Notice of Meeting

HEALTH AND ADULT SERVICES SELECT COMMITTEE

Wednesday, 13 April 2016 - 6:00 pm
Committee Rooms 1 & 2, Civic Centre, Dagenham

Members: Cllr Eileen Keller (Lead Member), Cllr Peter Chand (Deputy Lead Member), Cllr Sanchia Alasia, Cllr Abdul Aziz, Cllr Edna Fergus, Cllr Adegboyega Oluwole and Cllr Hardial Singh Rai

Date of publication: 1 April 2016
Chris Naylor
Chief Executive

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

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

3. Minutes - To confirm as correct the minutes of the meeting held on 10 February 2016 (Pages 3 - 7)

   Progress of the Recommendations arising from the Eye Care Scrutiny

4. Update from Children's Services (Pages 9 - 10)

5. Update from Public Health (Pages 11 - 14)

6. Update from Barking and Dagenham Clinical Commissioning Group (Pages 15 - 19)
Other Items

7. Urgent and Emergency Care Services (Pages 21 - 26)
8. Barking, Havering and Redbridge University Trust’s Improvement Plan Update (Pages 27 - 40)
9. Update on Pilot Projects to Build Resilience (Pages 41 - 46)
10. Proposed Relocation of Sexual Health Clinics (Pages 47 - 61)
11. Barking and Dagenham Healthwatch’s Latest Reports (Pages 63 - 64)
12. Care Quality Commission’s Inspections of Local Providers (Pages 65 - 75)
13. Any other public items which the Chair decides are urgent
14. 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 Adult Services Select Committee, 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.

15. Any other confidential or exempt items which the Chair decides are urgent
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 ADULT SERVICES SELECT COMMITTEE

Wednesday, 10 February 2016
(6:05 - 7:50 pm)

Present: Cllr Eileen Keller (Chair), Cllr Peter Chand (Deputy Chair), Cllr Abdul Aziz, Cllr Edna Fergus, Cllr Adegboyega Oluwole and Cllr Hardial Singh Rai

Apologies: Cllr Sanchia Alasia

45. Declaration of Members' Interests

There were no declarations of interest.

46. Minutes - To confirm as correct the minutes of the meeting held on 13 January 2016

The minutes of the meeting held on 13 January 2016 were confirmed as correct.

47. Falls Prevention

The Lead Member stated that representatives from a number of local organisations had been invited to the meeting to present their work on the “falls prevention” agenda. After introductions, presentations and discussions took place as summarised below.

The Council’s Senior Public Health Analyst, Mark Tyrie, presented on “Falls Prevention from the Better Care Fund” which covered:
- Background
- Preventative measures for falls in Barking and Dagenham
- Handy Person Support Service
- Whole Body Therapy
- What further can be done?

The Council’s Cluster Manager, Occupational Therapy and Sensory Unit (CMOTSU), Paul O’Brien, presented on “Keeping People Safe at Home- Falls Prevention” which covered:
- Assessment of Needs
- Home Environment
- Sensory Assessment
- Sensory Intervention
- Moving & Handling
- Onward referral
- Risk to Individual and Adult Social Care
- Gaps in Provision

Kathryn Halford, Chief Nurse for Barking, Havering and Redbridge University Trust (BHRUT) delivered a presentation entitled “Falls are Falling” which covered:
- The journey so far
- Learning from falls with harm
• Strategy highlights

Melody Williams, Integrated Care Director for North East London Foundation Trust (NELFT), presented on “Fall Prevention: The scope of work within NELFT”, which covered:

- Scope of work in the community
- Emergency response to falls
- Falls development work
- Gaps in provision for Barking and Dagenham patients.

Members asked why the whole body therapy course was only offered for a period of 12 weeks in 2015 when the outcomes were very positive. The Council’s Health and Social Care Integration Manager (HSCIM) stated that the scheme had been funded by the Better Care Fund and was currently being evaluated so consideration could be given to whether it could be continued or not. He added that by April 2016 it should be clear whether the scheme could be continued and agreed to keep the HASSC updated.

Members asked why councillors did not appear to have heard about the Handy Man Support Service and how people who were potentially in need of the service would know about it. The HSCIM stated that GPs and the Joint Assessment and Discharge Service were aware of the scheme and could refer people to it. The scheme was an eight week pilot managed by Harmony House and was also funded by the Better Care Fund. The future of the scheme was uncertain due to capacity and resource issues. The HASSC would be updated after a review of the service was undertaken. Marie Kearns, Chief Executive of Harmony House, added that other professionals such as the Council’s Housing staff could also refer people to the scheme and that literature had been produced to promote the service.

Ms Williams stated that NELFT had also developed a similar service. Going home from hospital was often a trigger for a fall so the service offered by NELFT made small adjustments at a person’s home to reduce the risk.

Members asked how the Council engaged “hard to reach” groups such as those with learning disabilities to offer falls prevention services. Council officers stated that social care and learning disabilities staff were co-located and would undertake comprehensive assessments of individuals which included the risk of falls considerations.

Members asked whether the Occupational Therapy and Sensory Unit used a standard set of questions when undertaking an assessment for an individual to see if they were eligible to receive support. Officers stated that there was a standard form of assessment which was general to all individuals and if necessary, a specialist assessment could then also take place.

Members asked how the Occupational Therapy and Sensory Unit were made aware that an individual may need a home hazard assessment. The CMOTSU stated that this was done through the intake service where people contacted the service themselves and through other professionals who could refer individuals.

Members asked whether any of the organisations present offered support for anxiety and other mental health problems. Ms Williams stated that NELFT
provided mental health support services, for example memory clinics. All health services wished to attain parity of esteem between mental health services and other services; however, this was a very challenging task given the times of austerity and there was a big need for skills development in the workforce.

A member stated that she had a fall in November 2015 and was informed that around that time that she needed physiotherapy; however, she did not receive a phone call about this from BHRUT until January 2016. She stated that this sort of delay could clearly be detrimental to an individual’s health and asked what the reason for delay was. Ms Halford stated that referral to rehabilitation services should be a part of the discharge process; however, some individuals faced a long wait due to there being only a small team to serve the population across a large area. She added that if an individual was judged to be high risk if rehabilitation was delayed, other agencies would be brought in to provide care but this would be decided on a case by case basis.

Members asked whether a cost benefit analysis had been done of the investment made into falls prevention across local health organisations. The Council’s Director of Public Health stated that information from local partners would be needed to undertake such an analysis and asked Sarah See, Director of Primary Care Transformation for the Barking and Dagenham Clinical Commissioning Group (CCG) to take this forward.

Members asked whether services worked in an integrated way with other local services such as the Police. Ms Williams stated that the First Response Service worked closely with the emergency services to enable the individual to receive care as quickly as possible.

48. Primary Care Update

Ms See delivered a presentation that updated members on developments in primary care that included an update on Abbey Medical Centre (which had been put into special measures by the Care Quality Commission following an inspection in November 2015) and a summary of the background to the review of Personal Medical Services (PMS) contracts (which were locally negotiated general practice contracts that followed national regulations).

Members asked how the PMS review would impact on access to general practitioner led primary care services for the borough’s residents; in particular, how it would impact, if at all, on the extended hours offer. Ms See stated that the nationally accepted standard was 72 appointments per 1000 registered patients (although this is not written as such in the general medical services contract) and that the CCG would need to decide whether it would commission above this. The service offer should focus on three aspects of care: accessible care, proactive care and coordinated care, all of which underpin London’s Strategic Commissioning Framework for Primary Care Transformation (SCF). The SCF has 17 indicators and the review would provide an opportunity to consider how some of these might be commissioned to ensure that all Londoners have access to the same service offer. She explained that when PMS contracts were commissioned, the premium gave some practices the chance to employ extra GPs and staff, and as part of this review it would be necessary to know how the review would impact upon each practice.
Councillor Chand asked whether it was a good thing that only 11 of the borough’s practices had PMS contracts yet it had the second highest premium in London and, whether the changes to PMS would do anything to provide an opportunity to deal with the issue that many of the borough’s GPs were near retirement age. Ms See confirmed that the borough was “under-doctored”, and that this was not an issue unique to Barking and Dagenham as it was a common issue across London and England and that organisations would need to work together locally to find solutions. As part of the primary care transformation strategy, the CCG, working with local stakeholders, would aim to attract and retain GPs and nurses, and look to develop new roles in primary care; for example, it was of note that community pharmacists were an under-utilised resource. However, it was important to be clear that the review of PMS contracts would not attract new GPs into the borough and that there was a risk that GPs would not want to sign new contracts or take this as an opportunity to retire.

Councillor Rai asked whether there were plans to help the smaller practices that might be impacted by changes and whether the CCG would commission prevention services, as set out in the NHS’s Five Year Forward View. Ms See stated that the changes from the review would be based on the principles of achieving equity for all practices across the borough, rather than being tailored toward smaller or larger practices. Having said that, it would be important to work through the transition and consider the impact on individual practices. With regards to prevention services, the CCG and partners would certainly focus on this important agenda and the PMS review would support some of this work. However, this was a big agenda and there was much work to be carried out.

Councillor Oluwole asked what the processes were around assessing a GP’s fitness to practice, given that there was no official retirement age, and whether practices wishing to place a cap on the number of patients they would accept on their list would receive a reduced premium. Ms See stated, with regards to a GP’s fitness to practice, that as long as a GP was on the General Medical Council Register, they could hold a contract. With regards to practices placing a cap on the number of patients, all Barking and Dagenham practices currently operated “open lists” which meant that if a resident lived within a practice’s catchment area they should not refuse to register the resident. Other than closing a list (which in this borough could be done when the number of patients on a GP’s list reached 2000), there was no cap on the number of patients practices could take on, although the commissioner may question the patient-to-clinical staff ratio if they felt that reasonable access to services was not being provided.

Ms Kearns asked why there were variations in premiums across the borough and how contracts could be negotiated if they would be based on achieving equity for patients after the review. Ms See stated that the reasons for variation were because the principle behind the contracts was to deliver services to meet local demand, and at the time of the PMS pilots (pre-2004), practices bid for what resource and funding they wanted as well as practices being paid on an item of service basis. Following discussions between NHS England and London’s Local Medical Committee, CCGs would be asked to consider the agreed ‘London Offer’ locally. This would include mandatory key performance indicators and a premium specification; the aim being to reduce variations in the premium and offer a similar
level of funding to GMS practices. There would be a transition period to manage any increase or reductions in funding, and the CCG would try not to place practices affected by the changes in an instable position.

In response to a question Ms See stated that a public consultation was currently not taking place on the PMS review as the CCG was in the process of understanding what changes needed to be made. If significant changes were proposed by the CCG, there would need to be a public consultation and the HASSC would be involved and notified at an early stage.

In response to a question, Ms See stated that excess money leftover as a result of the review would be re-invested into general practice; however, there was more likely to be a cost pressure to achieve equity across all providers for benefit to all residents.

49. Intermediate Care Consultation - update

The HASSC noted the update report on the Intermediate Care proposals, which stated that the Secretary of State for Health had written to the London Borough of Redbridge’s Health Scrutiny Committee, informing it that he had accepted the Independent Reconfiguration Panel’s initial assessment of the Committee’s referral that a full review of the proposals was not warranted and, that the proposals should be implemented by the CCGs as planned.

50. Joint Health Overview & Scrutiny Committee - update

Members noted the issues that were discussed at the last meeting of the Joint Health Overview and Scrutiny Committee on 19 January 2016 at Redbridge Town Hall.

51. Work Programme

Members agreed the agenda items on the Work Programme for the final meeting of the 2015/16 municipal year on 13 April 2016.
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Update from Children' Services on Eye Care Scrutiny Recommendation

Report of the Divisional Director, Education, Youth and Childcare

Open Report | For Information
---|---
**Report Author:** Lisa O'Dwyer, Admissions Team Manager  
**Contact Details:**  
Tel: 020 8227 3102  
E-mail: lisa.odwyer@lbld.gov.uk

**Accountable Divisional Director:** Jane Hargreaves, Education, Youth and Childcare

**Accountable Director:** Helen Jenner, Children’s Services

Summary:

In September 2015 the HASSC completed its scrutiny review on local eye care services. One of the recommendations arising from this review was that the Health and Wellbeing Board “considers a range of options to ’make every contact' count and introduces a scheme or schemes to encourage and possibly incentivise parents to arrange an eye test for their child prior to starting school”.

This recommendation has been discussed with Children's Services and there are a few ways this could be achieved:

1. An insert with all relevant information could be designed and printed. This could be placed into the quick guides that are distributed to parents for Reception and Secondary transfer. This would ensure that the information reached the parents, but was distinct from the Admissions information and hopefully was read and digested by parents.
2. A reminder could be added onto the quick guides distributed to parents for Reception and Secondary transfer. The downside of this would be that it could get lost within the information in the guide.
3. Reminders could be placed on the school admissions section of the website on the relevant pages e.g. reception, secondary, In year.
4. A reminder could be added to booklets for school admissions that are published online. Booklets are published on the website for starting school, moving to junior school, moving to secondary school and In year admissions
5. Possible links through the family information service team (FIS) could target children attending our nurseries/accessing children’s centres.

Once this report has been noted by the HASSC, children’s services will be looking to implement the above.

**Recommendation(s)**

The HASSC is recommended to note the update.
Reason(s)

It is best practice to follow-up recommendations made by scrutiny and monitor their progress to ensure that scrutiny is effective in achieving outcomes. This report also relates to the Council’s priority to enable social responsibility and under it the objectives to protect the most vulnerable, keeping adults and children healthy and safe and ensure everyone can access good quality healthcare when they need it.

Background Papers Used in the Preparation of the Report:

None.

List of appendices:

None.
**Update on Eye Care Scrutiny Recommendation**

**Report of the Director of Public Health**

<table>
<thead>
<tr>
<th>Open Report</th>
<th>For Information</th>
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<tbody>
<tr>
<td><strong>Report Author:</strong> Saneeta Mandil, Marketing and Communications Officer</td>
<td><strong>Contact Details:</strong> E-mail: <a href="mailto:saneeta.mandil@lbbd.gov.uk">saneeta.mandil@lbbd.gov.uk</a></td>
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<tr>
<td><strong>Accountable Divisional Director:</strong> Anne Bristow, Strategic Director, Service Development and Improvement</td>
<td></td>
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<td><strong>Accountable Director:</strong> Matthew Cole, Director of Public Health</td>
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**Summary:**

Health and social care marketing and communications for 2016-17 are being reviewed and rationalised, and the eye health communications plan will form part of that integrated strategy. The report outlines a proposal for a marketing and communications plan for eye health in 2016. The campaign could take place in September 2016 as National Eye Health Week runs from 19 – 25 September 2016. [http://www.visionmatters.org.uk/](http://www.visionmatters.org.uk/)

**Recommendation(s)**

The HASSC is recommended to:

(i) Note the content of the communications report, and

(ii) Recommend, in line with the Eye Health scrutiny review, that eye health communications are put in place in the borough.

**Reason(s)**

To support HASSC eye health scrutiny review recommendation 5 that the Health and Wellbeing Board oversees a local communication campaign undertaken by the Council’s Public Health Team emphasising the importance of having regular eye tests, whilst also delivering other important eye care messages as part of the future programme of public health campaigns.

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1. **Introduction and Background**

1.1 The Health and Adult Services Select Committee (HASSC) undertook a scrutiny review on local eye care services in 2015, as members were concerned that the fear of having to pay a high cost for glasses was deterring local people from having regular eye tests, which could mean that many people were missing out on early diagnosis of eye diseases, such as diabetes and glaucoma.
As a result of the review, the HASSC made seven recommendations to make positive differences to the way eye care services are delivered and in turn, the eye health outcomes of local people, including a local eye health communication campaign

The Health and Wellbeing Board (HWB) agreed to these recommendations. This eye health campaign would be overseen by the HWB and undertaken by the Council’s Public Health team. It would emphasise the importance of having regular eye tests, whilst also delivering other important eye care messages as part of the future programme of public health campaigns.

2. Proposal and Issues

2.1 Aims & Objectives:
The aims and objectives of this campaign are to:
- Raise awareness of the importance of overall health to eye health,
- Raise awareness of the value of eye tests in detecting health issues, and
- Increase the number of residents attending regular eye tests.

2.2 Target Audience:
The key age group for targeted communications is 40 to 60 years of age, defined as ‘established adults’ within the borough’s Health and Wellbeing Strategy.

- Established adults
- Adults with learning disabilities
- LBBD and Elevate workforce – overall, 3,500 plus schools (number of LBBD residents within target group to be established)

Period of campaign
- Initial marketing could take place during the summer festivals, 2016
- The campaign could take place in September 2016 to tag on to National Eye Health Week which runs from 19 September – 25 September 2016
- Media from Monday 5 to Thurs 31 September 2016
- ‘Long shelf-life’ posters and social media linking to new web content throughout 2016.

3. Design Idea and Messaging:

3.1 Design:
- The artwork needs to be eye-catching, simple and fresh; an uncluttered design which is easy to read for maximum accessibility.
- The concept developed for a previous campaign aimed at adults with learning disabilities could be repurposed.

3.2 Key messages:
- Call to action: Take an eye test; it’s easy and free or low cost
• It’s not just about prescribing lenses; eye tests can help to identify health issues as well
• Healthy lifestyle choices are essential to maintaining healthy eyes

3.3 Events:

• Launch – photo call with lead councillors
• Have a presence at the Summer of festivals 2016
  Healthy Lifestyles team presence at events to include eye health campaign materials, signposting information and resources.

3.5 Partners and bodies:

Key partners who should be involved in any events and raising awareness across the borough:

• Health and Well Being Board
• Healthwatch
• CCG
• NE London Local Optometric Committee

3.4 Campaign (tools, activities & costs):

Costs will be met from the Public Health communications budget.

<table>
<thead>
<tr>
<th>Material and use</th>
<th>Quantity</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Photography (commissioned session)</td>
<td>1</td>
<td>300</td>
</tr>
<tr>
<td>Local media releases</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>One Borough newsletter content</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council poster sites - A2 posters (incl posting cost of £740)</td>
<td>110</td>
<td>950</td>
</tr>
<tr>
<td>A3 &amp; A4 posters – distributed throughout council, health partners and community Venues (with laminated copies for the council’s 2016 event programme)</td>
<td>300</td>
<td>200</td>
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<tr>
<td>A5 Flyers – as A3 and A4 posters (including supplies for the council’s 2016 events Programme)</td>
<td>20,000</td>
<td>TBC</td>
</tr>
<tr>
<td>Pull-up banners - Reception areas BTH, CC, leisure centres, BLC &amp; Dagenham library</td>
<td>6</td>
<td>720</td>
</tr>
<tr>
<td>Promotional merchandise (eg pens at 50p each, bags at £2.50 each, t-shirts at £6-15 each)</td>
<td>TBC</td>
<td>TBC</td>
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<tr>
<td><strong>Total</strong></td>
<td>TBC</td>
<td>TBC</td>
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4. Consultation

4.1 Evaluation

The main campaign evaluation will be done at the end of the campaign period, when any agreed measurements can be assessed.

However, figures need to be monitored on a regular basis, especially when an event or campaign push has taken place to see if this has had any real impact. If this can be monitored closely, it may be that some methods will be seen to be working better than others, and can then be repeated.

Evaluation can also be done in terms of overall awareness and understanding through the number of phone calls and visits encountered requesting more information.

Background Papers Used in the Preparation of the Report:

None.

List of appendices:

None.
Update from Barking and Dagenham CCG on Eye Care pathway review

Report of the Barking & Dagenham Clinical Commissioning Group

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<tr>
<th>Open Report</th>
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<td><strong>Summary:</strong></td>
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In 2014/15 the Health and Adult Services Select Committee (HASSC) conducted an in-depth review of local eye care services and the final report was delivered in October 2015. The reason for commission the review was a concern that the people may be experiencing difficulties in obtaining care and therefore missing treatment that could otherwise prevent serious sight loss.

The key findings of the review was that:

- The current arrangements [for eye care] seemed complex and difficult for patients to understand;
- It was not clear that everyone who should have a sight test was getting one; and
- It was not clear to that the pathway fully promoted choice and control by service users.

As a consequence the first recommendation was that the Health and Wellbeing Board (HWB) oversees a review of the eye care pathway.

The report also noted recommendations to specific elements of the eye care pathway. Those recommendations that relate to areas the CCG commissions are:

- Recommendation 2; direct referral by optometrists to hospital clinics.
- Recommendation 3; to commission an Eye Care Liaison officer.
- Recommendation 4; cost-effective improvements to local low vision services.

This report is to update the HASSC on activity undertaken by the CCG in supporting those recommendations that directly relate to CCG commissioned services.

**Recommendation(s)**

The Committee is asked to note this update report and receive a further update to the HWB in July 2016.

**List of appendices**

Appendix 1  Update from Barking and Dagenham CCG on eye care pathway review
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Update from Barking and Dagenham CCG on Eye Care pathway review

1.0 Purpose of the Report

1.1 To provide an update to the Health and Adult Services Select Committee (HASSC) on the actions taken by the CCG in response to the recommendations of the HASSC’s review of local eye care services.

2.0 Background/Introduction

2.1 The HASSC’s review of local eye care services (2014-15) provided a comprehensive review of eye care services within the borough. The final version was tabled at the HASSC in October 2015.

2.2 The findings of the review led to a number of recommendations being made to the Health and Wellbeing Board (HWB). Recommendation 1, an overarching recommendation, asked that the HWB oversee a review of the pathway given that:

- The current arrangements seemed complex and difficult for patients to understand;
- It was not clear that everyone who should have a sight test was getting one; and
- It was not clear to that the pathway fully promoted choice and control by service users.

2.3 Further, recommendations were directed as specific features of the pathway. Those relevant to the areas the CCG commission are:

2.4 Recommendation 2. That the CCG considers the clinical benefits of community optometrists (high street opticians) being able to refer patients directly to hospital eye clinics and other services rather than having to do this via GPs;

2.5 Recommendation 3. That the CCG consider the benefits of commissioning an ‘Eye Care Liaison Officer’ for local residents, to ensure that people with newly acquired sight loss are provided with support at the point of diagnosis and signposted to appropriate services; and

2.6 Recommendation 4. The CCG to consider whether cost-effective improvements could be made to local low vision services, given that the HASSC found that in other parts of London these services are delivered closer to where people live and provide tailored support to ensure that visually impaired people are able to make ongoing, beneficial use of magnifiers and other equipment provided to them.

2.7 The main commissioning activity taking place over this reporting period has been the retendering of the Community Minor Eye Care Service based at Barking Community Hospital. This opportunity came through the natural expiry of the current contract.
3.0 Report Content

3.1 As there are no new resources available to the health economy, the CCG’s commissioning action has focused on introducing service change and innovation through its current main contracts. This approach has potential to identify resource that can be redeployed for additional pathway improvements.

3.2 **Recommendation 2; direct referral by optometrists to hospital clinics.**

3.3 The CCG has sought to offer optometrists direct referral to its community eye care service. Through the natural expiration of the current contract, the Barking and Dagenham CCG has joined with Redbridge CCG to re-procure a community ophthalmology service after reviewing the service specification.

3.4 At a pre-procurement meeting with potential bidders the opportunity for direct referral was tested and was regarded positively by those present. Direct referral was therefore included in the service specification. This specified that optometrists to directly refer for:

<table>
<thead>
<tr>
<th>Follow up of stable primary open angle glaucoma</th>
<th>itchy burning eyes</th>
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<tbody>
<tr>
<td>Blurred vision</td>
<td>trichiasis</td>
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<tr>
<td>Watering eyes</td>
<td>ingrown eyelashes</td>
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<tr>
<td>Dry eyes</td>
<td>allergic eye disease</td>
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<td>Lid lesions</td>
<td>chronic poor vision</td>
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<td>Floaters / flashing lights</td>
<td>eye discomfort</td>
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<tr>
<td>Eyelash problem</td>
<td>slow progressive loss of vision</td>
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<td>Blepharitis</td>
<td>lid cyst</td>
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<td>lid lump</td>
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<td>lid malposition</td>
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<td>general eye problems</td>
<td>stye</td>
</tr>
<tr>
<td>ectropion and entropion conjunctivitis</td>
<td>Refinement and Management of suspected cataracts</td>
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<tr>
<td>chalazion</td>
<td>Treatment and/or management of appropriate long-term ophthalmic conditions, specifically glaucoma.</td>
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</tbody>
</table>

3.5 The procurement process was concluded in March 2016, but has unfortunately not resulted in the CCG awarding a contract. The possible reasons will be investigated and will inform the commissioning plan for ophthalmology.

3.6 **Recommendation 3; to commission an Eye Care Liaison Officer.**

3.7 This service is provided through some secondary care providers (e.g. Barts Health) commissioned by the CCG and used by Barking and Dagenham patients.

3.8 The CCG is planning a review of major pathways using the RightCare\(^1\) approach. This methodology assesses local pathway outcomes and their investment against comparator CCGs for the purpose of optimising pathway provision. The planning for pathway reviews is currently underway and it is expected that ophthalmology commissioning will be reviewed in 2016-17. An update on the development and timing of a review will be offered to the HASSC in summer 2016.

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\(^1\) Barking and Dagenham is a first-wave CCG to use the RightCare approach. This methodology has been developed for CCGs by NHS England.
Recommendation 4; cost-effective improvements to local low vision services.

The CCG currently commissions a low vision service. This service supports the delivery of low vision assessments for residents of Barking and Dagenham who still experience sight problems after having an eye test and wearing the right contact lenses or glasses. The service offers a two-stage assessment of visual need where the service user will see both a low vision therapist and an optometrist. At the end of the assessment they may be issued with a low vision aid that best meets their need and provided with the support/training on how to use the aid. The service user may also be offered advice about using magnification, task lighting, contrast and managing glare.

The service operates out of both King George’s and Queens’s hospital. The opportunity to review and potentially extend this service can be included as part of the CCGs pathway review (using RightCare) of ophthalmology.

Conclusion

The CCG is supportive of the recommendations set out in the Review of Local Eye Care Services (2014/15). While it is unfortunate that the procurement of a community service allowing direct-referral by optometrists has been unsuccessful, the CCGs requirement to review the tender process and develop a commissioning plan will allow a fuller examination of the pathway (including secondary care).

Resources/investment

As indicated in this update, the CCG assumes no additional funding for new services or service improvements. Improvements to pathways must be cost-neutral. The RightCare review of pathways will help ensure clinical outcomes are optimised for the available investment.

Equalities

Any pathway changes and innovation will be assessed for impact on equalities.

Author: Richard Clements, Programme Lead, Barking and Dagenham CCG
Date: 22 March 2016
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Title: Update on Urgent and Emergency Care Services Transformation (Vanguard) Programme

Report of the Barking and Dagenham, Havering and Redbridge (BHR) Systems Resilience Group

Open Report | For Information

Summary:
This report gives Members an update on the work to transform Urgent and Emergency Care (UEC) services across Barking and Dagenham, Havering and Redbridge. This work is led by the System Resilience Group, a partnership of NHS and local authority partners. The transformation programme successfully bid for funding from NHS England for 2015/16, and is the only UEC “Vanguard” programme in London.

Recommendation(s)
The HASSC is recommended to:
(i) Note the update included in the report
(ii) Note that a verbal update will be given at the meeting on ongoing research and co-design activity as indicated within the report.

Reason(s)
This report relates to the Council’s priority to ‘enable social responsibility’ and under it, the objective to ‘ensure everyone can access good quality healthcare when they need it”. The issue of urgent and emergency care services relates to the HASSC’s function to scrutinise any matter relating to the planning, provision and operation of health and social care services in the borough accessed by Barking and Dagenham residents.

1. Introduction and Background

1.1 Barking and Dagenham, Havering and Redbridge residents live in one of the most challenged health and social care economies in the country when it comes to the quality of services and the available finances to deliver them.

1.2 NHS and local authority partners across Barking and Dagenham, Havering and Redbridge (BHR) are working together on transformation of the urgent and emergency care services in our area through the System Resilience Group (SRG).

1.3 In 2015, the NHS invited individual organisations and partnerships to apply to become ‘vanguards’ for the new care models programme, one of the first steps towards delivering the NHS Five Year Forward View and supporting improvement and integration of services.
1.4 In late July 2015, BHR Systems Resilience Group was announced as one of eight vanguards in the third wave of the funding programme. Urgent and emergency care vanguards will develop new approaches to improve the coordination of services and reduce pressure on A&E departments. BHR is the only UEC vanguard in London.

1.5 An update was shared with stakeholders in early February 2016 and is attached as an appendix

2. **Our challenge**

2.1 Our ambition is to radically transform local UEC services, removing the barriers between health and social care and between organisations.

2.2 Our vision is in line with the Keogh Urgent and Emergency Care Review, which proposes a “fundamental shift in the way these services are provided to all people of all ages”.

2.3 Together with patients, carers, local representatives and staff, we want to create a simplified, streamlined urgent care system, delivering intelligent responsive urgent care for local people, using the latest technology to create a smart digital platform to personalise the help that individuals get as soon as they make contact.

2.4 This digital platform will also allow health and social care professionals to share access to and update patient care records, regardless of which setting they are seen in. Work is currently underway to scope how we achieve a secure and robust link between the various systems used by the SRG partners.

2.5 A business case for funding for the programme in 2016/17 was submitted to NHS England on 8 February 2016. We are bidding for a share of a £12 million funding allocation that all eight UEC vanguards have bid for.

2.6 We expect an announcement from NHS England before the end of March 2016 to confirm the allocation we will receive, and will update the committee at the meeting. Following the announcement, we will review the current programme of work proposed for 2016/17 to ensure it is in line with the guidance we receive from NHS England.

3. **Research, engagement and consultation**

3.1 As a partnership, we are committed to putting patients and carers at the heart of what we do. We also know that staff and local representatives have ideas and experiences that will help us shape the future.

3.2 Significant research is currently underway across Barking and Dagenham, Havering and Redbridge to provide a sound baseline assessment of local people’s understanding of UEC services, to start to test the proposed “Click, Call, Come in” model and to look at where we can involve local people in co-design of services in future.

3.3 A telephone survey has gathered views from 3,000 people across the three BHR boroughs, with data analysed by core demographics on a borough basis. We are also specifically looking for views from people we know to be high users of our
existing UEC services, such as parents of young children, carers, people with long term conditions, and older people.

3.4 Our three local Healthwatch organisations helped to co-design the survey questionnaire and have also been commissioned to carry out 1:1 interviews and focus groups in the three boroughs to provide more qualitative data.

3.4 Findings from both pieces of research informed a stakeholder co-design workshop on 17 March 2016. We will update this committee with the findings from the workshop and the proposed next steps at the meeting.

3.5 All partners are asked to communicate and engage with their own staff, with support from the SRG. The three boroughs’ clinical commissioning groups undertook engagement with local GPs in March.

Background Papers Used in the Preparation of the Report:


List of appendices:

Appendix 1: Stakeholder update – February 2016
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Dear Governing Body member

Transforming urgent and emergency care services in BHR – our Vanguard programme

We wanted to update you on progress with our plans to change the way people access urgent and emergency care in Barking and Dagenham, Havering and Redbridge (BHR). As you know, we want to radically transform local services, removing barriers between health and social care and between organisations.

We know that locally, as nationally, people can be confused by the various urgent and emergency care (UEC) services available to them – A&E, walk-in centre, urgent care centre, GPs, pharmacists, out-of-hours services.

We know that the money we spend on urgent and emergency care will increase significantly over the next few years if nothing is done to change these services, while the money available to us will not.

This is an ambitious scheme for changing the way people access urgent care locally. If we can make those changes work here, we believe they could then be replicated elsewhere in the country, and that’s one of the aims of the ‘vanguard’ programme – to develop new models of care in one place that can then be adopted elsewhere.

Vanguard itself is just a word, a badge that means we can get extra support and freedoms from NHS England to make changes to urgent care services more quickly. If we hadn’t been awarded vanguard status last summer, we’d still have made planned changes to these services locally, because we need to. So let’s not get too hung up on ‘vanguard’ – it’s the work to transform services that we have to focus on.

We believe we can do this here in BHR – even with the challenges outlined above - because we already have a solid track record of effective partnership working which has led to improvements for our local population. Our community treatment, joint assessment and discharge and hospitals’ psychiatric liaison teams are just three examples of what we can deliver when we work closely together. We now want to build on this successful collaborative working to deliver integrated UEC services and the payment models that will be needed to do that.

This will help us ensure that, as demand for services increases – as we all know it will – that our health and social care economy will be sustainable and able to cope. Leaving things as they are now simply will not work because, with the predicted rapid growth in our diverse and transient population, we cannot afford to do nothing. We do not have the resources to continue to do things as we do at the moment.

So how do we radically transform local urgent and emergency care services?

So far we have set out our top-level aspirations for a new UEC service model which:
1. Is **simple** for people to use.
2. Provides **consistent** services, no matter where people use them.
3. Provides services that are **integrated and seamless**
4. Delivers **equal** emphasis on physical, mental and social care.
5. Uses the **latest technology**.
6. Includes **care records** that are accessible to patients and clinicians.

The message to people will be to *click or call before you come in* and this will result in shorter time spent in waiting rooms and being seen by the right person first time. This ‘click’, ‘call’ or ‘come in’ system has a smart digital platform at its heart that will recognise you – in exactly the same was as your internet bank, favourite online shop or airline does already. If Amazon can do it, so can we.

The digital platform will also allow health and social care professionals to share access and update patient care records, regardless of which setting they are seen in.

The detail of this model is being co-designed with patients and staff and there will be lots of opportunities for you to get involved and help us. We need your input as you know best what works well and what doesn’t work so well on the frontline.

Work has already begun, with support from NHS England (the vanguard bit), to help us identify what we’ll need to deliver our plans in terms of technology, workforce and co-design of the model, as well as identifying how it will help us make those necessary efficiencies and how we will communicate effectively with all of our stakeholders, including staff and the public.

We have the ambition and the vision to transform UEC services and a track record of collaboration locally which provides a great foundation. Now we need to make the transformation.

The next steps are to co-design and refine the model and to secure the further national support and funding for the years ahead to make it a reality. Work will then begin on looking at how we improve the system and how services could work together in future.

Patients will be at the heart of what we will do, but we know that our staff will also have ideas and experiences that will help us shape the future. With that in mind, there will be lots of opportunities for local people and for those who work in health and social care services across BHR to be involved.

We are working together with partner organisations’ communication leads to help share news and information through their usual channels (websites, staff intranets, newsletters, events and briefings etc). Our programme team will also look at what else we can do to reach as many people as we can.

Regards

**Alan Steward, Chair, Urgent and Emergency Care Programme Board, BHR Partnership**
HEALTH AND ADULT SERVICES SELECT COMMITTEE

13 April 2016

Barking, Havering and Redbridge University Trust

Report of the Head of Law and Governance

Open Report

Report Author: Masuma Ahmed, Democratic Services, Law and Governance

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Accountable Divisional Director: Fiona Taylor, Head of Law and Governance

Accountable Director: Chris Naylor, Chief Executive

Summary:

The Care Quality Commission (CQC) inspected Barking, Havering and Redbridge University Trust (BHRUT) in October 2013, and found that there were serious failures in the quality of care and concerns that the management could not make the necessary improvements without support, leading to the Trust being placed in special measures in December 2013.

A new executive team was put into place since the inspection, which included a new chair, new members of the board, a chief executive, medical director, deputy chief executive, chief operating officer and a director of planning and governance. The Trust developed an improvement plan, ‘unlocking our potential’, that was monitored and published on a monthly basis.

The Trust was re-inspected on 2 March 2015 to enable the CQC to check on improvements, apply ratings and to make a recommendation on its status of special measures. It found that overall, the Trust required improvement. Both Queens’ Hospital and King George Hospital were rated as requires improvement. Of the five key questions that CQC asks as part of coming to a decision on the outcome of the inspection, it rated the Trust as requires improvement for caring, safe, effective, and well-led and inadequate for the responsive key question.

The HASSC placed an update on BHRUT’s current improvement plan, “Delivering our Potential” on its work programme at the start of the 2015/16 municipal year. The improvement plan is available here.

BHRUT’s Chief Operating Officer will be in attendance at the HASSC meeting to provide a performance update to members via a presentation (see Appendix 1 of this report) and answer questions on the Trust’s progress.

Recommendation(s)

The HASSC is recommended to note the appended presentation slides and discuss the Trust’s performance and improvement plan with its Chief Operating Officer.
Reason(s)

This item relates to the Council’s priority to enable social responsibility and under it the objectives to protect the most vulnerable, keeping adults and children healthy and safe and ensure everyone can access good quality healthcare when they need it.

Background Papers Used in the Preparation of the Report:

Care Quality Commission’s Quality report on BHRUT, 2 July 2015:


List of appendices:

Appendix 1 Presentation Slides, “Delivering our Potential: Improvement Plan Update”
DELIVERING OUR POTENTIAL: IMPROVEMENT PLAN UPDATE

Sarah Tedford
Chief Operating Officer
Barking & Dagenham Health and Adult Social Services Committee
13 April 2016
Targeted programme of service improvement

- 30 ‘new’ must do actions
- 5 ‘previous’ must do actions
- 24 ‘should do’ actions
- GGI quality and safety systems recommendations
## PROGRESS AGAINST OUR ‘MUST DO’ ACTIONS

<table>
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<td>2</td>
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**EXECUTIVE SPONSORS – ‘MUST DO’ ACTIONS**

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<th>Must Do</th>
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<tr>
<td>ED Senior Recruitment</td>
<td>Steve Russell, Deputy Chief Executive</td>
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<tr>
<td>Diagnostics</td>
<td>Nadeem Moghal, Medical Director</td>
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<tr>
<td>Outpatients (excluding Referral to Treatment)</td>
<td>Kathryn Halford, Chief Nurse</td>
</tr>
<tr>
<td>Children and Young People</td>
<td>Deborah Tarrant, Director of People and Organisational Development</td>
</tr>
</tbody>
</table>

- Increased executive support
- Intensive project management
- Further layer of assurance of improvements
- Weekly progress review
**December highlights**

- **SAFE**
  - Patient risk assessments are regularly being carried out and we’re consistently performing above the 80% target.

- **EFFECTIVE**
  - We have signed 80% of our “must do” actions set by CQC within the Effective domain.

- **CARING**
  - A team of Feeding Buddies are now working with nurses to provide support to patients with dementia.

- **RESPONSIVE**
  - A new system ensures that all babies born in our hospitals are discharged with their NHS number.

- **WELL LED**
  - Weekly Patient Safety Summits are now taking place at both Queen’s and King George hospitals.

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**January highlights**

- **SAFE**
  - We were 100% complaint in meeting Duty of Candour standards in January.

- **EFFECTIVE**
  - Speech and language therapists are working with patients who have received a tracheotomy.

- **CARING**
  - Our patient’s dignity is being maintained thanks to new privacy gowns.

- **RESPONSIVE**
  - Our radiology department saw 87% of urgent referral patients within two weeks.

- **WELL LED**
  - Our fifth Patient Safety Memo has been launched, focusing on patient records.
Monthly audits show our Trust has been consistently performing above target for its NEWS score calculation and compliance with a consistent upward trajectory.
Dementia screening compliance has been consistently above the 90% target, with January seeing 99.9% of compliance Trust-wide.
IMPROVEMENT WALKS

Purpose:
- Review, test, rectify and provide immediate feedback on compliance with Trust policy and Care Quality Commission (CQC) domains

Focus:
- Record storage and information governance
- Medicines management
- Equipment and environment
- Infection control
- Patient feedback and experience
- Staff behaviours – PRIDE

Plus:
- Now increased CQC focus
- Introduced twilight walks to triangulate progress with staff and patients and provide executive and senior management support in resolving local issues
HOW ARE WE DOING?

There has been much progress since walks launched, including:

- Estates issues resolved
- Closed fire doors
- Increased patient confidentiality compliance
- Locked medicines cabinets and fridges
- Increased Control of Substances Hazardous to Health (COSHH) storage compliance
BEFORE...
...AND AFTER
### PROGRESS AGAINST OUR 24 ‘SHOULD DO’ ACTIONS

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</tr>
<tr>
<td>3</td>
<td>Action on track</td>
</tr>
<tr>
<td>3</td>
<td>Action off track</td>
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Page 40
Update on Pilot Projects to Build Resilience April 2016

Report of the Lead Divisional Director, Adult and Community Services

Open Report

Report Author: Monica Needs, Integration & Commissioning

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Accountable Divisional Director: Glynis Rogers, Lead Divisional Director, Adult and Community Services

Accountable Director: Anne Bristow, Strategic Director for Service Development and Integration

Summary:

At the Health and Adult Services Select Committee (HASSC) meeting in November 2015 a report was presented providing an update on the two pilot projects which had arisen as a result of a review/cessation of the Local Emergency Support Service. The pilots were designed to run from November 2015 to May 2016, and are as follows:

- The Debt Counselling and Mentoring Service, which would provide 50 residents with debt management support and 25 people (who were 18 - 35 years old, non-priority homeless with additional needs) with intensive debt management, counselling and mentoring; and,
- A Fuel Poverty Service, which would impact around 700 homes in the Ibscott Close neighbourhood which has a high prevalence of fuel poverty.

The HASSC requested an update for the April 2016 meeting. The update is that:

1. The research partner is Care City/UCL Partners.
2. The fuel poverty project has formally launched in the Ibscott Close neighbourhood and assessments are underway.
3. The outcomes framework for the debt counselling and mentoring service has been agreed and work has begun with the two cohorts.

As these are research initiatives some challenges have been encountered around setting out the outcomes frameworks and referral processes which has led to slight slippage on the timelines, but both projects are on track to deliver by the end of August and the final evaluation will be available in October. The evaluation will feed into the models of working that are being explored across the Council and its partners and can be used to inform external funding bids.

Recommendation(s)

The HASSC is recommended to review this report and comment on the current progress in developing the two pilot projects which have now started.
Reason(s)

The new approach to welfare reform, which these pilot projects are designed to test, aim to better deliver the Council’s vision of enabling social responsibility by “supporting residents to take responsibility for themselves, their homes and their community”.

1. Introduction and Background

1.1 On 4 November 2015 the HASSC received a report on the two pilot projects that had been commissioned in October 2015 and asked for a further update on the projects in April 2016.

1.2 The budget remaining from the additional revenue support grant has enabled the commissioning of the two pilot projects to build resilience in vulnerable groups. The first is a Fuel Poverty Service pilot valued at £60,000 and a Debt Counselling and Mentoring Service pilot valued at £70,000.

1.3 Alongside this, a research project has been commissioned for £20,000 to work with the funded providers on the impact of the proposed interventions and learning from the investment that will inform the ongoing work of the Strategic Welfare Reform Group. This will inform our understanding of developing resilience for vulnerable people.

2. Information on the Projects

2.1 As noted at the HASSC meeting in November 2015 the projects were awarded to:
   i) Fuel Poverty Project: Sustainable Housing Survey Company
   ii) Debt and Mentoring Project: Barking and Dagenham Citizen’s Advice Bureau.

2.2 Alongside the projects the evaluation that has been commissioned is being led by Care City/UCL Partners and considerable work has been put into ensuring the evaluation is robust and effective.

Fuel Poverty Pilot Project

2.3 The Sustainable Home Survey Company will partner with Income Max as the advice provider working with individuals.

2.4 The ‘Fuel Poverty’ pilot project is supporting Barking and Dagenham’s wider strategic aims to tackle financial hardship. Fuel poverty is a clear contributory factor in health issues such as excess winter deaths, respiratory diseases, falls, mental health and, educational problems. The service is working in the Ibscott Close neighbourhood which is mixed tenure and has high levels of fuel poverty. It is providing a range of practical support to the residents - seeking to reduce fuel bills, manage fuel debt and build community resilience. The initiative is addressing benefits take-up, low level property insulation, fuel switch support and practical tips on keeping warm.

2.5 The project will also seek to explore whether physical/capital installations are sufficient to lift residents out of fuel poverty. Wider support will be given in the form
of income maximisation through benefit checks, encouraging behaviour change, community development and building social networks. The project seeks to:

- Target households in a supra output area in the borough with a higher level of fuel poverty. The target areas will be an area specified as the neighbourhood of Ibscott Close in Village Ward;
- Assist residents most likely to be in fuel poverty and most vulnerable to the negative health impacts of living in a cold home regardless of housing tenure or other characteristics;
- Maximise income in the targeted households;
- Improve the health and wellbeing of residents;
- Reduce household fuel bills in the area via fuel switching and tips to reduce consumption;
- Reduce fuel debt in the area;
- Increase neighbourhood support networks developed in the area and strengthen and development communities;
- Use networks to encourage community resilience and behaviour change to ensure further households don’t fall into fuel poverty in future; and
- Work in tandem with phased insulation work being taken forward by LBBD Housing.

2.6 A full and robust Outcomes Framework has been formulated for the Fuel Poverty Service. There are a full set of key performance indicators for the project on all aspects of the service specification. In addition to this it has been agreed that there will be aspirational goals for the project – especially in the key areas of the project which are the setting up of community and peer support networks and intensive interventions on income maximisation and fuel usage for those suffering acute fuel poverty.

Progress, challenges, and time-line for completion of project and progress

2.7 After negotiation on the timeline and significant work on the project outcomes framework, the Fuel Poverty project started in January 2016. The majority of the delivery of the project will finish before the end of May, but there are some interventions that will continue until the end of June. These deliverables are mainly actions to fully embed some of the peer support and community engagement components of the project.

2.8 On 11 February there was a successful “Village Energy Neighbours” launch event designed to highlight the peer support and community development aspect of the project, and to outline the planned interventions in the area of circa 750 homes in the Ibscott Close neighbourhood.

2.9 Sustainable Housing are currently in the process of assessing the 750 households in the Village Ward/Ibscott Close area, providing tailored energy-saving advice and assistance, assessment of home energy efficiency and additional assistance on income maximisation and tariff switching if required.

2.10 Sustainable Home Survey Company (SHSC) has previously worked with LBBD Housing Strategy and Affordable Homes to deliver a programme in December 2014 to 149 homes to establish levels of fuel poverty and resident wellbeing in housing that had been identified as having poor insulation. SHSC have agreed, as part of this latest Fuel Poverty project, to re-visit 10-15 households that were part of the
previous programme. The assessments from households will be re-visited and these residents will be scrutinised to check changes in the level/depth of fuel poverty and perceptions of health and ability since the earlier interventions. This will contribute greatly to the research and evaluation of the pilot.

**Related Fuel Poverty Programme**

2.11 The Council, through the Housing Strategy in Growth and Homes Division, has also commissioned Sustainable Housing Survey Company to carry out a second phase of fuel poverty assessments in the borough. This is to take place between February and May 2016 in 300 properties over six wards, mainly in the Chadwell Heath area. These assessments will be less intensive than the ones in Ibscott Close area concentrating on referrals to collective fuel switching schemes run by the Council or partners for lower energy bills and energy saving tips and advice on heating controls and ventilation.

**Debt Counselling and Mentoring Service: Barking and Dagenham Citizen’s Advice Bureau.**

2.12 This service has two strands:

- To work with a cohort of 50 vulnerable residents offering practical welfare advice, debt counselling and seeking to empower people to help themselves with regard to financial management and changes in behaviour.
- To work with a cohort of ‘young (18 - 35) single non-priority homeless’ people through an intensive scheme offering mentoring alongside debt management and counselling. The scheme will include developing a relational point of contact for the individual, providing advice, practical support and guidance to alleviate their current concerns, and empower them to change their circumstances.

2.13 The Debt Counselling and Mentoring Service is seeking to incorporate a persistent and proactive approach which emphasises the building of resilience, self-reliance and the changing of behaviours. This is being assimilated into all the interventions. The model has proved highly effective in tackling anti-social behaviour and providing early intervention for those families with multiple problems in the community and it is being replicated for vulnerable individuals.

2.14 The outcomes for the pilot are as follows:

- Help individuals restore control over their personal finances, achieve orderly repayment of debts, thus enhance their quality of life;
- Help prevent financial and social exclusion in the community, resulting from prohibitive levels of personal debt;
- Help prevent or reduce poor health brought about by debt (for example by advising on shopping techniques and nutrition);
- Help prevent or reduce the social, housing and employment-related consequences of debt by means of effective debt reduction/rescheduling strategies;
- Achieve positive long term outcomes by equipping people with the skills needed to manage their challenges and personal finances without incurring further debt;
- Help people to access resilience within themselves through mentoring;
Enable access to education and employment and suitable and stable accommodation;
Help vulnerable people build peer groups and social networks and for the mentored to become mentors, and
Make informed decisions about life choices.

Progress and challenges for the completion of the Debt Management Project

2.15 From November 2015 work began on developing both a full and robust outcomes framework and identifying the cohorts of clients. As this is a research pilot it is recognised that development of the outcomes and the identification of the cohorts would not be straightforward.

2.16 The framework has been developed to include indicators on interventions relating all aspects of debt management including directly tackling indebtedness and building financial capability. In addition it considers interventions designed to assist the cohorts’ education, training and employment, and housing needs. Motivational training and support with mental health issues is also being included to increase self-confidence and resilience.

2.17 There have been a number of challenges in identifying the metrics for the cohorts for the Debt Management and Mentoring Scheme. Self recognition around debt is a challenge which although anticipated, was not built into the timeline of the project. The number of people identified for the intensive ‘18 - 35 at risk of homelessness’ cohort was stated within the service specification as being 25. In the period between November 2015 and February 2016 there has been a significant amount of work to gather 25 people who fit the criteria. Initial triage work carried out has been positive and 12 of the 25 have now expressed a wish to be moved to the less intensive Debt Management Service project.

2.18 Early indications did not anticipate this positive movement across the cohorts and there has now been a need to replace those who were initially identified for the 18 - 35 year old intensive Mentoring Scheme. The provider is now approaching the requisite numbers to commence the programme for both cohorts within the project. 18 people have now been triaged for the intensive Mentoring Scheme and similar triaging work has been undertaken for the 50 general Debt Management Scheme. The changes within the cohort (albeit positive) have created slippage on the timeline for the project, and the pilot is now scheduled to be completed by the end of August. The slippage will still enable the final research findings to feed into the proposals for new ways of working that are currently being explored across the Council and its partners.

3. Evaluation Partner for the Pilot Programmes

3.1 Care City has been commissioned in conjunction with UCL Partners, to be the research and evaluation partners for both pilots for vulnerable adults. UCL Partners is an academic health science partnership seeking to improve health outcomes and create social wealth both locally through Care City and across North East London and adjoining counties.

3.2 Care City and UCL Partners are undertaking research, planning, outcomes planning support, interview with recipients, interviews with commissioners, interviews with service managers, data analysis and synthesis and, a final report on both projects.
In evaluating the projects for possible further investment, there will be an analysis of what works and what does not, and an assessment of capacity for the up-scaling of the interventions in the future.

3.3 The findings will be fed into the relevant developments across the Council and its partners to inform ongoing work. The final report will be available in October 2016.

**Background Papers Used in the Preparation of the Report:**

Cabinet paper, 23 June 2015: Review of Local Welfare and Crisis Support Schemes to Vulnerable Residents with options for the Local Emergency Support Service:


HASSC meeting on 4 November 2015


**List of appendices:**

None.
HEALTH AND ADULT SERVICES SELECT COMMITTEE

13 April 2016

Proposed relocation of Oxlow Lane and Vicarage Field sexual health clinics to Barking Community Hospital

Report of the Deputy Chief Executive & Strategic Director for Service Development and Integration

Open Report

For Information

Report Author: Matthew Cole (Director of Public Health)

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E-mail: matthew.cole@lbbd.gov.uk

Accountable Divisional Director: Matthew Cole (Director of Public Health)

Accountable Director: Anne Bristow (Deputy Chief Executive & Strategic Director for Service Development and Integration)

Summary:

The London Borough of Barking and Dagenham proposes to relocate two of its sexual health clinics (Oxlow Lane Health Centre in Dagenham and Vicarage Field Health Centre in Barking) to Barking Community Hospital, Upney Lane, Barking from 1 June 2016.

This briefing presents the Members with an overview and rationale for the proposed relocation, and the planned consultation and engagement process.

Recommendation(s)

The Committee is recommended to note the proposal to relocate the sexual health clinics at Oxlow Lane and Vicarage Field sexual health clinics to Barking Community Hospital.

Reason(s)

To assist the Council to meet its obligations to deliver nationally mandated sexual health services under the Health and Social Care Act 2012 linked to the delivery of Corporate priorities and indicators as set out in the Ambition 2020 programme, the Health and Wellbeing Strategy and the Public Health Outcomes Framework.

1. Introduction and Background

1.1 Local authorities have a legal duty to provide or commission open access sexual health services for their residents in order to prevent the spread of sexually transmitted infections (STIs)\(^1\). This includes testing, treatment and support for people with such STIs, and notification to sexual partners of people with such

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\(^1\) Open access services do not have to be within the geographical boundaries of the local authority.
infections. Local authorities must also ensure that there is access to a broad range of contraceptive devices and advice on preventing unintended pregnancy.

1.2 Genito-urinary medicine (GUM) services provide treatment, advice and support for people with sexually transmitted infections (STIs). Sexual health and reproductive services provide a range of services from basic advice and guidance in contraception and sexual health to specialist clinics such as psychosexual health advice, impotency and menopausal clinics. All services provide a range of walk-in and appointment sessions.

1.3 Given the mandatory open access nature of sexual health services, Barking and Dagenham residents may also access sexual health services at any designated service in England and Wales, for which costs are rechargeable to the Council. Sexual health services are also commissioned from local primary care providers (GP surgeries and community pharmacies) across the borough.

1.4 Free and confidential services for the screening, diagnosis and treatment of sexually transmitted infections, and comprehensive contraception and family planning services are available in hospital and primary care settings in the borough. Barking and Dagenham commissions open access GUM, contraception and reproductive services for it residents under a contractual arrangement with Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). These services consist of two Level 3 (specialist) hubs (based at Queen’s Hospital and Barking Community Hospital) providing a comprehensive range of GUM and family planning services and two Level 2 spokes providing testing and ‘uncomplicated’ (low risk or non-invasive) contraception services in the community (Oxlow Lane and Vicarage Field health centres).

1.5 A briefing about the proposal was presented at Councillor Worby’s (the Cabinet Member for Adult Social Care and Health) Portfolio Holder’s meeting on 22 March 2016. The decision was made for the proposal to be presented to HASSC for information whilst Public Health seeks confirmation from Legal Services as to whether or not the change denotes a “substantial change” and whether it carries a duty under Health Scrutiny to consult on the proposed changes. This decision will be known at the time of the presentation of this report at HASSC on 13 April 2016.

2. Proposal and Issues

2.1 The services proposed for relocation to Barking Hospital in June 2016 are:
• Oxlow Lane Health Centre, Dagenham, Essex RM10 7YU
• Vicarage Field Health Centre, Barking, Essex IG11 7NR

2.2 The consolidated service at Barking Hospital will support service users by providing access to a wider range of sexual health services (including specialist Level 3 provision) under one roof:
• All main methods of contraception – including emergency and long acting reversible contraceptives (LARC);
• Pregnancy testing and referral for termination (abortion) services;
• Cervical screening;
• Chlamydia, HIV and all sexually transmitted infections screening and treatment;
• Psychosexual counselling for impotence and other sexual health conditions.
3. **Options Appraisal**

3.1 The rationale for the proposed relocation and advantages / disadvantages are appraised (also see section 7: risk management)

3.2 **Improving access to comprehensive health services**

The Oxlow Lane and Vicarage Field clinics provide screening for chlamydia and gonorrhoea only (not HIV), whilst a wider range of GUM, family planning and contraceptive services and psychosocial interventions is available at Barking Hospital (see Appendix A for a comparison of services at all three venues).

3.3 It is proposed that the GUM services at the two hub clinics will be merged to provide a comprehensive ‘one stop shop’ sexual health service at Barking Hospital, with more frequent and longer opening times for appointments and walk-in sessions. Service users will also be able to benefit from better transport links, as the hospital is located right next to car parking facilities, and is less than 5-minutes’ walk from Upney train station. Several bus routes also pass through the hospital, enabling easier access to the services from all wards in the borough.

3.4 The relocation of the GUM services to Barking Hospital would also present the opportunity to improve access to evening and weekend services not currently available at Oxlow Lane and Vicarage Field health centres. The consolidated service will be available for a minimum of 40 hours per week, offer a dedicated young person’s clinic and have clinics on at least 3 evenings per week and potentially Saturday mornings.

3.5 **Budgetary pressures**

The costs to the Council of commissioning GUM services at several sites is significant (£1.59m in 2015/16). Due to the considerable financial pressures presented by the reductions to the Public Health Grant (2.2% in 2016/17, 2.5% in 2017/18 and 2.6% in the following two years as announced by the Department of Health in February 2016) the Council needs to find more efficient ways of delivering local sexual health services. The Council must therefore seek to rationalise existing services in order to ensure the continuation and future provision of high quality (mandated) services to meet local need. The proposed relocation enables the Council to provide cost-effective comprehensive sexual health services at one location without compromising the quality of the provision.

3.6 **Efficiency savings**

A new contract for integrated sexual health services in Barking and Dagenham was awarded to BHRUT in October 2015. Under the new agreement Barking, Havering and Redbridge University Trust (BHRUT) are to achieve efficiencies of 5 per cent of the initial contract value (£79,500) in each year of the 3-year contract. The costs to BHRUT of maintaining GUM services at several sites are significant. The Trust has concluded that the service is making a considerable and unsustainable loss and has itself proposed consolidating the two spokes into one site at Barking Hospital in order to bring its costs in line with its income.

3.7 The use of multiple spokes also incurs additional premises and staffing costs as well as the loss of substantial staff time in travelling between the different sites. Therefore relocating the two spokes to Barking Hospital offers the best balance between reducing service costs and maintaining service accessibility. BHRUT are
currently assessing the savings to be achieved from the relocation (including consultant / nurse / admin costs and time saved) and will submit the full report to the Council in April 2016.

3.8 **Need to deliver an efficient and cost-effective service model**
The current service design was commissioned several years ago and is based on a ‘traditional’ hub and spoke model; that is, services are delivered from multiple fixed sites with minimal use of triage to differentiate between symptomatic / high-risk patients who require full examination (who may require specialist treatment) from asymptomatic, low-risk patients who are seeking reassurance that they are problem free (and may only require advice and low-level support).

3.9 **BHRUT are currently undertaking a review of the existing service model with a view to reconfiguring the current model of care in line with this approach as well as redesigning pathways to improve service user outcomes and ensure that the services remain financially viable.**

3.10 **Benefits of the relocation**
Maintaining and enhancing patient/service user care whilst providing more efficient use of resources and value for money to the public purse is foremost of the proposed relocation and continues to be the Council’s priority. Combining the services has a number of potential benefits including:

- There will be access to other sexual health services not currently provided at Oxlow Lane or Vicarage Field health centres (e.g. full STI screening);

- The comprehensive approach allows continuity of care by bringing together the expertise of BHRUT’s clinical teams in one location, linking in with other medical services on-site, and further improving patient outcomes and patient experience, and,

- Consolidating all services on one site will improve the overall efficiency and effectiveness of services by reducing BHRUT’s costs in line with its income, ensuring services are sustainable for the future, both financially and operationally.

4. **Consultation**

4.1 A briefing about the proposal was presented at Councillor Worby’s Portfolio Holder’s meeting on 22 March 2016. The decision was made for the proposal to be presented to the HASSC for information whilst Public Health seeks confirmation from Legal Services as to whether or not the change denotes a substantial change and whether it carries a duty under Health Scrutiny to consult on the proposed changes. This decision will be known at the time of the presentation of this report at HASSC on 13 April 2016.

4.2 If recommended, an appropriate period of consultation and engagement with staff and the public and other relevant stakeholders will be undertaken to consider the following issues:

- How do we minimise the inconvenience caused by the relocation of the clinics in Oxlow Lane and Vicarage Field to local residents?
• How do we make sure that the consolidated sexual health service in Barking Hospital remains accessible to those who require sexual health services, particularly those in high-risk population groups?

• How can we work better with young people and with those who most need these services?

• What services they would like to access in primary care i.e. would they prefer to go to their GP rather than Barking Hospital?

5. Financial Implications

Implications completed by: Richard Tyler, Interim Group Manager, Finance

5.1 The current contract value for GUM services provided by Barking, Havering and Redbridge University Hospital Trust (BHRUT) is £1.59m. The 2015-16 revised budget for this service is only £1.40m, requiring funding to be found from other budgets within the service to maintain the current arrangements.

5.2 A reduction in the Public Health Grant of £1.035m in 2015-16 has been followed by a proposed further reduction of 2.2% in 2016-17 (£0.411m) and 2.5% in 2017-18 (£0.439m). In total, a cash reduction of 9.6% over the period to 2019-20 has been confirmed by Department of Health. The reductions will therefore place increased pressure on service delivery. A three-year contract with BHRUT was awarded in October 2015, with efficiency savings of 5% of the contract value each year. The relocation of two sites to Barking Hospital will assist BHRUT in reducing its losses whilst offering more efficient and effective services for residents.

6. Legal Implications

6.1 A briefing about the proposal was presented at Councillor Worby’s Portfolio Holder’s meeting on 22 March 2016. The decision was made for the proposal to be presented to HASSC for information whilst Public Health seeks confirmation from Legal Services as to whether or not the change denotes a substantial change and whether it carries a duty under Health Scrutiny to consult on the proposed changes. This decision will be known at the time of the presentation of this report at HASSC on 13 April 2016.

7. Other Implications

7.1 Risk Management - The proposed relocation presents a number of risk and issues which are mitigated below:

High / increasing levels of need for sexual health services in the borough
Barking and Dagenham has higher STI rates and poorer sexual health outcomes than other areas. Overall, rates of STIs and HIV are significantly higher in Barking and Dagenham than in Havering, Redbridge and England as a whole. Although decreasing, the rates of teenage conception are higher in Barking and Dagenham than the London and national averages. Abortion and repeat abortion rates are also comparatively high in the borough (see Appendix B for performance indicators).
Certain population groups have poorer sexual health outcomes; these include:

- **Young people** - (Just under half of all cases of STIs detected in GUM clinics are in people aged 15-24);

- **Men who have sex with men (MSM)** - Just under 20 percent of cases are in men who have sex with men;

- **Black ethnic groups** - Rates of new STI cases diagnosed in GUM services are almost three times higher (>1700/100,000) for Black ethnic groups than that for White groups (<560/100,000), and,

- **Disadvantaged communities** – the rate of new STI infections is two to three times higher in the most deprived populations compared to least deprived quintiles².

**Mitigating actions:** An equalities impact assessment will be undertaken prior to the proposed relocation to ascertain whether and how protected characteristics and high-risk population groups will be affected by the proposed change.

**Increased demand for services at Barking Hospital**
There is a need to ensure that there is sufficient capacity at the hospital to manage increased activity and prevent people being turned away from the walk-in service or experiencing lengthy waits for appointments. (See activity levels at Oxlow Lane and Vicarage Field in Appendix C).

**Mitigating actions:** The Council is currently exploring opportunities to reduce demand (and costs) at GUM clinics by maximising family planning services in primary care. Nationally, approximately 80% of all contraceptive services are provided by GPs³. GP responsibilities for contraceptive care include the fitting of LARC. A significant proportion of specialist family planning services currently provided in Level 2/3 clinics could be provided by GPs, with specialist services at Barking Hospital being targeted at women with specialist health needs or those who are reluctant or unable to attend their GP for contraceptive services.

Better promotion of sexual health services in GP surgeries and community pharmacies would also increase the numbers of people accessing primary care provision.

The Council is also exploring a variety of ways of increasing service capacity at minimal cost whilst ensuring that patients can be seen quickly and conveniently in the most appropriate setting. Community-based solutions and other innovative approaches such as single web-based triage systems for GUM services have the potential to reduce attendances at GUM services. The development of ‘express clinic’ models – usually for asymptomatic, low-risk patients who self-sample (urine / swab) on attendance and/or have bloods taken by a Health Care Assistant and thereafter can phone for their results and/or receive them by text offers possibilities to manage demand. Furthermore, initiatives such HIV home testing for

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² LASAR report, 2014
³ All Party Parliamentary Pro-Choice and Sexual Health Group, A report into the delivery of sexual health services in general practice, October 2007.
asymptomatic, low-risk service users will ensure that only symptomatic patients are required to attend the Level 3 services.

**Reduced accessibility**
There may be concerns raised that the relocation will reduce access to sexual health services for those residing in the proximity of the Oxlow Lane and Vicarage Field health centres, particularly the closure of the young person’s clinic at Oxlow Lane on Tuesdays at 2pm – 4.45pm.

**Mitigating actions:** To reduce the impact, a walk-in clinic will be provided for under 20-year-olds at Barking Hospital on Mondays at 4pm – 6.30pm meaning that young people can access the service outside of school/college hours. All existing opening times, appointments times and drop-in sessions for services at Barking Community Hospital are being reviewed by BHRUT to ensure that there is sufficient capacity to meet demand.

Furthermore, the implementation of rapid HIV testing at GP surgeries across the borough from 1 April 2016 and future opportunities to introduce home testing will also necessitate fewer attendances at Barking Hospital and less need to travel to the Level 3 service, particularly for those with uncomplicated STIs and contraceptive services.

**Increased travel times for residents in the areas currently served by Oxlow Lane and Vicarage Field**
There may be concerns raised that residents in the areas currently served by Oxlow Lane and Vicarage Field health centres will have further to travel to reach the sexual health services. The table below shows the approximate travel times between the two clinics and Barking Community Hospital (BCH):

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Distance to BCH</th>
<th>Car</th>
<th>Train</th>
<th>Bus</th>
<th>Walk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxlow Lane</td>
<td>3.3 miles</td>
<td>15 mins</td>
<td>30 mins</td>
<td>40 mins</td>
<td>55 mins</td>
</tr>
<tr>
<td>Vicarage Field</td>
<td>1.5 miles</td>
<td>7 mins</td>
<td>10 mins</td>
<td>15 mins</td>
<td>25 mins</td>
</tr>
</tbody>
</table>

**Mitigating actions:** Although the range of public transport to and from Barking Hospital would maximise accessibility to the consolidated service, the Council will seek to minimise the inconvenience caused by the increased travel times to the hospital for residents for whom Oxlow Lane clinic is more accessible by exploring opportunities to make GP surgeries more comprehensive and accessible in those areas, particularly as this is the preferred provider of contraception for the majority of women in Barking and Dagenham.

The Council is currently exploring opportunities to develop alternative comprehensive sexual health provision in primary care with GP surgeries that have expressed an interest, such as Urswick Medical Centre in Dagenham (1.8 miles from Oxlow Lane clinic). There may also be opportunities to deliver comprehensive sexual health services from the Broad Street Medical Centre in Dagenham (1.4 miles from Oxlow Lane clinic).
7.2 **Contractual Issues**  
A new contract for integrated sexual health services in Barking and Dagenham was awarded to BHRUT in October 2015. Under the new agreement BHRUT are to achieve efficiencies of 5 per cent of the initial contract value (£79,500) in each year of the 3-year contract. The costs to BHRUT of maintaining GUM services at several sites are significant. The Trust has concluded that the service is making a considerable and unsustainable loss and has itself proposed consolidating the two spokes into one site at Barking Hospital in order to bring its costs in line with its income.

7.3 **Staffing Issues**  
BHRUT staff will be consulted in regards to the proposed relocation.

7.4 **Customer Impact**  
The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010).

The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons’ disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.

An equalities impact assessment will be undertaken prior to the proposed relocation to ascertain whether / how protected characteristics and high-risk population groups will be affected by the proposed change.

7.5 **Safeguarding Children**  
Sexual health clinics provide expert advice, support and interventions to young people. They are uniquely placed to identify the sexual health needs of young people, parents and families (including safeguarding needs) and refer or direct them to existing local services, thereby promoting early intervention.

7.6 **Health Issues**  
To improve the sexual health outcomes of local residents, breaking the link between disadvantage and poor outcomes throughout life is integral to the delivery of our joint Health and Wellbeing Strategy. The Council’s vision and priorities for Barking and Dagenham are intended to reflect the changing relationship between the Council, partners and the community, and our role in place shaping and enabling community leadership within the context of a significantly reducing budget.

7.7 **Crime and Disorder Issues**  
None.

7.8 **Property / Asset Issues**  
None.
Background Papers Used in the Preparation of the Report:
None.

List of appendices:

Appendix A  Comparison of services provided at each clinic
Appendix B  Indicators of sexual and reproductive health (2014)
Appendix C  Activity at Oxlow Lane & Vicarage field clinics (2014/15)
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## Appendix A

Comparison of existing services provided at each clinic (March 2016)

<table>
<thead>
<tr>
<th></th>
<th>Oxlow Lane</th>
<th>Vicarage Fields</th>
<th>Barking Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening times</strong></td>
<td>Monday 1.00pm - 3.30pm</td>
<td>Tuesday: 2.00 - 4.45pm (under 25s only) &amp; 5.00 pm - 7.30pm Thursday: 1.30 - 4.00pm</td>
<td>Monday 9.00am - 4.00pm (Booked appointments for contraception) Walk-in clinic times Monday: 9.00am - 3.30pm Monday: 4.00 - 6.30pm (under 20's only) Tuesday: 9.00am - 3.00pm Wednesday: 1.00 - 4.00pm Thursday: 9.00am - 3.00pm Friday: 9.30am - 12.00 (contraception/family planning walk-in) Walk-in service for young people (under 20s only): Monday: 4.00 - 6.30pm</td>
</tr>
<tr>
<td><strong>STI screening</strong></td>
<td>Chlamydia and gonorrhoea only</td>
<td>Chlamydia and gonorrhoea only</td>
<td>✔</td>
</tr>
<tr>
<td><strong>STI treatment</strong></td>
<td>x</td>
<td>x</td>
<td>✔</td>
</tr>
<tr>
<td><strong>HIV testing</strong></td>
<td>x</td>
<td>x</td>
<td>✔</td>
</tr>
<tr>
<td><strong>HIV advice and support</strong></td>
<td>x</td>
<td>x</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Pregnancy testing</strong></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Referral for abortion</strong></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Free condoms</strong></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Emergency contraception</strong></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Family planning</strong></td>
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<td>✔</td>
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<tr>
<td><strong>Young person's clinic</strong></td>
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<td>x</td>
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</tr>
<tr>
<td><strong>Psychosocial counselling</strong></td>
<td>x</td>
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## Indicators of Sexual and Reproductive Health (2014)

<table>
<thead>
<tr>
<th>Performance indicators</th>
<th>Barking and Dagenham</th>
<th>Havering</th>
<th>Redbridge</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of new STIs excluding Chlamydia diagnoses / 100,000 15-24 year olds</td>
<td>1099</td>
<td>800</td>
<td>791</td>
<td>829</td>
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<tr>
<td>Chlamydia detection rate per 100,000 young people aged 15-24 years</td>
<td>2173.7</td>
<td>1374.0</td>
<td>1319.1</td>
<td>2012.0</td>
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<tr>
<td>Rate of HIV cases per 1000 aged 15-59 years</td>
<td>6.1</td>
<td>1.9</td>
<td>2.9</td>
<td>2.1</td>
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<td>% of HIV diagnoses made at a late stage of infection</td>
<td>48.8%</td>
<td>41.7%</td>
<td>49.0%</td>
<td>42%</td>
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<tr>
<td>Rate per 1,000 women of long acting reversible contraception (LARC) prescribed in primary care</td>
<td>19.6</td>
<td>13.9</td>
<td>12.0</td>
<td>32.3</td>
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<tr>
<td>Rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women aged 15 to 44 years</td>
<td>35.7</td>
<td>24.2</td>
<td>20.3</td>
<td>31.5</td>
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<tr>
<td>Total abortion rate per 1,000 females population aged 15-44 years</td>
<td>31.2</td>
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<td>% of those women under 25 years who had an abortion in that year, who had had a previous abortion</td>
<td>33.0%</td>
<td>31.5%</td>
<td>35.5%</td>
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<tr>
<td>Under 18 conception rate per 1,000 females aged 15 to 17 years (Dec 2014)</td>
<td>37.1</td>
<td>24.0</td>
<td>12.0</td>
<td>22.1</td>
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Source: PHE Sexual and Reproductive Health Profiles
### Activity at Oxlow Lane & Vicarage Field clinics (2014/15)

<table>
<thead>
<tr>
<th>ACTIVITY SPLIT</th>
<th>OXLOW LANE</th>
<th>VICARAGE FIELDS</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>CONDOMS</td>
<td>150</td>
<td>26</td>
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<td>IMPLANT</td>
<td>444</td>
<td>217</td>
<td>661</td>
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<tr>
<td>INJECTION</td>
<td>548</td>
<td>114</td>
<td>662</td>
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<tr>
<td>IUD / IUS</td>
<td>235</td>
<td>176</td>
<td>411</td>
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<tr>
<td>OTHER</td>
<td>248</td>
<td>94</td>
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<td>PILL</td>
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<table>
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<tr>
<th>LOCAL AUTHORITY RESIDENTS</th>
<th>OXLOW LANE</th>
<th>VICARAGE FIELDS</th>
<th>TOTAL</th>
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<tr>
<td>LONDON BOROUGH OF BARKING AND DAGENHAM</td>
<td>1945</td>
<td>590</td>
<td>2535</td>
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<td>LONDON BOROUGH OF HAVERING</td>
<td>222</td>
<td>25</td>
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<td>LONDON BOROUGH OF REDBRIDGE COUNCIL</td>
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<td>100</td>
<td>179</td>
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<tr>
<td></td>
<td>2318</td>
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<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th>OXLOW LANE</th>
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<th>TOTAL</th>
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<tr>
<td>10 to 14</td>
<td>6</td>
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<td>7</td>
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<tr>
<td>15 to 19</td>
<td>455</td>
<td>32</td>
<td>487</td>
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<tr>
<td>20 to 24</td>
<td>592</td>
<td>71</td>
<td>663</td>
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<td>25 to 29</td>
<td>317</td>
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<td>75 to 79</td>
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HEALTH AND ADULT SERVICES SELECT COMMITTEE

13 April 2016

Barking & Dagenham Healthwatch’s Enter & View and Project Reports

Report of Barking and Dagenham Healthwatch

<table>
<thead>
<tr>
<th>Open Report</th>
<th>For Information</th>
</tr>
</thead>
</table>
| **Report Author:** Manisha Modhvadia | **Contact Details:** Tel: 020 8526 8200  
E-mail: Manisha@healthwatchbarkinganddagenham.co.uk |

**Accountable Director:** Marie Kearns, Chief Executive, Harmony House

**Summary:**

The local Healthwatch, the consumer champion for both health and social care, aims to give local residents and communities a stronger voice to influence and challenge how health and social care services are provided within the borough. The role of the local Healthwatch is to undertake local research about what people who use services are looking for and identify gaps in service.

Legislation, including the Health and Social Care Act 2012, gives local Healthwatch bodies the power to carry out ‘enter and view’ of health and social care premises to see for themselves how services are provided. After conducting an ‘enter and view’, Healthwatch bodies may produce a report and recommendations for the service provider to action.

Below, this report provides the electronic internet links to reports arising from enter and view visits and projects undertaken by Healthwatch.

a) Healthwatch undertook an enter and view visit to Five Elms GP practice on 15 September 2015. The report resulting from this visit and the response from the Practice can be accessed by clicking on this link: [http://www.healthwatchbarkinganddagenham.co.uk/sites/default/files/five_elms_ev_report-final.pdf](http://www.healthwatchbarkinganddagenham.co.uk/sites/default/files/five_elms_ev_report-final.pdf)

b) On 18 December 2015 Barking and Dagenham Healthwatch carried out an unannounced enter and view of Morris Ward within Sunflower Court. The report resulting from this visit and the response from North East London Foundation Trust (NELFT), can be accessed by clicking on this link: [http://www.healthwatchbarkinganddagenham.co.uk/sites/default/files/sunflower_court_-_morris_ward_-_final.pdf](http://www.healthwatchbarkinganddagenham.co.uk/sites/default/files/sunflower_court_-_morris_ward_-_final.pdf)

Healthwatch’s annual work plan, which is determined by the information received from the public, and other considerations, also includes projects on different health and social care issues, which included:

c) The Saint Francis Hospice project, which was completed on in December 2015. The report resulting from this project and the response from Saint Francis Hospice
can be accessed by clicking on this link:

d) The Medical Dressings Project, which was completed on the 26 January 2016. The report resulting from this project and the response from NELFT can be accessed by clicking on this link:
http://www.healthwatchbarkinganddagenham.co.uk/sites/default/files/dn_medical_and_surgical_dressing_service_report.pdf

A presentation summarising the findings of the visits and projects and the providers’ response in each case will be delivered by Healthwatch’s representatives to the Health and Adult Services Select Committee (HASSC) at the meeting.

<table>
<thead>
<tr>
<th>Recommendation(s)</th>
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<tbody>
<tr>
<td>The HASSC is recommended to note the reports and provide any comments to the Healthwatch representative at the meeting.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason(s)</th>
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<tbody>
<tr>
<td>It is good practice for Healthwatch to share its information about health services with the HASSC to support the Committee in its ‘critical friend’ function.</td>
</tr>
</tbody>
</table>

**Background Papers Used in the Preparation of the Report:**

None.

**List of appendices:**

None.
HEALTH AND ADULT SERVICES SELECT COMMITTEE

13 April 2016

Results of Inspections undertaken by the Care Quality Commission on local adult social care services in Quarter 2 and 3, 2015/16

<table>
<thead>
<tr>
<th>Report of the Lead Divisional Director, Adult &amp; Community Services</th>
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</thead>
<tbody>
<tr>
<td><strong>Open Report</strong></td>
</tr>
<tr>
<td>Report Author: Teresa Coe, Quality Assurance Manager</td>
</tr>
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<td></td>
</tr>
<tr>
<td>Accountable Divisional Director: Glynis Rogers, Lead Divisional Director, Adult &amp; Community Services</td>
</tr>
<tr>
<td>Accountable Director: Glynis Rogers, Lead Divisional Director, Adult &amp; Community Services</td>
</tr>
</tbody>
</table>

**Summary:**

This report is an overview of CQC inspection reports, contained in appendix 1, published during the second and third quarter of 2015/16 (Quarter 2: 1 July – 30 September, Quarter 3: 1 October – 31 December 2015) on providers in the Borough, or those who provide services to our residents.

It includes an overview of actions taken as a result of inspections where improvements are required.

**Recommendation(s)**

Members of the Select Committee are recommended to review the document and to comment on the CQC findings and the actions taken as a result.

**Reason(s)**

The Council has a responsibility for ensuring the quality and sufficiency of adult social care provision in the borough, enough to meet the needs of the local population. The Care Quality Commission is the quality regulator for social care and inspects local services. It is important that local people have confidence in the social care services that are provided in the borough, and part of the approach to ensuring confidence is to provide an opportunity for Elected Members to review accounts of performance. This is one such opportunity.
1. **Introduction and Background**

1.1 The Care Quality Commission (CQC) are responsible for inspecting all health and social care providers that fall under their regulatory remit. The ratings ask five key questions of the services that CQC inspect:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

1.2 Each question has a number of lines of enquiry to guide the inspection. The results of each category then enable an overall rating to be achieved for each provider:

- Outstanding  
  *The service is performing exceptionally well.*
- Good  
  *The service is performing well and meeting our expectations.*
- Requires improvement  
  *The service isn't performing as well as it should and we have told the service how it must improve.*
- Inadequate  
  *The service is performing badly and we've taken action against the person or organisation that runs it.*

Alternatively, a provider may be given no rating where the outcome is under appeal or their business is suspended. There are no services locally where this has been the case.

1.3 The Council’s commissioning function uses the results of CQC inspections, together with its own intelligence about how services perform, to shape its own approach to quality assuring social care services. Similarly, we are in regular dialogue with the Care Quality Commission based on our experience of local services and they use our information to inform their approach to inspections.

2. **CQC Findings Quarters 2 & 3**

2.1 Of the 8 social care providers inspected in our Borough across the 2 quarters, 4 met the requirements for an overall rating of ‘Good’; the 4 remaining providers were rated as ‘Requires Improvement’.
2.2 The providers rated ‘good’, and the dates on which they were inspected, were:

- Chaseview Care Home (Older People) inspected 11-15 May 2015
- Colin Pond Court (Older People) inspected 19-22 June 2015
- Bluebird Care Barking & Dagenham (Homecare for 18+) inspected 14-18 August 2015
- Liberty Centre (day services and supported living for young people) inspected 15-17 September 2015

**Lynwood (Dharshivi Ltd) – Requires Improvement**

2.3 Lynwood is supported living accommodation with personal care and support for learning and physically disabled people over the age of 18. They have capacity for 7 residents and are located in Beccles Drive in Barking. There are currently 7 people placed there.

2.4 The home was inspected on 7 May 2015 and a report issued on 14 August 2015 that gave it a rating of ‘Requires Improvement’. The CQC inspector at the time found that the service provided required improvements to be made in several areas including medicine management, supervision/appraisal, activity choices at weekends and their own service robust quality assurance process not being sufficiently robust.

2.5 In response to the report we reviewed all 7 residents to ensure that they are safe and looked after. The residents were found to be happy in their environment, had good relationships with their carers and each other. A CQC action is in place for improvements and Quality Assurance is monitoring closely and supporting the provider to meet the CQC action plan requirements.

2.6 Unfortunately in November a fire broke out in the home caused by a firework/flare being fired at the window. This was an indiscriminate act as several fireworks/flares were fired at houses in the same street and the incident is being investigated by the Police. The fire caused considerable damage and one resident was severely burned and was in intensive care. The resident injured in the fire has now returned to the home and is doing well. The other 6 residents were temporarily accommodated in 80 Gascoigne, our own learning disability provision, but have now returned back to the home after repairs were completed.

**Alexander Court (Orchard Care Homes) – Requires Improvement**

2.7 This home has 1 residential and 4 nursing units and is registered to care for older people with dementia, physical disabilities, recovering from injury or illness and provides both residential and nursing care. There has recently been a change of management of the home from Lifestyle Care to Orchard Care Homes Ltd.
2.8 CQC identified during their inspection several areas of concern including staff training, inadequate infection control processes, record keeping not robust, resident preferences on occasion not being taken into account, residents not feeling cared for by some members of staff. There have been regular meetings with the management of the home and monitoring visits taking place because of concerns raised to adult social care through social work and quality assurance staff. We currently have 36 clients placed in the home all of which have been reviewed and found to be safe and cared for. Orchard Care homes in December, after discussion with LBBD staff and as a result of the CQC rating, decided to suspend placements to the home so that they could address issues, produce a sustainability plan for all concerns to be addressed and monitored by their management, CQC and us. The home, after significant improvements had been made, began accepting placements in February. We continue to monitor progress and the CQC have recently (March 2016) re-inspected the home and we await their findings.

Harp House (Triangle Community Services) – Requires Improvement

2.9 Harp House is an extra care scheme; the building is owned and run by Hanover Trust with the onsite homecare being delivered by Triangle Community Services under contract. Harp House has 37 flats, 31 of which are occupied by our clients receiving homecare in their own homes. There are 3 other schemes in the Borough which operate in this way, Colin Pond Court, Darcy House and Fred Tibble Court with on site homecare being provided by Triangle. The 4 schemes are contract monitored on a quarterly basis with unannounced visits by our quality assurance staff in between.

2.10 The CQC during their inspection in October 2015 found that the service did not meet all the requirements on 2 measures, Safe and Well Led. Upon release of the rating to us in November 2015 quality assurance checked the serious incident log book and has worked with the provider to ensure that robust reporting practices are adhered to throughout all of the schemes and improvements have already been made. We are also supporting the provider to meet the outstanding requirements of the CQC action plan. The 31 clients have been reviewed and found to be safe and happy living at Harp House, no complaints were made about staff or the standard of care they receive, all found Harp House a pleasant and sociable place to live, many commented on the friendliness of staff and their willingness to assist residents of the home.
Chosen Services (Chosen Services UK) – Requires Improvement

2.11 Chosen services are a homecare provider providing services for adults of all ages. This agency operates within the Borough and currently provides homecare services to 2 of our clients. Both clients have been contacted and are satisfied and happy with the service they receive and the carers supplied and have no wish to change provider at present which we respect as their choice in keeping with the principles of personalisation.

2.12 We have recently been through a tender process to achieve a Homecare Provider framework for homecare agencies which meet all our requirements for operating in the Borough including long term sustainability, Chosen Care did not meet requirements therefore will not appear on this list. However those clients who do receive a personal budget will have access and be encouraged to use the agencies on the Homecare Provider Framework, which have been through a robust process to ensure quality, but will continue to have choice over who they want to provide their care, therefore agencies outside of our framework could be used. We will continue to deliver against our duty to ensure the quality of all services provided to our services users, not just those with whom we have a contract.

3. Consultation

3.1 There are no consultation requirements associated with this report, since it is presented for information and comment. In conducting their inspections, CQC consult with the Council as the host borough, and with residents and their carers.

4. Implications

Risk Management

4.1 The provision of social care services by providers who fail to meet the minimum CQC inspection rating of ‘Good’ are subject to increased monitoring both the Council’s commissioning function and CQC. This feeds into a wider approach to risk-based quality assurance which the Council uses to in order to prioritise its work with local social care services.

4.2 Where problems are identified, quality assurance staff will work with the provider to plan and deliver improvements, including where necessary the actions contained the CQC action plan and exchange intelligence regarding progress with CQC. The main priority is to ensure that the service is safe for service users and the quality of the delivery meets expectations.

4.3 For those providers who do not adequately comply with the action plan recommendations within the timeframe, CQC will issue a warning notice which is in the public domain and alert other authorities using that provider to use caution when
commissioning services from them. There is considerable impact for the provider if this course of action is taken. Ultimately, CQC have the option available to them to suspend the provider's registration or take legal action.

**Customer Impact**

4.4 Ensuring that services are safe and effective is a critical role for the Council in the provision of social care services and the management of the local market in social care. This ensures not only basic safety but that there remains a meaningful choice in services to meet diverse needs.

**Safeguarding Children and Vulnerable Adults**

4.5 Safeguarding vulnerable people – both children and adults – is the prime motivation for ensuring a robust system of inspection, quality assurance and regulation. This report presents one key element of that approach, led by CQC.

**Health Issues**

4.6 Effective regulation of services is important to ensure that they support people to achieve their desired outcomes, including maintaining and improving their health and wellbeing.

**Background Papers Used in the Preparation of the Report:**

Information on the regulation approach taken by CQC, on the website at: www.cqc.org.uk

**List of appendices:**

- Appendix 1 Quarter 2 CQC reports
- Appendix 2 Quarter 3 CQC Report
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Location</th>
<th>Weblinks</th>
<th>Location Org Type</th>
<th>Report Date</th>
<th>Inspection Date</th>
<th>Rating</th>
<th>Comments / Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPA</td>
<td>Chaseview</td>
<td><a href="http://www.cqc.org.uk/directory/1-127503453">http://www.cqc.org.uk/directory/1-127503453</a></td>
<td>Social Care Org</td>
<td>30/07/15</td>
<td>11-15/05/15</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Triangle Community Services</td>
<td>Colin Pond Court</td>
<td><a href="http://www.cqc.org.uk/directory/1-1698526298">http://www.cqc.org.uk/directory/1-1698526298</a></td>
<td>Social Care Org</td>
<td>31/7/15</td>
<td>19-22/06/15</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>A D Hammonds Ltd</td>
<td>Bluebird Care (Barking &amp; Dagenham)</td>
<td><a href="http://www.cqc.org.uk/directory/1-731634273">http://www.cqc.org.uk/directory/1-731634273</a></td>
<td>Social Care Org</td>
<td>17/09/15</td>
<td>14-18/08/15</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Dharshivi Ltd</td>
<td>Lynwood</td>
<td><a href="http://www.cqc.org.uk/directory/1-114143405">http://www.cqc.org.uk/directory/1-114143405</a></td>
<td>Social Care Org</td>
<td>14/08/15</td>
<td>07/05/15</td>
<td>Requires Improvement</td>
<td>Safe: Requires Improvement Medicine management found to be lacking. Effective: Requires Improvement No regular supervision/appraisal for staff. Caring: Good Care and support was centered on people’s needs. Responsive: Requires Improvement People’s preferences to access activities at the weekend not always met. Well led: Requires Improvement The services own quality assurance processes were not robust.</td>
</tr>
</tbody>
</table>
Action taken:
We have reviewed all 7 service users using this service. All were found to be safe and happy with the environment they were living in and also with the care being received. CQC action plan in place and we were closely monitoring to ensure service was working towards meeting requirements up until the fire. Repairs are being made to the home; however it is not known when residents will move back.
<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Location</th>
<th>Weblinks</th>
<th>Location Org Type</th>
<th>Report Date</th>
<th>Inspection Date</th>
<th>Rating</th>
<th>Comments / Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberty Centre UK</td>
<td>Liberty Centre</td>
<td><a href="http://www.cqc.org.uk/directory/1-160181244">http://www.cqc.org.uk/directory/1-160181244</a></td>
<td>Social Care Org</td>
<td>30/10/15</td>
<td>15-17/09/15</td>
<td>Good</td>
<td>Supported living with homecare</td>
</tr>
</tbody>
</table>
| Orchard Care Homes Ltd        | Alexander Court  | [http://www.cqc.org.uk/directory/1-312323157](http://www.cqc.org.uk/directory/1-312323157) | Social Care Org   | 20/10/15    | 28-29/05/15     | Requires Improvement | After their inspection in May 2015 the CQC rated requirements as:  
SAFE: Inadequate  
Infection control not adequate; Premises found to be dilapidated in areas and in need of renovation; Staffing levels were found to be unacceptable  
Effective: Requires Improvement  
Staff training is not consistent or adequate  
Caring: Requires Improvement  
People did not always feel cared for by some of the staff  
Responsive: Requires Improvement  
Peoples preferences were not always taken into account  
Well Led: Requires Improvement  
Record keeping inadequate; Inability to identify their own issues and resolve them  
Action:  
The provider suspended placements to the home in order to deal with issues and make satisfactory improvements in accordance with the expectations of CQC and LBBD. The provider has now met these and is accepting placements, however monitoring by us has increased and we are working with the provider to |
<table>
<thead>
<tr>
<th>Provider</th>
<th>Location</th>
<th>Website</th>
<th>Social Care Org</th>
<th>Date Inspection</th>
<th>Date Action</th>
<th>CQC Rating</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triangle Community Services Ltd</td>
<td>Harp House</td>
<td><a href="http://www.cqc.org.uk/directory/1-189037034">http://www.cqc.org.uk/directory/1-189037034</a></td>
<td>Social Care Org</td>
<td>30/11/15</td>
<td>14/10/15</td>
<td>Required Improvement</td>
<td>CQC rated requirements after an inspection in October 2015 as:</td>
</tr>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td>Safe: Requires Improvement</td>
<td>Safe: Requires Improvement No comprehensive risk assessments carried out;</td>
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<td></td>
<td>Failure to notify CQC of abuse allegations</td>
<td>Failure to notify CQC of abuse allegations</td>
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<td>Effective: Good</td>
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<td>Caring: Good</td>
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<td></td>
<td>Responsive: Good</td>
<td>Responsive: Good</td>
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</tbody>
</table>
|                                |                     |                                              |                 |                |               | Well Led: Requires Improvement | Well Led: Requires Improvement
|                                |                     |                                              |                 |                |               | Own quality assurance systems are inadequate; | Own quality assurance systems are inadequate; |
|                                |                     |                                              |                 |                |               | Service manager not registered with CQC | Service manager not registered with CQC |
|                                |                     |                                              |                 |                |               | CQC Action:                | CQC Action:                                                            |
|                                |                     |                                              |                 |                |               | LBBD have increased their monitoring and supporting the provider to meet the requirements of the CQC action plan. LBBD are also monitoring serious incident notifications to ensure that they are being forwarded to CQC as per regulations. |
|                                |                     |                                              |                 |                |               | Requires Improvement       | Requires Improvement                                                   |
| Chosen Services                | Homecare Provider all ages | [http://www.cqc.org.uk/directory/1-228962162](http://www.cqc.org.uk/directory/1-228962162) | Social Care Org | 03/11/15      | 29-30/09/15   | Requires Improvement       | CQC ratings after their inspection in September 2015:                  |
|                                |                     |                                              |                 |                |               | Safe: Requires Improvement | Safe: Requires Improvement                                               |
| Inadequate risk assessments; Issues with recording medicine assistance |
| Effective: Requires Improvement |
| Issues with consistency and updating of staff training |
| Caring: Good |
| Responsive: Requires Improvement |
| Care Plans not person centered |
| Well Led: Requires Improvement |
| Not adequately identifying deficiencies in systems including not identifying risk assessing and care planning was below standard. |

**Action:**

Telephone spot checks carried out with 2 clients receiving services from this provider. Both are happy with the service and the carers, they have no wish to change provider at this time.

We will continue to monitor and ensure both clients are receiving a quality service, they are aware that they can change to a different provider at any time if dissatisfied.