

Notice of Meeting

HEALTH & WELLBEING BOARD

Tuesday, 7 July 2015 - 6:00 pm
Conference Room, Barking Learning Centre, 2 Town Square, Barking, IG11 7NB

Date of publication:

Chris Naylor
Chief Executive

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Membership

Cllr Maureen Worby (Chair)	(LBBD) Cabinet Member for Adult Social Care and Health
Dr W Mohi (Deputy Chair)	(Barking & Dagenham Clinical Commissioning Group)
Cllr Laila Butt	(LBBD) Cabinet Member for Crime and Enforcement
Cllr Evelyn Carpenter	(LBBD) Cabinet Member for Education and Schools
Cllr Bill Turner	(LBBD) Cabinet Member for Children's Services and Social Care
Anne Bristow	(LBBD) Corporate Director of Adult and Community
Helen Jenner	(LBBD) Corporate Director of Children's Services
Matthew Cole	(LBBD) Divisional Director of Public Health
Frances Carroll	(Healthwatch Barking & Dagenham)
Dr J John	(Barking & Dagenham Clinical Commissioning Group)
Conor Burke	(Barking & Dagenham Clinical Commissioning Group)
Jacqui Van Rossum	(North East London NHS Foundation Trust)
Dr Nadeem Moghal	(Barking Havering & Redbridge University NHS Hospitals Trust)
Sultan Taylor	(Metropolitan Police, Borough Commander)
John Atherton (Non-voting member)	(NHS England)

AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

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

3. Minutes - To confirm as correct the minutes of the meeting on 12 May 2015 (Pages 3 - 14)

BUSINESS ITEMS

4. Developing a Mental Health Strategy (Pages 15 - 28)

5. Mental Health Needs Assessment (Pages 29 - 44)

6. CCG Mental Health Commissioning priorities and investment 2015/16 - Crisis Care Concordat (Pages 45 - 67)

7. Developing the Dagenham Primary Care Strategy (Pages 69 - 83)

8. Annual Health Protection Profile (Pages 85 - 110)

9. Inclusive Framework Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND) (Pages 111 - 129)

10. Children's Autism Strategic Plan (Pages 131 - 153)

11. Health and Wellbeing - Year End Performance Report (Pages 155 - 181)

STANDING ITEMS

12. Systems Resilience Group - Update (Pages 183 - 189)

13. Sub-Group Reports (Pages 191 - 201)

14. Chair's Report (Pages 203 - 208)

15. Forward Plan (Pages 209 - 216)

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

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

Private Business

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

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

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Our Vision for Barking and Dagenham

One borough; one community; London's growth opportunity

Encouraging civic pride

- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

Enabling social responsibility

- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

Growing the borough

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough's image to attract investment and business growth

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MINUTES OF HEALTH AND WELLBEING BOARD

Tuesday, 12 May 2015
(6:00 - 8:00 pm)

Present: Cllr Maureen Worby (Chair), Dr Waseem Mohi (Deputy Chair), Anne Bristow, Chief Superintendent Sultan Taylor, Conor Burke, Cllr Laila Butt, Frances Carroll, Matthew Cole, Helen Jenner, Cllr Bill Turner and Jacqui Van Rossum

Also Present: Sarah Baker, Cllr Eileen Keller and Cllr Dominic Twomey,

Apologies: John Atherton, Dr Nadeem Moghal and Cllr Evelyn Carpenter,

121. Declaration of Members' Interests

There were no declarations of interest.

122. Minutes - To confirm as correct the minutes of the meeting on 17 March 2015

The minutes of the meeting held on 17 March were confirmed as correct.

123. Draft Refresh of the Joint Health and Wellbeing Strategy Including Delivery Plan and Outcomes Framework

Matthew Cole, Director of Public Health, presented the report on the draft refreshed Health and Wellbeing Strategy, which set out the vision for improving the health and wellbeing of residents and reducing health inequalities by 2018 through identifying key priorities based upon evidence in the Joint Strategic Needs Assessment (JSNA). The priorities would then act as the cornerstone for commissioning plans and other agreements and how partners would use those and other resources to deliver the agreed priorities to maximise health gain. The refresh of the Strategy was supported by two key documents the Health and Wellbeing Outcomes Framework, which set out the monitoring indicators, and the Health and Wellbeing Strategy Delivery Plan 2015-18, which set out the and time frame for the delivery of the key actions.

In response to questions Matthew advised that there were other strategies and plans that hold overall responsibility for an issue, for example for domestic violence sits under the responsibility of the Community Safety Partnership, therefore they were not duplicated in this strategy. It was felt that Child Sexual Exploitation was an area where the Health and Wellbeing Board should lead in view of the health partnerships. Matthew went on to explain that the Joint Health and Wellbeing Strategy covered high level strategic risks as specific risks such as maternity services returning from Barts Trust would be dealt with by the appropriate Health and Wellbeing Board sub-groups dealing with delivery.

There was discussion about the provision of a strategic map to show who the lead Board and Sub Group was for responsibilities and priorities. Matthew agreed to provide this for this Strategy.

Councillor Turner commented on three aspects. He was concerned that there was

no reference to sickle cell anaemia, which had been raised at earlier Board meetings as being of high prevalence in this Borough. There was also no overview of the effect of transient populations, which in the Borough was being exasperated by the turnover of tenants in private accommodation and that accommodation could often be of poor quality. Cllr Turner said he was concerned that this could affect private rented tenants' ability to seek and continue with health care and for them to be targeted to achieve good health outcomes. Cllr Turner commented that he was also concerned about the ability of residents to easily access shops to get fresh foods, such as fruit and vegetables, and whether the Planning Framework could be a way of improving access to shops that could encourage health eating.

Matthew responded that Housing had been consulted and had indicated that they were extremely happy with the Strategy; however, he would go back to housing and ask them about making greater reference to the effect of transient and poor quality housing. Anne Bristow, Corporate Director of Adult and Community Services, advised that sickle cell anaemia had been a priority in the previous strategy. As a result action plans had been put into place and already delivered against resulting in improvements, therefore, this was not a priority this year. Matthew added that diabetes was in last year and was still a priority this year because the issues had not improved sufficiently to the sub-group's satisfaction.

Matthew confirmed that BME did not just cover black ethnicities and did include people of white European origin, including from countries such as Latvia, Poland and Romania.

The Chair said that she felt it was important that the wider implications were understood by all partners and within partner organisation, as a result she was formally requesting that the Board partner organisation consider this Strategy at all their executive Board meetings.

The Board:

- (i) The Board agreed to the Health and Wellbeing Strategy, Outcomes Framework and Delivery Plan 2015-18, as set out in the report, subject to the:
 - (a) Provision of an strategy map showing responsibilities and priorities,
 - (b) Inclusion of an overview which acknowledged that tenant turnover in private rented accommodation could impact on health outcomes;
- (ii) The Board also requested that the Strategy should be presented to the governing / executive meetings of the Board Members organisations, including LBBD Cabinet, and the governing boards of the CCG, BHRUT and NELFT so that they were all fully aware of the across the board implications.

124. Prevention: A Local Framework for Preventing, Reducing and Delaying Care and Support Needs In Adults

Conor Burke (Chief Accountable Officer, Barking and Dagenham, Clinical Commissioning Group), Jacqui Van Rossum (Jacqui Van Rossum, Executive

Director Integrated Care (London) and Transformation, NELFT) and Dr Mohi (Chair - Barking and Dagenham Clinical Commissioning Group) all arrived during this item.

Ian Winter CBE, Care Act Programme Lead, gave a presentation on the prevention approach in reducing and delaying care and support needs in adults and the both Council's and its partners' plans to meet their responsibilities.

Ian explained that whilst the document showed the key links to other strategies, it was not a strategy in itself but set out the links to other agencies and the community. Ian explained that you can reduce the impact and sometimes delay the effect of conditions, but you cannot ultimately stop the condition progressing, be it dementia or other serious health conditions. However, it was important to prevent and delay the need for hospital admissions and also to move away from the care homes mentality of sending residents to hospital on a Friday: especially in end of life situations as this was very distressing for both the individual and their families and put extra stress on the hospitals.

Ian drew the Boards attention to the Health and Wellbeing Board Development Session that was held on 16 April 2015 and the work covered during the session and the two guest speakers that had attended and their advice about making decision 'personal'.

Ian explained that The Better Care Fund was one of the primary drivers of the prevention aims and that the Council's priority 'Enabling Social Responsibility' applies across all its actions was a significant acceptance of the importance of individual and the greater community involvement. This impacted on individual responsibility, in regards to what people could do for themselves and an individualised approach to each resident, for example what can family, friends neighbours, religious community and wider community do to help. Then there was the support that organisation, such as the Council and NHS, could offer. To meet the growing pressures it would become more important that larger organisations did not just focus on day-to-day care standards, but on what could be done to prevent escalation and that needed both innovation and a cultural shift in attitude.

The Chair reinforced what Ian Winter had said and commented that it had been a struggle to get prevention delivered and it was now important to identify the 'person' and do what was necessary to provide the services that work for the person. Conor Burke agreed that prevention was clearly the right thing to do and it was now about working out how we do it to reduce the impact on resources in the future.

Helen Jenner, Corporate Director of Children's Services, commented on Appendix 2 and requested that a comment about challenging age discrimination should be included.

Having discussed and commented upon the proposals set out in the report and the Prevention Framework attached to the report.

The Board:

Noted the duties and responsibilities of the Council and its partners to help prevent, delay or reduce the likelihood of individuals developing increased needs

for care and support as a whole Borough responsibility.

- (ii) Agreed the Prevention Framework, as set out in Appendix A to the report, and, in particular, agree the proposed next steps.
- (iii) Agreed that a comment about challenging age discrimination should be included.

125. Mental Health Needs Assessment

Matthew Cole, Director of Public Health, presented the report on the review of the Needs Assessment and explained how the Mental Health Sub-Group had identified a number of areas where action would generally further improve earlier diagnosis and sign posting to support and/or treatment for adults, children and adolescence. Set out in Appendix 1 to the report were the 25 recommendations by the Mental Health Sub-Group to the Board.

Matthew explained that nationally we do not know how many adults or children are ill or need support. Locally we appear to be underscoring against predicted numbers, based upon national and local anticipated incidence rates. What was clear is that we are diagnosing too late for both adults and children and that the earlier support and treatment is provided the less negative impact there is on the quality of life of individuals.

Helen Jenner commented that it is essential to capture issues in regards to emotional resilience at an early an age as possible as evidence shows that this then reduces the impact later in an individual's life. Helen also drew the Boards attention to the comment that there were 4,500 diagnosed but less than 1,000 are currently getting or had received treatment, the comment in the document was that this was 'some lost' when in fact that was quite misleading as there was a lot lost to the system.

Helen also requested that looked after children needed to be given priority access to support them through the care system and into adulthood and this needed to be specified in the Needs Assessment and delivery plans. This request was supported by the Board.

Discussion was held in regard to the statistics within the document and that it was felt they were seriously under estimated. It was agreed that Matthew Cole and Jacqui van Rossum would work with other Board members to ensure that the figures were robust and triangulated as the actual level of demand and areas of need would have a major impact on future service delivery and the resources needed and inform the Board in its future decisions. The Chair said that she too had concerns about the data and numbers quoted in the report, but she was also disappointed that the sub-groups had not picked this up earlier and stressed that was why attendance and engagement at the sub-groups was important.

Having considered the recommendations made by the Mental Health Sub-Group and following discussions in regard to the data and effect that could have on service delivery and future Board decisions.

The Board:

- (i) Deferred its approval of the Mental Health Needs Assessment;
- (ii) Requested Matthew Cole and Jacqui van Rossum to work with other Partners to ensure that the data / figures were robust and triangulated; and
- (iii) Requested the Mental Health Sub-Group to incorporate the views of the Health and Wellbeing Board, set out above, in regards numbers of patients lost to the system and to looked after children and statements, into the vision
- (ii) Requested a revised Mental Health Needs Assessment and delivery plan, based upon the revised data, be presented to the Board at its 7 July 2015 meeting for approval.
- (iv) Reminded partners of the need for sub-group attendance and also robust scrutiny of the documents and data presented at those groups.

126. Health and Wellbeing Outcomes Framework Performance Report - Quarter 4 (2014/15)

Matthew Cole, Director of Public Health, presented the report on the performance for Quarter 3 and drew the Board attention to a number of improvements and need for further improvements that were needed.

The Chair commented that there were some signs of improvement, for example the number of health checks had improved, but she was disappointed that the level of immunisations had dropped and that the Borough's two primary hospital Trusts were now in special measures.

As part of the discussion it was noted that BHRUT and CCG would be working on improving primary care now that the acute provision is being stabilised. In addition the CQC report on Queens Hospital was expected in the near future and it was possible that Queens Hospital may be removed from special measures. Barts Trust was primarily in special measures due to the serious concerns about Whipps Cross Hospital and whilst the Barking and Dagenham CCG had an interest in that provision they were not directly responsible or significantly involved.

Conor Burke commented that provision across the whole of the area would need to be up-scaled to be able to deal with the population growth that was projected to occur as there would be significant effect on both the CCG provision and the local hospitals.

In response to a question from Councillor Turner about residential care homes being inadequate, Anne Bristow explained that under the new criteria care homes now either fully meet the criteria, or they don't. There was now no category to allow minor infringements to be noted and dealt with. Minor infringements would now result in 'not met'.

In regard to starting the programme of visits to care homes in the Borough. Helen Jenner suggested that the Ofsted model may be a good basis to work. Frances Carroll, Healthwatch, advise that they can do both announced and unannounced visits but they have some difficulty in then working out where their reports should be reported onto for action. The Chair said that they would look at

the use or adaption of the Ofsted model and would discuss with Councillor Keller, Chair of the Health and Adult Services Select Committee, to ensure that maximum scrutiny could be given to ensure improved service levels were achieved for residents.

Jacqui van Rossum did not discount that there could be a data feed delay in regards to the number of newborns not seen within 14 days, however, she suggested that it might be advisable to undertake exception reporting to identify why a baby had not been seen. for example if the baby was still in hospital or may be in another health authority area.

A member of the public present raised a question in regards to paragraph 5.4 of the report and the standards not being met by Abbeyfield East London Extra Care Society. Anne Bristow explained the CQC would give a timeframe for the necessary action to be taken and depending on the issue that could be a requirement for immediate action or longer timeframes, for example to arrange and train staff etc. Regular monitoring would be undertaken to ensure the required actions were progressing adequately.

Having received the report, reviewed the overarching dashboard, discussed the performance report for Quarter 3, noted the new data available and further detail provided on specific indicators, and the actions being taken to sustain or achieve good performance.

The Board:

- (i) Noted quarterly improvements and that
 - A&E attendances had decreased between February and March, extended hours opening being introduced.
 - A 6.7% reduction in ambulance conveyances to BHRUT.
 - Chlamydia screening uptake had increased, as had detection rates.
 - NHS Health Checks for eligible residents was now above target.
 - Reductions in IAPT referral waiting times.
 - Children and young people accessing CAHMS was up by 16%.
 - Face-to-face health visitor visits for new born children had increased to 85.1%. However, nearly 15% of newborns not being seen within 14 days needed to be viewed as a potential safeguarding risk, and exception reporting would be necessary to identify if the child was in hospital or had been seen in another health authority area.

- (ii) Noted that further improvement was indicated in regards to
 - Child immunisation take-up.
 - Reduction in teenage conception rates.
 - Health checks for looked after children.
 - Smoking quitters, although it was noted there had been some significant improvement from 4 to 34 pregnant mothers who had been admitted to the course.
 - Reports from the Care Quality Commission inspections in regard to GP practices and care homes, including six breaches at Alexander Court Care Centre. The Liberty Centre care home was in Havering, and they were leading on that investigation
 - The number of 2 to 2.5 year olds seen by a health visitor.

- (iii) Noted that further information on the inspections of care homes, including by Councillors and other interested persons, would be provided in due course.

127. Review of Learning Disability and Autism Health and Social Care Self Assessments

Glynis Rogers, Divisional Director - Commissioning and Partnerships, presented the report on the submissions that were made under the Learning Disability Self-Assessment Framework (LDSAF) and the Autism Self-Assessment Framework (ASAF) as one way the health partners and Council recognised the overall needs, experience and wishes of both people with a learning disability, autism and their carers.

Glynis explained the self assessment was our response to the Winterbourne View Hospital report. In addition to providing a national and regional view of services it also provides local context. There were 26 measures in the Self-Assessment Framework (SAF) and the Council was asked to comment on 23 of those. Glynis explained that performance had been 'RAG' rated and six measures remained at amber. These six measures primarily related to advocacy services, and concerns around those services had been reported to the Board. There was one measure where performance had declined, however, the performance had been the same as last year, at 91%, but the benchmark was raised to 100% this year, therefore only 100% achievement would have achieved green.

Glynis drew the Board's attention to Autism not being specifically covered in the Housing Strategy and gave assurance that the new Strategy should cover this and this would be monitored by the Learning Disability Group.

In response to a question from Helen Jenner, Glynis confirmed that the term 'people' in the report included children. Helen asked that the report was also presented to the appropriate groups including the Children and Maternity Group.

The Chair commented that this was a high level document and the sub-groups needed to ensure delivery. The Chair stressed that if any group was struggling to achieve their target(s) then an early indication should be passed to the Board, and they should not wait till the end of the year. This would give the Board assurance that strategies and delivery plans were working.

Councillor Turner requested that when referring to service users an indication of the numbers we actually have in the Borough was provided. It was suggested that an overview box providing such data should be included in all reports wherever possible. This was supported by the Board.

Sarah Barker, Independent Chair of the both the Local Adult and Children Safeguarding Boards, advised that as there were safeguarding aspects she would ensure that this report was put on the Local Safeguarding Boards' agendas.

Conor Burke credited both the clarity of the report and commented that clearly work was being done.

The Board noted and discussed the submissions and the proposed headline

actions set out in the report.

The Board:

- (i) Agreed the proposed actions set out in the report and charged the Learning Disability Partnership Board to expand and take forward those actions at their meeting on 19 May 2015.
- (ii) Requested that wherever possible an overview box was provided in all future reports to the Board to give an indication of the number of residents involved / service user in the Borough.

128. Review of Governance Arrangements Of The Sub Structure Of The Health And Wellbeing Board

Mark Tyson, Group Manager – Integration and Commissioning, presented the review of governance arrangements for the sub structure (sub-groups) of the Board. The Board was now in its third statutory year and the sub-group structure was reviewed each year. Mark explained how the Executive Programme Group had reviewed the sub-groups and the views of the Chairs of the sub-groups had also been sought to see if in their view there was any changes needed to the structure or their terms of reference.

As a result of the review it was proposed that the structure and sub-groups remain broadly the same, but with some alteration to the focus and arrangements of the Integrated Care Sub-Group, the details of which were set out in the report.

Having received the report and considered the sub structure of the Health and Wellbeing Board and the proposed changes to the focus and arrangement for the sub-groups.

The Board

- (i) Agreed there should be no changes to the Terms of Reference of the Executive Planning Group, Children and Maternity Sub-Group, Public Health Programmes Board, Learning Disability Partnership Board (LDPB), Mental Health Sub-Group;
- (ii) Agreed the changes to the focus and arrangement of the Integrated Care Sub-Group, as set out in section 2 of the report, from May 2015.
- (iii) Confirmed the membership of each of the sub-groups, as set out in Appendix 1 to the report.

129. Systems Resilience Group - Update

Conor Burke, Accountable Officer, Barking and Dagenham CCG, presented the report and reminded the Board of the role of the System Resilience Group (SRG), which had previously been known as the Urgent Care Board.

Conor advised that action plans to improve service provision, customer experience and achieve removal from special measures were progressing well and the Trust was gradually improving. Conor gave as an example the A&E four hour target,

which was now being achieved on average 92% of the time against the national 95% target, and this was a significant improvement since last year.

There was a workshop planned within the hospital to focus on the winter plan and to ensuring that the hospital got into a position over the summer to be ready and resilient for the winter pressures.

The Board

- (i) Received the report from the Systems Resilience Group, including details of briefings on 23 March and 20 April 2015.
- (ii) Noted the improvements in A&E four hour targets and the preparations for the winter plan and pressures were starting next week.

130. Sub-Group Reports

131. Chair's Report

The Board noted the Chair's report, which provided information on a number of events / issues, and comments made as set out below:

- (i) **Health and Wellbeing Board Development Session on 16 April 2015**
The theme of the development session had been 'Making Integration Real'. The session had been well attended by Board Members, partners, sub-group members and colleagues and had special guest speakers. The Integrated Care Sub-Group would now consider how the proposals from the workshops will now be taken forward. The Board watched a video of the Session around moving forward and getting back the 'innovation mojo' to meet the growing demands on service provision in the future and making services 'personal'.

The Chair commented that the Board had made a commitment and now we needed to get on and do it.

- (ii) **Abbey Leisure Centre and #makeachange pledges**
Provided a reminder of the facilities at the Centre and the 'Make a Change' campaign.
- (iii) **The Care Act 2014 Update**
This had become operational on 1 April 2015 and was in a process of embedding changes and reeving practices in 2015/16.
- (iv) **Quick Cards**
The Quick Cards were developed to help practitioners keep at the front of their minds the new requirements. The Cards cover key parts of the Act and provide prompts and reminders about the detail of the Statutory Guidance, as well as relevant parts of local policies and procedures that must be considered.
- (v) **Care and Support Hub**
The Hub has been updated with a number of new features / functions following feedback from service users, providers and staff to make the Hub

more user friendly, as well as Care Act compliant. Partners were asked to promote the hub as the definitive source of information about local care and support services and provide updates and changes to ensure it is kept current.

(vi) **Independent Living Fund (ILF)**

The ILF closure of the Fund to new applicants comes into effect on 30 July 2015. Funding for 2016/17 will be decided by the Government at later stage. A review of all 38 recipients of ILF in the Borough was being undertaken

(vi) **Local Authority Self-Assessment: Transfer of 0-5 Public Health Commissioning responsibilities**

The Regional Oversight Group would provide a progress report to the Local Government Association, which in turn would help national partners to resolve outstanding issues.

LBBB still had concerns that there would be inadequate funding to commission the service at the level required without putting additional pressures on the Council's Public Health Grant. Clarity was still needed on funding arrangements for staff supervision and management and the potential effect on staffs' current terms and conditions and MASH staff being taken from health visitor allocations.

(vii) **North East London Strategic Alliance (NELSA)**

The vision set out a new approach to decision-making and service delivery to unlock the potential of the boroughs. Barking and Dagenham, Enfield, Greenwich, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest had taken the first step towards presenting a case for greater devolution of powers from central government and London regional government and further updates would be provided to the Board as the devolution plans progressed.

The Board felt that it was important to work together and to agree a synergy. Conor Burke said that he felt that, rather than a national lead, local or sub regional action on potential areas for development was needed and that had now started. The Chair commented that the innovation and synergy was needed in order to be able to meet the next five years of funding pressure.

(viii) **News from NHS England**

- **New plans for Mental Health Care -**

The Government had set out a blue-print for improving care over the next five years and had announced a £1.25b funding increase for your people's mental health care which would include new access and waiting times and plans to make specialist therapies available across the country.

- **National Review of Maternity Care**

NHS England had announced details of a major review of the commissioning of NHS maternity services.

- **Child Sexual Exploitation Awareness Day**

The first National Child Sexual Exploitation (CSE) Awareness Day was held in March and was dedicated to raising awareness across all agencies.

(ix) **Make a Change - Turning the Tide on Obesity in Barking and Dagenham**

Monday, 18 May, 1.00 to 4.30pm, Barking Learning Centre.

132. Forward Plan

The Board

- (i) Noted the draft Forward Plan for the Health and Wellbeing Board and there had been some changes and items added since the publication of the agenda; and,
- (ii) Noted any new items / changes must be provided to Democratic Services by no later than 6.00p.m, on 3 June 2015 for them to be considered at the 7 July 2015 meeting or later.

133. 2015/16 Quality Premium

(The Chair agreed that this item could be considered at the meeting as a matter of urgency under the provisions of Section 100B(4)(b) of the Local Government Act 1972.)

Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group (CCG) presented the report on the opportunity for the CCG to earn a Quality Premium, which was intended to reward CCGs for improvements in quality of the services they commission and for associated improvements in health outcomes. There were six measures against which the CCG can claim a portion of the Quality Premium Payment, the details of which were set out in the report. The Quality Premium could provide a maximum payment of £5 per head of population and if all the measures were achieved the 2015/16 Quality Premium would potentially be worth in the order of £1m for the Barking and Dagenham CCG.

The Board discussed the proposals and received assurance that whilst there would be difficulties in achieving some areas, the six measures, which included the two local measures, are areas where work had begun and could with extra effort produce the required results.

Sara Baker commented that in order to ensure the number of patients discharged over weekends or bank holidays increased there would need to be support in place to receive them. The Chair responded that the impetus for that target was the Joint Assessment and Discharge Unit (JAD) which was already in place and was having a significant effect in reducing delays in discharge from hospital by ensuring proper and timely support was in place.

Conor Burke confirmed that the targets were realistic and there were no extra costs or pressures.

The Board:

- (i) Agreed to support the CCG in its response to the NHS England in regards to the 2015/16 Quality Premium, and
- (ii) Approve the measures and trajectories for 2015/16 within that response, as set out in Section 2 of the report.

HEALTH AND WELLBEING BOARD

7 July 2015

Title:	Developing a Mental Health Strategy		
Report of the Cabinet Member for Adult Social Care and Health			
Open Report	For Decision		
Wards Affected: ALL	Key Decision: NO		
Report Author: Mark Tyson, Group Manager, Integration & Commissioning	Contact Details: Tel: 020 8227 2936 E-mail: monica.needs@lbbd.gov.uk		
Sponsor: Anne Bristow, Corporate Director of Adult & Community Services & Deputy Chief Executive			
Summary: The Mental Health Subgroup of the Health & Wellbeing Board has been working bringing together a number of proposed developments around mental health services, including approaches to prevention, awareness-raising and improving access to generic support. This picks up on a number of requirements, including responding to the Mental Health Needs Assessment, 'Closing the Gap', the scrutiny review of mental health and austerity and the Crisis Care Concordat. In addition, the Council has initiated a process for reviewing the model of delivery of the mental health social care services, currently in an integrated arrangement with North East London NHS Foundation Trust, in part in response to a significant overspend in the delivery of these services. At the same time, the Better Care Fund Joint Executive Management Group is seeking to initiate a review of services relating to its 'mental health outside hospital' scheme to inform future commissioning approaches. Taken together with the challenging financial position of health and social care services, this presents a complex set of demands which will take some careful consideration to address. A clearer strategy across partners for the development of mental health support would be beneficial. It is proposed that the summer period (August) is used as an opportunity to take some time out to address these challenges in partnership. This report presents the proposed approach, together with a paper which seeks to set people thinking about the areas covered by the work.			
Recommendation(s) Members of the Health and Wellbeing Board are recommended to: i. Note the proposed approach to strategy development outlined in the report, which will conclude with the Mental Health Subgroup being tasked with the development			

- of a partnership mental health strategy for consideration by partners and the Board;
- ii. Encourage the participation of member organisations and partners in the summer strategy development sessions, and in particular to encourage an open and creative engagement with the challenge of rethinking mental health services in line with the various policy directives set out, and to use this thinking to shape a future partnership mental health strategy.
 - iii. Note that the product of the work will be reported to the October meeting of the Health & Wellbeing Board and confirm that the Forward Plan is to be amended accordingly.

Reason(s):

There is widespread national concern about the attention given to mental health services relative to services which address physical health. With a number of opportunities to improve mental health services presenting themselves at the same point, it is imperative that we take a coherent view of the future direction for these services.

The resulting work will support the Council to achieve its vision, **‘One borough; one community; London’s growth opportunity’** through all three priorities: enabling social responsibility, encouraging civic pride, and – through opportunities for new service development – potentially also ‘growing the borough’.

1. Background, and work to date

- 1.1 Local work to develop mental health strategy sits within a framework set by a range of national policy announcements, including the national mental health strategy, ‘No Health Without Mental Health’ from 2011 and ‘Closing the Gap: Priorities for Essential Change in Mental Health’, announced in 2014. Central to ‘Closing the Gap’ is the concept of ‘parity of esteem’ between mental health services and physical health services.
- 1.2 Both the Council and the Clinical Commissioning Group have worked to develop a future vision for mental health services. In the case of the Clinical Commissioning Group, this is in part covered in other reports on this agenda. In particular, the Barking and Dagenham, Havering and Redbridge CCGs agreed a commissioning framework for mental health services in September 2014, which shapes their approach to the future development of mental health services in response to national policy.
- 1.3 It is clear that there is a considerable amount of positive, and joined-up, work underway to improve mental health services. The intention behind this paper is to suggest a process whereby we might improve the coherence of these many different strands through the development of a partnership mental health strategy.

The Crisis Care Concordat

- 1.4 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. Agreed in February 2014, it sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. A

local action plan is required to set out how the partnership will respond to the commitments set out in the Concordat.

Mental Health Transformation for London

- 1.5 The NHS in London has come together to agree five joint priorities for mental health for 2015/16 and beyond to address these demands and issues for the benefit of our patients. These are, broadly:
- Address the gap in life expectancy between those with mental ill health and the rest of the adult population;
 - Reduce the variation and improve quality, access and co-ordination for people in crisis and meet the crisis care concordat, as set out above;
 - Strengthen mental health in primary care;
 - Improve access to meet new standards for mental health services as outlined in the *Forward View*, with particular emphasis on early identification and access to psychosis services, perinatal mental health, and Improving Access to Psychological Therapies (IAPT);
 - Improve the use and sharing of data and information.
- 1.6 The Clinical Commissioning Group is seeking to address these priorities through its commissioning framework, alongside the work detailed above on the Crisis Care Concordat. The companion paper on the agenda for this meeting provides further detail.

Mental Health Needs Assessment

- 1.7 A Mental Health Needs Assessment has been undertaken by consultants commissioned through the Public Health service. This set out to review our current position relative to some of the national policy announcements summarised above.
- 1.8 The needs assessment included data review, policy analysis and work with service users and carers to inform a set of recommendations for the development of future services. Individual responses to the recommendations were developed, but review by the Mental Health Sub-Group highlighted the need for a wider strategy within which to set these activities.

Work of the Mental Health Sub-Group

- 1.9 The Mental Health Sub-Group of the Board has responsibility for developing plans for the joint improvement of mental health treatment and care services in Barking and Dagenham, and the Needs Assessment sought to provide the background information to define the vision and to inform the delivery plan.
- 1.10 The Group considered the needs assessment described above, together with:
- The Crisis Care Concordat;
 - The Health & Wellbeing Strategy, just refreshed;
 - The CCG's work on developing a framework to guide its commissioning intentions for mental health services;

- The policy document set out above, which informed the needs assessment work.
- 1.11 As a result, the Sub-Group of the Health and Wellbeing Board agreed a set of 25 recommendations, and a substantial set of individual actions which arose from the various pieces of work.
- 1.12 On review, the group felt that a more coherent strategy was required to give focus to the set of actions that had been collated. Rather than an emphasis on a series of projects, it is therefore suggested that the partnership would benefit from the development of a more over-arching joint strategy for mental health. This would provide a framework within which the delivery plan, proposed in response to the mental health needs assessment (see separate paper elsewhere on the agenda) would sit alongside other agency and partnership priorities.

The Integrated Mental Health Service and Section 75 agreement between North East London NHS Foundation Trust and the London Borough of Barking & Dagenham

- 1.13 As agreed by the Board towards the end of 2013/14, a Section 75 agreement is in place between the Council and North East London NHS Foundation Trust to govern the integrated delivery of health and social care services for people with mental health problems.
- 1.14 At the regular review meetings (the Executive Steering Group), there has been concern for some time that the budgets for social care placements have been overspending to a considerable degree. In response, a review of the data on demography and service demand was initiated, and following discussion of this information the Council indicated a desire to undertake a piece of work to think about future models for delivery of the services. It was recognised that, irrespective of the issue with finances, a 'stocktake' on thinking about models of delivery of mental health services was overdue.

The Better Care Fund 'Mental Health Out of Hospital' scheme

- 1.15 Of the 11 schemes within the Better Care Fund, one concerns mental health support outside of hospital settings. It includes the work currently delivered by the Richmond Fellowship, contracted to the Council on behalf of the Council and CCG together, for employment, vocational and peer support. It also includes the mental health social workers placed in the six Integrated Care cluster teams and intended to address those with mental health problems who may not reach the threshold for secondary mental health care management, but are nonetheless regular attenders at A&E and other parts of the urgent care system.
- 1.16 As part of this scheme, it has been agreed that a review of the current work will be undertaken to inform future commissioning, most significantly on the retendering of the services currently provided by the Richmond Fellowship.

2. Proposal

2.1 Initially, a piece of work was requested to focus on the model of service delivery in secondary mental health services, to take place through August when there are fewer other meetings running. However, this was set alongside the volume of recommendations from the needs assessment and other pieces of work undertaken, which suggested that a wider view was going to be required. Therefore, to support the development of clear strategy around mental health, the following proposal is made for a set of summer workshops.

2.2 In particular, the workshops would seek to encompass the work needed on:

- Developing a clearer vision for the future of mental health services;
- Reviewing out of hospital mental health services as part of the Better Care Fund, principally vocational and peer support currently provided by the Richmond Fellowship;
- Reviewing broad options for the future provision of secondary mental health services in order to meet the priorities identified by commissioners.

The backdrop for the work would be the challenging financial position for health and social care services. The intention is to ensure that a strategy is in place before major service development is undertaken, such as the Council's thinking on the future of its mental health social care services.

2.3 It is proposed that there be three workshops, roughly a half-day each in length, to take place over the month of August. The theme will be 'My Life, My Home, My Care', with one session on each of those themes. The objectives of the programme overall are, broadly:

- To think through the requirements for a mental health service configuration fit for 2020, including provision across the broad categories of service, service user expectations and the impact on universal services, and to respond to:
 - (i) A challenging fiscal position for health, social care and the wider public sector (including welfare support to residents);
 - (ii) Increasing demand, reflective of the increasing population of the borough, including different needs and expectations;
 - (iii) Assessing shifts in how people expect to access services, and how we can encourage online access to support, self-care and other modern approaches

2.4 The elements of the programme, under the headings 'My Life, My Home, My Care' would be as outlined below. In all cases, the intention is not to develop the finalised strategy, it is to get consensus on the principles that should underpin a local approach to mental health services.

- My Life: to set priorities for the development of services and support to help people stay healthy, resilient and engaged in their communities when mental health issues develop, to improve awareness of mental health problems, and to support integration, employment and training of people with mental ill-health;
- My Home: to review how housing options are provided for people with mental health problems, to propose reconfiguration of services for supporting people

into independent living, and to consider how the Council and other partners can use their resources to change the options for people with mental health problems;

- My Care: to challenge and rethink models of service delivery for mental health services, both specialist and more generalist, to ensure that cost-effective services can be in place, both residential/inpatient and community-based, that prioritise prevention, resilience and personalisation.

- 2.5 It is proposed that these three sessions have tailored attendance, which is to be scoped by the Executive Planning Group and the Mental Health Sub-Group. Dates will then be set in August to best accommodate the diaries of those deemed essential 'core' parties to the discussion.
- 2.6 It is further proposed that a fourth session be set up, as a commissioner-only discussion, to consider the outputs from the work (alongside the Mental Health Sub-Group) and ensure that sound commissioning plans result from the deliberations.
- 2.7 The further information to be provided to support the running of the sessions, and the further shaping of sessions, will be undertaken by the Executive Planning Group and the Mental Health Subgroup.
- 2.8 Board members are requested to identify attendance for the sessions in August.

3. Starting the thinking

- 3.1 A starting point for discussion is attached at Appendix 1. This is intended to provoke discussion and reflection, rather than presenting any answers, and some of the data is contested. The Mental Health Needs Assessment identified that local data availability was patchy, and therefore a number of national data sources have been used to provide the context. It is very much the intention that these data will provoke discussion and may not 'stand' as a final picture of mental health services in the finalised strategy. Equally, the case studies are intended to be illustrative or areas where there may be scope for improvement, but are not attempting to present a comprehensive account of how services are currently arranged.
- 3.2 Early thoughts on a strategy framework are included in the attachment, on the final page. This is very much a first representation of the priorities that arise from the work that the Mental Health Subgroup has considered so far, and it is intended that it will adapt as the work develops in partnership.

4. List of Appendices:

Appendix 1: Mental Health 'Scene Setting' paper

London Borough of Barking & Dagenham
prepared on behalf of the Health & Wellbeing Board

MENTAL HEALTH SERVICES IN BARKING & DAGENHAM

Setting the Scene, Shaping the Vision

**Discussion document arising out of the
work of the Mental Health Sub-Group**

For review and comment

DATA NOTE! Some national data, as well as data from the Mental Health Needs Assessment, has been used to construct this overview. Data is intended to provoke discussion, and may not stand as the 'final' account of mental health in Barking & Dagenham.

CASE ILLUSTRATIONS: These are illustrations of how services can sometimes operate, and are not a comprehensive account of how services are configured. Once again, they are intended to drive debate and provoke discussion rather than present a factual account of Barking & Dagenham's services.

7 July 2015



Mental Health: the National Picture

“Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem. The cost to the economy is estimated to be around £100bn annually – roughly the cost of the entire NHS. Physical and mental health are closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England. However, only around a quarter of those with mental health conditions are in treatment, and only 13 per cent of the NHS budget goes on such treatments...”

“...all too often people who use services, and practitioners and agencies outside mental health care, say that services are becoming more difficult to access; that navigation around the system is too complex; and that real examples of personal choice and control are variable.”

**Association of Directors of
Adult Social Services:
*Mental Health Into the Mainstream***

The NHS 5-Year Forward View

Mental health problems are all too common

- 1 in 4 people in the UK suffer from a mental health problem
- It is estimated that about one in six of the adult population will have a significant mental health problem at any one time
- Over one third of the public think that people with a mental health problem are likely to be violent. In fact, people with a mental illness are more likely to be a victim of violence.
- People with mental health problems are more dangerous to themselves than they are to others
- This stigma is damaging! Nearly nine out of ten people who experience mental health problems say they face stigma and discrimination as a result

health problem

- Nearly three in four young people fear the reactions of friends when they talk about their mental health problems

Mental health and physical health do not receive equal treatment

- There are significant inequalities between mental health and physical health –often referred to as ‘parity of esteem’. The Royal College of Psychiatrists has proposed one of the simplest and most influential definitions of ‘parity of esteem’: “Valuing mental health equally with physical health”.
- These inequalities include preventable premature deaths, lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems.

Young people experience mental health problems as well

- 1 in 10 young people will experience a mental

Are we getting it right for Matt?

Matt has lost his job and is finding it increasingly difficult to secure alternative employment. He is becoming increasingly worried about how he will provide for his family and he has lost his appetite, having difficulty sleeping, ruminating on problems at night and cannot concentrate. His wife is worried and encourages him to attend his GP. The GP prescribes medication and makes referral to IAPT (‘Improving Access to Psychological Therapies’) . They refer him on to Richmond Fellowship (for vocational support). GP continues to monitor antidepressant medication. Matt’s mental state starts to recover.

Are we getting it right for Karen?

Karen, an 18 year old, single mother delivers a healthy baby boy. However, a week later the Health Visitor becomes increasingly concerned at Karen's behaviour. She begins to become very excitable and starts to have visual hallucinations, seeing the plants move and believing people are living within the walls and are after her baby. The Health Visitor refers her to the perinatal mental health service. No mother and baby unit is available locally and the mother is admitted to Goodmayes Hospital, while the baby stays with relatives. Karen is treated with medication.

The physical health of people with mental health problems doesn't receive the attention it should

- Physical health and mental health are inextricably linked. Poor mental health is associated with an increased risk of diseases such as cardiovascular disease, cancer and diabetes, while good mental health is a known protective factor.
- Poor physical health also increases the risk of people developing mental health problems.
- The NHS Forward View acknowledges that services need to be more integrated around the patient and steps need to be taken to break down the barriers in how care is provided between physical and mental health.

Mental health problems are a significant barrier to work

- If one in four people have a mental health problem, we probably all work with someone that is experiencing a mental health problem.
- However, mental health problems now account for more than twice the number of Employment and Support Allowance and Incapacity Benefit claims than do musculoskeletal complaints (for example, bad backs).
- The employment rate of people with severe and enduring mental health problems is the lowest of all disability groups at just 7%

Support in times of crisis is not always easily accessed, or joined up

- Most people reported that they came into contact with at least three different services when they had a mental health crisis. One in twelve (12%) said that they had come in to contact with between six and ten services, which indicates a need for them to work more closely together in areas.
- People are not clear where to access support in a crisis, what number to ring, and where they can go to get compassionate skilled assessment of their needs, and treatment.

People with mental health problems have disproportionate contact with the Police

- The use of police cells as a 'place of safety' for people in crisis has fallen significantly, but it has been found that people under 18 can have problems accessing suitable places of safety. In 2013/14, nearly a third of people under 18 who were detained, were taken into police custody.
- The Metropolitan Police report that 40% of the calls to which the Police respond involve

Are we getting it right for Adam?

In his late teenage years, Adam started to take illicit substances. He became involved in petty crime to gain money to fund his increasing drug habit. Adam has developed a drug-induced psychosis. He is regularly picked up on a Section 136 by Police and admitted to psychiatric hospital. On each discharge he returns to drug usage, not wanting to engage with rehabilitation services. His last admission results in him being placed in supported accommodation, which breaks down due to intimidating other residents for money. After causing GBH on a fellow resident, Adam is currently serving a three year sentence in prison.

someone with a mental health issue.

Sources:
Time to Change
NHS 5-Year Forward View
CQC Report on Mental Health Crisis provision
ADASS: *Mental Health into the Mainstream*
Royal College of Psychiatrists: *Whole Person Care*

Data highlights about mental health in Barking & Dagenham

Some things to think about from Barking & Dagenham's data...

- * For 2013, it was estimated that somewhere in the order of 1,500 out of nearly 4,000 live births would have resulted in some form of perinatal mental health issue, including depression and anxiety. Referrals to the appropriate services numbered just 384.
- * It is estimated that there are 4,500 children and young people with a clinically significant mental health condition.
- * In 2013/14, around 2,400 young people accessed Child & Adolescent Mental Health Services at tiers 3 and 4. This indicates a gap in the numbers we would expect to be treated with those treated.
- * In 2014, 1 in every 20 adults in Barking and Dagenham had a common mental health disorder. Evidence from GP Quality Outcome Framework scores suggest that not all cases of common mental illness are diagnosed.
- * In 2014 fifty-two people in Barking and Dagenham were diagnosed with psychosis, this is higher than the England average (we would expect 32)
- * We estimate that up to 450 people with severe and enduring mental illness are missing out on the care and support that they need.
- * One in three patients who attended A&E in a 2013 survey had a chronic mental illness – potentially a significant proportion of the pressures on the urgent care system.
- * Access to psychological therapies improved to just under 14% (against the target of 15%) in 2014/15, with a recovery rate above the target of 50%.
- * In 2014/15, the Borough achieved a dementia diagnosis rate of just under 64%, exceeding our local target and will hit the national target of 67% in 2015/16. This will be approximately 1,024 people out of a predicted 1,600.
- * Between 2008 and 2012, 47 men and 6 women are estimated to have committed suicide in LBBD

Are we getting it right for Farida?

Farida's husband notices that she is becoming increasingly forgetful. She is finally seen by her GP who suggests it is 'normal ageing'. Over the next year, Farida becomes even more forgetful and shows some aggressive behaviour. Her husband takes her back to the GP who believes she may have a cognitive impairment and refers her to the Memory Assessment Service. She is diagnosed with Alzheimer's disease and commences anti-dementia medication. She is referred to a cognitive stimulation therapy group. Her husband now receives regular support from the Admiral Nursing service.

More information on this data is contained in

the Mental Health Needs Assessment which is in the process of being finalised.

Services

A flavour of the services which form part of the current service map, from perinatal support, children's services and provision for adults.

Perinatal

Perinatal Mental Health Service

Young people

**Interact (children's home treatment) *
Brookside children's inpatient (out of borough) *
The Listening Zone (children's counselling) *
Child & Adolescent Mental Health Services *
Primary Mental Health Team (children tiers 1/2)
* Individual school counselling services * Early
Intervention In Psychosis Service * Eating
Disorders Service**

General prevention

Mental Health First Aid * Big White Wall

*Community and first-
point-of-access services
for adults of working age
and older adults*

**Primary care (GP) services * Richmond
Fellowship * Improving Access to Psychological
Therapies * Mental Health social workers in
Integrated Care clusters**

*Secondary services for
adults of working age
and older adults,
including highly
specialist*

**Community Recovery Team * Access and
Assessment Service and Community Clinic *
IMPART (Personality Disorder service) *
Inpatient Services: Adult Acute Inpatients, Older
Adults Acute Inpatients, Psychiatric Intensive
Care, Low Secure, Rehabilitation and Learning
Disability Assessment Unit * Forensic Mental
Health Service * Home Treatment Team *
Hospital Liaison Service (based at Queens and
KGH) * Supported accommodation both
contracted and spot purchase) * Spot purchase
residential care * Older Adults Mental Health
Team * Admiral Nursing (via OAMHT) *
Memory Assessment Service**

What are we currently doing to develop services fit for the future?

An overview of strands of work we need to bring together into a coherent vision for the future of mental health services in Barking & Dagenham.

The Mental Health Needs Assessment

The Mental Health Needs Assessment (MHNA) was carried out to better understand the picture of mental health need in Barking and Dagenham, particularly the prevalence of mental illness and patterns of future need. A number of stakeholders, including service users and carers, were consulted with and the final MHNA is being presented to the Health and Wellbeing Board in July 2015. The MHNA makes 25 recommendations for improving mental health services in the Borough, including improving employment and volunteering opportunities, a renewed emphasis on prevention and ensuring that individuals receive care that is personalised, flexible and holistic. The Mental Health sub-group will now work to turn the recommendations from the MHNA into a Mental Health Strategy and Delivery Plan and the recommendations will link into the visioning work that will take place over the Summer.

The Crisis Care Concordat

In February 2014 a national agreement was created to improve the response to people in acute mental health crisis, the Crisis Care Concordat. The concordat focuses on four areas: access to support before crisis point, urgent and emergency access to crisis care, quality of treatment and care when in crisis, and recovery and staying well. Partners have signed up to the mental health crisis care concordat and Barking and Dagenham CCG, in conjunction with the Mental Health sub-group, have developed a local action plan to show how we will make changes to support the improvement of crisis care in the Borough. The action plan will be presented to the Health and Wellbeing Board in July 2015. Our developing Mental Health Strategy and Delivery Plan will need to ensure that it links to the actions in the Crisis Care Concordat.

This is alongside a wider set of commissioning intentions established by the Clinical Commissioning Group, including a planned £924k spend on IAPT and other early intervention services to meet national and London targets.

The Section 75 for Integrated Mental Health Services

A Section 75 arrangement between the Council and the North East London Foundation Trust (NELFT) exists for the integrated provision of mental health services within Barking and Dagenham. A Section 75 Executive Steering Group is established with senior officer representation from both organisations to monitor arrangements relating to the agreement. This group has close links to the Mental Health sub-group of the Health and Wellbeing Board. Following discussions over the Summer about the future vision and model of mental health services, commissioners will need to establish how the Section 75 arrangement will be shaped and taken forward.

The Better Care Fund scheme on 'mental health support outside of hospital'

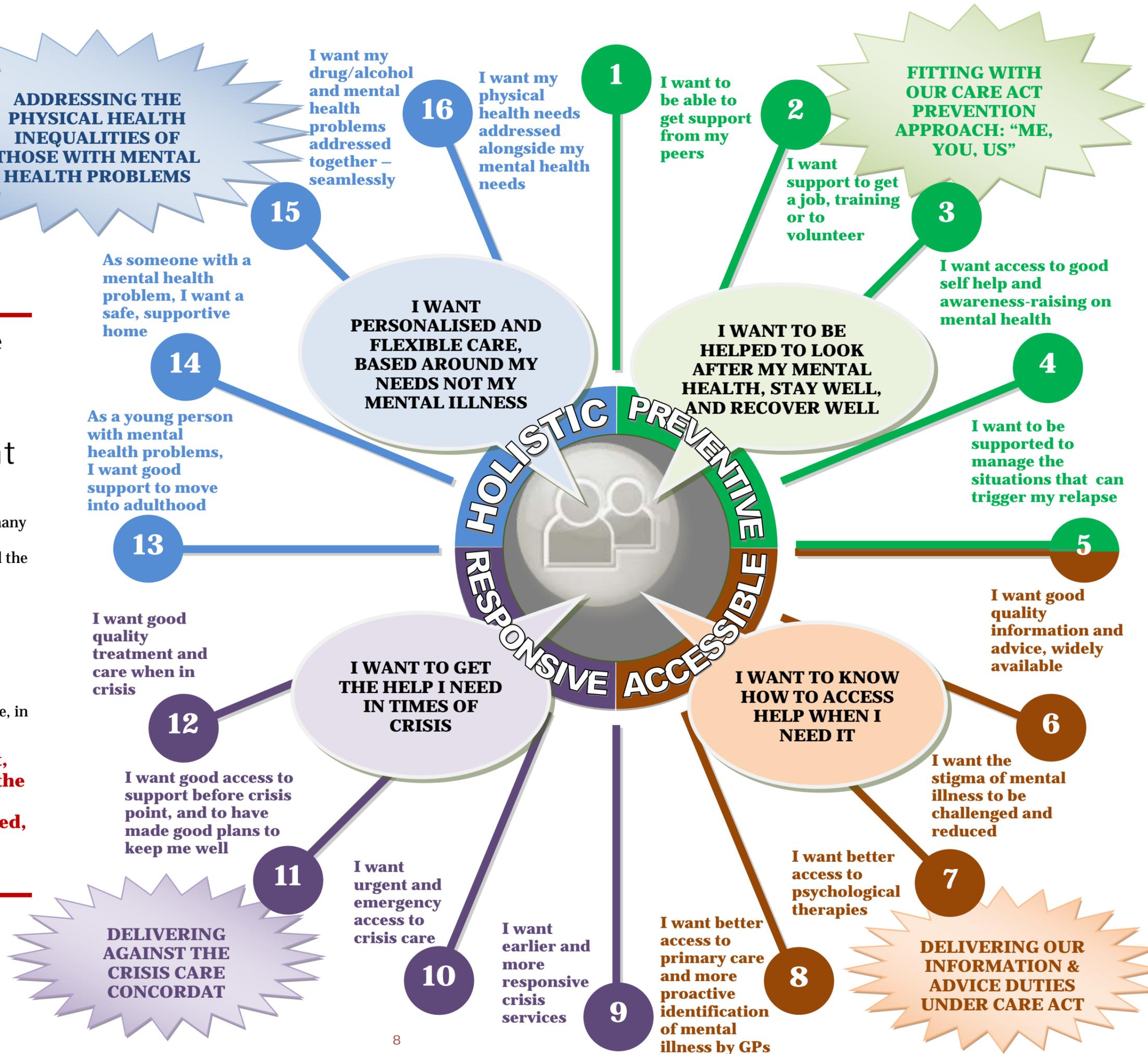
One of the Better Care Fund schemes focuses on 'mental health support outside of hospital'. The overarching aim of the scheme is to improve support to people with mental health needs ensuring that they have the support they need at the right time and place. There are two distinct strands of work within the scheme, one is focusing on ensuring that additional mental health social work support is available and accessible and the second is on employment, training and recovery support for people with mental health problems. As above, the work of this scheme, as well as the other BCF schemes focusing on elements of mental health (dementia, support for family carers, new model of intermediate care, and prevention) will need to form part of our thinking on future service models.

A framework for the future of mental health service development

The Mental Health Subgroup of the Health & Wellbeing Board met on 2 June to consider the many actions that had arisen from the Mental Health Needs Assessment, the Crisis Care Concordat and the Better Care Fund. It was agreed that a clearer 'strategy map' was needed to shape this work and pull it into thematic groups. A small group was delegated to undertake this work.

The diagram, right, is the current product of this work, and seeks to describe the priorities for a reformed mental health system for Barking & Dagenham. It is expressed in 'outcomes' language, in order to preserve a focus on the service user.

This remains a discussion document, and through the work proposed for the summer, further contributions and amendments are expected and, indeed, welcomed from across the Partnership.



HEALTH AND WELLBEING BOARD

7 July 2015

Title:	Mental Health Needs Assessment		
Report of the Director of Public Health			
Open Report		For Decision	
Wards Affected: All		Key Decision: Yes	
Report Author: Sue Lloyd, Consultant in Public Health		Contact Details: Tel: 020 8227 2799 E-mail: sue.lloyd@lbbd.gov.uk	
Sponsor: Matthew Cole, Director of Public Health			
Summary: <p style="text-align: center;">This paper presents the Barking and Dagenham Mental Health Needs Assessment which has been delivered to the Health and Wellbeing Board Mental Health Sub-group. The needs assessment has been approved by the sub-group and is available in full.</p> <p>A summary of the recommendations that were made in the needs assessment are included at Attachment 1.</p> <p>This paper provides the Board with information on the mental health needs of the child, adolescent and adult population of Barking and Dagenham; and based on the needs assessment, the recommendations set out for discussion the next steps to move mental health services in the borough toward parity of esteem with physical health services.</p>			
Recommendation(s)			
<p>The Health and Wellbeing Board is recommended to:</p> <ul style="list-style-type: none"> (i) Note and discuss the content of this paper; (ii) Require that the mental health sub-group produces a detailed delivery plan that addresses mental health prevention, treatment and recovery services for adults and children in Barking and Dagenham; (iii) Request six monthly progress and performance reports on the implementation of the delivery plan; (iv) Require a detailed understanding of the mental health needs of Barking and Dagenham children and adolescents. To be delivered through a children and adolescent mental health needs assessment (v) Request that the Mental Health Sub-Group takes the recommendations of the 			

Mental Health Needs Assessment into account when it is developing a Mental Health Strategy and looking at the future re-design of mental health services.

Reason(s)

The recommendations of the Mental Health Needs Assessment are based on a robust analysis of the mental health needs of the population of Barking and Dagenham. The needs assessment was undertaken in partnership with the Health and Wellbeing Mental Health Subgroup and Delta Consulting. The recommendations are agreed by the mental health sub-group of the Health and Wellbeing Board and will support the delivery of a delivery plan to be presented to the HWB in July 2015.

1. Introduction and background

- 1.1 Nationally there is a renewed focus on mental health with national government launching a mental health strategy No Health Without Mental Health in 2011 and Closing the Gap: Priorities for Essential Change in Mental Health in 2014.
- 1.2 Central to *Closing the Gap: Priorities for Essential Change in Mental Health* is **parity of esteem** between mental health services and physical health services.
- 1.3 The Mental Health Needs Assessment was done to better understand the local picture of mental health need and the vision for improving services:
 - Understand the prevalence of mental illness in Barking and Dagenham and patterns of future need.
 - Consult with key stakeholders including carers to obtain a wide range of views on current services and unmet needs.
 - Produce an agreed set of recommendations and supporting actions that can be used to improve the state of mental health care in the borough.
- 1.4 There has been an increasing focus on mental health in the London Borough of Barking and Dagenham (LBBDD). As part of the substructure arrangements for the Health and Wellbeing Board, the establishment of a Mental Health Group was agreed in April 2013.
- 1.5 The sub-group has responsibility for developing plans for the joint improvement of mental health treatment and care services in Barking and Dagenham and this needs assessment provides background information to define the vision and to inform the delivery plan.

- 1.6 After reviewing the needs assessment the mental health sub-group of the Health and Wellbeing Board agreed a set of 25 recommendations. From these the recommendations and delivery plan will be presented to the July meeting of the Health and Wellbeing Board.

2. Methodology and consultation

- 2.1. Delta Public Health Consulting worked closely with the health intelligence team and used the Joint Strategic Needs Assessment (JSNA) as well as other service representatives to access relevant demographic, epidemiological and service data.
- 2.2. Mental health need across the life course was in-scope. This broad scope resulted in the needs assessment being strategic and not addressing in detail special groups e.g. LAC children.
- 2.3. Engagement with adult service users and carers was through two co-production events one held in October (on World Mental Health Day) and one in November 2014. The events attracted 105 attendees including 24 service users and 8 carers.
- 2.4. Engagement with children and young people was through one event held in November 2014 which was attended by 15 children and young people.
- 2.5. An on-line questionnaire was distributed and completed by 36 people. Of these 10 identified themselves as service users.
- 2.6. Face-to-face and telephone interviews were held with 12 services managers in health and social care, 8 service managers in other agencies, 7 strategic health and social care managers and 3 service users or carers.
- 2.7. UK models of good practice were identified.
- 2.8. Two interim draft reports were presented to the Health and Wellbeing Mental Health Sub-groups.

3. Report highlights

- 3.1. From the needs assessment it is clear that in the Barking and Dagenham **we do not know exactly how many children and adults in the borough are mentally ill**. This is not a position unique to Barking and Dagenham, but a national one.
- 3.2. **The data on children is based on national estimates and there is a gap between the number of children we'd expect to be treated for mental illness and the number who are treated**. In the borough we need a clearer understanding of who our mentally ill children are and we need to ensure that once diagnosed that these children have access to appropriate mental health services.
- 3.3. **In the borough we have clearer information on the numbers of adults with common and enduring and severe mental illness, but there are adults in Barking and Dagenham who have mental illness that has not been diagnosed and treated**. The data on adults is based on the numbers treated. There is a gap between the number of adults that we would expect to be diagnosed and the

numbers that are diagnosed. This is the case for depression and severe and enduring mental illness.

- 3.4. **In 2014 Barking and Dagenham residents reported the lowest scores for life satisfaction and highest scores for anxiety when compared with statistical neighbours.** Wards in the borough that appear to have particularly low reported wellbeing are Chadwell Health, Village, Goresbrook, and Heath. The ward reporting the most positive wellbeing was Longbridge. Because feelings of wellbeing are closely linked with mental health people who have low feelings of wellbeing are more at risk of common mental illnesses like anxiety and depression. Also adults who are mentally ill can have a negative impact on the mental health of their children.
- 3.5. **In 2012 data from a 2004 survey was extrapolated and it was calculated that 4,500 boys and girls in Barking and Dagenham had a clinically significant mental health condition.** The calculated 4500 boys and girls was estimated in the 2012 JSNA using the total number of boys and girls living in the borough and calculating the percentage of this number that would be likely to be suffering from a mental illness. This rate was modelled and not actual. It was pointed out that while not all those children would require clinical interventions, social and education support for the children and families would be needed for many
- 3.6. **Of the children who had mental health issues boys are more likely to have behaviour and hyperactive disorders and girls are likely to have emotional disorders.** Across England it is estimated that one in ten children and young people aged between 5–16 have a clinically diagnosed mental disorder. It's likely that the Barking and Dagenham figure is close to the England figure of one in ten children but this is not absolutely accurate because actual numbers of children diagnosed are not recorded for our borough.
- 3.7. **In 2014 three in every twenty adults in Barking and Dagenham had a common mental health disorder.** Common disorders include neurosis, phobias, depression, general anxiety, obsessive compulsive disorder, panic disorders and other mental health problems. This is similar to England rates and there were 19,567 people in the borough with common mental health disorders. This Barking and Dagenham prevalence was modelled using the Public Health England on-line Fingertips tool and local information on the number of people living in Barking and Dagenham. Evidence from GP Quality Outcome Framework scores suggest that not all cases of common mental illness are diagnosed. Of those who are diagnosed more women than men had common mental health disorders and there are also higher rates of mental health disorders in black and Asian communities than in white communities.
- 3.8. **In 2014 fifty-two people in Barking and Dagenham were diagnosed with psychosis, this is higher than the England average.** We would have expected thirty-two people to be diagnosed with psychosis include schizophrenia, bipolar depression and psychotic depression.
- 3.9. **The council is helping residents to stay well and resilient** by providing support through children's centres and to adults the Mental Health First Aid initiative. Children's centres are widely distributed through the borough but the Mental Health First Aid programme reached 466 people. These were trained in mental health first aid and as part of the course they were asked to do out reach and to talk to other about mental health.

3.10. Residents who need mental health services are served by GPs, NELFT Adult Mental Health Services and NELFT Child and Adolescent Mental Health Services. Drug and Alcohol services are commissioned by the council and the CCG. Independent Mental Health Advocacy and Independent Mental Capacity Advocacy, personal budgets, day opportunities and support into employment and other services are commissioned by adult social care. Other services are provided by the 3rd sector and local authority direct provision.

4. Key feedback about services in Barking and Dagenham:

4.1. Are the needs of children with mental health disorders met?

Our children and adolescents wait only a short period between referral and assessment. Rapid access to CAMHS is essential because this gives children and adolescents access to the treatment pathway and also provides support to carers. We do know that more than half (64%) of children and young people are assessed within one week of being referred and nearly all are assessed within three weeks.

4.2. **It is likely that some children with diagnosable mental health disorders are not being picked up and treated in Barking and Dagenham.** In 2012 it was estimated that 4,500 children in Barking and Dagenham had a clinically diagnosable mental health disorder.

4.3. A total of 2165 individual children with mental health disorders were seen in year 2012/13 by CAMHS an unknown number were seen by The Listening Zone, paediatricians, early intervention psychosis service or eating disorder services.

4.4. Recommendations specific to the needs of children are made in this needs assessment.

4.5. It was noted that consideration of specific groups with special mental health needs was outside the scope of this needs assessment.

4.6. Are the needs of adults with common mental health disorders met?

Access to health and social care services is important to people with common mental illness in Barking and Dagenham because services enable the individual to continue being an active member of society. This done by providing early support to services e.g. talking therapy (IAPT), sign posting to services and access to support through the voluntary sector.

In registering common mental illness **it's likely that some GP practices are missing cases of depression.** The number of cases of depression reported by GP practices varies across the borough. Some GP practices report many more cases than expected and other GP practices report many less cases than expected.

Talking therapy is effective in the treatment of common mental health disorders and **access to talking therapy in the borough is rapid, there are however big differences in the number of referrals to talking therapy between the ethnic populations in the borough.** A person referred to talking therapy is usually seen within two weeks of referral. People of white background are more likely to be

referred to talking therapy compared to residents of mixed origin, Asian or Black residents. Because people from Asian and Black populations are more likely to have a common mental illness and so it we should have seen more referrals from these groups than from White groups. **Therefore it's likely that some diagnoses are being missed in these populations.**

4.7. Are the needs of adults with severe and enduring mental illness met?

Access to health and social care services is important to people with severe and enduring mental illness because services enable the individual to be an active member of society. In part this is achieved by supporting daily living, for example, providing support to employers, and advice on housing. This is also achieved by providing quick access to health support – GPs, mental health services and home treatment; access to health support e.g. community psychiatric nurse.

Barking and Dagenham's severe mental illness profile (Public Health England) shows a range of indicators for which the local value is low in comparison with England. These are:

- i. Number of people with severe and enduring mental illness known to GPs (QOF).
- ii. People in contact with mental health services.
- iii. Mental health admissions to and discharges from hospital.
- iv. Exemptions from mental health checks.
- v. Care Programme Approach adults in employment.
- vi. Access to psychological therapy for those with psychosis.
- vii. Social care mental health clients in residential care or receiving home care aged 18-64.

It's clear from the profile that not everyone who needs support for severe and endure mental health care accesses support, Barking and Dagenham do not have the expected numbers of people being treated and it is likely that some people who need support and treatment aren't getting it. This could be up to 450 people.

There are some reports of a lack of a clear post-discharge care for stable patients with severe and enduring mental illness. This may lead to lack of confidence in primary care managing these patients. There are some unconfirmed cases where people could be discharged from the care of NELFT but because of these issues they have not been discharged.

There may be unmet need beyond clinical care. Employed people on Care Programme Approach is low in Barking and Dagenham compared with the England average; however, these people are more likely to be in stable and appropriate accomodation.

Finally one in three patients who attended A&E in a 2013 survey had a chronic mental illness, suggesting that people with this type of illness are more likely to use A&E. This is an issue that is being targetted in A&E by a social worker specifically employed to support individuals who need support.

4.8. Key findings

A lot has been done and is being done to improve mental health services for citizens across health and social care in Barking and Dagenham, examples include Barking and Dagenham Council has awarded a tender for Independent Mental Capacity Advocacy and Independent Mental Health Advocacy; and specialist employment service. Access to talking services (IAPT) have been improved, there is no waiting list. From the needs assessment there are other actions that would further improve services.

- The partnership needs to take action based on best practice to close the gap between the numbers of people, children and adults, who have mental illness in the borough and those who are accessing treatment.
- Models of good practice have been identified in the needs assessment. These models can be used to guide improvements in Barking and Dagenham practice.
- Citizens would have more life satisfaction if they had better general mental health this could be achieved by promoting positive mental health. This should start in childhood.
- Common mental illness like depression is at a high level in the borough and children and adults who go to primary care are not always diagnosed early. This means that they are not treated early enough even through the talking therapy service (IAPT) for adults has very short waiting time. It also means that children and adults are not signposted appropriately to supporting services.
- Severe and enduring mental illnesses such as psychosis are at high levels in the borough. People are being treated successfully in the community but people are not diagnosed soon enough. Also people being treated are not always clear about their ultimate outcome or the transfer plan back to primary care. This creates uncertainty and lack of confidence for people who are ill and practitioners.
- It's clear that GPs are not always confident in diagnosing common or severe and enduring mental illnesses. This means that citizens are not always treated early or appropriately to meet their need. It also means that GPs are not always confident of accepting patients with stable conditions back to their care.
- There may be unmet need care need. Employed people on Care Programme Approach is low in Barking and Dagenham compared with the England average however, these people are more likely to be in stable and appropriate accommodation.

Based on the findings of the mental health needs assessment of the Mental Health Sub Group agreed a set of 25 recommendations (Attachment 1). **The assessment also concluded that there is significant strategic development to address mental health needs of adults and children underway across the Barking and Dagenham public sector at a time when services face resource constraints and ever increasing demand.** Any opportunity to make investments in mental health services should ensure that an offer is developed that supports the holistic needs of a range of patients, and has an 'open door' policy.

6. Mandatory implications

6.1. Joint Strategic Needs Assessment (JSNA)

The needs assessment uses the analysis from the JSNA and offers new information that will be embedded in the refresh.

Along with the information included in mental health section of the JSNA, in order to ensure a robust systematic approach is taken to improving both mental health and appropriate support services in the borough, the following workstreams need to be integrated

- The findings of this Mental Health Needs Assessment
- Health and Adult Services Select Committee action plan
- “Closing the Gap” assessment and remedial action
- The 2013 Annual Public Health Report recommendations
- The Barking and Dagenham Integrated Care Coalition’s 5 year strategy plan recommendations

This will be co-ordinated through the Mental Health Subgroup of the Health and Wellbeing Board.

6.2 Health and Wellbeing Strategy

If agreed and taken forward, the recommendations from the report will contribute to a number of the Health and Wellbeing Strategy outcomes:

- Residents are supported to make informed choices about their health and wellbeing to take up opportunities for self help in changing lifestyles such as giving up smoking and maintaining a healthy weight. This also involves fostering a sense of independence rather than dependence.
- Every resident experiences a seamless service.
- Service providers have and use person centred skills across their services that makes every contact with a health professional count to improve health.
- More older people feel healthy, active and included.
- Early diagnosis and increased awareness of signs and symptoms of disease will enable residents to live their lives confidently, in better health for longer.

6.3 Integration

The implications for integration are highlighted in the report and will be taken forward by Health and Wellbeing Mental Health Subgroup.

6.4 Financial implications

There are no financial implications directly arising from the recommendations in this report as they are to generally be met from within existing resources.

Since November 2011 there has been a Section 75 agreement between London Borough of Barking and Dagenham and North East London NHS Foundation Trust (NELFT), integrating the functions and funding of mental health and social services.

The Mental Health service budget for local authority services in 2014/15 was £3.434m, which included a social care grant allocation of £0.5m. The Mental Health service for health funded services is £7.346m. The 2015/16 budgets have been based on the 2014/15 allocations.

Implications completed by: Roger Hampson, Group Manager Finance (Adults and Community Services).

6.5 Legal implications

There are no implications from this report which intends to implement recommendations from the MHNA report finalised in March 2015, which I have not seen.

Implications completed by: Dawn Pelle, Adult Care Lawyer.

7. Background papers used in preparation of the report:

- Mental Health Needs Assessment, prepared on behalf of the Health and Wellbeing Mental Health Subgroup (available on request).

8. List of attachments:

- **Appendix 1:** Mental Health Needs Assessment recommendations

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Health and Wellbeing Board

7 July 2015

These recommendations are presented by the Mental Health Sub-group based on the needs assessment and have been written in agreement with Delta Consulting. It's proposed that these recommendations form the basis of the vision and the delivery plan to which will be presented to the Health and Wellbeing Board in July 2015. They are presented to the Health and Wellbeing Board for discussion and comment.

Mental Health Needs Assessment: Recommendations

This section uses the **twelve themes** agreed at events to provide structure to a series of **twenty-five recommendations**. These are presented in ranked order of the priority given to them by participants at the second event.

The action plan follows the recommendations

10.1.1 THEME: ***Overcoming isolation and low confidence; lack of availability of activities during the day and encouragement of self-help; lack of employment and volunteering opportunities***

Recommendation 1: People with mental illness in Barking and Dagenham need greater holistic support for their recovery. Commissioners across health and social care should explore service models offered in Sandwell and in Lambeth which offer support for finding work, getting into education, welfare benefits advice, accessing social and leisure activities and finding people with similar interests, and getting advice on housing and tenancy, to identify and implement an enhanced offer for Barking and Dagenham.

Recommendation 2: Vulnerable adults (those without a mental illness diagnosis) in Barking and Dagenham need greater support for their wellbeing so that problems relating to their social and economic situation do not 'tip over' into greater need. This recommendation should be embedded in the LA's current initiative around adult wellbeing, so that it takes account of the need to promote and protect positive mental health and wellbeing.

Recommendation 3: Meaningful and appropriately-supported service user and carer engagement should be a priority for the Mental Health Subgroup.

7.1.1. THEME: ***Lack of emphasis on prevention of mental illness and promotion of wellbeing in communities, addressing poor social and home environments***

Recommendation 4: Children and young people in Barking and Dagenham need greater awareness and tools for protecting their mental health, for promoting positive mental health, and for reducing stigma relating to mental health disorders. Commissioners across education, health and social care should ensure that promotion of positive mental health and, for example, the five ways to wellbeing, are embedded throughout local children and young people's strategies. It should be noted that the content of such development differs substantially from mental health first aid. Best practice in commissioning children's mental health services should be considered (Mental Health Foundation 2014) and efforts should be made to continue to engage with children and young people on mental health commissioning.

Recommendation 5: Action taken under the Emotional wellbeing, psychological wellbeing and resilience strategy for children and young people, 2011-2013, should be reviewed with a view to developing a new strategy.

See Recommendation 2 also.

7.1.2. THEME: ***Lack of peer support as a means of helping recovery and as additional capacity***

Recommendation 6: Commissioners across health and social care should agree to invest in the development and establishment of a peer support programme in mental health, seeking advice from Lambeth colleagues as appropriate. The programme should have sufficient capacity to offer meaningful access to mental health service users across the borough, and provide funded coordination and appropriate training and development for those in peer support roles.

7.1.3. THEME: ***Lack of consistency in GPs' and other primary care professionals' skills and knowledge; and poor coordination between primary and secondary care***

Recommendation 7: As part of the primary care improvement plan, GPs and other primary care professionals should be supported to undertake training and development in mental health. Ways of encouraging those who do not see that they have a specialist role in mental health should be

identified, and a broad view should be taken of those professionals who would benefit from such development. For example, practice nurses as well as GPs should attend training for clinicians, and other members of the primary care team such as practice managers should attend appropriate training such as Mental Health First Aid.

Recommendation 8: General practices with particularly low QOF recorded rates of depression and of SMI cases on the mental health register should be targeted for specific support and ongoing monitoring, highlighting likely numbers of patients with mental illness who may not be receiving adequate treatment. This activity should be embedded in CCG Corporate Objectives and commissioning plans, as appropriate; and reflected in commissioning of primary care, currently with NHS England.

7.1.4. **THEME: *People presenting in crisis at A&E with mental health problems (some known, some unknown), and lack of coordination between agencies after hours***

Recommendation 9: The support available for those with severe and enduring mental illness post-discharge from NELFT, and particularly on discharge from an inpatient bed, should be clarified for service users/carers, and across the health and social care system, including within the housing sector.

Recommendation 10: The audit of Barking and Dagenham patients presenting at A&E should be repeated, with the addition of qualitative data collection and follow up for those who have established mental illness diagnosis as well as those who are presenting for the first time with symptoms of mental illness, to understand better whether each patient's needs could have been met more appropriately elsewhere. The audit should cover both business hours and out of hours/weekends.

Recommendation 11: A systematic method of recording and monitoring the referral routes into BDAAT and the eventual pathways and outcomes relating to those who are not ultimately managed by NELFT services should be developed and implemented. This would include casemix and equalities monitoring. The objective would be to identify the needs of those who do not meet treatment criteria.

Recommendation 12: In order to raise awareness of different parts of the health and social care response to mental illness, and to break down silos, staff representatives from across the health and social care system (including housing) should be identified to form a learning network which would have scheduled face to face meetings to share information and

approaches. This should be launched with facilitation but continue to self facilitate. This should be linked to staff Continuing Professional Development.

7.1.5. **THEME: *Lack of agreed approach for children and young people moving into adult mental health services***

Recommendation 13: A local clinical pathway should be developed, implemented and publicised which identifies the care to be provided for the various CAMHS client groups, as they move into adult services if appropriate. This should include the support to be given during transition and clarify arrangements for those whose care will change as a result of transition. Service user and carer engagement should be central to the development of the pathway.

7.1.6. **THEME: *Lack of flexible and personalized approaches – standard care pathways seen as ‘one size fits all’***

Recommendation 14: Commissioning and provision of support for people with mental illness should recognise the importance of personalisation, choice and flexibility in care. Providers need to identify in which practical ways the principles of personalisation; choice and flexibility can be implemented into the care individuals receive.

Recommendation 15: Commissioning and provision of support for people with mental illness should recognise that people access services in different ways. For example, whilst initiatives such as Big White Wall are innovative and may suit the lifestyles of particular groups of people, many service users do not access internet-based interventions. In planning service developments, alternatives should be considered and agreed.

7.1.7. **THEME: *People with mental illness who have inadequate accommodation for their needs***

Recommendation 16: Where hostel residents are referred with conditions that do not necessarily meet criteria for immediate support from NELFT, there needs to be some support put in place. Commissioners and providers should explore the Sandwell and Lambeth models of holistic support (see Recommendation 1) to identify ways in which the needs of this population group can be met.

Recommendation 17: The potential for personal health budgets to assist with securing the most appropriate accommodation for a person's needs should be explored, and pursued.

7.1.8. THEME: ***Dual diagnosis – services for people who have both mental health problems and alcohol/drugs problems, both adults and children/young people***

Recommendation 18: The service response for those who have 'dual diagnosis' should be clarified and, if necessary, a clear care pathway developed, implemented and publicised across the health and social care system, including housing, and with service users, carers and the public.

Also see Recommendation 13.

7.1.9. THEME: ***Lack of support for those without diagnosable mental health problems (e.g. personality disorder, hoarding behaviour, socially isolated)***

Recommendation 19: Commissioners and providers should ensure that future holistic support offered to those with diagnosed mental illness is also accessible for individuals who do not necessarily have a mental illness diagnosis. The Sandwell Esteem Team principle of 'never turning a patient away' should be emulated by the future service offer in Barking and Dagenham.

See also Recommendation 1.

Recommendation 20: Commissioners and providers should consider developing a specific strategy to respond to those with personality disorder, as has been undertaken in North East Essex for example (North East Essex CCG 2014).

7.1.10. THEME: ***Lack of consistent information and awareness of services which respond to mental illness (both professionals and public)***

Recommendation 21: IAPT services should be publicised to the Barking and Dagenham community in a manner that normalises these services, and targets those population groups (men, older people and some BME groups - Black and South Asian populations - for example) who have relatively low referral rates. This campaign should have a presence across the health and social care system (including general practices, and housing). Ongoing

marketing of services should seek service user/carer input, particularly from those groups with low referral rates.

Recommendation 22: Commissioners and providers should ensure that all web-based and printed information regarding mental health services for adults and for children and young people are consistent and up to date. Consideration could be given to deploying 'mystery shoppers' (from the service user and carer community, and from youth forums) to check information and telephone numbers.

Recommendation 23: The *Time to Change* website and free resources should be promoted throughout the health and social care system, including on websites, and consideration should be given to using its logo on email footers.

See also Recommendations 4, 7, 12, 13 and 25.

Recommendation 24: The Mental Health Subgroup should identify how it can become *the essential forum* for strategic partners who are involved in responding to mental illness, right across the system, so that all who need to improve and monitor the system response are engaged consistently, together.

- 7.1.11. THEME: ***Inequality in levels of acceptance of mental illness/stigma in some minority communities, likely access problems in particular groups such as Black and Minority Ethnic groups, LGBT, armed forces and those without IT literacy***

Recommendation 25: LBBD should explore the potential for the new Council Mental Health Champion to work to reduce stigma across the Barking and Dagenham population, using opportunities through the local media for example. Support for this role should also be sought from the Centre for Mental Health (Centre for Mental Health 2013).

See also see Recommendation 21.

HEALTH AND WELLBEING BOARD

7 July 2014

Title:	CCG Mental Health Commissioning priorities and investment 2015/16		
Report of the Barking and Dagenham CCG			
Open Report	For Decision		
Wards Affected:	Key Decision: No		
All wards			
Report Author: Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG	Contact Details: Tel: 0203 6442370 E-mail: Sharon.morrow@barkingdagenhamccg.nhs.uk		
Sponsor: Conor Burke, Chief Officer Barking and Dagenham CCG			
Summary:			
<p>This paper provides an overview of the main requirements of the CCG in relation to mental health in 2015/16 in response to local needs and new national policy and guidance.</p> <p>The paper:</p> <ul style="list-style-type: none"> • proposes a set of shared mental commissioning priorities for the Barking and Dagenham, Havering and Redbridge CCGs • summarises what the CCG needs to do in order to meet new national standards for mental health access and waiting times in 2015/16, what the CCG needs to do to prepare for standards that will be introduced by 2020, and how this will support greater parity of esteem for mental health • identifies priority areas for mental health investment • sets out what is required from the CCG and its partners to support the national crisis care concordat for mental health <p>Some principles are proposed for how the CCGs will work together to commission mental health services including developing a clear stakeholder engagement strategy for mental health.</p>			
Recommendation(s)			
<p>The Health and Wellbeing Board is recommended to agree:</p> <ul style="list-style-type: none"> • Note the new requirements for CCGs in relation to mental health access and waiting time standards • Comment on the priorities set out in this paper • Approve the Crisis Care Concordat Action Plan 			

1. Introduction and Background

- 1.1 There has been an increasing focus on improving mental health care in national policy with the aim of achieving parity of esteem for mental health services with physical health care. Mental health has always been an area of importance for local stakeholders, and has remained a priority area for the Barking and Dagenham Health and Wellbeing Board as well as for the Barking and Dagenham CCG Patient Engagement Forum.
- 1.2 In 2014/15 Barking and Dagenham CCG has been working closely with member practices and our mental health service provider to improve the provision of psychological therapies for people with common mental health problems and to improve the diagnosis rate for people with dementia. The continued and strengthened focus on mental health care at a national policy level, including the introduction of standards around access and waiting times for mental health services and the concerns to improve the response to people in mental health crisis provides an opportunity for Barking and Dagenham CCG, by investing in mental health services, to achieve some significant service changes with our main provider and to improve outcomes for service users, their families and the whole system.
- 1.3 The Barking and Dagenham, Havering and Redbridge CCGs agreed a commissioning framework for mental health services in September 2014. The framework was developed following a high level 'Closing the Gap' assessment – looking at parity of esteem for mental health to physical health and a review of mental health policy and local service information. It identified the priority areas of:
- Mental health crisis,
 - Psychological therapies,
 - Carers,
 - Integration (physical health and mental health)
 - Dementia.
- 1.4 The framework was intended to create common ground for commissioning decisions by the three BHR CCGs particularly in relation to commissioning services from NELFT, the main mental health services provider. The framework was approved by the BHR CCGs Joint Executive Team and the BHR Integrated Care Steering Group (ICSG) in October 2014. The ICSG noted that the framework needed to sit alongside individual borough/CCG arrangements for mental health commissioning.
- 1.5 Recent mental health policy strives for parity of esteem for mental health and physical health, in an attempt to overcome the stigma often associated in the past with mental illness and to address the description of mental health services as being the “Cinderella services” that have been seen as losing out in terms of funding and priorities to the acute physical health care sector. Important policy documents from 2014 are the cross government mental health outcomes strategy (for people of all ages) [No Health without Mental Health](#) (January 2014) and the Department of Health paper [Closing the Gap: Priorities for essential change in mental health](#) (January 2014). An important part of achieving parity of esteem has been to establish new ambitions for mental health access and waiting time

standards. Subsequent guidance has been published by DH/NHSE in the following documents:

[Achieving better access to mental health services by 2020](#)

[NHS Mandate 2015 to 2016](#)

[The forward view into action: planning for 2015/16](#)

[Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16.](#)

This guidance includes new standards for the following four mental health services:

- Early Intervention in Psychosis (EIP)
- Improving Access to Psychological Therapies (IAPT)
- Liaison Psychiatry
- Eating Disorders.

There are specific requirements for CCGs in 2015/16 against the first three service areas which are described in this paper. A central programme at NHS England is in place to improve access for children and young people to specialist eating disorder services and will be developing the standard in 2015/16 for implementation in 2016. CCGs will be expected to work collaboratively to commission these specialist services and will need to keep informed about the central programme during 2015/16 to identify requirements for 2016/17.

- 1.6 In February 2014 a national agreement was created to improve the response to people in acute mental health crisis – the [Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis](#). The concordat focuses on four areas: access to support before crisis point, urgent and emergency access to crisis care, quality of treatment and care when in crisis and recovery and staying well. Barking and Dagenham CCG and its partners have signed up to the mental health crisis care concordat and have developed an action plan to show how they will make changes to support the concordat. Further details on the implications of this are provided in section 8 below.
- 1.7 In Barking and Dagenham we know that mental health care is very important for local stakeholders. In 2013, the Health and Adult Services Select Committee reviewed the impact of the recession and welfare reforms on mental health. Our Patient Engagement Forum maintains a close interest in mental health and considerable work is underway through the mental health sub-group of the Health and Wellbeing Board to agree on common priorities that need to be addressed jointly.
- 1.8 In 2014/15 Barking and Dagenham CCG committed to improving access to psychological therapies (IAPT) for people with common mental health problems (anxiety and depression) and to improving the dementia diagnosis rate. By working closely with member practices and our community service provider we have seen access to psychological therapies improve to just under 14% (against the target of 15%) in 2014/15 with a recovery rate above the target of 50%. We have achieved a dementia diagnosis rate of just under 64%, exceeding our local target and will hit the national target of 67% in 2015/16.

2. CCG priorities

- 2.1 Based on the commissioning framework previously agreed by Barking and Dagenham CCG, taking into account new requirements for CCGs and the emerging findings from the Barking and Dagenham mental health needs assessment, the proposed commissioning priorities for Barking and Dagenham CCG for 2015/16 to achieve parity of esteem for mental health are:

Improving Access to Psychological Therapies: IAPT – meeting the new waiting time standard and maintaining the current access and recovery rate

Early Intervention in Psychosis: EIP – planning to meet the new waiting time and access standard by 2015 including provision of family interventions as part of NICE approved care packages

Dementia – ensuring that the dementia diagnosis target is achieved and services are organised to respond to the increasing numbers of people being diagnosed with dementia

Crisis response – ensuring that the crisis care concordat action plan is delivered and that an appropriate psychiatric liaison response is in place

Integration – continuing to integrate physical health and mental health care to address the mortality gap experienced by people with mental health problems.

- 2.2 To meet the requirements of the CCG and to respond to local needs, service changes will be required in 2015/16 to IAPT, EIP and liaison psychiatry services. These changes will include an increase in capacity and therefore investments in these services will be required. Improvements will also be needed to the crisis response including general improvements to how services are accessed. The programme of improving diagnosis rates and service response for dementia will need to continue. An overview of what is required for each of these services is provided below.

3. Early Intervention in Psychosis: EIP

- 3.1 The new standard for Early Intervention in Psychosis services requires that by 1 April 2016, more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. The standard is '2-pronged', both conditions must be met i.e. a maximum 2-week wait from referral to treatment *and* treatment delivered in accordance with NICE guidelines. The standard applies to people of all ages.
- 3.2 Significant changes will be required to achieve this standard. These changes relate to the capacity of the current service to respond to the new standards and the interface with other services affected by this change. EIP is a priority area for CCG investment in 2015/16.
- 3.3 The EIP service will need to continue to work with referrers to ensure that people are able to access the service in a timely way. Referrers will need to be able to recognise the signs of psychosis and refer appropriately. The interfaces between EIP, primary care, psychiatric liaison, education and substance misuse services are particularly important as are the links with mental health crisis and access services.

- 3.4 The impact of the changes to the EIP service on other services and areas of development will need to be mapped out, for example: the impact on inpatient services; the changes required to access and crisis services (to ensure that patients with first episode of psychosis are rapidly identified and referred swiftly to EIP to start treatment within 2 weeks) and the management of staffing changes (ensuring the new staff required do not leave problematic gaps elsewhere in other services). Recruiting and training the workforce will be a significant challenge, especially given that other London services will be embarking on similar work.

4. Improving Access to Psychological Therapies: IAPT

- 4.1 The new waiting time standard for IAPT requires that 75% of people with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral and 95% will be treated within 18 weeks of referral. The standard will be applied to adults and is expected to be achieved by Q4 of 2015/16. The existing access and recovery standards will be maintained (15% of adults with relevant disorders will have timely access to IAPT services with 50% recovery rate).
- 4.2 The CCG has contracted with NELFT to provide IAPT services that will meet the access and recovery standards and has an action plan in place to achieve the IAPT access targets which rests on increasing the numbers of patients that self-refer to the service. In order to meet the new waiting time standards, two main changes to services are required, additional capacity to manage patients within the waiting time (assuming access and recovery standards are met and maintained) and monitoring and reporting of waiting times.

5. Liaison psychiatry

- 5.1 The standard for liaison psychiatry (as set out in [Achieving better access to mental health services by 2020](#)) is that “all acute trusts will have in place liaison psychiatry services for all ages appropriate to the size, acuity and specialty of the hospital”. Also, from 2015/16 the Care Quality Commission (CQC) will include a specific focus on liaison mental health services and mental health care, as well as the quality of treatment and care for physical conditions when it rates acute trusts. NHSE will be assessing progress to the 2020 target in 2015/16. In 2015/16 commissioners are expected to have agreed service development and improvement plans with acute providers to ensure there are adequate levels of liaison psychiatry across acute settings.
- 5.2 The provision of effective liaison psychiatry is particularly important across BHR to support the delivery of the Barking Havering and Redbridge University Hospitals Trust (BHRUT) Improvement Plan, as effective liaison psychiatry has been shown to reduce length of stay.
- 5.3 In BHR operational resilience funding was received in the summer of 2014/15. Schemes for funding were prioritised, through the Urgent Care Board, in line with the BHRUT Service Improvement Plan and identified gaps in existing provision. Non-recurrent funding was agreed for the development of an Enhanced Mental Health Liaison service across both BHRUT sites and the funding to cover the period from 1 November 2014 to 31 July 2015. NELFT provides this service and the funding enabled the existing psychiatric liaison service to be extended to provide 24/7 cover – which is appropriate for the size of BHRUT. A proposal has been

made to the CCG Governing Body to fund an extension of the pilot to October 2015 to enable an evaluation of the full year's service to be undertaken and ensure that the model currently being developed is having the full expected impact and that it is using the most cost effective approach.

6. Crisis pilots and concordat

- 6.1 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. It makes sure people in mental health crisis get the support they need before, during and after a crisis and make sure that the professionals they encounter treat them with respect, think about their loved ones and follow their wishes wherever possible.
- 6.2 Barking and Dagenham CCG signed the declaration in November 2014 as did Havering and Redbridge CCGs. A Barking and Dagenham action plan has been developed which spans across the local authority, police and the NHS and ensures services locally meet the principles of care laid out in the Concordat.
- 6.3 A gap analysis was conducted to compare current provision to the '*I Statements*' of the Crisis Care Concordat and generate actions. To ensure consistency across boroughs, there was a cross – analysis of service provision across BHR CCGs to identify commonalities and generate shared actions. This was then discussed at the Mental Health Sub-Group of the Health and Wellbeing Board and resulting outputs used to develop a draft action plan.
- 6.4 The draft action plan was shared with service users and stakeholders to gain their views and perspectives of the current service provision, with the resulting outputs reflected in the plan. The plan was submitted to the Crisis Care Concordat team on 13 March 2015 in accordance with NHSE request for an earlier submission. Although it was noted that a considerable amount of work had gone into developing the plans, the CCC team requested further details under the 'Quality of treatment of care' section in order for Barking and Dagenham to 'go green' on the Crisis Care Concordat Map.
- 6.5 The action plan was revised accordingly and re-submitted on 26th March. Barking and Dagenham are now 'green' on the Crisis Care Concordat Map. Mind/NHS England have agreed that the action plan will be a 'live' document and subject to continuous improvement. The action plan is in Attachment 4.
- 6.6 The Health and Wellbeing Board is asked to formally approve the action plan, which will then be re-submitted as the final plan, pending any additions the Health and Wellbeing Board would wish to make. The action plan has also been submitted to the CCG Governing Body for approval.
- 6.7 The Crisis Care Concordat action plan includes reference to the EIP and crisis pilots. These 8 pilot projects were funded through additional non-recurrent funds from NHSE. Five out of the eight projects have concluded and three are still running. These are: 24/7 clinical input to the Mental Health Direct crisis phone line; extended face to face access to 8pm for the access team; and Street Triage with mental health support to police officers.

- 6.8 Early findings from the pilots indicate that these functions (extended clinical phone access, extended face to face access and improved support to the police) are required to provide an appropriate crisis response and can benefit patients and the whole health and social care system. Continued investment in services will be considered by the CCG in the context of available resources.
- 6.9 Barking and Dagenham CCG has committed to meeting the national target for dementia diagnosis by 2015/16. This will require continued work by general practice to ensure people are appropriately identified and referred to the memory service. A programme of work led by the clinical lead for mental health is in place to support general practices with this activity.

7. Consultation

- 7.1 In Barking and Dagenham the Mental Health Sub-Group of the Health and Wellbeing Board is the forum where commissioners, providers, service-users, carers and other stakeholders including Healthwatch, the voluntary sector and the Police, come together to consider mental health needs and agree collaborative responses. Recently this group has been reviewing the mental health needs assessment, the crisis care concordat action plan and agreeing priorities for mental health for Barking and Dagenham. There is ongoing work in Barking and Dagenham to develop a local strategic approach to mental health commissioning.
- 7.2 A stakeholder holder engagement strategy for the CCGs for mental health will be developed. This will include continued engagement with the CCG Patient Engagement Forum (PEF) and will extend this to develop wider engagement with mental health stakeholders across BHR including linking in with the NELFT service user forums. As well as BHR-wide engagement, each CCG will be charged with ensuring they are engaging with their local stakeholders including service users and carers, for example through the partnership arrangements, or through additional activities as required.

8. Mandatory Implications

8.1 Joint Strategic Needs Assessment

The [Joint Strategic Needs Assessment](#) for Barking and Dagenham shows that there is an expected increase in the numbers of people needing to access mental health services in the coming years. It also notes the important links between mental health and employment, accommodation and inequalities, amongst other factors and notes the joint work underway through the mental health sub-group of the Health and Wellbeing Board.

8.2 Health and Wellbeing Strategy

The commissioning priorities outlined in this paper support the priorities in the Health and Wellbeing Strategy to improve the mental wellbeing of local residents.

8.3 Integration

Mental health improvement is an intervention of the BHR 5 Year Strategic Plan and includes the aim of “full roll out of the access to psychological therapies programme by 2014/15 with the aim that at least 15% of adults with relevant disorders will have timely access to services” (*Barking and Dagenham, Havering and Redbridge Integrated Care Coalition Strategic Plan Final Submission June 2014*).

8.4 Financial Implications

Barking and Dagenham CCG spent £29.1 million on mental health services in 2014/15 which equated to 12% of the commissioning budget. B&D CCG’s spend is at roughly mid-point in their cluster (from 2013/14 programme budgeting data, NHS England). This information indicates that local expenditure on mental health is relatively modest, which is in line with the funding position of the CCG being relatively low compared to many areas of London. This does not give us any firm indication of how expenditure compares to need, and we know that need is high in Barking and Dagenham due to local demographic factors.

There is a national requirement to increase investment in mental health services. CCGs are required to invest additional resources in mental health in 2015/16 and Barking and Dagenham CCG has committed in the Operating Plan to invest £926K additional funds into mental health.

8.5 Legal implications

There are no legal implications arising from this report.

8.6 Patient/Service User Impact

The CCG priorities were developed following an assessment of ‘Closing the Gap’ which aims to deliver parity of esteem for mental health to physical health.

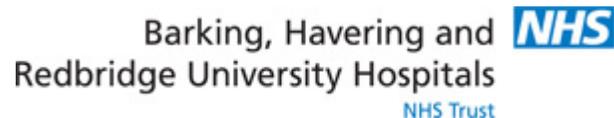
There will be significant benefits for people accessing early intervention in psychosis services more rapidly. There is good evidence that these services can help people recover from a first episode of psychosis and gain a good quality of life, this includes evidence of increased employment, reduced compulsory treatment and reduced risk of suicide. Failure to intervene early leads to poorer outcomes for individuals and families, and increased costs to health and social care services.

List of Appendices:

Appendix 1 - Crisis Care Concordat Action Plan

Appendix A – Barking and Dagenham Crisis Care Concordat Action Plan

Mental Health Crisis Care Concordat Action Plan



Barking and Dagenham, Havering and Redbridge (BHR) CCGs are committed to working in partnership to continue to improve crisis care for people with mental health needs in Barking and Dagenham, Havering and Redbridge. The Mental Health Crisis Care Concordat is warmly welcomed by BHR CCGs and its partners, and builds on work that is already underway across BHR. An action plan has been developed in response to the Concordat by BHR CCGs, Local Authorities and Physical and Mental Health Care Providers. The action plan will also be supported by Metropolitan Police Service, London Ambulance Service NHS Trust and the Community and Voluntary Sector.

The following action plan is a Barking and Dagenham plan to drive and deliver local improvements to crisis care. The plan consists of overarching commissioning and partnership responsibilities as well as actions to improve prevention, access, treatment and recovery provision. The plan consists of shared actions across BHR CCGs, reflecting the commitment of partners and agencies across boroughs.

1. Commissioning to allow earlier intervention and responsive crisis services

No.	Action	Timescale	Led By	Outcomes
Matching local need with a suitable range of services				
1	Develop a detailed mental health action plan following from the Barking and Dagenham Mental Health Needs Assessment incorporating the crisis concordat and developing borough response to crisis care.	September 2015	Mental Health Sub Group Chair	Agreed local Health and Wellbeing delivery plans and related commissioning plans that respond to local identified need and ensure services are appropriate.
2	Consider further the needs of people with dual diagnosis (LD and MH) to ensure they receive the most effective support and care with particular focus on information sharing and working with GPs to prioritise LD crisis and work more effectively with carers of people with LD	September 2015	Joint Commissioner / Barking and Dagenham (BD) CCG	Improve response for people in mental health crisis with LD
3	BHR CCGs to complete a pathway review of the crisis care pathway for people in mental health crisis in terms of local services and need	September 2015	BHR CCGs	<ul style="list-style-type: none"> • Timely and appropriate interventions. • Integrated partnership working in crisis care. • Gaps identified and capacity issues addressed. • Community and voluntary sector (CVS) actively involved in pathway design
4	MH sub group to consider the suggestions made by the stakeholder event on 11th March - incorporating with current actions as relevant and developing new actions with partners to respond to service	August 2015	BDCCG	<ul style="list-style-type: none"> • Utilise contributions of service users and patient representatives

	user need			
Improving mental health crisis services				
5	Commissioners to consider opportunities to incorporate key elements of action plan in provider Service Development and Improvement Plans within contracts to require services to develop protocols and inter-agency working arrangements for people in mental health crisis.	August 2015	BHR CCGs	<ul style="list-style-type: none"> Agreed shared protocol across statutory, independent and voluntary organisations that support people with mental health problems. Timely and appropriate services' response to support people in mental health crisis.
6	Agree protocol for ensuring a consistent approach to feedback to referrers following referral into NELFT crisis services.	September 2015	North East London NHS Foundation Trust (NELFT)	<ul style="list-style-type: none"> Feedback provided within 24 hours to all relevant agencies following assessment or following a decision being made not to assess.
7	Commissioners to review the range of Early Intervention in Psychosis/crisis 14/15 funded projects and evaluate effectiveness in context of overall mental health investment plan for 15/16.	September 2015	BHR CCGs	The impact of EIP/crisis pilots understood and decision making on future funding completed.
8	Service pathways and resources identified to support meeting the standard waiting time for Early Intervention in Psychosis (EIP).	March 2016 with mid-year review in Q2/3.	NELFT	Parity of esteem access standards for EIP achieved.
9	Evaluate performance of Enhanced Psychiatric Liaison Service and make decision around ongoing funding	July 2015	BHR CCGs	Effective service that supports accessible high quality care for service users with mental health needs attending Emergency Department (ED)

10	Consider integrated mental health models (based on the Lambeth and Sandwell work) as part of local mental health delivery plan.	December 2015	BDCCG & London Borough of Barking and Dagenham (LBBD)	A more holistic approach to managing mental health and mental health crisis
11	Identify routine reporting baselines (current waiting times), and resource gap to support meeting the national standards	September 2015	BHR CCGs	Routine reporting against national access standards is conducted to ensure parity of esteem for mental health service users
12	Commissioners to consider best way of ensuring mapping and communication of all services that relate to crisis support – taking into account the range of other mapping and communication activities being planned locally and the best way of working with CVS to support.	September 2015	LBBD & BDCCG	A full mapping of all services relevant to crisis support and then communication of map of services to all relevant bodies.
13	Develop ambulance pathway for people in crisis	September 2015	Havering CCG on behalf of BHR CCGs / LAS	Ensure people in a mental health crisis who contact the ambulance service avoid ED if possible.
NHS 111				
14	Review referral care pathway from NHS111 and update the Directory of Services	August 2015	BHR CCGs	NELFT services and third sector organisations are appropriately profiled within the NHS 111 Directory of Services and enabled to receive referrals from NHS 111 including electronic referrals where appropriate.
CAMHS Triaging – EIP/ Crisis pilot				
15	Extend the hospital based and CAMHS based support for children and young people at high risk	September 2015	NELFT	<ul style="list-style-type: none"> • A reduction in the number of CAMHS admissions • Pro-active bed management

16	Outreach services through CAMHS reviewed and developed to ensure Children and Young People identified as high risk are supported to remain out of ED	September 2015	NELFT	<ul style="list-style-type: none"> • Reduced waiting times for beds • Reduced out of area placements
Ensuring the right numbers of high quality staff				
17	Learning Beyond Registration (LBR) and NELFT to continue to ensure staff are encouraged and trained as Approved mental health professional (AMHPS)	Ongoing	NELFT	Increased provision of AMHPs across London in order to ensure that Mental Health Act assessments (MHAA) are completed within the agreed timeframe.
18	Drafting of Recruitment and Retention Plan for AMHPs	September 2015	NELFT	All services are appropriately staffed.
Improved partnership working in Barking and Dagenham locality				
19	Develop Mental Health stakeholder engagement plan to underpin engagement on MH delivery plan including crisis work	September 2015	MH Sub-Group Chair	Stakeholders including service users, carers and the public are effectively engaged and involved in ensuring local services meet local need. Two recent events held - October and November 2014
20	Commissioners to work with Community and Voluntary Sector and providers to develop a plan to re-energise the offer to BME and faith groups	August 2015	BDCCG	Improved service offer for BME and faith groups.
21	MH partnership group to oversee the implementation of Crisis Care Concordat Action Plan and to ensure effective membership of group	From March 2015	HWB & BDCCG	CCC action plan has local directive and governance to ensure implementation.
22	CCGs and NELFT continue to improve working with the police	Ongoing	NELFT	Urgent assessments in the community are completed within a maximum of 4 hours from referral.

	to ensure MHAAs take place promptly and reflect the needs of the individual concerned.			
2. Access to support before crisis point				
No.	Action	Timescale	Led By	Outcomes
Improve access to support via primary care				
23	Continue PTI mental health themed sessions, education events and visits via link workers.	Ongoing	BHR CCGs	<ul style="list-style-type: none"> GPs are aware of mental health crisis services within the locality. OOH services are aware of referral routes for those in mental health crisis. GPs and other community staff receive training regarding the potential precipitants for crises.
24	The role of the mental health link worker is to be reviewed and clarified in SDIP	March 2016	NELFT and BDCCG	Part of Service Development and Improvement Plan
25	BHR CCGs to consider improving the MH commissioning capacity and skills within the CCG	March 2016	BHR CCGs	Improved skills and competencies of CCG mental health leads in the commissioning of mental health crisis services.
26	Development of primary care psychosis pathway	August 2015	BHR CCGs	Improved identification and management of psychosis in primary care
27	NELFT SI – systematic review about how GPs are involved in investigations	September 2015	NELFT & MH Partnership Group	Develop learning and sharing in health economy
28	BDCCG Clinical Director to improve primary care consistency/skills in managing people with SMI using practice profiles from MHNA to work with practices as part of intensive education programme.	September 2015	BDCCG	Improved primary care quality and consistency in supporting people with mental health needs prior to crisis.
Improve access to and experience of mental health services				
Family Intervention – EIP/Crisis pilot				

29	Increase the dedicated clinical time to deliver family interventions	September 2015	NELFT	<ul style="list-style-type: none"> Increased access to evidence based interventions More families and carers supported Increased number of staff offering support to carers and families
30	Enhance awareness of family interventions amongst all clinical staff in both EIP and Home Treatment Teams (HTT)	September 2015	NELFT	<ul style="list-style-type: none"> Increased number of staff trained in FI More families and carers supported and included in care plans
31	Develop an information pack for carers and families of people with psychosis	September 2015	NELFT	Family and Carers support and information package for EIP and HHT carers.
Mental Health Crisis Line – EIP/Crisis pilot				
32	Increase the out of hours clinical input to MH Direct 24/7 crisis line	September 2015	NELFT	<ul style="list-style-type: none"> Reduction in number of referrals to emergency services Reduction in number of referrals to Home Treatment Teams (HTT) Greater degree of satisfaction from MHD service users
33	Implement winter pilot of extended service of Mental Health Direct.	September 2015	NELFT	Strengthened MH Direct out of hours (OOH) service to include more robust clinical response out of hours.
34	Review and update the algorithm currently used to process calls by non-clinical staff responding to MH Direct calls, and evaluate impact.	September 2015	BHR CCGs	<ul style="list-style-type: none"> Reduction in referrals to Emergency Duty Teams (EDT), HHT and ED Increase in service user satisfaction
35	Continued publicity of 24/7 crisis helpline number	September 2015	NELFT	Crisis helplines are well publicised among people with mental health problems, carers, health and social care professionals, emergency services and the wider public.
Barking and Dagenham Access Team – EIP/Crisis pilot				
36	Extend the opening hours of the Access Teams	September 2015	NELFT	<p>Adult access and assessment teams are currently open 9am-8pm Monday to Friday. The opening hours of this service to be extended.</p> <ul style="list-style-type: none"> Improved access to MH services/clinical support OOH

				<ul style="list-style-type: none"> Reduced attendance at ED out of hours
Information, Advice and Guidance				
37	Review accuracy NELFT website and flyers to ensure that they provide key information to referrers, self-referrers, their families and carers	August 2015	NELFT	Information on mental health crisis services detailing opening hours, referral procedures and eligibility criteria is provided in various formats, available in different languages and easy to obtain via provider trust websites. Information needs to be coherent and consistent.
38	Pilot the marketing of self – referral options through social care services, children's services and local partners e.g Big White Wall	September 2015	BDCCG	Increased awareness of self-referral options available for people in mental health crisis.
39	Develop a communications plan for crisis concordat work with input from MH sub group , carers and service users to ensure most effective messages around the accessing of crisis services	August 2015	NELFT	Ensure effective messages around crisis line and expectations. As part of this ensure that BME and faith groups involved and engaged in this plan.

3. Urgent and emergency access to crisis care

No.	Action	Timescale	Led By	Outcomes
Improve NHS emergency response to mental health crisis				
40	Commissioners to consider with NELFT actions to improve score against Crisis Resolution Fidelity Scale possibly as part of SDIP 15/16	September 2015	BHR CCGs	Mental health crisis teams use the CORE Crisis Resolution Team Fidelity Scale criteria for benchmarking best practice. Improve rating from 'fair' to 'good' on Fidelity Scale

41	Commissioners to work with NELFT and other providers to ensure that patients with mental health crisis who access services through the urgent care system (ED, UCC, WIC) are able to be seen in appropriate settings. This will involve reviewing access through UCC and WIC, making best use of Enhanced Psychiatric Liaison and the s136 suite at Goodmayes, provision at Sunflowers and working effectively with the police and LAS. Particular focus will be given to people with dual diagnosis (MH and Substance Misuse) and frequent attenders as well as patients with physical as well as mental health needs.	September 2015	BHR CCGs	Systematic approach to ensuring patients in mental health crisis receive the care they need delivered in the most appropriate environment no matter where they access services. Part of this action will be to review opportunities for appropriate areas outside of ED and Police Station.
Emergency Department				
42	Review the environment for mental health assessments in ED to ensure, where possible, it is calm and safe	September 2015	Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)	Dedicated areas designed to facilitate a calm environment while also meeting the standards for the safe delivery of care. Resources will also be in place to ensure that people experiencing a mental health crisis can be continuously observed in emergency departments when appropriate.
43	Commissioners to consider with BHRUT approach to monitoring intramuscular tranquilisation administered in ED in accordance with accepted guidance	September 2015	BHRUT	BHRUT to demonstrate compliance with guidance
44	Commissioners to consider	July 2015	BHR CCGs	Ensuring that service users are seen in a timely fashion

	arrangements to monitor the requirement that 95% of MHA are commenced within four hours of Attendance at BHRUT			
45	Review, analyse and escalate all 4 hour breaches through contract monitoring process	Ongoing	BHR CCGs	Ensure significant care pathway issues are identified and addressed.
46	Commissioners to consider with NELFT monitoring arrangements regarding 4 hours in emergency and 24 hours if urgent of assessment following referral to HTT.	September 2016	BHR CCGs	Appropriate monitoring arrangements to ensure assessments are completed within the required timescale.
Enhanced Psychiatric Liaison Service				
47	Development of Enhanced Psychiatric Liaison service	Ongoing with mid-year review in Q2/3.	NELFT	<ol style="list-style-type: none"> 1 Liaison psychiatry services see service users within 1 hour of emergency department referral to ensure a timely assessment and minimise risk. 2 Clinicians in the emergency department have rapid access to advice from a mental health clinical specialist following emergency department crisis assessments. 3 Crisis plans are accessible to emergency department staff. 4 Emergency departments have immediate access to psychotropic medications routinely used in the management of mental crises including intramuscular preparations. 5 Operational Policy to be reviewed every 6 months
Social services' contribution to mental health crisis services				
48	Develop a plan to make effective links between mental health crisis service providers and wider council services and	September 2015	LBBB	Improved overall holistic approach to managing recovery from crisis

	schemes – eg housing, mentoring, carers etc.			
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**Improved quality of response when people are detained under Section 135 and 136
of the Mental Health Act 1983**

Improved information and advice available to front line staff to enable better response to individuals

49	Enhanced Psychiatric Liaison Service to provide training for all relevant clinical staff – in particular looking at innovative ways of providing training input to ensure best fit with busy ED	August 2015	NELFT	All ED staff are trained in the assessment and management of mental health crisis.
50	Social service staff who are likely to come into contact with people in crisis or their carers undergo mental health first aid training or receive more specific training if their role required	September 2015	LBBB	LBBB to complete training needs assessment and then liaise with Enhanced Psychiatric Liaison team

Improved training and guidance for police officers

51	Street Triage pilot (EIP crisis pilot funded for 14/15) – in place in Waltham Forest and Redbridge – CCG to consider implementation more broadly across BHR based on evidence from pilot	September 2015	BHR CCGs / Police	A service specification for a local Street Triage service
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4. Quality of treatment and care when in crisis

No.	Action	Timescale	Led By	Outcomes
Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring				
52	To agree with local met police representatives as part of ongoing dialogue to improve access to appropriate crisis services set out in 39 above	September 2015	BDCCG / Police	Improve liaison and joint working with police locally
Service User/Patient safety and safeguarding				
53	Incorporate outputs of discussions with service users (e.g. from meeting held on 11 March)	March 2015	BD CCG	A more robust action plan
Staff safety				
54	Further discussion required at MH sub-group	April 2015	MH sub-group chair	Further points to be added to action plan
Primary care response				
55	Agree approach for ensuring consistent feedback between NELFT and Primary Care	March 2016 with mid-year review in Q2/3.	BDCCG	Feedback loop between NELFT and Primary Care to ensure appropriate support to service users in a crisis.

5. Recovery and staying well / preventing future crisis

No.	Action	Timescale	Led By	Outcomes
Joint planning for prevention of crises				
56	Deliver improvement plan regarding crisis planning for those on the Care Programme Approach (CPA).	August 2015	NELFT	Arrangements put in place to ensure that crisis plans are accessible to GPOOHs and NHS 111 teams.
57	Commissioners to consider with NELFT appropriate actions to test co-production with service users of crisis care plans and their content with training as appropriate if issues are identified	September 2015	BHR CCGs and NELFT	Crisis Care Plans are accurate, utilised and service users can rely on their use by clinicians
58	Crisis care planning for those who regularly present at ED.	March 2016 with mid-year review in Q2/3.	NELFT	Frequent attender reports and multi-agency plans reviewed and updated, and made accessible to ED staff
59	Ensure regular review of crisis plans is a requirement within the KPIs of the NELFT MH contract.	March 2016 with mid-year review in Q2/3	NELFT	Systems in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed.
60	Commissioners to consider with NELFT Advanced Directives Review as part of SDIP and encourage greater use of advanced directives amongst care co-ordinators (subject to agreement with NELFT).	September 2015	NELFT	<ul style="list-style-type: none"> • Systems in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed. • Assessments will consider the individual's crisis plan when available including any advanced directives.

61	Increase the awareness and use of personal health budgets for those with long term mental health needs	March 2016 with mid-year review in Q2/3.	NELFT and Local Authority	Increased awareness of the use of personal health budgets amongst people with long term mental health needs and providing them with greater choice and control over the support they access to manage their mental health.
62	Encourage routine discharge planning meetings in community recovery services	March 2016 with mid-year review in Q2/3.	NELFT	Discharge plans are regularly reviewed to ensure plans are effective and facilitates the recovery and wellbeing of service users and carers.

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HEALTH AND WELLBEING BOARD

7 July 2015

Title:	Developing Barking and Dagenham's Primary Care Transformation Strategy		
Report of the CCG			
Open Report		For Decision	
Wards Affected: None		Key Decision: No	
Report Author: Sarah See, Director of Primary Care Transformation		Contact Details: Tel: 0208 926 5184 E-mail: sarah.see@onel.nhs.uk	
Sponsor: Conor Burke, Chief Officer, Barking, Havering and Redbridge CCGs			
Summary:			
<p>Through the work of the Barking & Dagenham, Havering and Redbridge Primary Care Transformation Programme Board and its newly established Primary Care Working Group, Barking and Dagenham Clinical Commissioning Group (the CCG) are responding to delivering primary care services within a complex and changing context. At a national and regional level there have been key policy documents about how primary care should be commissioned and delivered to address some of the challenges around the delivery of accessible, proactive and coordinated care for all patients.</p> <p>The strategic landscape for primary care services is central to how the CCG addresses these challenges and opportunities, and work is already underway to tackle some of these areas, for example, the CCG's new role as delegated commissioners, the development of a GP federation and the implementation of GP access hubs through the roll-out of the Prime Minister's Challenge Fund.</p> <p>The CCG working with strategic commissioning partnerships and providers from across Barking and Dagenham are now working towards bringing this together into a clear, coherent and achievable strategy for primary care transformation through the development of its 'Primary Care Transformation Strategy'. The strategy will outline the vision for primary care services within Barking and Dagenham over the next five years, taking into consideration the wider primary care landscape (such as community pharmacy, community services, dentistry and high-street ophthalmic services) and alignment with the other transformational change programmes relevant to the delivery of planned and unplanned care services. The final strategy will be published by the winter.</p>			
Recommendation(s)			
<p>The Health and Wellbeing Board are asked to review the attached slides and provide their comments on:</p> <p>(i) The emerging vision and common themes for primary care services in Barking and Dagenham</p>			
Reason(s)			
<p>The Health and Wellbeing Board by reviewing the emerging vision and common themes</p>			

can ensure that the development of the primary care strategy for Barking and Dagenham as well as the final strategy reflect the vision and priorities for the people of B&D.

Stakeholder engagement is being planned throughout the spring and summer and will aim to seek feedback from key stakeholders (including local primary care staff, local voluntary and community organisations, patients, local authorities and social care organisations). The feedback captured will then be used to shape the final strategy, which will be published in the winter. Feedback will be sought at key meetings, stakeholder events and through an online survey.

The aim of engagement over the spring and summer are:

- To raise awareness of the development of a primary care strategy for Barking and Dagenham;
- To seek feedback on local primary care services from a broad range of stakeholders and the public;
- To learn more about the current context of primary care, including the opportunities and the challenges;
- To understand in more detail what is working well in primary care and what can be improved; and,
- To ensure that the development of the Barking and Dagenham Primary Care strategy is shaped and influenced by local stakeholders;

Currently the key objectives and vision statement of the Strategy are still in development so the Health and Wellbeing Board is asked to review the emerging vision (see Appendix A) to ensure that the approach to the strategy is completed in a way that is aligned with Barking and Dagenham's long term health and social care aims.

1. Introduction and Background

1.1 The CCG are responding to delivering primary care services within a complex and changing context, this includes but not limited to:

- An increasing demand on local healthcare services
- A diverse health and social care economy which consists of a mainly young population
- An increasing number of people suffering from one or more long term conditions
- Variation in health outcomes
- The need for a focused approach towards recruitment and retention of trained primary care staff
- The need for better succession planning for retiring GPs, particularly those who are single handers and own their own premises
- The emergence of GP federations and the opportunities that this presents for innovative models for service delivery.

1.2 The strategic landscape for primary care services is central to how Barking and Dagenham CCG addresses these challenges, and opportunities, and brings these components together into a clear, coherent and achievable strategy for primary care transformation.

2. Proposal and Issues

2.1 The attached slides (See Appendix A) provide the Health and Wellbeing Board with an update on the approach being taken to develop the strategy as well as the emerging vision and common themes for the development of primary care services.

2.2. It begins by setting out the approach being taken to develop the strategy and outlines the methods for engagement. This is followed by a section that takes into consideration the key policy drivers that outline the national and London wide direction for primary care services around accessible, proactive and coordinated care. One example of the national policy document reviewed was the '*Five Year Forward View*'. Regional policy documents such as the '*Strategic Commissioning Framework for Primary Care Transformation in London*', '*The London Health Commission*' and the work of the Nuffield Trust have all been considered as part of this work. An overview of the local primary care landscape across the borough is then given along with the current challenges and opportunities that have been identified. Finally the slides set out the emerging vision and common themes for primary care across Barking and Dagenham.

3 Consultation

3.1 Stakeholder engagement is being planned throughout the spring and summer to seek feedback from key stakeholders (including local primary care staff, local voluntary and community organisations, patients, local authorities and social care organisations).

3.2 Engagement for this period will include attending key meetings across the patch, organising a series of events for all practice staff, GPs and broader stakeholders across the local healthcare economy. A survey will also be circulated to local clinicians and patients to capture their feedback on local primary care services.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

4.1.1 The development of a primary care strategy for Barking and Dagenham has the potential to impact upon many aspects of the Joint Strategic Needs Assessment including:

- Healthy Eating, obesity and exercise
- Mental Health
- Long Term Conditions –e.g. Diabetes and Chronic Obstructive Pulmonary Disease
- Dementia
- End of Life

- 4.1.2 Primary care has a significant role to play in all these areas and from the emerging themes and visions it is hoped that the strategy will enable practices to improve the way in which they and patients manage long term conditions and mental health including encouraging patients to more proactively manage their care (which should involve healthy eating, obesity and exercise and health and wellbeing prevention)
- 4.1.3 End of Life and dementia care should be improved by use of care plans and a more integrated approach between primary and secondary care.

4.2 Health and Wellbeing Strategy

- 4.2.1 The 'Barking and Dagenham Health and Wellbeing Strategy' is divided into six age-based categories from Pre-birth and Early Years to Older Adults. The potential of the primary care strategy is to have a positive impact for Barking and Dagenham residents over their whole lives.

Within each category there are four priority themes:

1. Care and Support
2. Protection and safeguarding
3. Improvement and integration of services
4. Prevention

- 4.2.2 Each of these should be an aspect of a high quality primary care service and the completed primary care strategy will highlight the role that GPs and other contractors can play in ensuring that Barking and Dagenham residents receive the support they need throughout their healthcare journey, encounter services that are aligned and integrated and enable people to live healthy lives.

4.3 Integration

- 4.3.1 There are two common themes that have emerged for primary care in Barking and Dagenham that relate to integration:
- 'A coherent and coordinated approach together with other local partners'
 - 'A system that is strategically aligned'

The way in which the final strategy and these objectives will impact upon integration more widely will be based on the input we receive from the wider engagement around the primary care strategy.

4.4 Financial Implications

As the primary care strategy is still in development there are no financial implications to consider at this time.

4.5 Legal Implications

As the primary care strategy is still in development there are no legal implications to consider at this time.

4.6 Risk Management

Risk	Mitigating Action
<p>Stakeholder and member views: there is a risk that local stakeholders, primary care staff and members will not feel fully engaged in the development of their local strategy</p>	<ul style="list-style-type: none"> • Development of a borough engagement plan • Utilising a broad range of communication and engagement channels (e.g. briefings, surveys, bulletins and events)
<p>The availability of resources and funding may have an impact on the long term delivery of the strategy.</p>	<ul style="list-style-type: none"> • Identify where existing resources can be utilised • Engage with key stakeholders to ensure that plans are realistic and achievable
<p>Scope of transformation: the scope of primary care transformation is broad and requires partnership working across the whole of the local healthcare economy.</p>	<ul style="list-style-type: none"> • Defining the local 'as is' position to determine what the key dependencies are within the system • Engage with key stakeholders to ensure that the plans are realistic and achievable

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

List of Appendices:

Appendix 1 - Developing Barking and Dagenham's Primary Care Transformation Strategy

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Developing Barking and Dagenham's Primary Care Transformation Strategy

Sarah See, Director, Primary Care Transformation

What are the key policy drivers for Primary Care?

Policy at a national and regional level is focusing on ensuring a sustainable high quality primary care landscape.

NHSE Five Year Forward View

- Stabilise core funding for general practice and review how resources are fairly made available.
- Give CCGs more influence over NHS budget – investment: acute to primary and community.
- Expand as fast as possible the number of GPs, community nurses and other staff.
- Design new incentives to tackle health inequalities.
- Help public deal with minor ailments without GP/A&E.
- Potential new care models such as Multispecialty Community Providers and Primary & Acute Care Systems.

London Health Commission

- Calls for an increase in spending in primary care, including the investment of £1bn in GP premises.
- Set ambitious services and quality standards for general practice.
- Promote and support general practices to work in networks.
- Allow existing or new providers to set up services in areas of persistent poor provision.

Strategic Framework for Primary Care in London

- Sets out an ambitious framework for the future of primary care in London focused around pro-active, accessible and coordinated care.
- Focuses on meeting the needs of the unregistered population.
- Requires a baseline position to be established against these standards.

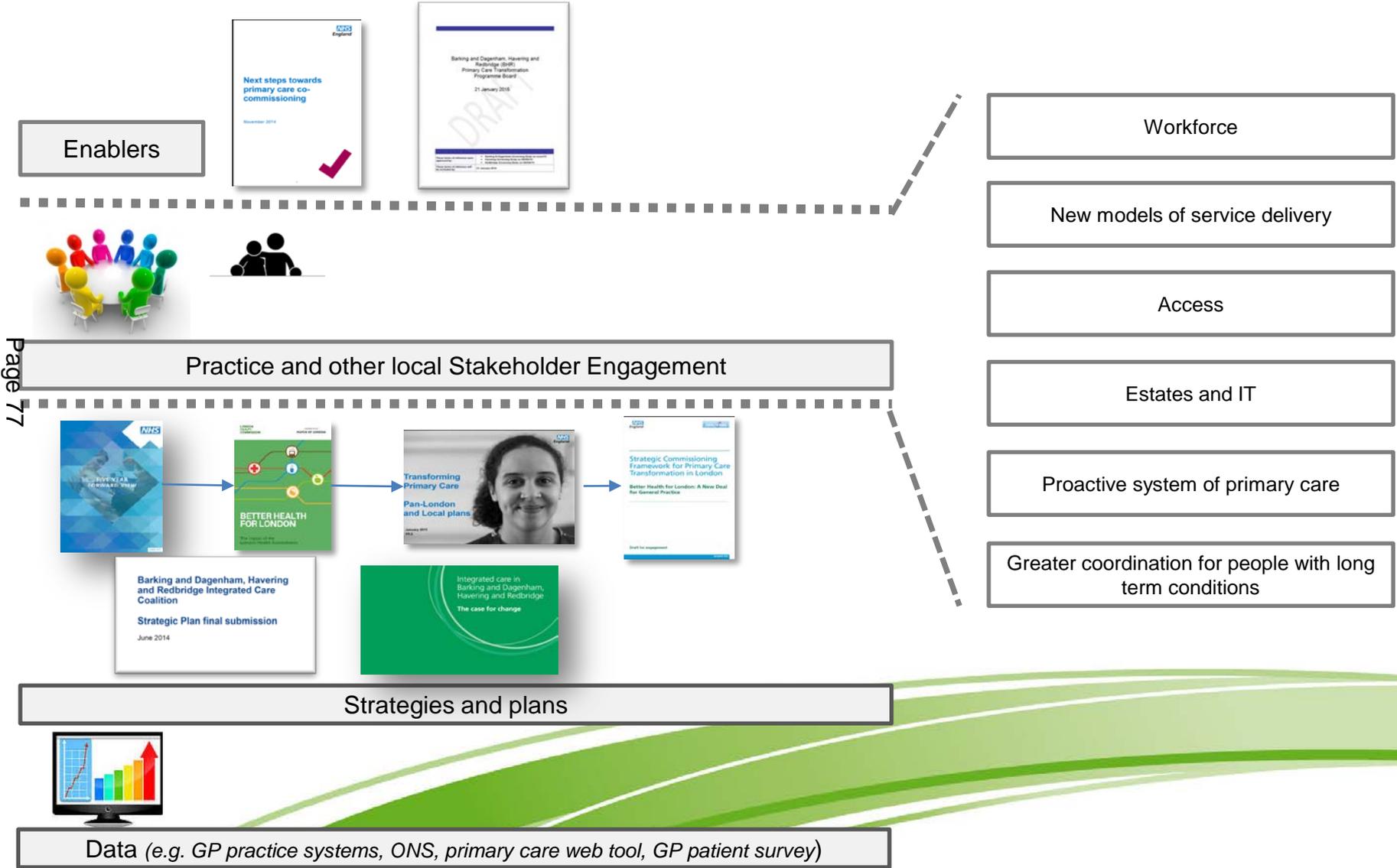
Think tanks (Kings Fund, Nuffield Trust)

Key think tanks are focusing on the role of General Practice in delivering integrated care through extended Networks of General Practice. They are proposing more innovative contracting and funding models to support extended service delivery.

Care Quality Commission

The CQC is undertaking inspection of all GP Practices to assess: Are they safe? Are they effective?, Are they caring?, Are they responsive to people's needs?, Are they well-led? The CQC are currently publishing the results of their inspections.

Areas being explored to develop the strategy



Local Context

In hour primary care services across B&D

Page 78

Barking and Dagenham

- 40 GP practices
- Average list size of 5180
- 38 Pharmacies
- 19 Mandatory and 29 Additional Optometrists
- 27 Dentists

Access through hubs

Funding through the PM Challenge Fund has led to the creation of 5 primary care extended access hubs across BHR, open 6.30pm – 10pm weekdays..

BHR urgent care facilities are managed by Federations at Queens Hospital.

**Barking and
Dagenham**

- 7am-10pm Weekdays
- 9am-10pm Weekends
- X-ray facility

Barking
Community
Hospital Walk-in
Centre



PELC OOH Service

- Provided between 6:30pm and 8am on weekdays and throughout weekends.
- OOH Service provides telephone triaging, telephone advice, face-to-face consultations at an OOH base, or at patient's place of residence.
- Base for services include Kings George Hospital, Whipps Cross Hospital and Grays Court.
- The SLA is reviewed every six months and there is a formal detailed annual review annually.

What opportunities does this suggest locally for how we deliver primary care in Barking and Dagenham?

The **FORM** of General Practice

The **FUNCTION** of General Practice

Develop a more **integrated healthcare** system.

Improve consistency between outcome measures and incentives used in primary care and work in a more collaborative way to design local solutions for workforce, premises and IM&T challenges.

Page 99
To use the delegated commissioning functions to **redefine services** around coordinated, accessible and proactive care and align incentives within the system to support this focus.

Opportunities to **improve provision** of routine and unplanned services.

BHR already have **developing federations**, and these opportunities can support their development and growth for the future, as well as bring the wider primary care community into the developing care models.

To focus on specific **disease indicators** so that Primary Care can maximise its role in improving population health and wellbeing.

There are opportunities to more closely work with other local partners and stakeholders to **deliver services** for patients across B&D, particularly the aspects of General Practice services focused on pro-active care.

Comments captured at a visioning workshop for consideration when developing the strategy

On 20 May 2015 a workshop was held with members of the BHR Primary Care Transformation Board to develop a vision for Primary Care services. The following comments were captured as needing to be considered when developing the strategy:

Workforce

- Page 80
- ✓ We must consider how we address workforce development in the strategy. GPs do not have the capacity to lead on everything and will need to be supported by a broader network of primary care teams and specialists.
 - ✓ The strategy will need to outline the ways in which other primary care teams (i.e. community pharmacists, optometrists and dentists) will support general practice to deliver high quality care.
 - ✓ Consideration will also need to be given to succession planning and how we tackle these issues over the next five years.

Engagement

- ✓ Engagement on the strategy must also include third sector organisations, wider primary care networks and teams as well as carers and their representative groups.



The common themes of an emerging vision for primary care in Barking and Dagenham

A service that is shaped and influenced by patients

Uses technology and communication to create virtual teams

A coherent and coordinated approach together with other local partners

A wide network of clinicians and non-clinicians with patients being seen by the most appropriate professional

A system that is strategically aligned

Empowers patients to take an active role in their own health and wellbeing

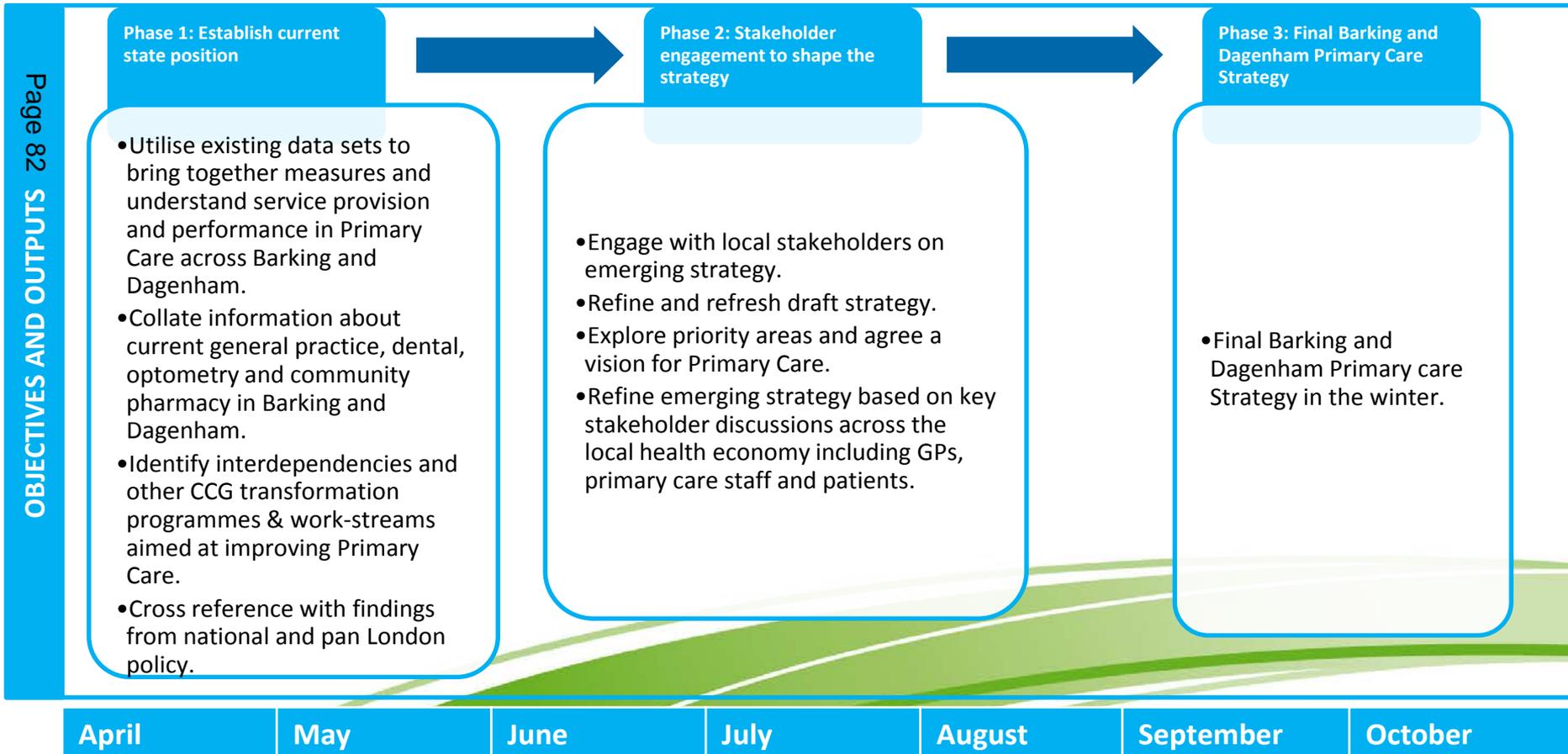
A holistic, accessible and proactive model of care

A single unified consistent model of primary care

A hub of professionals that navigate each patient through their own care pathway

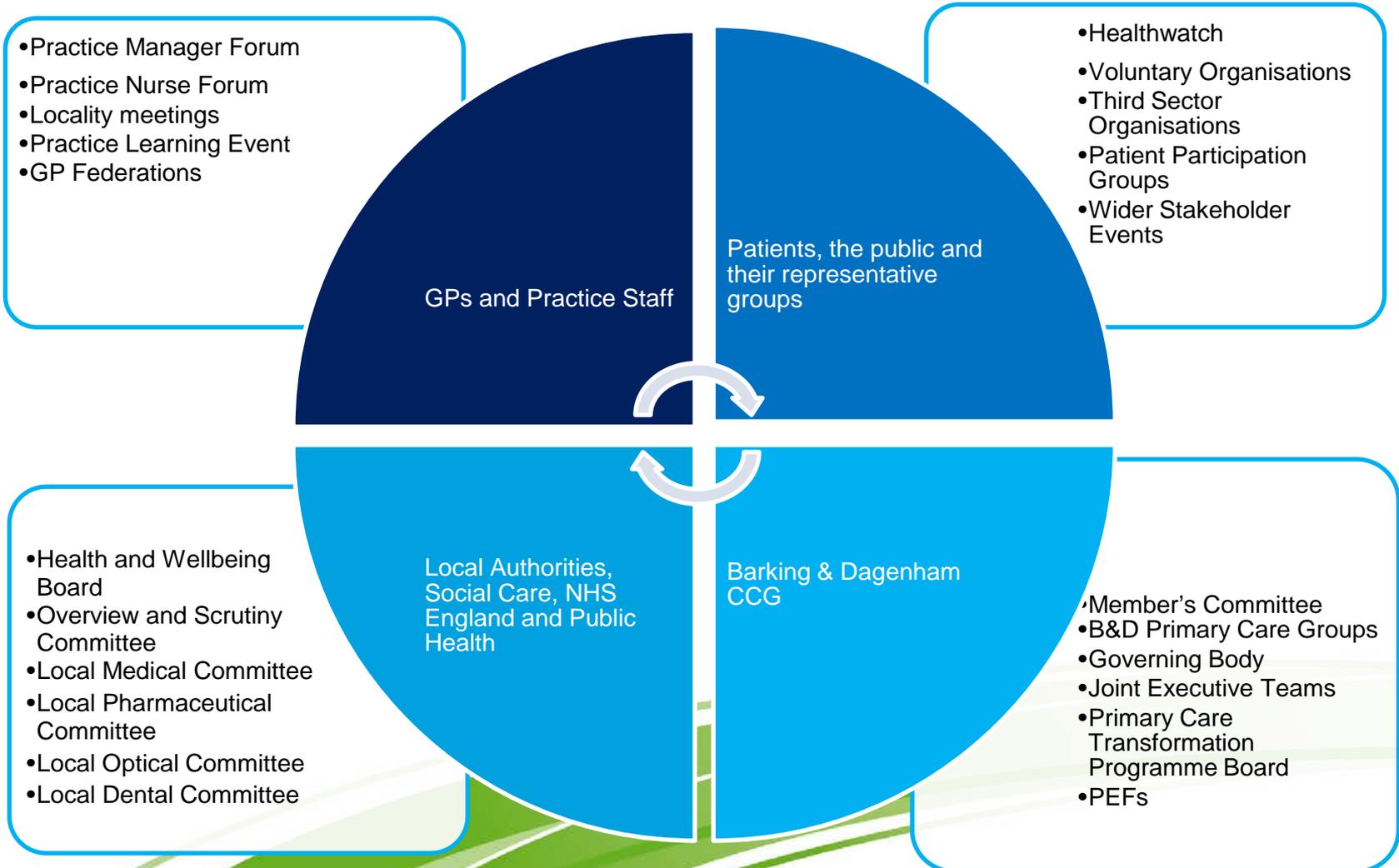
Developing the strategy

- The project commenced in April and the final **Barking and Dagenham Primary Care Strategy** will be published in the winter.
- The development of the strategy will have **three ‘phases’**
- The strategy will be shaped by **members, primary care teams and key stakeholders incl. patients / carers.**
- We are developing an engagement strategy to ensure that all relevant partners have the opportunity to shape and influence the final strategy.



How can you get involved?

- The project team will be attending key meetings, forums and events so that **you can shape** the strategy.
- Additional **workshops and events** will be scheduled over the spring / summer.
- The following practice, stakeholder groups and forums have been identified:



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HEALTH AND WELLBEING BOARD

7 July 2015

Title:	Report of North East and North Central London Annual Health Protection Profiles 2014		
Report of the Director of Public Health			
Open Report		For Decision	
Wards Affected: All		Key Decision: No	
Report Author: Vivien Cleary, Consultant in Communicable Disease North East and North Central London Health Protection Team Matthew Cole, Director of Public Health		Contact Details: Tel: 0203 837 7084 E-mail: necl.team@phe.gov.uk Email: matthew.cole@lbbd.gov.uk	
Sponsor: Matthew Cole, Director of Public Health			
Summary: This report summarises infectious disease notifications, outbreaks and health protection incidents that were managed by the North East and North Central London Health Protection Team in 2014. There is also a summary of important infections including Sexually Transmitted Infections and Healthcare Associated Infections in North East and North Central London, and their implications for Barking and Dagenham. The report provides the Board with a level of assurance that the programmes and measures to prevent and manage communicable disease continues to be effective.			
Recommendation(s)			
The Health and Wellbeing Board is asked to: <ol style="list-style-type: none"> (i) Note and discuss the contents of the report. (ii) Request that NHS England provide quarterly performance reports on the arrangements it has put in place for 2015/16 to increase uptake of immunisation programmes by the eligible population of Barking and Dagenham. (iii) Request that Council Officers, together with NHS England and Barking Havering and Redbridge University Hospitals NHS Trust consider the introduction of appropriate HIV rapid testing services in line with national advice. (iv) Request that North East London NHS Foundation Trust and local GPs work to ensure 100% uptake of the neonatal Hepatitis B course of 3 primary vaccinations and 1 booster at 12 months. (v) Request that Health and Social Care Commissioners provide quarterly performance reports on the measures being taken to prevent Health Care Associated Infections 			

within both the hospital and community settings.

Reason(s)

Under the Health and Social Care Act 2012 the statutory Health and Wellbeing Board has a duty to protect the health of the population. This includes assuring that steps are taken to protect the health of their population from hazards, ranging from relatively minor outbreaks of infectious disease and contaminations, to full-scale emergencies, and to prevent, as far as possible, those threats arising in the first place.

The report is published annually by North Central London Health Protection Team and serves to ensure that the Board is sighted on the Health Protection assurance function of the Director of Public Health.

1. Background and Introduction

- 1.1 Public Health England (PHE) is the expert national public health agency which fulfils the Secretary of State for Health's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation.
- 1.2 PHE ensures there are effective arrangements in place nationally and locally for preparing, planning and responding to health protection concerns and emergencies, including the future impact of climate change. PHE provides specialist health protection, epidemiology and microbiology services across England. For Barking and Dagenham these arrangements are managed by the North East and North Central Health Protection Team based in Victoria.
- 1.3 Improvement in the public's health has to be led from within communities, rather than directed centrally. This is why every upper tier and unitary local authority now has a legal duty to improve the public's health. Local health and wellbeing boards bring together key local partners (including NHS clinical commissioning groups who have a duty to address health inequalities) to agree local priorities.
- 1.4 PHE will support local authorities, and through them clinical commissioning groups, by providing evidence and knowledge on local health needs, alongside practical and professional advice on what to do to improve health, and by taking action nationally where it makes sense to do so. PHE in turn is the public health adviser to NHS England.
- 1.5 PHE works in partnership with the Chief Medical Officer for England and with colleagues in Scotland, Wales and Northern Ireland to protect and improve the public's health, as well as internationally through a wide-ranging global health programme.
- 1.6 NHS England has the responsibility for commissioning immunisation programmes for Barking and Dagenham residents.
- 1.7 Health Protection Profiles are prepared annually by the North East and North Central London Health Protection Team to provide a summary of the health protection issues affecting each borough in the sector.

2. Legislative Framework

- 2.1 Under Section 2A of the NHS 2006 Act (as inserted by Section 11 of the Health and Social Care Act 2012), the Secretary of State for Health has a duty to “take such steps as the Secretary of State considers appropriate for the purpose of protecting the public in England from disease or other dangers to health”. In practice, PHE will carry out much of this health protection duty on behalf of the Secretary of State.
- 2.2 Under a new Section 252A of the NHS Act 2006, the NHS Commissioning Board (NHS England) will be responsible for (a) ensuring that clinical commissioning groups and providers of NHS services are prepared for emergencies, (b) monitoring their compliance with their duties in relation to emergency preparedness and (c) facilitating coordinated responses to such emergencies by clinical commissioning groups and providers.
- 2.3 The Health and Social Care Act 2012 also amends Section 253 of the NHS Act 2006 (as amended by Section 47 of the 2012 Act), so as to extend the Secretary of State’s powers of direction in the event of an emergency to cover an NHS body other than a local health board (this will include the NHS Commissioning Board and clinical commissioning groups); the National Institute for Health and Care Excellence; the Health and Social Care Information Centre; any body or person, and any provider of NHS or public health services under the Act.
- 2.4 The Council has statutory duties for controlling risks to public health arising from communicable diseases and other public health threats and must appoint a Proper Officer to undertake key functions. PHE provides the expertise to support local authorities in these functions and Consultants in Communicable Disease Control are generally appointed as the Proper Officer.
- 2.5 The Proper Officer appointed under the Public Health (Control of Disease) Act 1984 should be medically qualified. The main responsibility of the Proper Officer is to require information or action in relation to people, premises or objects which may be infected, contaminated or could otherwise affect health.

3. Local Health Protection Arrangements

- 3.1 The Director of Public Health (DPH) is responsible for exercising the new public health functions on behalf of the Council. The DPH has the responsibility for “the exercise by the authority of any of its functions that relate to planning for, and responding to, emergencies involving a risk to public health”.
- 3.2 The delivery of Health Protection needs strong working relationships and the legislative framework that underpins this objective ensures that organisations do what is required. At the local level NHS Barking and Dagenham Clinical Commissioning Group and NHS England have a duty to co-operate with the Council in respect of health and wellbeing.
- 3.3 Unitary and upper tier local authorities have a new statutory duty to carry out the Secretary of State’s health protection role under regulations to be made under Section 6C of the NHS Act 2006 (as inserted by Section 18 of the Health and Social Care Act 2012) to take steps to protect the health of their populations from all hazards, ranging from relatively minor outbreaks and contaminations, to full-scale

emergencies, and to prevent as far as possible those threats arising in the first place.

- 3.4 Within this context, the Council has established a Health Protection Committee which supports the DPH in their role of leading the response, planning and preparedness to Health Protection challenges. The Committee reports through to the Health and Wellbeing Board.
- 3.5 The purpose of the Committee is to assure that health protection at the local level is delivered by a partnership of the NHS, PHE and local authorities. PHE leads and delivers the specialist health protection functions to the public and in support of the NHS, local authorities and others, through local health protection units, a network of microbiological laboratories and its national specialist centres.
- 3.6 Barking and Dagenham's profile, a section of the full annual report of North East and North Central London Health Protection Team, is attached at appendix 1. This summarises key health protection incidents and outbreaks for the borough, and the main infectious diseases reported from Barking and Dagenham in 2014. It also includes immunisation coverage, and key infections like Sexually Transmitted Infections, HIV and Tuberculosis (TB).

4. Health Protection Profile

The report attached highlights the following health protection issues for the London Borough of Barking and Dagenham. The management, prevention and control of communicable disease have been effectively delivered in the last financial year by the partners.

5. Health Protection in Barking and Dagenham: Key Challenges

Our two most notable achievements over the last two years - substantially improving immunisation coverage in younger children and adults in Barking and Dagenham, and the reduction in the incidence of healthcare associated infections - prove that major health protection challenges, even problems that have proven difficult historically to solve, can be successfully tackled in the borough, but more remains to be done.

5.1 Vaccination coverage in Barking and Dagenham can be improved further

Vaccination continues to have a historical place - on a par with the provision of clean water and improved sanitation - as one of our society's most fundamental tools in the continuing battle for better public health. Barking and Dagenham has, for many years, had lower than average vaccination coverage levels, often markedly so.

The charts in appendix 1 show that, whilst childhood vaccination coverage in Barking and Dagenham has improved across the full range of the different vaccination programmes in recent years, we only meet two of the six national 'gold standard', 95% or 90%, immunisation targets have been reached and performance is close (within 2% to 3%) on one of the remaining four targets. This represents an encouraging 'turnaround' improvement. However, we are still finding it extremely challenging to deliver high levels of vaccination coverage across the immunisation programme more broadly, for newborns needing BCG (to protect against TB) and

Hepatitis B, for school-aged children at five years old needing the two doses of MMR and for DTaP/IPV, and for those adults in at-risk groups who need seasonal flu vaccination.

For seasonal influenza immunisations in those aged 65 and over, we performed slightly lower than the London average and the uptake went down from 73.22% in 2011/12 to 70.53% in 2013/14 and 69 and 5% in 2014/15 (provisional figures for 2014/15 September to January). There was a slight improvement in the clinical risk groups from 55% in 2011/12 to 57% in 2013/14 and 56.7 in 2014/15 which was higher than the national average of 50.3. For pregnant women we reached 43.2% in 2014/15 slightly lower than the national average of 44.1%. The target for coverage was 75% so this was not achieved and priorities should be to increase the uptake in clinical risk groups. There was an improvement in the vaccine that protects against pneumococcal disease with around 65% of over 65s vaccinated. There has been a slight decrease in uptake for HPV from 85% in 2012/13 to 79% in 2013/14 just below the level for England as a whole.

Increasing immunisation uptake for both children and older people is a priority for the Council, NHS England, local GPs and NHS Trusts. The Director of Public Health advises that NHS England provides quarterly performance reports to the Board on the arrangements being put in place to improve performance in achieving the optimum uptake of immunisation programmes by the eligible population of Barking and Dagenham.

5.2 A particularly important challenge for Barking and Dagenham: tackling the increasing incidence of Tuberculosis (TB)

Following major declines in the incidence of TB during most of the 20th century, the incidence of TB in England increased steadily from the late 1980s to 2005, and has remained at relatively high levels ever since. TB is concentrated in large urban centres, with rates in London, Leicester, Birmingham, Luton, Manchester and Coventry more than three times the national average.

There is a strong association between TB and social deprivation, with 70% of cases occurring among residents of areas in the two most deprived quintiles in the country (most deprived 40%) and 9% of all TB cases having at least one social risk factor (a history of alcohol or drug misuse, homelessness or imprisonment).

Latent TB is where someone is carrying the bacteria that causes TB but are not infectious or symptomatic with active disease. The majority of cases are due to reactivation of latent infection acquired some years before transmission of TB continues to occur, leading to spread of infection and outbreaks.

There were 67 TB cases reported from Barking and Dagenham in 2014 (provisional data from London TB Register), out of 734 TB notifications from North East London, and 2679 TB notifications overall in London. The most recent final figures are based on 2013. The rate of TB in the borough was 34.96 per 100,000 population in 2012 and latest data for 2013 shows an increase to 38.6/100,000 population. Based on 2013, unlike most boroughs in London, the TB rate in Barking and Dagenham increased from 2012 to 2013, continuing an upward trend since 2002, and above the London rate for the first time.

A small number of TB cases in Barking and Dagenham were infectious and there were public health implications in three instances, where contact tracing exercises were undertaken in order to offer screening tests to those who were exposed. PHE have a 24/7 service that is able to respond to calls from those who are being offered screening, as well as worried members of the public.

Barking and Dagenham are working on a new initiative with a focus on primary care based latent TB testing, case finding, early diagnosis and treatment of latent TB for those in high risk groups.

5.3 **Our picture of sexual ill health has seen a steady worsening.**

Barking and Dagenham has moderately high rates of the common sexually transmitted infections, especially compared with our neighbours in Havering and Redbridge, although rates in inner London and therefore London as a whole are generally much higher.

Data on sexually transmitted infections that present to the NHS services and those identified as a result of council or NHS commissioned tests are collected by Public Health England and published annually. The data collected helps us understand the epidemiology and need for services for diagnosis and treatment.

The present Integrated Sexual Health Service contract and the Chlamydia Screening contract expired at the end of March 2014. The Health and Wellbeing Board extended these contracts at its February 2014 meeting for a further period of 18 months before commencing a procurement process which allows us to consider the following in respect of the services we wish to commission to meet our needs:

- Prevention efforts, such as greater STI screening coverage and HIV testing, and easier access to sexual health services, should be sustained and continue to focus on groups at highest risk, particularly Black African women, MSM and young people.
- Health promotion and education, which remain the cornerstone of STI and HIV prevention through improving public awareness of STIs and HIV and encouraging safer sexual behaviour such as consistent condom use and reductions in both the numbers and concurrency of sexual partnerships.
- The Public Health Outcomes Framework includes an indicator to assess progress in achieving earlier HIV diagnoses. The provision of appropriate HIV testing services, to deliver against this indicator needs to be considered. As Barking and Dagenham has a diagnosed HIV prevalence greater than 2 per 1,000, implementation of routine HIV testing for all general medical admissions and for all new registrants in primary care is recommended.
- Reducing the burden of HIV and STIs requires a sustained public health response based around early detection, successful treatment and partner notification, alongside promotion of safer sexual and health-care seeking behaviour.
- Increased access to STI and HIV testing and treatment, chlamydia testing, contraception and abortion services and HIV prevention and sexual health

promotion work in schools would be the key components of a comprehensive and young people friendly service.

5.4 Our goal is no avoidable healthcare associated infections

Despite significant reductions in incidence, healthcare associated infections (HCAI) continue to be one of the biggest challenges the health and residential care services face. This is because, whilst we are performing much better, the targets we are setting ourselves are becoming ever-more challenging year-on-year, and rightly so. NHS Barking and Dagenham Clinical Commissioning Group has the fifth highest rates of Cdiff infection in people aged over 2 years amongst North East London clinical commissioning groups at 22.57/100,000 population. Although this is below the England average of 26.59/100,000 population, it is among the higher rates in North East London. This indicates that there is substantial work to be done around antimicrobial use and prevention of Cdiff infection in the community.

The Barking and Dagenham rate for MRSA bacteraemias in the community is 1.57/100,000 population. This is higher than the national average of 1.31/100,000 and provides an important indicator of infections in the community. Work is needed to continue to improve training in the care of intravenous therapy lines (infusion of liquid substances directly into a vein). and catheters in the community to ensure that they are inserted safely and managed properly, so that MRSA bacteraemia can be prevented.

The Director of Public Health recommends that HCAI prevention through key initiatives – e.g. appropriate use of antimicrobials, appropriate insertion and care of invasive devices and lines, and all providers of care being trained in infection prevention and control is included in the refresh of the Joint Health and Wellbeing Strategy.

6. Consultation

Performance discussed at the Health Protection Committee.

7. Mandatory Implications

6.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment has a strong health protection analysis including detailed immunisation, screening and communicable disease sections within it. There is general agreement that cross-sector working in the borough with involvement from the NHS, employment, housing, police and other bodies, in addition to the Council's children's services and adult and community services is good.

6.2 Health and Wellbeing Strategy

This report has informed the refresh of the joint Health and Wellbeing Strategy and delivery plan for 2015-2018.

6.3 Integration

Currently, health protection at the local level is delivered by a partnership of the NHS, PHE and local authorities. PHE leads and delivers the specialist health protection functions to the public and in support of the NHS, local authorities and others through local health protection units a network of microbiological laboratories and its national specialist centres.

The Public Health Outcomes Framework includes a health protection domain. Within this domain there is a placeholder indicator, “Comprehensive, agreed inter-agency plans for responding to public health incidents”. The Department of Health is taking forward work to ensure that it can effectively measure progress against this indicator.

7.4 Financial Implications

Implications completed by: Roger Hampson Group Manager, Finance

There are no direct financial implications for Barking and Dagenham as a result of the 2014 Health Protection Profile. It is recommended the report is used to inform the Joint Strategic Needs Assessment (JSNA). Any actions from the JSNA that require resources from the Local Authority are most likely to be funded from the Public Health Grant, however there are competing demands on this cash limited funding.

In 2014/15 to support the management of outbreaks and communicable disease control, the DPH allocated a budget of £50,000 for responding to large outbreaks or an incident that could have wider public health impact. Part of this budget was utilised effectively in the management of a TB incident where Interferon Gamma Release Assay (also known as IGRA – this is a simple blood test) tests could be offered to screen identified contacts, thereby making screening efficient and easier to implement.

This budget has also been utilised to secure accommodation where recommendation has been made to the DPH that this is essential for the protection of the public and the management of the infection.

7.5 Legal Implications

Implications completed by Dawn Pelle Adult Care Lawyer, Legal and Democratic Services

I have perused the Annual Report and there are no legal implications for the following reasons:

The paper has set out quite clearly the actions being taken to deal with infectious disease notifications and health protection in the borough. You have also set out in the “Legislative Framework” section of the report the statutory basis for the work to be undertaken and the associated regulations all of which I have checked. I note the definition of Proper Officer under the statute quoted.

The required statistical information has been provided and in the case of HIV you have identified that 2 per 1,000 of the population has been diagnosed with the

disease and therefore routine testing should be implemented.

7.6 Risk Management

Health protection needs constant appraisal and will always be in need of strengthening. There is great value in joint working and good communication, to maintain and/or heighten awareness, identify issues and provide for a more robust and effective response to problems, both current and emerging.

8. Appendices

Appendix 1: Annual Health Protection Profile for Barking and Dagenham 2014

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Annual Health Protection Profile for Barking and Dagenham, 2014

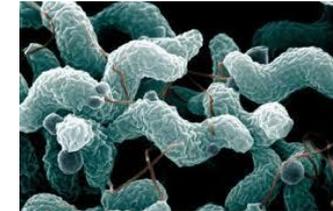
Vivien Cleary, Consultant in Health Protection,
Acknowledgement Dr Tania Misra
NE & NC London Health Protection Team



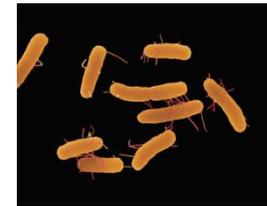
Infectious Diseases in B&D

- Highest rates of notifications from LBDD in 2014 include

- Campylobacter



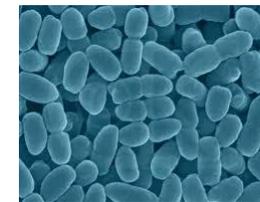
- Mumps



- Salmonella

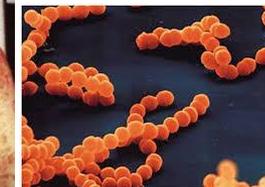


- Streptococcal Group A infections



- **Lower rates of notification from LBDD in 2014 include**

- Measles

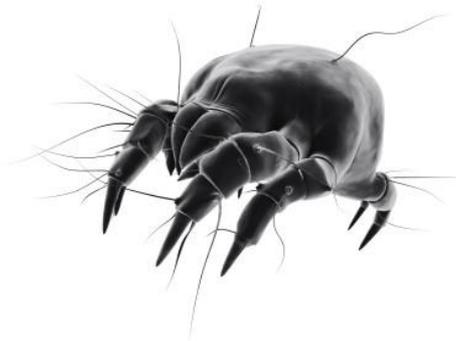


- Pertussis (Whooping Cough)



Infectious Diseases in B&D

- There were more outbreaks in 2014 with 30 reported from LBBD (compared with 11 in 2013) –
- Mainly related to gastroenteritis outbreaks from suspected Norovirus in care homes and schools, two TB workplace incidents, Hepatitis A incident in a school.



- Scabies was reported by one care home.



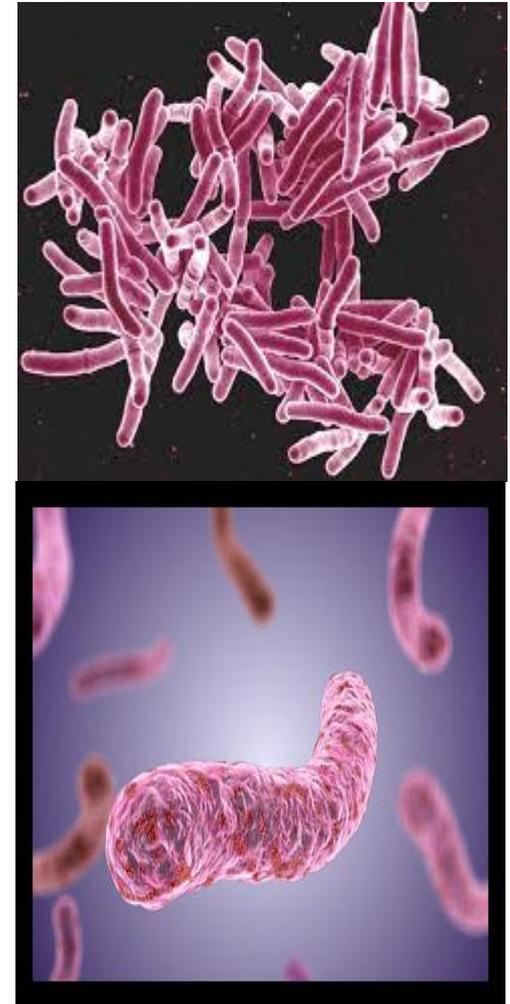
Tuberculosis

Following major declines in the incidence of TB during most of the 20th century, the incidence of TB in England increased steadily from the late 1980s to 2005, and has remained at relatively high levels ever since.

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TB is concentrated in large urban centres, with rates in London, Leicester, Birmingham, Luton, Manchester and Coventry more than three times the national average.

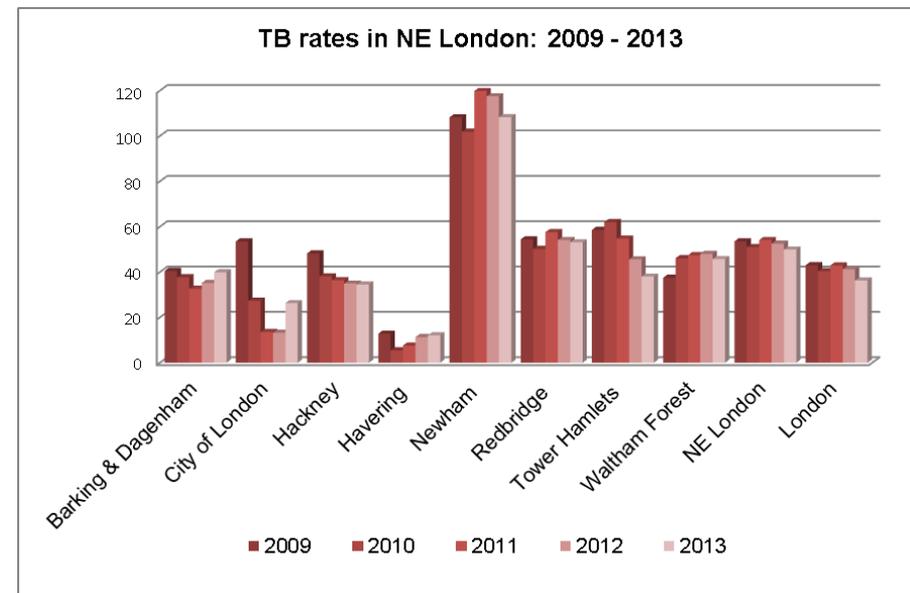
There is a strong association between TB and social deprivation social risk factors (a history of alcohol or drug misuse, homelessness or imprisonment).





Tuberculosis in B&D, 2014

- 67 TB cases reported in 2014 (provisional figures from LTBR)
- Based on final figures 2013 rate = 38.6/100,000 population
- DPH introduced universal BCG vaccination policy in 2009*
- 45% of cases had pulmonary involvement
- A small number of TB cases in B&D were infectious
- Two contact tracing exercises were undertaken in order to offer screening to those who were exposed





Tuberculosis in B & D

Figure 1: Annual TB incidence rate, 2002-2013

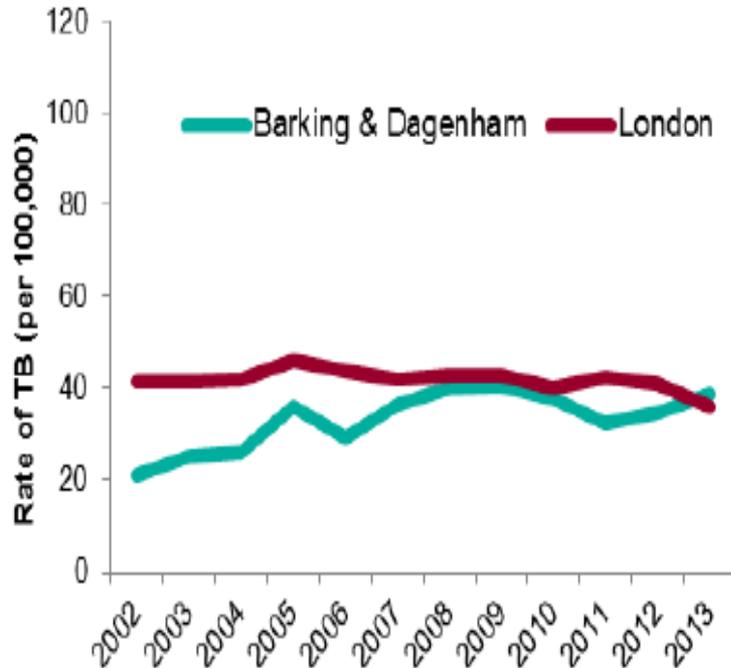
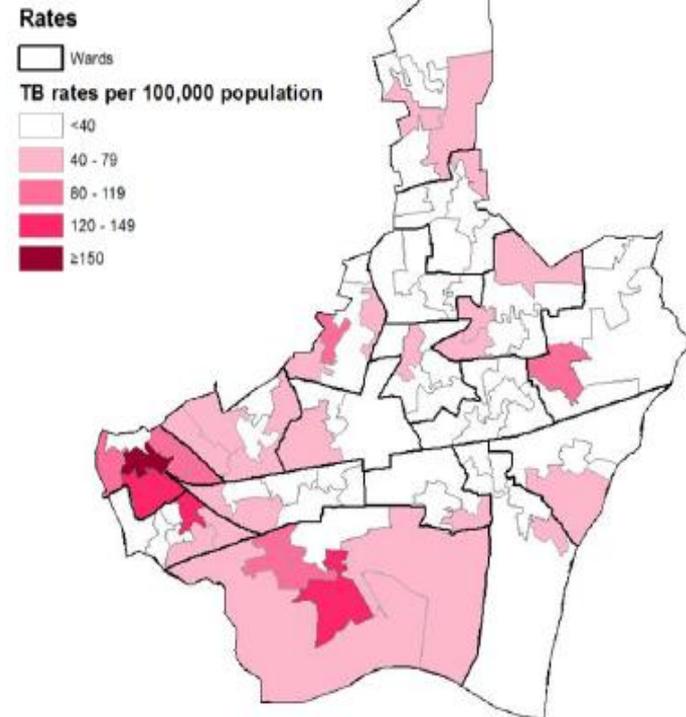


Figure 2: 3-year average TB incidence rate by Lower Super Output Area, 2011-2013 (LSOAs are areas with between 1000-3000 population)





Public Health Grant and its use for Health Protection issues

- In 2013/14, the Director of Public Health allocated a budget of £50,000 for responding to large outbreaks or an incident with wider public health impact
- This budget was utilised effectively in 2014:
 - To secure a place for specialist treatment in another borough for a patient who was sputum smear positive, and had complex social issues like alcohol dependence and homelessness.



Tuberculosis

The majority of cases are due to reactivation of latent infection acquired some years before, transmission of TB continues to occur, leading to spread of infection and outbreaks.

Barking and Dagenham are working on a new initiative with a focus on primary care based latent TB testing, case finding, early diagnosis and treatment of latent TB for those in high risk groups..

LATENT TB INFECTION

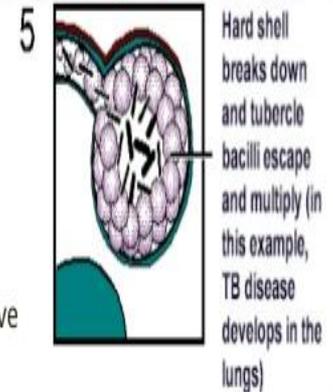
- If the body's immune system is unable to fight TB or if the bacteria breaks through the scar tissue, the disease returns to an active state with pneumonia and damage to kidneys, bones, and the meninges that line the spinal cord and brain.

Person:

- Not ill
- Not contagious
- Normal chest x-ray
- Usually the tuberculin skin test is +ve

Germ:

- Sleeping but still alive
- Surrounded (walled off) by body's immune system



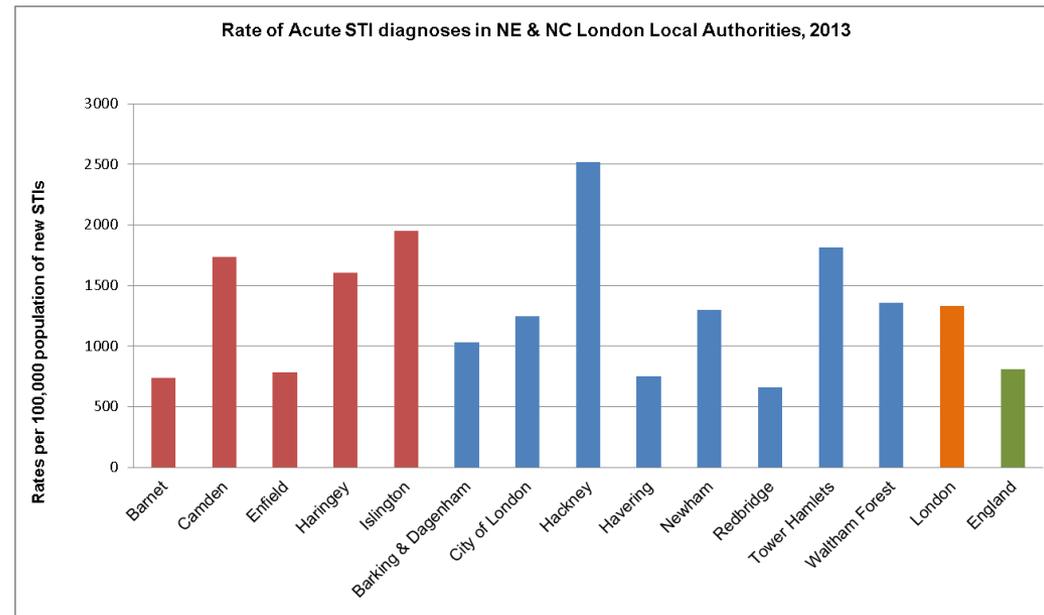


Sexually Transmitted Infections in B & D, 2013

Rates of STI diagnoses in NENCL, 2013

- 1959 new Sexually Transmitted Infections (STIs) were diagnosed in residents in 2013
- Rate of 1028/100,000
- Reproductive health is the highest rate in London with rates of conception in under 18s being 40/1000 (aged 15 to 17).

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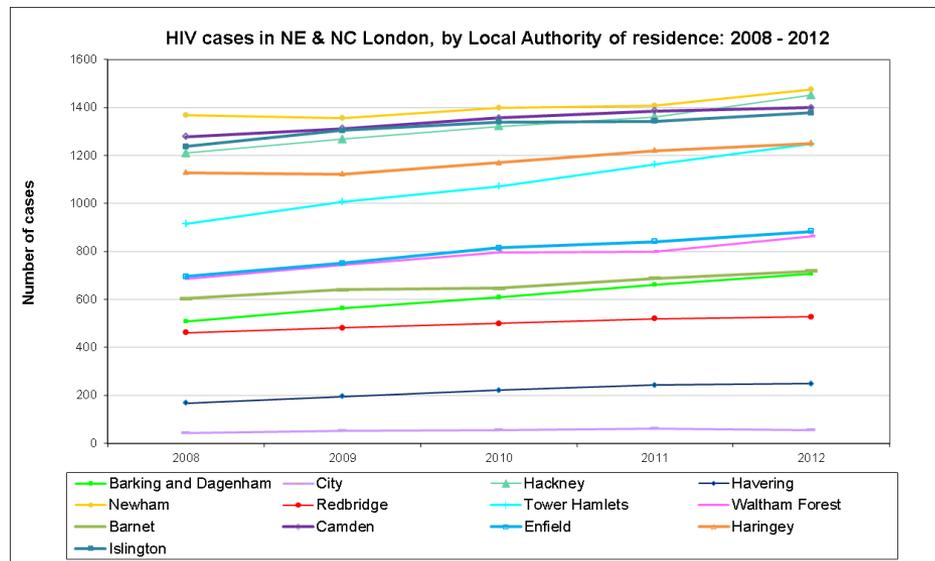


Chlamydia detection rates in young adults aged 15-24 in B & D are higher than the England average (2087 compared with 2016) and one of the lowest in NENCL



STIs and HIV

- Similar to all boroughs in North East London, LBBD has seen a rise in the number of people living with HIV over the last five years
- The number of people living with HIV and known to NHS and Social Care services has increased from 508 in 2008 to 720 in 2013.
- HIV testing was 84.6 % for men, 80.9% for women, MSM 95.3%.





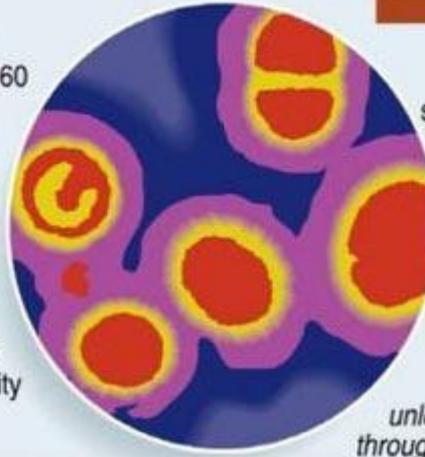
Health Care Associated Infections

•MRSA bacteraemia in the community 1.57/100,000 higher than the national average of 1.31/100,000

•Clostridium difficile 22.57/100,000 below the England average (26.59) but one of the higher rates in North East London.

MRSA ■ Methicillin-resistant Staphylococcus aureus ■ Caused by Staphylococcus aureus bacteria (*staph*)

Origins	The problem
<ul style="list-style-type: none">▶ Recognised first in hospitals around 1960▶ Entered wider community in 1990s, where it came to be known as community-associated MRSA or CA-MRSA▶ Dramatic rise of the disease in community reported in recent years	<p>Bacteria has evolved to survive common antibiotics</p> <p>e.g. penicillin, oxacillin, methicillin, amoxicillin</p> <p>Generally harmless to healthy adults unless enters body through cut or wound</p>





Immunisation Coverage in B & D

Table 1. Immunisation coverage in B & D 12 m, Q4 2014

	12m DTaP/ IPV/ Hib%	12m MenC%	12m PCV%
B & D	<u>91.8</u>	<u>93.8</u>	<u>91</u>
London	90.3	92.7*	90.2
England	94.1	95.5*	93.9

*Q 1 data available only for London and England for 12 m Men C



Immunisation Coverage in B & D

Table 2. Immunisation coverage in B & D at 24 m, Q4 2014

	24m_ DTaP/IPV / Hib%	24m_ PCV B%	24m_ Hib MenC%	24m_ MMR 1%
B & D	<u>90.8</u>	<u>88.0</u>	<u>88.3</u>	<u>87.6</u>
London	92.6	85.7	86.3	86.5
England	95.6	92.1	92.1	92.0



Immunisation Coverage in B & D

Table 3. Immunisation coverage in B & D at 5 y, Q4 2014

	5y_ DTaP/ Pol%	5y_ MMR1%	5y_ MMR2%	5y_ DTaP/ IPV B%	5y_Hib MenC B
B & D	<u>91.6</u>	<u>93.7</u>	<u>83.4</u>	<u>86.2</u>	<u>89.2</u>
London	92.3	90.5	80.1	77.0	87.5
England	95.7	94.5	88.6	88.4	92.8



Immunisation Coverage in B & D

Table 4. Immunisation coverage in B & D Q4 2014

	12m Hep B%	24m Hep B%
B & D	<u>82.0</u>	<u>91.0</u>
London	83.0	79.0
England	84.0	72.0



Immunisation coverage in B&D

Seasonal influenza immunisations in over 65s:

LBBDD performed slightly better than the London average between September 2013 and January 2014; with **70.53%** coverage compared to 69.2%

However, this was slightly below the national average (**72.8%**).

The coverage in at-risk groups (6 m to 65 yrs) was **57%** higher than the London average of **49.8%** and national average of **50.3%**

The coverage in pregnant women was **43.2%**, compared to a London average of **39.9%** and an England average of **44.1%**

Human Papilloma Virus (HPV) uptake - LBBDD had a lower coverage than the London, **79%** compared with **80%** and lower than the England average (**86.7%**).

HEALTH AND WELLBEING BOARD

7 July 2015

Title:	Inclusive Framework Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND)
Report of the Corporate Director of Children's Services	
Open Report	For Decision
Wards Affected: All	Key Decision: No
Report Author	Contact Details:
Nick French, SEND Strategy Project Manager	Tel: 020 227 5665 E-mail: nick.french@lbbd.gov.uk
Sponsor	
Helen Jenner, Corporate Director of Children's Services	
Summary:	
<p>The Inclusive Framework Strategy for Children and Young People with Special Educational NEEDS sets out the three year strategy. We want to be aspirational and ambitious for all of our children and young people, including those with SEND. Our strategies for all children ensure services are inclusive and differentiated to meet individual needs. For some children, specialist provision is needed. In order to address specialist need our strategy has three overarching objectives for children and young people with SEND, and their families:</p> <ul style="list-style-type: none"> • The best possible outcomes for children and young people, which support inclusion, developing independence and successful preparation for adulthood. • Local education and training with support: a place in a good or outstanding school or provision, mainstream where appropriate; as close to home as possible with Health and Social Care support for themselves and their families. • Ensuring local SEND services are inclusive of, and integrated with, high quality NHS and voluntary sector services. <p>The strategy has a further underpinning objective of ensuring the first three objectives are accomplished in a way that is affordable and provides value for money whilst recognising the unprecedented increase in the child population and the corresponding increase in pressure on broader Health and Social Care services.</p> <p>We will provide a mixed economy of mainstream schools, Additional Resourced Provisions (ARPs) and special schools within the boundaries of Barking and Dagenham so, as far as possible, all our children and young people can be educated within their local community. Local Services for Local People.</p>	
Recommendation(s)	
The Health and Wellbeing Board is recommended:	
<ol style="list-style-type: none"> 1. To agree the content of this strategy document for publication, subject to any 	

amendments or additions the Health and Well Being Board wish to make.

Reason(s)

The strategy reflects the Council's and the CCG's visions and priorities and aims to meet the requirements of the Children and Families Act in a way that is ambitious, inclusive and realistic in a challenging financial context.

This strategy sits firmly within the borough's inclusive corporate vision of:

One Borough; One Community; London's Growth Opportunity

And the CCG's vision of:

...address *[ing]* the health needs and health inequalities of our population and improve the quality of health services, the standards of care and outcomes for local residents.

1. Introduction and Background

1.1 The London Borough of Barking and Dagenham's strategy proposes that children and young people with special educational needs and disabilities, wherever possible, should be educated in their local mainstream school. Where specialist provision is required, this should be within in-borough special schools. The vast majority of pupils' additional needs can be met within one of the following contexts:

- Fully inclusive mainstream provision
- Mainstream with support
- Additionally resourced mainstream provision (ARP)
- LBBD special school provision

2. Proposal and Issues

2.1 The strategy proposes five priority actions to be delivered by five dedicated project groups:

- Further promote independence for children, young people and their families
- Schools and education providers increase their partnership work to support academic achievement and progress
- Health, Social Care and Education further improve their joint working to maximise the Impact of Services and Resources
- Get the provision right within the Capital Programme

- Ensure the affordability and value for money of the strategy

3 Consultation

The document is based on a broad consultation of all partners. The table below lists all the contributors to the various drafts.

Version	Contributors	Date
Draft 1	<p>Jane Hargreaves – Divisional Director Education Youth and Child Care</p> <p>Chris Bush – Commissioning and Projects Manager Children’s Service ‘s</p> <p>Nick French - SEND Project Manager</p> <p>William Balakrishnan – Children’s Services Joint Commissioner</p> <p>The initial draft was also based on a number of consultation workshops undertaken by Jackie Ross and Nick French throughout 2014</p>	6/1/15
Draft 2	SEND Strategy Development Group	16/1/15
Draft 3	<p>(Northeast London NHS Foundation Trust (NELFT)</p> <p>Clinical Commissioning Group (CCG)</p>	2/2/15
Draft 4	SEND Strategy Monitoring Board	3/2/15
Draft 5	Children’s Trust	10/2/15
Draft 6	Children and Maternity Subgroup of the Health and Wellbeing Board	10/3/15
Draft 7	One to one meetings with priority action leads	10-27/3/15
Draft 8	Including the Director of Children’s Services amendments	27/3/15
Draft 9	<p>Dr Barack – Lead GP Practitioner for SEND</p> <p>Just Say Parent’s Forum (initial briefing and feedback</p>	21/4/15
Draft 10	Peter McPartland – Head Teacher Trinity	2/5/15

	Special School	
Draft 11	Final comments from the SEND Strategy Monitoring Board	15/5/15
	Final presentation to the Just Say Parent forum with request for feedback	15/5/15
	SENT to trade union representatives with request for comments	4/6/15
	Sent to Head Teachers for Comment	15/5/15
	SENT to elected member Portfolio Holders (Councilors)	4/6/15

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

The key elements of this strategy have been included in the refresh of the Joint Strategic Needs Analysis as of the 10 June 2015

4.2 Health and Wellbeing Strategy

The content of this strategy has been included in the update of the Health and Wellbeing Strategy as of May 2015.

4.3 Integration

This strategy details the planned alignment of support for children with Special Educational Needs and Disabilities from education, health and care services to achieve a shared vision of Local Services for Local People.

The document supports the joint integration requirements of the Children and Families Bill, which are to prioritise integration across agencies through the development of an Education Health and Care panel that makes decisions on educational placements and health and care packages. It also supports service integration through the introduction of a single education health and care plan.

The proposals in the strategy also fulfil the Care Act's requirement that Education, Health and Care Services work together to ensure a successful transition to adulthood for young students with social care needs. Adult social care professionals are expected to work in partnership with children's services to ensure 18 to 25 year olds are able to express their views and are supported to engage in decision making. There will be a Child's Needs Assessments (CNA) for young people who are likely to have needs for care and support after they reach 18.

4.4 Financial Implications

There are no relevant financial implications to the ratification of this strategy.

(Implications completed by: Patricia Harvey, Group Manager Finance - Childrens Services)

4.5 Legal Implications

The Children and Families Act 2014 reforms the statutory framework for identifying children and young people with SEN, assessing their needs and making provision for them. There is also a duty to keep local provision under review. The Board is asked to agree the content of the strategy, with revisions if necessary, which is within its powers. It is not asked to make any other decisions.

(Implications completed by: Lucinda Bell, Education Lawyer)

4.6 Risk Management

The implementation of the strategy will be through a programme board approach with a rigorously managed risk log reviewed on a monthly basis. All the program board processes have already been established. If the strategy is not implemented there are a number of key risks:

- By not providing a range of provision including inclusive mainstream our children and young people with Special Educational Needs needs have to be placed in specialist provision, often out of Borough at greater expense and increased social exclusion.
- Without good transition plan there is a risk that children and their families experience a “cliff-edge” as they move between childhood and adulthood services.
- If our strategies do not move children towards as much independence as possible we are not preparing them to be citizens of the future, potentially leading to lifelong dependency, rather than fostering alternatives.

4.7 Patient/Service User Impact

The ratification and subsequent implementation of this strategy will result in children and young people with special educational needs being partners with health education and social care in the co-production of the services they receive

5. Non-mandatory Implications

5.1 Crime and Disorder

There are no crime and disorder implications to the ratification of this strategy.

5.2 Safeguarding

There are significantly higher safeguarding risks for some children with Special Educational Needs and disabilities. The strategy needs to interface with the “be kept safe” priority in the Councils Autism strategy which specifically addresses safeguarding.

5.3 Property/Assets

As part of meeting the needs of children with Special Educational Needs and Disabilities property/assets should always consider disability when designing public buildings. The Borough accessibility strategy supports adaptations to improve access to schools and other public buildings.

5.4 Customer Impact

See 4.7

5.5 Contractual Issues

All contracts issued to providers of services will be expected to ensure Disability friendly services and be able to meet the needs of those with SEND.

5.6 Staffing issues

The strategy, and related training, should be accessed by all staff so that needs and opportunities are recognised through universal services, not just in specialist services.

Public Background Papers Used in the Preparation of the Report:

- Barking and Dagenham Health and Wellbeing Strategy 2012-2015
- Joint Strategic Needs Assessment 2013-2015
- Adults Autism Strategy Refresh 2014
- The Barking and Dagenham Education Strategy Refresh 2014

List of Appendices:

Inclusive Framework Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND)

London Borough of Barking and Dagenham

Inclusive Framework Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND)

June 2015

Version Control		
Version	Contributors	Date
Draft 1	Jane Hargreaves Chris Bush Nick French William Balakrishnan Based on a number of consultation Workshops undertaken by Jackie Ross and Nick French throughout 2014	6/1/15
Draft 2	SEND Strategy Development Group	16/1/15
	(Northeast London NHS Foundation Trust (NELFT) Clinical Commissioning Group (CCG)	2/2/15
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1. Introduction; Local Services for Local People.

The purpose of this strategy is to set out our shared vision, principles and priorities to ensure inclusive practice in providing for children and young people with Special Educational Needs and Disabilities (SEND). The strategy aims to meet the requirements of the Children and Families Act in a way that is ambitious, inclusive and realistic in a challenging financial context.

This strategy sits firmly within the borough's inclusive corporate vision of:

One Borough; One Community; London's Growth Opportunity

And the CCG's vision of:

...address [ing] the health needs and health inequalities of our population and improve the quality of health services, the standards of care and outcomes for local residents.

We want to be aspirational and ambitious for all of our children and young people, including those with SEND. Our strategies for all children ensure services are inclusive and differentiated to meet individual needs. For some children, specialist provision is needed. In order to address specialist need our strategy has **three overarching objectives for children and young people with SEND, and their families:**

- **The best possible outcomes** for children and young people, which support inclusion, developing independence and successful preparation for adulthood.
- **Local education and training with support:** a place in a good or outstanding school or provision, mainstream where appropriate; as close to home as possible with Health and Social Care support for themselves and their families.
- **Ensuring local SEND services are inclusive of, and integrated with, high quality NHS and voluntary sector services.**

The SEND strategy has a further underpinning objective of ensuring the first three objectives are accomplished in a way that is affordable and provides value for money whilst recognising the unprecedented increase in the child population and the corresponding increase in pressure on broader Health and Social Care services.

We are aligning support from education, health and care services to achieve a shared vision of **Local Services for Local People**. We will provide a mixed economy of mainstream schools, Additional Resourced Provisions (ARPs) and special schools within the boundaries of Barking and Dagenham so, as far as possible, all our children and young people can be educated within their local community. The strategy is based on seven key principles:

- A focus on inclusive practices, removing barriers to learning and high quality teaching.
- Appropriate and early identification and early help.
- The participation of children, young people and their parents in decision making.
- Greater choice and control for young people and their families over support.
- Successful preparation for adulthood, including supporting independence, independent living and training and employment.
- Partnership – strong collaboration between education providers and services, health and social care.
- High quality provision – local as far as possible.

We will develop a shared understanding of need between the Local Authority and Health of the total packages of support required by individual children and young people. A joint strategy will result enabling joint commissioning to make the best use of resources.

The strategy requires a robust system of identification of children and young people's needs, in the context of high quality teaching and learning for all children. It has been developed on the principle of evidence based, targeted interventions delivered by trained staff as part of the universal offer of a differentiated curriculum. The success of the strategy is reliant on a whole school approach rather than a stand-alone and therefore fragmented 'silo' approach to children/young people with SEND.

The term 'special educational needs' does not mean the child/young person's needs will only be educational. Whilst education progress is the spine of the SEND code, ensuring that children and young people with SEND have good opportunities to make progress educationally may require a broader approach which includes family and health needs.

This strategy sits alongside and should be read in conjunction with, the Education Strategy, the Early Years Education Strategy, the Skills Strategy for Adults and the Early Help Strategy and the CCG Commissioning Strategy Plan and related commissioning intentions.

2. Who is the strategy for?

The strategy is for the 5700 children; young people aged 0 to 25 in Barking and Dagenham with SEND and their families.

There are approximately 1250 children and young people requiring Education Health and Care plans (EHC) and 4,450 requiring pre-EHC support.

A strategy for children and young people with SEND should be for the benefit of all children and young people. This is because new SEND Code highlights the importance of further promoting understanding and empathy for children, young people and their families amongst professionals.

3. National Context

This strategy sits within and complements the national developments in SEND support such as the new SEND Code of Practice, the Children and Families Bill and the Care Act. Details of these interface are outlined in appendix one.

4. The Local Context

The school population of Barking and Dagenham continues to grow at one of the fastest rates in the country – twice the rate of London and four times the national. The demand for school places is moving into secondary education and is set to continue at an unprecedented rate. There are more babies per head of population in Barking and Dagenham than in any other local authority in Britain, with over a thousand more children starting reception than leaving to go to secondary school.

The impact of the loss of the planned special school through the 2010 cancellation of Building Schools for the Future continues to be felt and will only start to ease with the opening of the new Riverside Special School in September 2015. This is in the context of a borough which has one of the highest proportions in the country of children and young people educated in mainstream schools.¹

Alongside this rapid growth is a population which has become far more mobile and more diverse in origin. What has not changed is the economic position –with the eighth highest level of child poverty nationally.

¹ Contrasting responses to diversity: school placement trends 2007 – 2013 for all local authorities in England (CSLE 2014)

LBBB aims for children and young people with SEND, where ever possible, to be educated in their local mainstream school. Where specialist provision is required, this should be within in-borough special schools. The vast majority of pupils' additional needs can be met within one of the following contexts:

- Fully inclusive mainstream provision.
- Mainstream with support.
- Additionally resourced mainstream provision (ARP).
- LBBB special school provision.

To realise this aim the new Riverside Special School is being developed and ARPs and the teaching schools will provide school to school support to other mainstream schools, further improving the capacity of all schools to further increase inclusion.

ARPs are Additionally Resourced Provisions in the borough's mainstream schools designed to provide teaching staff with specific SEND teaching skills and additional Educational Psychologist and specialist health input as necessary. Each ARP specialises in a particular area of SEND and is an integral part of the school.

The EHC panel allocates ARP places and pupils will spend time within the ARP classroom and time in their mainstream class in order to best meet needs. Appendix 1 - '10 Key Facts about the Borough' gives further information about the context.

5. Our Priority Areas for Action and Improvement

We have identified the following priority actions grouped under five key areas. Each of the five areas has a separate project plan and working group to implement the strategy. Within the project plans each priority will have a measurable target and completion date.

5.1 Promoting Independence for Children, Young People and their Families

Promoting independence for children young people with SEND and their families is a central theme to the Barking and Dagenham SEND strategy.

The more independent an individual, the more they are able to visualise their life aspirations and develop and implement plans to realise them. There are three ways this strategy aims to promote independence.

- **Preparing for Adulthood:** Barking and Dagenham will support young people to achieve the best possible outcomes in adulthood. This will be achieved though providing specialist careers guidance backed up by quality work experience placements and a better range of apprenticeships, maximising people ability to enter the world of work. Key to promoting independence in adulthood is the successful transition to adult services. This strategy will further

develop mechanisms to ensure a smooth transition from children's social and health services, through to adult's services.

- **Co-production:** We will involve children and young people in designing the services they receive.
- **Personalisation:** The strategy plans to increase people's control over some of the specific services they receive, so they are better designed to their individual needs and preferences. This will be achieved through more families and young people having personal budgets, and direct payments enabling them to direct some of the provision they receive. Key to personalisation is an increase in the number of accessible leisure activities children and young people can access. Linked to this, more young people will be supported to achieve independent travel training, raising confidence and giving them more freedom to pursue interests.

5.2 Schools and Education Providers Working in Partnership to Support Achievement and Progress

Barking and Dagenham expects all children and young people to be supported to make the best possible progress. To achieve this we are committed to securing all children and young people have a place in a good or outstanding educational setting.

We will further develop school to school support and strengthen partnership working between education, health, social care and the voluntary sector.

We aim wherever possible to include children and young people in local mainstream education settings. If specialist provision is needed we will consider placements in specialist resource centres on mainstream school sites, or in one of the two special schools in the Borough.

To further promote inclusion we will support mainstream teachers to develop specialist teaching skills to meet the needs of a wide range of children and young people. Additional Resource Provisions (ARPs) will also provide a range of support and training packages directly to local mainstream educational settings.

To maximise the effectiveness of interventions and support packages, early intervention pathways will be further developed. We must work more closely with health partners to develop more robust processes so that young children with needs are referred to the appropriate agencies in a timely manner.

5.3 Working Together to Maximise the Impact of Services and Resources: Joint Commissioning and the Local Offer

Barking and Dagenham is a borough facing the significant twin challenges posed by a child population growing in both need and complexity, exacerbated by an increasingly challenging financial landscape. We therefore consider it as vital that our commissioning approach is an holistic one, capable of meeting not only these

challenges, but our ambition to deliver improved outcomes to children and young people with special educational needs and disabilities.

The *Joint Commissioning and the Local Offer* strand of work will seek to establish an approach to joint-commissioning that is well-planned, evidentially based, and consistently applied to deliver improved outcomes at demonstrable value for money. The Local Authority will also support the increased commissioning role of schools.

Initially, work will focus upon the establishment of a robust population baseline, and the modelling of future demand. This will be augmented with a financial model and the outline of our current range of provision, leading to an understanding of where gaps in provision – both current and future – may exist.

Our Local Offer, published in September 2014, is a comprehensive directory of all services available within the borough – whether directly commissioned or otherwise. Whilst detailed and comprehensive, we accept that much can be done to improve the navigability of our Local Offer, and delivering this improvement will be a key priority in the short-term.

5.4 Getting the Provision Right within the Capital Programme

The London Borough of Barking and Dagenham has a statutory responsibility to provide sufficient school places for every child who needs one. The School Places Strategy maps out the required number of education placements across all phases up until 2020. The strategy and places required are reviewed every six months and this includes specialist SEN provision.

To support this process funding has been secured for a new special school to open in September 2015. The number of places at the school will grow over the next five years to 170.

A working group is looking specifically at support and provision required for children and young people with social, emotional and mental health difficulties (SEMHD).

5.5 Monitoring of Financial Spend; Ensuring Affordability and Value for Money

Within the current climate of austerity the SEND strategy needs to be delivered to budget within a tight financial envelope. This working group will provide the financial scrutiny for the whole of the SEND strategy planning and implementation. It will also drive the plan to move students placed out of borough in independent schools into more local provision where appropriate. There is also a need to ensure that all partners are contributing fairly to package costs.. The five priority actions for this group are:

- Ensure rigorous governance and oversight of spend, to manage resources within budget and allow flexibility to respond to need and improve services.
- Act as a check and balance to the development of the Capital Programme and revenue budget ensuring delivery is within the tight financial envelope available.
- Improve the rigour in consistent, budget management and monitoring of high cost placements.
- Decrease the number and cost of independent non-maintained placements and reduce the number of out-of-borough placements.
- Challenge partners to demonstrate value for money and creative approaches to the provision of quality local places.

SEND Code of Practice

We welcome the focus on inclusion in the new SEND code as set out below:

A focus on inclusive practice and removing barriers to learning

1.26(COP) As part of its commitments under articles 7 and 24 of the United Nations Convention of the Rights of Persons with Disabilities, the UK Government is committed to inclusive education of disabled children and young people and the progressive removal of barriers to learning and participation in mainstream education. The Children and Families Act 2014 secures the general presumption in law of mainstream education in relation to decisions about where children and young people with SEN should be educated and the Equality Act 2010 provides protection from discrimination for disabled people.

At the same time we recognise the important role of specialist settings as set out in the new SEND code of practice:

1.37(COP) Special schools (in the maintained, academy, non-maintained and independent sectors), special post-16 institutions and specialist colleges all have an important role in providing for children and young people with SEN and in working collaboratively with mainstream and special settings to develop and share expertise and approaches. [and promoting parental choice].

Children and Families Act

Barking and Dagenham welcomes the principles the Children's and Families Act, which are to prioritise:

- The views, wishes and feelings of the child or young person, and the child's parents.
- The importance of the child or young person and their parents, participating as fully as possible in decisions, and being provided with the information and support necessary to do so.
- The need to support the child or young person, and their parents, to help them achieve the best possible educational and other outcomes and prepare them effectively for adulthood.

The Care Act

Barking and Dagenham is committed to fulfilling its obligation that Education, Health and Care Services work together to ensure a successful transition to adulthood for young students with social care needs. The Carers Act impacts on Children's Services in four key areas:

- **Outcomes and Well Being:** The Care Act focuses on wellbeing through outcomes and person-centred practice. Adult social care professionals are expected to work in partnership with children's services to ensure 18 to 25 year olds are able to express their views and are supported to engage in decision making.
- **Assessment and Planning:** The Care Act introduces Child's Needs Assessments (CNA) for young people who are likely to have needs for care and support after they reach 18. For people 18 to 25 with a care and support plan, this should be incorporated into the EHC plan rather than developed separately.
- **Joint Commissioning and Personal Budgets:** The Care Act requires local authorities to include a personal budget in the Care and Support Plan (Care element of an EHC plan) for individuals over the age of 18 to 25.
- **Information Advice and Support:** The Care Act requires local authorities to establish and maintain an information and advice services relating to care and support for adults and support for carers. For young people aged 18-25 and their carers these services should overlap.

Appendix 2 – Twelve Key Facts about Children and young people in the Borough

1. Barking and Dagenham is home to 61,000 children and young people, 32% of the total population of 194,000.
2. Approximately 5700 children and young people have some form of Special Educational Need or Disability.
3. Currently 1035 Children and young people have a Statement of Educational Need or, an Education, Health and Care Plan
4. The borough is experiencing one of the fastest rising birth rates in the country. In September 2013, one thousand more children entered Reception than left Year 6 to go to secondary school. Our forecasts indicate that the combined primary and secondary populations (Year R to Year 11) will grow by around 10,000 over the coming five years to 2017/18.
5. 50% of all primary aged children and 37% of all pupils at secondary school in Barking and Dagenham do not hold English as a first language. The average for England is 19% and 14% respectively.
6. Approximately one in three children (34%) in Barking and Dagenham is born into poverty, higher than the national average of one in five.
7. There are 43 primary phase schools, 10 secondary schools, one all through school, one special school and one pupil referral unit in Barking and Dagenham. Of these, four are Academies (two primaries, one secondary and one all through) and two are Free Schools

(one secondary and one all through).

8. There are 10 schools with sixth forms, (including one special school), one further education college, a Technical Skills Academy and one adult college.
9. Barking and Dagenham is ranked 83 out of 150 local authorities for attainment at age 11 and 57 out of 151 at age 16.
10. 68% of Disadvantaged* pupils and 81% of Other** pupils in Barking and Dagenham achieved the expected level in reading, writing and maths at age 11, compared with 67% and 83% nationally for each group. Barking and Dagenham is ranked 23 out of 150 local authorities for attainment at 11 for pupils on free school meals. (2014 performance)
11. 50% of Disadvantaged* pupils and 68% of Other** pupils in Barking and Dagenham achieved five A* to C GCSEs or equivalent, including English and maths, compared with 40% and 67% nationally. Barking and Dagenham is ranked 17 out of 150 local authorities for achievement of pupils on free school meals at 16. (2014 performance)
12. As of June 2015, 1% (52) of 16 to 17 year olds in Barking and Dagenham were in employment without any training opportunities associated with their job while 5% (273) were not in any kind of employment or training

Appendix 3 – High Level Actions

High Level Priority Actions	
(A detailed project plan, risk log and dashboard sit below this plan)	
Priority action working group one: Promoting Independence for Children, Young People and their Families	
Further increase the participation of young people with SEND and their families in the design, delivery and monitoring of the services they receive.	
Increase the personalisation of the individual service packages through more personal budgets, direct payments and independent travel training.	
Maximising people's opportunity to enter the world of work through appropriate educational placements, careers advice, apprenticeships and work experience opportunities.	
Improve young peoples' experience of transitioning to adult services, through implementing the transitions element of the Care Act and the Children and Families Act.	
Broaden the access to leisure and social activities for children with SEND.	
Priority action working group two: Schools and Education Providers Working in Partnership to Support Achievement and Progress	
Further improve early identification of children and young people with SEND.	
Improve achievement; Where Children and young people need more than quality first teaching make sure the right levels of expertise and interventions are in place to support progress	
Further increase inclusion so that children and young people are educated locally as far as possible.	
Make effective use of the Education and Health Care plan processes and in-school working to ensure effective multi-agency working	
Develop the expertise of mainstream teaching staff who support children and young people with SEND, so that more students can be included within a mainstream environment or additional resource provision.	
Priority action working group three: Working Together to Maximise the Impact of Services and Resources: Joint Commissioning and the Local Offer	
Publish commissioned provision on the Local Offer.	
Improve quality of high need placements contracts and contract monitoring to challenge and seek redress from schools failing to honour essential elements of delivery.	
Reduce the current significant level of SEND funding allocated outside of EHC panel processes and develop a single panel system for EHC panel processes.	

Improve the shared data, over and above the detail held in the JSNA, between agencies to enhance the accuracy of baseline data and statistical forecasting.
Develop a three-year SEND Commissioning Strategy (to complement the overarching SEND Strategy)
Priority action working group four: Getting the Provision Right within the Capital Programme
Use the, baseline data, projections of need, the gap analysis, and commissioning priorities produced by the Joint Commissioning and the Local Offer working group to identify the best possible provisions within a challenging capital context.
Support the design and completion of the new special school so it is fit for purpose and provides quality accommodation to meet the needs of the growing population.
Develop the SEND Capital Plan ensuring sufficient/suitable local places with particular consideration of specific groups:
Ensure enough high need placements are available in borough to meet demand reducing the need to place children and young people outside of the borough.
Priority action working group five: Monitoring of Financial Spend; Ensuring Affordability and Value for Money
Ensure rigorous governance and oversight of spend, to manage resources within budget and allow flexibility to respond to need and improve services.
Act as a check and balance to the development of the capital programme and revenue budget ensuring delivery is within the tight financial envelope available.
Improve the rigour in consistent, budget management and monitoring of high cost placements.
Decrease the number and cost of independent non-maintained placements and reduce the number of Out-of-Borough placements.

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HEALTH AND WELLBEING BOARD

7 July 2015

Title: Children's Service Draft Autism Strategy 2015-2018	
Report of the Corporate Director of Children's Services	
Open Report	For Decision
Wards Affected: All	Key Decision: No
Report Authors: Jacqui Twitchell-Inclusion Adviser-Autism Lead Joy Barter –Group Manager Early Years and Childcare	Contact Details: Tel: 020 8227 5533 E-mail: joy.barter@lbbd.gov.uk
Sponsor: Helen Jenner, Corporate Director of Children's Services	
Summary: The Children's Autism Strategy has been developed to align with the Adults' Autism Strategy. Its key driver is to ensure that children and young people receive support that is consistent and appropriate for their age and to enable a smooth transition into adulthood. The strategy sets out what Barking and Dagenham will do to ensure autism friendly services and provision that meets the needs of all children and young people. This includes: <ul style="list-style-type: none"> • increasing awareness amongst professionals and the wider community • providing the highest quality provision for autism; • promoting inclusive and multi-disciplinary practices; • provision of a range of educational opportunities from quality first teaching in mainstream classrooms to more specialist provision within Additional Resourced Provision or within Trinity School; • ensuring a clear and effective diagnostic pathway for autism with advice and information easily available and accessible; • involving families, children and young people in education and planning for the future. <p>The strategy has six priority areas which have been developed to ensure that children and young people with autism and their families are able to:</p> <ul style="list-style-type: none"> • have their views, aspirations and their voices heard; • be involved in provision planning; • be kept safe; • have access to meaningful activities during the day, weekends and in the evenings; • be certain that professionals working with them are fully trained and understand the needs of children and young people with autism; • have a clear transition plan for the future as children and young people move into adulthood; • access clear advice, support and information through a range of partners and providers other than the council. 	

Recommendation(s)

The Health and Wellbeing Board is recommended to agree:

1. The overall Autism Strategy and in particular the six key priority areas

Reason(s)

The Children's Autism Strategy supports Enabling Social Responsibility - one of the Council's key priorities.

1. Introduction and Background

- 1.1 The original Children's Autism Strategy Group was established in 2002 in order to bring together the service providers for children and young people with autism and their families. Its remit was to agree and set out a consistent offer and approach for supporting children and young people with autism from the early years through to the end of the secondary phase. This was in response to the growing numbers of children and young people receiving a diagnosis of autism. Initially a five year plan was agreed. Representatives from health (speech and language therapists and paediatricians) plus colleagues from social care, education, schools and the voluntary sector were all involved. This group (which has continued to meet termly) has been responsible for promoting autism awareness, developing a consistent approach to support within educational settings and a comprehensive training programme for all practitioners working with children. This refreshed Autism Strategy is now aligned to the Adults' Strategy-which has been agreed by the Health and Wellbeing Board- and to the statutory requirements of the Children and Families Act.

2. Proposal and Issues

- 2.1 It is proposed that the Health and Wellbeing Board agree the Children's Autism Strategy and endorse the six priority areas as set out in Appendix A.

3 Consultation

- 3.1 The following partners have been involved in developing this strategy:
 - Early Years
 - Education
 - Schools (Trinity , John Perry and George Carey)
 - Voluntary Sector (Sycamore Trust)
 - Social Care (Disabled Children's and EHC Teams)
 - Parents' Groups
 - Health (paediatricians and speech therapists)
- 3.2 Further consultation is planned with all schools, wider parents' groups and early years settings.

4 Mandatory Implications

4.1 Joint Strategic Needs Assessment

Autism has a dedicated section in our JSNA that has been refreshed. The strategy is consistent with the strategic recommendations.

The proposals in the Autism Strategy support Section 2 and 3 of the JSNA. In particular Section 3.2 **Children and Young People with Learning Difficulties and Disabilities**. The 2011 Census found that just under 5,000 households in the borough include children and at least one person with a long term condition or disability, but there is no census data on the number of children living with learning difficulties and disabilities (LDD).

There are several sources of data on the local uptake of services by children and young people living with LDD, and modelling has been refreshed to estimate the level of need in the borough.

The JSNA made the following recommendation:

Recommendations for Commissioners

The Health and Wellbeing board will need to ensure that there is a robust programme and strategic plan in place to meet any emerging statutory responsibilities that are outlined within the current Children and Families Bill.

4.2 Health and Wellbeing Strategy

The commitments set out in the Health & Wellbeing Strategy are consistent with the priorities identified in the Autism Strategy. The refresh of the Joint Health and Wellbeing strategy in March 2015 will note the key themes of this strategy.

The proposals support the Health and Wellbeing Strategy Themes 1 – 5 and 8 in particular, but should also support Themes 6 and 7 as better early support should enable established adults and older adults with Autism to lead more fulfilled lives.

The priority areas of care and support; protection and safeguarding; improvement and integration of services and prevention will all be addressed through the strategy. Future reports will evidence how the work is addressing these priorities.

4.3 Integration

This Autism Strategy has integration at its heart and a key theme for the strategy is ensuring integrated approaches that make pathways for children and young people with autism more straightforward, specifically aiming to ensure a consistent approach to support and information.

4.4 Financial Implications

There are no financial implications from this report and resources will be supported from the earmarked general fund budget of £1.250m 2015/16 and SEN(D) support from the Dedicated School Grant, High Needs Block funding £17m.

Implications completed by: Patricia Harvey, Group Manager Finance - Childrens Services

4.5 Legal Implications

Meets the requirements of:

- Children and Families Act
- Care Act
- Disability Acts
- Autism Bill 2009

Implications completed by: Lindsey Marks, Principal Solicitor Children's Safeguarding, Legal and Democratic Services)

4.6 Risk Management

If the strategy is not implemented there are a number of key risks:

- By not providing inclusive provision for our children and young people with autistic needs we place them, and their families, at risk of social isolation.
- By not providing inclusive provision our children and young people with autistic needs have to be placed in specialist provision, whether or not this is the best placement for them, often not in their immediate neighbourhood and at greater expense and a consequently a reduction of choice available to them and their families.
- Without good transition plan there is a risk that children and their families experience a "cliff-edge" as they move between childhood and adulthood services.
- If our strategies do not move children towards as much independence as possible we are not preparing them to be citizens of the future, potentially leading to lifelong dependency, rather than fostering alternatives.
- Without additional care being taken there is a risk that autistic children are not fully protected from safeguarding risks.

4.7 Patient/Service User Impact

The Children's Autism Strategy will help address the concerns of children, young people parents, families and agencies working with those with autistic needs about provision for autism and support a better transfer from children's to adult services.

5. Non-mandatory Implications

5.1 Crime and Disorder

The Children's Autism Strategy will work towards ensuring a better range of leisure services for those with autistic needs and will link to the Adult Strategy.

5.2 Safeguarding

There are significant safeguarding risks for children on the autism spectrum which this strategy is designed to address. The “be kept safe” priority specifically addresses safeguarding. The whole strategy is designed to strengthen community knowledge, understanding and flexibility to give children with autistic spectrum better, safe access to a wider range of opportunities enjoyed by their peers.

5.3 Property/Assets

As part of meeting the needs of children on the autistic spectrum property/assets should always consider disability when designing public buildings. The Borough accessibility strategy supports adaptations to improve access to schools and other public buildings.

5.4 Customer Impact

The Strategy will ensure a seamless approach to services for those with autism.

5.5 Contractual Issues

All contracts issued to providers of services will be expected to ensure autism friendly services and be able to meet the needs of those with autistic needs.

5.6 Staffing issues

The Children’s Autism Strategy, and related training, should be accessed by all staff so that needs and opportunities are recognised through universal services, not just in specialist services.

Public Background Papers Used in the Preparation of the Report:

- Barking and Dagenham Health and Wellbeing Strategy 2012-2015
- Joint Strategic Needs Assessment 2013-2015
- Autism Bill 2009
- Adults Autism Strategy Refresh 2014

List of Appendices:

Appendix 1 – Final Draft Children’s Autism Strategy

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London Borough of Barking & Dagenham

Children's Autism Strategy – 2015 – 2018

Foreword

Welcome to the Children's Autism Strategy.

This strategy has been developed to align with the Adult Autism Strategy, so that children & young people receive support that is consistent and appropriate for their age and enable a smooth transition into adulthood. The strategy sets out how we will work to increase autism friendly provision across the Borough and its different agencies to improve services for children and young people in Barking and Dagenham over the next two years. The strategy seeks to promote equality of opportunity for young people with autistic needs, so that they are able to access, as full a range, of inclusive provision, as possible.

Barking and Dagenham provides services on an equality rights basis and children and young people are not expected to wait for a diagnosis prior to their needs being recognised and met. We will ensure that all children and young people with autism have the opportunity to access the highest quality education in their local environment, and that support and interventions are available as early as possible following recognition of their needs, or diagnosis of their disability by:

- increasing awareness.
- providing the highest quality provision for autism.
- promoting inclusive multi-disciplinary practices.
- providing a range of educational opportunities, ranging from quality first teaching and care that meets a wide range of needs to more specialist provision.
- excellent differentiated education and personal support for children and young people as they transition to adult life.

For very young children, prior to attending school additional support is accessed from the portage service or the specialist nursery assessment provisions. Support and advice is provided by multi-agency teams, which all early years settings have access to.

At school age, children and young people with autism attend their local schools where additional support may be provided if required. School staff can access specialist multi-agency advice, support and training. The borough also provides six Additional Resourced Provisions within mainstream schools, and a range of specialist provision, located at one of two local authority special schools.

There is a clear care pathway provided by the Health Service for identifying Autism at a young age and offering support to children and young people, parents and families.

Councillor Evelyn Carpenter
Cabinet Member Education and Schools

Councillor Bill Turner
Cabinet Member for Children's Services and Social Care

Background and Introduction

The Barking and Dagenham Autism Strategy Group was set up in 2002 in order to bring together the service providers for children with autism and their families, to agree and set out a consistent offer and approach running from early years through to the end of the secondary phase.

Initially a five-year plan was agreed with representatives from the health services (paediatricians, speech therapists), social care and education (head teachers, advisors) and voluntary groups (Sycamore Trust). This group has met approximately three times per year since it was established.

The group has promoted autism awareness and has initiated the setting up care pathways for children and young people and their families, ensuring a consistent approach is followed in educational settings and a quality Continued Professional Development (CPD) pathway is available to a range of professionals and that there are purposeful leisure activities for individual children and young people.

Vision and Aims

Our vision is to provide a range of quality provision for all children and young people within their local community with a consistency of approach from early years into adulthood where they feel safe and valued and are enabled to become independent.

To achieve this consistency our provisions implement TEACCH pedagogy (ref: University of North Carolina TEACCH Autism Programme) which provides children and young people with autism excellent learning opportunities that support them with independence skills that will best equip them for adulthood. We believe that this approach to learning should be available to children and young people throughout their education, equipping them to live as independent adults in Barking and Dagenham. This approach does not see autism as a deficit, but uses the inherent strengths of those affected and develops children and young people throughout their lives. All educational settings in Barking and Dagenham have access to training in this approach and use it as their main method to teach and support children and young people with autism. Parents also have access to this training.

All children and young people's needs will therefore be met in local schools to enable our families to stay close together and acquire skills which further supports their ability to help their children and young people to live independent lives within the community.

In order for there to be a continuity of approach from all service providers we will continue to ensure that a rigorous training programme is available to staff working directly with children and families living with autism. We also ensure all staff receive disability rights and autism awareness training.

Aims

We will ensure;

- there is a clear and effective diagnostic pathway for autism with information and advice on the support that is offered.
- children and young people and their families are involved in their education and in planning for their futures.
- there are local schools catering for the needs of local children.
- children and young people with autism feel safe from harm and abuse at home, at school and in the local community.
- all services increase the opportunities for children and young people with autism in the community.

- the needs of children and young people with autism are met by education, care and health staff who are appropriately knowledgeable, skilled and experienced in autism.
- children and young people are effectively supported through key transition points, including the transition to adult life.

What is Autism?

Children and young people with autism may have impairments at a variety of levels in the following areas of development:

Social interaction

They may have difficulty understanding social rules, making and maintaining friendships, holding conversations, being in close proximity with others and managing typical social situations.

Social Communication

Some children and young people will have no functional language, others will have limited functional language and some will have an extensive vocabulary, but will struggle with the social elements of conversation such as reading body language and facial expressions effectively.

Flexibility of Thought

Children and young people with autism will struggle to manage changes to routine, have a limited range of interests and will pursue stability and predictability.

Many children and young people with autism will also have learning difficulties, ranging from profound to mild. Many children and young people with autism will have average or well above average intellectual abilities but will have impairments in areas described above.

Children and young people with autism will often have strengths in their visual skills, their ability to apply logic and their focus on activities that are of interest to them.

National Context

The Children and Families Act 2014

This Act introduces a single assessment process to support children, young people and their families from birth to 25 years. Statements of Special Educational Needs will be transferred, where necessary, to Education, Health and Care Plans by April 2018.

Autism in Barking and Dagenham

In January 2015 in Barking and Dagenham, there were 400 children and young people with a diagnosis of autism in our school settings. The majority are educated in local schools with a very small percentage educated in out of borough provision. Our aim is that there will be suitable educational provision for all, within the local community.

The needs of the children and young people vary with the severity of their condition, some may have managed successfully without diagnosis, some are learning effectively with little adjustment to their educational provision, and others require a high level of curriculum adaptation and supervision at all times to learn and be safe.

The number of children and young people with autism and additional complex needs has risen significantly in the last 10 years. The local authority has responded in a number of ways: providing additional training to support the staff; creating Additional Resourced Provisions within mainstream schools and additional places at Trinity Special and Riverside Bridge School.

Priority 1

Independent Voice and Involvement in Planning Provision

Children and Young People with autism and their families to be able to voice their views and have their views at the forefront when decisions are made regarding provision

Number	Objective	Action	By when	By whom
1.1	Parents and carers views about local services are central to the development of increasingly accessible services for people with autism.	Commission the 'Just Say' parents' forum to provide their report on what services currently exist, challenges being faced by those accessing services and suggestions for future developments.	December 2015	'Just Say' Parents Forum Group Manager- Early Years
1.2	The views of young, autistic people about local services are central to the development of increasingly accessible services for people with autism.	Consult young people via groups such as Youth Parliament, to ascertain their views on what services currently exist, challenges being faced by those accessing services and suggestions for future developments.	December 2015	Progress Project Principal Policy & Performance Officer
1.3	Children and young people and families are actively encouraged to give their views about their own needs, written or otherwise, at EHC planning and review meetings.	Person Centred Planning training will be provided for school staff responsible for the statutory review of pupils' special educational needs	January 2016	Group Manager- Disabled Children's Team. Principal Adviser- Inclusion
1.4	Young people and families to be represented and encouraged to contribute fully at Autism Strategy meetings.	Youth groups will be consulted to identify how representation can be ensured. Minutes of meeting demonstrate that views are sought and recorded and actions taken.	July 2015	Erik Stein
1.5	The voice of the young people will form an essential part of autism awareness training.	Autism Ambassadors to be invited to give presentations on autism awareness enhanced training sessions and in other settings where training takes place	Minimum of 5 per term	Sycamore Trust

1.6	All children have their views recorded at their SEN planning and review meetings.	Training to be provided to school regarding obtaining pupil views where language, communication and other barriers can hamper this.	ongoing	SENCo Teacher in Charge Senior Manager- EHC Team
1.7	Views of people with autism are reflected through the formal governance of the Learning Disability Partnership Board	Representation will be encouraged from people with autistic spectrum disorders and their family carers on the partnership board consultative forums.	April 2015	Learning Disability Partnership Board

Priority 2

Safeguarding Access and Rights

The council and its partners continue to see safeguarding people from harm and abuse as their key priority. The borough has a well-developed safeguarding adults' board and Local Safeguarding Children's Board which are chaired independently to ensure there is robust scrutiny and challenge to its performance and delivery. The boards will continue to have responsibility for keeping all vulnerable children and adults safe and ensure that all preventative measures are in place. In terms of the strategy, the Boards will ensure that children and adults with autism and their families are kept safe and well and are free from fear of harm or abuse.

Number	Objective	Action	By When	By Whom
2.1	All Learning Disability Partnership Board papers are in an accessible, easy to read format.	Ensure all papers for service users are free of professional jargon and accessible to those with literacy difficulties, disabilities and available in community languages.	Ongoing	Learning Disability Partnership Board
2.2	Service users and providers feel confident in providing challenge to local authority and health colleagues about services.	Ensure that future Local Accounts report on the services and support are available to people with autistic spectrum disorders via (http://careandsupport.lbbd.gov.uk/localaccount).	December 2015	Health and Wellbeing Board
2.3	The agreed priorities and actions within this strategy are regularly monitored.	LDPB to monitor progress at the Board every six months.	From April 2015	Group Manager (Chair of Autism Strategy Group)
2.4	Engagement strategy produced for LDPB.	Ensure that there are processes for engagement with Service users and their families about service design, development and tendering.	November 2015	Learning Disability Joint Commissioner Group Manager- Learning Disabilities

Priority 3

Access to meaningful activities, during the day, in the evenings and at weekends

The Barking and Dagenham Children and Young adults Autism Plan describes the vision, aims and outcomes for young people with autistic spectrum disorders (Autism) who live in the borough. It seeks to shape the local approach in implementing the requirements of the National Autism Strategy 'Fulfilling and Rewarding Lives' (2010).

As this is a three year plan and it is hoped that opportunities will arise to allow for improved use of existing resources or for new investment to be sought improving access to meaningful activities for our young people with autism in Barking and Dagenham and the surrounding area.

No	Objective	Action	By When	By Whom
3.1	All children and young people with autism will have appropriate educational provision, locally where possible.	To continue to develop the range of education provision reflecting the needs of children and young people with autism.	Sept 2015 & annually	Principal Adviser- Education Inclusion Group Manager- Disabled Children's Team
3.2	Appropriate provision is available at point of need for all children and young people with autism.	Objective, moderated data is collated and used to inform commissioning of appropriate educational provision across a range of settings.	Reviewed termly	EHC Team Principal Adviser- Inclusion
3.3	Improved access to leisure and culture services including sports centres and libraries is available to people with autism.	Monitoring report on increased take up of leisure services for people with autism to be presented to the Autism Steering group. Target 10% increase per year, in take up of people with autism.	December 2015	Group Manager Culture and Sport
3.4	Increase in number of local service providers that complete awareness training designed to remove the barriers which may exclude people with autism accessing meaningful activities.	Delivery of improved autism awareness training for all professionals engaged directly or indirectly with young people with autism.	January 2016	Group Manager Employment and Skills

3.5	Develop opportunities for children and young people and their families to access personal budgets to support their move to independence.	A key focus of the council's work will be the expansion of the Personalisation Agenda within service planning.	December 2015	Commissioning Lead Officer
3.6	Key information is available through the Local Offer.	Ensure information and details of support organisations/ local mainstream and universal services are available to people with autism, their parents, families and carers.	April 2016	Group Manager- Early Years Principal Adviser- Inclusion Group Manager, DCT
3.7	Children and families affected by autism have access to specialised services for those that are unable to access mainstream and universal opportunities.	Effective contractual arrangements developed by involved group managers in collaboration with commissioning teams. Commissioners to monitor services provided through the Voluntary Sector by organisations including Sycamore Trust and DABD.	April 2016	Divisional Director- Commissioning Safeguarding Lead Education
3.8	All service providers understand and follow LBBD Safeguarding policies and processes.	Publicise training programmes Commissioners to request evidence of compliance. LBBD safeguarding self assessment.	Feb 2015 and ongoing	Divisional Director Commissioning Safeguarding Lead Education

Priority 4

The needs of children and young people with autism are met by education, care and health staff who are appropriately trained to identify and support those with autism.

There will be a well trained workforce with competence in our key pedagogy via access to high quality staff training. We will further develop our model of best practice to share with colleagues across the council to ensure there is continuity of approach for people for whom access to services and support will be lifelong.

The delivery of quality services in health and social care is key to ensuring that children and young people and families are effectively supported and prevented from falling into crisis. The Child and Families Act (2014) have placed new duties on local authorities regarding the provision of information and advice to those using their services, regardless of disability or impairment, in making decisions about their current and future care and support needs.

Number	Objective	Action	By When	By Whom
4.1	Commissioners continue to monitor and evaluate contracts and ensure that reasonable adjustments are being made to services for all users, including those with autism.	Contractors continue to comply and provide evidence of reasonable adjustment for children and young people with autism, through quarterly monitoring.	Ongoing on quarterly basis	LBBB health and social care integration team, Disabled Children's Team School Improvement Service EHC Panel and Team Children's Commissioning and Procurement
4.2	Young people with autism are identified at the earliest possible opportunity and appropriate actions are taken to reduce any gaps in provision.	Annual mandatory reviews to be undertaken of current provisions for children and young people with high functioning autism to ensure services are meeting their needs.	January 2016	Jane Hargreaves
4.3	All complaints are investigated and	Monitoring of service quality		Group Manager-

	recommendations and actions followed to improve services. Complaints overview to be published in annual Local Account. All complaints will be investigated using the relevant policies and procedures.	complaints made by service users about accessibility. All complaints investigated via the available frameworks, as well as the LADO process and section 47 of the Children's Act.		Disabled Children's Team SIS
4.4	The managers of all specialist resourced ASD provisions have successfully completed a suitable post-graduate qualification in autism.	All have completed and gained a pass.	September 2017	Principal Adviser-Inclusion
4.5	At least one senior member of staff in every LBBD school has successfully completed a 5-day training course in structured teaching (TEACCH). At least 1 member of staff from each setting has successfully completed Enhanced Autism Training.	Appropriate CPD is available to all educational settings re autism awareness, understanding and expertise and strategies. All educational settings to have received Autism Awareness training.	September 2017 Ongoing Reviewed annually	Principal Adviser-Inclusion Trinity School. Inclusion Advisers. Early Years Advisers. SALT and Health Commissioning. Community Paediatrician.
4.6	A member of staff from all settings (pre school, school, health settings have attended the Enhanced Training programme in autism (six sessions), which includes Autism Awareness, TEACCH, PECS, communication, sensory needs, intensive interaction, PIVATS.	Course registers demonstrate that a members of staff from all early years and school settings have successfully completed the course.	September 2017	Principal Adviser-Inclusion Group manager-EYs. School leadership teams
4.7	Training is available for all schools and settings in autism awareness.	The EIT and EPS, Sycamore Trust and ARP managers have training materials available and provide training when requested by schools.		Principal Adviser-Inclusion. Group Manager-EYs. Sycamore Trust
4.8	The TEACCH approach to learning is	Staff from all setting have received	Reviewed	Principal Adviser-Inclusion

	promoted and used in all educational settings where suitable, incorporating elements of other successful, evidenced based approaches.	training regarding TEACCH and are using it effectively taking into account individual pupil's needs.	annually	Commissioning
4.9	All schools participate in a termly monitoring meeting with an inclusion advisor to ensure compliance with all statutory requirements and local authority expectations for effective teaching in our schools.	Termly meetings held and minuted and compliance reported.	Termly	Principal Adviser-Inclusion

Priority 5

Transition Planning

The council and its partners are committed to implementing a robust transition process for the future needs for all young people with a recognition that transition planning can be difficult for young people and their families as plans need to be made about their future as a young adult.

Number	Objective	Action	By When	By Whom
5.1	Current and regularly updated pupil related information about the numbers and needs of young people identified by Children's Services continue to be shared to support good planning.	Adult services to receive updated pupil related information on a quarterly basis for young people from year 8 (aged 14).	Quarterly basis	Group Manager-Disabled Children's Team
5.2	All pupils with autism will have a transition plan and review in year 9.	All essential information from year 9 transition plans are forwarded to Adults' Services.		Group Manager-Disabled Children's Team EHC Team
5.3	Local Offer to continue to be monitored, reviewed and developed.	Identify clear transition processes and publish information through the Borough's Local Offer The Local Offer to continue to be monitored and reviewed. The Local Offer to link to the Care and Support Hub.	November 2015	Group Manager-Early Years
5.4	Statements of Special Educational Need are being converted to EHC Plans where necessary, in an efficient, person centred way.	Continue to develop effective pupil information systems bringing together education, social care and health information where needed to fully inform EHC assessments.	September 2018	Group Manager-Disabled Children's Team.

		Avoid repetitive processes for young people with autism and their families by ensuring that medical and social history are clear within EHC Plans.		
5.5	All young adults with autism entering adult services are supported by the SEND Career Advisor and Social Workers within the EHC team.	SEND career Advisor and Social Worker. Young People remain engaged in Employment, Education & Training Post 16.	April 2015	Principal Adviser-Secondary.

Priority 6

There is a clear and effective diagnostic pathway for autism with information and advice on the support that is offered and to ensure that parents/carers have access to appropriate advice and information throughout processes.

Children's Services and Health Services (NELFT) worked together to establish clear care pathways for undergoing the diagnostic process with the Child Development Team (CDT). A priority is to establish a similar pathway for children and young people who engage with CAMHS and other services which provide diagnosis and for this information to be shared with other services providers (awaiting response from RO)

Number	Objective	Action	By When	By Whom
6.1	CDT to continue to work with local authority Education Services to provide information at point of diagnosis.	Information clearly available regarding range of educational provision, contacts from the local authority, Local Offer.	July 2015	CDT manager and EIT manager
6.2	Information is clearly available regarding range of educational provision, contacts from the local authority, Local Offer.	CAMHS and local authority education services to work together to provide clear information at the point of diagnosis.	July 2015	CAMHS manager and EIT manager
6.3	Specialist advice regarding special educational and autism needs is available to be bought in by all local schools.	The Education Psychology Service and early years teams to provide early assessment and advice to families and settings regarding complex social communication needs and Education Inclusion specialists to provide advice to schools.	Ongoing	EPS. Principal EP. Divisional Director, Education, Youth & Childcare
6.4	Early Years settings and schools identify children who have complex social and communication needs that are a barrier to learning.	Early years settings and schools alert parents, health and the local authority early so that information is available and to ensure suitable early intervention.	Ongoing	Group Manager - EYs All school SLTs

Acknowledgements

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Christopher Harrison	Headteacher, George Carey CoE School
Linsay Clarke	Inclusion Manager, George Carey CoE School
Dr Rex Obeng	Consultant Community Paediatrician
Dr Kanthi Jayawardana	Consultant Community Paediatrician
Ken Greaves	Senior Specialist Educational Psychologist
Chris Gillbanks	Sycamore Trust
Jonathan Butler	Children's Commissioning
Baljeet Nagra	Group Manager, Disabled Children's & EHC Teams
Paul Richardson	EHC Consultant
Joseph Wilson	EHC Team Manager
Joy Barter	Group Manager, Early years
Rosie Herbert	Head of Portage
Jacqui Twitchell	Inclusion Adviser (Autism)
Mary Letheren-Jones	Inclusion Adviser (Autism)
De Hyde	Advisory Teacher, Early Years

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HEALTH AND WELLBEING BOARD

7 July 2015

Title: Health and Wellbeing Outcomes Framework Performance Report – Year End 2014/15	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
Report Author: Susan Lloyd, Consultant in Public Health Mark Tyrie, Senior Public Health Analyst	Contact Details: Tel: 020 8227 3914 Email: mark.tyrie@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	
<p>Summary: The end of year performance report reports on health and wellbeing in Barking and Dagenham in 2014/15. It reviews overall performance highlighting areas that have improved in 2014/15, and areas that require improvement in 2015/16.</p> <p>The report is broken down into the following sub-headings:</p> <ul style="list-style-type: none"> Primary Care Secondary Care Community Services Mental Health Adult Social Care Children’s Services Public Health London Ambulance Service 	
<p>Recommendation(s) Members of the Board are recommended to:</p> <ul style="list-style-type: none"> • Review the overarching dashboard, and raise any questions with 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 areas where new data is available, specifically on teenage conception. 	
<p>Reason(s) The indicators within the dashboard were chosen to represent the wide remit of the Board, and 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 Health and Wellbeing Outcomes Framework and, when areas of concern arise outside of the indicators ordinarily reported to the Board, these will be escalated as necessary.</p>	

1. Performance Summary

This is a summary to direct Members of the Board to key areas of performance.

1.1 Primary Care

- In 2014/15, four GP practices in Barking and Dagenham were inspected by the Care Quality Commission (CQC). All met the required standards and received a 'Good' rating.

1.2 Secondary Care

- Trust performance for A&E four hour waits was above the recovery trajectory for 6 of the 21 winter weeks.
- Two NHS Trusts that serve our population are currently in special measures; Barking, Havering and Redbridge University Hospitals NHS Trust with a particular focus on Queen's Hospital, and Barts Health NHS Trust with a particular focus on Whipps Cross Hospital. Both Trusts have put action plans in place and are being supported to improve the healthcare provided to patients.

1.3 London Ambulance Service

- The performance of the London Ambulance Service remains a serious concern in Barking and Dagenham, with the number of highest severity calls responded to within 8 minutes being below target.

1.4 Community Services

- The percentage of children receiving a face-to-face New Birth Visit from a health visitor within 14 days of birth improved between Q2 and Q4 2014/15.
- The number of children seen by a health visitor for their 2-2.5 year review fell between Q2 and Q4; however, this may be due to a reporting systems issue.

1.5 Mental Health

- Children and young people accessing Child and Adolescent Mental Health Services was up compared to the previous year: higher numbers of children were seen in tier 3/4 services in 2014/15 compared with 2013/14.
- There were reductions in the Improving Access to Psychological Therapies (IAPT) referral waiting times in 2014/15, and although there is no national target for IAPT waiting times, it is stipulated that adequate service provision must be provided to ensure access for all who need treatment within 28 days of first contact.

1.6 Adult Social Care

- The number of delayed transfers of care have remained steady and below the national average in 2014/15. In winter (Q3) there was an expected increase in delayed transfers but this was followed by a decrease in the following quarter.
- In 2014/15 the number of admissions into residential and nursing care homes exceeded both the annual target and the number of admissions that occurred in the previous year.

1.7 Children's Services

- The percentage of looked after children with an up to date health check increased at the end of March 2015. Compared to 2013/14 end of year, there has been a slight drop in performance, but this still remains above both the national and regional averages for this performance indicator.
- The teenage conception rate in the borough increased over 2014/15; this is in contrast to the decreasing trend seen across London and nationally. To address this, the borough continues to run a comprehensive sexual health education and advice service and to support mothers who choose to give birth under 18 years.

1.8 Public Health

- The uptake of NHS Health Checks has nearly doubled over 2014/15, which has led to the borough exceeding the target for the year.
- The immunity of our population is not as good as it could be, but is better than the London average. Uptake of childhood immunisations for MMR2 and for DTaP in children aged 5 years decreased. To address this NHS England and partners have put in place an action plan to improve immunisation uptake.
- The Barking and Dagenham rate for MRSA bacteraemias in the community is 1.57/100,000 population. This is higher than the national average of 1.31/100,000 and provides an important indicator of infections in the community. Work is needed to continue to improve training in the care of IV lines and catheters in the community to ensure that they are inserted safely and managed properly, so that MRSA bacteraemia can be prevented.
- In 2014/15, the quarterly target of four week quitters was only met once, in Q4. The number of quitters in the borough fell short of the annual target; however, this is a national trend. babyClear® has been introduced to support quitting in mothers.

2. Background/introduction

The Health and 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 indicators chosen include those which identify performance of the whole health and social care system, including selected indicators from the Urgent Care Board's dashboard. The indicators have been rated according to their performance, measured against targets and national and regional averages, with red indicating poor performance, green indicating good performance and amber showing that performance is similar to expected levels.

3. Overview of performance in 2014/15

A dashboard summary of performance in year 2014/15 against the indicators selected for the Board in July 2014 can be found in Appendix A. There continues to be substantial gaps in monitoring information due to indicators being on annual cycles or having significant delays in the data becoming available.

There are a number of areas where Barking and Dagenham are performing poorly in comparison to national and regional figures that have been reported on in previous performance reports; however, as data for these indicators are either annual or not due for release this quarter, a further update is not given. These areas include childhood obesity, and cancer screening.

3.1 Primary Care

In November, the CQC published 'intelligent monitoring' of general practices in England which include analysed evidence on patient experience, care and treatment, based on publicly available sources including patient surveys and Quality and Outcomes Framework (QOF) data. Drawing on this information to create 38 indicators, every general practice in England has been analysed to identify the highest priority practices for CQC inspection under its new in-depth regime, which it rolled out formally last month, and what these inspections will focus on. This is so that it can be confident that people receive care that is safe, caring, effective, responsive to their needs, and well-led.

The CQC ranked 7,276 of the 7,661 general practise in England on the 38 indicators to calculate the level of risk. Practices were graded in six bands, with band one being the highest concern and band six the least. This analysis reveals that almost eight out of ten general practices in England appear to be of low concern, based on the available data and almost 3,800 are in the lowest category (band six). However 861 (11%) have been rated in the highest risk category (band one).

In Barking and Dagenham, 12 of 37 general practices are in band 6, representing 32.4% of general practices in the borough. Six general practices are in the highest risk band, making them high priorities for inspection. This represents 16.2% of the boroughs' general practices which is higher than the national average. These high priority practices are listed below (in order of risk, highest first):

- Five Elms Medical Practice

- Dr. Israr Moghal
- Dr. Mohammed Ehsan
- King Edward's Medical Centre
- Dr. N Niranjana's Practice
- Dr. MF Haq's Practice

3.1.1 Care Quality Commission (CQC) GP Inspections

In 2014/15, three GP practices in Barking and Dagenham were inspected by the CQC, two of which were those identified as being in the highest risk group: Dr. N Niranjana's Practice, Laburnum Medical Centre, and Dr. MF Haq's Practice. All three met the required standards and received a 'Good' rating.

3.2 Secondary Care

Since Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) were placed into special measures in December 2013, the recovery plan at has led to significant improvements in performance. However, there is still work to be done.

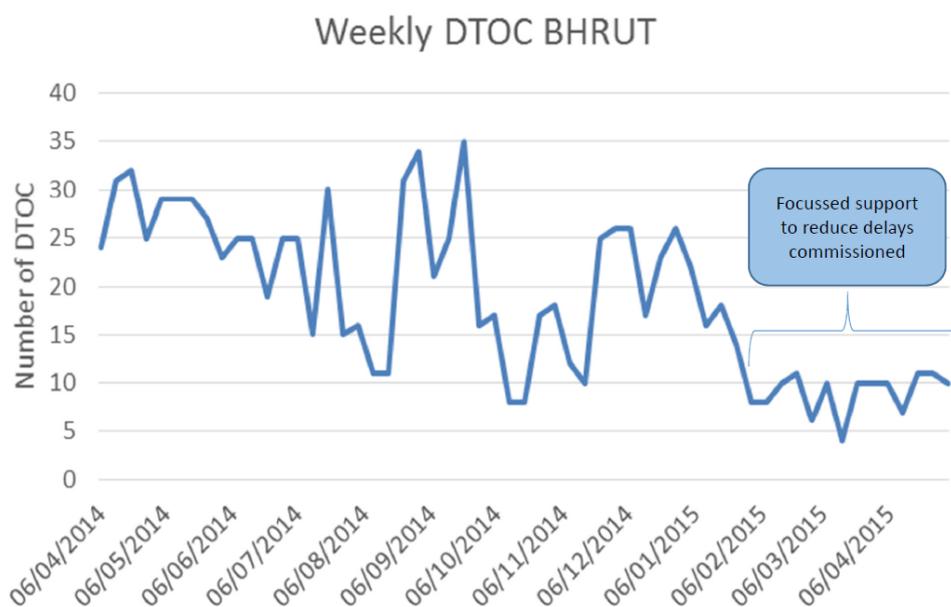
Although the population of Barking and Dagenham is mainly served by BHRUT, services are also provided by Barts NHS Trust. This Trust has also been placed into special measures in March 2015 as significant concerns have been raised about safety, effectiveness, responsiveness and with the leadership of the trust. Caring was also found to need improvement. It will, therefore, receive support to target the areas where the Trust needs to make changes.

3.2.1 Headline messages for BHRUT in 2014/15

The key messages are:

- Delayed Transfers of Care across the whole of BHRUT were reduced to 11 from 30 per week.

Figure 1: weekly delayed transfers of care, BHRUT, 2014/15



- Surveys showed an improved patient experience resulting from reduced stay in the Emergency Department for admitted patients.
- BHRUT has a lower admission to attendance ratio than the England average and median with the ratio now being in line with the London Trust median.
- There has been an increase in weekend discharges of 17% on Saturdays and 18% on Sundays compared to week days at 7%; however, the number of discharges remains lower at the weekend than on weekdays when added together.
- The number of attendances at Queen’s increased from 600 to 800 per week in 2014/15.

3.2.2 Urgent care

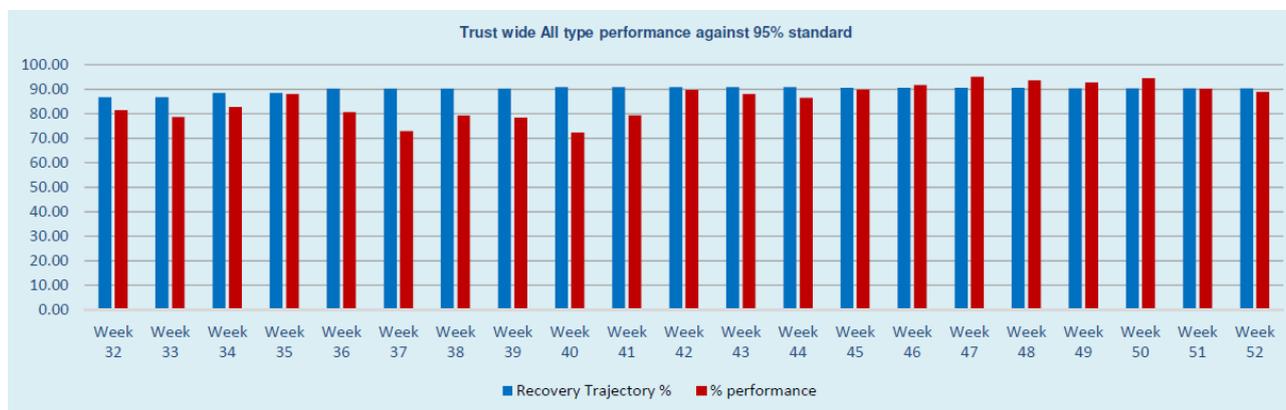
Urgent care performance has improved over the year, however still falls short of the national target. During 2014/15, rather than being measured against the national standard, Barking and Dagenham was being measured against an improvement trajectory; however, as we move into 2015/16, this improvement trajectory is no longer in use and services will once again be measured against the national standard. Through 2014/15 there have been improvements in the resilience of A&E services, particularly in the days after poor performance was seen. Whereas previously it would take a number of days for the whole system to recover, now this is happening within the next day or two days.

3.2.3 A&E attendances less than 4 hours from arrival to admission, transfer or discharge

Performance in this indicator has improved, however improvements are still required to meet the national target. There was a downturn in performance Q3 with 80.5% of attendances meeting the target. Q4 saw that downturn reversed with 88.8% of attendances meeting the target. Performance has improved significantly; however, BHRUT is performing below the national and regional averages for 2014/15 Quarter 4, with 88.8% seen in less than four hours compared to 91.8% in England and 92.6% in London. However, BHRUT is performing better than Barts Health NHS Trust, who saw 88.3% within four hours in Q4.

To meet the England average of 91.8%, the percentage of BHRUT A&E attendances less than 4 hours from arrival to admission, transfer or discharge needs to increase by 3 percentage points in 2015/16. In order to meet the 95% target, an increase of just over 6 percentage points is needed.

Figure 2: trust wide A&E four hour wait performance against target, 2014/15 end of year



3.2.4 All emergency admissions

The performance in this indicator was poor during 2014/15. Attendances in the first 6 weeks of the winter reporting period were above plan, with attendances below plan for the remainder of the 21 week period. Furthermore, BHRUT emergency admissions were 8.9% above plan over the whole winter reporting period; 21,934 actual vs. 20,140 plan. The activity plan for 2014/15 was based on 2013/14 activity. This activity profile did not repeat in 2014/15, which made a significant contribution to admissions being higher than plan in the period.

3.2.5 BHRUT is currently in special measures.

The CQC has warned BHRUT that they must make immediate improvement within a set timescale, particularly at Queen's Hospital. CQC issued a formal warning to the trust following an unannounced inspection at Queen's Hospital, during which it failed to meet two of the three national standards which were reviewed. These were care and welfare of people who use services and staffing,

The Trust is being supported to deliver an action plan for improvement. This action plan is available on the CQC website <http://www.cqc.org.uk/provider/RF4/reports>

Key areas where improvements have been targeted against the Trust's improvement plan include the leadership and organisational development and the management of outpatient services. In March 2015, a further inspection was undertaken by CQC, the results of which are expected to be published in June.

3.2.6 Barts Health NHS Trust

Barts Health NHS Trust was put in special measures on 17 March 2015 in response to an adverse CQC report into Whipps Cross Hospital. The serious concerns raised include:

- Insufficient staffing levels to provide safe care, high use of agency staff and low staff morale
- A persisting culture of bullying and harassment
- A failure to meet national waiting time targets

This hospital does not generally serve the population of Barking and Dagenham. In response to the CQC findings the Trust will receive additional support to help them rapidly make the necessary improvements for patients who are referred into the service.

3.3 Community Services

3.2.7 Early years: Health reviews

The performance in early year's health reviews has generally improved over 2014, however there are areas where improvements still need to be made. The percentage of children, who turned thirty days old during the quarter, receiving a face-to-face New Birth Visit from a health visitor within 14 days of birth has improved from 81.5% to 85.1% from Q2 to Q4 2014/15. The corresponding percentage of those who turned 30 days who received a New Birth Visit more than 14 days after birth remained static in the same period at 9.0%. There was also a slight improvement in the percentage of children receiving their 12 month review by the age of 12 months.

The number of children seen by a health visitor for their 2-2.5 year review fell from 46.4% in 2014/15 Q2 to 30.3% in Q4. It has been suggested that this is a reporting systems issue; however, it is important that the provider has an opportunity to address this issue.

3.2.8 Rapid Assessment

Rapid assessment services have been below target for the year. At Queen's Hospital, 56.2% of people were assessed or treated within 30 minutes, compared to

the target of 95%. King George Hospital performed better, with 83.1% assessed or treated within the thirty minute timeframe.

3.4 Mental Health

Details of the performance of Mental Health services within Barking and Dagenham, as carried out by North East London NHS Foundation Trust, can be found in Appendix B.

3.2.9 Child and Adolescent Mental Health Services (CAMHS)

There have been improvements in the performance of CAMHS. The number of children accessing CAMHS tiers 3 and 4 increased in 2014/15 compared with the previous year. 1,217 children accessed the service compared with 1,053 in 2013/14.

The CAMHS team had did not attend (DNA) rates that were higher than the target of 25% in both Quarters 1 and 2, at 25.3% and 27.2% respectively. January and February 2015 saw greatly improved figures, with just 10.6% DNA over the two months.

100% of inpatients discharged from hospital received follow ups within 7 days in the first three quarters.

3.2.10 Improving Access to Psychological Therapies (IAPT)

Overall, there has been an improvement in the performance of IAPT. 2,111 patients were referred for psychological therapies in 2014/15. In Q1 there were 721 referrals. This decreased to 680 in Q2, and then continued to increase to 710 in Q3 and 929 in Q4.

There were significant reductions in the IAPT referral waiting times, with figures for those waiting more than 28 days from contact to treatment down from 22 in Q1 to 9, 6 and 19 patients in Quarters 2, 3 and 4 respectively. 850 people have completed treatment and are moving to recovery.

3.2.11 Care Programme Approach

Care Programme Approach performance has been good in 2014/15. In Q1, one out of 59 detained patients had an Absent Without Leave (AWOL) episode; however, there were not any patients with an AWOL episode in the remaining quarters of 2014/15.

The proportion of adults on Care Programme Approach in settled accommodation has increased from 75.6% in Q1 to 88.5% in Q4; this is above the England average.

The proportion of adults on Care Programme Approach in employment has increased from 2.64% in Q1 to 4.9% in Q4. The Richmond Fellowship continues to support access to employment for individuals on Care Programme Approach.

3.5 Adult Social Care

3.2.12 Delayed transfers due to social care

In 2014/15 performance in this indicator has improved. With the exception of the winter quarter (Q3), delayed transfers of care have been lower than the London average of 2.3 per 100,000 population aged 18+ years throughout the year. Delayed transfers decreased from 2.22 in Q1 to 1.73 in Q2. However, in winter (Q3) there was an expected increase to 2.91, before falling again to 2.2 in Q4.

3.2.13 Social care admissions

The number of permanent admissions to residential and nursing care homes is a good measure of the effectiveness of care and support in delaying dependency on care and support services. Performance in this indicator has worsened in 2014/15. In 2014/15 there were 183 admissions into residential and nursing care homes, which equates to 936.58 per 100,000 population. This is greater than last years' figure of 136 admissions (696.8 per 100,000 population), and also exceeds the target set by the Better Care Fund of 130 admissions per year (665.33 per 100,000 population).

3.2.14 Overview of CQC inspections of social care providers 2014/15

There has been a significant shift by the CQC to simplify their inspection, rating and information gathering regime. They launched the new regime in October 2014 which aims to give a much clearer view of the overall inspection outcome. The new rating system has been split into 4 levels of outcomes: 'Outstanding', 'Good' (some work to do in particular areas), 'Requires Improvement' and 'Inadequate', with a much easier to understand explanation of why the provider reached that particular level and the elements which make up the rating. Additionally, prior to an inspection CQC now formally ask the host authority to provide information they may have on a providers' performance so they fully informed before carrying out the inspection.

There has been mixed performance in the outcomes of CQC inspections of social care providers. During the period 1 April 2014 to 31 March 2015 CQC carried out 21 inspections of providers of social care services operating in the Borough. The service provisions included residential, nursing, homecare and extra care housing services. Some of these were reviews where an inspection had been carried out under the previous regime and the provider had not met all of the requirements. Of the 21 inspections carried out 16 providers were given the rating of 'Good', 3 'Requires Improvement' and 2 were found to be 'Inadequate'. Links to full inspection reports can be found in Appendix C. Both Commissioning and Social Care work very closely with CQC to support those providers who require improvements or have been rated inadequate to meet the expectations of their CQC action plans and to keep services safe for people.

This coming year we will continue to build on our good working relationship with CQC and our colleagues in Boroughs across London to promote an exchange of

vital information on providers operating across social care.

3.6 Children's Services

3.2.15 Annual Health Checks of Looked After Children

Performance in this indicator has been mixed over 2014/15. The percentage of looked after children with an up to date health check has increased to 92% (provisional) at the end of March 2015 compared to 76% in Q3, and 73% in Q2 2014/15. However, compared to 2013/14 end of year, there has been a slight drop from 94%. Performance still remains above both national and London averages on this performance indicator, which is good performance (London (84%) and England rates (88%).

3.2.16 Under 18 conception rate

Performance in this indicator has worsened in 2014/15. To reach the London average, Barking and Dagenham would need to reduce the teenage conception rate by 20.4 conceptions for every 1,000 females aged 15 -17 in 2015 /16.

Barking and Dagenham continues to have the highest conception rate in London. The most recent information available is for Q4 2013/14 when the average conception rate was 42.2 for every 1,000 females aged 15-17, making the annual rate for 2013/14 42.4. There is a national target for under 18 conceptions to fall by 50% in each local authority from 1998. At present, Barking & Dagenham's rate has fallen by only 22.3% - less than half of the 50% target. Data for teenage conception rates are reported 18 months in arrears.

The borough has an extensive programme of sexual health education, advice and services available to support under 18's. The borough also has a complete programme of support for young women who choose to become mothers under 18 years old, principally through the family nurse partnership.

3.2.17 Ofsted inspection of services for children in need of help and protection, children looked after and care leavers (May 2014)

Ofsted inspections took place between 29 April and 22 May 2014, the outcomes of which were reported to the Health and Wellbeing Board in December 2014. In summary, the overall judgement received was 'Requires Improvement'. The link to the full report can be found in Appendix C. The areas for improvement have been incorporated into a detailed Local Authority improvement plan, submitted to Ofsted in October 2014. The Ofsted action plan is monitored and evaluated by the Children's Services Inspection Board and quarterly progress reports are delivered to the Local Safeguarding Children Board with six monthly reports to Cabinet, Health and Wellbeing Board, Children's Trust and Corporate Parenting Group.

3.7 Public Health Indicators

3.2.18 NHS Health Checks received

There has been good performance in this indicator across the year. Quarters 2, 3 and 4 of 2014/15 saw an improvement in performance, with uptake of NHS Health Checks increasing from Q1's level of 2.6% (890) to 4.2% (1,481) in Q2, 4.4% (1,628) in Q3 and 4.7% (1,606) in Q4; an annual performance of 16.3%. Quarter 4 figures compare very favourably with the equivalent quarter in the previous year and to national and regional averages and puts the borough above the previously set national annual target of 15%. Between Q1 and Q4 there has been an increase of 2.1% in NHS Health Check uptake in the eligible population of Barking and Dagenham residents. To continue to meet the national annual target of 15% in 2015/16, the uptake of NHS Health Checks needs to maintain an average 3.75% each quarter. An action plan is in place to achieve this.

3.2.19 Immunisation

Performance in this indicator has been mixed over the year. The immunity of our young population is not as good as it could be but is better than the London average. The Barking and Dagenham uptake for both MMR2 and DTaP/IPV is higher than the London averages. In order to achieve the target of 95%, the uptake of DTaP/IPV would need to increase by 14.1 percentage points and MMR2 uptake would need to increase by 16.2 percentage points.

Flu vaccinations were above regional averages for both the 65+ year, and at risk groups. Performance was particularly strong in the at risk group, with Barking and Dagenham having uptake above the national average by more than five percentage points (57.3% compared to 52.2%) and the third best uptake in London.

The Director of Public Health has received a recovery plan from NHS England to address areas of poor performance and improving the uptake of immunisations is a priority for Public Health.

3.2.20 Number of positive Chlamydia screening tests

The Chlamydia indicator is a simple measure of the number of positive tests from the screening process, compared with the expected numbers of positive tests.

Performance in this indicator has improved, however improvements are still required to meet the national target. In Q1 and Q2 2014/15 there were 141 positive results in both quarters, compared to 111 in Q4 2013/14. This trend reversed in the third quarter (127), however, in Q4 there was an upturn back towards the quarterly target of 149, with 132 positive screening results. Each month has seen progressively higher numbers of positives as a result of mitigation measures put in place.

This year's performance of 541 positives was better than last year's figure of 511. To continue to improve and reach the target of 593 positives, the total number of

positive tests would need to increase by an extra 52 in 2015/16.

In 2013 the Chlamydia detection rate in Barking and Dagenham was 2,087 per 100,000 people aged 15-24. This is higher than the national rate of 2,016, but is still below the national target of 2,300. To achieve this target the detection rate would need to increase by 213 per 100,000 people aged 15-24. An action plan is in place to facilitate this.

3.2.21 Four week smoking quitters

The four week quitter figure measures the number of individuals who have successfully quit for four weeks. There were 200 quitters in Q4 which is above the quarterly target; however, the annual target of 700 was not met.

Performance in this indicator has been poor during 2014/15. The number of quitters in quarters one, two and three were below target (142, 162 and 139 quitters respectively). The 2015/16 target for four week quitters has not yet been set. However, to reach the 2014/15 quarterly target of 175 quitters Barking and Dagenham would need to support an additional 15 quitters per quarter in 2015/16.

An action plan is in place to achieve this; as part of this, babyClear®, which offers a standardised system-wide approach to identifying and treating pregnant smokers, has been introduced to support quitting in mothers.

3.2.22 Healthcare Associated Infections

The prevention of healthcare associated infections (HCAI) due to MRSA and Clostridium difficile (Cdiff) is a national priority and these infections are also included in the Public Health Outcomes Framework. NHS Barking and Dagenham Clinical Commissioning Group has the fifth highest rates of Cdiff infection in people aged over 2 years amongst North East London clinical commissioning groups at 22.57/100,000 population. Although this is below the England average of 26.59/100,000 population, it is among the higher rates in North East London. This indicates that there is substantial work to be done around antimicrobial use and prevention of Cdiff infection in the community.

The Barking and Dagenham rate for MRSA bacteraemias in the community is 1.57/100,000 population. This is higher than the national average of 1.31/100,000 and provides an important indicator of infections in the community. Work is needed to continue to improve training in the care of IV lines and catheters in the community to ensure that they are inserted safely and managed properly, so that MRSA bacteraemia can be prevented.

The Director of Public Health recommends that HCAI prevention through key initiatives – e.g. appropriate use of antimicrobials, appropriate insertion and care of invasive devices and lines, and all providers of care being trained in infection prevention and control is included in the refresh of the Joint Health and wellbeing Strategy.

3.8 London Ambulance Service (LAS)

The performance of the LAS remains a serious concern, both in Barking and Dagenham and across London as a whole. In 2014/15, 66.0% of category A calls were responded to within 8 minutes. The nationally set target is for 75.0% of category A calls to be responded to within 8 minutes. This means that over a third of the highest category calls made by Barking and Dagenham residents are not responded to in a manner that is as timely as their seriousness warrants.

2014/15 did see an increase in demand for the LAS of 2.6% across London. Despite this, NHS England plans to withdraw £7.7m of funding for 2015/16; lobbying is currently taking place to try to reinstate this funding to cope with the increased demand.

To improve performance moving forward, LAS has made a recruitment drive in Australia to reduce the number of vacancies. It is hoped that 46 paramedic vacancies will be filled in this way, which would help to improve performance against the 75.0% target.

4. Mandatory implications

4.1 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 and Wellbeing Board sets its priority actions for the coming years. By ensuring regular performance monitoring, the Health and 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.

4.2 Health and Wellbeing Strategy

The Outcomes Framework, of which this report presents a subset, sets out how the Health and 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.

4.3 Integration

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

4.4 Legal Implications

Implications completed by: Dawn Pelle, Adult Care Lawyer, Legal and Democratic Services

There are no legal implications for the following reasons:

The report is to provide the HWBB with an update as to the performance of various public sector and private organisations within the borough. Further the hospitals under special measures have been noted. Where there are standards breached by care homes within the borough this has also been noted.

Additionally the HWBB's attention has been drawn to how notable targets for things such as Health visits to children and access to Mental Health services have or have not been met in accordance with the national average.

4.5 Financial Implications

Implications completed by: Roger Hampson Group Manager, Finance

There are no financial implications directly arising from this report.

5. List of appendices:

Appendix A:	End of year Performance Dashboard
Appendix B:	NELFT Mental Health Services 2014/15 end of year Dashboard
Appendix C:	Overview of CQC and Ofsted Inspections published in 2014/15

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Key

Appendix A: Indicators for HWBB - 2014/15 end of year

	Data unavailable due to reporting frequency or the performance indicator being new for the period
..	Data unavailable as not yet due to be released
	Data missing and requires updating
	Provisional figure
DoT	The direction of travel, which has been colour coded to show whether performance has improved or worsened
NC	No colour applicable
PHOF	Public Health Outcomes Framework
ASCOF	Adult Social Care Outcomes Framework
HWBB OF	Health and Wellbeing Board Outcomes Framework
BCF	Better Care Fund

Title	2012/13	2013/14				2013/14	2014/15				2014/15	DoT	RAG Rating	BENCHMARKING		HWBB No.	Reported to
		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4				England Average	London Average		
1 - Children																	
Percentage of Uptake of Diphtheria, Tetanus and Pertussis (DTaP) Immunisation at 5 years old	85.5%	83.8%	85.4%	82.4%	82.4%	..	82.8%	83.3%	80.9%	..	..	↘	R	88.4%	78.0%	1	PHOF
Year end figures not yet published. Data is published each quarter but when the full year figures are published they adjust for errors in the quarterly data and comprise all the children immunised by the relevant birthday in the whole year. 2014/15 Q4 data is not yet published																	
Percentage of Uptake of Measles, Mumps and Rubella (MMR2) Immunisation at 5 years old	85.0%	83.8%	85.5%	80.9%	81.7%	..	82.2%	82.2%	78.8%	..	..	↘	R	88.5%	80.5%	2	PHOF
Year end figures not yet published. 2014/15 Q4 data not yet published.																	
Prevalence of children in reception year that are obese or overweight	25.9%					26.6%					..	↗	R	22.5%	23.1%	3	PHOF
2013/14 data due to be finalised December 2014.																	
Prevalence of children in year 6 that are obese or overweight	40.1%					42.4%					..	↗	R	33.5%	37.6%	4	PHOF
Number of children and young people accessing Tier 3/4 CAMHS services	879	592	627	589	596	1,053	528	546	635	563	1,217	↘	NC			5	HWBB OF
Year end figure is the number of unique people accessing CAMHS over the course of the year.																	
Annual health check Looked After Children	71.2%	62.9%	69.2%	86.0%	93.4%	93.4%	84.2%	78.4%	74.8%	93.0%	93.0%	↗	G	84.3%	88.1%	6	HWBB OF
2 - Adolescence																	
Under 18 conception rate (per 1000) and percentage change against 1998 baseline.	33.1	47.1	38.2	42.9	42.2	42.4	..	..	..	..	..	↗	R	24.3	21.8	7	PHOF
Number of positive Chlamydia screening results (data)	585	126	147	127	111	511	141	141	127	132	541	↗	A			8	HWBB OF

* Data from 2011/12

Key

Appendix A: Indicators for HWBB - 2014/15 end of year

	Data unavailable due to reporting frequency or the performance indicator being new for the period
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DoT	The direction of travel, which has been colour coded to show whether performance has improved or worsened
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PHOF	Public Health Outcomes Framework
ASCOF	Adult Social Care Outcomes Framework
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BCF	Better Care Fund

Title	2012/13	2013/14				2013/14	2014/15				2014/15	DoT	RAG Rating	BENCHMARKING		HWBB No.	Reported to
		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4				England Average	London Average		
3 - Adults																	
Number of four week smoking quitters	1480	431	325	233	185	1,174	142	162	139	200	643	→	R			9	HWBB OF
Please note that the most recent quarter is an incomplete figure and will be revised in the next HWBB report.																	
Cervical Screening - Coverage of women aged 25 -64 years	69.4%					72.4%					..	↗	A	74.2%	70.3%	10	PHOF
Percentage of eligible women screened adequately within the previous 3.5 (25-49 year olds) or 5.5 (50-64 year olds) years on 31st March																	
Percentage of eligible population that received a health check in last five years	10.0%	1.9%	3.5%	3.4%	2.6%	11.4%	2.6%	4.2%	4.4%	4.7%	16.3%	↗	G	2.2%	2.3%	11	PHOF
Please note that annual figures are a cumulative figure accounting for all four previous quarters.																	
4 - Older Adults																	
Breast Screening - Coverage of women aged 53-70 years	68.7%					71.2%					..	→	A	75.9%	68.9%	12	PHOF
Percentage of women whose last test was less than three years ago.																	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	879.1					696.8	240.8	425.3	614.9	936.58	936.58	↘	R	668.4	463.9	13	BCF/ASCOF
Q4 figure is not finalised yet and will be updated for next meeting.																	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	91.5%					88.3%					..	↘	A	81.9%	87.8%	14	BCF/ASCOF
2014/15 figures due to be released July 2015																	
Injuries due to falls for people aged 65 and over	2336.0					2027.0					..	↘	A	2011.0	2242.0	15	BCF/PHOF
Directly age-sex standardised rate per 100,000 population over 65 years. Unable to calculate more recent figures due to lack of access to HES data.																	

Key

Appendix A: Indicators for HWBB - 2014/15 end of year

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DoT	The direction of travel, which has been colour coded to show whether performance has improved or worsened
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PHOF	Public Health Outcomes Framework
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HWBB OF	Health and Wellbeing Board Outcomes Framework
BCF	Better Care Fund

Title	2012/13	2013/14				2013/14	2014/15				2014/15	DoT	RAG Rating	BENCHMARKING		HWBB No.	Reported to
		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4				England Average	London Average		
5 - Across the Lifecourse																	
The percentage of people receiving care and support in the home via a direct payment	42.1%	61.3%	66.6%	71.1%	73.4%	73.4%	74.7%	75.2%	76.2%	76.7%	75.7%	↗	G	62.1%	67.4%	16	ASCOF
Delayed transfers of care from hospital	3.0					5.5	4.2	4.7	5.4	5.4	4.9	↘	G	9.7	6.9	17	ASCOF
Delayed transfers due to social care	2.4	0.8	1.1	1.2	1.1	1.1	2.22	1.73	2.91	2.2	2.25	↗	G	3.1	2.3	18	ASCOF
Emergency readmissions within 30 days of discharge from hospital	13.3%*	..	..	..	..	..	..	..	..	..	..	→	A	11.8%	11.8%	19	PHOF
Percentage of emergency admissions occurring within 30 days of the last, previous discharge after admission, Indirectly standardised rate - 2011/12 is most recent data and was published in March 2014.																	
A&E attendances < 4 hours from arrival to admission, transfer or discharge (type all)	84.1%	88.9%	90.5%	88.4%	86.6%	88.8%	85.6%	86.4%	80.5%	88.8%	..	↗	A	91.8%		20	HWBB OF
BHRUT Figure																	
Emergency admissions for ambulatory care sensitive conditions	1,177.8	280.1	247.5	273.5	271.5	1,072.7	↘	R	799.6	776.9	21	HWBB OF
ISR per 100,000 population																	

* Data from 2011/12

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2014-15 NELFT Mental Health Services

Barking & Dagenham CCG Information Requirements

CPA Information

No	Requirement	Threshold		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Comments
GEN 1	4 Hour A&E waiting times	95%		98.9%	96.5%	95.9%	97.3%	97.6%	99.0%	99.0%	95.8%	91.0%	94.3%	92.7%	98.1%		
GEN 2	Average length of stay for Inpatients (trimmed)	< 25 days	Adults	26.6	17.9	23	25	19.6	33.3	25.9	25.1	24.4	26.6	30	32.3		
		< 45 days	Older Adults	49.0	51	no discharges	59	52.0	64	56	54.5	no discharges	19	46	36.5		
GEN 3	Delayed Transfer of Care	< 7.5%	Adults	0.0%	2.1%	0.8%	0.4%	0.0%	0.0%	0.8%	7.1%	6.0%	4.1%	3.2%	0.5%		
			Older Adults	0.0%	0.0%	3.6%	8.1%	10.3%	17.8%	7.0%	0.0%	0.0%	26.3%	0.0%	7.4%		
GEN 4	% occupancy adult acute wards	90%	Male	94.2%	97.6%	99.9%	91.3%	94.2%	99.2%	98.7%	98.9%	95.8%	101.3%	100.6%	98.9%		
			Female	77.2%	82.8%	93.5%	94.4%	92.4%	84.2%	87.3%	73.6%	75.9%	79.5%	84.3%	84.0%		
GEN 5	% occupancy older adult acute wards	90%	Male	73.2%	73.1%	74.8%	60.2%	101%	93.2%	97.7%	84.8%	91.8%	92.1%	75.9%	77.6%		
			Female	82.9%	80.9%	68.7%	65.5%	95.0%	94.9%	81.0%	82.5%	89.9%	97.2%	102.5%	96.9%		
GEN 6	Re-referral rate for Tariff in scope services (re referred within 30 days)			13.0%	12.0%	11.9%	11.4%	14.4%	13.3%	11.0%	11.3%	14.2%	11.5%	12.1%	11.6%		
GEN 7	Proportion of CPA reviews with a corresponding Clustering review			23.1%	19.8%	14.9%	15.8%	18.0%	25.7%	15.7%	12.0%	13.8%	22.9%	23.0%	24.1%		
GEN 8	Indicator of Accomodation problems			245	240	241	247	236	251	256	246	236	242	238	240		
No	Requirement	Threshold		Q1			Q2			Q3			Q4			YTD	Comments
GEN 9	Number of readmissions within 28 days of discharge since start of financial year		Adults			5			9			17			21		
			Older Adults			0			0			0			0		
GEN 10	Cumulative % of readmissions within 28 days of discharge since start of financial year		Adults			11.4%			8.2%			11.8%			9.3%		
			Older Adults			0.0%			0.0%			0.0%			0.0%		
GEN 11	Number of inpatient admissions that have been gate-kept by crisis resolution/ home treatment team		Adults			45			56			59			40		
			Older Adults			6			6			3			9		
GEN 12	Percentage of inpatient admissions that have been gate-kept by crisis resolution/ home treatment team	95%	Adults			100%			100%			94.9%			90.0%		
			Older Adults			100%			100%			66.7%			100.0%		
GEN 13	Number of patients on CPA discharged from inpatient care who are followed up within 7 days		Adults			20			32			34			26		
			Older Adults			1			7			2			3		
GEN 14	% of patients on CPA discharged from inpatient care who are followed up within 7 days	95%	Adults			100%			100%			100%			100%		
			Older Adults			100%			100%			100%			100%		
			ADULTS														
			Employment status			99.5%			99.5%			99.4%			99.7%		
			Accommodation Status			99.7%			99.4%			99.2%			99.7%		

2014-15 NELFT Mental Health Services

Barking & Dagenham CCG Information Requirements

CPA Information

No	Requirement	Threshold		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Comments		
GEN 15	Proportion of service users on CPA with a recording of: 1. Employment Status. 2. Accommodation status. 3. Having a HoNOS assessment in the last 12 months. 4. Having a diagnosis for patients discharged from inpatient care. 5. Having a formal CPA HoNOS review in the past 12 months. 6. Having a Crisis Plan. 7. Having a copy of their care plan	97% minimum of patients should have this information recorded	Having a HoNos Assessments in the last 12 months			96.4%			97%			96.5%			96.2%				
			Having a diagnosis for patients discharged from inpatient care			86.7%			92%			82.5%			81.1%				
			Having a formal CPA Review in the past 12 months			96.1%			99%			98.3%			98.6%				
			Having a crisis plan			94.8%			95%			95.6%			95.6%				
			A copy of their care plan			99.5%			100%			99.1%			98.9%				
			OLDER ADULTS																
			Employment status			82.9%			78.0%			79.8%			86.3%				
			Accommodation Status			84.7%			79.7%			81.7%			89.2%				
			Having a HoNos Assessments in the last 12 months			99%			96%			98.2%			97.1%				
			Having a diagnosis for patients discharged from inpatient care			100%			91%			50%			50.0%				
			Having a formal CPA Review in the past 12 months			96.1%			100%			99%			96.1%				
			Having a crisis plan			94.4%			88.1%			89.0%			95.1%				
			A copy of their care plan			98.2%			95.8%			93.6%			99.0%				

2014-15 NELFT Mental Health Services

Barking & Dagenham CCG Information Requirements

CPA Information

No	Requirement	Threshold		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Comments		
GEN 16 Pages 17 & 18	Minimum patient identity data to consist of: 1. NHS Number. 2. Date of Birth. 3. Postcode (normal residence). 4. Current Gender. 5. Marital Status. 6. Registered General Practice Code. 7. Commissioner organisation code 8. Ethnicity	97% minimum of patients should have this information recorded	Adults			100%			100%			100%			100%				
			NHS Number			100%			100%			100%			100%				
			Date of Birth			100%			100%			100%			100%				
			Postcode (normal residence)			100%					99.8%			100.0%			100%		
			Current Gender			100%					100%			100%			100%		
			Marital Status					99%			99%			99%			99%		
			Registered GP Code					98.1%			99.2%			99.2%			99%		
			Commissioner code					100%			100%			100%			100%		
			Ethnicity					100%			100%			100%			100%		
			Older Adults																
			NHS Number					100%			100%			100%			100%		
			Date of Birth					100%			100%			100%			100%		
			Postcode (normal residence)					100%			100%			100%			100%		
			Current Gender					100%			100%			100%			100%		
			Marital Status					100%			100%			100%			100%		
			Registered GP Code					98.0%			98.1%			97%			97%		
			Commissioner code					100%			100%			100%			100%		
			Ethnicity					100%			100%			100%			100%		
GEN 17	Number of Patients on Memory services Caseload					320			251			232			204				
GEN 18	Number of new patients allocated in Memory Services					162			124			125			135				
GEN19	Number of people with a new diagnosis of Dementia					47			40			39			42				
GEN20	Number of referrals received by memory service					164			148			128			140				
GEN21	Referrals by source for memory services					See "memory referrals" tab			See "memory referrals" tab			See "memory referrals" tab			See "memory referrals" tab				
GEN22	Memory services - Time from referral to assessment (days)					27.28			26.02			23.98			23.16				
GEN23	Number of people managed by the memory service with an individual care plan																Audit Q2 & Q4 reports		
GEN24	Total early intervention (EI) patients being treated by EI Teams (all patients receiving EI treatment at a point in time)		EI Caseload			70			75			65			72				
GEN25	Total number of new patients taken on by Early Intervention Team since the start of the financial year		New EI cases			15			25			32			44				
GEN26	Proportion of adults (18-69) on CPA in settled accommodation		Settled accomodation			75.6%			78.5%			86.8%			89.3%				
GEN27	Proportion of adults (18-69) on CPA in employment		In employment			2.64%			3.2%			4.0%			5.0%				

2014-15 NELFT Mental Health Services

Barking & Dagenham CCG Information Requirements

CPA Information

No	Requirement	Threshold		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Comments
GEN28	The number of episodes of AWOL for the number of patients detained under the MHA 1983		AWoL of Detained Patients			1 of 59			0 of 80			0 of 63			1 of 51		
GEN 29	Number of bed days within 12 months prior to commencing with IMPART, compared to number of bed days during year of IMPART treatment for those discharged in the quarter		Impart bed day comparison						0/0								
GEN 30	Percentage reduction in self harm and suicide attempts comparing first month of treatment with last month of treatment for clients discharged from Impart in the quarter		Impart reduction in self harm						Suicide = 100% Self Harm = 100%								
GEN 31	Number of patients with LD as a primary diagnosis accessing all services by service area		Primary LD diagnosis			98			95			95			92		Agreed annual report to CQRM
GEN 32	Number of patients with LD as a secondary diagnosis accessing all services by service area		Secondary LD diagnosis			2			2			3			2		Agreed annual report to CQRM
GEN 33	Number of patients with ASC as a primary diagnosis accessing all services by service area		Primary ASC diagnosis			0			0			0			0		Agreed annual report to CQRM
GEN 34	Number of patients with ASC as a secondary diagnosis accessing all services by service area		Secondary ASC Diagnosis			8			8			8			8		Agreed annual report to CQRM

IAPT Information

No	Requirement	Threshold	Borough	Q1		Q2		Q3		Q4		YTD	Comments
GEN 45	Number of people who have been referred to IAPT for psychological therapies during reporting period				721		680		710		929	2111	
GEN 46	The number of IAPT active referrals who have waited more than 28 days from referral/first contact to first treatment/first therapeutic session at the end of the quarter				22		9		6		19		

2014-15 NELFT Mental Health Services

Barking & Dagenham CCG Information Requirements

CPA Information

No	Requirement	Threshold		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Comments
GEN 47	The number of people who have entered psychological therapies (i.e. had first therapeutic session during the reporting quarter)					513			498			570			638		
GEN 48	The number of people who have completed treatment and are moving to recovery					218			203			204			225		
GEN 49	The number of people who have completed treatment who did not achieve clinical caseness at initial assessment					0			0			0			0		
GEN 50	IAPT - The number of people moving off sick pay and benefits during the reporting quarter					44			55			65			31		
GEN 51	The proportion of those referred to IAPT services that enter treatment					71.2%			73.2%			80.3%			68.7%		
GEN 52	Access to psychological therapies services by people from black and minority ethnic groups					28.3%			28.1%			29.4%			30.7%		

CAMHS Information

No	Requirement	Threshold		Q1		Q2		Q3		Q4		YTD	Comments
GEN 53	CAMHS 2 % DNA rate	Less than 25% moving to 15% by Q4			25.25%		27.2%	See "CAMHS DNA tab"		See "CAMHS DNA tab"			
GEN 54	CAMHS 5 Annual Report of service satisfaction, based on chisq questionnaire, by borough camhs tier 3 service												
GEN 55	CAMHS 6 Number of staff completed Safeguarding training: Level 1 Level 2 Level 3				Lvl 1 =4, Lvl 2 = 0 , Lvl 3 =13		Lvl 1 =7, Lvl 2 = 0 Lvl 3 =19		Lvl 1 =6, Lvl 2 = 0 , Lvl 3 =14				

2014-15 NELFT Mental Health Services

Barking & Dagenham CCG Information Requirements

CPA Information

No	Requirement	Threshold		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Comments
GEN 56	CAMHS 6 Rate of staff completed Safeguarding training: Level 1 Level 2 Level 3	90%				Lvl 1 =100%, Lvl 2 = 100%, Lvl 3 =86.7%			Lvl 1 =100%, Lvl 2 = 100%, Lvl 3 =86.7%			Lvl 1 =100%, Lvl 2 = n/a, Lvl 3 =100%					
GEN 57	CAMHS 7 Audit quality of transition plans for any yp, where necessary, by borough camhs tier 3 service																
GEN 58	% of referrals accepted					94%			94%			96.4%			83.6%		
GEN 59	Number of referrals redirected by Tier 3 CAMHS					1			2			0			0		
GEN 60	Number of inpatients discharged from hospital receiving follow up within 7 days: Split by F2F and telephone contact					3 discharged - 3 F2F & 0 Telephone			6 discharged - 6 F2F & 0 Telephone			5 discharged - 4 F2F & 1 Telephone			1 discharged - 0 F2F & 0 Telephone		
GEN 61	% of inpatients discharged from hospital receiving follow up within 7 days: Split by F2F and telephone contact	95%				100%			100%			100%			0.0%		
GEN 62	Number of CYP assessment appointments by Tier 3 CAMHS team					212			193			260			219		
GEN 63	Number of CYP whose cases were closed by team					290			262			317			251		
GEN 64	Average number of sessions completed per child/family by Tier 3 CAMHS team					9.2			6.5			6.8			8.1		
GEN 65	Breakdown of destination on case closure by Team by available RIO reporting category			See CAMHS Discharge Dest			See CAMHS Discharge Dest			See CAMHS Discharge Dest			See CAMHS Discharge Dest				
GEN 66	Participation report annually by borough, including details of how CYP have been involved in service development																
GEN 67	Number (client total) of initial measures completed. By team					104			67			85			58		
GEN 68	%age (client total) of initial measures completed. By team					33.1%			29.1%			31%			24.2%		
GEN 69	Number of follow up mental health measures completed by Team					21			18			15			5		
GEN 70	%age of follow up mental health measures completed by Team					6.7%			7.8%			5.4%			2.1%		

Appendix C - CQC and Ofsted inspections in Barking and Dagenham, 2014/15

CQC Inspections of social care providers in the London Borough of Barking and Dagenham

Month	Provider	Link
May	TLC – Fred Tibble Court	http://www.cqc.org.uk/directory/1-189037049
	Elora House	http://www.cqc.org.uk/directory/1-146917848
	Havillah Homes	http://www.cqc.org.uk/directory/1-731726527
July	Westminster Homecare	http://www.cqc.org.uk/directory/1-126215769
	TLC – Harp House	http://www.cqc.org.uk/directory/1-189037034
August	Sahara Parkside	http://www.cqc.org.uk/directory/1-164893164
	Chestnut Court Care Home	http://www.cqc.org.uk/directory/1-150166309
	Cloud House	http://www.cqc.org.uk/directory/1-320058309
October	Turning Point House	http://www.cqc.org.uk/directory/1-112613265
	Reline Homecare BEC	http://www.cqc.org.uk/directory/1-777256040
	Look Ahead	http://www.cqc.org.uk/directory/1-391946653
	Chosen Care	http://www.cqc.org.uk/directory/1-228962162
	Abbeyfield East London (George Brooker House)	http://www.cqc.org.uk/directory/1-112951275
November	LBBD Millicent Preston House	http://www.cqc.org.uk/directory/1-454801572
	Abbey Care Home	http://www.cqc.org.uk/directory/1-454801572
	Chinite Resources	http://www.cqc.org.uk/directory/1-326243330
December	Chaseview Care Home	http://www.cqc.org.uk/directory/1-127503453
January	Bennetts Castle Care Home	http://www.cqc.org.uk/directory/1-117294310
February	Anytime Care	http://www.cqc.org.uk/directory/1-846201309
	Fern Care	http://www.cqc.org.uk/directory/1-216915492
March	Alexander Court	http://www.cqc.org.uk/directory/1-312323157

CQC Inspections of GP practices in the London Borough of Barking and Dagenham

July	Dr N Niranjani's Practice	http://www.cqc.org.uk/location/1-528613695
September	Laburnum Health Centre	http://www.cqc.org.uk/location/1-559160107
November	Dr MF Haq's Practice	http://www.cqc.org.uk/location/1-543772087

Ofsted inspection of children's Services

April	Inspection of Local Authority Children's services	http://reports.ofsted.gov.uk/local-authorities/barking-and-dagenham
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HEALTH AND WELLBEING BOARD

7 JULY 2015

Title:	Systems Resilience Group Update		
Report of the Systems Resilience Group			
Open Report		For Information	
Wards Affected: ALL		Key Decision: NO	
Report Author: Louise Hider, Health and Social Care Integration Manager, LBBD		Contact Details: Tel: 020 8227 2861 E-mail: louise.hider@lbbd.gov.uk	
Sponsor: Conor Burke, Accountable Officer, Barking and Dagenham Clinical Commissioning Group			
Summary: This purpose of this report is to update the Health and Wellbeing Board on the work of the Systems Resilience Group. This report provides an update on the Systems Resilience Group meetings held on the 18 May and 18 June 2015. As previously acknowledged the Joint Assessment and Discharge (JAD) played a key part in our operational resilience delivery over the winter period through its support to improve the usage of acute beds in both minimising delays when people are ready to leave hospital, through early planning and intervention and in the deployment of support worker staff at the front end of the hospital to support admission avoidance. At the JAD review workshop held on the 3 June the significant contribution of the JAD was acknowledged to BHRUT and in the clear delivery of improved discharge arrangements, impacting upon areas such as improved length of stays for people with more complex needs and positive performance for DToC despite heightened activity. Discharges supported by the JAD have remained high through March and May with volumes remaining high. The JAD service is now reliant upon core funding with the cessation of both Operational Resilience monies and specific DToC grants. Temporary resources enhancing JADs Social Work capability at the front end of the hospital are the only time limited resources to remain in place. There are key questions about how future capacity will be supported over the future winter period. The agreed review, comprising data from GE Health and partner contributions has considered:			
<ul style="list-style-type: none"> • Roles and functions • 7 day working and the impact of clinical provision- adjustments in staffing deployment. 			

- Activity levels and variations across the week – with for example high levels of activity consistently peaking on Fridays
- Care Act discharge regulations
- Resources and activity levels and
- Future hosting arrangements.
- Key performance indicators that can further support the shared objectives of our whole system

A full report will be presented to the Integrated Care Coalition with a comprehensive set of recommendations for the service. The recommendations include:

Key Performance Indicators: In considering what we recommending these need to be for the next 12 months these were proposed as follows:

- DToC
- Length of Stay for complex patients
- Patients experience of discharge
- % of bed base of BHRUT for complex patients
- 7 day re-admission rates

Shape and size of the service: It is clear that the JAD Business unit cannot meet the full range of requirements as it is pulled into supporting very necessary operational delivery. Support will therefore be necessary outside of the JAD, in considering future reporting needs.

A & E/ admission avoidance: a recommendation to go forward is that this be consolidated into NELFT sitting with CTT and IRS and form part of any further resource consideration. JAD to return to core focus.

Future commissioning activity that creates additional demand upon the JAD, needs such as the winter flex beds, needs take into account impact and resources – including assessment and gate-keeping required to operationalise and manage throughput. This provision required 2 fte JAD workers over the winter period who could not support other areas.

Hosting: the view of the partners is that the service hosting should transfer from LB Barking and Dagenham to LB Havering and for this to take place ahead of the coming winter period, subject to approval by the ICC and further consultation and engagement with affected staff. Individual employing organizations to have regard to the necessary steps required and any required internal processes for approval.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

- Consider the updates and their impact on Barking and Dagenham and provide comments or feedback to Conor Burke, Accountable Officer to be passed on to the Systems Resilience Group.

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 Mandatory Implications**1.1 Joint Strategic Needs Assessment**

The priorities of the group is consistent with the Joint Strategic Needs Assessment.

1.2 Health and Wellbeing Strategy

The priorities of the group is consistent with the Health and Wellbeing Strategy.

1.3 Integration

The priorities of the group is consistent with the integration agenda.

1.4 Financial Implications

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

1.5 Legal Implications

There are no legal implications arising directly from the Systems Resilience Group.

1.6 Risk Management

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

2 Non-mandatory Implications**2.1 Customer Impact**

There are no equalities implications arising from this report.

2.2 Contractual Issues

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

2.3 Staffing issues

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

3 List of Appendices

System Resilience Group Briefings:

- Appendix 1: 18 May 2015
- Appendix 2: 18 June 2015

System Resilience Group (SRG) Briefing	Meeting dated – 18 May 2015
	Venue – Becketts House, Ilford
Summary of paper	This paper provides a summary of the key issues discussed at the System Resilience Group workshop. The workshop was chaired by Conor Burke (Chief Accountable Officer, BHR CCGs) and attended by members as per the Terms of Reference.

Areas/issues discussed
<p>The workshop covered the following areas:</p> <p><i>Review of 2014/15 performance</i></p> <ul style="list-style-type: none"> • Year-end position/trend analysis. • Scheme review and headline messages. <p><i>Plan for 2015/16</i></p> <ul style="list-style-type: none"> • Activity plan. • Systems Resilience Planning 2015/16. <p>Next steps:</p> <ul style="list-style-type: none"> • 2015/16 Plan to be presented at the next meeting. <p>Date of next meeting: Thursday 18th June 2015 2pm – 4pm Committee Room 3, Havering Town Hall, RM1 3BD</p>

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APPENDIX B

System Resilience Group (SRG) Briefing	Meeting dated – 18 June 2015
	Venue – Becketts House, Ilford
Summary of paper	This paper provides a summary of the key issues discussed at the System Resilience Group meeting. The meeting was chaired by Conor Burke (Chief Accountable Officer, BHR CCGs) and attended by members as per the Terms of Reference.

Agenda	Areas/issues discussed
Frailty workshop - action plan update	Members received an update on the frailty action plan which was discussed in detail at the Integrated Care Steering Group.
Performance reporting	Key areas from the dashboard were highlighted and members received an update on the actions that came out of the SRG workshop around admission ratios.
Trust Improvement Plan	The Trust Improvement Plan is in the process of being revised.
Plan for 2015/16	It was agreed for the dashboard to be developed to include performance of BCF and QIPP plans.
Other actions since SRG workshop:	Members were provided with feedback following the JAD review workshop
Non-Elective Threshold Report	Members signed off the non-elective threshold report.
Planned Care	Members were updated on the RTT and Cancer improvement plans and were advised of a submission around assurance of the 62 day cancer waits standard.
Strategic Development	Members noted the date of the BHR Urgent Care conference.
AOB	It was agreed for the GP Federation chairs to be invited to future meetings. A revised template is due for submission on the 8 high impact interventions by 9/7.
Next meeting:	Wednesday 22 nd July 2015 9am – 11am, Boardroom A, Becketts House Ilford IG1 2QX

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HEALTH AND WELLBEING BOARD

7 JULY 2015

Title:	Sub-Group Reports	
Report of the Chair of the Health and Wellbeing Board		
Open Report	For Information	
Wards Affected: NONE	Key Decision: NO	
Report Authors: Louise Hider, Health and Social Care Integration Manager, LBBD	Contact Details: Telephone: 020 8227 2861 E-mail: Louise.Hider@lbbd.gov.uk	
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board		
Summary: At each meeting of the Health and Wellbeing Board each sub-group, excluding the Executive Planning Group, report on their progress and performance since the last meeting of the Board.		
Recommendations: The Health and Wellbeing Board is asked to: <ul style="list-style-type: none"> • Note the contents of sub-group reports set out in the appendices and comment on the items that have been escalated to the Board by the sub-groups. 		

List of Appendices

- Appendix 1: Mental Health Sub group
- Appendix 2: Learning Disability Partnership Board
- Appendix 3: Integrated Care Sub group
- Appendix 4: Public Health Programmes Board
- Appendix 5: Children and Maternity Sub Group

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Mental Health Sub-group

Chair: Gillian Mills, Integrated Care Director (Barking and Dagenham), NELFT

<p>Items to be escalated to the Health & Wellbeing Board</p> <p>(a) Inconsistent/non-attendance from some sub group members is impacting on partnership engagement and involvement in strategic development and planning.</p>
<p>Performance</p> <p>None</p>
<p>Meeting Attendance</p> <p>65%</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <p>(a) Reviewed Mental Health Needs Assessment (MHNA) paper to be presented to July H&WBB. Consultant in Public Health clarified the background information sources for some of the data referred to in the MHNA which have been used to extrapolate prevalence of mental health conditions within B&D.</p> <p>(b) Discussed format and content of Strategic Delivery Plan to be presented to the July H&WBB. Plan will reflect recommendations of the MHNA, commissioning intentions, and national policy requirements to deliver crisis care concordat and standards for mental health.</p>
<p>Action and Priorities for the coming period</p> <p>1. Visit by sub group members to Lambeth to observe how Peer Support operates was postponed by Lambeth and is being rearranged.</p>

Contact:

Julie Allen, PA to Integrated Care Director (NELFT)

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Learning Disability Partnership Board

Chair: Glynis Rogers, Divisional Director Partnerships and Public Protection

<p>Items to be escalated to the Health & Wellbeing Board</p> <p>(a) None</p>
<p>Performance:</p> <p>There are no issues with performance.</p>
<p>Meeting Attendance</p> <p>Meeting attendance in May 2015 showed a slight improvement at 60% most organisations were represented by a deputy where the core member was unavailable.</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <p>(a) The LDPB received feedback from all of the forums to note the service user forum are working on the programme for Learning Disability Week with a theme of ‘Getting a life and making it real’. The Carers Forum have been looking at the changes to the market over the last three years with regards to the council’s significant development of the personal assistant market. The provider forum met and had a question and answer session with the Care Act team about implications for LD providers which was received well.</p> <p>(b) The LDPB welcomed the news that Children’s Services are developing a working group to improve the pathways for young people into adulthood. They were keen to engage young people with direct recent experience in this work.</p> <p>(c) Integration and Commissioning presented a report about the plans to refresh the Market Position statement which would outline for providers the council’s commissioning intentions. The last report had been well received by all LDPB members.</p> <p>(d) The LDPB welcomed the work that had been completed on End of Life Care planning and were keen to engage in how this could improve the experience of people with a learning disability and their family carers. A further update on this is to be received by the LDPB in September.</p>
<p>Action and Priorities for the coming period</p> <p>(a) LD Week 14th – 18th July</p> <p>(b) Supported living personal budget arrangements</p> <p>(c) Update on the work on Winterbourne View</p> <p>(d) Performance monitoring of the Autism Strategy for Quarter 1</p>

Contact: Karen West-Whyllie – GM Learning Disabilities

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Integrated Care Steering Group

Chair: Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group

<p>Performance As per HWB performance indicators for CMG New indicators based on Delivery Plan under development</p>
<p>Meeting Attendance 16th June 2015 – 43% (6 out of 13)</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <ul style="list-style-type: none"> • The group agreed the revised terms of reference which had been updated to reflect the Governance changes agreed by the Health and Wellbeing Board. The membership would be reviewed to form a smaller planning group with GP representation. • The group noted the outcomes of a deep dive review of emergency admissions in quarter 3 of 2014/15 and discussed the increase in admissions for the 40-65 year age group. It was proposed that the group commission a piece of work to undertake a further analysis of need for this cohort of people to inform a review of admission avoidance plans. • The group discussed how it could support the system wide integration programmes by developing a more cohesive borough perspective on issues to inform the system wide plans • The group reviewed the Health and Wellbeing Board development day output. It was suggested that the outputs could be grouped into key themes for consideration in the forward plan (e.g. what is the borough approach to personalisation) • The agreed to hold a development session to develop the workplan and discussed the opportunity for supporting a wider engagement event with general practice.
<p>Action and Priorities for the coming period</p> <ul style="list-style-type: none"> • Specify a project to review admissions for 40-65 year age group and scope resources needed to deliver this • Scope up a development session to re-launch the ICSG workplan
<p>Items to be escalated to the Health & Wellbeing Board None</p>

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Public Health Programmes Board

Chair: Matthew Cole Director of Public Health

<p>Items to be escalated to the Health & Wellbeing Board</p> <p>None</p>
<p>Performance</p> <p>Public Health Programmes Board – met on 26th June</p> <p>Health Protection Committee - met on 5th June</p>
<p>Meeting Attendance</p> <p>Attendance at the meetings was good for the Public Health Programmes Board and Health Protection Committee.</p> <p>Integrated Sexual Health and Reproductive Board meeting on 24/04/2015 cancelled due to apologies and the next quarterly meeting is on 27th July</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <p>Public Health Programmes Board</p> <p>a) The focus of the meeting was on the Chancellor announced the cut £200m non-NHS health budgets in year and recurrently. More detail will be available on 8th July. This year's impact will be our reduced ability to support the overall in-year Council pressures where it would be appropriate to use the public health grant as an option for discussion. The impact for 2016/17 won't be clear until we see the proposed new needs based formula and will of course be dependent on the grants conditions of use.</p> <p>b) Duncan Selbie, CEO Public Health England is visiting us on 17th July – so can be item number one on the agenda! We do not yet know how the funds will be taken - indeed this will be the subject of a consultation - but we know overall the cuts represent around 7.4% of the overall ring-fenced grant. Evidence suggests from my time in the NHS that they usually just apply this across the board. We should make the assumption that the cut will be around the 7.4% mark. Based on our Grant of £14.213m for 2015/16 7.4% equates to £1,051,762</p> <p>Health Protection Committee</p> <p>(a) Update on Ebola: Liberia is now Ebola free, in New Guinea 9 reported cases and in Sierra Leon 3 cases. From the 26 June screening will be stopped with the exception of Heathrow as health workers will be returning home. 42 days after the last case all will stand down.</p> <p>(b) Immunisation. NHS England recovery plan put to the committee and agreed action plan.</p> <p>(c) Heatwave Plan 2015. Is now in operation</p> <p>(d) Annual Health Protection Profile for Health & Wellbeing Board. The Report was being presented to the Health and Wellbeing Board on the 7th July.</p>

Action and Priorities for the coming period

- **Draft savings proposals for 2015/16 and 2016/17.** Being developed and engaged on.
- **Outbreak Exercise:** A template is being produced for the half-day exercise around an outbreak. Discussion took place around the specific scene setting and it was agreed that food poisoning or meningitis in a school would be good themes to use. It was agreed to hold two separate sessions one on school borne issue and one for care home and social workers
- **Commissioning the School age immunisation service.** Regarding arrangements on working together on the school aged immunisation service. NHS England is offering a Section 256 agreement which will set out a financial agreement between NHS England and the Council.
- **Two new immunisation programmes against meningococcal disease.** A [letter advising that immunisation against meningococcal B disease \(MenB\)](#) will be added to the childhood immunisation programme as part of the routine schedule in England from 1 September 2015. [The Meningococcal ACWY conjugate vaccination \(MenACWY\) vaccination](#) is also being introduced into the national immunisation programme for England this year to respond to a rapid and accelerating increase in cases of invasive meningococcal disease, which has been declared a national incident. From August – all 17 and 18 year-oldswill be offered MenACWY vaccine through primary care. The vaccine is particularly important for those preparing to head off to university as they are at greater risk of contracting meningococcal disease. Older students aged 19 to 25 starting university this year will also be offered the vaccine, replacing the previous offer of MenC vaccination to freshers

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Children and Maternity Group

Chair: Sharon Morrow, Chief Operating Officer, Barking and Dagenham Clinical Commissioning Group

<p>Performance As per HWB performance indicators for CMG New indicators based on Delivery Plan under development</p>
<p>Meeting Attendance 19th May 2015 – 60% (9 out of 15)</p>
<p>Action(s) since last report to the Health and Wellbeing Board</p> <ul style="list-style-type: none"> • The group reviewed progress against the high level delivery plan which I had been updated in light of ongoing discussions and actions over last two meetings. • Childrens mental health was the main discussion item. It was noted that the high level plan would need to be reviewed to reflect the recommendations of the mental health needs assessment when this is signed off. • An update was given on the CAMHS commissioning review - a first step we undertake a mapping of services commissioned across LBD and B&D to understand benefits and opportunities of a more joined up/aligned approach to commissioning. The group discussed the need to define a pathway for self-harm. The group agreed to invite the designated doctor for LAC to a future meeting to discuss referrals for LAC to CAHMS • NELFT updated the group on progress in delivering childrens IAPT progress. It was noted that the reporting function is currently in development and the service should be in a position to provide a more detailed report later in the year. • The group discussed the Healthwatch delivery plan and commented on the Healthwatch review of paediatric SALT services. • The group endorsed the SEND strategy and agreed to recommend it to the Health and Wellbeing Board. The SEND /EHC 6 month report was discussed and it was agreed to hold a commissioner meeting on commissioning implications of EHC by September 2015. • The group reviewed the Disabled Children's Charter and agreed that they could not sign this at this stage as the level of partnership working was not a described in the charter, it was agreed that this should be referred to the Health and Wellbeing Executive group for further discussion.
<p>Action and Priorities for the coming period</p> <ul style="list-style-type: none"> • Early years will be the theme of the next meeting
<p>Items to be escalated to the Health & Wellbeing Board</p> <p>None</p>

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HEALTH AND WELLBEING BOARD

7 July 2015

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: Louise Hider, Health and Social Care Integration Manager	Contact Details: Tel: 020 8227 2861 Email: louise.hider@lbbd.gov.uk	
Sponsor: Councillor Maureen Worby, Chair of the Health and Wellbeing Board		
Summary: Please see the Chair's Report attached at Appendix 1.		
Recommendation(s) The Health and Wellbeing Board is recommended to: a) Note the contents of the Chair's Report and comment on any item covered should they wish to do so.		

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In this edition of my Chair's Report, I talk about Health 1000 and Care City. I also provide an update on the Care Act and our successful bid for development funding for the Board. There is also a message from the interim Chief Executive of Barts Health.

I would welcome Board Members to comment on any item covered should they wish to do so.

Best wishes,

Cllr Maureen Worby, Chair of the Health and Wellbeing Board

£200m Public Health Cuts

The Government announced that £200 million of cuts will be made to non-NHS Department of Health funding in year and recurrently. We are very concerned that the Treasury is planning £200 million of cuts to non-NHS Department of Health funding.

We do not yet know how the funds will be taken - indeed this will be the subject of a consultation - but we know overall the cuts represent around 7.4% of the overall ring-fenced grant. We are working on the assumption that the cut will be around the 7.4% mark. Therefore, based on our grant of £14.213m for 2015/16 this equates to £1,051,762. The impact for 2016/17 won't be clear until we see the proposed new needs based formula and will of course be dependent on the grants conditions of use. We will keep the Board apprised of implications of the announcement. We understand that the in-year £200 million will be detailed in the 8 July emergency budget announced by the Chancellor.

Success in Development Funding Bid

We have been awarded £6,000 of funding from London Councils for Health and Wellbeing Board development. The sub groups will utilise the funding and will focus on the following:

- The **Learning Disability Partnership Board** will focus on user engagement around health, evaluating the customer experience of people with learning disabilities attending GP surgeries and hospitals and encouraging people with learning disabilities to attend health screenings.
- The **Mental Health Sub-Group** will focus on undertaking two half day away days to focus on the Mental Health Delivery Plan and planning around priorities.
- The **Children and Maternity Sub-Group** will focus on undertaking away day sessions to focus on their priorities.
- The **Integrated Care Sub-Group** will undertake a sub-group development workshop in July to develop a clear work plan for the group based on shared partner priorities and targets around the Better Care Fund delivery and integrated care.
- The **Executive Planning Group** will hold a development session in August to focus on forward planning for the 2015/16 and 2016/17 financial years and to also focus on how further integration and partnership working between health and social care can be implemented.

Care Act Update

In May, we held a very successful interactive simulation event involving over 50 staff including social work and care management teams, commissioning, housing, children's services, finance and legal. The purpose was to test and probe more deeply into the practical implications of the Care Act phase 1 using real life case scenarios. This event was evaluated by senior managers on 11 June and follow up action will be taken within the Care Act work programme as well as by operational managers. Preparation for phase 2 of the Care Act is now well under way. The main changes planned from April 2016 are:

- A cap (£72,000 for people aged 65 and over) on the amount someone will pay towards care and support, regardless of means, and monitored through a care account. This should encourage people who pay for their care (self-funders) to seek a needs assessment. The authority can then count their care costs towards their cap.
- An increase in the threshold, above which people start to contribute to their residential care costs, to £118,000.
- The right for people to appeal against local authority decisions about their care and support.

To prepare for these changes as well as consolidation of changes introduced by phase 1, workstreams reporting to the Care Act Programme Board have been reshaped. There are now four workstreams preparing for April 2016 and these are communications, information and advice; cap on care costs; commissioning; operational consolidation and development.

A significant area of work will be the revision of the council's charging policy, work on which is under way. The key risks associated with phase 2 remain the total implementation costs for 2016/17, pressures on the NHS and the implications of this on social care, and uncertainty about additional demand from self-funders.

News from Care City

The Care City brand has continued to attract widespread political, practical and operational support. We have responded to concerns that some stakeholders would like a better understanding what role they could play in Care City. Together we have focused the agenda to those areas where partnership working is uniquely placed to accelerate progress for the benefit of the communities we serve.

There are two areas of focus: healthy ageing and social regeneration. The programme of work is organised around three strategic priorities:

- **Innovation:** To stimulate continuous improvement and innovation across the local health and social care system
- **Research:** To advance the application of cutting-edge research into practice by bringing research closer to local people, and facilitating new models of research.
- **Education:** To increase resilience across the system's workforce by inspiring new entrants from within our local community, creating opportunities at all career stages, and evolving our workforce model.

Success starts with the community so there is a renewed emphasis upon delivering a step change in health outcomes and experiences for older people, in employment and in new entrants to the workforce.

What we want to achieve by 2017

In the short term we need to build a sustainable business model orientated by what matters most to our community and we will continue to work towards our priorities. We will look to redirect existing local resources to maximise benefits and reduce duplication and seek external funding. The activities will be clustered around four business goals:

- Establish Care City infrastructure
- Create an innovation mechanism
- Establish research capacity
- Develop priority education programmes.

News from NHS England

Five Year Forward View: Time to Deliver

At the NHS Confederation conference held on Thursday 4 June 2015, the seven principal national health bodies published [Five Year Forward View: Time to Deliver](#). Time to Deliver is primarily a tool for NHS managers. It looks at the progress made to date towards delivering the [Five Year Forward View](#), and sets out the next steps needed to achieve the shared ambitions within. The paper kicks-starts a period of engagement with the NHS, patients and other partners on how they respond to the long-term challenges and close the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap.

Mental Health Taskforce

The first priority of the mental health taskforce was to gain the views of people who use services, their families, and professionals who work in mental health. Over 20,000 people have taken part in the online survey, including people with experience of mental health problems, their family and friends, mental health professionals and other health and social care professionals and the general public. Engagement has also taken place with communities whose voices are seldom heard, particularly those groups most marginalised by society. They have provided powerful messages about the diverse range of needs that services fail to meet. The huge response has shown the strength of feeling around the need to improve services for mental health. There is a clear consensus among everyone that things need to happen – and urgently. There are some excellent initiatives underway, such as the Crisis Care Concordat, which in time will have a real and significant impact on the quality of care people receive. But there is a need to look at what can be done for everyone struggling with their mental health and asking the NHS for help now and in the future, whatever their age or background. The emerging themes so far include:

Prevention – along with early intervention – is key. People are telling of the need for greater awareness about mental health across the whole of the NHS and for the principles of prevention and early intervention to be applied across the system so that services can identify earlier when someone might need support. There is a need to look at improving access to support for specific groups, such as pregnant women and children and young people.

Access is coming up time and time again. People want to quickly access high-quality, effective care and treatment, when they need it. There are calls for a wider range of talking therapies, including suitable options and provision for people with complex needs and access within community/primary care. Overall there is a need to look to reduce the variation in access across the country, reduce waiting times and reducing inequalities.

There is a very strong emphasis on **integration** across the system. People want the NHS to treat them as a whole person, wherever they are, whenever they ask for help and whatever their needs. Mental health support for people with long term physical health conditions is lacking, and the physical health needs of people with mental health problems should be taken more seriously. There is a need to look at better integration of physical and mental healthcare for people with specific mental health needs such as eating disorders and psychosis, so we can reduce the numbers of people who die up to 20 years too early.

Overwhelmingly, people want to be treated with hope, dignity and respect. Proposed solutions for this include mental health awareness for all NHS staff, having staff skilled in psychological support across NHS settings and better training and support for GPs, not least in offering alternatives to medication. The challenge for the taskforce now is to analyse all the information coming in and turn it into a workable plan of action. They are aiming to produce an 'emerging findings' report in the next month or so to use as a basis for further work across the NHS and beyond.

Message from Alwen Williams, interim Chief Executive, Barts Health

I have first-hand experience of Barts Health through working in the NHS locally, but also through living in the area with my family, and it is a privilege to be interim chief executive of this important organisation.

I have seen and experienced some of the fantastic services our hospitals provide and my priority is to help the Trust make the improvements that will bring all of our services up to that standard. I am committed to working with staff and partners to achieve our goals. It's important that we focus on the priorities that were highlighted in the recent Care Quality Commission reports and I am confident that we can make significant progress in the next few months.

Our five immediate priorities will be to:

- Help our staff do what they do best. Recruiting more permanent clinical staff, reducing the reliance on temporary and agency staff and improving the support available internally will help us to deliver consistently excellent care to our patients.
- Improve the experience of our patients in all our settings of care. Our patients should receive the best care that we can give them and we should continue to ensure that they are treated with dignity and respect at all times.
- Strengthen our safety culture to ensure that we reduce harms caused to our patients and deliver safe and effective care at all times.
- Improve the responsiveness and quality of our services to patients in emergency and urgent care, cancer and planned care.
- Ensure that the Trust's leadership and governance arrangements enable delivery of these priorities.

Barts Health offers crucial services to 2.5 million people and I share your aim of making sure that those services are as good as they possibly can be. By working collaboratively with our staff and partners, we can ensure that we deliver excellent care and treatment for all our patients.

Health 1000

Health 1000 is an innovative new primary care practice designed to provide joined up health and social care services for people with complex care needs – specifically those people with five or more long term conditions who often require lots of support from health services locally.

The service is based at King George Hospital and is targeted at patients in Barking and Dagenham and neighbouring boroughs Havering and Redbridge. A specialist team of healthcare professionals – including nurses, GPs, specialist consultants, physiotherapists, occupational therapists and a social worker – deliver personalised, responsive care seven days a week with a named personal care co-ordinator.

Patients registered at Health 1000 receive specialist, individual help and are supported to feel more in control of their own care. They are also supported to stay out of hospital and independent for as long as possible. Feedback from patients has been positive – with service users saying that they feel reassured by their experiences and confident that their needs will be heard. They also find it easier to access the care they need, when they need it. Funded by the Prime Minister's Challenge Fund bid, Health 1000 is running as a two-year pilot scheme. Since the HWBB was last updated, Health 1000 has officially launched and is seeing and caring for patients.

Health and Wellbeing Board Meeting Dates

Tuesday 8 September 2015, Tuesday 20 October 2015, Tuesday 8 December 2015, Tuesday 26 January 2016, Tuesday 8 March 2016, Tuesday 26 April 2016, Tuesday 14 June 2016.

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

HEALTH AND WELLBEING BOARD

7 July 2015

Title:	Forward Plan		
Report of the Chief Executive			
Open	For Comment		
Wards Affected: NONE	Key Decision: NO		
Report Authors: Tina Robinson, Democratic Services	Contact Details: Telephone: 020 8227 3285 E-mail: tina.robinson@lbbd.gov.uk		
Sponsor: Cllr Worby, Chair of the Health and Wellbeing Board			
Summary: The Forward Plan lists all known business items for meetings scheduled for the 2015/16 municipal year and is an important document for not only planning the business of the Board, but also ensuring that we publish the key decisions to be taken at least 28 days notice of the meeting. This enables local people and partners to know what discussions and decisions will be taken at future Health and Wellbeing Board meetings. Attached at Appendix A is the Draft September 2015 issue of the Forward Plan for the Health and Wellbeing Board at the time of this agenda's publication.			
Recommendation(s) The Health and Wellbeing Board is asked to: a) Note the draft forward plan and to advice Democratic Services of any issues of decisions that may be required so they can be listed publicly in the Board's Forward Plan, with at least 28 days notice of the meeting; b) To consider whether the proposed report leads are appropriate; c) To consider whether the Board requires some items (and if so which) to be considered in the first instance by a Sub-Group of the Board; d) To note that the next issue of the Forward Plan will be published on 11 August 2015. Any changes or additions to the next issue should be provided before 6.00p.m, on 5 August.			

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices

Appendix A – Draft Forward Plan

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HEALTH and WELLBEING BOARD FORWARD PLAN

DRAFT - September 2015 Edition

Publication Date: DRAFT

THE FORWARD PLAN

Explanatory note:

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

Key Decisions

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

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

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

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

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

Information included in the Forward Plan

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

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

Publicity in connection with Key decisions

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

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

The Health and Wellbeing Board's Forward Plan will be published on or before the following dates during the 2014 / 2015 Council year, in accordance with the statutory 28-day publication period:

Edition	Publication date
September 2015 edition	11 August 2015
October 2015 edition	21 September 2015
December 2015 edition	10 November 2015
January 2016 edition	29 December 2015
March 2016 edition	9 February 2016
April 2016 edition	29 March 2016
June 2016 edition	17 May 2016

Confidential or Exempt Information

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

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

Key to the table

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

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

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

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

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

Decision taker/ Projected Date	Subject Matter Nature of Decision	Open / Private (and reason if all / part is private)	Sponsor and Lead officer / report author
Health and Wellbeing Board: 8.9.15	Complaints Report The Board will be presented with the health and wellbeing complaints report, including lessons learnt. <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Health and Wellbeing Board: 8.9.15	Local Safeguarding Children Board Report The Local Safeguarding Children Board report will include the Children's Death Overview Panel (CDOP) report and will be presented to the H&WBB for information. <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	Helen Jenner, Corporate Director of Children's Services (Tel: 0208 227 5800) (helen.jenner@lbbd.gov.uk)
Health and Wellbeing Board: 8.12.15	Substance Misuse in Barking and Dagenham The Board will be provided with an information report to highlight the current situation regarding the misuse of illegal drugs, prescribed and over the counter medication. <ul style="list-style-type: none"> • Wards Directly Affected: All Wards 	Open	Glynis Rogers, Divisional Director, Commissioning and Partnerships (Tel: 020 8227 2827) (glynis.rogers@lbbd.gov.uk)

Membership of Health and Wellbeing Board:

Councillor Maureen Worby, Cabinet Member for Adult Social Care and Health (Chair)
Councillor Laila Butt, Cabinet Member for Crime and Enforcement
Councillor Evelyn Carpenter, Cabinet Member for Education and Schools
Councillor Bill Turner, Cabinet Member for Children's Social Care
Anne Bristow, Corporate Director for Adult and Community Services
Helen Jenner, Corporate Director for Children's Services
Matthew Cole, Director of Public Health
Frances Carroll, Chair of Healthwatch Barking and Dagenham
Dr Waseem Mohi, Chair of Barking and Dagenham Clinical Commissioning Group (Deputy Chair of the H&WBB)
Dr Jagan John, Clinical Director (Barking and Dagenham Clinical Commissioning Group)
Conor Burke, Accountable Officer (Barking and Dagenham Clinical Commissioning Group)
Jacqui Van Rossum, Executive Director Integrated Care (London) and Transformation (North East London NHS Foundation Trust)
Dr Nadeem Moghal, Medical Director (Barking Havering and Redbridge University Hospitals NHS Trust)
Chief Superintendent Sultan Taylor, Borough Commander (Metropolitan Police)
John Atherton, Head of Assurance (NHS England) (non-voting Board Member)