Suggested members for this group are Matthew Cole, Helen Jenner, Toby Kinder, Meena Kishinani, and relevant representatives from BHRUT and NELFT.

Recommendations:

The Health and Wellbeing Board are asked to:

- Discuss the proposal, and agree to creating the proposed task and finish group.

Contact: Glen Oldfield, Clerk of the Board

Tel: 020 8227 5796 **Email:** Glen.Oldfield@lbbd.gov.uk

HEALTH AND WELLBEING BOARD

17 September 2013

Title: Chair's Report	
Report of the Chair of the Health and Wellbeing Board	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
Report Author: Andy Marsh, Graduate Trainee	**Contact Details:** Tel: 020 8227 2595 Email: Andrew.Marsh@lbbd.gov.uk
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board	
Summary: Please see the Chair's Report attached at Appendix 1.	
Recommendation(s) The Health and Wellbeing Board is recommended to: (i) Note the contents of the Chair's Report and comment on any item covered should they wish to do so.	

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Chair's Report

17 September 2013

In this edition of the Chair's Report, I discuss the Integration Transformation Fund and the need for the Health and Wellbeing Board to coordinate a local plan. The report also gives an update on CCG authorisation, the Berwick Review, the Healthy Child Programme, Healthy Schools London, and the recent measles outbreak.
I would welcome Board Members to comment on any item covered should they wish to do so.

CCG Authorisation

NHS England reviewed the progress made by Barking and Dagenham CCG in relation to the seven conditions that were applied at authorisation at their meeting on 16 July. They agreed that the seven conditions should be removed and Barking and Dagenham CCG is now authorised in full and without any conditions. NHS England will regularly review the progress of CCGs in relation to the discharge of conditions applied at authorisation.

I would like to congratulate the CCG on behalf of the Board on this excellent news!

Integration Transformation Fund

Members of the Health and Wellbeing Board should be aware that the Government's most recent Spending Round announced a pooled budget of £3.8 billion for local health and care systems in 2015/16, which is being referred to as the "Integration Transformation Fund." It is a part of the government's wider agenda to integrate health and social care.

To secure funding for Barking and Dagenham, we need to agree and sign off a local plan ready to submit by March 2014, so planning needs to start as soon as possible.

The money in the Transformation Fund is not new; it has been pooled from several NHS and local authority funds. £1.9 billion will come from current CCG budgets, as a rough guide each CCG has been advised to consider how to free up around £10 million. The Spending Round also announced a further £200m transfer from the NHS to social care in 2014/15 in addition to the £900m already committed.
£1 billion of the Fund will be related to performance.

CCGs will be using money from their normal allocation to create the fund so there will be no automatic transfer to boroughs, unlike the NHS annual transfers. No basis for determining the split of the funding has been agreed so far, although following the existing s256 splits may be a good starting point. Any local partners will be able to add funding to the pooled budget if they wish.

Access to the Fund will be dependent on the agreement of a local 2 year plan for 2014-16, which needs to be agreed by March 2014. The plans will need to make it clear how the Fund will help to make progress, and will need to be agreed between partners, and signed off by the Health and Wellbeing Board. There are also certain national conditions around integrated working that will need to be addressed in the plans. After the local sign off government ministers will have to see and sign off the plans. Although final details are still being decided we will want to start work as soon as possible to develop plans for this funding.

The Integration Transformation Fund is on the agenda for the next Health and Wellbeing Board meeting in November where we will be discussing it in more detail.

Berwick Review

Following the Francis Report, Don Berwick, an American expert in healthcare systems was asked by the Prime Minister to carry out a review into patient safety. His review was published on 6 August, and is likely to influence the government's response to Francis.

The review focussed on four main areas:

- Never allowing other priorities to overtake the priority of patient care;
- Empowering and listening to patients and carers;
- Complete transparency;
- Continuous staff development with the sharing of lessons across the system.

There are two major recommendations from the Berwick Review which the Board should be aware of:

- The Berwick Review advises against a statutory duty of candour on the basis that bringing in legislation is likely to make the system less not more transparent. This reflects the Review's theme that while professional neglect must be taken seriously, mistakes do happen and there should not be a fear of reporting them.
- The Review recommends a new criminal offence of 'wilful neglect' to tackle rare cases where a medical professional knowingly and seriously neglects a patient.

We will continue to monitor the government's response to the Berwick Review and bring any further information back to future meetings.

Transition of the commissioning of the 0-5 yrs Healthy Child Programme to the Council

In April 2015, the Healthy Child Programme will be transferred from the NHS Commissioning Board to the council.

NHS England and London boroughs have agreed the set up of a Health Visitor Transformation Board to oversee current management and future transfer of Health Visitor contracts. NHS England have begun benchmarking current services by borough in preparation for the Transformation Board.

John Atherton will be presenting a paper on the transition process at the Board meeting in November.

Healthy Schools London

The Healthy Schools London programme was mentioned in the Chair's Report in June. The optional programme encourages schools to promote healthy lifestyles, and awards them with bronze, silver, or gold awards. It is anticipated that schools in the borough will be able to achieve a bronze award relatively quickly and then be in a position to progress to silver and gold.

Two members of this Health and Wellbeing Board are now directly involved in the scheme: Helen Jenner is part of the Evaluation Group, and Matthew Cole part of the Implementation Group. For more information, please contact Helen Jenner on Helen.Jenner@lbbd.gov.uk or 020 8227 5800.

Measles Update

The measles outbreak continues to be focussed in the Orthodox Jewish community in north east London, particularly Hackney and Haringey. There was a small outbreak of seven cases linked to a primary school in Newham during June and July, but to date there have been no known cases of measles in Barking and Dagenham this year.

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	**Forward Plan (2013/14)**
Report of the Chief Executive	
Open	**For Comment**
Wards Affected: None	**Key Decision:** No
Report Authors: Glen Oldfield, Democratic Services	**Contact Details:** Telephone: 020 8227 5796 E-mail: glen.oldfield@lbbd.gov.uk
Sponsor: Cllr Worby, Chair of the Health and Wellbeing Board	

Summary:

Attached at Appendix 1 is the Forward Plan for the Health and Wellbeing Board. The Forward Plan lists all known business items for meetings scheduled in the 2013/14 municipal year. The Forward Plan is an important document for not only planning the business of the Board, but also ensuring that we publish the key decisions (within at least 28 days notice of the meeting) in order that local people know what discussions and decisions will be taken at future Health and Wellbeing Board meetings.

Since last being presented to the Board, the Forward Plan has been discussed at Executive Planning Group meetings on 26 July and 2 September. Appendix 1 contains updates and revisions arising from those meetings.

Recommendation(s)

The Health and Wellbeing Board is asked to:

- Make suggestions for business items so that decisions can be listed publicly in the May edition of the Council's Forward Plan with at least 28 days notice of the meeting;
- To consider whether the proposed report leads are appropriate;
- To consider whether the Board requires some items (and if so which) to be considered in the first instance by a sub-group of the Board.

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APPENDIX 1

Health and Wellbeing Board Forward Plan (2013/14)

Meeting Date:	05 November 2013 (4pm, Barking Learning Centre)
Scheduled Business	0-5s Agenda (Health Visiting Services)
	Adult Social Care Funding
	Chair's Report
	Children and Families Bill (relevant provisions)
	Commissioning Plans 2014/15
	Deprivation of Liberty Safeguards Annual Report 2012-13
	Diabetes Scrutiny: Update on Delivering the Recommendations
	End of Life Care
	Forward Plan
	Francis Report: Assuring Service Quality
	GP Premises: How NHS England and the CCG reach decisions about primary care estates?
	Integration Transformation Fund 2015/16
	Older People
	LES contracts 2014/15
	Q2 Performance

Meeting Date:	05 November 2013 (4pm, Barking Learning Centre)
	Sub-Group Report: Children and Maternity
	Sub-group Report: Integrated Care
	Sub-Group Report: Learning Disability Partnership Board
	Sub-Group Report: Mental Health
	Sub-group Report: Public Health Programmes Board
	Urgent Care Board: Update

Meeting Date:	10 December 2013 (6pm, Barking Learning Centre)
Scheduled Business	Care Bill
	Chair's Report
	Contracts: Public Health Commissioning Intentions
	Forward Plan
	Healthwatch: The First Six Months
	Impact of Welfare Reforms
	Sub-Group Report: Children and Maternity
	Sub-group Report: Integrated Care
	Sub-Group Report: Learning Disability Partnership Board
	Sub-Group Report: Mental Health
	Sub-group Report: Public Health Programmes Board

Meeting Date:	11 February 2014 (6pm, Barking Learning Centre)
Scheduled Business	Chair's Report
	Forward Plan
	Integration Transformation Fund 2015/16
	Supported Living Tender
	Joint Strategic Plan (Winterbourne View)
	Longer Lives Update: Learning from comparator authorities
	Q3 Performance
	Work Programmes of H&WBB Sub-groups
	Sub-Group Report: Children and Maternity
	Sub-group Report: Integrated Care
	Sub-Group Report: Learning Disability Partnership Board
	Sub-Group Report: Mental Health
	Sub-group Report: Public Health Programmes Board
	Working Age Adults

Meeting Date:	25 March 2014 (6pm, Barking Learning Centre)
Scheduled Business	Chair's Report
	Director of Public Health Annual Report
	Joint Health and Social Care Self Assessment Framework
	Forward Plan
	Sub-Group Report: Children and Maternity
	Sub-group Report: Integrated Care
	Sub-Group Report: Learning Disability Partnership Board
	Sub-Group Report: Mental Health
	Sub-group Report: Public Health Programmes Board

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